



# 17<sup>TH</sup> WORLD CONGRESS ON PUBLIC HEALTH 2023 May 2-6 ROME ITALY

## ABSTRACT BOOK



Abstract book by:





# ORGANISING COMMITTEE

## CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

Chair: Walter Ricciardi

Members:

Luis Eugenio de Souza – WFPHA  
 Bettina Borisch – WFPHA  
 Marta Lomazzi – WFPHA  
 Italo Angelillo – SItI  
 Antonio Ferro – SItI  
 Roberta Siliquini – SItI  
 Carlo Signorelli – ASPHER  
 John Middleton – ASPHER  
 Robert Otok – ASPHER

## ICC

The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

Chair: Walter Ricciardi

Members:

Mohannad Al Nsour (Jordan)  
 Elena Alonzo (Italy)  
 Woldekidan Kifle Amde (South Africa)  
 Yaneer Bar-Yam (USA)  
 Maurício Barreto (Brazil)  
 Stefan Buttigieg (Malta)  
 Mary Codd (Ireland)  
 Kasia Czabanowska (The Netherlands)  
 Maria Saenz Del Rocio (Costa Rica)  
 Enrico Di Rosa (Italy)  
 Alberto Fedele (Italy)  
 Rok Hrzcic (Slovenia)  
 Gregory Kolt (Australia)  
 Rüdiger Krech (WHO)  
 Jose M. Martin-Moreno (Spain)  
 Alison McCallum (United Kingdom)  
 Martin McKee (United Kingdom)  
 Michael Moore (Australia)  
 Jean Marie Okwo Bele (Congo)  
 Gaetano Pelissero (Italy)  
 Gaetano Privitera (Italy)  
 Srinath K. Reddy (India)  
 Malabika Sarker (Bangladesh)  
 Luca Gino Sbrogiò (Italy)  
 Ines Siepmann (USA)  
 Giorgio Solimano (Chile)  
 Emanuele Torri (Italy)  
 Paolo Villari (Italy)  
 Francesco Vitale (Italy)

## ISC

The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

## Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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## Let's Control Flu: the use of gamification in health decision-making for flu vaccination. Application to new countries

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**Background and Objective:** The "Let's Control Flu" (LCF) is an interactive digital tool designed to simulate the impact of public health policies (PHP) on influenza vaccination coverage rates (VCR). It adopts a gamification approach to support decision-making processes on influenza vaccination by testing the relative effects of PHP in specific population segments and providing clues for the optimization of policy decision-making. It, therefore, helps to support the World Health Organization's milestone of having 75% of European target populations vaccinated against influenza by 2030. The application to the pilot country and the project's methodology were presented at the European Health Forum Gastein and World Health Summit conferences in 2022.

**Methods:** The LCF tool is the first quantitative research to apply Kassianos' model, utilizing 13 of the originally proposed 42 PHP while maintaining the 5-pillar structure. The tool creates scenarios within a 10-year time horizon demonstrating what could be averted in seven pre-determined outputs (influenza infections, hospitalizations, flu-related GP visits, workdays/productivity loss, flu-related deaths, hospitalizations due to cardiovascular diseases, and deaths due to cardiovascular diseases) in five key-target groups: children, elderly, pregnant women, healthcare workers, and high-risk populations.

**Results:** The tool was successfully applied to Sweden (<https://letscontrolflu.com> [1]). It is currently in expansion to regions in Italy and Germany, as well as to the Czech Republic, with the results of this phase being presented for the first time, if approved, at the 17th World Congress on Public Health.

**Conclusions:** Gamification is a useful approach to bridging the gap between science, policy-makers, and patient advocacy organizations, merging epidemiology and health policies in a single and democratic solution. Through digitalization, the LCF tool enables quicker and more secure decision-making in health policies and helps promote health education among populations, paving the way for a safer and healthier future for all (<https://vimeo.com/user129422763/review/751589991/dff2ecd410> [2]). Links:-----[1] <https://letscontrolflu.com/>[2] <https://vimeo.com/user129422763/review/751589991/dff2ecd410>

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## Food classification guidelines across Australia - concordance and implications of differences

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**Background:** Each Australian jurisdiction produces separate food and drink classification guidelines for different institutional settings (e.g., schools) to guide food service providers on what constitutes a nutritious offering. Australian food manufacturers, suppliers and retailers frequently report that it is challenging to align their product range with a multitude of different classification systems. This study aimed to investigate the concordance between guidelines from all Australian jurisdictions across various settings, based on their application to a range of packaged food and drink products.

**Methods:** Products from top selling brands in Australian food service settings across 10 product categories (e.g., sweet snacks) were classified according to each of the 20 state and territory food classification guidelines applying to schools, workplaces, and healthcare settings (primarily 'traffic light' classification systems). Product nutrition information was retrieved from manufacturer, supplier, or retailer websites. The level of concordance between each combination of two guidelines using a traffic light' based classification system was determined by the proportion of products rated as 'amber' across both guidelines.

**Results:** 747 food and drink products were assessed. 88% products were classified at the same level of healthiness across all 'traffic light'-based systems. Concordance in 'amber' food classifications ranged between 63% and 96% across guidelines for different jurisdictions. For school guidelines, 'ice creams and frozen desserts' had the highest concordance across guidelines (97%); 'meat and seafood products' had the lowest concordance (80%). Discrepancies mainly arose from differences in food categories included in guidelines, e.g., the 'ready-to-eat

meals' category was absent from some guidelines.

**Conclusions:** There is a need for national coordination and greater evidence-based consistency in food classification guidelines across Australian jurisdictions. This will help ensure clarity for businesses on how to better support community health, including food manufacturer product development and reformulation, and food outlets offerings.

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## Generating political priority for domestic alcohol policy reform: a framework to guide advocacy and research

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**Background and Objective:** Effective policies to reduce harm from alcohol include restricting its marketing and availability and increasing its price. However, political will to enact these policies is low in many jurisdictions. Advocacy and research at global, national and local levels are crucial to progress alcohol policy change. Yet, the challenges and levers for influencing political will remain poorly understood. We aimed to identify the key barriers and strategies to enhance political priority for domestic alcohol policy reform using a mixed method approach.

**Methods:** Data came from a scoping review and 37 key informant interviews. Thematic analysis was used to identify the key barriers and strategies to generate political priority for alcohol policy.

**Results:** 52 articles met the inclusion criteria. Study authors and interviewees described the drivers of political will as complex, interrelated and context-dependent. Nonetheless, several strategies were viewed as important for influencing alcohol policy. Key challenges included the lack of an internationally binding treaty to support domestic policymaking, industry actions (e.g. lobbying), limited capacity of alcohol policy advocates and limited civil society involvement. Key strategies included working towards an internationally binding treaty, similar to the Framework Convention on Tobacco Control, framing around the public health harms of alcohol consumption, network building and exposing industry tactics. Several promising strategies were unspecific to alcohol, e.g. combined action to tackle the involvement of unhealthy commodity industries in policymaking. **Discussion:** The findings reveal a set of strategies that could assist advocates and researchers in influencing political will for alcohol policy reform. Two different types of strategies were identified: i) those targeting upstream policy changes to level the playing field between industry and alcohol policy advocates, and b) those seeking to enhance the effectiveness of advocates themselves.

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## Immunisation: Time to consider new preventative solutions beyond vaccines

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**Background and Objective:** The pace of innovation is accelerating and new preventative technologies for infectious diseases are emerging to address unmet medical needs. Most imminent is the use of long-acting monoclonal antibodies (mAb) to prevent Respiratory Syncytial Virus (RSV) lower respiratory tract infection in infants during their first RSV season. Innovative products, such as prophylactic mAbs may challenge existing legislative and regulatory immunisation categorization schemes. Indeed, due to the lack of precedent mAbs for prevention of broad populations, uncertainty remains in the assessment of upcoming prophylactic RSV mAbs, which, in some countries, are categorized neither as a treatment nor as a vaccine, with associated consequences in terms of registration, recommendation, funding, and implementation.

**Methods:** These findings are based on views and insights gathered from 9 global experts (EU, Japan, China, UK) during an advisory board held in July 2022 to discuss RSV prevention strategies, completed by a desk research.

**Results:** Beneath the umbrella of immunization, active and passive immunization exist, which differ in mechanism of action but serve the same public health