



Convergence

Public Health – Disaster Medicine Harmonization | Europe

COLLOQUIUM: Enhancing European Public Health Preparedness, Pre-Hospital, and Disaster Medicine

25 March 2024

European Parliament

Brussels

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Welcome

On behalf of the Medical Preparedness and Crisis Management Unit (MPCMU) of the Directorate General for Personnel, co-hosting this meeting today, I am thrilled to welcome you to the European Parliament.

MPCMU is actively fostering interdisciplinary collaboration through collective training initiatives and strengthening partnerships with external stakeholders working on major incident preparedness and response. By boosting these collaborative efforts, the unit aims to enhance the Parliament's preparedness for both individual and collective medical emergencies, as well as natural and man-made disasters, within its workplaces.

Today's presence of esteemed experts in pre-hospital and disaster medicine is a valuable opportunity to exchange insights and best practices further enriching our collective understanding and preparedness. We hope this inspiring place will contribute to the success of the event.

Petra Claes
Head of Unit, Medical Advisor, Director ad personam
European Parliament, Directorate-General for Personnel
Directorate for HR Support and Social Services
Medical Preparedness and Crisis Management Unit

In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing 'messes', incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern.

-- Donald A. Schön, The Reflective Practitioner (1984, p. 42)

Welcome

On behalf of ASPHER, I wish to extend a very warm welcome to all in attendance at the ‘Enhancing European Public Health Preparedness, Pre-hospital, and Disaster Medicine’ Colloquium. We wish to sincerely thank the European Parliament for hosting us for this important event, and to offer our heartfelt congratulations to the organisers of the day who have worked tirelessly to make this happen.

Today is about exploring critically important aspects of the state of our healthcare systems, and how prepared we are to deal with the challenges of our times. Do we have systems in place for emergencies, whatever their nature? Have we invested in preparedness plans and systems? Can we cope with disasters when they occur? How are we managing the current extreme challenges of conflict and war from a public health perspective?

ASPHER’s dedication to *‘improving and protecting the public health by strengthening education and training of public health professionals for both practice and research’* has been the motivation behind two decades of innovative work on Core Competencies for Public Health Professionals. This work is summarised succinctly in the infographic which follows, and which emphasises the pivotal role of comprehensive and integrated public health education and training in our changing world.

Today is about in-depth exploration of selected subject areas in a public health curriculum, with collaboration across sectors on comprehensive education and training. We have much to learn from our clinical colleagues and they from us. In this regard, I commend the work of our partners for this event: the World Association for Disaster and Emergency Medicine (WADDEM); and the European Council of Disaster Medicine (ECDM). I wish you a collegial and successful event, and one which will have important applications for the challenges of our time and those to come.

Carlo Signorelli
President, ASPHER

Humans have a responsibility to find themselves where they are, in their own proper time and place, in the history to which they belong and to which they must inevitably contribute either their response or their evasions, either truth and act, or mere slogan and gesture.

—Thomas Merton, *Eco activist*

Welcome

The World Association for Disaster and Emergency Medicine (WADEM) is proud to join the Association of Schools of Public Health in the European Regions (ASPHER) and our affiliate the European Council of Disaster Medicine (ECDM) as co-sponsors of this historic convening. We welcome the distinguished participants and look forward to an engaging and productive day.

Around the globe, Public Health has been responsible for truly remarkable gains in wellness, quality of life, and longevity. Far too often, these gains are taken for granted and overshadowed by more dramatic concerns. Public Health is, in a sense, a victim of its own success. That success includes evolving – in education and practice – to the rapidly emerging challenges faced today.

In contrast and comparison, Disaster Medicine is an emerging discipline that is sometimes dismissed until it is needed. Much like Public Health. Disaster Medicine was born in Europe, in 1976 when the predecessor Club of Mainz was formed with the goal of improving lifesaving. It is fitting, therefore, that these two communities come together to advance education, training, and execution in our overlapping realms.

WADEM seeks to expand collaboration, increase efficiency, and promote health via evidence-based improvement, education, and advocacy of emergency and disaster health care, and disaster risk reduction. Today is a major step in this direction.

We wish you a positive and productive day, and the beginning of effective and ongoing collaboration to address the challenges of our time and those to come.

Donald A. Donahue
President, WADEM

As president of the European Council of Disaster Medicine, I am extremely happy to welcome you to the European Parliament. I was delighted to develop this project with my colleagues and friends. The enthusiasm of the team, as much as the energy and motivation, were an exceptional driving force of this very large project. I thank all the participants and I wish you all an enriching day of exchanges and successful sharing.

Frank van Trimpont
President, ECDM



Convergence

Global population growth, human migration, urbanization, climate change, conflict, and novel disease emergence present unprecedented challenges to public health worldwide.

Enhanced curriculum development can assist practitioners of public health – both direct and in supportive roles – to better address dynamic and wicked problems, including the declining trust in science and public health, threatening the public's health and welfare.

The lessons of recent pandemics, warfare returning to the European continent, population dislocation, and messaging inaccuracies demand a fresh look at public health education and training.

Subject matter experts, academics, and leaders from across Europe have convened in a one-day, high level meeting to launch development of enhanced curriculum to better address current and future public health challenges.

So do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us.

—J. R. R. Tolkien, *The Lord of the Rings*

Abstract

The world is changing, which presents new challenges to population health. Public Health is centrally placed to protect and enhance human health and is a key component of national security. This Colloquium seeks consensus from professional associations, international organizations, expert stakeholders, and citizens on adaptive ways forward for the discipline; to enhance existing public health curricula in the face of emerging threats. Public and global health are challenged by unprecedented population growth, human migration, urbanization, natural disasters, climate change, warfighting and conflict, and novel disease emergence.

Enhanced curriculum development, informed by the emerging field of disaster medicine, can assist public health practitioners, both direct and in supportive roles, to better address dynamic and complex problems threatening the public's health and welfare. The lessons of recent pandemics, warfare returning to the European continent, and population dislocation demand a fresh look at public health education and training and to build on the decades of development of the public health discipline from academic institutions, organizations, and associations.

Subject matter experts, academics, and leaders from across Europe have convened in a high-level meeting to launch development of an enhanced curriculum to better address current and future challenges. This colloquium draws from the WHO / ASPHER competency framework and builds essential ingredients to strengthen the public health discipline as viewed from the lens of changing geopolitical events, creating a nuanced understanding of the intersections between Mass Violence, War, and Disaster for public health practitioners of the future.

Successful implementation around these complex challenges require large-scale collaboration, trust and meaningful engagement. We will bring together the capability, perspectives, data and power that often sit in separate organizational boundaries.

The Colloquium

This colloquium will serve as a pivotal platform to address complex challenges by synthesizing knowledge and expertise, addressing current violent conflicts and future threats and offer the opportunity for individual and organizational learning needs analyses. It is the launching point.

Operating under Chatham House Rule¹ and drawing from the broad constituencies of three sponsoring organizations – ASPHER, WADEM, and ECDM – this inaugural convening will establish an augmentative framework to build on collective and individual institution's public health curricula development, the WHO-ASPHER 2020 competency framework, and the 2024 ASPHER-WHO Core Curriculum Programme for Public Health. We will create a high-trust environment within which these collaborations thrive.

The outcomes will pave the way for transformative public health education that prepare professionals to navigate the intricate landscape and unique challenges of the 21st Century, ultimately contributing to resilient societies in Europe and beyond. The one-day colloquium is a convocation of thought leaders and subject matter experts and help to launch and create a robust framework for novel curriculum development. The resultant working group methodology will entail ongoing meetings, workshops, in depth conversations and content development.

1. Under Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

Convening Organizations



The Association of Schools of Public Health in the European Region (ASPHER) is a leading organization committed to influencing policies, and advancing public health education, training, and research across Europe. ASPHER plays a crucial role in shaping public health strategy and preparing the next generation of public health leaders.



The World Association for Disaster and Emergency Medicine (WADEM) is a global multidisciplinary professional association whose mission is to improve the scientific basis for disaster and emergency health practice and to establish best practices based on validated evidence. WADEM's work supports practitioners, policymakers, and researchers around the world in the pursuit of excellence in the field.



The European Council of Disaster Medicine (ECDM) is a pivotal entity in Europe dedicated to disaster medicine, aiming to enhance the exchange of information, research, and initiatives in this field. Established following the WADEM congress in 2013, it targets a wide range of professionals, including healthcare workers, emergency services, and risk management officials. The council focuses on fostering interest in disaster medicine and promoting multidisciplinary collaboration across Europe.

Organising and Scientific Committee

Paul Barach, MD, MPH – Austria, USA
Petra Claes, MD – Belgium
Mary Codd, MD, PhD, MPH - Ireland
Sohrab Dalal, MRCGP, MSc, MSc – United Kingdom
Nadav Davidovitch, MD, PhD – Israel
Donald A. Donahue, DHEd, MBA, MSJ – USA
Sevan Gerard, MA, EMT-P – Austria, USA
Jan Cédric Hansen, MD – France
Andi Mabhala, PhD – UK
Robert Otok, FFPH, MPH – Poland
Gianluca Quaglio, MD, PhD – Italy
John Quinn, MD – Czech Republic
Oliver Razum, MD – Germany
Frank van Trimont, MD – Belgium

The organizers acknowledge the co-hosting of this event by the European Parliament, without whose generous support this colloquium would not be possible.



The Process

Innovative

Unprecedented times call for novel approaches. This event introduces an innovative and entrepreneurial method to examining wicked problems, illuminating disparate perspectives, and building – or at least charting a pathway to – consensus

Aggressive

Stated simply, this undertaking is a robust pursuit designed to maximize the outcome of a singularly senior assembly on an accelerated timeline.

Interactive

The power of this approach lies in its ability to provoke deep introspection, synthesize divergent thoughts, and move rapidly through amazingly complex considerations. The process – based on a technique pioneered by Fred Friendly and described on the following page – is built upon active contribution of the assembled contributors.

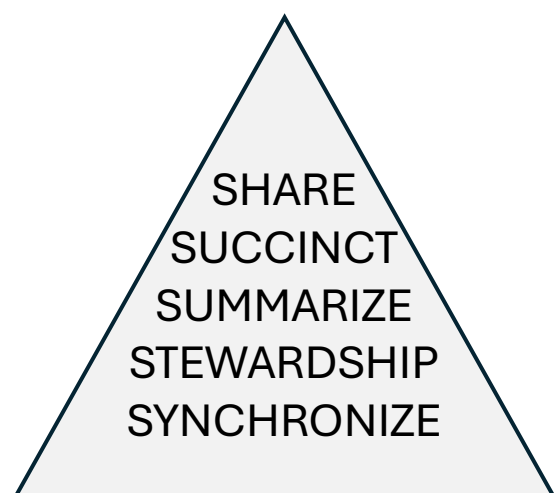
Note that your input is that of a subject matter expert, not a reflection of your organization or affiliation, past or present, facilitated by Chatham House Rule.

“ Life is what happens when you are busy making other plans.”

-- John Lennon in “Beautiful Boy”

Ground Rules

1. Share your knowledge and expertise
2. Be succinct. There is much to discuss and many voices to be heard
3. Summarize. Avoid lengthy preludes, background explanations, and tangential comments
4. Be a steward of sound public health practice, the profession, and the community
5. Seek to create consensus



The Process

Roundtables - Facilitators and Framers

The Enhancing European Public Health Preparedness, Pre-Hospital, and Disaster Medicine Colloquium has assembled expert stakeholders and officials to address a changing European public health environment, identify opportunities for enhancing public health curricula, and launch a collaborative process to design and deploy these enhancements.

This process is being launched in a single day convocation to be followed by a year of working groups to produce and refine a widely available and effective public health disaster curriculum that dovetails and integrates with the WHO-ASPHER 2024 Core Curriculum Programme.

To accomplish these aggressive goals, we will employ innovative engagement techniques piloted by the late Professor Fred Friendly, Edward R. Murrow Professor at Columbia University's School of Journalism, the Fred Friendly Seminar methodology. This approach can be observed at <https://www.learner.org/series/ethics-in-america-ii/three-farewells-medicine-the-end-of-life/>. It is not necessary to watch the entire presentation, only the introductions and first rounds of enquiry.

The award-winning Seminars always begin with a short vignette and a key policy challenge that could confront almost anyone. The implications of this problem, whatever they may be, then ripple out to encompass larger and larger issues and trigger ethical, emotional, legal, and public policy questions that overlap and sometimes conflict. Each Seminar program features a carefully chosen panel that contributes professional expertise as well as personal experience to the discussion. As the panelists wrestle with the issues presented in the hypothetical, they are encouraged not just to say what they think about an issue, but to say what they would do in difficult decision-making situations if they were personally involved.

Our approach differs in that we will have more participants, but also expanded facilitation to maximize the day's outputs. Each of the four Roundtables will engage all participants, guided by several Facilitators and Framers. They will be followed by four interactive workshops with small group discussions and deep reflections.

The Facilitators are responsible for keeping the exchanges lively and productive and on time. They will serve as raconteurs and provocateurs, guiding the discussion reflective of the group's responses to the pre-colloquium questions, responding to inputs, and pursuing consensus among participants. They will be assisted in this matter by the organizing team.

Framers are selected SMEs who will provide brief, topic specific introductory comments that will frame the ensuing discussions. These will be short summaries, 3-4 minutes in length, that highlight core issues and suggested approaches to consider. The remaining 40 minutes will be devoted to open discussion with all participants.

The Colloquium organizers will explain how the results will be captured and conveyed at the beginning of the proceedings on 25 March.

Colloquium Objectives

An active and invigorating convocation is projected to produce the following outcomes.

1. Comprehensive Analysis of the Impact of conflict and war on public health:

- In-depth examination of the impact on public health, healthcare infrastructure, and emergency response systems.
- Anticipating and addressing the potential escalation of conflict and its implications for Europe.

2. Disaster and Pre-Hospital Medicine Concepts:

- Exploration of cutting-edge concepts and best practices in public health, pre-hospital services, and disaster medicine.
- Identification of gaps in current approaches and the development of innovative solutions to enhance preparedness and response capabilities in Europe.

3. Public Health Threats, Legal Threats, and Health Security:

- Analysis of additional public health threats, including pandemics, bioterrorism, and emerging infectious diseases.
- Understanding the intersection of conflict and public health, with a focus on morbidity, mortality, and the resilience of populations.
- Developing responses and countermeasures to the unique health implications of mass violence and disasters.

4. Interdisciplinary Approaches:

- Key area of capability development and collaboration between healthcare professionals, emergency responders, military personnel, and policymakers to foster a holistic and integrated approach.
- Emphasis on the interoperability of healthcare systems in Europe – comparing different national approaches across the continuum of care and with non-health entities – to ensure a seamless response in times of crisis.
- “Good Samaritan” protection and Malpractice Insurance coverage for healthcare professionals regarding liability.

5. Appraise the state of research, prevention, and practice regarding public health implications of Mass Violence, Wars, and Disaster.

6. Medical ethics in peacetime, disaster, and wartime.

Agenda

0800 – 0830 Registration and Networking

0830 – 0845 Welcoming Remarks

Petra Claes, MPCMU, DG PERS, EP
Henrique Barros, ASPHER
Donald A. Donahue, WADEM
Frank van Trimpont, ECDM

0845 – 0900 Ice Breaker and Introductions

Paul Barach, ASPHER

0900 – 0920 Opening Keynote: Why We Are Here

Mike Ryan, WHO (Invited)

0920 – 1030 Roundtable I - Strategic Overview

Overview and enumeration of current and evolving crises. Identification of the impact on public health. Projection of future impacts. Human and national security.

Facilitators

Andi Mabhala, University of Chester, ASPHER, UK
Paul Barach, ASPHER; Sigmund Freud University, Austria; USA

Framers

Virginia Murray, UK Health Security Agency; WHO
Christian Haggemiller, EEAS EUMS, Germany
Martin Bricknell, King's College London, UK (online)
Oystein Evjen-Olsen, University of Stavanger, Norway
Qudsia Huda, Disaster Risk Management and Resilience Unit in Health Emergency, WHO
Anne Simon, HERA, European Commission
Isabel de la Mata, DG Health and Food Safety, European Commission,

Recorder: *Hadjer Nacer, UK Health Security Agency*

1030 – 1110 Break and optional tour of Parliament

1110 – 1220 Roundtable II - Public Health Operations

Examination of public health services and effectiveness from the perspective of various provider entities. Identification of strengths, successes, gaps, and failures.

Facilitators

Dorit Nitzan, Ben Gurion University of the Negev, Israel
Donald A. Donahue, WADEM, USA

Framers

Walter Ricciardi, Catholic University of the Sacred Heart, Rome, Italy (online)
Roger Alcock, International Committee of the Red Cross, UK
Yuichi Imanaka, Kyoto University Graduate School of Medicine, Japan

Agenda

Vynnyk Olesya, Ukrainian World Congress, Ukraine
Paul de Raeve, European Federation of Nurses, Belgium
Catherine Smallwood, Senior Emergency Officer, WHO Europe

Recorder: *Stav Shapira, Ben Gurion University of the Negev, Israel*

1220 – 1330 Roundtable III – Confounding Factors

Delving into the societal, institutional, and individual dimensions of mental health within public health. Examination and dialogue of legal, moral, and societal influencers on public health curriculum and practice.

Facilitators

Rashad Massoud, Harvard T. H. Chan School of Public Health, USA
Oliver Razum, Bielefeld University, ASPHER, Germany

Framers

Raed Arafat, Ministry Of Internal Affairs - Department Of Emergency Situations, Romania (online)
Moshe Farchi, Tel-Hai College, Israel
Roel van der Heijde, Patient Centered Care Association, The Netherlands
Colette Cunningham, University College Cork, Ireland
Henrique Barros, University of Porto, ASPHER, Portugal

Recorder: *Felicia Kwaku, Kings Hospital, NHS Foundation Trust*

1330 – 1430 Working lunch including workshops

Workshop 1 - Islandia: Infectious Diseases

Jan-Cédric Hansen, ECDM, France
Donald A. Donahue, WADEM, USA

Recorder: *Avi Magid, Ramban Hospital, Israel*

Workshop 2 - The Glow of Goiânia: Radiation

Frank van Trimpont, ECDM, Belgium
Sevan Gerard, WADEM, Austria, USA

Recorder: *Rodoplu Ülkümen, Izmir Tinaztepe University, Turkey*

Workshop 3 - What if? War, Conflict, and Violence

John Quinn, ECDM, Czech Republic, UK
Sohrab Dalal, British Army (Retired). Formerly Head Medical Branch HQ NATO Supreme Allied Command Transformation, UK

Recorder: *Diana Cimpoesu, University of Medicine and Pharmacy Grigore T. Popa Romania*

Workshop 4 Leadership Competency: Public Health Leadership

Nadav Davidovich, Ben Gurion University of the Negev, Israel
Leah Okenwa Emegwa, Swedish Red Cross University, Sweden

Recorder: *Linda Sonneson, King's College London*

Agenda

1430 – 1450 Break and registration for afternoon participants

1450 – 1600 Roundtable IV - Disaster Medicine Education, Training, and Research

Open forum on current state of public health education and training. ASPHER WHO Core Curriculum Programme. Open forum on current state of public health education and training. Identification of opportunities for enhancement. Projection and planning for follow-on activities.

Facilitators

Mary Codd, University College Dublin, ASPHER, Ireland

Sohrab Dalal, British Army (Retired). Formerly Head Medical Branch HQ NATO Supreme Allied Command Transformation

Framers

Ives Hubloue, Research Group on Emergency and Disaster Medicine VUB, Belgium

Flavio Salio, Emergency Medical Team Leader, WHO

Farzand Ali, Association of Academic Health Centres, Scotland; PMDC, Pakistan

Ken Boffard, ISS/SIC, Switzerland; University of Gothenburg, Sweden

Natasha Azzopardi Muscat, WHO Regional Office for Europe

Kasia Czabanowska, Maastricht University, The Netherlands (online)

Recorder: *Carolina da Santos Silva, European Commission*

1600 – 1630 Summary of Meeting and Way Forward

Summary assessments and suggestions for further collaboration.

Carlo Signorelli, ASPHER

Donald A. Donahue, WADEM

Frank van Trimont, ECDM

Petra Claes, MPCMU DG PERS EP

1630 – 1700 Closing Keynote and Closing: The Way Ahead, A charge for the future.

John Middleton, ASPHER, UK

Carlo Signorelli, ASPHER, Italy



Roundtable and Workshop Introductions

Roundtable I: Strategic Overview

Ours is a world of constant change. Social, economic, political, environmental, and other forces relentlessly challenge human health. Infectious diseases are emerging – novel and transplanted – faster than ever in history. The UN has declared noncommunicable diseases (NCDs) a global health crisis. There are more than 110 million displaced people in the world, more than the populations of France, Germany, or Turkey. Major war rages on the European continent for the first time in almost 80 years. In that war, for the first time in history, active nuclear plants are within the combat zone. The internet is a source for misinformation and discontent. Chemicals are being used as weapons of assassination and combat. Healthcare workers are in short supply and those in the workforce are stressed and increasingly burnt out. How can we better recruit, sustain and engage healthcare worker of the present and future?

How should we examine today's public health priorities and anticipate tomorrow's population needs? How can we unleash the power of public health to pursue the greatest public health challenges globally, nationally, and in our own hometowns?

What are your three issues of greatest strategic concern for public health today? How should we best speak up loudly in support of science and the principle of improving health for all peoples? How best to educate the present and future leaders who can advance the public's health?



Roundtable and Workshop Introductions

Roundtable II: Public Health Operations

You have just accepted an appointment as Minister of Health. A capstone honor for a career in healthcare. As your staff briefs you on your new realm, you are stuck by what seems a sparse budget.

Surely, you think, things are quiet now, but what if...? In all probability, it is because things are quiet that resources do not flow into the Ministry. What are the issues that cause you concern?

Non-communicable diseases? Communicable diseases. Conflict, both hot (Ukraine) and not (political assassinations, terrorism). Climate change.

How to prioritize? What about mental health? HCW recruitment and retention. HCW burnout. Vaccination (both disruption and refusal. Supply chain issues. Access and equity.

What is working well? What are the current operational gaps? What lessons were learned from Ebola, COVID?



Roundtable and Workshop Introductions

Roundtable III: Confounding Factors

Jenna is a public health nurse working in a mid-sized coastal city. The area was recently impacted by severe flooding due to a major storm, displacing many residents. In the aftermath, Jenna has noticed an increase in reports of anxiety, depression, and other mental health issues among those affected including community health workers. Jenna is very concerned about declining trust in science and public health. Although there have been many polls and much talk at conferences, one big thing she thinks has been missing: listening to people whose trust we are losing. She cites recent data from media and several journals.

At a meeting to coordinate the disaster response, Jenna proposes providing mental health first aid training to relief workers, medical staff, and volunteers but there is pushback. She argues this could help them recognize signs of distress and know how to triage mental health needs as effectively as physical injuries. Can first aid mental health training triage effectively?

However, some disaster response leaders worry this may divert limited resources away from immediate needs like search and rescue operations. Others argue that from antivirals to vaccines to masks to ventilation. public health sounded (and still sounds like) a used car salesman for many different reasons. Do you agree?

They argue that:

- Data seem crafted to feed the pitch rather than the pitch crafted by data such with overly optimistic claims weren't well-supported by data, such as risks of COVID were communicated uniformly which meant the risks to young people were exaggerated, and potential vaccine harms were dismissed.
- Data mistakes are made without the courage to acknowledge errors.
- Messaging inaccuracies that were so poorly worded that they caused people to misunderstand and start conspiracy theories.
- Mixing advocacy with scientific communication with many people pretending to be unbiased scientists, but instead only share studies that support their claims and attack any other perspectives that don't meet their interpretations or values

The group discusses how to advocate for healthcare workers, providing information that could be helpful, messaging more honestly and balancing both physical and mental health crises in an emergency situation.

Why do you think many citizens including healthcare provides lost trust in public health leaders and institutions during the pandemic?

The map is not the territory, the word is not the thing it describes. Whenever the map is confused with the territory, a 'semantic disturbance' is set up in the organism. The disturbance continues until the limitation of the map is recognized.

— Alfred Konzybski

Roundtable and Workshop Introductions



Workshop I: Islandia

You have just accepted an appointment as Minister of Health. A capstone honor for a career in healthcare. As your staff briefs you on your new realm, you are stuck by what seems a sparse budget.

Surely, you think, things are quiet now, but what if...? In all probability, it is because things are quiet that resources do not flow into the Ministry. What are the issues that cause you concern?

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How to prioritize? What about mental health? HCW recruitment and retention. HCW burnout. Vaccination (both disruption and refusal. Supply chain issues. Access and equity.

What is working well? What are the current operational gaps? What lessons were learned from Ebola, COVID?

Perhaps the most dangerous by-product of the Age of Intellect is the unconscious growth of the idea that the human brain can solve the problems of the world. Even on the low level of practical affairs this is patently untrue. Any small human activity, the local bowls club or the ladies' luncheon club, requires for its survival a measure of self-sacrifice and service on the part of the members. In a wider national sphere, the survival of the nation depends basically on the loyalty and self-sacrifice of the citizens. The impression that the situation can be saved by mental cleverness, without unselfishness or human self-dedication, can only lead to collapse.

— John Bagot Glubb, *The Fate of Empires and Search for Survival*

Roundtable and Workshop Introductions

Workshop II: The Glow of Goiânia

In the wake of a prolonged conflict with Donovanian forces, the city of Gorgas finds itself in a paradoxical state of peace. The war has ended, and the enemy troops have withdrawn, but the victory is pyrrhic. The landscape bears the scars of battle: infrastructure lies in ruins, the commercial sector is gutted, and the Gorgan populace teeters on the brink of despair. Amidst this devastation, the resilient spirit of Gorgas's people shines as a beacon of hope. Survival becomes an art form, with citizens scavenging the remnants of their city for anything that might sustain them a day longer. In their desperation, many are drawn to the ruins of the once-proud Gorgas Hospital, now a hollow shell of its former self. Here, amidst the rubble, they find medicines, medical supplies, and scrap metal—valuable commodities in the burgeoning recovery industry.



But with this salvage comes an unseen danger, a legacy of the conflict left by the Donovanian forces. Emerging Crisis Soon, troubling symptoms begin to surface among the population: unexplained burns on hands and arms, persistent nausea, and a malaise that no scavenged medicine can cure. The cause remains a mystery until a diligent nurse, visiting a family in need, stumbles upon a chilling discovery: a section of the floor in their home glows faintly in the dark. Nearby, a jar of white powder is treasured not for its medicinal properties but for its luminescent beauty when applied as makeup.

Simultaneously, sanitation workers report the retrieval of a shiny metal cylinder from a neighborhood trash pile, its origins and purpose unknown to them. The cylinder, heavy and seemingly innocuous, becomes the center of speculation and fear. Public Health Crisis The evidence mounts, and the truth becomes impossible to ignore.

Gorgas is facing a public health emergency of unprecedented scope: a silent killer left in the wake of war. The symptoms, the glowing objects, and the mysterious metal cylinder point to contamination of some kind of substance, a danger that the citizens of Gorgas are ill-prepared to confront.

Roundtable and Workshop Introductions

Workshop III: What if? War, Conflict, and Violence

In this workshop we will unpack the spectrum of military intervention from peace support operations to deliberate warfighting intervention and discuss the relation to the public health aspects of emergency preparedness and disaster medicine.

Drawing from reflections of military medical practice across that spectrum of military intervention this workshop will lead a discussion on emergency preparedness and disaster medicine.

Components of Deployed Healthcare

- Command and Control
- Communications and Medical Information
- Force Health Protection
- Medical Evacuation
- Military Healthcare
- Medical Logistics

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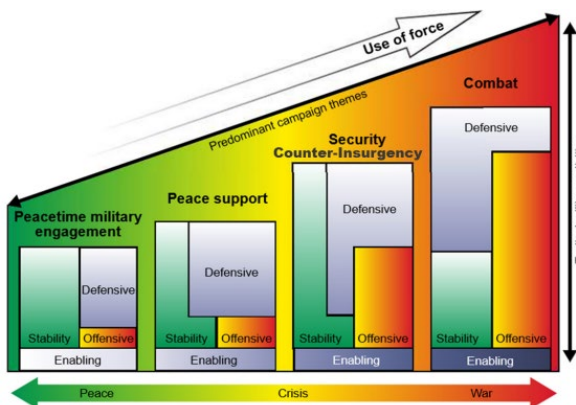
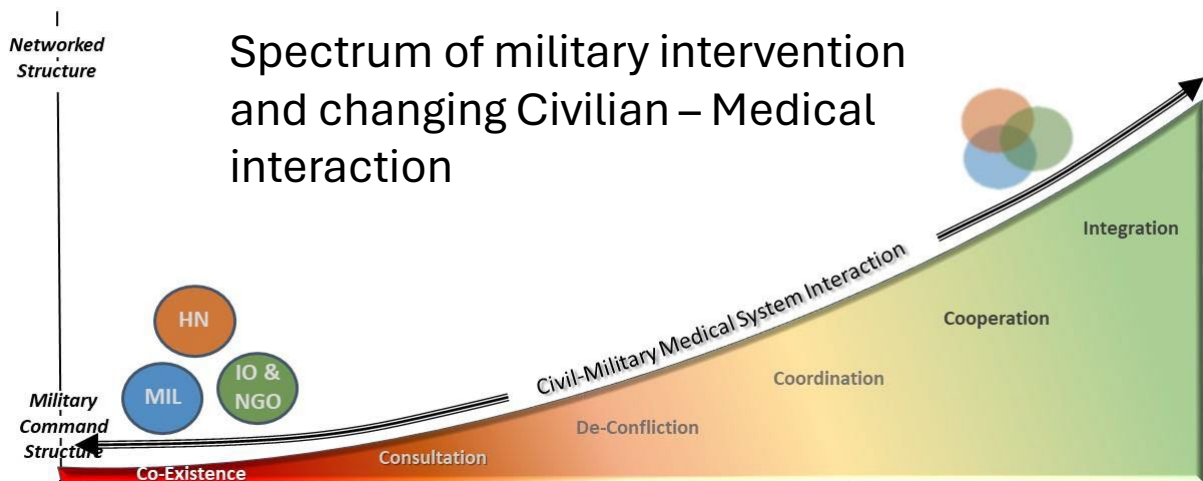


Figure 1: The Spectrum of Conflict [1]



Roundtable and Workshop Introductions

Workshop IV: Leadership Competency – Public Health Leadership

The World Health Organization (WHO) reports that the flu causes 3 to 5 million severe cases and contributes to 290,000 to 650,000 respiratory disease-related deaths globally per year. Influenza imposes a substantial impact on both public health and the economy. Vaccines are an essential tool in disease prevention, as they have been responsible for the eradication or drastically reduced mortality rate of various infectious deadly diseases (e.g., smallpox, measles, and polio). However, in some regions where vaccinations are readily available and accessible, certain groups are slow to accept or outright refuse vaccination due to various concerns. This has resulted in difficulty controlling new diseases (such as COVID19) and in reversing decades of progress towards elimination of diseases like measles in many countries. We also know that healthcare workers risk of exposure to the influenza virus in their work, is a high-risk group for flu infections. This phenomenon, known as Vaccine hesitancy, is therefore one of the greatest challenges facing public health leaders today.

In the city of Centralia, the capital of Limaria, the vaccination rates against influenza are constantly dropping since the beginning of the COVID19 pandemic, among all age groups and also among health professions. One of the main components in the lack of adherence to the Ministry of Health and WHO Influenza recommendations to get vaccinated is the distrust in the health system, even among most healthcare workers in both hospitals and the community, with deep concerns over efficacy and side effects. In addition, the largest health system in the city did not designate enough facilities, flexible hours, or enough work force for the vaccinations plan. The system turned to the city in a request to vaccinate in the community centers spread across the city, and the city is taking its time with responding. Influenza incidence among all age groups is rising, and the mission to increase vaccination rates is of great national importance.

The Minister of Health is expressing his concern to the health leadership in the region: the health district officer, hospital managers, and health system leadership, given the high influenza incidence rates, complications and even deaths, and low vaccination rates in the city. The health district officer convenes a multidisciplinary team for a discussion on the situation and how to facilitate vaccination, as well as on the barriers that prevent the public, as well as healthcare workers from vaccinating their children.

What comprehensive measures are needed to promote influenza vaccination among the general population? Among healthcare workers? What are practical tips for addressing parental vaccine hesitancy in primary care include starting early, presenting vaccination as the default approach, building trust, being honest about side effects, providing reassurance on a robust vaccine safety system, focusing on protection of the child and community?

Roundtable and Workshop Introductions

Roundtable IV: Education, Training, and Research for Conflict and War

A low middle income country is undergoing an armed invasion by its neighbouring nation state. There has been a several-generational border dispute with this neighbour to the south. The ruling monarchy was toppled during a period of civil unrest resulting in the creation of a Republic in the late 1800s. A succession of inept governmental structures through the early 1900s left the nation with a large foreign debt problem and the population has remained in poverty for most of the 21st century.

Geographically, it is 900 miles north to south with a small coastline to the east. It is rich in mineral resources in its central mountainous areas. Although agriculturally rich in its southern semi-tropical areas, it lacks the infrastructure to bring crops and foodstuffs to the main urban conurbations centred on the capital in the north of the county, over 200 miles away and over the central mountainous ridge running west-east.

It has experienced environmental exploitation by non-state actors over the last 50 years which has resulted in a culture of gang and armed group violence and tension over mineral rights which are extracted in small scale operations across the nation and smuggled out of the country in small batches. Its main exports which generate income are lumbar from sparse forests in the southwest and sorghum from flat plains in the southeast. Ethnically it remains divided between urban dwellers in the north and predominantly agrarian dwellers in the south.

In 2016 an armed civil uprising in the northern area stimulated by urban overcrowding and unemployment was brutally quashed by the ruling party leading to widespread distrust of the governing structures.



In 2018 the southern land-locked national neighbour invaded across the land border and gained control of half of the southern agricultural area with sweeping ground-based advances with little resistance from national forces. One strategic aim was to capture the seaport in the east, but this was unsuccessful. Accused of several significant human rights violations, the occupation continued in the southern areas for two years until they were pushed back to within 5 miles of the agreed national border by a combination of civilian militia drawn from the southern ethnic group and national forces from the north.

Nevertheless, the occupation force remains in this southern area and skirmishes and combat incursions continue an irregular basis, disrupting the pattern of life in the southern region and causing inhabitants to flee to the cities or leave the country.

ASPHER-WHO Core Curriculum Programme (CCP)

Supporting Core Competencies for Public Health Professionals

<https://ccp.aspher.org/>



“Dedicated to improving and protecting the public health by strengthening education and training of public health professionals for both practice and research”

5 Editions, 2006-2018

Building on ASPHER’s innovative work since 2006 on Core Competencies for Public Health Professionals (1,2,3), the 2024 ASPHER Core Curriculum Programme collates public health curricula into 36 Subject Areas in 4 Domains (4)

1

ASPHER'S EUROPEAN LIST OF CORE COMPETENCIES FOR THE PUBLIC HEALTH PROFESSIONALS

2020

2

Content and context

1. Science and practice
2. Promoting health
3. Law, policies and ethics
4. One Health and health security

Relations and interactions

5. Leadership and systems thinking
6. Collaboration and partnerships
7. Communication, culture and advocacy

Performance and achievement

8. Governance and resource management
9. Professional development and reflective ethical practice
10. Organizational literacy and adaptability

3

2022

Core competencies in applied infectious disease epidemiology in Europe

April 2022



ASPHER Core Curriculum Subject Areas aligned to Domains

ASPHER-WHO Core Curriculum Programme for Public Health

Core Subject Areas in Public Health

- Demography; Epidemiology
- Public Health Research Methods
- Biostatistics; Data Interpretation
- Determinants of Health
- Health Protection
- Disease Prevention
- Health Promotion
- Public Health Ethics
- Law for Public Health
- Economics in Public Health
- Health Systems Organisation

Subject-specific Areas in Public Health

- Communicable Disease Epidemiology
- Epidemiology of Non-communicable Diseases and Disability
- Occupational Epidemiology
- Environment and Climate Health
- Public Health Nutrition
- Architecture and Health
- Emergency Preparedness
- Disaster Management
- Public Health in Conflict and War
- Public Health and Criminal Justice

Core Cross-curricular Subject Areas in Public Health

- Historical, Cultural, Sociological, Economic, Environmental, Commercial, Legal, Political Determinants of Health
- Diversity and Intersectionality
- Health in Vulnerable Populations
- Psychology, Mental Health, Wellbeing
- Global Public Health; SDGs; One Health
- Digital Transformation in Public Health
- Public Health Literacy; Infodemiology

Core Interdisciplinary Professional Skills in Public Health

- Critical Thinking / Evidence Synthesis
- Integrative Learning in Action
- Communication Skills
- Public Health Advocacy; Negotiation
- Evidence into Policy and Action
- Collaboration and Partnerships
- Leadership and Management
- Implementation Science

Next Steps

This Colloquium is part of a continuum and a call to action. It builds on the development of the specialty of Public Health since its inception in ancient times. In this way the speciality adapts to its surroundings

As a community, we owe it to map out the next steps, to gather together the rich content and output of your combined wisdom.

- Our aim is to stimulate further development of the themes identified during the colloquium and to agree on what now needs to be done.
- Our vision is that follow on work will engage working groups drawn from today's audience, to take this work forward.
- As part of the preparatory planning we have identified a number of themes and present them below for consideration.

1. Principles and Oversight of Disasters and Emergencies
2. Implications of Mass Violence, Displaced Persons, Mental Health, Wars, and Disaster
3. Appraise the state of research, prevention, and practice regarding public health
4. Public Health, Environmental and Disaster Preparedness and Resiliency
5. Interdisciplinary Approaches (NATO - Civilian - Military engagement interoperability with disaster prevention and response, to include Chemical, Biological, Radiological, Nuclear and Explosive/Environmental (CBRNe) threats)
6. Ethical and Legal Issues of Public Health Disasters and Emergencies

- By the end of the colloquium, we aim to identify principles to adapt and evolve the specialty of public health through the development of curricular framework and competencies to be agreed across the three organizing members, ASPHER, WADEM, and ECDM.
- The final session of the day seeks to set out the next steps and aims to derive a small number of principles as a consensus statement from all three organisations.

Participants

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Farzand	Ali	GBR	Association of Academic Health Centers
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Par

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Polychronis	Kostoulas	GRE	University of Thessaly
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Lore	Leighton	USA	ASPHER
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Participants

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Antoine	van Trimpont	BEL	European Council on Disaster Medicine
Philippe	Vanhems	FRA	Fondtion Merieux
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Olesya	Vynnyk	UKR	Ukrainian World Congress

No one can whistle a symphony. It takes a whole orchestra to play it.

- H.E. Luccock, (1885–1960), Yale Divinity School

Notes

Workshop Companion

Welcome to the Workshop companion for the Enhancing European Preparedness in Public Health, Pre-Hospital, and Disaster Medicine Colloquium. Whether you're leading or participating in one of the four workshops, this handbook serves as a guide to ensuring a productive and impactful session.

Workshop Objectives:

Each workshop aims to contribute to the overarching goal of establishing a strategic imperative to create public health curricula that address dynamic and foreboding realities. As a workshop facilitator or participant, your role is crucial in achieving this objective.

My plea is that history should be the history of the human race, not of one small country or period. 'The only thing we learn from history,' 'is that men never learn from history', a sweeping generalisation perhaps, but one which the chaos in the world today goes far to confirm.

-- Sir John Glubb, in The Fate of Empires and Search for Survival

Facilitation Techniques:

To facilitate meaningful discussions and engagement, consider employing the following techniques during your workshop:

- 1. Small Group Discussions:** Encourage focused discussions among participants by dividing the group (@ 18-20 people) into smaller groups (ideally no more than 6-8 per group). This allows for deeper exploration of specific topics related to public health, disaster medicine, and pre-hospital issues.
- 2. Interactive Workshops:** Incorporate interactive activities such as role-playing or problem solving exercises to promote active participation and hands-on learning. These activities facilitate critical thinking and decision-making skills.
- 3. Design Thinking Sessions:** Utilize a structured process of problem identification, ideation, prototyping, and testing to address educational challenges in public health. This approach encourages innovative solutions and fosters creativity among participants.
- 4. Brainstorming Sessions:** Encourage participants to generate innovative ideas and solutions related to public health education. Create a supportive environment where all ideas are welcomed and explored.
- 5. Peer Learning Circles:** Facilitate knowledge exchange and peer mentoring among participants with diverse backgrounds. This approach promotes mutual support and encourages collaboration.

Workshop Companion

Tips for Workshop Leaders:

As a Workshop facilitator, your role is to guide discussions, manage group dynamics, and ensure that workshop objectives are met. Here are some tips to help you effectively lead your workshop:

- Share your vision of the current public health education landscape and the key challenges you see.
- Clearly outline the objectives of your workshop and establish ground rules for participation, workshop start and most importantly, the importance of ending on time.
- Engage a diverse range of stakeholders to ensure comprehensive input and diverse perspectives.
- Review existing literature and best practices in public health education to inform your workshop discussions.
- Identify essential competencies for public health professionals, review the WHO-ASPHER 2020 Core Competencies and explore innovative teaching methods to enhance learning outcomes.
- Address emerging public health issues and promote interdisciplinary collaboration among participants.
- Ensure cultural competency and diversity in workshop materials and activities.
- Establish mechanisms for ongoing evaluation and feedback to assess the effectiveness of your workshop and inform future iterations.

This information is designed to support you in facilitating or participating in the four Workshops aimed at designing the future of public health disaster and emergency teaching and training.

In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing ‘messes’, incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern.

-- Donald A. Schön, The Reflective Practitioner (1984, p. 42)

Workshop Companion

The Recorder

Recording is one of the most important tasks to be done at the meeting. While we are recording the entire meeting digitally, we are a deep believer in the importance of our written insights about what makes most sense to you in your respective sessions ([See Karl Weick, Sensemaking](#)). In general, the recorder will write down what is often called the "group memory." The "group memory" is nothing more than a fancy term for what's being said. If you think about it, though, it's really quite apt. What the recorder writes will be most of what is remembered from this meeting. So it's up to you, with the group's help, to decide what's important. The recorder captures big ideas, next actions, topics discussed, information to share outside the session, and so on. The recorder needs to understand the technical language of the group and be able to summarize and write down only what is important.

We would like you to take notes on a laptop and hope to project them directly on the dashboard screen for participants to see and then we will summarize them using AI directed software. If you would prefer to write the notes by hand, we ask you to transcribe them to a word file at the end of the session so that we can do an AI analysis at the conclusion of the day of all collected notes to create an action list for the future.

What should you record--Well, it depends but can often include:

- ◇ Questions
- ◇ Answers
- ◇ Concerns
- ◇ Feedback
- ◇ Ideas from the brainstorming roundtables and workshop sessions
- ◇ Decisions

How do you decide if a comment or question is important enough to write down?

You may find some of the following guidelines helpful, or you might make up some of your own before the meeting begins. The following tips can help make the job easier and the work more clear. As the recorder:

- ◇ Don't try to write every word; your hand will just cramp, and you'll never keep up. Paraphrase what's been said. If you have changed the speaker's words considerably, check to be sure you have captured the idea correctly.
- ◇ Use high-energy words, such as active verbs and nouns. Adjectives can sometimes be accurately and more swiftly indicated by underlining, color, etc.
- ◇ Write large, legibly, and fast; comprehension should be most important.
- ◇ Don't worry about spelling. You'll still get the point across.
- ◇ Leave out words like "the" and "a".
- ◇ Use color, symbols, and underlining to highlight your points. Check all of the colors you are going to use before the meeting, to decide which are most legible.

Separate thoughts and topics with symbols, such as stars. Don't number different thoughts on the same topic, though, as numbers may establish a priority, or suggest that one idea is better than another. Save the use of numbers for larger things, such as agenda items, new topics, or, as mentioned above, for ordering pages.

