

The Role of Schools of Public Health in the COVID-19 Pandemic

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The COVID-19 pandemic has been catastrophic for the health and livelihoods of people all over the planet. Over a year on, there is still no prospect of an ending to the pandemic. There is little evidence of coherent international commitment and consensus on a strategy to suppress viral transmission and chart a global route out of the pandemic. As I write, the world has recorded 115 million cases and 2.5 million deaths. The Association of Schools of Public Health in the European Region (ASPHER) has been active in supporting our members' work combatting the pandemic since early March 2020 [1]. Our active members in Portugal have contributed with major papers on the use of masks [2, 3], the limitations of testing [4–6], planning for a second wave [7], children's masks [8], and the spread of the virus in meat plants [9]. These papers are among the output of the ASPHER COVID-19 task force [10] and have influenced the policy positions of national governments and international agencies such as the WHO Europe, the Global Network of Academic Public Health (GNAPH) [11], the European Centre for Disease Prevention and Control (ECDC), and other European health partners.

National governments and public health leaders have been found unprepared and indecisive in many parts of the world. Public health systems and services have been cut back over many years prior to the pandemic and it will be one of our tasks to rebuild and attract new investment

into training, research, and professional capacity building for the protection and improvement of the public's health [1]. ASPHER is at the forefront of campaigning for these. Our paper on the erosion of public health has been published now [12] and our extensive report on the actions of schools of public health can be viewed on our website [13].

If anything should demonstrate the need for public health systems and services it is this pandemic. Many countries have lacked professional resources to respond to the outbreak. We have also been slow to document the harmful social and economic effects arising through the lockdowns which have been needed to control the virus [14]. We need public health resources, and policies, to tackle the inequalities in our societies, which make the pandemic deadlier to some groups and communities. Pandemic diseases of poverty, mass overconsumption, and addiction have also created a foundation upon which the virus can have a deadlier impact [14, 15].

The scientific community has struggled to gather the collective memory hidden in the literature of a bygone era to rediscover the lessons of the 1918 Spanish flu pandemic [16]. For example, in the Western world we have had to relearn the use of masks for protection of the wider community [17]. We have also uncovered economic and social evidence from 1918 showing the effects of early and prolonged lockdowns to enable earlier economic recovery.

ery [18]. Much of our knowledge of plagues and pandemics has been the preserve of medical historians and felt to be a distant novelty rather than a fearful reality [19]. The 21st century is likely to be the century of pandemics [20]. We seek to maintain our destructive levels of international travel, which microorganisms also enjoy. We destroy progressively more natural environments and interrupt ecosystems, exposing ourselves to more novel zoonotic pathogens. We create poverty, inequality, insecurity, migration, and conflict, forcing human beings together in overcrowded, insanitary, dangerous conditions. Human ageing and infirmity, and our poor health-related behaviors, leave us more at risk of the most harmful effects of infectious diseases, as we have seen so starkly in this pandemic.

Our responsibility today is to document as fully as we can the effects of the SARS-COV2 virus and the effects of the COVID-19 pandemic. This collection of papers from the Portuguese experience, mainly in the first wave, highlights important issues we must all learn from, i.e., the epidemiological characteristics of the spread of infection

and impacts on hospitalization, the impacts on healthcare and the role of screening of health care workers, and the impacts of lockdown including the appalling consequence of domestic violence. There is recognition of the need to engage the public, to understand their feelings and perceptions, and to repeat this regularly. There must be consent and trust between politicians, professionals, and the people we serve [7]. This will not be the only word on the Portuguese experience, and it will not be the last word. The second wave has had devastating effects on the people of Portugal, and ASPHER stands in solidarity with you all [21]. There will be much new knowledge for us all to learn from, and I look forward to reading further high-quality reports from the outstanding public health community in Portugal.

I commend this suite of papers as a vital contribution bearing witness to some of the experience of this pandemic in Portugal. The experience within different countries and comparisons between countries are an essential means by which we can learn from each other and help us to prepare better for the pandemics of the future.

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