

Rapid Exchange Forum – Special Edition II

26th of April, 9.00-10.00 time – Webex (online)

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I. Attendees

Aleksandar Medarevic (IPHS), Ailish Kelly (DoH), Anina Chileva (NCPHA), Boris Pavlin (WHO), Claudia Habl (GÖG), Elena Gabriela Gaftonie, Elena Petelos (UoC/EOPYY), Emily Hewlett (OECD), Ester Angulo-Pueyo (IACS), Hanna Tolonen (THL), Howard Needham (ECDC), Isabella Röhring (GÖG), Jakov Vukovic (HZJZ), Jane Idavain (TAI), Karolina Węgrzyn (MZ GOV), Luís Lapão (UNL), Lydia Fenz (GÖG), Mariken Tijhuis (RIVM), Marilia Silva Paulo (UNL), Marina Karanikolos (OBS), Merike Rätsep (TAI), Miriam Saso (PHRI), Neville Calleja (MoH), Nienke Schutte (PHIRI), Ondrej Majek, (UZIS), Peter Bezzegh (NHSC), Richard Pentz (GÖG), Robert Lang (OKFO), Ronan Lyons (SU), Sarka Dankova (UZIS), Tugce Schmitt (Maastricht university), Tina Purnat (ECDC), Zuzana Nordeng (FHI).

- Participants: 33
- Countries: 18
- International organisations: 5
- Weather: Great day in Brussels, 13 °C and sunny

II. Aim of the meeting – Nienke Schutte

To avoid duplication of work, we believe it is highly relevant to be aware of other international activities and expert groups already in place that exchange information on measures related to COVID-19 that require rapid actions. In this regard, we wish to organize once per trimester a Rapid Exchange Forum (REF) – Special Edition, where key guests of international organisations in the COVID-19 field can layout their main activities, boards/expert groups and map the different COVID-19 activities performed by their organisations. The guest speakers for the second **Special Edition of REF** are:

- The European Observatory on Health Systems and Policies – Marina Karanikolos
- Organisation for Economic Co-operation and Development – Emily Hewlett
- World Health Organisation – Boris Pavlin

The goal of the Special Edition of REF is to shed some light on the international activities and expert groups that are already in place or that have been set up during the pandemic to exchange information on measures related to COVID-19 and that require rapid action.



III. The European Observatory on Health Systems and Policies – Marina Karanikolos

See presentation slides [here](#).

The European Observatory on Health Systems and Policies (OBS) promotes evidence based policymaking and analyses the dynamics of healthcare systems and policies around (mainly) Europe. The focus of the presentation will be on the work performed by the OBS in response to COVID-19.

In March-April 2020, the OBS set up the COVID-19 [Health System Response Monitor \(HSRM\)](#) which is a platform that aims to support policymakers in understanding and being aware of the responses countries have initiated to manage the pandemic. The platform covers the European region and few countries beyond the European region (e.g. US and Canada). The platform relies on the [Health Systems and Policies Network \(HSPN\)](#) that was set up by the observatory many years ago. Information is collected regularly using a standardized template covering six main topics: preventing transmission, ensuring sufficient physical infrastructure and workplace capacity, providing health services effectively, paying for services, governance and measures in other sectors.

The structure of the template remains constant over time however, supplements to the template have been released depending on needs. For example, additional questions have been focusing on how countries are transitioning in and out of lock downs, vaccination management, testing capacity, misinformation, disinformation and how countries are tackling that and how countries are supporting the health workforce. Furthermore, it is possible to perform country comparisons with up to ten countries and five topics and subtopics. A PDF document will be created with the interested selection. As the platform now contains a lot of information, it is also possible to perform cross countries analysis which are highly demanded by the different countries.

Other OBS activities:

- In November 2020, the EuroHealth special issue on COVID was released.
- COVID-19 response webinars are organised by OBS every Tuesday at 12. The webinar series is based to a large extent on the health systems response monitor. Open to suggestions for topics. Click [here](#) to subscribe to the OBS webinars. All the webinars are available [here](#) on the OBS YouTube channel.
- Rapid responses on demand, especially from partners.
- Health policy special issue on COVID-19 response which will include papers specific to country groups and papers that are cross sectional e.g. on preventing transmission.
- Policy brief on strengthening health system resilience for COVID-19.
- In collaboration with OECD, in November the health country profiles focusing on COVID-19 will be released.

Questions:

Nienke Schutte: Who are exactly the OBS partners?

Marina Karanikolos: The partners of the observatory are mainly governments of European countries. We have about 16 to 20 governments as partners as well as the WHO, the European Commission, academic hubs (...) but most queries come from the governments.

Claudia Habl: How do you monitor the access rate to your website?

Marina Karanikolos: I will investigate this further and I will get back to you with this information.

Elena Petelos: How are the sources published collected? The HSRM reproduces information, do you check it or do you rely on the national hubs and contact points? More specifically, how do you select the facts you post?



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

Marina Karanikolos: We do rely on our networks. However, the editors decide how they will set up the data collection process and they will check the information provided. The idea is to collect factual information, almost in real time with as little lag as possible.

We post a mix of different sources of information. Most of the information comes from the HSP network, and the content published depends on what they provide us with.

Robert Lang: Is it possible to get the data from your website? Do you have an API?

Marina Karanikolos: You can put the reference of HSM health systems response monitor COVID-19 of the European Observatory and add the link. This is how we refer to it in any other material that we use. We don't extract live data.

IV. Organisation for Economic Co-operation and Development – Emily Hewlett

See presentation slides [here](#).

The presentation will focus on the work OECD is performing on mental health and how it was adapted to include COVID-19.

OECD is an economic organization that brings together 37 countries across the world. Health is just one part of the OECD work and mental health is just one part of the OECD health work. The advantage of working at OECD is that we can try to make connections between different sectors. For example, in our mental health work, we regularly work with our colleagues in the education and employment division to try to get a cross-societal perspective, both in terms of the necessary policy response and the impact absence of effective policy might have.

Mental health has been a high level priority at OECD for at least 15 years. OECD has a council level recommendations, the highest level recommendations that the OECD can make on integrated mental health skills and work policies. These recommendations push member countries to prioritize taking an integrated approach on mental health, thinking about ways to promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services and policies, not just in the health system, but across sectors.

In 2021, there are few big publications on mental health planned to be published. One is a long standing publication about benchmarking mental health system performance. We started this work with an expert consultation, where all OECD countries were invited to send someone to participate as well as a range of academic experts and stakeholder representing initiatives. Together, they developed a framework for understanding mental health system performance. In order to deepen our analysis in that area, we undertook an international data scan to identify data sources which could inform our work in this area. Furthermore, we sent out a policy questionnaire and data questionnaire, focusing on the existing data that the OECD already has (OECD collects data on about 12 mental health indicators on a regular basis). Finally, we undertook an extensive literature review.

Thanks to this work we've noticed significant increases in access to care but also that mental health data availability really limits our capacity to understand some key trends. Just when the work was almost ready for publication, the COVID-19 crisis happened. We tried to adapt the analysis in this publication to take into account the changes brought by the pandemic. As a chapter focuses on digital innovation we saw that across 2020 there was significant innovation when it came to teleworking and delivering mental health services. We wanted to reflect that but we also wanted to produce a publication that was faithful to the request that came from countries in 2018.



We also have two new products. They're what we're calling COVID-19 briefs. They are briefs with a special focus on the impact of COVID-19 on mental health and the policy steps countries have already taken, the necessity of taking further policy steps and some ideas about what the best policy steps might be. When it came to this piece of mental health work, we took a different approach to the way that we often work at the OECD. What we've been able to do is make extensive use of national data sources. In fact, one of the positive side effects of the crisis has been the massive increase in the extent to which countries are tracking the mental health status of their populations. We were able to find 14 different surveys across countries for which there was a comparable pre 2020 point which allowed us to give an illustration of the extent to which prevalence of anxiety and depression changed during the pandemic. In 2020, we were also able to identify six countries which had detailed longitudinal surveys across 2020 to 2021.

Across the course of 2020, mental health status was not linear. There were big peaks in all the countries we looked at, both countries which were significantly impacted by the crisis, like France, the United States or the United Kingdom, and countries which were comparatively less impacted like New Zealand. We also found that in general, young people, people out of work and people who had COVID-19 saw bigger declines in their mental health status. For example, in France, young people reported the highest levels of anxiety and depression at the end of 2020 or beginning of 2021. We also investigated the way mental health services have or haven't been disrupted and how they've adapted. There was a real drop in service contacts in many countries, and there was a significant drop in referrals especially for children, mostly because schools were closed and schools were a major pathway into mental health services. Yet, we saw that many services were adapting effectively and probably faster than we could have anticipated two years ago.

Questions:

Boris Pavlin: Where does the excess mortality data come from? Furthermore, the mental health and public health and social measures, restrictions: will they be part of the upcoming brief or are they already posted on the website?

Emily Hewlett: I know that for the European countries, there has been extensive cooperation with Eurostat but I think the non European sources are based on national sources. Regarding the second question, these topics will be covered in the upcoming brief.

V. World Health Organisation – Boris Pavlin

See presentation slides [here](#).

The presentation will focus on what WHO is doing in the EPI department.

Nowhere else so many strands of information come together to paint a holistic picture of the global COVID-19 situation using the most accurate data possible. Our inputs include a global surveillance system, ongoing public health intelligence, public health and social measures monitoring, vaccination data, variant tracking and modeling. We also have a special focus on vulnerable settings, such as humanitarian crises, where triangulation of multiple data sources is needed to fully understand the COVID-19 impact. We turn our information into public information products for policy guidance for Member States and direct action for WHO and its partners.

Since the beginning of the pandemic, WHO has worked closely with Member States to implement a global system of COVID-19 surveillance. On January 2020, WHO published its first surveillance guidance and an electronic reporting platform for Member States to share data with WHO. WHO has worked with Member States to undertake active surveillance of confirmed cases and deaths, published



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daily via the WHO COVID-19 online dashboard. Daily reporting is supplemented by case-based surveillance with more than 52 million case records. Recently, WHO has also added vaccination data to the global dashboard which includes data on vaccination coverage, types of vaccines and dates of introduction, primarily based on Member State validated data. Using these and other data WHO has produced over 300 global epidemiological and operational updates.

A major activity since the end of last year has been the tracking of COVID-19 variants. The development of the definitions involved multiple parts of WHO, including regional offices, expert groups, the US Centers for Disease Control and Prevention, European CDC and Africa CDC. WHO tracks all declared variants of concern continuously, and we publish summaries in the weekly epidemiological update. Currently there are three designated variants of concern (VoC) and seven designated variants of interest. Based on our modeling, we saw that the three variants of concern have an estimated 30 to 40% increase in transmissibility compared to non VoC. This has led to a rapid replacement of prior strains with variant strains in nearly all cases examine. The role of vaccines in reducing transmission, particularly in the context of variances, is still not fully understood. WHO is currently reviewing recommendations on individualized measures for persons with immunity (whether vaccinated individuals or those with previous infection could be exempted from certain measures such as quarantine).

Even in the face of variants, the EPI pillar has global reach. We work closely across the three levels of the WHO to support Member States to improve their surveillance and related capacities. This is particularly important now in light of the new variants. We are also working closely with lab and logistics' colleagues to build capacity in Member States to undertake strategic testing and sequencing to enable the tracking of variants nationally and globally.

Questions:

Emily Hewlett: What do you think was the biggest adaptation you've had to make in the way you gathered and used information from countries? Do you have any thoughts about how you're going to take that forward into the future?

Boris Pavlin: Branching out beyond traditional Member State lead reporting, has been the biggest shift in the way we perform our data collection. Traditionally, WHO relies entirely on official data submitted by Member States. One of the things that we did early on was to allow Member States, under the International Health Regulations, to share any type of public source of information. Currently, a lot of the data is scraped from government sites, rather than submitted by Member States, because almost every country now has a daily count of its cases.

One of the challenges has been when we've asked for additional data, for example about health workers status, age, sex, comorbidities. This type of data was less complete.

Elena Petelos: Are you planning to change how you synthesize heterogeneous types of data, from individual data to population data? How comfortable do you feel on the adequacy of Member States to do reporting?

Boris Pavlin: There is a great degree of heterogeneity. We also know that the number of cases reported and the number of deaths reported are underestimated. The issue is that we can identify where VoCs are circulating. However, what proportion of a country's viruses are variants and which variants depends completely on the sequencing capacity of the country and its sequencing sampling strategy. Some countries may declare they do not have variants simply because they cannot detect them. Thus, the representativeness of these samples very questionable, in most cases.



VI.Slides of the presentations



Tracking Health Systems Response to COVID-19

Marina Karanikolos, PhD MPH
European Observatory on Health Systems and Policies

PHIRI Rapid Exchange Forum
26th April 2021

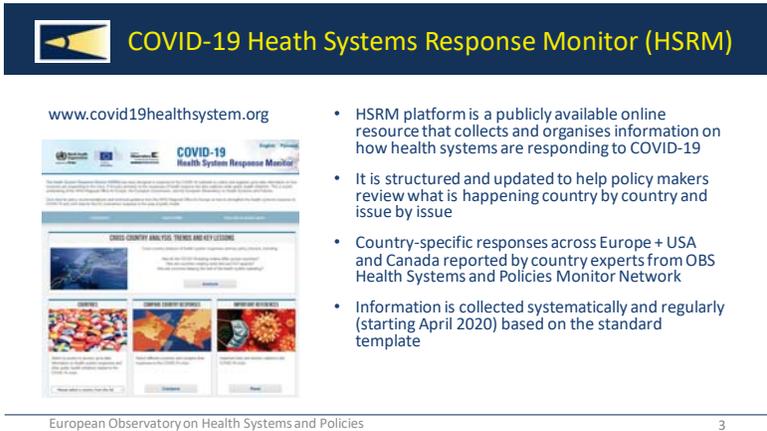
European Observatory on Health Systems and Policies



European Observatory on Health Systems and Policies

- OBS supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe.
- OBS engages directly with policy-makers and experts, and works in partnership with research centres, governments and international organizations to analyse health systems and policy trends.
- Partnership hosted by the WHO/Europe

European Observatory on Health Systems and Policies

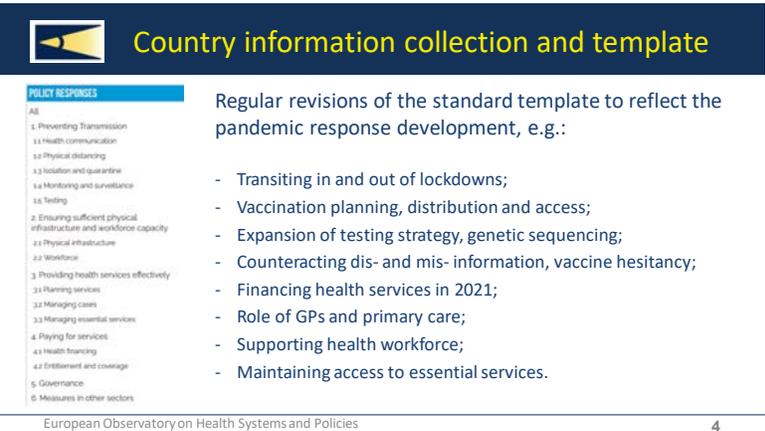


COVID-19 Health Systems Response Monitor (HSRM)

www.covid19healthsystem.org

- HSRM platform is a publicly available online resource that collects and organises information on how health systems are responding to COVID-19
- It is structured and updated to help policy makers review what is happening country by country and issue by issue
- Country-specific responses across Europe + USA and Canada reported by country experts from OBS Health Systems and Policies Monitor Network
- Information is collected systematically and regularly (starting April 2020) based on the standard template

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Country information collection and template

Regular revisions of the standard template to reflect the pandemic response development, e.g.:

- Transiting in and out of lockdowns;
- Vaccination planning, distribution and access;
- Expansion of testing strategy, genetic sequencing;
- Counteracting dis- and mis- information, vaccine hesitancy;
- Financing health services in 2021;
- Role of GPs and primary care;
- Supporting health workforce;
- Maintaining access to essential services.

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Cross-country comparison tool

COMPARE COUNTRIES

Select different countries and compare their responses to the COVID-19 crisis.

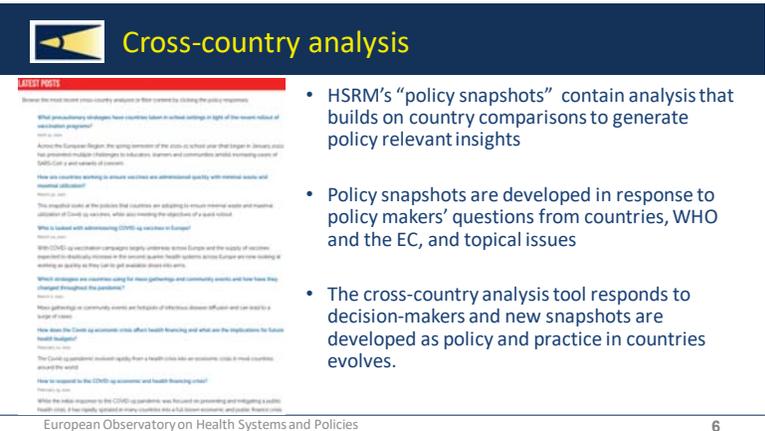
1. SELECT COUNTRIES

2. SELECT TOPICS

3. GENERATE PDF (POLICY ALERTS OF 10 A MINUTE FOR THE DOWNLOADER TO COMPLETE)

Download PDF

European Observatory on Health Systems and Policies 5

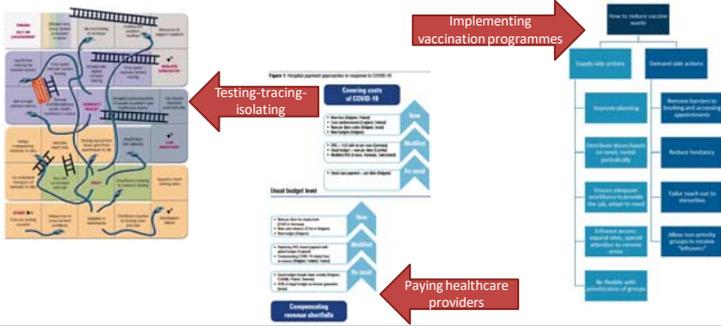


Cross-country analysis

- HSRM's "policy snapshots" contain analysis that builds on country comparisons to generate policy relevant insights
- Policy snapshots are developed in response to policy makers' questions from countries, WHO and the EC, and topical issues
- The cross-country analysis tool responds to decision-makers and new snapshots are developed as policy and practice in countries evolves.

European Observatory on Health Systems and Policies 6

Examples from HSRM policy snapshots



Other activities

- Eurohealth (November 2020)
- Webinars (Tuesdays 12 noon CET)
- Rapid responses

Watch this space!

- Health Policy Special Issue on COVID-19 response
- Strengthening Health Systems Resilience for COVID-19 (policy brief)
- SoHEU country profiles with OECD



Thank you!

COVID-19 WEBINARS:
Tuesdays, 12:00-13:00 CET (next TBC)
<https://www.covid19healthsystem.org/Webinars.aspx>

healthobservatory.eu
covid19healthsystem.org
@OBShealth

OECD WORK ON MENTAL HEALTH

Building high-performing mental health systems

Emily Hewlett, 26 April 2021
PHIRI_Rapid Exchange Forum - Special Edition II



OECD work on Mental Health



OECD brings together 37 countries from across the world

- "The OECD brings together Member countries... [who] collaborate on key global issues at national, regional and local levels. Through our standards, programmes and initiatives, we help drive and anchor reform"¹
- We help countries achieve high-performing health systems by measuring health outcomes and health system resource use and by analyzing policies that improve access, efficiency and quality of health care.

Mental health is a high-level OECD priority

- OECD Recommendation on Integrated Mental Health, Skills and Work Policy
- "[The OECD Council] RECOMMENDS that Members and non-Members...seek to improve their mental health care systems in order to promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services..."²

The OECD Mental Health Performance Framework

- The OECD Mental Health Performance Framework was put together by more than 40 stakeholders from 20 different countries, and is a starting point for measuring and improving mental health care and outcomes.



¹<http://www.oecd.org/about/membersandpartners/>
²Recommendation of the Council on Integrated Mental Health, Skills and Work Policy:
<https://legalinstruments.oecd.org/Instruments>ShowInstrument?View.aspx?InstrumentID=334&Lang=en&Book=Fake>
³<https://www.oecd.org/health/health-systems/OECD-Mental-Health-Performance-Framework-2019.pdf>

OECD work on Mental Health

KEY OECD PUBLICATIONS ON MENTAL HEALTH



Find out more:
<https://www.oecd.org/els/health-systems/mental-health.htm>

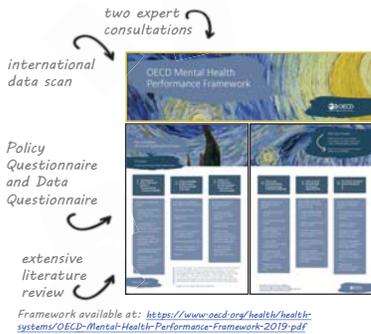
FORTHCOMING 2021!

- MAY 2021: two OECD COVID-19 HUB BRIEFS
- Tackling the mental health impact of the COVID-19 crisis through an integrated whole-of-society response
 - Mental Health, Youth and COVID-19

MAY-JUNE 2021: Report on Mental Health Performance Benchmarking

NOVEMBER 2021: Report on Report on Integrated Mental Health, Work and Skills

Mental Health System Performance Benchmarking



KEY FINDINGS:

- Mental health is a **growing priority** in OECD countries, and a **person-centred and integrated approach** is prioritised in policy
- A gap remains between strategy and implementation – mental health **outcomes still lagging**
- Significant efforts to **increase access to care** – scaling up-services, access entitlements, and low-threshold support
- Mental health data availability** has increased, but is still dominated by inputs and resources

The mental health impacts of the COVID-19 crisis

FORTHCOMING MAY 2021

COVID-19 BRIEF: Tackling the mental health impact of the COVID-19 crisis through an integrated whole-of-society response → <https://www.oecd.org/coronavirus/>



Anxiety and depression have increased significantly... but have fluctuated across 2020-21



Some groups' mental health – young people, people out of work, people who had COVID-19 – has suffered more

Mental health services have been disrupted, but new low-threshold support is increasingly widely available

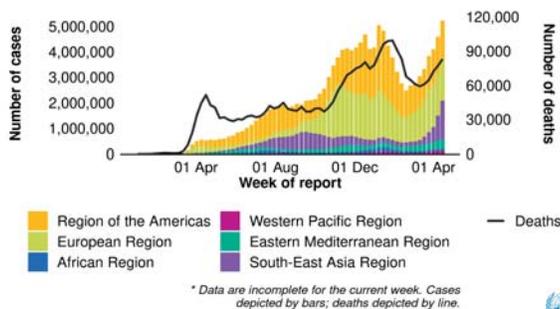
Find out more...

- Email me → Emily.Hewlett@oecd.org
- Follow us on Twitter → @OECD_social
- Visit our website → www.oecd.org/els
- Read our reports → www.oecd.org/els/health-systems/mental-health.htm

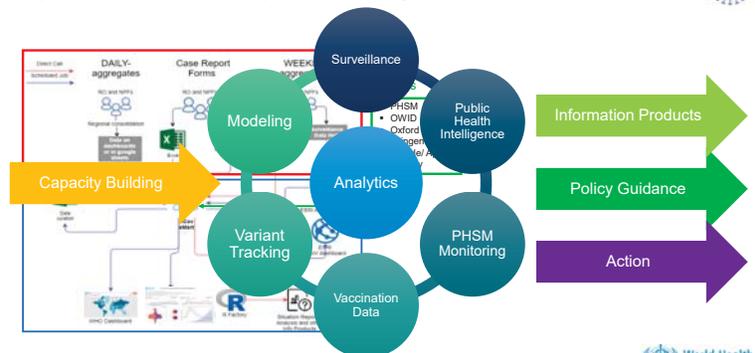
- Sign up for updates on new work: <https://www.oecd.org/health/publicationsdocuments/newsletters/>
- Understanding Effective Approaches to Promoting Mental Health and Preventing Mental Illness
- Fit Mind, Fit Job, 2015
- Making Mental Health Count, 2014

PHIRI – WP8 Rapid Exchange Forum 26-4-21

Global situation: weekly overview



Epi Pillar: WHO's Comprehensive System of Information for Action

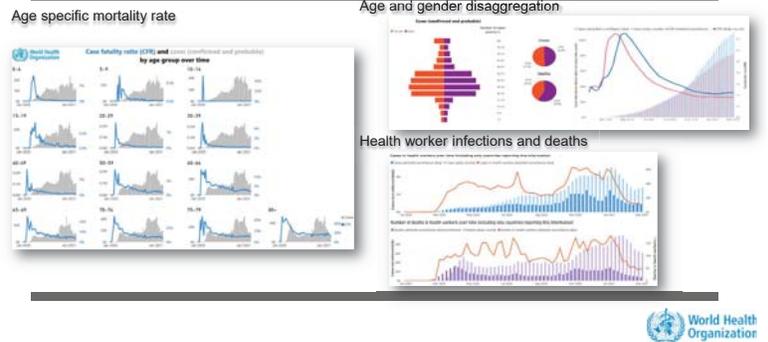


COVID-19 disease surveillance

Daily aggregated data	Case based data from Case Report Forms (CRFs)	Weekly aggregated reporting	Vaccination data
Cumulative and new cases and deaths from WHO regional offices	Data captured from case report forms and entered to regional databases, harmonized using existing systems	Data captured from case based or aggregated systems weekly	Data from RO and added from publicly available sources
> 132 million cases	> 52 million cases, >840K deaths	> 42 million cases, >740K deaths	>604 million vaccine doses administered
Daily tracking of the progression of the pandemic – outputted to dashboards, daily response briefings, etc.	Provides more detailed information for a subset of total cases	Essential epidemiological information on core variables	Showing which country started vaccination and doses administered

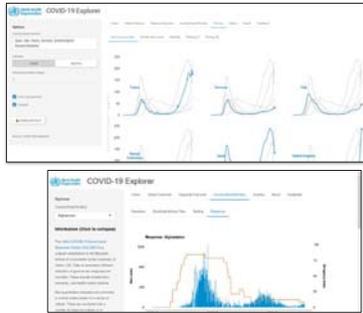


Detailed COVID-19 surveillance data



COVID-19 Explorer app (Shiny) maintained in house

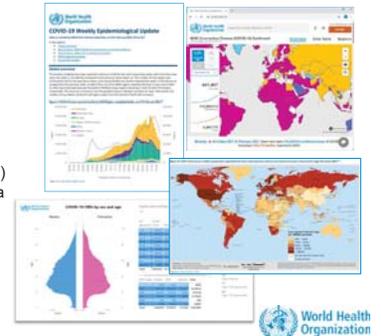
- Centralised and reusable approach used for app
 - Internal and external versions created
- Internally used for:
 - Preparation of morning slides
 - Country specific profiles
 - Ad-hoc analyses
- Externally on the WHO dashboard:
 - Since public launch 15 September 2020:
 - 171K single users
 - 220K single sessions



<https://worldhealthorg.shinyapps.io/covid/> (External)

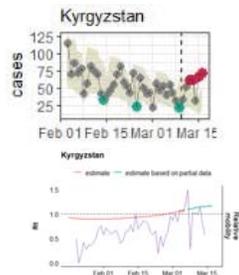
Current main outputs

- Daily data packs
- Weekly epidemiological updates
- Detailed analysis with presentations
- Dashboards
 - WHO public dashboard
 - Shiny app as data explorer (facilitating internal and external outputs)
 - Weekly dashboards (Age, Sex and HW data)
 - PAHO dashboard using the harmonized data from our system
 - Regular maps, graphs and detailed analysis
 - PHSM dashboard (currently only internal)
 - Vaccination data

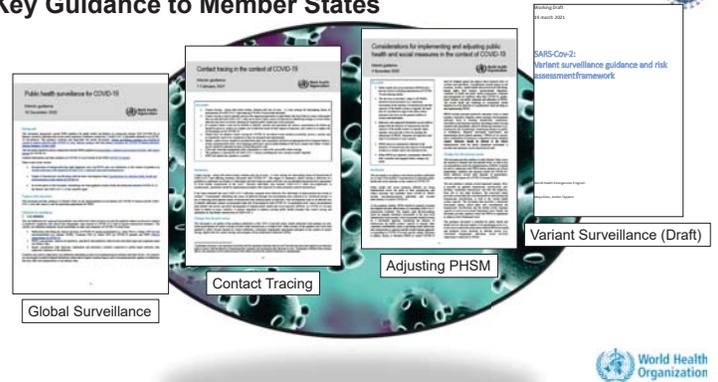


Analytics: Identifying unusual trends

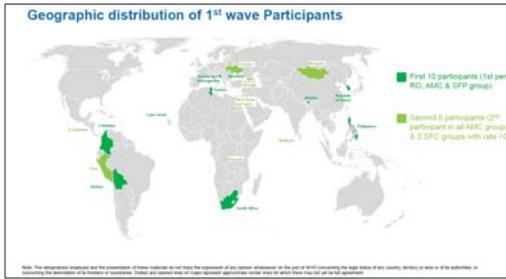
- Identification of predictors of poor epidemic trajectories
- Advanced statistical modelling and automated machine learning approaches
- Triangulation of data sources and collection of relevant data – focus at the subnational level



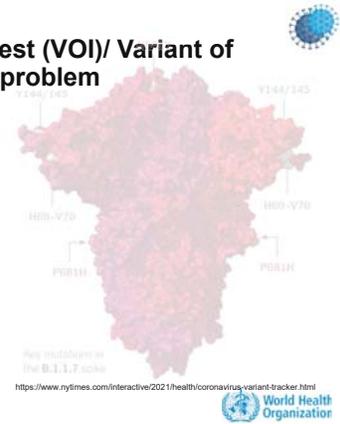
Key Guidance to Member States



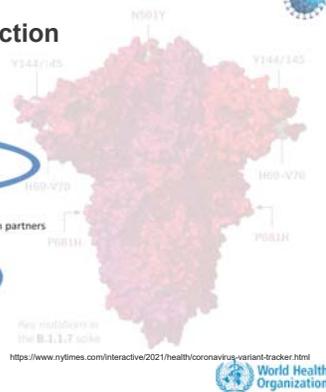
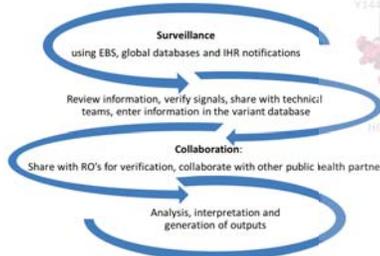
Direct action – COVAX allocations



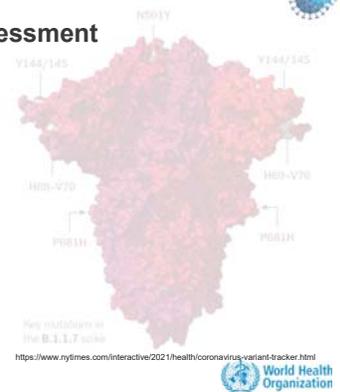
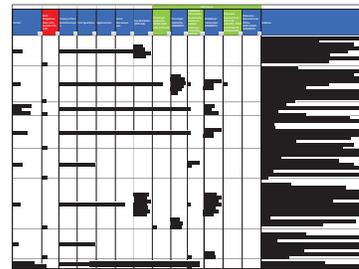
From Signal to Variant of Interest (VOI)/ Variant of Concern (VOC) – Defining the problem



From Signal to VOI/VOC - Detection



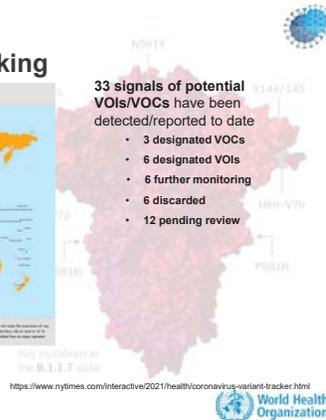
From Signal to VOI/VOC - Assessment



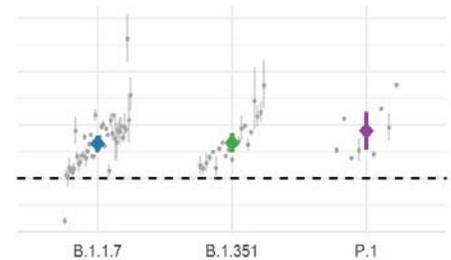
From Signal to VOI/VOC - Tracking



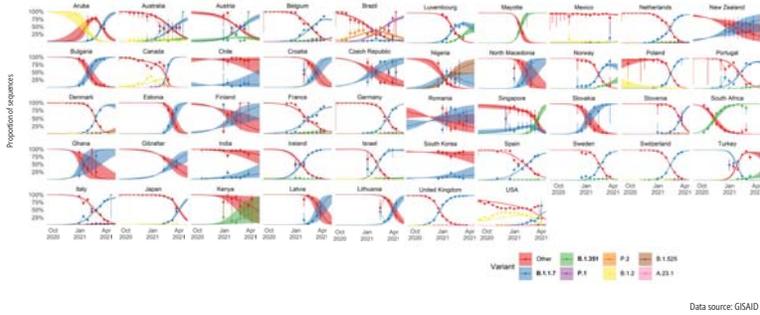
- 33 signals of potential VOIs/VOCs have been detected/reported to date
- 3 designated VOCs
 - 6 designated VOIs
 - 6 further monitoring
 - 6 discarded
 - 12 pending review



VOC transmissibility



VOCs: Replacement effects



Public Health and Social Measures (PHSM) in the context of VOCs

- Increased transmissibility
 - PHSM may need to be implemented more consistently over longer periods of time or be potentially more stringent
 - Higher herd immunity threshold; PHSM may need to be maintained for longer periods of time as vaccines are being rolled out
- Role of vaccines in reducing transmission still not fully understood
 - WHO currently reviewing recommendations on individualized measures for persons with immunity
- PHSM applied have been successful + adjustment of PHSM should continue to be driven by the epidemiology, irrespective of presence of VOCs

Increasing capacities

- **Surveillance and Contact Tracing**
 - Regional and Country Offices lead
 - Technical missions
 - Webinars
 - Study protocols (e.g. Unity Studies)
- **Increasing strategic testing and “intelligent” sequencing**
 - Increasing Ag based RDT use
 - Increasing sequencing capacities worldwide
 - Leveraging existing/building systems (GISRS, polio, TB/HIV...)
 - In country academic, private, commercial sequencing capacities; vet labs
 - External support – SARS-CoV-2 reference lab, GISRS, AFRO/Africa CDC, countries with additional capacities
 - GISRS Sequencing guidance (*pending*)

