During the opening session of the Lisbon Conference, the Portuguese Minister of Health, stated that there is no such a thing like a context free-public health.

Europe is now amidst a serious global finance and economic crises.

It is important that EUPHA and its membership play a relevant role in minimizing the public health consequences of this crises and in taking advantage of this opportunity to further underline the importance of Public Health today.

One possible response to this situation is a more innovative public health.

EUPHA president column: The Lisbon 2008 Conference and EUPHA’s Presidency

EUPHA’s new constitution and strategy

The European public health association (EUPHA) is going thorough an important transitional period, leading to the full implementation of its new Constitution and Strategy by 2011. The 2008–09 EUPHA Presidency will continue to support and facilitate this process.

Broadening cooperation in European public health

During the 16th European Public Conference, in Lisbon (November 2008) an import step was accomplished towards making these annual conferences an occasion where all major European public health initiatives can come together and more effectively cooperate for improving European public health. In Lisbon, the Association of Schools of Public Health in the European Region (ASPHER) joined in. In Lodz (November 2009), this cooperation will continue, and hopefully will further expand in Amsterdam (2010). This is an exciting challenge. It is important that appropriate cooperation models are developed to this effect.

The support and collaboration with European Commission and with the WHO has been of fundamental importance for the success of the European Public Health Conferences and other EUPHA initiatives.

Europe and global health

European public health is part of a global health context. This was highlighted during the Lisbon Conference at least in two occasions: a workshop on Public health in the United States, organized by our colleagues from CDC, Atlanta, and a lunch-time briefing on Global Health. It will be interesting to pursue this public health dimension in future conferences.

Public Health in times of economic crises

During the opening session of the Lisbon Conference, the Portuguese
We do apologize for this confusion and promise to do better in our future collaboration with OSI.

Dineke Zeegers Paget
Executive director

The second joint European Conference on Public Health 26–28 November 2009, Lodz, Poland

In 2009, the second joint European Conference on Public Health will be organized in Lodz, Poland. The conference is jointly organized by:

- EUPHA—The European Public Health Association.
- ASPHER—The Association of Schools of Public Health in the European Region.
- The Polish Association of Public Health.
- The Nofer Institute of Occupational Medicine.
- The Faculty of Health Sciences, Jagiellonian University.

Seventeenth EUPHA Conference on Public Health: Human ecology and public health—promoting social and environmental conditions conducive to health.

Thirty-first ASPHER Annual Conference: Transcending the borders—intercultural and transdisciplinary public health education to promote social and environmental well-being—promoting innovation.

Abstract submission will start on 1 January 2009.

MENTAL HEALTH CARE IN EUROPE: DIVERSITY AND PROGRESS, AND NEED FOR FURTHER ACTION

The WHO Regional Office for Europe has published a report on the state of mental health activities in 42 countries across the WHO European Region, as mandated by the Mental Health Declaration for Europe, adopted in Helsinki in 2005. The report covers many areas, ranging from mental health promotion to specialist services.

The progress and policy convergence in many European countries are striking. Nearly all countries now have mental health policies and legislation, supporting the move towards community mental health services. Most countries adopted these policies in the last 3 years. Some countries have implemented impressive community-based services, where primary care has a key role in the identification and treatment of common disorders, such as anxiety and depression, and networks of specialist services that take responsibility for the treatment and care of complex cases. The involvement of service users and carers in the planning and monitoring of care is also progressing. Nevertheless, such developments are not yet uniform. In only 14% of countries do the majority of people with mental disorders have access to home treatment, and many countries still rely heavily on hospitals for their mental health services, as reflected by the high proportion of mental health budgets still dedicated to psychiatric beds. The inclusion of users and carers in external inspection is still exceptional.

This variation is probably unsurprising, given the diversity across the European Region. It is difficult to find any significant variable without major differences between European countries. The number of beds varies from 8 to 185, psychiatrists from 1 to 30 and nurses from 3 to 163 per 100 000 population, and the proportion of the health budget spent on mental health care from 2% to 13.8%. Intriguingly, most of these and other variables seem to have a low correlation with each other, suggesting considerable differences in type and style of service delivery.

Some key challenges emerge from this report. First, some countries reported degrading practices in institutions, and stigma and discrimination are still ubiquitous. The human rights message that everyone has the right to the highest attainable standard of physical and mental health is still in need of strong action for people suffering from mental illness. Second, community service implementation is still very haphazard and too often reliant on single isolated initiatives by non-governmental organizations. Third, the numbers and competencies of the workforce are at present inadequate in many countries to implement reform. And finally, the inability of so many ministries to provide some core data about the state of mental health in their countries, and the difference in meaning of some widely used concepts, such as ‘nurse’ or ‘crisis service’ mean that progress in some key areas is difficult to monitor and
Matt Muijen  
Regional Adviser  
Noncommunicable Diseases and Environment Unit, WHO Regional Office for Europe.

References


Erratum in the 2008 Abstract Supplement

In the 2008 abstract supplement of the EUPHA conference on innovation and health in Lisbon, 5-8 November 2008, we unfortunately failed to publish one abstract. Please find the abstract below.

Patterns of AIDS related hospital admissions among Portuguese adults in 2006

Sara Dias  
Dias S,1,3, Martins FO1, Andreozzi V2, Torgal J3  
1Instituto Superior de Estatística e Gestão de Informação – Universidade Nova de Lisboa, Portugal  
2Centro de Estatística e Aplicações da Universidade de Lisboa, Portugal  
3Departamento Universitário de Saúde Pública da Faculdade de Ciências Médicas – Universidade Nova de Lisboa, Portugal

Background
The beneficial effects of highly active antiretroviral therapy, increasing survival and preventing the development of an AIDS defining illness, are well established. However the Portuguese annual in-hospital mortality is still higher than the expected. It is crucial to understand the hospitalization behavior to better allocate resources.

Objectives
The main objective of this paper is to summarize the pattern of hospital mortality among Portuguese adult patients admitted with HIV/AIDS in 43 hospitals in 2006, considering individual and hospitalization characteristics and also local of residence. We selected every internment of the patients older than 18 and only geo-referenced cases were included. We investigated several risk factors: age, gender, type of admission, type of diagnostic related group (DRG), length of stay (LOS), AIDS defining illness (pneumonia and tuberculosis) and Euclidean distance from hospital to residential neighborhood centroid. Logistic mixed effect model (LMEM) was used to estimate the in-hospital mortality of patients with HIV/AIDS for both hospital and patient level covariance.

Results
We studied 3927 internments, where 14% were deaths. Estimation results show that all the variables are statistically significant at the 1% level, except the distance. After adjusting for internment and hospital level covariates and for the hierarchical nature of the data, we concluded that, as expected, the probability of dying is significantly greater for men, urgent internment and pneumonia. The fit of the estimated LMEM is better than the one estimated by the usual Logit model, suggesting that clustering effect of hospitals is relevant.

Conclusion
Our study suggests that all individual factors considered were important to explain the probability of the in-hospital mortality HIV/AIDS. Furthermore, we also conclude that the distance from hospital to residential neighborhood is not statistically significant meaning that, within this context, the quality of the health care in Portuguese hospitals reveals a satisfactory equity level.

doi:10.1093/eurpub/ckn148