



RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

Mental Health Support in Times of Crisis

Recommendations to policymakers to mitigate the gendered impacts of Covid-19 based on RESISTIRÉ findings

Mental health was not a priority in the initial management of the COVID-19 crisis. Attention to this problem arose later, and only after the first serious signs of increased psychological distress among the general population became apparent (e.g. a higher prevalence of depression, anxiety, post-traumatic stress, more widespread suicidal thoughts, increased domestic violence). Now that the crisis appears to be over, its impact on people's psychological wellbeing is still difficult to measure, evaluate, and address, but its side effects persist. Moreover, mental health problems have primarily been considered a consequence of the pandemic, but this neglects pre-existing factors that played a role in mitigating or exacerbating the impact the COVID-19 crisis had on the general population. Systematic data collection would provide insights into which groups have been most at risk of developing mental health problems and why, and, in the event of a future crisis, it would help to predict the differential impacts of policy measures. In addition, data collection would provide a basis for developing a prevention-oriented approach at the European level to facilitate the early detection and timely treatment of mental health issues.



› Recommendations

Mental health must be an integral part of any crisis intervention from the very beginning

Health authorities need to recognise the importance of psychological factors when dealing with infectious disease outbreaks. Addressing mental health needs from the very beginning of a crisis plays a key role in the prevention of elevated psychological distress in the population, which in turn helps to avoid additional social and economic burdens. It is imperative to provide access to mental health services and support to everyone, regardless of their socioeconomic status, national origin, age, etc. To this end, European governments need to revisit their investments in the mental health sector, strengthen community-based health services, and prepare comprehensive, long-term strategies addressing increased demand in mental health support.

People with existing severe mental health problems should be considered a risk group during a health crisis

The COVID-19 pandemic had a significant negative impact on the mental health of people who previously suffered from severe disorders, both because of their pre-existing health conditions but also because they tend to be more socially vulnerable. Moreover, owing to restrictions that did not sufficiently take this group into account, opportunities for early intervention were missed. In preparing for future pandemics, policy makers and healthcare institutions should consider patients with severe mental illness as a priority and plan for their continued access to primary and specialised support and care services.

The implementation of prevention programmes and the early detection of mental health problems starting at school age

COVID-19 and its restrictions had an impact on the wellbeing of young people. Since then, more emphasis has been placed on helping children and adolescents to learn about their own mental health, recognise their emotions, discuss their feelings, and seek help when needed. However, if individual families are left alone to perform the task of mental health support, there is a risk of there being increasing gaps in mental health treatment that result from the fact that

families might not have adequate resources to deal with these problems (e.g. financial resources or knowledge). An additional risk is the increased burden of care that parents have to bear, which in turn could have repercussions on their mental and physical health. Educational systems should play a crucial role in the direction of both the prevention and the early detection of mental health problems. For example, integrating projects and activities on mental wellbeing into curricula starting in the early educational stages would have beneficial effects for students in the short and long term and would help them deal with crisis situations. Regarding detection, increased and continuous collaboration between the educational and mental health sectors is necessary in order to identify mental health problems in children. Mental health should be addressed in educational policies at all levels (local, regional, national) and thus promote the Mental Health in All Policies¹ approach.



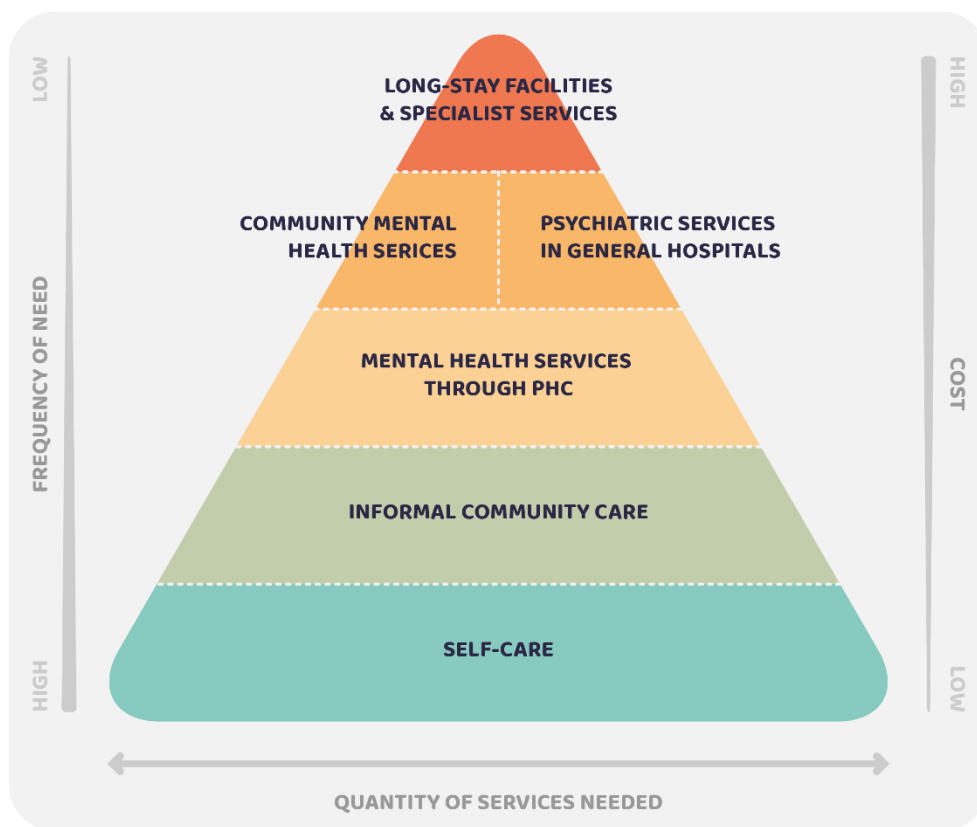
EDUCATION + INTEGRATED MENTAL WELLBEING

¹ Rampazzo, L., Mirandola, M., Davis, R., Carbone, S., Mocanu, A., Campion, J., Carta, M., Danielsdottir, S., Horne, A., Huurre, T., Matloňova, Z., Mendez Magan, J., Owen, G., Paulusová, M., Radonic, E., Santalahti, P., Sisask, M. & Xerri, R. (2016). Joint action on mental health and well-being situation analysis and recommendations for action. *MHiAP Project Report*.

Alternative support services such as community-based crisis intervention and peer support programmes should be strengthened

Given the unmet need for mental health support by the general population that occurs especially during crisis periods, it is necessary to overcome the problem of long waiting lists and implement affordable services. As suggested by the WHO, the base of its Pyramid for an Optimal Mix of Services for Mental Health² - namely, informal community care - should be strengthened, as these services are generally accessible and acceptable because they constitute an integral part of the community. Greater investments are therefore needed in preparatory trainings for potential peer support specialists and volunteers, who could leverage their lived experiences to support others struggling with psychological distress.

WHO PYRAMID FRAMEWORK



² World Health Organization. (2009). *Improving health systems and services for mental health*. World Health Organization. <https://apps.who.int/iris/handle/10665/44219>

Promote the systematic and dynamic collection of mental health data for the general population

An important instrument for monitoring the population's mental health are national health surveys, which make it possible to identify groups that are more at risk of developing mental health issues and to understand the causes of these issues and the factors that lead to these groups being more at risk. The collection of intersectional data should be promoted in these health surveys (see also *More Intersectional Data* Factsheet) in order to identify risk groups. Moreover, the collection of these data should be performed dynamically and frequently to enable the up-to-date monitoring of the population's mental health, while accounting for hard-to-reach groups such as undocumented migrants, homeless people, people living in residential settings, etc. The use of instruments for measuring mental health among the population in general and at-risk groups more specifically, such as the Rapid Assessment Surveys (RAS), should be promoted even beyond the pandemic crisis.

Achieve the right balance between digital and traditional channels of mental health support

Exploiting the opportunities offered by technology in public services and healthcare is important to increase prevention actions and to expand outreach of mental health support. However, to avoid the emergence of new inequalities and the reproduction of existing ones, systems based on traditional settings should be continued and it should not be assumed that digital is a one-size-fits-all solution. Digital services may be more difficult to access by people with limited resources, people without digital skills, or people who are more reluctant to use mental health services that do not occur face-to-face (see also *Digital Transformation* Factsheet).

> Problem Statement

Mental health is characterised by emotional wellbeing, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and an ability to form constructive relationships and cope with the ordinary demands and stresses of life.³ The World Health Organisation recognises that **mental health can be affected by socioeconomic crises or by political measures taken to contain the outbreak** of disease.⁴ Most studies on the subject have shown that infectious **disease outbreaks are associated with a higher prevalence of mental health-related symptoms** (e.g. depression, anxiety, insomnia) in survivors and their families, among healthcare workers, and in affected communities.⁵

The context of the COVID-19 pandemic, and the **huge sudden disruption in people's routines**, contributed to the detrimental impact on mental health. Social distancing and self-isolation, loneliness, concerns about the health of oneself and one's loved ones, fear of job loss, financial insecurity, the forced change of daily habits and working conditions, all had the effect of **exacerbating fear, anxiety and depression in the general population.**^{6 7}



THE PSYCHOLOGICAL BURDEN OF CRISIS

³ VandenBos, G. R. (Ed.). (2015). *APA dictionary of psychology* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/14646-000>

⁴ WHO European framework for action on mental health 2021–2025. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

⁵ Cénat, J. M., Blais-Rochette, C., Kossigan Kokou-Kpolou, C., Noorishad, P.-G., Mukunzi, J. N., McIntee, S.-E., Darly Dalexis, R., Goulet, M. A., & Labelle, P. R. (2021). Prevalence of symptoms of depression, anxiety, insomnia, posttraumatic stress disorder, and psychological distress among populations affected by the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry Research*, 295(113599), <https://doi.org/10.1016/j.psychres.2020.113599>.

⁶ Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *Eur Psychiatry*, 63, e32.

⁷ Fountoulakis, K. et al. (2022). Results of the COVID-19 mental health international for the general population (COMET-G) study. *European Neuropsychopharmacology*, 54, 21-40. [10.1016/j.euroneuro.2021.10.004](https://doi.org/10.1016/j.euroneuro.2021.10.004)

The most recent data from the fifth round of the Eurofound e-survey (May 2022) show that mental wellbeing in the EU is currently below the level it was at before the pandemic.⁸ Several other studies have reported evidence of a worsening of mental health in the general population worldwide and an increase in depression and anxiety, which has had an impact on family dynamics and people's daily lives. People with a **history of mental disorders** have been impacted even more severely.⁹ The COVID-19 pandemic is also known to have had an impact on the **mental health of children and young people**, although this has not yet been systematically analysed.¹⁰

At the same time, **mental health services have been severely disrupted** since the outbreak.¹¹ In-person contacts with doctors were drastically limited and replaced by remote modes of support; staff and infrastructure were redistributed; long-term residential facilities were isolated from the outside world. The combination of these two dynamics – an increased need for help in the face of reduced supply – has inevitably led to the gradual surge in **unmet mental health needs**.

While it is expected that much of the adverse effect of the pandemic on mental health will slowly attenuate, negative impacts may persist in the case of vulnerable groups such as young people, **people with pre-existing serious mental illness**,¹² **and socially excluded people**.¹³ Regarding people with pre-existing conditions, one of the underlying reasons for this is the limited attention that has been paid to patients with psychiatric disorders in policy responses. Even though they were recognised as groups particularly vulnerable to the direct (increased risk of infection, a severe course of COVID-19) and indirect (loss of income, lack of access to medical care, suicidal behaviour) effects of the pandemic,¹⁴ only a few countries explicitly addressed mental illness in their policy responses to the pandemic.

⁸ Eurofound. (2022). *Fifth round of the Living, working and COVID-19 e-survey: Living in a new era of uncertainty*. Publications Office of the European Union.

⁹ Fountoulakis, K. et al. (2022).

¹⁰ Kauhanen, L., Wan Mohd Yunus, W., Lempinen, L. et al. (2022). A systematic review of the mental health changes of children and young people before and during the COVID-19 pandemic. *Eur Child Adolesc Psychiatry*, 32(6), 995-1013. <https://doi.org/10.1007/s00787-022-02060-0>

¹¹ World Health Organization. (2022). *World mental health report: transforming mental health for all*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

¹² **Serious mental illness (SMI)** is defined as a mental, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness#part_2542.

¹³ Moreno, C. et al. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*, 7(9), 813-824. [https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)

¹⁴ De Picker, L. J. et al. (2021). Severe mental illness and European COVID-19 vaccination strategies. *The Lancet Psychiatry*, 8(5), 356-359. [https://doi.org/10.1016/S2215-0366\(21\)00046-8](https://doi.org/10.1016/S2215-0366(21)00046-8)

This reflects a general tendency to **overlook the effects of crises on mental health and wellbeing**. Instead, greater recognition of the psychological consequences of crises, especially in their most acute phases, is needed. Psychological factors not only determine individual reactions to distress, they also play an important role in the population's adherence to public health measures (e.g. social withdrawal) and in reducing maladaptive and socially disruptive pandemic-related behaviour (e.g. panic buying).^{15 16}

¹⁵ Cullen, W., Gulati, G., Kelly, B. D. (2020). Mental health in the COVID-19 pandemic. *QJM: An International Journal of Medicine*, 113(5), 311–312. <https://doi.org/10.1093/qjmed/hcaa110>

¹⁶ Taylor, S. (2019). *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*. Cambridge Scholars Publishing.

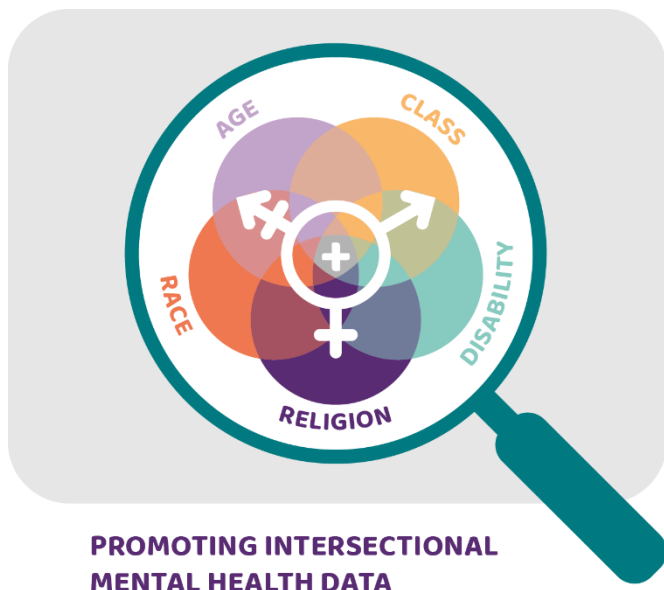
› Insights from RESISTIRÉ

Data collection on mental health: opportunities and limitations

The evidence gathered by the quantitative work package in RESISTIRÉ indicates that there is a gap in terms of the systemic and frequent collection of comprehensive data on health including mental health.

Detailed and large-scale intersectional analysis was found to be largely non-existent, apart from the analysis of some basic sociodemographic factors and gender differences (see also *More Intersectional Data Factsheet*).

Rapid Assessment Surveys (RAS) carried out during the COVID-19 pandemic contributed greatly to providing dynamic snapshots of population mental health during the crisis, both because of the **high frequency** with which they were conducted and for their ability to reach **specific target groups** (such as immigrants, LGBTQI+ communities, older people) that are generally more difficult to reach with general population surveys.



The results of the RAS collected within RESISTIRÉ suggested that COVID-19 had a greater impact on the mental health of specific target groups than it did on the general population¹⁷. For example, an analysis of data from a Eurofound e-survey¹⁸ revealed that those who identified as 'other' in the survey's question on gender were more likely to score lower on the mental wellbeing scale than those who identified as female or male. Although the number of people who selected this gender response was low in each round of the survey, these findings constitute an important starting point in support of the idea that more **refined data should be**

collected using an intersectional lens to monitor the mental health status of people in different groups. Thanks to the characteristics of these surveys, RAS could serve this function and could be integrated as permanent tools in national mental health monitoring and prevention programmes.

¹⁷ Harroche, A., Still, A., Tzanakou, C., Rossetti, F., Lionello, L., & Charafeddine, R. (2023). *RESISTIRE D3.3 Summary report on mapping quantitative indicators - cycle 3*. Zenodo. <https://doi.org/10.5281/zenodo.7708668>

¹⁸ Eurofound. (2020). Living, working and COVID-19 dataset. <http://eurofound.link/covid19data>

People with severe mental health problems did not receive sufficient attention during the crisis

During the COVID-19 pandemic, the focus on combating the virus meant that other areas of health care, including mental care, were side-lined. Most human and economic resources were allocated to COVID-19 and intensive care units. For **people with severe mental health problems**,¹⁹ this meant becoming even more invisible. From the outset, in many countries, there was no consideration of whether people with mental disorders were **able to comply with the restrictions and rules** established during the pandemic and what effect this would have on **their psychological condition** and on that of **their caregivers**. People with serious mental illness experienced feelings of despair, fatigue, and aggravation during the pandemic, when mental health facilities were closed, as reported in a RESISTIRÉ narrative:

'I am a woman, the mother of a boy with a severe mental disorder. [...] His disability has worsened since the outbreak of the pandemic, and his unreasonable behaviours have multiplied. He has also fallen into depression; I can tell because when I get home from work, at 7 pm, he is already asleep. The day-care centre has recently reopened, but only for three mornings a week. I often go to the office with a sense of guilt, knowing that I am leaving my son at home, all day, without any stimulus or professional help.'

60-year-old woman from Italy

¹⁹ Zimmerman, M., Morgan, T. A., Stanton, K. (2018). The severity of psychiatric disorders. *World Psychiatry*, 17(3), 258-275. doi: 10.1002/wps.20569. PMID: 30192110; PMCID: PMC6127765

Only a limited number of European countries - the United Kingdom, Germany, the Netherlands, Denmark, the Czech Republic, and Latvia - included people with severe mental disorders among vulnerable groups for special consideration from the very beginning of the health crisis - for example by giving them priority in the distribution of available vaccines. In other countries, specific attention to them was not prioritised.



School closures exposed children and adolescents to emotional distress

The global health crisis and related policy measures to contain the spread of the virus had an exacerbating effect on mental health problems such as depression and anxiety among young people. Among the risk factors, confinement and social isolation **experienced during school closures were particularly relevant for the youngsters**. RESISTIRÉ analysis showed that the shift to online education meant that many students were confined to their parents' homes, which sometimes resulted in experiences of **regression and the loss of privacy and independence**.

The family and family dynamics were often significant sources of psychological problems because of the excessive and forced closeness of family members during the pandemic, which many families were not at all accustomed to, as depicted in the following narrative:

'We were quarantined in our own flat by our dad, who took control on the grounds of an emergency, even though we had been independent for years, but now he was controlling who we could see and how. This caused so much tension that my sister and I moved to another flat for a week, and then we moved back home with new living arrangements. But after that our family life became very peaceful [...] In hindsight, it was difficult to move back home to my parents because of COVID, because the calm environment, my parents' care, the fact that my dad even read my exam essays, made me forget what I was capable of.'

23-year-old woman from Hungary

The problem of having to spend time in confinement with one's family was particularly difficult for LGBTQI+ people, whose parents were not always understanding or supportive. In addition, students, parents, and educators alike often reported that schools and governments offered little support and showed little understanding of the **negative effects of online education in terms of mental health**.

Although the importance of educational facilities for the social and emotional lives of students has come to be strongly recognised, schools do not always have the resources or knowledge to support students from an emotional perspective, to pay attention to their psychological wellbeing, to discuss their feelings, and to encourage them to ask for help when needed. **Educational programmes** are often underfunded and **too overburdened by curricular requirements to address the issue of personal wellbeing**. Moreover, although teachers can be key facilitators, they cannot be expected to take on this role as well. Therefore, the mental health of young people, and how schools can contribute to it, remains both a challenge and a goal that needs to be pursued in the current times of recurring crises.

The psychological impact of policy measures that view the household as a self-sufficient system

The analysis made by RESISTIRÉ showed that many families in the general population experienced the pandemic as a traumatic event. The unpredictability and relentlessness of the pandemic, combined with the added effect of persistent financial, work, and care obligations, meant that **parents were unable to maintain effective coping mechanisms** in the face of excessive pressures.²⁰

They had to support additional needs crucial to the wellbeing of their children that were usually met by the school, peers, or other relatives (study activities and the need to play). Interactions between grandchildren and grandparents were severely limited as older people were considered an at-risk group, and this **decreased the practical support that parents would usually receive** from grandparents.²¹ In turn, the **mental health of older adults who were previously involved in caring activities** was also negatively impacted by their being unable to care for their grandchildren.²² Teleworking often had the effect of blurring the boundaries

²⁰ Stovell, C., Lionello, L., Rossetti, F., Charafeddine, R., Nugent, S., Still, A., Tanwar, J., & Tzanakou, C. (2022). *RESISTIRÉ D3.2 Summary report on mapping quantitative indicators – cycle 2*. Zenodo. <https://doi.org/10.5281/zenodo.6506408>

²¹ Sandström L., Axelsson, T. K., Strid, S., Callerstig, A.-C., & Bobek, A. (2022). *RESISTIRÉ D4.2 Building back better? Qualitative indications of inequalities produced by Covid-19 and its policy and societal responses. Second cycle summary report*. Zenodo. <https://doi.org/10.5281/zenodo.6517795>

²² Stovell, C., Lionello, L., Rossetti, F., Charafeddine, R., Nugent, S., Still, A., Tanwar, J., & Tzanakou, C. (2022). *RESISTIRÉ D3.2 Summary report on mapping quantitative indicators – cycle 2*. Zenodo. <https://doi.org/10.5281/zenodo.6506408>

between work and the private lives of parents, which negatively affected the mental health of some. Women, who had to combine paid work with increased unpaid care work, in particular found this situation difficult to cope with. Moreover, the increased demands of caring for others usually meant that the people doing so had to deprioritise their own wellbeing, as reported in one RESISTIRÉ narrative (see also *Care and Crisis* Factsheet):

I live with my two children aged 11 and 15 in a village. The Corona pandemic suddenly left me and my two children at home. I often had online meetings, and during breaks I tried to help the kids and coordinate the assistants' work. However, I feel I failed in all of this.

My mother played an important role in raising my children. Before the pandemic, she travelled from Belgium every Thursday to take care of them. During the pandemic, this was no longer possible. My children did not see her for six months, which was like losing a parent for them. The multitude of painful situations like this caused me to burn out. For the past year, I have been exhausted and I've developed heart problems. When I am overstressed, my heart palpitates, and there are disturbances to its rhythm. I still have a long way to go to recover.

43-year-old woman from the Netherlands

Unequal access to (digital) healthcare services

During the COVID-19 crisis, there were significant disruptions in the delivery of mental health services, which rapidly shifted to new modes of delivery – most notably, the **use of digital mental health care**.²³ In the NRRPs that RESISTIRÉ mapped, digital inclusion is often seen as a universal good that will benefit all, including vulnerable groups. In contrast, the negative effects of **digitisation, including its potentially negative impact on gender and intersectional equality, receive much less attention**. Digital inequality is often intertwined with other inequalities in society related to age, disability, migration, socioeconomic background, and geographical location, as they constrain digital access, in terms of both the availability of tools and literacy. Other negative effects highlighted by RESISTIRÉ data are the spread of misinformation online and the **loss of valuable aspects of service delivery** when these services are moved online, and this is especially true in the case of healthcare and mental healthcare.

²³ OECD. (2021). *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response*. OECD Publishing.

Although some digital inequalities can be mitigated by ensuring that everyone has access to digital tools and the competence to use them, what these negative impacts demonstrate is that the 'solution' may not always be digital. **Access to existing mental health services should be provided either in-person or via telemedicine.**

> Better Stories

In RESISTIRÉ we use 'Better Stories', a concept borrowed from Dina Georgis²⁴, to refer to promising practices that identify how a given societal situation can be ameliorated to improve existing practices.



CZECH REPUBLIC

Care Fair project - Promoting mental wellbeing through schools (Czech Republic).

One of the pilot projects implemented under RESISTIRÉ is by the organisation Nevypust' Duši and it is a thematic event held at a high school in the Czech Republic and organised like a fair, with stands, workshops, lectures, and other activities designed to share information about wellbeing and access to psychological help. The project is meant to address the real mental health needs among students in that school, as the topics covered in the fair are chosen by the students themselves, who are active co-creators of the event. Putting them in touch with organisations/NGOs/experts active in the field of wellness is expected to reduce the barriers to seeking help faced by students.



ICELAND

In Iceland, social gatherings in a local café were organised every week in an effort to reduce isolation.

With the aim of supporting families, the elderly, and disadvantaged people, a local CSO applied for and received a grant from its municipality to set up a cafeteria. The cafeteria was run for eight weeks in the summer of 2020. People could come in and enjoy the company of other people for coffee and a snack without having to pay. The aim of the project was to encourage social ties in the aftermath of the isolation imposed on them in the previous months to contain the spread of COVID-19.

²⁴ Georgis, D. (2013). *The better story: Queer affects from the Middle East*. State University of New York Press.



GERMANY

In **Germany**, a **government programme** was launched in 2020 **to support women's counselling centres**, as they were deemed suitable to provide a direct and effective response in the context of the pandemic crisis. Until that year, very few women's counselling centres were equipped with sufficient technical and communication tools; many centres lacked computers, mobile phones, and Wi-Fi. The staff also lacked digital know-how. The programme managed and allocated millions in federal funding to women's counselling centres that applied for a grant. In total, 2.7 million were forwarded to some 700 institutions, thanks to which 800 projects for the expansion of digital services were implemented. The total project duration was two years.



SERBIA

An association in **Serbia** managed the **continuation of care service for persons with intellectual disabilities during the lockdown**. Because of the state of emergency, the users could not leave their houses and had no more direct contact with their mentors. Therefore, the Serbian organisation's team reorganised support for persons with intellectual disabilities living in independent accommodation and provided additional activities to preserve their psychological and physical wellbeing. The team organised various workshops (fitness, music, and creative workshops). These took place via Internet applications for group chat. In addition to the existing services for patients, the organisation also provided **additional activities and support for the members of a patient's family**.

> About RESISTIRÉ

This factsheet is based on data collected in RESISTIRÉ's third research cycle, which ran from December 2022 to February 2023. In this research, 30 national researchers worked with the consortium to map policies, societal responses, and qualitative and quantitative indicators relating to the pandemic in EU-27 countries (except Malta), along with Iceland, the UK, Serbia, and Turkey. This research activity was accompanied by workshops and interviews with gender equality experts whose input informed the main findings from expert consultations.

RESISTIRÉ is an EU-funded Horizon 2020 project, the aim of which is to 1) understand the impact of COVID-19 policy responses on behavioural, social, and economic inequalities in the EU-27 (except Malta), Serbia, Turkey, Iceland, and the UK on the basis of a conceptual gender+ framework, and 2) design, devise, and pilot policy solutions and social innovations to be deployed by policymakers, stakeholders, and actors in different policy domains.

Find out more about the project and discover all other outputs at <https://resistire-project.eu>.



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