President’s column: Drafting strategy for EUPHA

When I am writing this in mid March I have just returned from Utrecht where the EUPHA Executive Council convened. The main topic of the meeting was EUPHA’s reorganisation. We discussed the progress in revising EUPHA’s Constitution and by-laws according to the new structure decided by the Governing Council at the Helsinki Conference last year.

The Executive Council also heard the reports from the co-ordinators of working groups drafting a new strategy for EUPHA. At the Helsinki Conference the Executive Council decided to establish these working groups on the four main areas or pillars of EUPHA’s activities. The groups are working on the strategy for the pillars research (co-ordinated by Prof. Mark McCarthy), training and education (Prof. Helmut Brand), practice (Dr Nick Salfield) and policy (Dr Natasha Muscat).

The co-ordinators had produced concise memos on strategic missions, objectives as well as options ahead for each pillar. The scope and structure of these first idea papers varied. But these papers and the discussion between the co-ordinators and the Executive Council brought out a number of common building blocks for the strategy.

As a scientific and professional public health organisation, EUPHA has a unique position to be a European key player in the four areas of its activities. In fact it seems that there is an empty space reserved for EUPHA. EUPHA is needed to mediate at the European level between researchers, practitioners, governments and European agencies and institutions. EUPHA has a natural role playing position in European public health reserved for EUPHA. EUPHA has a natural role to foster public health research by increasing understanding on the relevance for public health policy making and to boost capacity to translate research into evidence-based policy and practice.

A starter for the strategy is that EUPHA is not alone to accomplish its objectives, but intensive networking and collaboration with other actors will be EUPHA’s strategic working approach. These partners include of course our sister organisations, such as ASPHER, but common goals are obviously sheared with the activities of WHO and the health programme of the European Union.

The process to draft EUPHA’s new strategy will continue throughout this year. In September the EUPHA member associations will receive the draft strategy for their comments. At the same time the draft strategy will be published at the EUPHA web site in order to invite comments from the all membership. In November at the EUPHA Lisbon Conference the Governing Council will debate the strategy as well as the Constitution. The Executive Council calls all EUPHA members on active participation in this debate setting the path to develop EUPHA for the next decade.

Ilmo Keskimäki
EUPHA President

News from EUPHA Office: EUPHA–ASPHER Abstract submission process

At this moment (mid-March), the abstracts for the 2008 EUPHA and ASPHER conferences are starting to come in. The activities at EUPHA office with regard to the abstract submission were already described in a EUPHA office column last year (2007, Volume 17, Issue 4). In this column, we want to inform you of the improvements made to the abstract submission system. The submission system has been improved for abstract submitters, abstract scorers and EUPHA office.

This has now been changed. An abstract submitter is offered a choice of four abstract forms:
- to present research
- to present policy
- to present practice
- to present training and education.

After this first selection, the submitter can choose the sort of presentation: workshop (90 min session), single oral presentation (10 min) or single poster presentation. If so desired, the submitter can link the abstract to a EUPHA section.

A new item in the abstract submission is that corrections to the submitted abstracts are possible until the 1st of May (deadline for submission). The submitted abstract is easily accessible for smaller corrections (e.g. change of presenting author or updated results).

All abstracts are peer-reviewed by a selection of our International Scientific Committee with 41 public health experts from 30 countries.

Each field (e.g. practice abstract) will be scored by experts experienced in that field.

All abstract submitters will be informed on the decision (accepted or rejected) by the 18th of June.

For an abstract scorer

Abstract scorers have indicated their preference for the abstracts. This means e.g. that an expert in policy will be invited to score policy abstracts or that practice abstracts are not scored by pure researchers. All of this is intended to make the scoring easier and more transparent.

On top of that, the EUPHA sections will be consulted for the abstracts. They will have an input for abstracts that have indicated a link to the specific section. This means that abstracts are not only reviewed by e.g. a training expert, but also by an expert in the specific public health field.

The International Scientific Committee uses an online scoring system. This allows them to access the abstracts early (5 May) and gives them several weeks to score (the deadline for scoring is 31 May).
For EUPHA office

The new system also facilitates the activities of EUPHA office. To mention some examples:

- the corrections to abstracts do not need EUPHA office’s help anymore, as they can be directly made by the submitter.
- The decisional meeting in June where the preliminary programme is set up will most likely take less time, as both scientific committee and sections have already looked at the abstracts.

The setting up of the abstract supplement will take less time (as abstracts have been auto-corrected).

Time table:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1 May</td>
<td>Deadline for the submission of abstracts</td>
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<tr>
<td>5–31 May</td>
<td>Scoring by the International Scientific Committee assisted by the EUPHA sections</td>
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<tr>
<td>31 May–5 June</td>
<td>Preliminary analysis of the scoring and preparation of the decisional meeting</td>
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<tr>
<td>7–8th June</td>
<td>Decisional meeting in Lisbon, Portugal; setting up of the preliminary programme</td>
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<tr>
<td>9–16 June</td>
<td>Elaboration of the programme, preparation of the e-mails</td>
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<td>16–18 June</td>
<td>Sending out the decisional e-mails</td>
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<tr>
<td>June–end of July</td>
<td>Preparation of the abstract supplement</td>
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As you can see, there is always enough to do at EUPHA office.

Dineke Zeegers Paget
EUPHA
Given the changing world in which health systems operate—in terms of rising prices, informed, mobile and ageing populations in the WHO European Region, wider socioeconomic disparities, and new technologies and potential health threats—a re-examination of their role is timely. Thirty years ago, the International Conference in Alma-Ata promoted universal access to primary health care, and recognized that health as a human right requires social and economic inputs, as well as health interventions.

Today, we are closer to acknowledging that the relationship runs two ways, and health systems have a vital role in promoting not only health but also economic development and the social well-being of communities (social welfare). Beyond the sense of security societies draw from the existence of health systems and the ability to access health services, health systems produce health, an inherent component of welfare, and influence the economy in terms of employment, productivity and therefore wealth generation, for example.

As part of the WHO Regional Office for Europe’s continuing commitment to supporting Member States in strengthening their health systems, it is organizing the WHO European Ministerial Conference on health systems: ‘Health Systems, Health and Wealth’, which will take place in Tallinn, Estonia on 25–27 June 2008, and be hosted by the Government of Estonia.

The Conference will provide an opportunity for those responsible for steering health systems and advocating health in other sectors, including ministers responsible for health and high-level representatives of international organizations, to explore the dynamic relationship between health systems, health and wealth that contributes to social welfare. The Conference will offer a forum for ministers and partners to review effective strategies to improve the performance of health systems, and provide greater evidence that health systems can be a catalyst for economic development, rather than simply a drain on resources.

To ensure that these discussions contribute to longer term efforts to encourage investment in health systems, representatives from WHO Member States and international partners have developed a European charter on health systems, to be presented to the Conference in Tallinn. Its objective is to provide guidance and a strategic framework for strengthening health systems throughout the WHO European Region. It will also foster political commitment and action, while recognizing the diversity of health systems and policy contexts in the Region.

Further information about the Conference is available on the Regional Office’s web site (www.euro.who.int/healthsystems2008).

Dr Nata Menabde
Deputy Regional Director, WHO Regional Office for Europe