26th annual meeting of the Regions for Health Network (25 – 28 October 2021)

Day 2. Health systems and COVID-19

Objective of the meeting

The objective of Day 2 was to discuss the priorities of the RHN member countries regarding COVID-19 response and recovery and to share lessons learned from action taken.

The discussions illustrated how the health systems in these countries were adapting to the challenges related to COVID-19, including issues such as primary health care, digital health, mental health, equity, and human resources for health and vaccination, and offered new reflections on the importance of communication in health emergencies.

Summary of keynote addresses

The session was co-chaired by Professor Camilla Martha Ihlebaek, Department of Public Health Science, Norwegian University of Life Sciences, Viken, Norway, and Dr Andrey Grigorov, Head, Organizational and Analytical Department, Moscow City Health Department, Russia.

Mrs Tanja Schmidt, Technical Officer, Emergency Preparedness and IHR, WHO Regional Office for Europe, presented the impacts of public health action to combat COVID-19 in the WHO European Region, based on data collected through public health system measures (PHSM) to track action implemented across countries. She emphasized the need for a package of measures for use in responding to COVID-19, including individual-, environmental-, surveillance- and drug-based measures, as well as measures targeting social and physical distancing and international travel.

Mrs Melitta Jakab, Head of Office of the WHO European Centre for Primary Health Care, talked about the evolution of primary health care in the response and recovery of COVID-19. She noted a shift towards combining service-delivery platforms, integrating mobile and remote support, and establishing multidisciplinary teams, involving psychologists and social workers. She suggested five areas that could be strengthened: (i) multiple platforms (bringing services closer to people through digital and mobile solutions); (ii) multidisciplinary teams (connected through networks); (iii) high-risk and vulnerable population groups (through greater prioritization); (iv) leadership (connecting practice to policy to maximize the impact of innovation); and (v) the PHC health workforce (through investment for sustainability).

Dr Ledia Lazeri, Regional Adviser (Mental Health), Regional Office for Europe, highlighted the impact of COVID-19 on mental health. She discussed the European Framework for Action on Mental Health 2021–2025 and its strategic priorities (mental health for all ages, in emergencies, and mental-health–service transformation) that will require leadership not only at the governmental level, but also at the societal and local levels. She invited RHN members to join the coalition.

Dr Peter Hoeskje, Technical Officer, Food Safety and Zoonotic Diseases, WHO Regional Office for Europe, spoke about the future role of the One Health approach in pandemic preparedness and response, highlighting the need for multisectoral response and interconnected drivers to gain an understanding of and better prevent health threats. One Health is a comprehensive approach "to achieving optimal health outcomes recognizing the interconnection between people, animals, plants and their shared environment", and, therefore, provides (cost-)effective and sustainable solutions.

Mr Tom de Boeck, Head of the Section of Specialised and Primary Care, Flanders Agency for Care and Health, provided an insight into his experiences with primary care reform processes and vaccination, drawing on responses to the COVID-19 crisis in Flanders (Belgium). After setting up 95 vaccination centres within six weeks and following a three-step vaccination plan, the region defined some key aspects of successful emergency response. These included the use of a central database, accessibility

for all, the mobilization of local actors and administrators, and the regionally centralized control of supply management. The presentation provided an inspiring example of the highly evolved use of technology and digital tools, as well as of high-level coordination.

Mrs Elena Khavkina, Deputy Head, Moscow City Health Department, Russia, presented information about COVID-19 measures taken in Moscow, one of the biggest cities in the world, which is currently facing the fourth wave of the pandemic. Acknowledging that no region or country can withstand a pandemic alone, she reported on the cooperation between the Moscow Metropolitan and neighbouring regions, the administrative, technical and logistic support, which was necessary, and the creation of a committee bringing experts from the different sectors together. As the region faced a lack of medical professionals, actions were implemented to train experts, including practitioners from different sectors, and medical facilities were reinforced with students who carried out patient visits and an increasing number of tests. Furthermore, telemedicine for pre-examination, and digital platforms for the registration of patients and databases with information accessible to all entities on the ground, were developed.

Key messages

The plenary sessions highlighted the importance of:
- monitoring and collecting response-related data on public health and social measures;
- the need to strengthen primary health care;
- RHN's joining the coalition in support of the European Framework for Action on Mental Health (2021–2025) and integrating mental health into future emergency response;
- viewing human health, animal health, and environmental health as being interconnected and inseparable (One Health focus);
- regions learning from each other's experiences in handling the pandemic (for example, the use of digital technologies in Flanders, and the creation of an intersectoral committee in the Moscow Metropolitan area).

Parallel workstreams

Workstream 1. Health equity and health-system strengthening

The focus of this workstream was to discuss lessons learned from the COVID-19 pandemic and ways of building back better towards universal health coverage.

- Health equity needs to become a core issue in future preparedness. To a large degree, the COVID-19 situation has exposed exclusion and inequalities. Reaching marginalized population groups and those with no access to health services cannot be achieved without outreach activities and procedures addressing specific needs. It is critical to identify these groups, where they live and their specific needs. It is important to recognize the importance of using different modes of communication, languages, trusted channels, and flexible vaccination opportunities.
- There have been gaps within the health system, which now needs new ways of working to address the specific needs of people in marginalized groups of society. The pandemic situation created an opportunity to learn and introduce new ways of working. These will now need to be monitored and integrated into the already existing systems. Future approaches should be more transformative and joint action enhanced.
- Pre-existing networks have been strengthened through data sharing. Action already taken has been reinforced and new approaches have been developed together with other stakeholders. The importance attached to issues prioritized before the pandemic has grown.

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- Collaborative and coherent action across sectors is required to close the gap in the conditions essential for all to live healthy and prosperous lives. Action is needed in regard to health services, education, income security and social protection, living conditions, social and human capital, employment and working conditions.
- User participation and an equity approach should be fostered in all care services to engage and empower families.

Workstream 2. Strengthening public health to enhance societal resilience

A range of initiatives were presented.

- The importance of trust-building mechanisms in health promotion was the focus in Canton Ticino (Switzerland), where a public health response consisted of utilizing collected data and monitoring opinions, as well as using social media to reach different groups of people. The response builds upon an analysis of concepts relating to perceived dangers, personal beliefs, and biases in the population.
- A common focus on mental health was reported in several regions, for instance in North Rhine-Westphalia (Germany), where a cross-cutting initiative on mental health, involving different services and working groups, was developed.
- Central Region (Portugal), and Andalusia (Spain), discussed the evolution and changes implemented because of COVID-19, with a focus on primary health care. Central Region focused on specific target groups during the containment phase, while committing to broader community action throughout the pandemic. Andalusia built on experience gained during an outbreak of Listeria in 2019 and the health-care-management infrastructure at the time, while expanding the region's digital health services,.
- Finally, the Government of Moscow shared its experience with an international project that helped define the key criteria for sustainable health-care response, such as health-care management, public health funding, technologies and digitalization, and the organization of medical care on all levels. In addition, the importance of providing advanced training for medical personnel, and of continuously improving and expanding it, was stressed.
- The experiences shared showed that: preparedness is key and learning from experiences will help fine-tune future emergency response; data should inform new prevention strategies and be communicated to the public; and regional experiences can be valuable for national scale-up.

Workstream 3. Lessons learned from COVID-19 communication

Since the arrival of COVID-19, communication strategies have become an essential tool for public health promotion and prevention. In addition, transparent and rapid communication is critical in enabling people to take decisions about their health. The panellists discussed the following topics.

- The role of communication in building trust (between all stakeholders and in the general population) around the COVID-19 response: this requires the use of data and communication, and ways of communicating with each other and the public need to be considered.
- A well-informed strategy is necessary: risk communication and community engagement (RCCE) is a key tool that regions and countries could use to their advantage. According to RCCE, it is of critical importance to involve civil society in the preparation of communications.
- A good communication strategy begins with mapping: civil society influencers; local journalists; and vulnerable groups. Influencers include health workers, community leaders, religious leaders, and youth, as well as journalists and civil-society organizations.
- Social media can be used for disseminating good practice and dealing with fake news (misinformation and disinformation). In parallel, journalism remains an important channel when communicating to the public at the local level.

- Behavioural science will be very important in the future for gaining an understanding of how people behave and targeting different groups, such as youth who need dedicated approaches and strategies. It is essential to consider which channels should be used and how to address each specific target group.
- RHN could be used to conduct an analysis of practice that could be applicable across many regions.

Final keynote address. What happens after Covid? Future public health strategies

Professor Cory Neudorf, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, Canada, spoke about the evolution of public health services, drawing from the experience of the Canadian health-care system. The pandemic has shown how rapidly governments can act on innovations, policies and programmes, and has taught important lessons on changing awareness and shifts in values and attitudes. In the future and for coming waves, public health will have to better consider: the global impact of COVID-19 in vaccine distribution and delivery; how to address the backlog of patients in health services; social/environmental determinants affecting people's conditions; how to confront distrust of leadership and science; and workforce training to decrease the proportion of vulnerable people.

Day 2: Edited