European Public Health News

This European Public Health News is focusing on international collaboration. Ricciardi summarizes the outcome of an international meeting where the impact of genomic technologies on public health practice was discussed. The conclusion is that further action is needed and this action should be coordinated at international level. Zeegers focuses on the need for a strong European public health voice and how this could and should be achieved. Jakab presents several key priorities in public health, where international collaboration and commitment is necessary. Borg refreshes our memory with regard to cancer, where not only European and national actions are necessary, but where the citizens in Europe should be included as well. Barnhoorn presents the best example of commitment, collaboration and action: the upcoming European Public Health Conference in Glasgow this year.

Dineke Zeegers Paget
Executive Director
European Public Health Association

President’s column

A few months ago, during a pleasant dinner with my friend and colleague, the forthcoming European Public Health Association (EUPHA) President Martin McKee, we discussed on the impact of genomic technologies on public health practice. We agreed that, with the exception of pharmacogenomics, the limited impact of these discoveries on health improvement programs had been surprisingly disappointing. We recognized the complex issues that arose from the potential to have greater knowledge of one’s genome. Would it encourage people to change their lifestyles if they knew they were at increased risk or would it give rise to fatalism? But there are areas where genomics may potentially aid prevention, for example, by enabling stratified screening. Yet, in these areas, progress seemed very slow. Seven years after the publication of a Bellagio Statement on Public Health Genomics, defined as the ‘...responsible and effective translation of genome-based discovery into population health’, we are still facing intense debate about implementing genomics medicine into health improvement programs. How can these uncertainties be addressed and evidence-based measures implemented? During that dinner we agreed on the need for a multidisciplinary group that could address that question.

At the end of January, this became a reality. The first meeting of an International Working Group on Beyond Public Health Genomics was convened in Rome, with participation of a number of leading experts in genomics and public health, drawn from many disciplines and countries. They included Muin Khoury from the National Office for Public Health Genomics and Centers for Disease Control; Eric Meslin from Indiana University; Bartha Knoppers from McGill University; Ron Zimmern and Hilary Burton from the PHG Foundation in the UK; Martina Cornel from the VU Medical Centre, Amsterdam, and Cornelia van Duijn from the Erasmus MC, The Netherlands; Anne Cambon-Thomsen from INSERM France; Stefania Boccia from the Università Cattolica del Sacro Cuore in Rome; Paolo Villari from Sapienza University of Rome; Paolo Boffetta (via videoconference) from the Institute for Translational Epidemiology of the Mount Sinai School of Medicine; and Roza Adany from the Debrecen School of Public Health in Hungary and Vice President of EUPHA’s section on Public Health Genomics.

There was a remarkable consensus on the way forward. It requires a substantial investment in research on the effectiveness and cost-effectiveness of new genomics-based approaches, considering not only the overall costs and benefits they bring to society but also the distribution of those costs and benefits among different groups, both intended and unintended, as well as much more implementation research that can assist decision-making processes and inform providers, patients and the general public. Additionally, we have agreed to be more brave as public health specialists, welcoming innovations that work for the common good, implementing those genome-based measures that can be shown to enhance prevention and health promotion.

The next step for the International Working Group will be to examine the implications of these new disruptive technologies for health service organization. I envisage that this group will engage actively within EUPHA over the next few years.

Walter Ricciardi
EUPHA President

EUPHA office column

In the draft EUPHA strategy 2014–2020, we are proposing a 3-fold mission for EUPHA. In this column, I would like to focus on the first part:

(1) To be a leading European voice in the field of public health and health services, setting the European agenda.

In this one sentence of the new mission, there are several aspects that need reflection. The first: how can you formulate the European voice in the field of public health and health services. This will require collaboration and input from our members—national public health associations and institutions—from our theme-specific sections and from our partners. Without a constant exchange of information and ideas, it will be difficult to formulate a European voice. Being a leading European voice also demands being up-to-date on what is going on in research, policy setting and practice. This will mean having and keeping an open active interaction with members, sections and partners and keeping our eyes open for developments outside of Europe.

The second reflection is on how to set the European agenda. European agendas are set by governmental bodies [WHO regional committees, European Union (EU) council of ministers] after being discussed in elected bodies (European Parliament) with—unfortunately still only small—fluence from nongovernmental organizations and public health professionals. Of course, EUPHA has progressed, and we are very pleased to be represented in a large number of expert panels and advisory bodies, but is this enough? Probably not, so we need to reflect on what else EUPHA—an organization representing public health professionals—should and could do.

The third reflection is that being a leading European voice means that you—as an organization, as a person—need to be persistent and consistent, flexible and quick and reliable. Persistent and consistent like the continuous reactions by EUPHA and partners to the EU data protection regulation (having an impact on health research). Flexible and quick as to react to urgent developments in European public health, like the near absence of public health and health services research in the new EU research agenda. And above all, a leading European voice needs to be reliable. Over the
years, EUPHA has built a reputation of evidence-based actions, and we will continue to live up to our reputation.

The last reflection brings me to the small print in the mission: it is clear that EUPHA does not aim to be THE leading voice, but A leading voice, thereby acknowledging the excellent work undertaken by our partners, such as EuroHealthNet, European Health Management Association (EHMA) and European Public Health Alliance (EPHA). There is most certainly a need for collaboration and partnership, EUPHA does not own European public health, neither do the others working in this field. But we do all owe European public health a strong and common

voice, and EUPHA is committed to doing all it can to fulfil this obligation.

Dineke Zeegers Paget
Executive Director
EUPHA - European Public Health Association

MESSAGE FROM THE WHO REGIONAL DIRECTOR FOR EUROPE: BETTER HEALTH FOR EUROPE

Better health for Europe’ across the 53 countries in the WHO European Region is our common priority. Overall, health in the Region has improved, but inequalities persist. We—WHO and Member States—can do more and better to improve health, reduce inequalities and address the determinants of health.

Meanwhile, Europe faces many challenges—an increasing burden of noncommunicable diseases (and the double burden of communicable and noncommunicable diseases in some countries), emerging global and regional health threats, the need to improve public health capacities and strengthen health systems under financial constraint—all calling for a new approach to health governance in the 21st century.

My goal as WHO Regional Director for Europe is to help countries address these challenges and achieve their full potential of health and well-being. Two important developments will frame our work for the years to come.

First, across the Region, the new European policy for health and well-being, Health 2020, endorsed by the WHO Regional Committee for Europe in 2012, provides a framework for action across government and society.

Second, the global movement that is building on the Millennium Development Goals and looking towards a new development agenda after 2015 has created the right momentum to place health at the centre of sustainable development.

As the Regional Director, I focus the work of the WHO Regional Office for Europe on a number of key priorities: tackling Europe’s major burden of diseases from communicable and noncommunicable diseases, investing in health over the life-course, strengthening health systems and public health services (with a special focus on universal health coverage), improving countries’ preparedness for, surveillance of and response to potential health threats and securing better governance for health focusing on social and environmental determinants.

Through the generosity of the Editor of the European Journal of Public Health, I shall focus on these priorities in a series of articles. I hope that, taken together, these articles will offer an agenda for action across government and society.

Zsuzsanna Jakab
Regional Director
WHO Regional Office for Europe

MESSAGE FROM THE EU COMMISSIONER: ‘WHAT IS NEW IN OUR FIGHT AGAINST CANCER?’

2014 heralds new developments in our fight against cancer, which clearly remains on top of the EU policy agenda. In 2012 alone, cancer struck 2.6 million EU citizens and claimed the lives of another 1.2 million. If the current incidence rate holds, the years to come will look no brighter: one in three men and one in four women will be affected by cancer before their 75th birthday.

Ever since we launched our cancer policy in 1985, we have fostered close cooperation with Member States and stakeholders through various partnerships. The European Commission will soon launch a new Joint Action with the Member States on Comprehensive Cancer Control following in the footsteps of the European Partnership for Action Against Cancer, which has recently come to an end. Due to start operating in March 2014, the new Joint Action will pursue a holistic cancer prevention and control approach and focus on shaping a European Guide on Quality Improvement in Comprehensive Cancer Control.

In 2014, we will also present and promote an updated ‘European Code against Cancer—a user-friendly guide for citizens on cancer prevention and early detection’. A fourth revision of the Code, backed by recent
scientific evidence, is expected to be published in April.

Early detection is key in the fight against cancer and can make the difference between life and death. In the 11 years since the Council’s 2003 Recommendations on cancer screening, Member States have put in place population-based cancer screening programmes for breast, cervical and colorectal cancer, with the help of the Commission. Later this year, the European Commission will present a report on Member States’ latest state-of-play in implementing screening programmes. Since 2008, 24 Member States have adopted integrated cancer plans that include screening programmes. This makes me confident that many Member States are meeting their screening targets, to the benefit of European citizens.

With so many activities on cancer running in parallel, coordination is paramount. This is why the Commission plans to set up later this year a European Union Experts Group on Cancer Control as a hub for stakeholders to exchange information and provide input on cancer prevention, screening and management.

The European Commission is committed to addressing cancer and to pool together Member States and stakeholders’ strengths in the joint fight against cancer. We have a busy and challenging year ahead of us.

Tonio Borg
EU Health Commissioner