



**Karolinska
Institutet**

The Centre for Health Crises Workplan 2024–2026

23 February 2024



**Karolinska
Institutet**

Background

The Centre for Health Crises was established at Karolinska Institutet (KI) in July 2021 with the intent to preserve the achievements and skills developed at KI during the COVID-19 pandemic. The aim was to establish a centre that could act quickly and flexibly in case of future pandemics and other health crises. Furthermore, the Centre should also act as KI's and its management's sensor for new health threats and contribute to the coordination of KI's efforts in a health crisis.

The Centre for Health Crises (henceforth referred to as 'the Centre' or 'we') became operational in February 2022. The scope and scale of our operations were quickly broadened to include a wider range of hazardous situations and systematic vulnerabilities that create health crises. This was spurred on by global events, such as the invasion of Ukraine, which signalled a need for an increased preparedness for all types of health crises.

Increased and strengthened preparedness and improved management of health crises continues to be issues highlighted and the role of universities has repeatedly been emphasised in government reports¹. Along with other examples from our external monitoring, this indicates a continued relevance of the Centre and our activities.

The Centre's [previous work plan](#) covered the period of 2022–2023 with a significant focus on the initial establishment operations, management, organisation, and activities. During this time period, we have worked according to what was outlined in the plan, but also acted on upcoming events and opportunities related to health crises, which key to the Centre.

In addition to a tight-knit team of central management, we are structured around a group of expert coordinators, each with specific knowledge and networks within a field relevant to health crises.

For more details on the Centre's staff and organisational structure, governance, roles and responsibilities, please see Appendix 1.

¹ Such as [Sverige under pandemin SOU 2022:10](#) and [Hälso- och sjukvårdens beredskap – struktur för ökad förmåga SOU 2022:6](#) and SUHF; The Association of Swedish Higher Education Institutions, [Lärosätenas roll i totalförsvaret](#)

Focal areas, contributing to the Strategic Goals

Strategic Goals

The Centre has four external Strategic Goals and one internal to KI.

1. Catalyse research collaborations within the field of health crises and create meeting spaces for interdisciplinary collaboration.
2. Stimulate and participate in the development of new education within different health crises subjects.
3. Gather existing, and build new health crises expertise, and supply specific know-how and competence.
4. Drive policy development and in collaboration, set the agenda for increased health crises preparedness.
5. Act as KI's and its managements sensor for new health threats and contribute to the coordination of KI's efforts in a health crisis.

Focal areas

We have identified ten focal areas (A–J) that will guide our activities during the period 2024–2026 (illustrated in Figure 1). The focal areas have been developed based on the Strategic Goals and the activities within each focal area contribute to one or more of the goals. The focal areas are not necessarily equal in size and scope, nor will they all be worked on simultaneously, but together they set the direction of our work for the next three-year period.

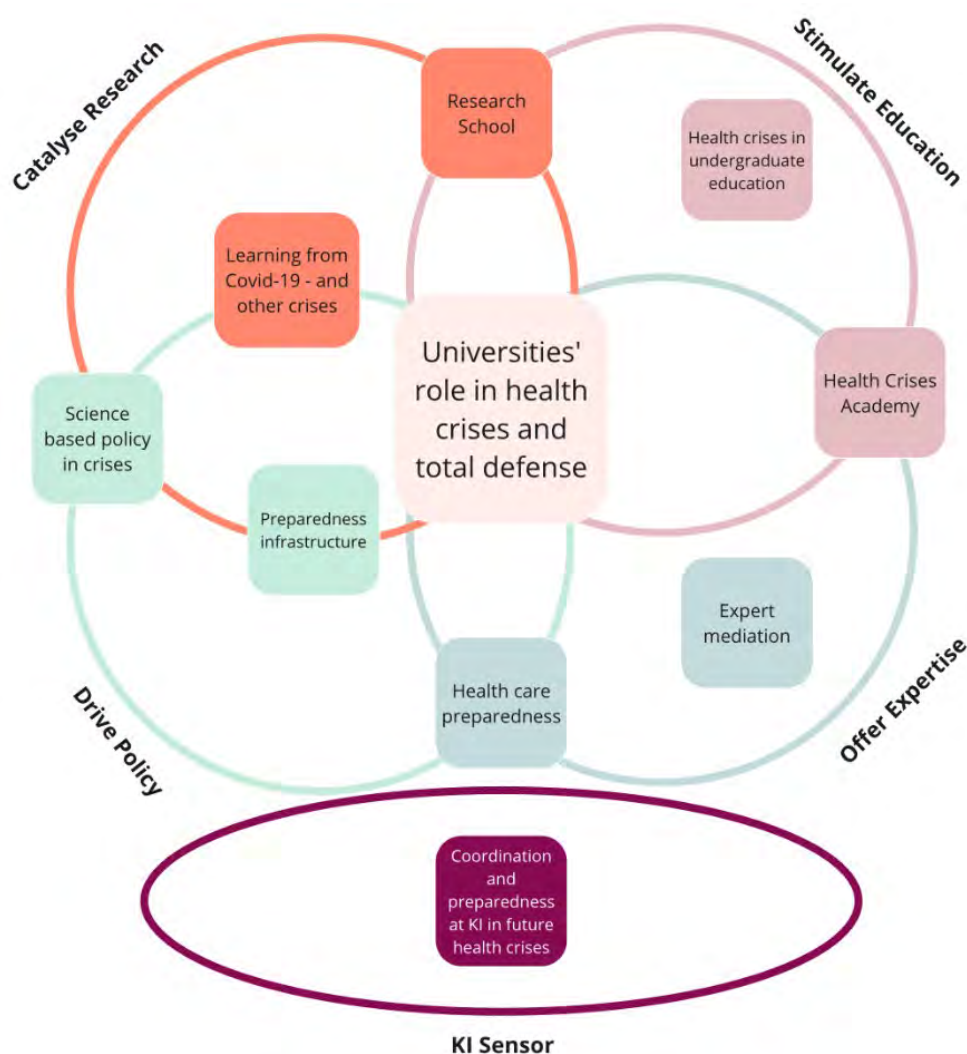


Figure 1 – Visual representation of the focal areas and their contribution to the Strategic Goals.

A. Learning from the COVID-19 pandemic and other health crises

The COVID-19 pandemic remains a health crisis that many of us can easily recall and that we still see the effects of. We can learn from national experiences, but importantly we must also learn from other countries, many of them with much more experience in working in resource-constrained conditions. Learning from the pandemic and other health crises is a focal area that will contribute mainly to Strategic Goals one and four.

- In early 2023 we produced the report *Being better prepared for the next health crisis – lessons from KI during the COVID-19 pandemic*².

² [Being better prepared for the next health crisis – lessons from KI during the COVID-19 pandemic](#)

The report focused on changes made to KI's operations during the pandemic, especially regarding research, and the lessons learned. The report highlighted several issues that could be improved ahead of the next health crises, which we will follow up on.

- The Centre will also, based in particular on the Corona Commission's final report, investigate what changes have been implemented from investigations into the handling of the COVID-19 pandemic in Sweden. We will also review the weaknesses that were identified and the ideas for what further steps could be taken. In doing so, having an interdisciplinary approach and monitoring the newly launched inquiry 'Strengthened preparedness for future pandemics'³, carried out by the Ministry for Health and Social Affairs, will be key.
- We are working on a project to evaluate and learn from the experience of health care workers who were "on the ground" in Sweden during the COVID-19 pandemic. The aim is to provide an understanding for the lived experience of health care workers and that this understanding can be beneficial for improving the handling of future health crises.
- We are investigating how clinical trials can best be implemented during health crises, using the COVID-19 pandemic as a starting point. In this investigation we are drawing on experiences from both Sweden and abroad. The use of register-based research will also be examined, with a similar approach of looking both nationally and internationally. Along the same lines, we will also delve deeper into the specific aspects of clinical trials of vaccines, in relation to health crises preparedness and management. In doing so, we will draw on international experience and contacts.

B. Health crises as part of undergraduate programmes

There is a need for increased awareness of health crises management in the training of health care professionals, starting at the undergraduate programmes. This was highlighted in The Swedish Government Official Report in Preparedness in the Health Care Sector and the several of the inputs that was submitted to the report.⁴

³ [Stärkt beredskap inför framtida pandemier Dir. 2023:106](#)

⁴ [Hälsa- och sjukvårdens beredskap – struktur för ökad förmåga](#)

Likewise, in their Progress report – National Plan for Competence Provision in the Health Care Sector, the National Health Competence Council emphasised the need for more teachers with a doctoral degree to teach specialised subjects on the undergraduate programmes⁵.

Our work in this area will contribute mainly to Strategic Goal two.

- We will continue the work of defining educational needs and stimulate education for health care professionals, predominantly medical doctors, and nurses, at an undergraduate level. We will emphasise the need for a national core curriculum for health science undergraduate students in preparedness and response to health crises, as outlined by professional bodies, other universities, and the National Disaster Medicine Council (Nationellt råd inom katastrofmedicin). This has also been suggested in the requirements from the National Board of Health and Welfare, to ensure that undergraduate students get a “stepwise” training⁶. To do this is an important aspect of our mission to build the next generation of health crises experts. Moreover, improving the training of health care staff, in order to give them an understanding of health crises management and how to work with limited resources and incomplete access to information is a vital aspect of preparedness.
- A part-time Strategic educational coordinator has been recruited (started 1 Jan 2024) to work with all the Centre’s educational activities. An educational strategy will be developed during 2024.

C. National Health Crises Research School

In line with our mission to build the next generation of health crises expert, we will work towards catalysing the creation of a National Research School in Health Crises. Our aim with the Research School is that it should be closely connected to and relevant for operative work in health crises and crisis preparedness.

This focal area will contribute to Strategic Goals one and two but requires additional funding. In KI’s comment on the upcoming Government Bill on

⁵ [2023:4 Delredovisning – Nationell plan för kompetensförsörjningen i hälso- och sjukvården](#)

⁶ [Nationella utbildnings- och övningsplaner för katastrofmedicinsk beredskap och civilt försvar samt nationell samordning av utbildning och övning Redovisning av regeringsuppdraget S2021/02922](#)

Research (Forskningspropositionen), it was suggested that the government give the Swedish Research Council the task of issuing a call to fund a National Research School in Health Crises.

- The courses within the Research School would be developed to complement the discipline-specific courses within the students' ordinary research training. The aim is to become a national school that would welcome doctoral students from different fields, in order to maximise interdisciplinary interactions. Initially the focus will be on national student recruitment, but expansion to include other Nordic countries will be considered.
- Course content in the Research School would include, for example: Data Collection in Difficult Environments and with Limited Resources, Outbreak Epidemiology in Context, Acute vs Long-Term Public Health Effects, Moral Stress in Crises Situations, Inequities in Health Crises, Risk Communication and Leadership in Crisis.
- One key feature would also be opportunities to be seconded to suitable organisations to get 'real world' experience even before finishing their doctoral studies, as a long-term involvement of boosting universities' contributions during health crises. The school would draw on international expertise, ensuring that the participating students would get an international perspective on working with health crises.
- In addition to courses, the Research School would feature networking events such as an annual meeting, and the opportunity to form an 'alumni' network consisting of those that have been part of the school.
- We will continue to advocate for funding to be made available for a Research School on health crises.

D. Health Crises Academy

Professional growth within areas relevant to health crises is a key part of preparedness and securing adequate management of future health crises. The need to enhance education of disaster management for health care staff and maintain competence levels by trainings, has been emphasised

in the Swedish Government Official Report in Preparedness in the Health Care Sector⁷.

We recognise the importance of this but wants to ensure that focus is not only on managing trauma care during mass-casualty events. A much wider range of skills are needed, and for other categories of staff than medical professionals. We will support county councils (regioner) in their efforts to train health care staff, offering tools and training packages. Initially the focus will be nationally, but much like with the Research School, expansion to include Nordic collaborations will be considered. The Centre will develop our professional educational initiatives under the umbrella of a Health Crises Academy, contributing to Strategic Goals two and three.

- We have identified needs and are currently in the process of developing training and courses in several of our fields of expertise, including emergency surgery, outbreak epidemiology and chemical and toxicological incidents and critical care with limited resources. We will structure these and future educational initiatives into a Health Crisis Academy and develop the organisational structure, programme content and course packages.
- Courses within the Health Crises Academy will mostly be conducted in collaboration with Executive and Professional Education at KI (Uppdragsutbildningen). The courses will be based on needs that we have identified within various sectors, such as health care and civil protection. The target group to attend these courses would be professionals working with the specific subject area. Where advantageous, joint courses with the future Research School, would be considered.
- We will strive to collaborate with other Universities, within the newly established Health Crises Network, on development and teaching of courses.

E. Expert mediation

By its very nature, a health crisis occurs rarely, is often complex and changing in nature, and have varied and far-reaching consequences. Hence, when a crisis occurs, or when it is prepared for or evaluated, turning

⁷ [Hälsa- och sjukvårdens beredskap – struktur för ökad förmåga SOU 2022:6](#)

to those who have experience and expertise in both the crisis' specific and general aspects, lends support to decision-making and implementation. The importance of the role of giving expert advice in crises has been highlighted by, among others, the European Commission, when referring to the EU's improved crisis management.⁸ Our work in this area will contribute to Strategic Goals three and five.

- In the last couple of years, the Swedish government has drafted more than forty governmental assignments on increased preparedness for future health crises, aimed at mainly the Public Health Agency, the Board of Health and Social welfare and the Civil Contingency Agency. These assignments and other reports have resulted in a myriad of recommendations and guidelines to the county councils, the healthcare sector, other government agencies, etc. The Centre has received requests from regions and municipalities to support them in implementing these recommendations and guidelines. As we have access to expertise across health crises topics and in clinical settings, as well as experience in education and research, we could act as an "interpreter" between guidelines and recommendations and de facto implementation. An example of this is how we are monitoring and commenting on the implementation of new guidelines of stockholding of protective equipment. This is an issue where we see a lot of work being done and the need for voices with expertise to be heard in how guidelines are implemented.
- We continuously receive requests from international partners with operational activities in ongoing health crises globally, such as the WHO, (Emergency Medical Teams) the Global Outbreak Alert and Response Network (GOARN), Médecins sans Frontières (MSF) and UK-Med and will continue to second experts through established contacts with such organisations. Secondments allow for skills and expertise gathered and coordinated by us to reach places where they can be of the outmost use, and at the same time, allows for valuable skills in operating under resource-constrained conditions to be brought back to Sweden.

⁸ [Europe needs better, more strategic crisis management, according to independent scientific and ethics advisors](#)

- We will also investigate possibilities of expanding the secondment structure to include the option of a mentoring programme, where a junior health crises expert could be seconded alongside a more senior expert to the same mission.
- Similarly, we will investigate expanding secondments to include doing working for organisations and agencies within Sweden, such as government agencies, regional authorities and/or the health care sector. The idea is to assist them in their work and in providing support to decision makers in times of increased need for preparedness and/or during ongoing health crises.
- Our staff already participate frequently in the media, using their expertise to explain and educate on current topics. We will continue to support our staff in doing so, since their expertise is an important voice to be heard in our modern media climate, to combat fact resistance and disinformation.

F. Science-based policy

The need for science-based policy in crises remains important in an era of global polycrises and to counter disinformation and combat “fake news”. Advocating for science-based policy will lie at the core of our policy and advocacy work. It will be important to follow and pick up upcoming trends and processes, not the least within the EU, such as the work of HERA (Health Emergency Preparedness and Response Authority). Much work on increasing preparedness, while making sure actions are evidence-based is also ongoing at the WHO and other UN organisations. This area focuses on fulfilling Strategic Goals one and four.

- During 2023, we hosted the first Policy lab, in collaboration with Centre for Excellence on Sustainable Health at KI. The Policy lab format will continue and be further developed during the next operational period. The idea is that they will improve the understanding of the democratic process on a local, national, regional, and international level, and how, when, and where, science can impact policy.
- Furthermore, during the next operational period we will look further into how AI and algorithms might be of assistance in promoting and facilitating rapid decision-making in health crises. Similarly, we will

look into the development of easy-to-use frameworks for decision-making, that are based on research and proven experience. In both these matters, utilising international experience, research and collaboration will be key.

- In collaboration with KI's Library and Statens beredning för medicinsk och social utvärdering (SBU) we are developing a decision-making support tool called 'rapid response brief'. The idea is to create quick decision basis to guide informed and effective decision-making in crises. We will host workshops and courses in the use of 'rapid response briefs' as part of the aforementioned Health Crises Academy.

G. Preparedness in the health care sector

The issue of preparedness for the Swedish health sector has been pointed out in several reports.⁹ We maintain a close connection to the health care sector, not least through those of our expert coordinators who work part-time in the sector. It provides us with a vital "ear to the ground" when it comes to issues the sector faces. Activities in this focal area will contribute to Strategic Goals three and four.

- We will work on assisting the development of priorities and standards in crisis. We are working on Intensive Care Units (ICU) triage and assessment in crisis, based on the prerequisite that needs will exceed resources. This work will continue through the next operational period and include research projects and dialogue with the profession and general public. We are also conducting similar work in the field of emergency surgery, which focuses on training and education to improve the ability and understanding within the field of working with limited resources.
- There is an ongoing analysis of formats for Swedish actions to increase the ability to conduct disaster medicine operations¹⁰, conducted by in particular the National Board of Health and Welfare. Similarly, the Ministry of Health and Social Affairs is currently

⁹ Such as [Sverige under pandemin SOU 2022:10](#) and [Hälso- och sjukvårdens beredskap – struktur för ökad förmåga SOU 2022:6](#)

¹⁰ Regeringsbeslut: [Uppdrag att analysera förutsättningarna för och lämna förslag på åtgärder för att stärka förmågan att genomföra katastrofmedicinska insatser](#), S2016/03089.

investigating how the Swedish health care sector should adapt to facilitate receiving international collaboration in Sweden, in times of crisis and ultimately war¹¹. Considering the need to prepare for the country's commitment as a NATO member, this is of particular importance. We will continue to, through our established contact with these and other agencies and ministries, support evidence-based input to governmental requests to strengthen Sweden's efforts to provide needs-based support during international health crises and on request, provide expert assessments and guidance.

- A model for a preparedness-pool, with medical staff that can be made available in health crises nationally and internationally, whilst they work in the normal health care setting during non-crisis times, is currently being discussed at the Centre. In this discussion we are also reviewing examples from abroad on how such a pool could be set up. Moving forward, we will propose a more concrete model for this to relevant actors, as part of increased preparedness in Sweden. In fact, a preparedness-pool could even be expanded to span across the Nordics, via use of the Nordic Group for Public Health Preparedness (also known as the Svalbard Group), an option that we will investigate at a later stage. We have identified the chief physicians in charge (beredskapsöverläkare) in the county councils as important entry points.

H. Preparedness infrastructure

In general, the need for a preparedness infrastructure, both physical and in terms of staff and competence is a topic that is important to us and encompasses several of our fields of expertise, especially laboratory and diagnostic preparedness and CBRN (chemical, biological, radiological, and nuclear materials). The need for preparedness in terms of infrastructure has been highlighted, for example, in the Corona commission's final report, where the need for a "dormant" test-and-trace function, to be activated quickly, was pointed out. The Commission also pointed out the need for staff to be trained in infection tracking and provided with adequate support functions.¹²

¹¹ [Uppdrag att möjliggöra för internationellt samarbete på hälso- och sjukvårdsområdet \(S 2023:E\)](#)

¹² [Sverige under pandemin SOU 2022:10](#)

Our involvement in matters related to infrastructure focus on investigation and advocacy for its optimal use based on experience and need. We will continue as needed discussions with existing networks and infrastructures such as SciLifeLab, to avoid duplication of work and learn what challenges and potential solutions that have already been identified. Moreover, we will also review international examples of how preparedness infrastructure is set-up and maintained, to see if aspects of their work and organisation may serve as inspiration for Swedish preparedness. The work we do in this area will contribute to Strategic Goals one and four.

- Preparedness infrastructure for CBRN events is crucial for safeguarding public health and ensuring national health security. Knowledge about protection, decontamination, indication and antidote utilisation are vital in addressing specific threats. By collaborating with researchers from universities and other academic institutions, and poison control centres, we aim to improve the understanding of these challenges. The insights gained from this will be able to contribute to, among other things, enhanced preparedness measures, including better antidote distribution strategies, training for emergency responders, and public awareness campaigns. Ultimately, such efforts contribute to building a resilient infrastructure capable of mitigating the impact of CBRN events on the population, reducing fatalities, and ensuring a swift, coordinated response in times of crisis.
- Regarding testing-and-tracing, as well as diagnostics, there is useful infrastructure available at universities, that can be made available to the rest of society in times of crisis. We saw an example of this during the COVID-19 pandemic in the establishment of the National Pandemic Centre (NPC) at KI. At the Centre, we will continue to be involved in investigating and advocacy work for how infrastructures such as laboratories at universities can be part of a preparedness infrastructure and what formats could be developed to allow for effective use.

I. The universities' role in health crises and total defence

We remain committed to what we call a 'fourth task' for universities; namely to contribute expertise, skills, and abilities to the rest of society, before,

during and after a health crisis. As a university we have an important role, to stay open and continue to provide trustworthy, credible evidence informed information during ongoing health crises. The commitment will continue to be a cornerstone in our advocacy work. This work will contribute to all Strategic Goals.

- During 2023 we conducted a mapping of work carried out (research, education, etc) within the field of health crises at Swedish universities. The mapping resulted in a compilation of what is ongoing at Swedish universities, as well as an identification of trends, successes, challenges and needs within the field. The mapping allowed for a bank of contacts to be created, which was the first step to increase awareness and allow for collaborations.
- In December 2023 we hosted a meeting with key contacts that had been established during the mapping. The meeting resulted in the formation of a health crises network among Swedish universities. The network will facilitate interdisciplinary knowledge sharing and collaboration. The creation of the network is also a means to further the discussion on the role of universities in health crises. Furthermore, it will provide a consolidated means for the surrounding society to tap into expertise and operational support that exist at universities.
- Looking forward, we will also analyse what is ongoing at universities in other countries when it comes to health crises preparedness, with the aim to learn and collaborate where appropriate.
- We will facilitate collaboration within the newly established Health Crises Network and further develop its structure during the coming operational period. The intention behind the network is to gather the interdisciplinary competence needed to tackle issues related to health crises, and to continuously develop that competence together. Moreover, the idea is also to facilitate a means to jointly contribute expert competence to the preparedness, management, and evaluation of health crises. A purpose of the network will be to disseminate information about courses, trainings and competence in rare events and other matters relevant to health crises. The network also forms a vital basis for our proposed concept of a National Centre for Health Crises.

- In light of Sweden's application to join NATO, an increased focus on civil-military collaboration and the role of the health care sector in total defence is noticeable. We are continuously analysing our role in these processes ought to be and what collaborations it should be part of. We argue that the role of universities in these processes is often overlooked, not the least when it comes to education of the health care work force. We will, in collaboration with other universities, highlight what universities could bring to the table when it comes to matters of total defence and civil preparedness.
- We will advocate for becoming a National Centre for Health Crises. This would give us a clearer mandate, increase the scope and span of our work, strengthen the impact of our expertise. and be a step towards further defining universities' role in health crises and the total defence. Consequently, activities regarding funding, networking, and advocacy for becoming a National Centre for Health Crises will be prioritised.

J. KI Sensor

The Centre will act as KI's sensor for new health threats, supporting the University Management as needed. If a health crisis should arise, we will also contribute to the coordination of KI's efforts. Furthermore, we will collaborate with structures and functions within the organisation, such as Professional Services, and ensure that we do not create an additional layer in the organisation, but rather work in sync with established functions and roles. We will conduct this work through a close dialogue with the University Management. Our work in this area will contribute to Strategic Goal five.

- In collaboration with University Management, and relevant functions within Professional Services including the Safety and Security Unit, we will continue to develop our sensor function, based on the continuous needs of the organisation. In this matter, the conversation and contact with in particular the Safety and Security Unit is ongoing.
- We will also investigate dialogue formats with government agencies on issues regarding health crises, in line with the priority set by KI management.
- We will suggest and help facilitate trainings for KI staff and management in matters that are necessary for health crises preparedness.

Enablers

In order to conduct activities in the focal areas and ultimately achieve the strategic goals, a number of activities and structures are necessary. We call these 'enablers', since they will enable us to achieve our goals.

External monitoring

Remaining up-to-date and involved in events and development of the field of health crises is vital for our continued success. To achieve this, thorough, applicable, and timely external monitoring is necessary, both in specific expert fields and in general. Each expert coordinator is responsible for external monitoring in their field, while the Centre's office staff conduct general external monitoring weekly.

Networking and collaborations

Similar to external monitoring, maintaining and building networks and collaborations are necessary for us to remain relevant, up-to-date, and committed to operational involvement before, during and after health crises. Attending meetings and conferences, giving lectures and seminars are also tools that enable networking. Much like with external monitoring, each expert coordinator is responsible for networking within their field, while the Centre's office staff continuously maintain existing networks and scout for relevant new ones to join.

Since the commencement of our operations, we have established contact with Swedish government agencies, such as the National Board for Health and Welfare, the Public Health Agency, and the Civil Contingencies Agencies. These contacts will continue to be developed, and new contacts will be initiated.

Moreover, we enjoy fruitful collaboration with international organisations, such as Médecins sans Frontières, UK-Med, the International Vaccine Institute (IVI) – especially their Europe office, and the WHO, as well as international networks, such as the Global Outbreak Alert and Response Network (GOARN). In addition to contributing to our external monitoring and awareness of ongoing operations globally, these collaborations have allowed for secondment to ongoing health crises around the world.

Lastly, collaboration within Stockholm trio, in particular in the field of climate and health, has proven to be useful so far and consequently it will be continued in the next operational period. The collaboration involves both activities within education and student engagement, and joint project proposals.

Creating meeting places

To facilitate the maintaining and expansion of important networks, and to remain abreast of developments in the field, we continue to create meeting places to gather interdisciplinary competence in health crises related matters. This includes participants from Swedish and international universities, government agencies, civil society, the private sector, and politicians. An option could also be hosting an annual health crisis meeting to promote interdisciplinary knowledge sharing.

Efficient organisational structure

Maintaining an efficient organisational structure is the backbone of our operations. The current structure, with a tight-knit team in the office (director, strategic process leader, communications officer, coordinator for university collaboration and administrative coordinator) and a group of expert coordinators, currently serves us well. Likewise, the current set up with office space and administrative and financial support at the Department of Global Public Health works well. We are aware that moving toward a National centre may necessitate some organisational changes.

Communication

Well-articulated and timely communication, internally and externally, supports our operation and will help us achieve its goals. Our communication is intended to make our work visible, usable and to contribute to a dialogue with identified target audiences, as well as facilitate knowledge integration in preparedness, prevention, management, and evaluation of health crises. The format for our communication is in accordance with KI's regulation and policy for communication. To achieve well-articulated and strategically thought through communication, we will develop an overarching communication strategy and continuously support and educate our staff in matters regarding communication.

Financing

When it comes to financing, we are working on two fronts:

One, we are advocating for additional funding toward research, education, and collaboration in health crises-related areas. In the past decades, funding for many critical areas have been severely reduced. With heightened attention being paid to topics like preparedness, health crises and total defence, more funding will likely be made available from the government and other sources such as the EU. However, it is key to ensure that funding does not only go to the most obvious areas, such as handling physical trauma and creating stockpiles of essential goods. Adequate funding must also go to interdisciplinary health crisis research, which is something the Centre will advocate for.

In addition, we must work to ensure stable core financing and project support for our own work. While the Centre is currently well funded, to achieve the ambitious goals set out in this work plan, and to move toward becoming a National Centre, long-term stable funding is necessary. To advance these plans, we will need to work closely together with KI's University Management and also secure buy-in from key governmental departments such as the Department of Education, the Department of Defence and the Department of Health and Social Affairs.

Appendix 1 – Organisation and governance

The Centre works across all of KI. Administrative and financial management is handled at the Department of Global Public Health, which is the department where our current Director is employed.

Definition of Health Crisis, Vision, and Mission

The Centre has established a working definition of a health crisis, along with a vision and mission for our work.

Definition of Health Crisis

A hazardous and disruptive situation that causes significant effects on human health and that risks exceeding the health system's ability to cope.

We employ an all 'all-hazards' perspective to our work. It is a perspective that guides the understanding of health crises. It combines an understanding of how health hazards affect individuals, systems, and societies, with an understanding of what vulnerabilities exist, how large the exposure to the hazard is and what the adaptive capacity of the system is. According to the 'all-hazards' perspective, it is a combination of the type and magnitude of the hazard, and the resilience of the system, that will determine whether a given situation will develop into a health crisis or not.

Vision

A society better prepared for future health crises.

Mission

Building the next generation of health crises experts through research, education, and interdisciplinary collaboration.

Roles and responsibilities

Our Director has the overall responsibility for the running of the Centre and is appointed by and reports directly to the President of KI. He has the overall responsibility for the budget and that work is conducted in accordance with its financial limits.

Our Strategic Process Leader works closely with the Director and is responsible for the day-to-day oversight of the Centre's strategic operations and that work remains in overarching accordance with the work

plan and Strategic Goals. The position is based at Professional Services, which has proven highly beneficial for the efficient running of our operations and strategic development.

Our coordinator for university collaboration works in particular with establishing, maintaining and developing the health crises network (mentioned in Focal Area I – Universities role in health crises and total defence). The role also includes supporting the Strategic Process Leader, especially when it comes to plans and strategies for becoming a National Centre.

Our communications officer carries out day-to-day communications activities, including maintaining the Centre's website, writing the newsletter and providing internal communication. Moreover, the communications officer is responsible, in collaboration with the Strategic Process Leader, for the strategic development of the centre's communications.

Our administration coordinator handles the Centre's administrative tasks, such as travel bookings, meeting notes, invoices and more. They also assist the Centre and individual expert coordinators in planning and execution of events and activities, in conduct monitoring and background research and much more.

Our group of expert coordinators currently consist of nine people, with expertise in the following areas: chemical and toxicological incidents; critical care with limited resources; extreme weather, climate, and health effects; health systems resilience; laboratory and diagnostic surge capacity; policy and preparedness; infectious diseases and vaccinology. They work part of their time at the Centre, with their remaining time in their core clinical and research expertise position.

To ensure we maintain a holistic outlook on health crises and remain efficient in our collaboration, both internally and with external partners, the group of expert coordinators will continue to gather regularly and collaborate on activities and projects.

Steering group

The Centre currently has a Steering group consisting of nine members, plus another four adjunct members, who represent the department of the

Director, and the three partners in Stockholm trio. The Steering Group is appointed by the President of KI and are responsible for monitoring that the Centre's work adheres to the set strategic direction and follows the Centre's vision and mission. The mandate of the current Steering Group runs until the end of 2024. A suggestion of creating an external reference group to further support the Centre, which might include members from universities abroad, is currently under review.

Evaluation

In the decision to establish the Centre¹³, an evaluation was planned for 2024. Given the rapidly progressing plans toward becoming a National Centre, a working group with members of the Steering Group and the Strategic Process Leader are looking both the timing and possible evaluation formats to suggest to KI's University Management.

¹³ [Nationella utbildnings- och övningsplaner för katastrofmedicinsk beredskap och civilt försvar samt nationell samordning av utbildning och övning](#)

¹³ Beslut om etablering av Health Emergency and Pandemic Science Center, KI, Dnr 1-602/2021