



CEI-WHO Task Force in response to COVID-19 emergency

Report on May-July 2020 activities

Introduction

The Central European Initiative (CEI) is a regional intergovernmental forum established in 1989 following the fall of the Berlin wall with one central mission: working towards European integration and sustainable development through regional cooperation among its Member States. It accomplishes this task by operating first of all as a platform for political dialogue through inter-governmental, parliamentary and economic dimensions; while acting as a resource for people, businesses and communities in Central Eastern and Southeastern Europe through a strong, result-oriented and multi-partnership approach.

The CEI held an Extraordinary Virtual Meeting of the CEI Heads of Government on 15 May 2020, witnessing the participation of WHO Regional Director for Europe Dr Hans Henri P. Kluge. The PMs endorsed the Joint Statement on solidarity and cooperation of the CEI Member States in the face of the challenges posed by the novel coronavirus disease COVID-19 as the outcome document of the meeting.

Following the High-Level Meeting, the Member States' commitments to respond to COVID-19 and step up regional coordination to mitigate the impact of the pandemic on 6 May 2020, a Joint Task Force was established by the CEI and the WHO Regional Office for Europe (hereinafter: TF). Comprising key health officials from the CEI Member States, the TF serves as a strategic platform for updating Member States, exchanging information, and sharing experiences, best practices and training. The goal of the TF is to encourage a coherent response and anticipate any unfavourable consequences that may stem from the pandemic, while shifting towards an easing of restrictions and recovery. The TF has worked toward promoting coherent intervention inside and between member states: it has provided a reliable source of information, and an outstanding opportunity to map the development of the epidemic within the CEI area. In the period May - July 2020, the TF held intensive weekly activities with the countries' representatives at technical level covering a wide range of topics of immediate interest and concern. Beyond the most strictly health-related issues, the TF expressed the need for an inclusive approach and recommended that the impact and consequences of the pandemic on other strategic sectors, such as mobility and tourism, ought to be included in the discussions.

This report, therefore, offers an overview of the experiences, expectations and challenges shared by the TF Member States. It focuses on the leading topics which emerged most frequently: rather than being a conclusive analysis, it stands as an open reference on the most felt issues to be tackled, while mapping the direction for future developments of the TF's work.

Promoting coherent approach to the transition phase.

The TF's activities coincided with the beginning of the "transition" phase in several CEI Member States. In May, most countries were countering the emergency, moving on to a new routine, while starting to address the increasingly overwhelming economic impact. Moreover, May is traditionally deemed as the crucial "opening" month for all tourism-related activities: given also these circumstances, the TF has witnessed a lively debate about the "mobility" issue, in its broadest meaning - mobility of persons, opening of the borders, mobility for job or medical reasons.

Since the transition of COVID-19 is not homogeneous among countries, the Joint Task Force has been working as a learning and exchange platform for a more coherent approach to the transition phase.

The TF identified the following key factors at the heart of a successful transition: a robust governance mechanism, strong data analytics, digital solutions and effective communications.

It clearly emerged how the progressive easing of measures should be based on a thorough series of events taking place: evidence that COVID-19 transmission is controlled; sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts; outbreak risks are minimized in high-vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings; preventive measures are established in workplaces, including physical distancing, hand washing facilities and respiratory etiquette in place, and potentially thermal monitoring; risk of exporting and importing cases from communities with high-risks of transmission is managed, and, eventually communities have a voice, are informed, engaged and participatory in the transition.

Strengthening health systems and recovering socio-economic sectors

The past months have taught TF Countries that the current healthcare system is highly vulnerable to contingencies and, thus, in need of reform to allow quicker and more flexible responses. TF participants shared the need to reconsider the strengths and weaknesses of their respective healthcare systems, overwhelmed by the emergency.

As the WHO has reported, the three emerging modalities to cope with the virus include strengthening the incident management system, meeting the immediate short-term needs, and strengthening the health care system and services to ensure further resilience. Within a pandemic, no solution may be considered permanent: the TF members provided evidence on how each country had tried to take into due account the lessons learnt from similar experiences, thus able to re-define organisations and services more quickly, such as access to hospitals, access to treatment, training of caregivers etc. TF members, thus, jointly agreed that investing, both internally, at national level, and in terms of open collaboration among countries is decisive for determining a successful management of the crisis. All Participants repeatedly recalled the importance of being flexible to changes and ready to act in accordance with both the development of the pandemic and the advancement of scientific knowledge about the virus. In this regard, the discussions mainly focused on three key points, i.e. the surveillance systems, the epidemic monitoring and data sharing.

Moreover, as of today (Autumn/Winter 2020), countries are coping with the challenges of a "new normality" with a dual focus, placing equal importance on the COVID-19 response and the socio-economic recovery, while witnessing new cases every day worldwide. The "new normality" matters also in terms of health services, with the objective of developing a dual-track health system management: countries are facing the complex challenge of the challenge of maintaining essential

health services and reinstating regular health services while at the same time continuing to address COVID-19 in parallel. The pandemic is bound to come to terms with all available resources to treat patients and to review procedures to guarantee care services both to COVID and non COVID patients.

Together with the management of the emergency, there is the need to focus on the recovery of our socio-economic systems: the countries have been obliged to convert a considerable amount of structures/resources in dealing with the epidemic itself. It emerged clearly from the debate that the enhancing of the health systems substantially contribute to social cohesion and economic rebirth. The discussion recalled also the importance of other public policy levers, such as fiscal policy and social protection, to mitigate both health and economic shocks. The on-going crisis provided evidence of how countries with weaker social protection system struggle more in recovering from economic shocks. Inclusivity emerged as a key concept for the future management of the crisis. Timely policy action should endeavour to identify and support the people most in need. Shocks do not affect everyone equally: in all decision-making aspects of the transition phase, special attention must be given to those individuals and population groups who are most vulnerable and most likely to be left behind in these challenging times.

Digitalisation also emerged as a key topic: there are high expectations on how technologies and innovation will further widen the horizons of smart solutions applied to health care and social relations. Digitalisation solutions already proved to be a key asset within several aspects of crisis management. Use of appropriate digital solutions could serve to complement and support health systems and public health capacity, especially those technologies that can help in providing safe and remote care to patients, sharing reliable information with the strengthening and adjusting public health measures throughout the COVID-19 transition phases public and helping people understand the disease, and in supporting a range of response measures.

How the pandemic impacted our approach to vulnerable groups, such as ageing population: the challenges ahead for the management of the vulnerable population.

Since its very inception, TF members reported among their priorities of discussion the need for guidelines for nursing homes and Long-term care facilities (LTCFs), such as nursing homes and rehabilitative centres. Europe has gone through a strong shock due to the tragic impact of the COVID-19 on nursing homes. The spread of COVID-19 in care homes and institutions was taking a devastating toll on older people's lives, with distressing reports indicating instances of neglect or mistreatment. The very high mortality rate, the extreme isolation suffered by residents and workers in these structures had a deep influence on the public opinion and has brought about the urgent need for an extensive analysis of the whole residential system for the elderly.

Although all age groups are at risk of contracting COVID-19, older persons were at a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five times the average rate. Moreover, this segment of population suffered additional different vulnerabilities: older persons were subject to discrimination in decisions on medical care, triage, and life-saving therapies; older persons who were quarantined or locked down with family members or caregivers might also face higher risks of violence, abuse, and neglect; older persons were also often among the caregivers responding to the pandemic, increasing their risk of exposure to the virus. This was particularly true of older home-based carers, the vast majority of them women, who provide care for older persons, especially in contexts where health systems and

long-term care provision are weak. In addition, prolonged periods of isolation could have a serious effect on the mental health of older persons, with older persons less likely to be digitally included.

While the debate about the risks and the safety conditions of workers and patients within hospitals has always been on the spot since the very beginning of the pandemic, nursing homes become an issue as well, with extensive media coverage, which had contributed to raising this matter as a priority concern. The people living in LTCF are vulnerable populations who are at a higher risk for adverse outcome and for COVID-19 infection. Thus, LTCFs must take special precautions to protect their residents, employees, and visitors. In nursing homes and long-term care settings, infection prevention and control (IPC) was a powerful tool to prevent patients, residents, visitor and health workers from being harmed by avoidable infections. Effective IPC required constant action at all levels of the health system, from policymakers to facility managers, health workers and those who access health services.

More generally, the “age” factor in the COVID risk assessment has reminded us of the requirement to handle the needs of the ageing population in an innovative manner and to enhance public health services and primary health care, as well as emergency health care and rehabilitation. Within this scenario, discussions must not be limited to older people but needs to include all vulnerable individuals (mental health, disabilities, chronic diseases, etc.), long-term care organisations and palliative-care centres, in order to define procedures for an ethical and technically-correct treatment. All efforts and research studies about the relation between population and access to care/treatment take on the greatest importance: the ratio of hospitalisation and day-care centres and home-care services has never been more relevant.

Public health and individual behaviour. The importance of managing the communication processes

One of the most unique features of this pandemic is the weight individual behaviour has on public health. Widespread public health and social measures were and are crucial for containing the impact of the virus: and yet, all these measures largely rely on public acceptance and compliance. The COVID-19 response requires an extraordinary call for action and responsibility from all citizens. As the virus behaviour is still unknown, the vaccine trials are mostly in a pioneering phase and testing procedures are often not well reported, individual behaviour becomes a pivotal component of all public health measures' effectiveness. Moreover, individual responsibility is at the base of returning to mobility according to the new safety standards.

Communication has played a major role in addressing the pandemic. The WHO has introduced the new concept of “infodemics”. This neologism indicates the overwhelming circulation of false or misleading information that we have experienced since the very beginning of the pandemic. TF participants have identified as most striking the need for a correct communication about the pandemic. In this respect, there are at least two drivers, that is, scientific communication and institutional communication, which call for extra efforts for clarity: people feel the need to know what is reliable and what is not within the multiple sources of information and misinformation. The trust in the information process and the fight against fake news have proven essential in supporting the effectiveness of containment measures, especially when these impacts individual behaviour. Moreover, public trust is a necessary requirement for the mass implementation of new strategies/solutions directed towards containing the epidemic. In this regard, the example of the public perception about IT tools for contact tracing is illuminating. Embracing widespread usage of contact tracing tools by the general population for example is aimed at protecting public health but it clashes openly with citizens' perception of individual freedom and private sphere. Additionally, digital technologies for pandemic response has raised serious privacy concerns for many individuals. Even though the efficacy and ethical implication of digital tracing are still being

evaluated; the exceptional circumstances might allow for their implementation only provided that the necessary safeguards are used; e.g. ethical and privacy reviews, oversight mechanisms; integrate an “opt-in” approach; temporary handling and storage of data.

The need for a comparable testing and tracing system

The discussion about the testing and survey methods was a key topic for the countries participating in the TF. The methodology behind the official figures of the pandemic varies from state to state and thus data comparison has been so difficult over the past months and still remains a sensitive issue. In fact, TF participants have expressed the need for guidance regarding the interpretation of data and for an effective and comparable testing and tracing system. There is a clear need to identify relevant indicators and provide a threshold that would allow for transmission rates to be followed. Because accurate estimates of transmission are required for effective intervention, strong epidemiological surveillance is essential for countries where data analytics and digital solutions may not be sufficiently developed— thus requiring additional resources. The surveillance strategy comprises different approaches, several of which are under development: from serological surveys to contact tracing, territorial communities have been overwhelmed by the effort to gain reliable data about the spread of the virus. What is needed, for the future management of the crisis, is a common method in scenario building, a shared approach to match valuable inputs with other complementary information.

What is going to happen next winter?

Uncertainty is a key element to consider in defining responses to the Covid-19 pandemic and remaining flexible is crucial as things are moving fast. Moreover, the development of the pandemic has shown how important acting in a regional cooperative manner is. Whereas the crisis is global, the impact of the virus has proved to occur within “clusters”, and any restriction/containment measure finds its effectiveness diminished if not adequately supported on a local basis. This aspect confirms the need for flexibility and rapidity of response as soon as the situation changes. The TF mission is to stay an open platform for knowledge sharing. It welcomes the expression of need and priorities of All Members and, by registering them, it conveys a fresher perspective on how to cope with uncertainty.

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