

Report JA SHARP WP6 workshop: multisectoral collaboration 28-29th April 2020

Organisers: National Institute of Public Health and the Environment, The Netherlands

Venue: Digital workshop using GoToMeeting

Goals:

1. Providing information on the (expected) activities within JA SHARP WP6
2. Providing information on the integrative review that we are currently conducting
3. Collecting the (inter)national tools and instruments that provide information on multisectoral collaboration that our partners (can) use during biological or chemical public health emergencies.

Preparation:

Prior to the workshop we sent out a request to our JA SHARP partners to provide information regarding (i) the sectors in preparedness for, and response to, biological or chemical public health emergencies, (ii) the definitions of certain terms, and (iii) the tools and instruments which are available in their countries.

Given the workshop was organised digitally, we made videos accessible for all our JA SHARP partners online. The following videos were accessible on the JA SHARP site and using the Surfdrive link:

1. Welcome video by Evelien Belfroid
2. WP6 Kick-off video by Bettie Voordouw
3. WHO presentation on multisectoral coordination by Adrienne Rashord
4. RIVM presentation on the legal framework for multisectoral collaboration in IHR, JEE and Decision 1082/2013/EU by Corien Swaan
5. RIVM presentation on the literature review by Sandra Kamga
6. Presentation on COVID-19 in Italy by Patrizia Parodi
7. Presentation on multisectoral preparedness and response to chemical emergencies in the UK by Tom Gaulton
8. Presentation on the State Emergency Medical Plan in Latvia by Indra Linina

Group discussions

Four group discussions took place within two days, two about biological public health emergencies and two about chemical public health emergencies. Below we provide a summary of the discussions.

Group discussion 28-04: Biological experts

Attendees: Latvia, Germany, Sweden, The UK, Portugal, Croatia, Bosnia- Herzegovina, Finland, Italy, ECDC, and the Netherlands

The first group discussion started with a short introduction of all participants. This was followed by a discussion about sectors involved in the current COVID-19 pandemic, as an example of a major biological public health emergency. In Germany, a clear link to the transport sector (first air, later also sea) was established. Most participants confirmed the important and more visible role in minimizing the spread of the virus of the transport sector since the beginning of the crisis. In general, there was agreement that this sector was more visible than previous infectious disease outbreaks, such as Ebola.

Besides the role of the transport sector, the roles of different ministries in the participants' countries were discussed. There were noteworthy differences in which ministries were responsible for crisis management. In some countries, the Ministry of Health was initially in the lead, however this was taken over by the Ministry of Interior Affairs. The role of the Ministry of Health remained significant nonetheless, and the information it provided guided most of the Ministry of Interior Affairs' decisions. In other countries, the Ministry of Interior Affairs or the Ministry of Civil Protection were in the lead in managing the crisis from the beginning. In all cases, a multitude of other ministries were involved. Participants stated that the involvements of the ministries of economic affairs, social affairs and education were more significant than in previous outbreaks.

Sectors get involved in the management of COVID-19 depending on the need. One of the sectors that appeared to have a more significant role during this crisis than previous crises is the public. Adequate public communication has been of even more importance. Wales and Italy highlighted another sector, namely charities, to effectively deliver messages to the vulnerable groups of the society and provide support when needed.

In the discussion about the sectors involved, the importance of an unambiguous definition of the concept sector became clear. There was a wide variation in opinions on the definition and the level of aggregation. The level of sectors ranged from the ministerial level and all institutions included in that ministry to lower levels e.g. the laboratories involved in health care. The general conclusion was that the proper definition depends on the situation.

Given the multitude of sectors involved in the COVID-19 crisis and the different levels within which sectors can collaborate, there are certain aspects of multisectoral collaboration which can be improved. The biggest challenge was to ensure everyone was on the same page even when all parties received an overload of rapidly changing information. Another challenge was contact tracing in the first phase of the pandemic, considering the slow availability of information on flight and ship passengers as well as a lack of an international databases with this information.

We concluded this group discussion with a discussion on whether the WP6 'Disease X' should take place as it is currently described. This group concluded that it would be of added value to amend the plans to focus on the activation of the national plans, with a focus on what did work and what did not work. Additionally, it would be interesting to explore why certain measures work in some countries and not in others. This activity should take place within a year so we can evaluate what we have learned from the COVID-19 crisis.

Group discussion 29-04: Biological experts

Attendees: Poland, Bosnia & Herzegovina, Lithuania, Spain, Finland, Serbia, The UK, Austria, ECDC, and The Netherlands

This group session started with an introduction round. We then discussed which sectors are involved in the management of biological public health emergencies, and we used the COVID-19 case as an example. As some of the participants were also in the biological session of the day before, some discussions continued from that session. The focus of this session, however, was more on the differences in the organisation of the pandemic response in the participants' countries. For example, Countries reported different organisation of the pandemic response. The Austrian participant stated that there is a coordinating body which goals are to bring national plans and actions to the subnational level. Bosnian participant stated that they to have no national COVID-19 dedicated plan, but at state level there is a pandemic influenza plan, which is applied.

Subsequently the discussion went into the acceptability of using mobile apps for contact tracing. Several countries are exploring the possibility of using this, but there are outstanding issues such as data protection, ownership (private, multisectoral/public), how it fits in the infection control approach/measures etc.

Further discussion was on “what can be improved”? Three points came forward, namely (i) Risk communication: who is in charge?; (ii) Making sure one voice is leading particularly in the beginning of the outbreak/pandemic (iii) Updated national emergency plans (for example, one participant’s national emergency plan dated from 2010).

Finally, the attendees were asked to express their views on the WP6 ‘disease X scenario’. Some kind of simulation will still be appreciated, to refresh one’s memory on the issues raised during the COVID-19 crisis, as well as to agree on European strategies (for example concerning the use of specific diagnostic test or mobile apps). Also, the need for a scenario or simulation was illustrated by the comment that different sectors in different countries will have their own particular responsible ministries. A simulation focusing on communication as sector and/or risk communication as pillar to responses was proposed within a broader context of lessons learned, communications and perceptions. Finally the attendee from Wales remarked it is of major importance to bring the media to main actor instead of one of the stakeholders.

Group discussion 28-04: Chemical experts

Attendees: Wales, Lithuania, Portugal, Austria, Portugal, The UK, Slovenia, Croatia, Bosnia and Herzegovina, and The Netherlands

The group discussion started with an introductory round. We then proceeded to discuss the crisis mechanisms in the participant’s countries. The overall or starting mechanism in most countries for dealing with chemical threats are civil protection mechanisms. The Ministry of Security, Ministry of Health, Ministry of Environment and institutions with specific chemical expertise are important partners in preparing for and responding to chemical threats. There are a variety of different specialisms in the chemical public health sector who give technical or scientific advice. The persons or organizations involved in dealing with the event depend on the nature of the chemical emergency. Most public health institutions can provide advice, but are not in charge of leading the response. The media also plays an important role. Media tension is sometimes more important than the actual health risk that is caused by the emergency.

Major sites have their own on-site preparedness plans, including who to call in case of an emergency. These plans depend on what type of chemical is used or stored. Public health organizations often have an advisory role in these cases. They go onsite, check how emergencies are managed and advise how to increase the level of safety when necessary.

When discussing the “all hazard approach” it became apparent that there are also chemical issues which have arisen during the current COVID-19 crisis, including e.g. the need for chemical expertise concerning disinfectants, especially in times of shortages and the development of new disinfectants. Also, chemical experts played a role as certain individuals were poisoned by drinking disinfectants following a public announcement by the American president, Donald Trump.

When discussing how multisectoral collaboration can be improved, several things were mentioned. Multisectoral collaboration in itself is challenging, and a platform that gives one clear advice instead of separate experts all providing their own advice may facilitate this. Also, the countries which do not have a plan yet for communication between organizations may benefit from developing one.

Finally, the participants wishes and needs for the WP6 'Disease X' scenario were discussed. The group concluded that there is a need for a disease X scenario including a chemical component, with a focus on detecting the specific substance that causes the emergency. One of the most difficult aspects in dealing with chemical threats is that it can be very difficult to know what you are dealing with. It would be useful if this uncertainty would be included in a 'Disease X' scenario.

Group discussion 29-04: Chemical experts

Attendees: The UK, Austria, Lithuania, Bosnia and Herzegovina, Latvia, Poland, Sweden, and the Netherlands

The group discussion started with an introduction round. We then proceeded to discuss examples of chemical public health emergencies which have required multisectoral collaboration. Austria started by telling us about a hexachlorobenzene spill in Austria a couple of years ago which illustrated that (a) the crisis management system has different levels and that the local level can become overwhelmed and require assistance from the national level, and (b) the importance of having a structure which provides guidance on which individuals can be considered experts, that ensures that relevant experts can work together and provide one consistent message. Multiple countries confirmed that they also have different jurisdictions at a state and subnational level. The different levels also have different responsibilities, as the responsibility lies predominantly at a national level in some countries and the designated bodies at the state/regional level coordinate activities at a subnational level. The importance of having an existing structure for experts was emphasized by the Netherlands whom stated that a technical advisory forum was created in the Netherlands following an incident in a chemical warehouse.

We also discussed the complex role of the media. There was agreement on the importance of communicating evidence-based information, with little (political) intentions. However, participants also acknowledged that the media is an independent institution and can communicate as it wishes. We noted that the media also plays a role as thermometer of what the community is thinking and feeling.

When speaking more specifically about the roles within preparedness and response, we discussed that the leader of the crisis depends on (i) the nature of the crisis, (ii) whether it is a regional, national or international crisis, (iii) and whether it is due to deliberate action. Also, Poland mentioned that although the relevant roles of every actor is quite clear for familiar crises, they become unclear in the event of a novel threat.

In terms of an all hazard plan, most countries stated that they have an all hazard plan in some form. Most countries have a similar crisis management structure for chemical and biological outbreaks; one important difference is the laboratory network in place for biological and chemical frameworks. It is noteworthy that some countries (such as Bosnia and Herzegovina and Latvia) state they have little experience with chemical disasters as they have not experienced any large chemical outbreaks. The Netherlands experiences 20-30 incidents per year and state that there are European instruments for countries to ask for help from other countries when necessary. Participants noted that it would be interesting to consider how countries define an incident.

As we discussed ways to improve multisectoral collaboration, it was mentioned that it would be beneficial to clearly define leadership roles, to make it clear who can make statements on certain topics (taking into account societal and economic consequences) and to coordinate activities rather than every actor working on activities separately.

Lastly, the participants believe that WP6 would still benefit from a Disease X scenario if there is a focus on a chemical public health emergency or a public health emergency of unknown origin. If we focus on chemical public health emergencies it is important to concentrate on the difference between outbreaks of biological and chemical public health emergencies.

Evaluation

Following the workshop participants were invited to fill in the evaluation forms. Here we will summarize these evaluations provided by 17 of the participants.

The pre-workshop planning and coordination was generally adequate, yet some participants would have liked more clarity on which workshop to participate in as well as when to watch the online videos. Although the online videos were generally informative, participants would have liked for the videos to be online for a longer period of time and to have more information about the WP6 literature review's results. WP6 will share these results as soon as they are available.

The digital format of the workshop was appreciated because it was shorter than usual, it required less time away from office duties, there was no need to travel, and informational videos could be accessed prior to the workshop and when convenient. The following things made the digital format harder to attend: some had poor sound quality, the interactions were slower, some were worried they would face technological or network problems, participants were easily distracted by other issues, and, most of all, they missed the informal interaction amongst the participants. One suggestion made was to have two parts of the sessions, one when people could discuss informally about the pre-workshop material.

The discussions went well, however the interactions were at times slow, it was challenging to promote dialogue and there could have been more of a focus on tools and instruments used and less on organisational issues.

All in all, we reflect on a successful first edition of a digital workshop with points of improvement, which WP6 will take into consideration during the preparation of the next (online and/or offline) workshops.

Take home messages:

- There are a multitude of sectors involved, at different governance levels, which differ depending on the nature and the magnitude of the crisis
- It is important that there is clear coordination and definitions of roles of different actors and sectors, for the activities and risk communication; it must be clear to the public and the parties involved who can be considered experts and who is in charge
- There is still a need for some form of a WP6 'Disease X' scenario, however the original plan must be amended to be more beneficial given the new COVID-19 crisis.

Follow up:

The information that was gathered prior to and during the group discussions will be used as grey literature of the WP6's integrative review. We expect to share the conclusions of this integrative review by October 2020.