

# IANPHI European Meeting 21-22 april 2021 online

(georganiseerd i.s.m. Estland)

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### Bijlagen:

- Communicatie IANPHI EURO mbt elections

[Agenda in PDF](#)



# IANPHI European Network Meeting

21-22 April 2021

Wednesday 21 April

Time (CET)	Morning session: IANPHI European Business and Strategic Meeting
10:00-10:30	<p><b>Opening address</b></p> <p>5.1.2e</p>
10:30-11:15	<p><b>Regional Network Update and Elections</b></p> <p>5.1.2e IANPHI European Network</p> <p>This session will include updates on the European Network and presentations from candidates of their applications for the positions of Chair and Vice Chair</p>
11:15-12:00	<p><b>Update and Discussion on the IANPHI Strategic Vision and Action Plan</b></p> <p>Following a presentation of the final version of the IANPHI 2021-2025 Strategic Vision, European members will share their priorities for its implementation through IANPHI.</p>
Afternoon session: Regional Strategic Priorities for Collaboration	
14:00-14:10	<p><b>Introductory remarks</b></p> <p>5.1.2e</p>
14:10-15:15	<p><b>IANPHI Europe Collaboration with WHO Regional Office for Europe</b></p> <p>The session will feature an open discussion around the European Programme of Work, 2020-2025 – “United Action for Better Health in Europe” (EPW), adopted in September 2020. This will include presentations of key areas of work for regional collaboration and maximising country impact.</p>
15:15-16:00	<p><b>Strategic Priorities of European NPHIs</b></p> <p>5.1.2e IANPHI European Network</p> <p>European members will discuss their institutes' medium-term priorities and explore collaboration opportunities.</p>

# IANPHI European Network Meeting

21-22 April 2021

Thursday 22 April

Time (CET)	Morning session: Digital Public Health Systems
10:00-10:30	<p><b>Opening address</b></p> <p>5.1.2e Estonian Ministry of Social Affairs will open the meeting's second day with an address on digital public health and cross-sectoral collaboration</p>
10:30-10:45	<p><b>Innovation Spotlight</b></p> <p>5.1.2e Health Education England &amp; Expert Advisor at Digital Communities Wales will present on issues related to equity and inclusion in the context of COVID-19 and the digital inverse care law</p>
10:45-12:00	<p><b>NPHI Opportunities from Digital Public Health Systems</b></p> <p>Public Health Centre of Ukraine and Finnish Institute for Health and Welfare</p> <p>This open discussion featuring presentations from IANPHI members will introduce the opportunities and challenges of developing integrated health information systems for public health and NPHIs.</p>
Afternoon session: COVID-19 and Applications of Digital Public Health	
14:00-14:30	<p><b>Keynote speech</b></p> <p>5.1.2e will present on the application of digital public health during health emergencies</p>
14:30-15:50	<p><b>Open discussions: COVID-19 and Digital Public Health</b></p> <p>5.1.2e Israeli Ministry of Health, on vaccination strategies</p> <p>5.1.2e 5.1.2e on digital responses to COVID-19</p> <p>5.1.2e 5.1.2e, on development of digital laboratory-based surveillance for COVID-19 in France</p> <p>5.1.2e Public Health England, on genomic sequencing of COVID-19</p>
15:50-16:00	<p><b>Closing remarks</b></p>

## 2. Achtergrondinformatie bij de agenda

Er zijn (tot nu toe) geen stukken meegestuurd met de agenda. Er is niet veel tijd per onderwerp, waarvan het meeste is ingeruimd voor presentaties. Daarnaast zal beperkt ruimte zijn voor vragen, discussie of om zelf iets in te brengen.

Jouw deelname is geregistreerd voor:

Wednesday 21 April 10 :00 – 12 :00 CET, Business and Strategic Meeting

Wednesday 21 April 14:00 – 16 :00 CET, Regional Strategic Priorities for Collaboration

Thursday 22 April 14:00 – 16 :00 CET, COVID-19 and Applications of Digital Public Health

En vooralsnog niet ingeschreven voor:

Thursday 22 April 10:00 – 12 :00 CET, Digital Public Health Systems

### a. Elections

Er wordt een nieuwe voorzitter en vice-voorzitter gezocht voor de Europese regio.

De deadline voor aanmelding is verlengd tot en met 30 april, dus ook na de netwerkbijeenkomst kunnen kandidaten zich nog aanmelden (zie laatste pagina van dit dossier met de communicatie vanuit IANPHI).

Tot nu toe zijn er geen kandidaten bekend.

### b. IANPHI strategic vision and action plan

[Link naar rapport](#)

De nieuwe IANPHI strategie is gepresenteerd in de december vergadering, de 5 prioriteiten zijn:

1. *Strengthen the professional relationships within IANPHI's unique global forum*
2. *Harness the collective expertise of members to develop public health capacity globally*
3. *Engage, support and grow IANPHI's diverse and unified membership base*
4. *Advocate in support of NPHIs as key public health actors*
5. *Build an agile association to support its members through change*

Het lijkt ons een prima strategie, waar IANPHI een meer volwassen organisatie van gaat worden in de komende 5 jaar. Het biedt een goed platform ook voor het uitdragen van RIVM kennis en kunde, als ook het ophalen van nieuwe kennis van andere gezondheidsinstellingen.

Alle leden konden tot begin januari input geven. RIVM heeft aangegeven de strategie te steunen en geen verder commentaar te hebben. Daarna is het door IANPHI met externe stakeholders gedeeld in een consultatie ronde. Naar verwachting wordt de strategie deze maand gepubliceerd na vaststelling in de IANPHI Executive Board.

- Je kunt je support uitspreken.
- We think that the most important value of IANPHI is its functioning as an informal group of peers for NPHI directors. This makes IANPHI a platform of added value next to other international structures we are involved in, such as ECDC, various WHO and EU structures, etc.
- For RIVM bringing together the collective expertise of members to develop public health capacity globally is the most important.

### c. IANPHI Europe collaboration with WHO Regional office for Europe

- [Report European Programme of Work \(2020–2025\) – “United Action for Better Health in Europe](#)
- The European Programme of Work, 2020–2025 – “United Action for Better Health” (EPW) sets priorities for the coming five years by starting from what citizens in the Region legitimately expect from their health authorities. People want their authorities to guarantee their right to universal access to quality care without fear of financial hardship; they want them to offer effective protection against health emergencies; and they want to be able to thrive in healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being. People increasingly – and rightly – hold their health authorities to account for meeting those expectations. The EPW sets out a vision of how the WHO Regional Office for Europe can support health authorities in Member States to rise to that challenge, in each country and collectively in the Region.
- 
- WHO EURO werkt aan de algemene WHO priorities 2019–2023 :
  - • moving towards universal health coverage (UHC)
  - • protecting people better against health emergencies
  - • ensuring healthy lives and well-being for all at all ages.
- 
- Verder geen bijzonderheden.

### d. Strategic priorities of NPHI's

- Interessant onderdeel maar er staat maar drie kwartier voor deze sessie. Volgens de toelichting gaat het vooral om hoe instituten kunnen samenwerken bij het bereiken van hun strategische prioriteiten.
- Following the COVID-19 pandemic, and in anticipation of ongoing evaluations of our approach, we see some hot topics that affect the position of our institute, the way we work (or used to work) and that we are interested to hear about and exchange with fellow institutes. For example related to real-time availability of data, the relationship between science-policy-politics, social science insights with regard to measures, trust of society in science and (governmental) institutions, dealing with knowledge explosion worldwide and making and using knowledge syntheses and the role of the media.  
**Evt hier ook het punt noemen uit de transparantie discussie: how do our colleagues deal with the call from society for full transparency, in what way can this be realized, does it cause dilemma's. Would this be a topic for a workshop with interested institutes.**
- We also see (also on national level) discussion on how to better coordinate pandemic preparedness and bringing together the many initiatives.

#### Achtergrond

Our RIVM strategy towards 2025 contains four priorities:

1. strengthening the way we articulate societal issues and translate them into projects and improving the communication with and towards citizens, partners and clients. Related to this we have the ambition to scale up Open Science.
2. equipping our scientific knowledge base for the societal issues we are asked to address. Currently we are pleading for more and long term investments in a robust foundation to keep our knowledge first class.
3. using a multi-level approach, developing knowledge and opportunities to take action in partnership with and on behalf of local, regional, national and international commissioning clients and target groups
4. strengthening teamwork and interdisciplinary collaboration within our organisation to address the societal issues that RIVM is commissioned to work on
- 5.
- 6.

- 7.
- 8.

#### e. Dag 2: Digital Public Health systems and COVID-19

9.

De tweede dag staat in het teken van digital public health. Dat is begrijpelijk aangezien in Estland (het 'gastland' voor deze IANPHI bijeenkomst) digitalisering al jaren een speerpunt is, dat wordt gepresenteerd onder de naam [e-Estonia](#). Per onderwerp wordt hieronder kort achtergrondinformatie gegeven hoe dat in Nederland/bij het RIVM gaat.

In Nederland, dat te maken heeft met versnippering, is net het Health-RI initiatief goedgekeurd vanuit het nationale Groeifonds (met een bedrag van 69 miljoen euro). RIVM is hier ook bij betrokken. Health-RI heeft als doel het opzetten van een geïntegreerde en veilige nationale gezondheidsdata-infrastructuur. Het gaat niet om een data-infrastructuur voor patiëntenzorg maar om het bundelen en hergebruiken van de Nederlandse kennis op het gebied van gezondheid (ontwikkelen van een infrastructuur die nodig is om gezondheidsdata te hergebruiken zodat onderzoekers, bedrijven en zorgprofessionals beter kunnen samenwerken).

#### f. NPHI Opportunities from Digital Public Health Systems

*Met presentaties van Finland en Oekraïne*

Achtergrondinformatie van [5.1.2e](#) | [5.1.2e](#)

Finland: Findata is een nationale Data Permit Authority en een voorbeeld voor velen. Hier vind je data uit het sociale en gezondheidsdomein en kun je in een keer de toegang regelen. Finland kan dit omdat ze speciale wetgeving heeft op hergebruik van data – en er al jarenlang in geïnvesteerd heeft.

Nederland is te versnipperd. Probleem daarbij is dat er (tussen en binnen landen) allerlei verschillen bestaan in de interpretatie van de GDPR – hier heeft NIVEL laatst een [rapport](#) over gepubliceerd in opdracht van de Europese Commissie.

We kijken uit naar de rapportage van OECD (verwacht in mei) over de infrastructuur van/regie op onze NL gezondheidsinformatie.

De European Health Data Space (EHDS) is een van de missies van Kyriakides, de EC Commissaris voor gezondheid en voedselveiligheid. (uit de Mission letter von der Leyen aan Kyriakides: *I want you to work on the creation of a European Health Data Space to promote health-data exchange and support research on new preventive strategies, as well as on treatments, medicines, medical devices and outcomes.*)

Findata heeft een structuur zoals de Europese Commissie graag ziet in hun streven naar die EHDS.

Binnen de Joint Action Towards the European Health Data Space – waar RIVM sinds kort aan meedoet i.s.m. VWS-DICIO – wordt ook gezocht naar modellen voor 'ons soort landen'.

In haar voorzitterschap heeft Duitsland zich ook uitgesproken voor een '*secure and patient-oriented use of health data for Europe, and EU-wide collaboration in this area, through a European Health Data Space for better healthcare, better research and better health policy making*'. De European Health Data Space is een belangrijk onderdeel in het streven van de Europese Commissie naar een European Health Union. In hoeverre het gaat lukken de EU competentie op te rekken is natuurlijk de vraag. Maar zeker een interessante vraag.

10.

#### g. COVID-19 and digital public health

11.

Lijkt o.a. te gaan om systemen om data beschikbaar te stellen/uit te wisselen enz, maar dus ook de apps en andere tools die helpen bij de response op het virus (dashboard, tracken, contact tracing, communicatie).

Wat we merken is dat we als land en instituut achterlopen in het open data beleid. Dit komt deels omdat het zorglandschap in Nederland erg gedecentraliseerd is en de AVG (GDPR) erg nauw wordt geïnterpreteerd. Als in crisistijd ad-hoc databronnen bij elkaar moeten worden gezocht heb je geen

gegarandeerde continuïteit en kwaliteit van de stuurinformatie die nodig is. De coronacrisis maakt dat nu erg zichtbaar.

RIVM is responsible for delivering the open data files for the national Corona Dashboard. It also manages a website with an overview of data sources related to the coronavirus and COVID-19. RIVM has prepared this on behalf of the Ministry of Health, Welfare and Sport in the context of the provision of information about COVID-19.

[About the Coronavirus Dashboard | COVID-19 | Government.nl](#)  
[Databronnen COVID-19](#)

#### **Nav presentatie 5.1.2e 5.1.2e, Israeli Ministry of Health, on vaccination strategies**

RIVM has a national registration system, the COVID vaccination Information and Monitoring System (CIMS). This keeps track of key data about the COVID-19 vaccination that is important for monitoring the epidemic:

- The vaccination coverage: the number of people who have been vaccinated and how many % that is of the population in the Netherlands.
- Keep track of the safety and side effects of the vaccines.
- Calamities, in case something turns out to be wrong, a doctor must be able to find out who has been vaccinated with which vaccine.
- The effectiveness of the vaccinations.

RIVM reports weekly on the number of vaccine doses delivered to the Netherlands and delivered to vaccination sites, the estimated total number of people vaccinated and the number of reported (or estimated) number of vaccinated people per type of operator (GP, local health service).the RIVM Department for Vaccine Supply keeps track of the number of vaccine doses delivered to the Netherlands and delivered to vaccination sites.

GGD GHOR (branch organisation of municipal health services) manages CoronIT, the IT-system for registration of vaccination. CoronIT is also used by GGDs and laboratories for the registration, planning and execution of the corona tests and for the reporting of the test results. CoronIT was developed in the beginning of 2020, initially for COVID-19 testing.

#### **Nav presentatie Lothar Wieler, Robert Koch Institute, on digital responses to COVID-19**

Some examples of digital responses to COVID-19 in the Netherlands (not exhaustive):

- With Infection Radar questionnaire, we map whether people in the Netherlands have complaints that could indicate an infection with the corona virus. Anyone in the Netherlands can participate in this study.
- In the Netherlands, digital tools for contact tracing are managed by the municipal health authorities.
- The CoronaMelder app will warn you if you have been near someone with coronavirus. CoronaMelder exchanges codes with apps from 12 European countries.
- Data about hospital occupation is collected by the NICE foundation (national intensive care evaluation).
- Nivel (Netherlands Institute for Health Services Research) provides a weekly update of the number of patients with COVID-19-like complaints who have a first contact with the GP practice. The figures are in addition to the figures from COVID-19 reports from the GGDs and the figures for hospital admissions and deaths related to COVID-19.

Most of this information is combined in the Dutch **COVID-19 dashboard**.

The Coronavirus Dashboard was developed by the Ministry of Health, it gives up-to-date information about the coronavirus in the Netherlands. Our institute is responsible for delivering most of the data on the basis of RIVM's open data files. The data on the dashboard is updated daily.

[COVID-19 dataset \(rivm.nl\)](#)

- RIVM believes that open data needs to be supported more structurally, as the COVID crisis showed us that an ad-hoc approach limits the continuity of steering information. Open data also creates lots of opportunities for *citizen science*.

**5.1.2e**, Santé publique France, on development of digital laboratory-based surveillance for COVID-19 in France

**Nav presentatie 5.1.2e 5.1.2e**, Public Health England, on genomic sequencing of COVID-19

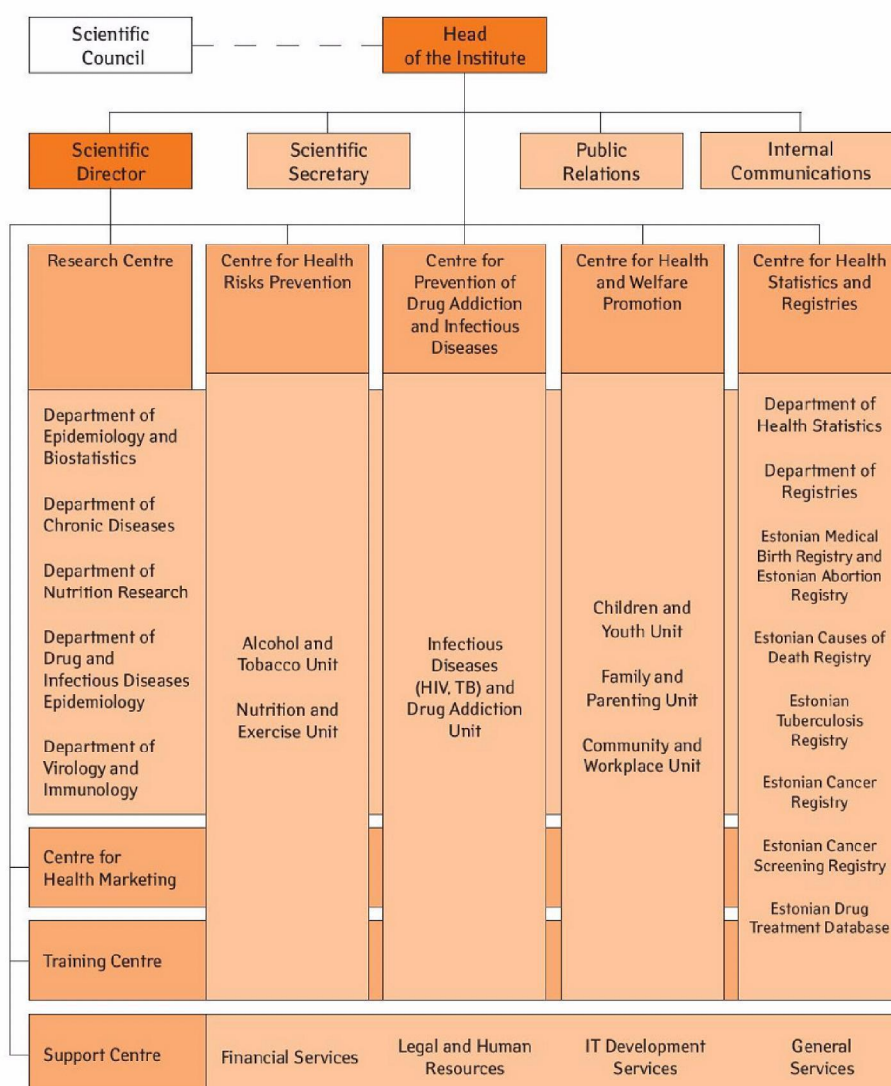
Every week, RIVM conducts laboratory research (sequence analysis) on a random sampling of test samples. RIVM is collaborating with Erasmus MC and other laboratories throughout the country on these research efforts. The laboratories submit a random sampling of test samples for research purposes every week. RIVM has been doing these analyses since the beginning of the epidemic. By now, this involves about 400 samples every week. In the near future, this number will be increased to about 1200-1500 samples per week. Laboratory research takes more time and is more complicated than analysing a sample for a PCR test, for example. Various specialists are involved in the research.

### 3. The Estonian National Institute for Health Development's (Talinn)

5.1.2e 5.1.2e

5.1.2e

[Website](#)



#### 4. IANPHI EXECUTIVE BOARD - CONCLUSIONS OF THE VIRTUAL 2020 IANPHI

##### Annual Meeting

### 'Fiocruz Declaration'

We, directors and representatives of the members of the International Association of National Public Health Institutes (IANPHI), gathered virtually on December 1-2, 2020 at our Annual Meeting, an event hosted by the Oswaldo Cruz Foundation, declare:

1. The deep concern of IANPHI's 110 member institutes from 95 countries with the present and future impacts of COVID-19. The pandemic has inflicted immense global suffering and resulted in more than 1.5 million human lives lost and more than 10 million infected individuals. We praise the quality and courage of all health professionals tackling the disease across the world working in all areas of health care, from primary health to the most specialised intensive care services, public health laboratories, research and crisis management.
2. The COVID-19 pandemic's disproportionate impact on marginalised groups has shone light on the widespread pre-existing social and territorial inequalities between and within countries. National Public Health Institutes (NPHIs) must work with multi-sectoral partners to address social determinants of health during and beyond the COVID-19 pandemic.
3. NPHIs have a crucial role to play in controlling the pandemic and mitigating its consequences by providing scientific advice and delivering public health services that support COVID-19 responses.
4. Our support of the World Health Organization (WHO), as a fully engaged and resourced entity within the multilateral framework of the United Nations system, to provide the necessary international leadership to tackle the COVID-19 pandemic.
5. The importance of developing a global public health workforce with the diverse skills to comprehensively strengthen health systems and services, manage health emergencies and strengthen NPHI performance.
6. The scientific excellence and independence of NPHIs, which are the foundations

for quality research and technical innovations, are key to effective, efficient and ethical public health responses to tackle COVID-19.

7. International cooperation and dialogue between NPHIs provide valuable exchange of strategic and technical information to protect populations and promote healthier lives across the world. IANPHI will support its members by sharing the lessons learned from responses to COVID-19.
8. IANPHI will renew its Strategic Vision which will focus our work towards developing a global community of NPHIs whose trusted scientific advisors work together to improve the public's health and build a more equitable world.
9. The membership's congratulations to IANPHI's new President, Prof. 5.1.2e 5.1.2e, and gratitude for the leadership of Prof. Dr. 5.1.2e 5.1.2e 5.1.2e 5.1.2e as IANPHI's President.
10. IANPHI's gratitude to the Oswaldo Cruz Foundation for the excellent conditions provided for the successful 2020 virtual Annual Meeting and aim to unite members in Rio de Janeiro in 2021.

### 3. Bijlagen

Communicatie IANPHI EURO mbt elections

5.1.2e

5.1.2e

5.1.2e

(Public Health Wales) and Ms 5.1.2e 5.1.2e (Estonia, National Institute for Health Development), were elected by the regional members during the IANPHI European Meeting in Moldova. According to the IANPHI Regional Network Guidelines, the Chair and Vice-Chair are elected for a period of two years renewable.

Neither the current Chair nor the Vice-Chair are eligible to stand for re-election in 2021 because of changes to their professional circumstances, and therefore **both positions are open for election**.

The Chair and Vice-Chair must be a Director or a member of the Executive team of a national member. They are responsible for the regional network's coordination and good functioning, and are accountable to the IANPHI Executive Board for the network's activities. For more information about the Chair and Vice-Chair functions, please read the attached IANPHI Regional Network Guidelines. IANPHI-Europe is ideally seeking to retain a gender balance and geographical balance between the Chair and Vice Chair, with one female and one male elected, one being from a West European country and the other from an East European country.

E-mail IANPHI Secretariat 8/3:

Following the message regarding the IANPHI Europe Chair and Vice Chair elections, the deadline for applications has been extended to **Friday 30 April**.

This extension will enable members to submit applications following the **IANPHI Europe network meeting on 21-22 April**.

The revised process for the election of the Regional Network Chair and Vice-Chair is as follows:

1. The Secretariat will gather all applications to present them to the Executive Board for information;
2. All completed applications received by 26 March will be sent to the members of the Regional Network before to the virtual IANPHI European Meeting on 21-22 April 2021;
3. All applicants will present their application to the members of the Regional Network during the virtual European Meeting;
4. Members will also be able to express their interest in applying during the meeting, after which they should submit their application in writing.
5. Applications received after the IANPHI European Meeting will be sent to members shortly after the deadline of 30 April before electronic voting takes place.

### 4.