Introduction

In this European public health news, the main themes are management and leadership. Ricciardi starts with concluding that management is of vital importance, but leadership even more so. Zeegers Paget follows with discussing leadership of and within EUPHA. Jakab presents the leadership of WHO EURO in this year of healthy ageing, followed by Takki and Ryan who describe the proactive management by the EU to protect Europeans from serious cross-border health threats. It all shows that leadership and management are basic necessary skills to further European public health.

Dineke Zeegers Paget
EUPHA

President’s column

Some people, use and have used the word manager and leader as synonyms. However, there is increasing agreement of the fact that leadership and management are different activities although many managers also are leaders. Perhaps one way to describe it now is to say that all leaders also have to manage but not all managers are leaders. So what is leadership and how does it differ from management? This is not an easy question to answer because, as always happens, the more widely a term is used the more meanings it acquires.

One approach is to define management as primarily concerned with the running of an operation. In the excellent book called Trying Hardest Is Not Good Enough, a very important book for everyone involved in healthcare although it is primarily about education, Mark Friedman says that management is the day to day a month to month running of operations. Leadership is more than management and John Kotter, another very influential writer, distinguishes the two clearly.

There are probably two features of the work of the leader that are crucial. One is that the leader has to help people adapt to bad news, to reframe their view of the world and to help them overcome significant problems. The other is that the leader is primarily responsible for shaping the culture of the organization whereas the manager works within the culture.

‘Five common themes have emerged that capture the essence of leadership: visioning, creating a culture of shared values, strategy forming and implementation, empowerment of people, and influence, motivation and inspiration…[The] ability to perceive the limitations of one’s own culture and to develop the culture adaptively is the essence and ultimate challenge of leadership.’¹

In the words of the writer who has regarded most highly on culture—Edgar Schein—, the role of shaping culture is of fundamental importance. In fact he said it was one of the defining tasks: ‘When we examine culture and leadership closely, we see that they are two sides of the same coin; neither can really be understood by itself. If one wishes to distinguish leadership from management or administration, one can argue that leadership creates and changes cultures, while management and administration act within a culture.’²

How does a leader go about shaping culture? One obvious approach is by their own personality and how they behave, however, the culture itself is determined by the way people think and therefore by the language they use. If one went into a healthcare organization as a new leader and found that no one understood the word value or that everybody was using the word in a different way one of the leader’s first jobs would be to define the terms value and ensure that everyone used it in a common way. The management of language and concepts plays a crucial part in the shaping of culture.³

Finally, it is useful to distinguish between the leader and leadership. The leader implies a lonely individual at the top of an organization but leadership is a function that many people discharge including those not in formal leadership or even formal management positions.

Management is of vital importance but, it could be argued, leadership is even more important for the challenges we face in the 21st century.

References


Professor Walter Ricciardi
EUPHA President

EUPHA office column—EUPHA 1992–2012

Our president discusses the close relationship between management and leadership.

He distinguishes between the leader and leadership: ‘The leader implies a lonely individual at the top of an organization but leadership is a function which many people discharge including those not in formal leadership or even formal management positions.’ In an association like EUPHA, there is not one leader, but definitely leadership, which is formed by the large number of committed and dedicated public health professionals in our network.

We have been and continue to be blessed with the leadership of our members, our sections, our governing bodies and EUPHA office.

Our members are the backbone of EUPHA. Our national public health associations, non-governmental organizations on a voluntary basis, never cease to support EUPHA, guide us and challenge us. Their wishes and demands allow us to further develop our activities and our visibility. Our institutional members only add to the value of the national public health associations. They make our backbone stronger so we can use the rest of the EUPHA body to its full extent.

Our sections (20 in total) are our arms and legs. They make us move forward, sometimes running and sometimes at a slower pace. They allow us to put our foot down, make a stance, for instance, by producing EUPHAacts (e.g. on data protection and research). They make us reach for new objectives, extend our activities and grab new challenges. Without the sections, EUPHA would be static.

Our Governing bodies form the head of EUPHA. The Governing Council/Board, the Executive Council, the International scientific committee, Past presidents committee, and so on, consist of over 100 dedicated and very knowledgeable public health brains, ready and willing to combine forces to move the head of EUPHA forward. Without them there would be no strategy, no reflection, no vision. Combining the strengths of the public health professionals in our Governing bodies creates a wonderful positive momentum for EUPHA to continue developing.

Finally EUPHA office, the heart of EUPHA. This is the place where all leadership above is gathered, nurtured and managed. Where the information flow is pumped to all body parts and back to the office, where it is renewed, refreshed and pumped all over again.

Together EUPHA is one leader, but we are managed by a large leadership.

Dineke Zeegers Paget
EUPHA Executive director
People in Europe have the highest median age in the world, and many have some of the longest life expectancies. Nevertheless, gaps in longevity and in health in older age continue to grow.

Around 7 April, World Health Day 2012, campaigns throughout Europe will focus on ageing and health, raising awareness of how individuals and governments can contribute. A core contribution of the WHO European Region will be a strategy and action plan on healthy ageing in Europe for 2012–16 that the WHO Regional Office for Europe is developing in consultation with Member States, partners and civil society. It will map integrated action in four strategic priority areas to show how health policy can respond to rapid ageing in Europe. First, there is broad agreement that fighting the epidemic of non-communicable diseases throughout the life course is key to making further health gains in older age and for ensuring that health and social policies are sustainable. A second challenge is making health systems fit for ageing populations. How can coordination between different levels of health and social care be improved to provide better services for people with multiple chronic conditions? Sharing the costs of the health bill is too expensive for many older people in Europe and public spending on long-term care is usually small. In less than one in three countries does public spending account for >10% of health and long-term care spending together. Thirdly, a big asset is the movement of cities and communities that cooperate with one another and WHO to create supportive, age-friendly environments. This will be a focus of our cooperation during and beyond 2012, which is the European Union’s Year of Active Ageing and Solidarity between Generations. Fourthly, WHO strives to improve evidence for policy, to facilitate the exchange of knowledge and to fill gaps to enable comparisons. Within these four strategic areas, our strategy and action plan on healthy ageing in Europe indicates priority actions to create measurable results, with the ultimate vision of a Europe that continues to be rich in innovation of best practices to ensure healthy ageing.

Zsuzsanna Jakab
WHO Regional Director for Europe
WHO Regional Office for Europe

The Member States have the responsibility to manage public health crises at national level. However, recent cross-border events such as the H1N1 pandemic in 2009, the volcanic ash cloud in 2010, the outbreak of Escherichia coli STEC O104 in 2011 and the breast implant alert this year, have demonstrated the importance of a multi-sectoral and cross-national cooperations in the EU of 27 Member States.

Over the years, the European Union has developed capacities and structures to manage health crises. But until today these have been set up primarily to address communicable diseases which does [Decision No 2119/98/EC of the European Parliament and of the Council on the management of public health emergencies, First, every Member State should coordinate its efforts to develop, strengthen and maintain its national preparedness and response plan, in consultation with other Member States. Secondly, through a common alert system Member States can notify each other and the Commission of new threats that will need to be addressed and monitored. Thirdly, the proposal foresees either using the scientific expertise of the existing EU agencies such as the European Centre for Disease Prevention and Control or the European Food Safety Authority to carry out risk assessments on the basis of their expertise, or asking for independent experts’ opinion if the threat falls outside of the tasks of the agencies. Finally, on the management of public health emergencies the existing Health Security Committee will be formalized to ensure that the EU will be in a better position to coordinate national crisis responses. This will include coordination of crisis communication, a key element of crisis management and response, as identified in 2009 during the H1N1 pandemic.

The proposal also foresees an EU mechanism for the joint procurement of medical countermeasures in which Member States and EU institutions could participate on a voluntary basis to purchase medical countermeasures, such as pandemic influenza vaccines, to improve pandemic preparedness efforts. In addition, for the purpose of making medicines available more rapidly, the proposal foresees means to recognize a European ‘health emergency situation’ to enable the Commission to adopt, in very extreme and specific emergency situations, emergency cross-border

MESSAGE FROM THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR EUROPE
HEALTHY AGEING IN EUROPE: EMPOWERING MORE PEOPLE TO REMAIN ACTIVE AND HEALTHY AT HIGHER AGES

EUROPEAN COMMISSION PROPOSES MEASURES TO BETTER PROTECT EUROPEANS FROM SERIOUS CROSS-BORDER THREATS TO HEALTH

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measures to complement those taken at national level.

Finally, the legal proposal provides for a coherent framework to support Member States in the implementation of the International Health Regulations and a possibility to enhance international collaboration with third countries and international organizations.

For more information please see:

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MALTA 2012
5TH ANNUAL EUROPEAN PUBLIC HEALTH CONFERENCE 2012
ALL INCLUSIVE PUBLIC HEALTH, PORTOMASO, ST JULIAN’S, MALTA, 8–10 NOVEMBER 2012

The 5th Annual European Public Health Conference 2012 will take place in St Julians, Malta from 8 to 10 November 2012. This 5th conference is organized with the Maltese Association of Public Health Medicine and ASPHER. The main theme of the conference is All Inclusive Public Health. Abstract submission is open until 1 May 2012 (midnight CET).


Julian Mamo
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