Is European public health (or public health in European countries) being affected by the current global financial and economic crises? Are social determinates of health, influenced by the current economic crises, being effectively counteracted by developed European health protection systems? Is there a European Public Health agenda specific to this economic crises context? These questions were addressed, in a very preliminarily manner, in a meeting organized by EUPHA in cooperation with WHO, the European Observatory for Health Systems and Policies, and the ECDC, in Stockholm on 19 May 2009.

Regarding the public health impact of the economic crises and the role of the European health protection systems, there was a considerable range of possible answers. It is often argued that in past economic crises, it has been difficult to detect considerable health effects, at least in developed countries. However, this ‘lack of visible effect’ may be attributable to either (i) a limited impact of the crises in relevant social determinates, (ii) favourable lifestyle changes associated with the crises, (iii) effective social protection response or (iv) low sensitivity of health intelligence in picking up significant health indicators or appropriate levels of information desegregation. Regarding European health protection systems it was recognized that their effectiveness varies significantly across Europe.

This discussion made more evident the need for timely health research in this domain.

Independently of the need to further improve the evidence base necessary to address this issue, there was a considerable degree of consensus on the need of an affirmative public health agenda in this context. This was reinforced by WHO’s presentation on the conclusions of the Oslo meeting on 1 and 2 April 2009:

1. Distribute wealth based on solidarity and equity;
2. Increase official development assistance (ODA) in order to protect the most vulnerable;
3. Invest in health to improve wealth; protect health budgets;
4. “Every minister is a health minister”;
5. Protect cost-effective public health and primary health care services;
6. Ensure more money for health & more health for the money;
7. Strengthen universal access to social protection programs;
8. Ensure universal access to health services;
9. Promote universal, compulsory and redistributive forms of revenue collection;
10. Consider introducing or raising taxes on tobacco, alcohol, sugar and salt;
11. Step up the education of health professionals and ensure ethical recruitment;
12. Encourage active public participation in the development of measures to mitigate health effects of the economic crisis (Recommendations of the high-level meeting on “Health in Times of Global Economic Crisis; Implications for the WHO European Region”).

An ECDC presentation during the meeting was a significant reminder of the importance of health inequalities in this domain (particularly in relation to the occurrence of infectious disease), and emphasized the need to focus action on known vulnerable groups.

Five outstanding themes seemed to emerge here as key thrusts for a public health agenda in the context of the current economic crises:

- value the role and performance of the European Health Protection systems;
- protect health care and public health investments;
- improve on the identification, development and use of cost-effective public health actions.

- focus action on the most vulnerable groups; and
- innovate in health communication and improve health literacy.

The role of innovative health communication in communicable diseases

The issue of innovation in health communication is indeed a very central one in today’s public health. In this context, a joint ECDC/EUPHA initiative on ’Health Communication for innovation in the EU: a focus in communicable diseases’ had its first take in Stockholm (18–19 May 2009) with a meeting attended by executive staff and experts from these two organizations, but also from the Research Directorate of EU, CDC (USA), ASPHER and the European Observatory mentioned above.

The meeting provided an excellent opportunity to review major issues on health communication in Europe, ranging from current research limitations and opportunities to the appropriate use of modern ICT technologies to support health communication. The need to map current practices in health communication in Europe, to develop reference/resource centres of expertise in this area, to develop appropriate tools to collect and disseminate innovation in this domain, and to promote a research agenda on health communication was recognized. The expertise and resources now being deployed for risk communication in response to the current flu pandemic threat provide a very important opportunity for investing in health communication. This investment can result in more innovative and effective health communication practices that can be also translated into other public health domains.

A follow-up on this meeting’s main conclusions is very likely to be a workshop during the Lodz Conference in November 2009, where some of these issues of high public health interest can be shared with a larger audience.

Constantino Sakellarides
EUPHA President 2008–2009
EUPHA office column:
Abstract overview—the
2nd joint European
Conference on Public
Health, Lodz, Poland,
25–28 November 2009

For the 2009 conference in Lodz,
Poland, we received 516 single abstracts
and 48 workshop proposals from
53 countries.

For this second year, the abstract
submitters had the possibility to select
a EUPHA section that best fitted their
abstract. A total of 481 Submitters used
this possibility. The results are presented
in the following table.

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International Scientific
Committee

The International Scientific Committee
(ISC) is set up by public health experts
nominated by our full members. The
ISC 2009 consists of 36 members. Of
these, 24 scored abstracts. Of the 17
section presidents invited to score,
10 scored abstracts related to their field
of expertise.

The members of the scientific committee
have used a rating scale ranging from 1 to 5 for the final judgement.

The overall average of all judges and
all (single) abstracts was 3.441.

The average judgement per abstract
varied from 5.000 (highest score) to
1.000 (lowest score).

The overall average of all judges for
the workshops was 3.423.

The average judgement per workshop
varied from 4.500 (highest score) to
1.750 (lowest score).

June = decision time

At the June meeting (5–7 June 2009),
the decisions on the abstracts and
workshops were taken. The decisions
were emailed to all submitters by mid-
June. At the same time, a preliminary
programme was set-up which will be
available on the web site as of mid-July.

Dineke Zeegers Paget
EUPHA Executive Director

Recommendations

The recommendations presented below
are the outcome of the high-level meet-
ing on Health in times of global
economic crisis: implications for the
WHO European Region.

1. Distribute wealth based on solidar-
ity and equity

Health authorities across Europe are
concerned that the present economic
system does not distribute wealth on
the basis of the values of solidarity
and equity, thus hindering improvement
in health outcomes. Health leaders
call for changes in the economic
system that support health
improvement.

2. Increase official development assis-
tance (ODA) in order to protect the
most vulnerable

The poorer countries are the most
vulnerable when it comes to health loss
in times of crisis. The current crisis is no
time for decreasing ODA, but, rather,
for increasing it.

3. Invest in health to improve wealth;
protect health budgets

Investing in health is investing in
human development, social well-being
and wealth. Better health improves
welfare. Health investments create
wealth. Protect health budgets, health
insurance coverage and employment
throughout the economic downturn.
Include health- and environment-
related investments in economic recov-
ery plans.
4. ‘Every minister is a health minister’
Promote ‘Health in All Policies’. Consider the health and distributional effects of all political reforms.

5. Protect cost-effective public health and primary health care services
If spending on health is reduced:
- protect spending on public health programmes;
- protect spending on primary health care;
- reduce spending on the least cost-effective services. These will normally be found among the most high-technology, high-cost services in hospitals. Delay investment plans for high-cost facilities and promote the use of generic drugs.

6. Ensure ‘more money for health and more health for the money’
Make more money available for health and ensure more health for the money. Improve quality through transparent monitoring and performance assessment. Strengthen evidence-based medicine and make health services safer.

7. Strengthen universal access to social protection programmes
Use the opportunity of the crisis to strengthen universal access to social protection programmes in a more coordinated way.

8. Ensure universal access to health services
Use the opportunity of the crisis to ensure universal access to health services. Ensure social safety nets for the most vulnerable social groups.

9. Promote universal, compulsory and redistributive forms of revenue collection
Strive for equity in the financing of health services through universal, compulsory and redistributive forms of revenue collection.

10. Consider introducing or raising taxes on tobacco, alcohol, sugar and salt
Consider improving population health through public health reforms using structural measures. Examples are to raise taxes on tobacco, alcohol and products containing high levels of sugar or salt. This could help to finance the social protection systems and at the same time have a positive impact on public health.

11. Step up the education of health professionals and ensure ethical recruitment
Even during this crisis we must recognize the current shortages in the health workforce and the increasing need for health workforce in the future. Step up the education of health professionals and local health workers as appropriate. Use the crisis as an opportunity to attract new health workers. Continue supporting the development of a code for ethical recruitment across sectors and borders.

12. Encourage active public participation in the development of measures to mitigate the effects of the economic crisis on health
Health authorities call for more active public consultation and participation in defining, implementing and monitoring the execution of decisions regarding the crisis. Public participation may be direct (public debates, consultations) or indirect, through representative organizations, associations and unions.