Introduction

In the president’s column, Ricciardi presents the impact of the financial and economic crisis on public health. Jakab updates us in the WHO/EURO column on the European health report and health 2020, combining health and well-being. In the DG Sanco column, Gomez presents the holistic approach of the European Innovation Partnership; and Zeegers reflects on the strengths of partnership. All these contributions are related to two words: Finances and Collaboration. The economic crisis forces us even more to reflect on efficient ways of implementing innovative strategies such as Health 2020 and the European Innovation Partnership. And is further encouraging synergies and using each other’s strengths not the most efficient way forward?

Dineke Zeegers Paget
EUPHA

President’s column

As reported by Martin McKee,1 the impact on population health of a financial and economic crisis, such as the current global crisis, may lead to an increase in suicides and deaths.

Many European countries seem to confirm this hypothesis: the last available data from Italy show a sudden increase of 5.3% in suicides in 2008 (3,799, compared with 3,607 suicides in 2006, which represented the lowest value in a decreasing trend in the past 20 years). Although these numbers are less striking than data from other countries (in Greece, Latvia and Ireland, countries where the financial crisis severely affected the real economy, suicides increased by 17, 17 and 13%, respectively2), this is a remarkable finding.

Although the economic downturn directly affects health and increases poverty, it also has indirect consequences for well-being through its effects on public policies. In particular, the public finance crisis of the past 2 years has forced governments to reduce public funding and to increase co-payments (which, in turn, reduce disposable income) and to reduce the overall actual supply of health services. If reducing public funding is not compensated by efficiency gains, providers may reduce their supply of services or their quality. For example, providers may decrease the number of outpatient consultations offered, thereby increasing waiting time, or they may terminate specific health programmes (e.g. screenings and other outreach activities). There are clear signs that this may be the case.

Decisive actions by social protection and welfare agencies are needed to protect households from unemployment, debt and loss of purchase power. In particular, the governments could consider reorienting budgets to protect the population from unemployment, both by curbing its direct negative effects on households and by enabling unemployed people to obtain work as quickly as possible. The present economic downturn strengthens these arguments. A lack of social protection at this time would lead to effects on individual health that are worse than normal.

In the field of health care, the increase in co-payments could also be better organized. Because of the risk of creating excessive disincentives to demand medical care, to adjust co-payments to family income seems more equitable than adjusting them uniformly based on the prices of services—an across-the-board cut.

A second issue many European countries face in the present crisis is the risk of a general decrease in health status, potentially coupled with an increase in regional heterogeneity. During an economic crisis, the overall determinants of health become more relevant, and the synergy between unhealthy behaviours and barriers to prevention programmes may cause health losses that are more significant than usual. The national governments, the regional agencies and the health-care organizations should prioritize actions that can counter the reduced demand for health services and prevention programmes. Priority should be given to financial coverage of existing programmes for the promotion of healthy lifestyles and preventive medicine (such as programmes to increase vaccine coverage) that rely on general practitioners, and additional effort should be devoted to their timely implementation.

As we hope that this is a transitory period, we strongly argue that investments to make the system more efficient, effective, appropriate and patient-centred should not be interrupted. Urgent innovations include pilot examinations of the adoption of appropriateness measures, investments in information systems and organizational arrangements that integrate primary, secondary and social care. A vicious cycle, especially a complex one in which economic, social and health-related factors are intertwined, can only be broken by ensuring that equally significant positive cycles are initiated.

The financial and economic crisis raises serious equity concerns. People losing their job or being unable to enter the job market are particularly at risk, as unemployment is a risk factor of malnutrition, mental disorders or simply lower self-protection of health. Other individuals particularly at risk of the health effects of the crisis are elderly people living alone, migrants and single mothers with dependent children. It is thus essential that in such a period of public funding constraints, health authorities monitor incidence of diseases and access to care of the most vulnerable groups and specifically target interventions to those who may be disproportionally affected by the crisis. As public health researchers and workers, the least we can do is to document the costs of the crisis and not to remain silent but speak up on behalf of the millions of Europeans whose lives are put at risk as a consequence of radical austerity and financial manoeuvres.

References


Professor Walter Ricciardi
EUPHA President

EUPHA office column

In the columns of our president, the WHO/EURO and DG Sanco, emphasis is placed on creating a ‘collaborative agenda’ (Jakab), inviting ‘stakeholders’ (Gomez) and ‘speaking up’ (Ricciardi). EUPHA, representing the largest network of public health professionals in Europe, has a role to speak up and be one of the important partners of both WHO/EURO and the European Commission. But the question that arises is whether EUPHA is speaking up enough. Coming from our research background, for a long time, EUPHA has let ‘the facts speak for themselves’. Providing the evidence-base, building knowledge and capacity of our large network were at the top of our activities. Only recently has EUPHA increased being proactive and present in the European public health arena.

The EUPHA strategy 2009–2014 focuses not only on knowledge and capacity building, but has included policy building as well. EUPHA’s role here is to provide the evidence-base for policymaking and demonstrating best practices in translating research to policy. In the first years of this strategy, this was mainly done through skills-building seminars (‘Policymakers are from Venus, researchers from Mars’ at the Amsterdam 2010 conference and ‘Lost in translation’ at the Copenhagen 2011 conference). More recently, EUPHA has been publishing both EUPHActs and EUPHA
A new generation of tools for public health professionals: EUPHA Acts and EUPHA snapshots

As part of its mandate to monitor and report on the health of 900 million citizens in the WHO European Region, the WHO Regional Office for Europe will issue its triennial flagship publication, The European health report, in 2012. The timing offers an excellent opportunity to provide policy-makers and public health professionals the epidemiological evidence base underpinning Health 2020—the new European policy for health.

The European health report 2012 will analyse social, economic and environmental determinants of health and put into practice well-being as a marker of social progress in the Region. Although well-being forms part of WHO’s definition of health, opening new avenues in measuring well-being and setting targets for the future is an innovation for WHO’s health reporting, which has previously focused on morbidity, disability and mortality. Together with an expert group and partners, including national institutions, the Organization for Economic Co-operation and Development (OECD) and the European Commission, WHO is charting a way forward for measuring the well-being of populations in the European Region.

In addition, we expect the report:

- to provide data and information from WHO’s 53 European Member States;
- to give a solid rationale for the selection of and baseline for monitoring Health 2020 targets related to: the burden of disease, mortality and risk factors; healthy people and the life course, including inequalities, well-being and vulnerable groups; and governance, values and health systems, including human rights, strengthening public health and the whole-of-government approach;
- to identify the key challenges for measuring health towards 2020; and
- to set out a collaborative agenda, with the WHO Regional Office for Europe as a facilitator and convener that works with European institutions and as a partner with Member States to collect, analyse and make use of health data throughout the Region.

The strategic goals of Health 2020 are currently taking shape in collaboration with Member States. At its 61st session in September 2011 in Baku, Azerbaijan, the WHO Regional Committee for Europe endorsed Health 2020 outlining an action framework to accelerate the attainment of better health and well-being for all, adaptable to the different realities that make up the Region and the need to formulate regional targets. At the Second Meeting of the European Health Policy Forum of High-level Government Officials in November 2011 in Israel, delegations confirmed that a limited set of targets aligned with Health 2020 could be identified that are applicable to the whole WHO European Region.

Potential target areas should reflect common challenges, such as addressing antimicrobial resistance and strengthening the commitment for ensuring the surveillance of disease outbreaks, achieving greater health equity within countries and across the European Region and reducing direct out-of-pocket payments for health services. At the Third Meeting of the European Health Policy Forum of High-level Government Officials in Belgium, delegations will propose a shortlist of regional targets. Final approval will be sought at the 62nd session of the WHO Regional Committee for Europe in September 2012 in Malta, and these will be presented in The European health report 2012.

Zsuzsanna Jakab
WHO Regional Director for Europe

**Editor’s note**

The WHO Regional Office for Europe is collaborating with the European Journal of Public Health. We therefore invite in-depth background articles and shorter manuscripts for submission to the European Journal of Public Health from across the 53 Member States in the WHO European Region, addressing the themes of The European health report 2012 and the measurement and monitoring challenges associated with strengthening the accountability of Health 2020.

Leading public health experts debating the importance of well-being and health will be published within a summer edition of the European Journal of Public Health. It is also accepting shorter manuscript submissions related to the themes listed above until 30 June 2012, for peer review and publication.
Aging has become one of the key issues of our times. Although living longer is undeniably a tribute to our scientific achievements, it also brings challenges as well as opportunities to our societies. In recognition of this fact, 2012 has been designated the European Year for Active Ageing and Solidarity between Generations.

Europe 2020 Strategy also placed active and healthy ageing at the heart of its priorities. The Strategy’s overarching objective is to make Europe a smart, sustainable and inclusive economy. Older people can play an active part in this challenge provided they remain healthy for a longer period of time. With that particular purpose in mind, the European Commission set up the Innovation Partnership on Active and Healthy Ageing (the Partnership).

The Partnership approaches ageing from a positive angle, in which innovation (i.e. technology, process, social, organizational) can improve the health and quality of life of older citizens, help enhance sustainability and efficiency of health systems, and create new opportunities and growth for EU businesses.

It is a novel concept where public and private sectors and civil society cooperate to speed up the innovation process—from research to market—by removing barriers to innovation. A Strategic Implementation Plan (SIP) underpins the Partnership and sets out an operational plan with concrete actions under three pillars:

- prevention and early diagnosis;
- care and cure; and
- independent living and active ageing.

The actions, scheduled for implementation as of 2012, approach innovation in support of:

- enhancing adherence and prescription to treatment of older patients;
- personal health management with a focus on falls prevention;
- prevention of functional decline and frailty, with a particular focus on malnutrition among older people;
- replicating and tutoring integrated care models for chronic diseases of older patients, including remote monitoring;
- deployment of interoperable ICT solutions for independent living and active ageing; and
- developing age-friendly environments, cities and buildings.

The Partnership goes live

In order to support implementation of the Partnership, the European Commission adopted the Communication ‘Taking forward the Strategic Implementation Plan on EIP’. In it, the Commission commits to:

- Launching an invitation for commitment to the attention of stakeholders.

The success of the Partnership will depend on effective involvement and cooperation of stakeholders across different areas spanning public health, employment, research, industry and others. By pooling valuable knowledge, and by mobilizing talent and resources to conceptualize innovative solutions the Partnership can make a real difference for the future of health and care services all across Europe.

Maria Iglesia Gomez
Head of the Unit ‘Innovation for Health and Consumers’
European Commission, DG Health and Consumers

We are well on the way of preparing for the November conference in Malta. EUPHA, ASPHER and the Maltese Association of public health medicine are working jointly to make this conference a success. On 1 May 2012, we had received a total of 874 abstracts and workshops from 58 countries. The International Scientific Committee will work hard until the 1st of June to score all of these.

The preliminary programme will follow shortly on the website http://eupha.org/site/upcoming_conference.php, which will include all the pre conference activities planned for Wednesday and Thursday morning (7–8 November 2012). Registration for the conference is now available online. Do not miss this opportunity to join us at the biggest public health conference in Europe.

Julian Mamo
Chair Malta 2012