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ENSURING PUBLIC HEALTH IN WAR AND EMERGENCY SITUATIONS FOR GREATER SOCIAL RESILIENCE

Operationalising Public Health in a State of War or a State of Emergency**

Abstract. *State and social resilience is a salient topic in current political and, thus, defence and military strategic decision-making. The increased armament capabilities of states is a consequence of the rise in state and social resilience. Among the general hysteria of increasing military firepower alone, one cannot avoid the feeling that many areas of social resilience, as key state infrastructure, are being ignored. A generally ignored part of critical infrastructure is the area of public health. In this article, a broad outline is provided of the EU and especially the Slovenian public health system, while an operational-tactical plan for public health in emergency or war situations is proposed.*
Keywords: *public health, disaster medicine, state of war, state of emergency, extraordinary circumstances.*

INTRODUCTION

Social awareness of the provision of public health in ECs[1] typically only becomes relevant when sudden, socially all-encompassing and life-limiting changes occur in society. In Slovenia, the national crisis management and response exercise Resilience24 (Odpornost24) ended in October 2024. The aim of the presented research is to examine the: (1) Slovenian and European Union (EU) normative basis for public health provision in extraordinary circumstances (ECs); and (2) factors which influence the effectiveness and efficiency of public

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[1] With the phrase "ECs" we wanted to cover all possible life situations that require rapid action in uncertain circumstances, in the form of actions that are not typical of the usual and established operations of state or international bodies.

health in ECs. The goal is to provide proposals to add to the resilience and effectiveness of public health operationalisation in ECs such as a state of war or state of emergency.

ECs, as shown by the current reality of Slovenian, European and global developments, no longer fit the classical definition of this wording. Today, ECs are almost a normal state of affairs, rationally manifested in areas from climate change to the fierce war underway in Ukraine and the armed conflicts in the Middle East.[2]

The last time global society became particularly aware of the importance of public health performance in ECs and the impact of such circumstances on public health was during the COVID-19 pandemic (Crnkovič et al. 2024, 22–25; Eržen et al. 2020, 120; Lep and Bandel-Castro 2011; Selan and Vuga Bernšak 2023, 645; Ferlin, Malešič and Vuga Bernšak 2021). For the purposes of this article, ECs are primarily defined only as a state of war or state of emergency according to the Defence Act (*Zakon o obrambi*, ZObr) and the Protection Against Natural and Other Disasters Act (*Zakon o varstvu pred naravnimi in drugimi nesrečami*, ZVNDN), which defines a crisis.

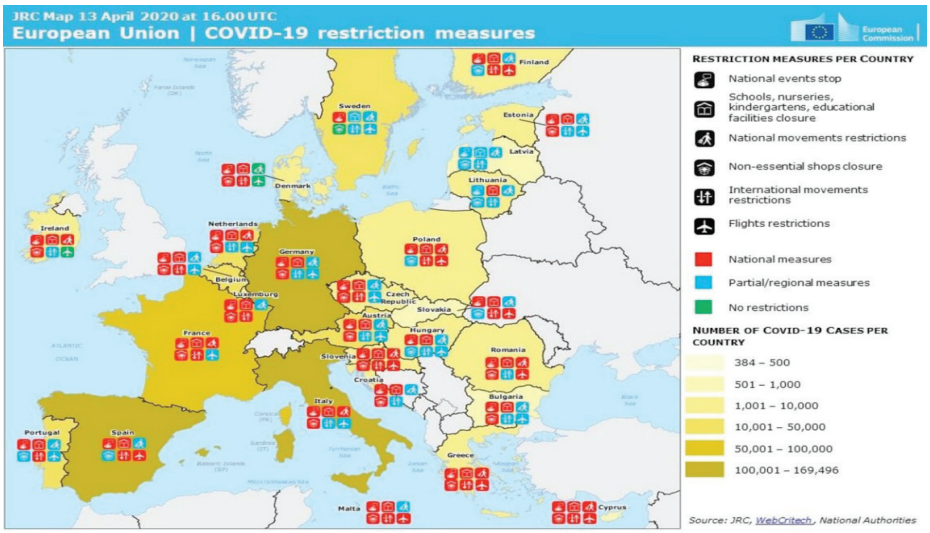
During the COVID-19 pandemic, most European countries, including Slovenia, were not adequately prepared to deal with the extreme circumstances it caused. This lack of preparation was evident in the public health sector and other areas of society (Joint European Roadmap towards lifting COVID-19 containment measures, 2020), with unprecedented challenges and dramatic socio-economic impacts being faced (ibid.). The EU responded in early 2020 (ibid.) by adopting a plan to deal with the consequences. Nevertheless, it was never put into operation as the plan itself stated that we were faced with hitherto unknown situations and circumstances.

Two questions are raised by this: Which normative possibilities for operationalisation already exist in the field of public health in Slovenia in the event of ECs? What normative basis is there in the EU for effective and efficient public health in these circumstances?

Figure 1 reveals a range of approaches to limiting the spread of COVID-19, despite all the countries being EU members. The different actions taken by EU member states affirm the EU's statement that it was faced with unknown situations and circumstances. Countries introduced diverse measures, even if they were neighbouring countries with approximately the same number of infected people, such as Lithuania, Latvia and Estonia or Slovenia, Austria, Croatia and Hungary or Slovakia and the Czech Republic.

[2] Ukraine and the Middle East suffer enormous collateral damage from war and armed conflict. Collateral damage is most clearly seen in civilian casualties and the destruction of civilian infrastructure. In such circumstances, the public health system, as part of critical infrastructure, has an extremely difficult task if it wants to perform its tasks effectively and successfully. However, Ukraine and the Middle East show us that despite all the difficulties, the public health system has not stopped, but is functioning, even if only at a basic level.

Figure 1: JOINT EUROPEAN ROADMAP TOWARDS LIFTING COVID-19 CONTAINMENT MEASURES



Source: Official Journal of the European Union, 126/01 dated 17 April 2020.

A state of war or state of emergency requires effective, efficient and above all swift action, as demonstrated by the current events in Ukraine. The Defence Act contains provisions for action in such circumstances with regard to civil defence, labour and material duties, which were only partly tested operationally in 2024, and even then merely as part of an exercise. Namely, in 2024 Slovenia organised a national crisis management and response exercise, Resilience24 (Odpornost24), pursuant to the Action Plan (Akcijski načrt za krepitev odpornosti v Republiki Sloveniji, 2023; Načrt vaj v obrambnem sistemu in sistemu varstva pred naravnimi in drugimi nesrečami v letu 2024, 2023). *Resilience24* was the largest crisis management and response exercise ever undertaken in Slovenia. It was chiefly designed to test the resilience of the country and society in ECs. The Critical Infrastructure Act (Zakon o kritični infrastrukturi, ZKI-1) defines 11 critical infrastructure sectors, one of which is the health sector. The public health sector was hence a key training area during the exercise. Similarly, public health is also a criterion for determining which entities are critical under ZKI-1. Slovenian legislation is much broader and more specific than the EU regulations, which before 2022 defined just two critical infrastructure sectors: energy and transport (Council Directive 2008/114/EC of 8 December 2008). Since 2022, the EU also defines 11 critical infrastructure entities (Directive (EU) 2022/2557 of the European Parliament and of the Council of 14 December 2022 on the resilience of critical entities, and repealing Council Directive 2008/114/EC), which are identical to those defined in ZKI-1. In March 2016, the EU adopted a regulation

(Council Regulation (EU) 2016/369 on the provision of emergency support within the Union) which was supposed to provide for the organisation of emergency assistance in the EU. However, the COVID-19 pandemic demonstrated that the regulation was not operational (Lorbek 2021, 8). Slovenia had already designated the health sector as part of critical infrastructure in the Critical Infrastructure Act of 2017, which should have enabled it to be more operational during the COVID-19 pandemic. In spite of this, Slovenia's performance was sub-optimal (Šivec and Gabrovec 2021, 44; Javno zdravje in COVID-19, 2021; Javno zdravje in COVID-19, 2022). Similarly, Slovenian works had been published at least since 2014 on the topic of public health functioning in war, emergency and crisis situations – disaster medicine (Filippini 2015; Čakš et al. 2018; Šubelj 2015) – yet improvisation was still necessary.[3]

Accordingly, in this article operationalisation of the Minister's powers[4] under the Act on Intervention Measures in the Field of Health, Labour and Social Affairs and Health Related Subjects (Zakon o interventnih ukrepih na področju zdravstva, dela in sociale ter z zdravstvom povezanih vsebin, ZIUZDS) as realistic as possible is proposed, albeit initially as a training exercise, in the context of a state of war or state of emergency pursuant to the Defence Act. The proposal is motivated by three factors: (a) the COVID-19 pandemic showed that even if we have supranational EU normative resources, they are insufficient to be operationalised on the national level; (b) Slovenia has never tested the powers held by the Minister of Health under ZIUZDS, not even during Resilience24; and (c) modern IT solutions allow for vast social connectivity on social networks, which creates challenges in the area of crowd psychology and, as the COVID-19 pandemic showed, unjustified mistrust in public health.

The article presents the Slovenian normative provisions for operational public health in ECs and the EU normative basis for effective and efficient public health in ECs. Further, a matrix or method as part of the OTP is proposed to facilitate effective and efficient public health in ECs, involving minimum improvisation and maximum predictability.

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[3] In Slovenia, a textbook in the form of seminars was issued in in 2014, entitled Planning and Action in the Event of Sudden Events and Risks to Human Health and Crisis Situations in the Field of Public Health – Disaster Medicine: Seminar for Public Health Specialists 2014. Nonetheless, it did not contribute much to managing the COVID-19 pandemic.

[4] The Minister may, in accordance with the law, introduce temporary measures focused on healthcare professionals:

1. temporary transfer of healthcare professionals;
2. temporary prohibition or restriction on issuing consent to work with another healthcare provider;
3. temporary prohibition or restriction of concluding business contracts;
4. temporary prohibition or restriction of the use of annual leave and temporary restriction of the right to strike;
5. adapted implementation of internships, secondaries and specialisations;
6. limited implementation of healthcare services in the public healthcare network (e.g., temporary cancellation of non-urgent specialist examinations and interventions, temporary suspension of the implementation of individual preventive healthcare services); and
7. temporary inclusion of providers of non-urgent ambulance transport.

METHODS

The research is based on a comparison of the substantive operationalisation of Slovenian normative acts and operationalisation of EU normative acts with Slovenian legislation, using the method of legal epistemology, the comparative law method, and the evaluation method. It focuses on already implemented normative solutions (de lege lata) rather than those yet to be implemented (de lege ferenda) in the form of legislative change.

The Model Under Study

In order to answer the questions stated in the introduction, namely, which normative possibilities for operationalisation already exist in the field of public health in Slovenia in the event of ECs, and what normative basis is there in the EU for effective and efficient public health in ECs, we need to:

a) examine which Slovenian and EU regulations already permit the operationalisation of Slovenian public health in ECs;
b) determine the best method and format for the effective and efficient operation of public health in such circumstances; and
c) anticipate how decision-makers and public health and healthcare professionals might react to the proposed solution.

Answers to (a) provide an overview of the normative basis to check the principle of legal predictability in ECs. It would be erroneous to think that an extreme fact, such as the number of dead, influences the decision of the courts. The latter judge solely according to the law (Blažič 2009), and even if one might think that a large number of fatalities allows for a trial outside or above the law, this is not the case (Šugman Stubbs and Mihelj Plesničar 2020, 200–203; Potočnik 2023, 188). Responses to (b) will allow certain content to be put into practice, which should be effective and efficient in operationalising public health in ECs. In the past, several plans were adopted to deal with ECs or crises from the local to the national level (Načrt pripravljenosti na pandemijo gripe 2009; Načrt pripravljenosti na pandemijo gripe na področju zdravstva 2006), yet they failed to achieve the desired results in the COVID-19 pandemic. However, a state of war and a state of emergency are conditions that hold much more serious consequences than those of the COVID-19 pandemic. The warring sides, i.e., the enemy states, first attack the enemy's critical infrastructure, such as the energy sector and transport infrastructure, along with information systems (Galeotti 2022, 34). The existing plans do not refer to any situations foreseeing the functioning of these systems in a state of war or state of emergency, and even working from home, which became widespread during the COVID-19 pandemic, would not be possible. Answers to (c) would help determine the current state of general preparedness and the resilience of employees and decision-makers in the public health sector when putting the emergency response into operational use. In 2020, the President of the Medical Chamber of Slovenia stated the Chamber

had found that healthcare institutions had organised themselves to adapt to the difficult situation caused by COVID-19 (Zdravniška zbornica Slovenije, 2024), showing that the plans then in place were not up to the situation and that healthcare institutions needed to improvise. This led, inter alia, to territorial and substantive inequality in the burden of public health, with healthcare professionals becoming overloaded, and holding far-reaching consequences for the population because a large number of health checks were not carried out at the time of the pandemic (Javno zdravje in COVID-19, 2022).

RESULTS

Normative Analysis

Given that the operationalisation of Slovenian public health in a state of war or emergency is not defined or determined anywhere, one may anticipate that national- and EU-level operations in a state of war or emergency would be similar to those following the outbreak of the COVID-19 pandemic. The EU's rules are not yet developed to the point where all member states are able to override national interests and mainly follow those rules during a state of war or emergency. Nor can support to allies, based on international treaties, be concretised at this point in time.

The Slovenian military standard – STANAG 2068[5] – establishes criteria for carrying out emergency war surgery in Slovenia. While the standard cannot be applied systematically in the public health field, it indicates the direction of possible development as it is much more specific than some works written on war surgery (Smrkolj 1995; Cubano 2014). Public health sector staff can only start working on the operational level in ECs, like in a state of war or emergency, when the necessary appropriate normative basis has been provided. An appropriate normative basis is required for any official, binding and *de facto* activation of action in ECs. The Resilience24 exercise revealed the two greatest public health challenges will be providing sufficient: (a) staffing; and (b) material supplies. Public health sector staff and sufficient material supply, during a state of war or emergency, should: (a) ensure the functioning of the Slovenian healthcare system; (b) provide support and capabilities to the Slovenian Armed Forces; and (c) provide support to allies. The latter aspect of providing support to allies is often neglected or left unspecified. All three areas hold equal significance, which poses a particular challenge not just in the executive domain, but in the moral and ethical domain as well, as shown following the start of the COVID-19 pandemic when countries were competing selfishly with each other in the procurement and provision of protective equipment and medical supplies.

[5] Slovenski vojaški standard. STANAG 2068(5), Emergency war surgery = Vojna kirurgija v nujnih primerih. 1. izd. Let. 2068(5). Vrhnika: Ministrstvo za obrambo, Direktorat za logistiko, Urad za opremljanje, Sektor za standardizacijo, kodifikacijo in kakovost; 2012. Vol. 1 (separate pagination).

Figure 2: THREE MAIN TASKS AND CHALLENGES OF THE SLOVENIAN PUBLIC HEALTH SECTOR DURING A STATE OF WAR OR EMERGENCY

Operationalization of public health in wartime and emergency situations

Main tasks	Challenges
a) The functioning of the Slovenian healthcare system	a) Setting priorities
b) Provide support and capabilities to the Slovenian Armed Forces	b) Ensuring a sufficient number of qualified personnel
c) Provide support to allies	c) Ensuring adequate material supply

Source: The author's own work.

Slovenian Legislation

The 2024 Assessment of the Capacity to Manage the Risk of an Epidemic or Pandemic of an Infectious Disease in Humans (Ocena zmožnosti obvladovanja tveganja za epidemije oziroma pandemije nalezljive bolezni pri ljudeh, 2024) suggests improvements to be made in the planning and implementation of interventions, funding and staffing. Slovenian legislation already allows for these proposals for improvements to provide powers and fully operationalise public health in a state of war or emergency if such states have been declared under the Defence Act. The declaration of a state of war or emergency would also mean a state of complex crisis in Slovenia, and simultaneously the activation of the national crisis management and governance system, which the Slovenian government is responsible for under the Government of the Republic of Slovenia Act (Zakon o Vladi Republike Slovenije, ZVRS). The National Security Council (Svet za nacionalno varnost, SNAV) is the government's advisory and coordinating body on all national security issues. The National Security Council Secretariat (Sekretariat Sveta za nacionalno varnost, SSNAV) operates within the National Security Council and operationalises all activities in all areas, including coordination between all state and public authorities and civil society. The Operational Group of the National Security Council Secretariat provides analytical and technical support to the National Security Council Secretariat. The government also makes decisions on the proposal of the responsible minister.

The Slovenian experience shows that, even in a relatively well-coordinated normative area, in times of complex crisis the government does not use all of the already prescribed procedures, or adopts them only in part, which always

ends up in improvisation. This is wrong and unnecessary, as demonstrated by the COVID-19 pandemic. The government failed to organise effective and efficient crisis management and governance, notwithstanding that all the relevant normative foundations were in place. The operation of the entire public administration and part of civil society in Slovenia in a state of war or emergency is defined by defence plans on the basis of the Regulation on Defence Planning. This regulation stipulates that defence plans must be in line with the emerging situation, i.e., with the latest scientific and professional findings on public health.

EU Legislation

The degree of operationalisation of public health in a state of war or emergency in the EU is apparent from several EU acts within the framework of the EU Common Security and Defence Policy, which forms part of the EU Common Foreign and Security Policy. The Treaty on European Union and the Treaty on the Functioning of the European Union[6] stipulates the elements supporting public health in the EU and EU member states in Title XIV, but only on a declaratory level without specifying measures or actions, even referring to the responsibility of the member states to provide for certain actions themselves. The Programme for the Union's action in the field of health ("EU4Health Programme") for the period 2021–2027 (Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021) states the member states are primarily responsible for health policies, despite the experience of the COVID-19 pandemic, which called for a coordinated EU-wide response, but it does mention cross-border impacts and a stable financial architecture for public health action via the effective transfer of good practices between EU member states. Following the COVID-19 pandemic, the EU also established the Health Emergency Preparedness and Response (HERA) based on the Regulation (EU) of the European Parliament and of the Council on serious cross-border threats to health (Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022). The core purpose of this was to extend the legal framework for monitoring serious threats to health and the impact on public health in harmony with existing legislation, notably in the area of the exchange of personal data. Still, HERA will also remain operationally impotent so long as EU member states do not adopt national legislation with the objectives stated in the EU Regulation (Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022), thereby transferring certain national powers to the EU level.

Comparison of the operationalised Slovenian and EU normative acts showed a lack of powers on a high level, and many officially adopted acts that have not been implemented on the operational level. One may have expected the COVID-19 pandemic to have accelerated national and EU efforts to concretise public

[6] Treaty on European Union and the Treaty on the Functioning of the European Union. Official Journal of the European Union, C201/1 of 7 June 2016.

health on the operational and tactical levels. However, the pandemic only accelerated the adoption of normative acts on the national and EU levels without appropriate concretisation concerning the actual functioning of the public health system in the case of ECs.

Results of Regulatory Studies

Despite the existence of the 2014 textbook Katastrofna medicina[7] (Disaster Medicine), EU regulations, EU and NATO crisis management and leadership exercises, Slovenia failed during the pandemic, and something new is hence required. That is why the country carried out the *Resilience24* exercise and why public health must take a tangible, operational step forward, as not only confirmed by the COVID-19 pandemic and the exercise, but also by our day-to-day experience of the Ukrainian war and the armed conflicts in the Middle East.

Even though the new powers held by the Health Minister represent a big step forward, unless they are properly operationalised, they will not do much good. Above all, plans need to be understood; primarily, an answer is needed as to what we wish to achieve with the plan and, secondarily, the system only functions if the people will act on the plans and can internalise them. The proposed Operational and Tactical Plan (OTP) would entail an upgrade of, among others, the defence plan since it would be made more concrete by adding at least the time element, together with the actual number of people and material resources; two key pieces of information needed for the effective and efficient operationalisation of public health in a crisis situation, such as, for example, how many health workers from a given community health centre and how many material assets from a given warehouse are moved to another location. It will be necessary to move from generalities, which declare that something will have to be done, or what the priorities are, to concreteness and details. Also necessary is being specific about what is to be done, when, with whom and by whom. According to data for 2022 (Zaletel et al. 2022), in Slovenia this would collide with the direct interests of public institutions, i.e., 63 community health centres, and, in turn, the interests of the 212 Slovenian municipalities which are the co-founders of community health centres, 27 hospitals, 24 pharmacies and other public institutions, transfusion medicine, public health and social institutions.

The OTP would be an operationalisation of the defence plans since it would include, for instance, how many of Slovenia's 10,376 nurses or 7,122 medical doctors (Zaletel et al. 2022) would be deployed to other posts or locations, according to the emergency work system or work duty, and what their tasks there would be. These are not new questions; they were already raised in the Slovenian and EU context by the COVID-19 pandemic, but to date, as confirmed in the Resilience24

[7] Načrtovanje in delovanje ob nenadnih dogodkih in tveganjih za zdravje ljudi ter kriznih razmerah na področju javnega zdravja – katastrofna medicina: seminar za specializante javnega zdravja. 2014. Ljubljana: Nacionalni inštitut za javno zdravje.

exercise, we are not yet able to answer them fully and satisfactorily. We therefore propose that the permanent member of the National Security Council or its secretariat should be the Minister of Health or at least a representative of the National Institute of Public Health (Nacionalni inštitut za javno zdravje, NIJZ), which would require an amendment to the National Security Council Decree. Representatives of the Ministry of Health or NIJZ would provide great added value to the National Security Council, as the health sector is presently taken for granted, precisely at a time when one is healthy. This is wrong, and in a state of war or emergency such thinking and perception of public health could prove fatal. The COVID-19 pandemic also demonstrated that international exercises, such as the North Atlantic Treaty Organization's (NATO's) CMX crisis management and leadership exercise and the European Union's CME exercise, which aim to test transnational crisis management procedures, have little or no use for national crisis management purposes, regardless of the fact that Slovenia has been actively participating in both exercises for many years. These exercises simply do not provide the appropriate added value on the national, NATO or EU levels.

Figure 3 is a matrix (part of the OTP) that presents the main tasks and challenges to help decide on an overall public health capacity development plan, which should be overseen by the Ministry of Health in the conditions of a state of war or emergency and crisis situations. To that end, the Ministry of Health should establish a single system through which all stakeholders can be informed. The average occupancy rate of hospital beds in Slovenia in 2021 was 60.7% (OECD/European Observatory on Health Systems and Policies 2023).

The presented matrix attempts to go beyond the statement that "disaster risk management capacity assessments, like in many EU Member States, are still a relative novelty in the Slovenian context" and that "there is no spare capacity of human resources" in the public health system (Cubano 2014, 26), as also shown by the Resilience24 exercise. We also want to move beyond the SARS-CoV-2 Infection Control and Containment Guidance (Navodilo za obvladovanje in zajezitev s SARS-CoV-2 okužbo) in terms of operationalisation, and at least partly achieve the objectives of increased EU resilience in public health contained in the EU Declaration (Deklaracija o usmeritvah za delovanje Republike Slovenije v institucijah Evropske unije v obdobju 2021–2024).

Figure 3: MATRIX TEMPLATE FOR ASSISTANCE WHILE DECIDING ON THE OPERATIONALISATION OF PUBLIC HEALTH IN ECS

No.	Public Health Degree	Percentage of hospitalised persons above the annual average	Percentage of hospitalised persons in intensive care units above the annual average	Number of excess deaths expressed as a percentage	Medical* staff units	Risks
1	Blue	Up to 29%	Up to 29%	Up to 5%	The usual	We are already working
2	Green	From 30% to 54%	From 30% to 54%	Up to 10%	The usual + 20%	After 3 months – difficulties in ensuring the implementation of regular activities
3	Yellow	From 55% to 65%	From 55% to 65%	Up to 15%	The usual + 30%	Postponement of certain public health activities after 3 months
4	Orange	From 66% to 80%	From 66% to 80%	Up to 20%	The usual + 40%	After 3 months, certain activities in the field of public health will be cancelled
5	Red A	From 81% to 100%	From 81% to 100%	Up to 40%	The usual + 80%	After 4 weeks, the possibilities of operating the entire public health system will be examined, and the possible suspension of education and training
6	Red B	From 101% to 120%	From 101% to 120%	Up to 60%	The usual + 100%	After 2 weeks, the suspension of all education and training in healthcare The inclusion of 100% of work and material duty (Zobr) in support of public health A change in the mission of public health

* Medical Staff units may be established based on the Rules on Emergency Medical Services, Staffing Standards and Norms in Nursing and Midwifery Care or another bylaw of the competent decision-maker.
Source: The author's own work.

DISCUSSION

With a matrix that would allow operationalisation and form part of the public health OTP for operation in a state of war or emergency, namely, in states of ECs, we propose a systemic change with which all public health stakeholders should be familiar. All public health stakeholders should also understand the OTP and, crucially, be able to operationalise it in a situation of actual crisis since, according to the Ministry of Health, Slovenia has not made any major systemic changes in the health sector since 1992 (Pregled stanja na področju zdravstva v Sloveniji – januar 2023). An OTP (including a matrix) would amount to a systemic change.

An adequate normative basis is vital for the functioning of public health in ECs, otherwise the decisions (decrees, decisions etc.) of the decision-makers or the executive power will be annulled or even overturned by the courts (Slovenian Constitutional Court Decision No. U-I-79/20 of 13 May 2021; Bajt 2021, 55; Novak 2022; Šugman Stubbs 2024; Żółtak and Jędrys 2023, 120).

EU countries have at least two options for the normative operationalisation of public health in ECs. These options are, first, to directly implement EU rules in national legislation and, second, to implement strict national legislation which does not conflict with rules of the EU (Geer and Jarman 2020; Hervey 2004).

One consequence of the COVID-19 pandemic in the Slovenian legislative sphere is the National Assembly's adoption of provisions in ZIUZDS that give the Minister of Health powers to order temporary measures that no Slovenian Minister of Health has held before. The ZIUZDS provisions relating to the new powers of the Minister of Health have only been in force since 2023, with some even more recently (in 2024), which reveals the nascent stage of development of the operationalisation of Slovenian public health to act in ECs.

CMX or CME exercises are not sufficiently based on real-life situations. It will be necessary to determine how medical and public health staff will actually function in a state of war or emergency, which can only be done by conducting a national crisis management and leadership exercise in which the Minister of Health redeploys public health workers and material resources from one end of Slovenia to the other, or even to support allies. An initial problem will surely be whether the management and decision-makers in community health centres will agree to the withdrawal or redeployment of their staff and material resources to other locations, perhaps for a longer period of time.

CONCLUSION AND FURTHER DIRECTIONS OF ACTIVITIES

Irrespective of the lessons learned from the COVID-19 pandemic, the preparedness of Slovenia and the EU is still not at a level that would allow for a sufficiently effective, efficient, predictable and operational public health response in ECs. The proposed matrix, as part of a Public Health Operational Tactical Plan (OTP), could be a model for the operational and tactical functioning of public health in such circumstances. The matrix could perhaps encourage

decision-makers and actors in the public health system to take such public health action in ECs that would in fact be predictable and tangible.

In emergency situations, the National Security Council makes operational decisions concerning the implementation of all national measures, also regarding public health. At the time of the COVID-19 pandemic, neither the Minister of Health nor the Director General of NIJZ were permanent members of the National Security Council or its Secretariat. Today, we encounter a similar situation as the Minister for Health or the Director-General of NIJZ continue not to be permanent members of those bodies, despite the fact the area of health has been designated as part of critical infrastructure. Although ZIUZDS gives the Minister of Health considerable power to make decisions during ECs, it is illusory to expect the Minister of Health to be able to make key decisions independently of other state stakeholders, which would require a state of war or emergency.

With this study, we propose the creation of a Public Health OTP and to complement the composition of the National Security Council National Security Council or its Secretariat with the Minister of Health or the Director General of the NIJZ because we believe that only these two measures would be able to operationalise public health in ECs, at least initially.

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ZAGOTAVLJANJE JAVNEGA ZDRAVJA V VOJNIH IN IZREDNIH RAZMERAH ZA VEČJO DRUŽBENO ODPORNOST
Operacionalizacija javnega zdravja v vojnem in izrednem stanju

Povzetek. *Državna in družbena odpornost je trenutno najbolj aktualna tema v sedanjem političnem in posledično obrambno- ter vojaškostrateškem odločanju. Povečanje oborožitvenih zmogljivosti držav je posledica večanja državne in družbene odpornosti. V vsesplošni histeriji povečanja zgolj vojaške ognjene moči se ni mogoče izogniti občutku, da je mnogokatero področje družbene odpornosti (kot ključne državne infrastrukture) prezrto. Eno takšnih splošno prezrtih delov kritične infrastrukture je tudi področje javnega zdravja. V tem članku bomo splošno orisali EU in predvsem slovenski sistem javnega zdravja ter predlagali operativno-taktični načrt delovanja javnega zdravja v izrednih in vojnih razmerah.*

Ključni pojmi: *javno zdravje, katastrofna medicina, vojno stanje, izredno stanje, izredne okoliščine.*