

NEWSFLASH 8 – September 2021

Dear Section Members,

We hope this edition finds you well and motivates you to meet virtually during the next EPH conference from 10-12 November. In this edition, we are very proud to inform you that one of our PHPP conference workshops in 2020 led to an edited book with many section members contributions: *The Populist Radical Right and Health - National Policies and Global Trends*, Michelle Falkenbach and Scott Greer (Eds).

It is worldwide the first comprehensive book on populist radical right (PRR) parties' health policies. It features ten worldwide case studies including countries usually left out of PRR discussions. It is thus a clear example of work on the intersection of health and political science. See under Publications for further details.

In this Newsflash we also inform you about:

1. Our high score accepted workshops at virtual EPH Conference
 - o Governance and diplomacy of climate health adaptation: roles for public health community
 - o Cross country COVID-19 policy learning: politics, arrangements and conditions for legitimate policy
 - o Role of Health impact assessment in the policy-making process for the control of COVID-19 pandemic
 - o The impact of COVID-19 response measures on health and healthcare for people in detention in Europe
2. Pre announcement, procedure Section elections 2022;
3. Section and other relevant publications and reports;
4. Collaborations and events.

Take care and we sincerely hope to meet you soon!

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1. Governance and diplomacy of climate health adaptation: roles for public health community

Organisers: Sections PHPP, ENV, CHR and PHMR

Workshop abstract

A Planetary health is the health of human civilization and the state of the natural systems on which it depends.' (The Lancet commission on planetary health). Climate change puts planetary health under considerable strain. Climate health adaptation is defined as 'designing, implementing, monitoring, and evaluating strategies, policies and programs to manage the risks of climate-relevant health outcomes' (WHO 2014). This workshop focuses on the perspective of governance, focusing on three basic coordination issues.

Firstly, since climate health adaptation is a relatively new issue, it has not (yet) been organised into laws and regulations assigning clear responsibilities, capacities and resources. As a result, proponents turn to the judiciary for litigation of nation states' compliance with international agreements. Secondly, since climate problems manifest themselves across national borders and continents, there is a need for multilevel governance that requires both local community-based action as well as supranational agreements in resolutions and programs (= vertical coordination). Thirdly, since climate change affects many environmental and social health determinants, such as food systems, migration and water management, climate health adaptation requires a Whole of Society/HiAP approach. Necessary action extends far beyond the

health system across different policy sectors, large and small businesses, civil society

organisations as well as community initiatives (= horizontal coordination). As a result of these complexities, climate health adaptation rarely reaches the stage of actual policy implementation and goal achievement.

This workshop aims to:

- explore existing literature on planetary health for issues, experiences and possible solutions to the governance and organisation of health adaptation to climate change;
- introduce principles, methods and institutional examples of multilateral and multilevel governance for planetary health;
- present examples of early arrangements and strategies for the vertical and horizontal coordination of climate health adaptation to climate change. (EU Green Deal program; Climate Pact; regional climate platforms; climate diplomacy).

The workshop consists of three short presentations followed by an interactive panel discussion. After 30 minutes the floor is opened by means of a Mentimeter with which the audience can actively engage in the debate, as well as entering their questions, comments and suggestions through available facilities for interaction. The workshop will end with identifying the current and future necessary roles, responsibilities, capacities of the public health researchers, policymakers, and professionals for climate health diplomacy, network management, and setting up arrangements that offer stable rules for integrative action across different sectors, levels and borders.

- We can learn from policy sciences about how climate health adaptation can be organised by multilevel governance (vertical coordination) and Whole of Society

governance (horizontal coordination).

- Working transdisciplinary, public health workers need to develop skills for climate health diplomacy, network management, and setting up arrangements that offer stable rules for integrative action.

1. Planetary health research: insights from The Lancet Planetary Health original articles.

Presenter: Chiara Cadeddu

Background

In 2017, the Lancet group launched The Lancet Planetary Health to promote the dissemination of research conducted in this field. Planetary health was also extensively discussed during the World Congress on Public Health 2020, which underlines the strategic importance recognized to this topic by experts and researchers active in public health at an international level. The aim was to investigate the role of public health university departments in the field of planetary health.

Methods

The Lancet Planetary Health database was queried from the inception to February 2021, to retrieve original articles or reviews whose first and/or last author was affiliated to a University Department of Public Health worldwide. We used the twenty-six EUPHA operational sections to define the research areas of the identified articles. The following data were extracted: study design, EUPHA area, research question, topic, identified gaps in the literature, and key concepts.

Results

Out of 543 entries, 44 original articles and reviews were included. Thirty-two percent studies were conducted in Asia, 20% in America, 13% in Europe, 8% in Oceania, 4% in Africa while 23% in a multicentric global

context. The area investigated was mainly environmental and health (68%) followed by infectious disease control (14%).

Collaboration across different disciplines is highly present in the authorships. Regarding the study design, 30% of the included articles were cohort studies.

Conclusion

From 2017 till February 2021, the number of studies performed by public health researchers published on The Lancet Planetary Health is gradually increasing. Since published articles take advantage of the typical research methods and topics of public health and environmental health research, public health university departments can contribute to planetary health science if they seek transdisciplinary collaboration and adopt a planetary health vision.

2. Planetary health diplomacy and transdisciplinary research.

Presenter: Nicole de Paula

Given the urgent need for multilateral action for planetary health, the scope of planetary health research must be broadened. Key challenges are currently addressed through disconnected approaches and fragmented policy making.

Planetary health is an integrative approach that can enhance synergies across multiple fragmented agendas, notably related to health, environment, human rights, and security. It is high time to boost an overlooked area: planetary health diplomacy. This involves measuring progress beyond gross domestic product, broadening the understanding of security to include planetary health, and reforming international organisations to ensure the protection of a rule-based international order. Efforts to address them lack a truly holistic narrative.

The science of planetary health goes beyond the currently politicised climate change agenda. So far, planetary health studies have privileged natural science in order to become more impactful. However, the insights gained through this work deserve to be translated into actionable policies for decision makers. More social scientists are therefore needed in this process. Scholars of international relations are under-represented in the planetary health community. The absence of political scientists, lawyers, foreign policy experts, diplomats, and civil servants who are committed to translating planetary health knowledge into effective action comes at a high cost. Policy decisions are being reshaped in the context of evolving pandemic recovery planning, and strategies to advance planetary health that do not take account of unfolding shifts in global power relations are doomed to fail. With only a decade remaining to shift gears towards achieving the SDGs, there is no time to spare.

De Paula, N. (2021). Planetary health diplomacy: a call to action. *The Lancet. Planetary health*, 5(1), e8-e9. doi:10.1016/S2542-5196(20)30300-4.

3 - Understanding climate health adaptation in practice: adaptation to the oak processionary moth in The Netherlands
Presenter: Yvette Buist

Background

Understanding of climate health adaptation and its organisation and implementation is limited. This presentation focuses on the adaptation to the oak processionary moth (OPM). The OPM spreads out northwards through Europe, and human contact leads to reactions in skin mucous membranes, conjunctivitis, pharyngitis and respiratory

distress. Literature has focused largely on the ecology and epidemiology of the OPM. However, there is limited understanding of the organisation and implementation of climate health adaptation knowledge and coordinating an effective response.

Methods

In an explorative case study we examined the current OPM adaptation strategies in practice. Semi-structured interviews with 26 actors in The Netherlands were held to unravel the problem and the complexities involved in OPM adaptation.

Results

The results indicate that the context of OPM adaptation is multidimensional, given the involvement of many interdependent actors. At regional and local level early networks emerge aiming to improve the effectiveness of OPM adaptation. At the national level the Knowledge Platform OPM was set up, in which actors collaborate to collect and share knowledge and experience. Nevertheless, OPM strategies are based on ad hoc approaches with ambiguous tasks and expertise. In addition, actors have different perceptions and values concerning health, sustainability, risks and responsibilities influencing decision-making processes, collaboration and a coordinated approach.

Conclusion

The generation of knowledge and its translation into practical strategies calls for interdisciplinary cooperation in knowledge development. Climate health adaptation involves more than technical and organisational solutions alone. It also entails the development of a shared problem perception and solution space in which citizens are also engaged. Therefore, implementation of vertical and horizontal coordination climate health adaptation strategies are required.

2. Cross country COVID-19 policy learning: politics, arrangements and conditions for legitimate policy

Organisers: Sections PHPP, PHMR, HIA and PHE

Workshop abstract

Across many countries public health experts question to what extent are COVID-19 policies 'evidence-based', driven by uncertainties and precautionary principle, and narrow disciplinary focus. The policy reflex in 2020 led to a State of Emergency in about half of the countries in the WHO Europe region and managing by decree without Parliamentary approval. Policy decision-making in many countries is persistently dominated by virologist medical expertise. Pandemic response organized by hierarchical, partisan or technical dominance has led to an overly dominant policy focus on curative services and disproportionate effects on vulnerable and minority groups. Now, after 1,5 years and even during electoral campaigns in many countries, the public lacks interest representation because of 'Parliamentary paralysis': It has been suggested mainstream political parties do not want to question response policies for being associated with populist radical right, an antivax and conspiracy theorists.

However, policy mitigating and politically moderating options are available. Avoiding public litigation or electoral repercussions, rapid policy response can benefit from organizing quick consultations, rapid appraisals and fast feedback assessments. This will contribute substantially to the use, feasibility and acceptability of policies in society. Consequently, this may facilitate the actual implementation, organizational compliance and public adherence to

regulations.

In this workshop we aim to explore the needs, capacities and lessons learned so far by health policymakers themselves in the COVID-19 pandemic crisis, and draw implications for the public health community of scholars, professionals in support of policymaking. Rather than asking to what extent the policy responses have been evidence-based, we take the policymaker perspective and focus on the rapid exchanges and emerging processes of policy learning across different countries. There is evidence of policy learning across countries, but not so directly related to research evidence – how does learning take shape? Are public health experts and scientist trained to induce such learning?

Three short presentations will share direct experiences with rapid pandemic response decision-making. A panel with politicians involved in pandemic decision-making will reflect on needs, capacities and conditions for well-informed and balanced pandemic response. Then the floor is opened for debate with the audience using Mentimeter and other facilities available for online interaction. The workshop ends with concrete recommendations for direct policy support by public health researchers, managers and professionals at regional, national and supranational levels.

Key messages

- The COVID-19 pandemic has revealed the vulnerabilities in political and democratic systems under stress for decision-making with huge increases of socio-economic and health inequalities as a result.
- Learning from policymakers themselves will benefit the capacities of public health research and services to organise quick policy feedback preventing huge public health

costs in the long run.

1- Government political ideology and COVID-19 public health policy responses.

Presenter / panellist: João Vasco Santos

Abstract

The global spread of COVID-19 has led to a wide range of pandemic response measures, heterogeneous between countries, varying mostly in time and duration of implementation. Common measures include social distancing, travel restrictions, school closings, bans on public gatherings, investment in healthcare, contact tracing and other public health interventions. Although response measures to COVID-19 in European countries were quite similar in the first moments of the pandemic, different types of measures, with various strictness levels, have been applied in subsequent months, with great diversity among countries, even in the European Union (EU) or European Economic Area (EEA). Governments have played a key role in these decisions. Therefore, it is of particular interest to understand the association between governments' political ideology and the public health policy responses to the COVID-19 pandemic.

In this workshop, we will reflect on electoral outcomes in the past year in Europe, and discuss how governments' political ideology, including on a left-right axis, affected the strictness, or stringency, of restrictive measures applied in response to the pandemic progression, in conjunction with key variables such as incidence, hospital occupancy rate or test positivity rate. This might have implications for understanding how political ideology might influence public health policies in response to pandemics.

2 - Experiences from one year Rapid

Exchange Forum

Presenter / panellist: Claudia Habl

Abstract

The Rapid Exchange Forum (<https://www.phiri.eu/wp8>) within the PHIRI project offers policy advisors, commission services, knowledge-brokers, researchers and stakeholders working in the pandemic response a low-threshold exchange format. The delegates work on a technical level and complement the high-level Health Security Committee meetings. Since November 2020 meetings take place in a structured and efficient online format on a bi-weekly basis and are usually attended by 30 delegates from most European countries.

The topics discussed (e.g., national vaccination strategies discussed in early January; planned studies on the long term effects of Covid-19 in April, etc.) are pre-selected based on a initial need's assessment in the PHIRI project (www.phiri.eu). The topics are put into voting one week before the meeting and the selected topic is answered by countries latest until one day after each meeting.

Results are collected in a systematic, concise format and will be soon regularly published in the planned EU Health Information Portal. Concrete results for instance were, that Austria legally stopped the sole use of plastic mouth shields (visors) and replaced them by the FFP2-masks.

3 - Policy interactions during the Dutch 'Public Health Foresight, in the light of COVID-19'

Presenter / panelist: Henk Hilderink

Abstract

When the sense of urgency of the COVID pandemic increased, in March 2020, the Dutch Ministry of Health commissioned RIVM to do the study "Public Health Foresight, in

the light of COVID-19". The aim of this study was to analyze Impact of the corona pandemic on current and future health and health care, to support broader consideration of measures and to be better prepared in the future. This was done by addressing not only the direct impacts, e.g. the disease burden of COVID-19, but also the indirect impacts of the measures, e.g. mental health, health impacts of changed life styles and delayed health care provision. During this 8 months trajectory, interaction with policy makers was frequent and intensive. In the context of Parliamentary elections there were constant pressures on policymakers from the virologists and hospital and ICU ward managers; as well as non-health Ministers in the government cabinet and the general public questioning decisions on whether to act or not. In the presentation we draw implications for public health experts on do's and don'ts in interaction with policymakers.

4 - Reflections on the presentations from the rapid Health Impact Assessment perspective.

Presenter / panelist: Liz Green

Abstract

Liz Green is Consultant in Public Health, Policy and International Health / Programme Director for Health Impact Assessment at Public Health Wales. She co-authored a HIA report on the potential impacts from home and agile working on public health. <https://whiasu.publichealthnetwork.cymru/en/hia-reports/>

3. Role of Health impact assessment in the policy-making process for the control of COVID-19 pandemic

Organisers: EUPHA-HIA section & EUPHA-PHPP section & EUPHA- PHMR section &

European Observatory on Health and Policies

Workshop abstract

The COVID-19 pandemic represents one of the most challenging health emergencies faced by humanity in modern history, with global effects on the economy and social well-being of people. This outbreak has abruptly brought public health back to the top of the policy agenda, making even more evident the need for adopting the comprehensive social determinants of health (SDOH) framework in designing effective mitigation and prevention measures.

The novelty of the COVID-19 virus and the associated uncertainties about its health consequences and spread led to a massive generation of information from different sources, in some cases conflicting and contradictory. Conducting a systematic analysis and synthesis of existence scientific-evidence, considering all SDOH potentially affected, is crucial for supporting proportionated policy-decisions that reverse the spread of the virus and support health systems across Europe and worldwide.

Health Impact Assessment (HIA) aims precisely at supporting the decision-making process by providing information and scientific evidence on the positive and negative effects that any new proposal may have on health and health equity. Its prospective nature also allows the introduction of corrective measures as an ongoing learning process, managing the estimated impacts and optimizing the health results of each proposal. HIA was launched as a methodology/tool by the World Health Organization (WHO) in 1999 and adopted by the EU in 2006 for supporting the development of healthier policies, projects and programs, related to both health and

non-health sectors. However, its implementation in Europe is uneven across countries. The COVID-19 outbreak provides a good scenario for analysing the extent to which decision-makers are basing their decisions on the best available scientific evidence, and on the benefits of using the HIA approach.

The present workshop will analyse and debate several experiences of using HIA as a supporting tool in the formulation of some of the most conflictive measures adopted by European governments related to the COVID-19 pandemic, such as 'Lockdowns', 'Staying at Home' and social distancing policies and requirements to work from home.

Some of the questions that we intend to address in this workshop are:

- To which extent have decisions for managing the COVID-19 pandemic been based on the best scientific evidence available?
- What are the advantages of adopting an HIA approach in public health policy decisions?
- Are science and public health experts providing quick, synthetic and useful information for decision-making in the special circumstances of the current pandemic?

Key messages

- COVID-19 pandemic reinforce the need for policy-makers based their decisions on best available scientific evidence through systematic processes such as HIA
- Mitigation measures for the control of COVID-19 should go beyond healthcare assistance, making a more extensive implementation of HIA and a comprehensive approach to health

1 - The Health and wellbeing impacts of Home and agile working in Wales: A HIA

Approach

Presenter: Liz Green

Abstract

The SARS-COV-02 pandemic has globally resulted in a number of policies and interventions to address and reduce the transmission of the disease throughout the population. Mitigation measures have ranged from 'Staying at Home' or 'Lockdowns' to social distancing policies and requirements to work from home when you can. Whilst there are a number of papers which discuss the effects of home or remote working on employees and their families the large scale shift, accelerated pace and wider impacts of such a shift has not been well explored in the literature or has been focussed on specific topics, for example, productivity. HIA is promoted as a beneficial tool to identify the wider impacts of a policy, plan or intervention across a population and as such is well placed to examine and articulate who in a population may be affected and how, and the inequalities that may be created by an intervention such as home working. Using the lens of social determinants and equity focussed-HIA, this work examines the wider impact of home working in Wales during the COVID-19 pandemic. It provides a coherent overview of the major impacts on health and the particular populations affected. It articulates the process followed, the key evidence based findings, discusses the gaps in the evidence base that require further exploration and the impact and influence it has had to date. Finally, it shares the transferable learning, which will be of use to researchers, policy and decision makers, organisations and public health agencies.

2 - HIA on lockdown and social distancing to contain the COVID-19 pandemic in Austria - results and lessons learned

Presenter
Gabriele Antony

Abstract

The COVID-19 pandemic and the measures taken created opportunities in various areas of life, but also created new challenges or increased existing ones, which can also have a (direct or indirect) impact on health and well-being of the population or certain population groups. This health impact assessment (HIA) was commissioned to provide an overview of these effects. The foundation of gathering information for the impact assessment was a national literature research and analysis combined with an online survey. In addition, a search of international literature was conducted by the European Observatory on Health Systems and Policies. The impact assessment and an initial collection of recommendations for action were carried out together with relevant stakeholders in the context of several thematically merged online assessment workshops. Positive and negative - direct as well as indirect - impacts on health in different areas of life could be identified, with the negative impacts predominating in proportion. In addition to identifying the impacts, the HIA also identified groups that were particularly affected by the pandemic. In the course of this HIA, it became clear that the direct in indirect health impacts in many areas of life are interrelated (e. g., job loss, family climate, social inclusion, and psychological well-being) and that a separate discussion often fell short. This HIA provides an overview of various impacts and allows first impressions on actions for future measures in regard to the pandemic in various areas of life, according to the HiAP approach.

3. Assessing the health impact of staying at

home, social distancing and lockdown measures during the Covid-19 epidemic

Presenter
Valentina Chiesa

Abstract

Objectives

To systematically review the evidence published in systematic reviews on the health impact of staying at home, social distancing and lockdown measures.

Study design

We followed a systematic review approach, in line with PRISMA guidelines.

Methods

In October 2020, we searched the databases Cochrane Database of Systematic Reviews, Ovid Medline, Ovid Embase, and Web of Science, using a pre-defined search strategy.

Results

The literature search yielded an initial list of 2172 records. After screening of titles and abstracts, followed by full-text screening, 51 articles were retained and included in the analysis. All of them referred to the first wave of the COVID-19 pandemic. The direct health impact that was covered in the greatest number (25) of systematic reviews related to mental health, followed by 13 systematic reviews on healthcare delivery(1-13)(1-13)(1-13), and 12 on infection control. The predominant areas of indirect health impacts covered by the included studies relate to the economic and social impacts (15 and 7 articles respectively). Only 3 articles mentioned the negative impact on education.

Conclusions

The focus of systematic reviews so far has been uneven, with mental health receiving the most attention. The impact of measures to contain the spread of the virus can be direct

and indirect, having both intended and unintended consequences.

4 - Are public health experts providing useful information for the control of COVID-19 pandemic?

Panelist

Marleen Bekker

Abstract

The decision-making is always a complex process that should be based on best available scientific evidence and experts judgments. COVID-19 pandemic has added more complexity to this process, demanding a fluid, accurate and rapid response from public health experts and science. This panelist together with the rest of speakers will help us to revise this process to identify possible gaps and space of future improvement.

4. The impact of COVID-19 response measures on health and healthcare for people in detention in Europe

Organiser: WHO-HIPP, EMCDDA

EUPHA sections: Public health policy and politics (PHPP), Infectious Diseases Control (IDC)

Workshop abstract

In the WHO European region alone, approximately 6 million people are incarcerated every year. Prison populations include many individuals belonging to socially deprived and marginalised communities and vulnerable groups such as women, older people, ethnic minorities, and foreigners, among others. Ensuring the right to health is a complex task, and the health status of people in detention (PiD) is often inferior to that of people who are not deprived of their liberty.

Since the start of the Sars-CoV-2 pandemic, attention was called on the potential risk of COVID-19 outbreaks occurring inside prisons, and the impact on health and well-being of PiD. Proximity, overcrowding, infrastructural constraints and environmental circumstances pose PiD at higher risk of acquiring infection. The likelihood of COVID-19 introduction in detention facilities is notably high, due to high turnover, movement within prison and between prison and community of staff, PiD and external contacts (e.g. family/personal visits).

COVID-19 prevention and control measures in prison settings, although heterogeneous across Europe, included: implementation of internal containment measures, including use of PPE and physical distancing, screening and testing followed by the establishment of internal quarantine zones and mechanisms of medical isolation and transfer of severe cases to hospital or specialised care, coupled with the introduction of non-custodial measures of incarceration and deployment of COVID-19 vaccines. While necessary, those measures impacted on the health status of PiD and on the internal prison organisation, including the provision of health services, as the already scarce resources were reduced or redirected towards mitigating the impact of COVID-19. Yet, the incidence of COVID-19 infections in prison has grown in the last months of 2020 in several European countries and there were reports of a general worsening of PiD mental health, including drug use disorders. COVID-19 pandemic calls on us to focus on the principle “prison health is public health” in order to protect the well-being of people in prison and the surrounding community, uphold equity and continuity of care whilst keeping a secure and safe environment. The main objective of this workshop is to describe COVID-19 prevention and control interventions implemented in prison settings across Europe, and analyse their impact on

SARS-CoV2 transmission, mental health of PiD in prison, including drug use disorders and provision of health interventions.

The workshop will be structured in 5 presentations of 5-10 minutes each. Together, they will provide participants with an overview of prison health during the COVID-19 pandemic era at European level. Presentations will be followed by a moderated questions and answers session, and participants will be invited to take part in varied activities at the beginning, during and at the end of the workshop to foster interaction.

Main messages

- COVID-19 control measures impacted on the internal prison organisation, provision of healthcare services and the health of people in detention, including mental health and drug use disorders.
- We call for heightened global attention to prison health as part of a comprehensive public health approach addressing health inequalities, including through a continuous monitoring of service provision and health outcomes.

1. COVID-19 infections and prevention and control measures in European prisons

Presenter: Filipa Alves da Costa, Health In Prisons Programme, World Health Organization- Health in Prison Programme (WHO-HIPP)

Introduction: WHO-HIPP rapidly implemented measures to assess the situation and address the spread of COVID-19 inside European prisons. Specific tools included preparedness guidance to support Member States (MS) in, preventing and controlling COVID-19, factsheets directed at people living in prison (PiP) and at their visitors, checklists directed at prison administrators to self-assess their compliance with recommendations and a surveillance dataset.

Methods: The WHO-HIPP Surveillance Dataset comprises variables enabling the extraction of epidemiological indicators. This data has been collected weekly since May 2020.

Results and discussion: Data from 21 MS or regions has been obtained, 14 of which submitted national data regularly, enabling the observation of time trends. Ten MS experienced outbreaks at some moment, during which the ration of infection rate in PiP/general population varied widely (Median=1.58 {1.01-4.09}), highlighting the effect of congregate living on amplified transmission. Prevention and control measures in prisons were implemented in several MS. Eleven MS decreased occupancy rate to varying degrees (0.1-7.3%), while three increased population. Baseline occupancy rate of countries experiencing outbreaks was considerably higher than of those remaining controlled during all period. Among recent measures, seven MS have an established testing strategy, varying in methods, including rapid, polymerase-chain reaction (PCR) and sewage testing. While some MS have not been yet able to include PiP in the national COVID-19 vaccination roll-outs, seven are progressing, albeit coverage is highly heterogenous (0.1-34.5%).

Conclusions: Even though our data represents a self-selected sample, it suggests the level of infections in prison is, in some cases and periods, double of that observed in the general population. Strategies adopted to prevent and control the spread of infections vary widely in Europe.

2. SARS-CoV2 vaccination roll-out in European prisons

Presenter: L Tavošchi, University of Pisa (UNIFI)

Introduction: As SARS-CoV2 mass vaccination campaigns are rolled out, there is debate about which population groups to prioritize. Prison staff and prison residents should be considered a priority. Prison staff are essential workers and absenteeism should be minimized to enable safe and decent regimes. They play a pivotal role in SARS-CoV2 transmission within prison, contributing to disease spread. Prison residents are characterized by high burden of underlying disease, including non-communicable diseases. Furthermore, it is difficult to effectively protect prison populations by means of infection prevention and control and non-pharmaceutical measures, due to the constraints of the prison system.

Methods: Evidence on the inclusion of prison population within national SARS-CoV2 vaccination plans, level of implementation and models of vaccine delivery in prison settings is being collected through a questionnaire developed and disseminated within the European research project “Reaching the hard-to-reach: Increasing access and vaccine uptake among prison population in Europe – RISE-Vac”.

Results and discussion: There are notable differences between countries across Europe regarding inclusion in and priority attributed to prison residents and staff within national vaccination plans. Several challenges have been identified for the implementation of SARS-CoV2 vaccination programs in prison.

Conclusions: Suboptimal healthcare delivery and information systems with poor links to community systems are a major issue to overcome to ensure accurate and timely monitoring of vaccination. Prison residents are highly heterogeneous when it comes to age, ethnicity, level of education and health literacy. Ensuring their meaningful engagement

is key to high vaccine uptake. This includes appropriate information and communication strategies prior to and at the point of vaccine delivery, covering inter alia possible side effects and informed consent.

3. Mental health among people in prison at the time of COVID-19: all bad news?

Presenter: Emma Plugge, Public Health England

Introduction: Institutional changes in prisons in response to the COVID-19 pandemic have affected the mental health of those who live and work in prisons. Infection prevention and control (IPC) measures have been implemented in prisons throughout the world to protect imprisoned people from COVID-19 and minimise harm to them and the communities in which they are situated. These efforts have been focused on minimising the risk of infection with an emphasis on individual’s physical health. The current international evidence on the broader aspects of imprisoned people’s wellbeing during the pandemic mostly comprises opinion pieces. These emphasise the likely negative effects of isolating imprisoned people; the picture however is likely to be more nuanced.

Methods: One national study across England used quantitative and qualitative methods to examine rates of self-harm in prisons and understand some of the underlying reasons. Another national study measured mental wellbeing, using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), in staff and imprisoned people during the pandemic. Results and discussion: Self-harm rates have varied across the prison estate with the most notable differences seen between men and women’s prisons and this is explained by several factors, including perceived safety and support networks. There are notable

differences between the mental wellbeing of prison residents and staff.

Conclusions: The implementation of IPC measures has been essential to control the spread of infection in prisons and so minimise morbidity and mortality. However, for many (but not all) imprisoned people, these measures have resulted in isolation for much of the day with negative impacts on wellbeing. In future it will be important to ensure mental wellbeing is maintained and to involve the imprisoned people themselves in the development of effective interventions.

4. Impact of COVID-19 on drug use disorders and provision of drug related interventions in prison

Presenter: Linda Montanari, Liesbeth Vandam, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Introduction: With the emergence of the COVID-19 epidemic, most European countries implemented measures to prevent the spread of infections inside prison, including: use of personal protective equipment (PPE), hygiene practices, limits to mobility, reduction of overcrowding. Their implementation affected the drug related interventions. The EMCDDA has conducted a rapid assessment to evaluate the impact of those measures on the provision of drug treatment and harm reduction services in the European prisons of 15 countries between March and June 2020.

Method: The study was based on a mixed method approach that triangulated the results of an on-line survey, the outcome of a focus group with prison and drugs experts and case studies from four European countries. Results and discussion: Most countries reported a reduction in the provision of drug treatment and, to a lesser extent, of harm reduction interventions inside prison during

the early phase of the pandemic. The drug services tried to adapt to the new context. Innovations were introduced, including the use of telemedicine in counselling and pharmacological treatment, a better partnership between security and health staff and a more individualised approach to drug treatment. Concerns were expressed around reduction of some interventions, such as group-based interventions, services provided by external agencies, interventions in preparation for release, continuity of care and possible reduction in testing and treatment of drug related infections such as HIV, HCV and HBV due to the priority given to the COVID-19 emergence.

Conclusions: With the emergence of COVID-19, drug services had to address various challenges, making efforts to maintain the provision of drug-related interventions inside prison, while introducing the COVID-19 containment measures.

Ensuring the equivalence and continuity of health care provision for those in prison with drug problem remains of central importance.

5. Prisons, drugs and COVID-19: Early releases and continuity of care

Presenter: Sam Shirley-Beavan, Harm Reduction International (HRI)

Introduction: Detention settings are high-risk environments for the spread of infectious diseases. Since 2020, COVID-19 has posed unprecedented challenges for governments and prison administrations. In some jurisdictions, this has catalysed early release programmes to decongest prisons to minimise the harm of COVID-19 in prison systems.

Methods: From March to June 2020, HRI monitored the adoption of prison decongestion measures in response to COVID-19 in Europe and worldwide. HRI

tracked criteria for eligibility and implementation of the measures and distributed online expert surveys as part of the Global State of Harm Reduction 2020 that included questions on harm reduction in prisons and the response to COVID-19. Survey data was supplemented by a review of academic, governmental, and non-governmental literature. A review to update the data will be carried out by mid-2021.

Results and discussion: Results show prison decongestion schemes initiated in 17 countries in Europe and 109 countries worldwide. Overall, by July 2020 decongestion measures reduced the global prison population by 16% in Europe and just 6% worldwide. In a quarter of countries (including at least four in Europe), people incarcerated for drug offences were explicitly excluded, regardless of whether they suffered from health condition or belong to a vulnerable group. We found no evidence of expanded access to harm reduction programmes to address the risk of overdose after release. Issues that exacerbate overdose risk included interruptions to the provision of opioid agonist therapy (OAT) and the unavailability in most jurisdictions of naloxone on release.

Conclusions: People who use drugs and are in detention settings have been inadequately served during the COVID-19 pandemic. To address the unique health risks of detention settings, there is a need for greater commitment to the adoption of non-custodial measures, and diversion from criminal justice towards a health-led response to drug use.

As there is a maximum six-year term for acting section presidents, in 2022 the time has (already!) come for us, Sofia and Marleen, to step down and give you the opportunity to apply and take up the positions of section president and vice-president.

Rewards of being a PHPP section President

In our view, we have experienced these (now) five years as very rewarding professionally and personally. To us, it is

- ✓ A way of making (policy, administration and political) science more serviceable to regional, national and EU level policymakers, managers, practitioners and other public health (sub)disciplines;
- ✓ An opportunity to set EUPHA members' agenda for under considered or undervalued issues and topics of high importance for public health in any subdiscipline, such as understanding political systems, policy regimes and political agency for actually achieving desired policies and health outcomes;
- ✓ A great way of expanding, advising, mobilising and enacting professional networks within EUPHA and with external collaborating partners, such as European Health Forum Gastein; WHO Europe; European Observatory on Health Systems and Policies; European Consortium of Political Research, European Health Policy group, European Health Management Association, just to name a few.

We are very proud to have been able to use the little means we have as voluntary section presidents and turn them into quite some deliverables that add to the 21st century public health skills and competences needed to increase political influence, reduce risks and inequality, and achieve health.

With the more than 4000 (!) section members across the world (doubled since 2016), and 735 followers on twitter, we are fully confident that there will be quite a number of

applications from you to continue this work according to your own values and ambitions, mastering your talents and capacities for the greater good of health.

Procedure

EUPHA Office has a transparent procedure for these section elections. Here is a timeline that provides for considerable time to consider potential applications.

April 2022 The Section president sends out an email to the section members to inform them that there will be elections for a new Section President with job tasks, requirements and further details on the procedure.

June 2022 The nominations are to be sent to office@eupha.org and a first check on EUPHA membership is made. A conflict of interest form needs to be signed by the candidates.

July 2022 The nominations are then sent to the President and the steering committee to discuss the nominations.

September 2022 President informs section members on the nominees and set a deadline for voting. People can vote by email to office@eupha.org.

October 2022 The office informs the president and the steering committee, who will then inform: the person elected and the section members on the election result.

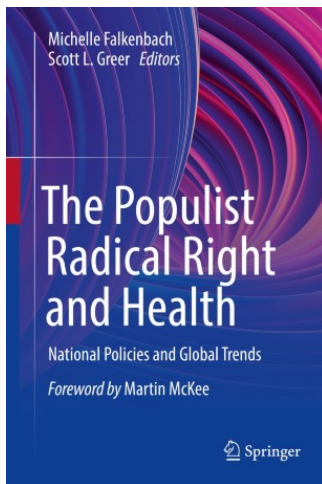
Further rules:

- In order to ensure continuity of the functioning of the section, there is a preference for candidates who already are active in the section (vice-president, steering committee).
- The incoming president can nominate candidates for the vice-presidency and steering committee. The outgoing section vice-president can be invited by the incoming section president to continue.

We are very early with this pre-announcement as this allows us to include it into the PHPP Join the Network meeting agenda at the next EPH conference 10-12 November. Please join

us there for further information on tasks, responsibilities but also on the opportunities and rewards of acting as PHPP section President.

On Populist radical right and health:

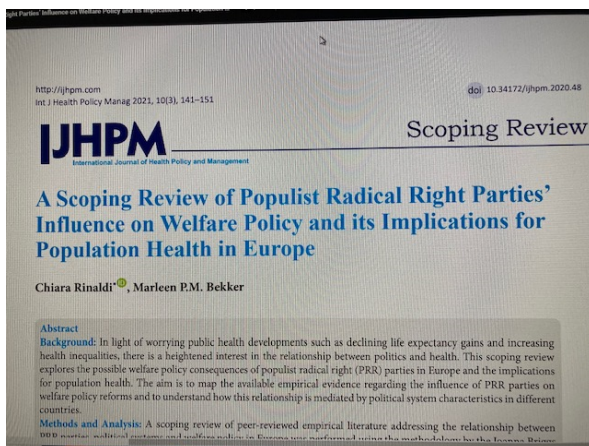


The Populist Radical Right and Health. National Policies and Global Trends.

Michelle Falkenbach and Scott Greer (Eds.)

With many section members contributing chapters on PRR parties and or politicians in the US, Austria, Hungary, Poland, Brazil, Germany, Italy, The Netherlands, and The Philippines.

[The Populist Radical Right and Health | SpringerLink](#) (open access soon).



The 2020 scoping review on Populist radical right and health by Chiara Rinaldi in the Int J

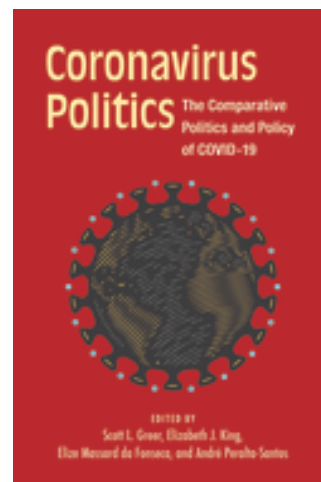
Health Pol and Man received 11 commentaries from leading scholars in the field. The authors have responded to these by collecting the many additional manifestations of PRR across the world and additional relevant variables to consider their (potential) impact on health. You can access the full set of papers here:

Bridging the Gap Between Public Health and Political Science to Study the Populist Radical Right in its Multiple Manifestations: A Response to Recent Commentaries.

Rinaldi C. and MPM Bekker

https://www.ijhpm.com/article_3789.html

On Coronavirus policies and politics across the world:



Coronavirus Politics. The Comparative Politics and Policy of COVID-19.

Scott L. Greer, Elizabeth J. King, Elize Massard da Fonseca, André Peralta-Santos, Editors

https://www.press.umich.edu/11927713/coronavirus_politics

Another relevant book on COVID-19 policies and politics that is open access:

Governing the Pandemic. The Politics of Navigating a Mega-Crisis.

Authors: Boin, Arjen, McConnell, Allan, 't Hart, Paul

<https://www.palgrave.com/gp/book/9783030726799>

EPH Conference 2021

11-13 November 2021, Dublin, Ireland (virtual)

Register here: <https://ephconference.eu/>

European Health Forum Gastein

27 Sept - 1 Oct 2021, Bad Hofgastein (virtual)

The theme of EHFG 2021 will be “Rise like a Phoenix: Health at the heart of a resilient future for Europe”.

Info and registration: www.ehfg.org.



EUROPEAN
HEALTH FORUM
GASTEIN

European Consortium on Political Science

Marleen Bekker visited the ECPR conference online from 30 August to 3 September, and attended all workshops organised by the **ECPR Health policy and politics section**. Five workshops were organised on:

- Coping with Covid-19: Experts, Populists, and System Capacity
- Health Systems and Policies: The EU Perspective
- Health Systems and Politics: National and Global Challenges
- Individual Attitudes and Access to Healthcare
- The Populist Radical Right and Health: National Policies and Global Trends.

These were very relevant to our EUPHA section's system's and politics focus.

We are now exploring options for further collaboration between the sections.

Finally...

We welcome any announcements, contributions, questions, topics for sessions, publications, events etc. from you, our members. Also those in other continents, since we are increasingly globalising as a section as well.

Please do not hesitate to share your announcements through our Newsflash, and send them to: marleen.bekker@wur.nl.

Thank you!