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ORGANISING COMMITTEE

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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.

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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.

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The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItl 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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pharmaceutical organizations: a scoping review

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Background and Objectives: Whistleblowing can bring suspected wrongdoing to the attention of someone who is in a position to rectify the problem. This can help deter corruption and promote health equity. The objective of this research is to understand the extent and type of evidence on whistleblowing as an anticorruption strategy in health and pharmaceutical organizations in low- and middle-income countries (LMICs) and to inform future research agendas.

Methods: This scoping review searched the PubMed, Scopus, and Embase databases from 2005-2020, limited to English language. We also searched websites of multilateral agencies or international non-governmental organizations for policy documents, guidance and reports. Titles and abstracts were screened to remove those where the focus was not health, pharmaceuticals, whistleblowing, or LMIC context. Articles focused on research misconduct were excluded. Full text articles were assessed for eligibility on these same criteria. Included sources were analysed thematically, based on five categories including definitions and models; evidence of reporting frequency; factors influencing whistleblowing; cultural context; and outcomes.

Results: The review found 22 sources including reports, policies, and guidance documents (12, 55%), news articles (4, 18%), policy analyses/reviews (3, 14%), commentaries (2, 9%), and empirical studies (1, 5%). Most sources described whistleblowing policy and system components such as how whistleblowing is defined, who can report, and how confidentiality is assured. Few articles documented types and frequency of corruption identified through whistleblowing or factors associated with whistleblowing. Several studies mentioned cultural norms as a potential limitation to whistleblowing effectiveness. About one-third of the sources described fear of retaliation and noted the need to strengthen protection for whistleblowers. Conclusions: Research on whistleblowing is scarce in health and pharmaceutical organizations in LMIC. Documentation of policies, factors associated with whistleblowing, and whistleblowing outcomes is needed and could help countries to mainstream whistleblowing as a sectoral anti-corruption strategy.

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Models of COVID-19 vaccination services in prison in six European countries: translating emergency intervention into routine life-course vaccination

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Introduction: Vaccinations are one of the most powerful preventive tools discovered by modern medicine. Although expanded programs of immunization are well established in EU/EEA, significant immunity gaps and suboptimal coverage are registered among specific populations, including people living in prisons (PLP). PLP are also at increased risk of vaccine-preventable diseases (VPD) with potential outbreaks in prison, e.g. Flu, covid-19, as well as other VPDS such as HBV. The EU-funded project rise-vac, aimed at collecting models of care developed during the pandemic to design tailored vaccine delivery strategies that could be extended beyond the sole covid-19 vaccine.

Methods: Through a survey administered to healthcare staff working in prisons in six countries of the EU/EEA (Cyprus, France, Germany, Italy, Moldova, up) we collected information on the implementation of covid-19 vaccination program. The following areas were investigated: challenges and barriers encountered, workload distribution, education and training activities for prison staff and PLP, referral strategies after release, and immunization information system.

Results: The respondents reported that in prisons covid-19 programs have been implemented efficiently. Strategies for optimal management of the vaccination campaign included: week-days dedicated to vaccination services when vaccines were delivered and immediately administered to overcome cold chain challenges; new staff recruitment and task shifting; administration of booster doses within prison premises for released individuals; distribution of informational material both to PLP and prison staff.

Conclusions: Our results show that universal immunization campaigns are feasible, acceptable and effective in places of detention when there is the commitment to implementing them. Evidence from the pandemic situation may inform the future provision of expanded immunization programs.

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Multicomponent measures to assess the sustainability of diets: a systematic review

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Background and Objectives: The sustainability of a diet is difficult to measure and requires a holistic approach that accommodates the multi-criteria nature of this concept enabling more integrated measures that better reflect its complexity. Therefore, we aimed to identify multicomponent measures derived from individual food consumption data to assess the sustainability of diets in healthy adult populations.

Methods: We conducted a systematic review following the PRISMA guidelines. The protocol was registered in PROSPERO (registration number: CRD42022358824). Articles were identified via PubMed, Scopus, and Web of Science. The final search was conducted until September 19th, 2022, selecting references from peerreviewed journal articles in English, Spanish, and Portuguese. The search strategy consisted of both keywords and MeSH terms. After the removal of duplicates, reviewers independently applied the eligibility criteria and, then, performed the data extraction and the methodological quality assessment of the included studies. A study was included in this review if it met the following criteria: 1) conducted in healthy adults, 2) assessed individual food consumption data, and 3) evaluated at least two components of sustainability (e.g., health/nutrition, economic, environmental, socio/cultural).

Results: The literature search generated 5663 references. After the duplicates were removed, 3869 references remained. Subsequently of the screening of the title and abstract, 144 references were selected for full-text review. Of these, 5 studies already met the inclusion criteria. Different multicomponent measures were observed: 2 diverse Sustainable Diet Indexes, the World Index food Sustainability and Health, the Affordability of foods, and the Ecoefficiency of foods. Conclusions: Different multicomponent measures were found, all of them using approaches that could be useful to easily and holistically assess diet sustainability, to follow sustainability-related changes in individual or population dietary patterns, and to study the link with long-term health outcomes in order to help in quiding future public health policies.

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Use of child restraint systems in the Gulf region: a systematic review.

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Background: The United Nations General Assembly has a target to half the number of worldwide deaths and injuries from road traffic accidents by 2030. Globally, road traffic injuries and deaths are the leading cause of death for children and young adults aged 5-29 years (WHO, 2022). Child Restraint Systems (CRS) have been