

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy *europe*

EPH CONFERENCE 2018



**Winds of
Change:
towards new
ways of
improving
public health
in Europe**

Digitisation

What are its effects
on children and
adolescents?

Interviews

Natasha Azzopardi
Muscat, Ivan Eržen,
Josep Figueras

A success story

Primary health
care in Slovenia

DECEMBER 2018



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Photo: Fotolia.com - Alexander Rathis

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EDITORIAL

Dear Readers,

Globalisation and digitalisation are changing our everyday routines, our lives, and societies overall. This presents fresh challenges for the public health sector, yet it also opens up new opportunities. The 11th European Public Health (EPH) Conference in Ljubljana will explore how we can deal with the challenges and exploit the opportunities in the best possible ways. Its main topic is “Winds of Change – towards new ways



Photo: EUPHA



Photo: EUPHA

of improving public health in Europe”, which is also the focus of the articles and interviews in this issue of the magazine “Healthy Europe”, published especially for the conference and made possible by collaboration between the EPH Conference, the European Public Health Association (EUPHA) and the National Institute of Public Health of Slovenia (NIJZ).

Modern health strategies acknowledge that health is dependent on more than just the quality of the health system. EUPHA President *Natasha Azzopardi Muscat* emphasises in an interview on page 5 that the area of public health should forge alliances with partners from other sectors of society at all levels. Better health opportunities for the population can also be created by offering robust primary care services and ensuring improved collaboration between areas of health care. The article on pages 18 and 19 therefore describes the structure of Slovenia’s accessible primary care for all inhabitants.

The wariness of vaccinations in certain countries and certain groups of the population as well as resistance to antibiotics are currently two of the biggest challenges faced by the health systems in Europe. These topics are covered in the reports on pages 14 and 15, and also page 16. In addition, we focus on the 17 Sustainable Development Goals set out by the United Nations for the years leading up to 2030 on pages 8 and 9. These Goals offer many points of reference for health topics, and together they form an agenda that aims to give all people around the world better opportunities for a good, healthy and secure life.

We hope that you will find it an interesting read, and a source of inspiration for your work.

Dineke Zeegers Paget,
Executive Director of EUPHA, and
Floris Barnhoorn,
Deputy Director EPH Conference



Photo: University College London

“Improving health for all is about the art of the possible.”

ANNE JOHNSON, PROFESSOR AT UNIVERSITY COLLEGE LONDON AND ANDRIJA ŠTAMPAR MEDALLIST

The huge influence of living conditions on our health became clear to me when I started studying,” says Anne Johnson (64), who studied social sciences at Cambridge for a year in addition to studying medicine there. She left her native UK after graduating to spend a year at the Universidad Metropolitana in Caracas, Venezuela studying how health services might best be provided, including for the people living in the slums there. “Never before had I seen such immense poverty and inequality,” Anne Johnson remembers. After her medical studies she specialised in epidemiology and public health, researching the spread and prevention of HIV infection at an early stage in collaboration with *Mike Adler*. She has carried out research on this subject and other sexually transmitted infections and infectious diseases for around 35 years now. Her responsibilities have included work as principal investigator for the National Surveys of Sexual Attitudes and Lifestyles in the UK in 1990, 2000 and 2010. Since 1996 Anne Johnson has taught at University College London as a professor and she is a consultant to numerous national and international organisations. In 2013 she was named Dame Commander of the British Empire by Queen Elizabeth II. This year, the Association of Schools of Public Health in the European Region (ASPHER) awarded the Andrija Štampar Medal to Anne Johnson in recognition of her outstanding work. She is married with two children and looks after her own health by gardening and singing in a choir. “I do have a lot of bad habits, though. None of us are perfect!” laughs Anne Johnson. “And improving health for all is about the art of the possible, which may fall short of the perfect!”

IVAN ERŽEN, CHAIR OF THE 11TH EUROPEAN PUBLIC HEALTH CONFERENCE

“I like people.”

“I grew up in Idrija and went to school there as well,” says Ivan Eržen (61), Chair of the 11th European Public Health Conference in Ljubljana. This small town to the west of Slovenia has approx. 12,000 inhabitants and is known for its mercury mine, which was the second largest in the world until its closure. After specialising in sciences at school, Ivan Eržen studied medicine at the University of Ljubljana. He graduated in 1982 and then worked for the National Institute of Public Health of Slovenia (NIJZ), with a primary focus on non-communicable diseases. In 1988 he joined the Regional Institute of Public Health in Celje, where he worked on environmental health issues. He was director of the

institute between 1992 and 2008.

“In 2008 Slovenia’s Health Minister at the time, Borut Miklavčič, asked me if I would be State Secretary. I agreed without hesitation because I realised that it was an opportunity to play an active role in shaping the health system,” recalls Ivan Eržen. Although in those days it was not very easy to put improvements into practice, important structural changes were successfully initiated. In 2012 he returned to the NIJZ and was appointed its director in March 2014. Since March 2018 Ivan Eržen has worked at the NIJZ as a deputy director. He has taught at various institutions since 1991 and has been Professor of Public Health at the



Photo: Tine Eržen

University of Ljubljana since 2016. “I like people and I am delighted to be able to pass on my philosophy to students through my teaching,” says Ivan Eržen. He is married to *Jana Govc Eržen*, who works as a doctor at one of Slovenia’s 54 primary care centres. They have two children: daughter Ziva (34) and son Tine (30).

Photo: Republika Slovenija Ministrstvo za zdravje



“Health is not created in doctors’ surgeries.”

MOJCA GOBEC, DIRECTOR-GENERAL OF THE PUBLIC HEALTH DIRECTORATE IN SLOVENIA

“Health is not created in doctors’ surgeries. It is created where we live, work and learn,” says Mojca Gobec (58). Born in Postojna, Slovenia, she graduated in medicine at the University of Ljubljana in 1986. She completed two years of postgraduate training at the Research Centre for Health Promotion at the University of Bergen in Norway and this period had a huge influence on her. “I came into contact with students from all over the world, and I learnt about the different perspectives from

which the issue of health can be viewed,” she recalls. Her professional career began as a doctor in the school health care service at a primary care centre in Slovenia. “I came into contact with a lot of children who were not really chronically ill and kept coming back to see us. Many of them were experiencing violence, abuse, addiction-related illnesses and psychological disturbances at home with their parents,” explains Mojca Gobec.

After positions in research and development, in 2000 she was appointed head of the unit for Prevention and

the Development of Public Health at the Ministry of Health in Slovenia. Since 2008 she has been Slovenia’s Director-General of the Public Health Directorate. Mojca Gobec is married and has a 25-year-old daughter and also a 28-year-old stepson. What is most important for her own health? “Being in balance and having an inner peace. This means working effectively, being there for my family, partner and friends, and in reverse being supported by them as well, and also having enough time to actively spend my leisure time surrounded by nature.”

Public health must regain greater prominence

Natasha Azzopardi Muscat, President of the European Public Health Association (EUPHA), in an interview on the biggest challenges currently experienced in the area of public health in Europe.

HEALTHY EUROPE

Natasha, what are the biggest challenges experienced at present in the area of public health in Europe?

Natasha Azzopardi Muscat: The health of the population is influenced above all by living and working conditions, and is therefore primarily a political and social issue. One of the greatest challenges is therefore the fundamental social change that we have experienced over past years and decades as a result of the dominance of neo-liberalism in the economy and populism in the political world. In addition to this, the degree of trust shown by certain groups of the population in the authority of the state and science has diminished. All this makes it necessary to re-orient the field of public health.

HEALTHY EUROPE

In what direction?

The significance of public health in general has suffered a decline, and our concerns have become less prominent. We must therefore look to be represented on the policy committees where fundamental decisions are being made. As the public health sector itself is relatively small, we also need to pay greater attention to forging alliances – on the one hand with experts from other areas of the health system, and on the other hand with representatives from sectors outside of the health system. This is the only way to succeed in restoring our voice so it is heard more clearly.

HEALTHY EUROPE

What specific problems currently need to be dealt with most urgently in the area of public health?

Demographic change owing to the rising

proportion of elderly people in the population and also the increase in chronic and multiple diseases are two issues that have long been of concern to us. We must shape the health systems in a way that enables them to respond adequately. It is not just about better and more efficient treatments, or increasing life expectancy. The fact that there are a growing number of old people who are lonely and socially isolated is another development that concerns the area of public health. Health also involves leading a meaningful life and being an active member of society. We must therefore endeavour to provide better opportunities for old people. One new problem that concerns large sections of the population is the potential negative effects on children and adolescents resulting from excessive use of digital media.

HEALTHY EUROPE

What improvements have been achieved in the public health sector in recent years?

There has fortunately been a considerable rise in life expectancy in European countries. The number of cardiovascular diseases has fallen, and in many cases cancer treatment has become so good that it has turned into a chronic disease. New vaccines have improved the possibilities for prevention as well,

such as against human papillomaviruses. At the same time, though, certain countries and certain groups of the population are becoming increasingly wary of vaccinations. And in many European countries the differences between the health of socially vulnerable populations and of those who are financially better off have become more profound since the financial crisis of 2008.

HEALTHY EUROPE

What are the goals for the future of the European Public Health Association?

We are delighted that the European Public Health Association has grown and become stronger in recent years. Currently we represent around 19,000 professionals as an international, multidisciplinary scientific association. In future our most important task will continue to be making a contribution towards generating and spreading the best and most up-to-date knowledge on the issues of public health. We also want to further intensify contact with our members and above all increasingly appeal to those who are active in practical areas of public health at a local level. Last but not least, we want to lobby energetically for public health concerns and achieve even greater visibility at a European and national level.



“We need to pay greater attention to forging alliances.”

NATASHA AZZOPARDI MUSCAT, PRESIDENT OF THE EUROPEAN PUBLIC HEALTH ASSOCIATION

Reorientation is mandatory

Ivan Eržen, Chair of the European Public Health Conference in Ljubljana, on our times of upheaval and how the area of public health should respond.

HEALTHY EUROPE

Prof. Eržen, the European Public Health (EPH) Conference in Ljubljana has chosen the following main topic: “Winds of Change: towards new ways of improving public health in Europe”. What were the reasons for this motto?

Ivan Eržen: We are living in times of upheaval. Globalisation, digitalisation and demographic change are three keywords that characterise this era. The area of public health is geared towards creating the best possible conditions for the best possible health of the entire population, and is therefore also facing new challenges. In order to deal with these challenges, we need to keep pace with rapid social and political change. At present our efforts frequently fail.

HEALTHY EUROPE

What needs to be improved?

Prevention and health promotion must be given extra help, otherwise in future we will find it difficult to ensure suitable health care for all people who need it. However, reorientation is mandatory in the area of public health in general. We must develop new methods and equip the next generation of medical experts with the necessary skills for today's world – for example, in order to communicate with patients who visit their doctors with wholly different expectations and demands than in the past. Many patients have already found information on the internet, but they often use sources that are unreliable. For this reason, doctors have to know how to best deal with this situation and communicate legitimate facts.



“We need to be better equipped to face current changes.”

IVAN ERŽEN, CHAIR OF THE 11TH EUROPEAN PUBLIC HEALTH CONFERENCE IN LJUBLJANA

HEALTHY EUROPE

The question of how public health messages can be given a clearer voice will also be discussed at one of the plenary sessions at the 11th European Public Health Conference. Do new paths need to be trodden here as well?

That is most certainly necessary. If we want to achieve a greater response among adolescents and young adults, we need to make better use of the new media that are predominantly used by these groups of the population. On the other hand, we also need to think about how we can develop good general marketing strategies. The food, alcohol and tobacco industries, and also the major internet companies, pay large sums of money for highly effective campaigns. Why shouldn't it be possible for us to advertise healthy lifestyles just as successfully as others are doing for unhealthy pursuits?

HEALTHY EUROPE

What can conference participants expect to experience in Ljubljana?

We are expecting around 1,750 participants. In addition to enthralling plenary sessions

with first-rate speakers, around 90 workshops with an opportunity for in-depth discussions will be on offer, where issues can be explored. The presentation of the latest research findings is a priority at the 11th European Public Health Conference as well, although the possibility of meeting other researchers in person and to network with them also plays a major role. And last but not least, Ljubljana – with its roughly 300,000 inhabitants – is a conference location that not only boasts a beautiful, very well-preserved old part of the city, but is also very clearly structured. Everything can be taken care of on foot – which in turn is good for your health.

HEALTHY EUROPE

What does the conference mean for you personally as Chair of the conference?

It is an honour for me to be involved in the organisation of Europe's largest public health conference. I am able to contribute and pass on my experience from many years in the profession. I would be very happy if we are able to awaken or boost acceptance for new ideas among young and also older participants.

The main topics of the EPH Conference

The 11th European Public Health Conference in Ljubljana, Slovenia, has 16 thematic tracks that cover the broad range of public health issues in Europe and beyond.



A Winds of change and innovation

Introducing new ways of thinking and working to improve people's health and well-being.

B European and global health issues

From local community responses to the Global Charter for the Public's Health.

C E-Health technology, communication and elderly health

How can we strengthen the use of information and communication technologies for health development?

D Health promotion, lifestyles and behaviour

New ways of promoting public health and increasing people's ability to control their own health.

E Environment and health / Obesity and nutrition

Climate and energy prescriptions for a better environment and sustainability. / Controlling the obesity epidemic.

F Health systems and health care

Health systems under pressure: affordability, patients' demands, and need for innovation.

G Health services research

Discussing the priorities of a Strategic Research Agenda for improving health services and systems.

H Health workforce and health at work

Innovative approaches to health workforce training and recent developments in occupational health.

I Infectious diseases and global health

Preparedness and response, prevention, vaccination compliance and hesitation.

K Chronic diseases

Chronic conditions and diseases are the leading cause of mortality and morbidity in Europe.

L Migrant, LGBT and minority health

Presenting research, practice and policy examples promoting the health and well-being of vulnerable populations.

M Mental health

Providing insight into guidance, tools and advocacy for the promotion of mental health throughout life.

N Maternal, child and adolescent health

Every child should have every opportunity to live a healthy and meaningful life.

O Impact assessment / Health literacy

What are the health implications of policies, programmes and projects: examples from across Europe. / Effective ways to strengthen health literacy.

P Public health monitoring and reporting

Ensuring the production, analysis, dissemination and use of reliable and timely information.

Q Social security, work and health

Well-being in the workplace influences health and productivity: research on sickness absence, return to work and its challenges.

Fulfilling the Goals

The 17 Sustainable Development Goals specified by the United Nations for 2030 present an ambitious programme for the future of our planet. The public health sector can contribute significantly towards making it a reality. **Text:** Dietmar Schobel

Sustainable development: this means “meeting the needs of the present without compromising the ability of future generations to meet their own needs”, as described in the report “Our Common Future” from 1987. The document was published by the United Nations World Commission on Environment and Development, whose chairman at the time was former Norwegian prime minister *Gro Harlem Brundtland*.

The 17 Sustainable Development Goals (SDGs) for 2030 were agreed at the United Nations General Assembly around three decades later on 25 September 2015 by all 193 Member States. They aim to include every single person around the world, leaving no one behind. In all, the specifications from the United Nations constitute a holistic and ambitious agenda which aims to put an end to poverty, protect the planet and ensure prosperity for all by 2030. Specific strategies at national and local levels are necessary in order to fulfil these goals. “We need action from everyone, everywhere, in order to fulfil the 2030 Agenda,” emphasised the then Secretary-General of the United Nations *Ban Ki-moon* three years ago when the 17 Sustainable Development Goals were agreed. Targets were also formulated for each of the Goals, and the Member States report voluntarily on the progress made on the journey towards achieving each Goal. An annual report summarises this in an overview, while examining several of the Goals more closely each time.

Joint activities are necessary

Goal 3 is specifically dedicated to the topic of health, and reads “Ensure healthy lives and promote well-being for all at all ages” (see also box: “Ensure healthy lives for all at all ages”). The focus of the Sustainable Development Goals, however, is that all 17 fields of

action are interconnected. The World Health Organization (WHO) therefore points out that health can be influenced by all other 16 Goals, among them “Quality Education”, “Clean Water and Sanitation” and “Climate Action”. In order to implement the 2030 Agenda in practice, joint cross-sector activities in all social spheres of activity are ultimately necessary.

“The area of public health can make a substantial contribution here because the right to health is at the centre of sustainable development,” emphasises *Hans Kluge*, Director of the Division of Health Systems and Public Health at the WHO Regional Office for Europe, in connection with this. The Office supports the nations in the WHO European Region to develop strategies for the implementation of the United Nations 2030 Agenda. “All 53 countries in the WHO European Region – which extends from Portugal’s Atlantic coast in the west all the way over to the Kamtschatka peninsula in the east – have already shown interest in developing national programmes together with us to meet the SDGs and, of course, specifically the targets under SDG 3,” reports Hans Kluge.



Photo: WHO Europe

Hans Kluge: “The right to health is at the centre of sustainable development.”



Photo: Rennes Ville et Métropole

Charlotte Marchandise-Franquet: “We cannot afford to fail.”

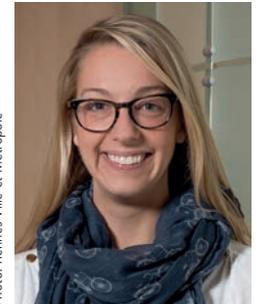


Photo: private

Nancy Fullman: “Improving the health of individuals and populations supports progress in the whole of society.”

How the world’s states are currently positioned

“Improving the health of individuals and populations supports progress in the whole of society – education attainment and economic prospects, among others – and vice versa,” remarks *Nancy Fullman* from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. The Global Burden of Disease collaboration, which is coordinated by IHME, has developed an index that shows how 195 countries and territories are currently positioned with regard to the health-related Sustainable Development Goals.

The November 2018 issue of *The Lancet* includes a detailed description of this tool. It includes 41 SDG indicators such as the proportion of children who are overweight, the alcohol consumption of the population, and also mortality due to air pollution. Incidentally, the top five countries overall are Singapore, Norway, Sweden, Israel and the United Kingdom, whereas the bottom five are Central African Republic, Somalia, South Sudan, Chad and Niger.

“This index enables us to measure the progress of the individual nations, and it can therefore also function as an important source of information for decision makers,” Nancy Fullman adds. The specific improvements that are able to be implemented in practice are ultimately also dependent on the extent to which citizens are aware of the United Nations 2030 Agenda and whether it is of relevance to them, continues the US expert: “The extent to which governments prioritise the SDGs within their national agendas will likely be a result of how much civil society and the broader public demand their prioritisation – particularly since the SDGs are not legally binding.”

The Belgian SDG Charter

The approach in Belgium shows how the Sustainable Development Goals can be implemented at a national level. Here, more than 80 companies, civil society organisations and representatives of the public sector signed the Belgian SDG Charter for International Development in 2016. “We want to increase awareness of the ambitious sustainable development agenda in the private sector. This is essential, as governments, NGOs and civil society cannot fulfil the Sustainable Development Goals on their own,” Belgian Deputy Prime Minister and Minister of Development Cooperation *Alexander De Croo* remarked on this occasion. Initiatives in the areas of health, renewable energy, digitalisation, agriculture, nutrition and sustainable enterprise are intended to be realised through joint collaboration.

The integration of local levels is particularly important in order to ensure that sustainable development measures reach the people. Rennes, which is the tenth largest city in France with a population of around 220,000 inhabitants, in a metropolis of 460,000 people, demonstrates how this can be done. By 2030 the French metropolis intends to halve greenhouse gas emissions per inhabitant compared to the 2010 value and the overall objective is to become a post-carbon territory. A large number of specific measures to achieve a healthy and liveable city



Photo: C. Diats, Rennes Ville et Métropole

are being implemented, and the citizens are actively involved in them. These measures range from expanding bicycle routes and footpaths to a rental system for e-bikes and community gardens in urban spaces.

A guiding principle for local politics

Every year 3.5 million euros are made available as a “participatory budget”. Each citizen can propose a project that can receive a portion of this sum. In 2017 a total of 635 projects were submitted and 44 of these were selected for implementation in a vote in which 16,370 people participated. They all also contribute to making Rennes more liveable and more environmentally friendly. *Charlotte Marchandise-Franquet* is Deputy Mayor for Health of the City of Rennes and President of the WHO Healthy Cities French Network. She is committed to implementing the 17 Sustainable Development Goals at a local level as well, and also to increasing awareness of the Goals among citizens. “The 2030 Agenda is also suitable as a guiding principle for local politics,” the French politician emphasises. She points out: “However, it needs a joint effort across all levels of policy and society in order to enable them to be fulfilled. Health is a political choice, and as we declared on the Copenhagen Consensus of Healthy Cities: we cannot afford to fail.”

ENSURE HEALTHY LIVES FOR ALL AT ALL AGES

Goal 3 of the 17 Sustainable Development Goals set out by the United Nations is dedicated to health and reads “Ensure healthy lives and promote well-being for all at all ages”. The targets in the area of health, described in greater detail at www.un.org/sustainabledevelopment/health, include, for example:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The health systems are facing pressure

Josep Figueras, *Director of the European Observatory on Health Systems and Policies, on the increasing cost pressure on health systems and why there is a positive side to high levels of health expenditure.*

HEALTHY EUROPE

Are the health systems facing pressures?

Josep Figueras: Yes, the health systems are indeed facing pressure for many different reasons. In particular, expenditure is on the rise in all European countries. This is partially explained by the growing proportion of elderly people in the population which increases the demand for health services. However, the main cost pressures are exerted by the larger range of services and technologies available, including pharmaceuticals, medical devices and surgical procedures. Although many of these may be more cost-effective, they increase total expenditure nonetheless.

HEALTHY EUROPE

What can we do to reduce costs for health care?

First of all, we need to realise that relatively high health costs need not be automatically viewed in a negative light. Cost increases may also mean that previously untreatable diseases and unmet health needs can now be alleviated using new health-care procedures and technologies. As a result, the health of the population improves which in turn has an impact on economic productivity as a result of a healthier workforce. The level of public health expenditure, measured by its share of a state's gross national product, constitutes an indicator of the value that health and solidarity are given by a society. Needless to say, at the same time we need to ensure that public spending achieves the greatest possible benefit for the largest possible number of people.

HEALTHY EUROPE

What are the most important measures that increase the effectiveness of this spending?



“Relatively high health costs need not be automatically viewed in a negative light.”

JOSEP FIGUERAS, DIRECTOR OF THE EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES

European health systems differ significantly when you look at the actual details and there is not a common recipe for all of them. Nevertheless, one common challenge that needs to be addressed in many health systems is the level of waste due to interventions that are not cost-effective and sometimes even harmful. There is a need for more evidence on the impact and benefits of many new as well as routinely employed interventions in the health system. Health Technology Assessment is a tool at our disposal that allows us to systematically evaluate those interventions. It is also very important to provide well-developed primary care, as this is not only likely to reduce pressure on hospitals but is also often more cost-effective. Ultimately, the health systems as a whole should be oriented towards patient needs and these should become the focus of health care.

HEALTHY EUROPE

What can be done to improve the health of the population on the level of society in general, beyond health care itself?

There is a need to step up health promotion and prevention strategies through a mix of appropriate laws and regulations, together with

a range of fiscal incentives. For example, this could involve banning smoking in public places, limiting the marketing of unhealthy foods or charging a higher tax rate for sugary and fatty foods – which would not only modulate harmful behaviour but also bring in extra funds for the health sector.

HEALTHY EUROPE

The European Observatory on Health Systems and Policies is celebrating its 20th anniversary this year. What are its most important responsibilities?

The European Observatory on Health Systems and Policies is a partnership founded in 1998 and hosted by the WHO Regional Office for Europe. Together with the World Health Organization it includes the European Commission, the World Bank and eleven Member States. Our main aim is to collect existing scientific evidence on health systems, and then synthesise and disseminate it in such a way that makes it easily useable for policy decision-makers. We look at alternative health system interventions to meet the needs of a country's population and support policymakers with this evidence.

Addressing the major challenges together

The major challenges of our times such as climate change, globalisation and digitalisation can only be mastered using joint, cross-sector strategies. Healthy Europe asked Violeta Bulc, European Commissioner for Mobility and Transport, and Vytenis Andriukaitis, European Commissioner for Health and Food Safety, what this means from their perspective.

Violeta Bulc

EUROPEAN COMMISSIONER FOR MOBILITY AND TRANSPORT

Technological development is one of humankind's greatest achievements. It is certainly making our lives easier in many respects, but on the other hand it also has negative impacts. This is obvious in the transport sector, where at the same time, due to the fast deployment of new technologies and incredible benefits offered to people in the sense of mobility and connectivity, in my opinion too much tolerance has been shown with respect to the negative consequences that have ensued.

In the EU, transport is directly responsible for over 25,000 deaths in road accidents and over 135,000 serious injuries, with roughly an additional 100,000 people assessed as being impacted by the pollution from transport. Together with immeasurable human suffering, we can also put a concrete socio-economic cost to this which is estimated to be equivalent in value to approximately 4 per cent of the EU GDP (excluding congestion).

Transport is still over 90 per cent oil-based and this is the source of the main pollution costs, which is why the European Commission has made a strong commitment to decarbonise European transport.

The initial results are very satisfactory, but a real shift in statistics and an overall decrease in negative impacts on health will probably only be discernible in at least 10, and maybe even 20 years.

The European Commission has recognised that this kind of social challenge cannot be addressed using a vertical silos approach. It needs cooperation between different sectors, such as the transport, health, environment and social sectors, for us to provide services that are safe, secure, smart and people-oriented.

What are we doing? We have set a clear long-term goal – “Vision Zero” – of eliminating the main externalities of transport, namely pollution, road safety and “paper” business/bureaucracy in mobility by 2050. We encourage people's collaboration, the exchange of good practices and far more targeted investments. Over 60 per cent of new investments in the new financial perspective will be geared towards decarbonisation of transport. We are also encouraging the use of a circular economy, which is one of the key strategic orientations of the European Union, where a change of behaviour towards reusing, repairing, remanufacturing and recycling is the guiding principle.

The EU will continue to play a leading role in the implementation of 2030 Agenda, and transport policy certainly has an important role to play in this.



Photo: European Commission

Vytenis Andriukaitis

EUROPEAN COMMISSIONER FOR HEALTH AND FOOD SAFETY

All policies are connected to one another, such as health and food, sustainable agriculture and environmental policy and economic success, to name but a few. It is impossible to make long-term plans for one of these areas without thinking of all the others. This is also the starting point of the 17 Sustainable Development Goals of the 2030 Agenda set out by the United Nations, a series of landmark targets to which the European Union (EU) is committed.

This awareness has been the guiding principle of our work in the European Union for some time now. From the perspective of the health sector, this means not only to ensure access to efficient and resilient health care, but also to have a target of keeping our citizens as healthy as possible for as long as possible. The European Pillar of Social Rights, proclaimed by the European leaders, goes in that direction by safeguarding labour rights, working conditions and social protection, including health care, for all EU citizens.

This is an important achievement, as we grapple with the challenge of an ageing population as well as risks from chronic and preventable diseases. We remain committed to supporting the Member States with specific actions, such as financing research and development and harnessing the promise of digital technology. For example, the European Reference Networks for rare and complex diseases are now operational, allowing specialists to work together on diagnosis and treatment and to exchange knowledge.

On the whole we are moving in the right direction, towards more prevention and hopefully more participation, as we continue to see the great benefits of working across policy fields. Our focus here should remain on better prevention of non-communicable diseases, increasing the uptake of vaccines and fighting antimicrobial resistance in food and feed chains.



Photo: European Union EC - Etienne Anstotte

Children in the digital world

Digitalisation has changed our lives and everyday routines fundamentally. It also has an influence on our health and especially the health of children and adolescents, who have grown up with the internet. Text: Dietmar Schobel

Whereas everyone used to talk about the gods, nowadays it is the internet that is on everyone's lips" is a quote from German writer and author *Herbert Achternbusch*. Indeed, no other technological change has changed our lives quite as radically as the internet – or more generally digitalisation – has done over the past 25 years. Digital media have a formative influence on our lives and everyday routines, and therefore affect our health as well. The extent of this influence is potentially even greater for children and adolescents than for adults, as they are being influenced by these new technologies earlier, at a particularly sensitive stage of their lives.

What does this mean for the health of these digital natives, though? A discussion paper from the Office of Research – Innocenti of the United Nations International Children's Emergency Fund (UNICEF) examined the following question: "How does the time children spend using digital technology impact their mental well-being, social relationships and physical activity?" – According to this literature review by *Daniel Kardefelt-Winther*, studies published to date suggest that "moderate use of digital technology tends to be beneficial for children's mental well-being, while no use or too much use can have a small negative impact." It also specifies that in principle social contacts are stimulated by digital media. People with a good social network expand this online, and those with a smaller social circle in "real life" can often compensate for this in the virtual world. As far as physical activity is concerned, the studies are not conclusive. Some research work reveals a direct connection between less time in front of a screen and more time for healthy



exercise, while in other studies there is no evidence of this.

No reason to worry?

Does this mean that there is little cause for concern that online media and their continual availability via smartphones are harming the health of our children and adolescents, as long as they avoid making excessive use of these new media? Or is it simply the case that sufficient research has not yet been done on this topic because scientists have not yet succeeded in keeping pace with the rapid and extensive technological change? This remains undecided. At any rate, in the UNICEF discussion paper it is recommended that future research work should

examine the influences of digitalisation over longer periods of time, with clearer differentiation. For instance, it is not only the "time in front of the screen" that should be measured, but the individual end devices and the content used should be detailed as well.

That notwithstanding, it is a fact that in 2017 one in three internet users worldwide were younger than 18 years of age, according to the UNICEF report "Children in a Digital World". The age group of 15 to 24 year olds makes the most use of the internet: 71 per cent are online, compared to an average of 48 per cent in the total population. The UNICEF report comments that digital media make "children more

susceptible to harm both online and off". Young people can also benefit in many ways, though – for example, from the improved ability to find new information and to remain in contact with others. This can be particularly important in more remote regions or for disabled children and adolescents. Still, an average of 29 per cent worldwide do not have access to online services. In Africa this figure is as high as 60 per cent, whereas it is only four per cent in Europe. The UNICEF report remarks: "Millions of the children who could reap the greatest benefit from digital technology are missing out."

The economic strength of the IT giants

The huge influence of digitalisation on all our lives is also manifest in its economic significance. According to consulting organisation PricewaterhouseCoopers, five of the six biggest companies worldwide on the stock market – based on their market value – belong to the information technology (IT) sector, with Apple in the lead with a converted market value of around 650 billion euros. Apple is followed by Alphabet Holding, which owns companies such as Google, and then Microsoft, Amazon and Facebook.

Online companies that essentially enjoy a monopoly in their business areas – such as search engine Google and social platform Facebook, have also introduced new forms of advertising and marketing. They evaluate data on user behaviour for digital marketing and then use the results of the evaluation to produce personalised,

individual offerings for each user. "Marketing is the fuel of the internet and data is its most valuable asset. Highly targeted use of data is also pursued in an effort to make users dependent on products wherever possible," criticises *Jeff Chester*, Executive Director of the Center for Digital Democracy, a Washington DC-based non-governmental organisation. He points out: "There are currently very few attempts worldwide to use specific policies to regulate the economic and social power of the IT giants, and to control it sensibly. The European Union has adopted a pioneering role here with the General Data Protection Regulation that was introduced last May. It is a first step in the right direction."

Rules for digital marketing are necessary

Mojca Gabrijelčič Blenkuš from the National Institute of Public Health of Slovenia, Executive Board President of the European Partnership for Health Promotion EuroHealthNet, works on the effect of digital marketing specifically on children and adolescents, and in recent years has organised national and international workshops for public health experts. She explains: "The majority of digital media rely on business models centred on advertising. And online presence exposes children and adolescents to digital marketing." This becomes especially problematic when the advertising is for tobacco, alcohol, foods with a high fat, sugar and salt content, gaming and gambling.



Photo: private

Jeff Chester:
"Marketing is the fuel of the internet and data is its most valuable asset."



Photo: Domen Blenkuš

Mojca Gabrijelčič Blenkuš:
"We need rules that prohibit the collection of children's data."

"And so we need rules that prohibit the collection of children's data and prevent companies from targeting them with advertisements for products that harm your health, and we need them soon, because otherwise we will be unable to cope with the negative consequences of digitalisation," Slovenian expert Mojca Gabrijelčič Blenkuš argues, and she emphasises that this is only possible if everybody works together at an international level. However, she also points out that the internet can have a great deal of positive effects, for example, with opportunities for learning, education, and employment. "We must therefore provide our children and young people with access to the best that digital technology has to offer, and we need to do all we can in order to protect them from its unpleasant sides," summarises Mojca Gabrijelčič Blenkuš.

LIFE IN LIKES

In England a study of 32 children aged eight to twelve in eight focus groups was performed at the end of 2017 to determine how children perceive and use social media platforms such as Snapchat, Instagram, Musical.ly and WhatsApp. Although most of these online media have an age limit of 13 years, "3 out of 4 children aged ten to twelve have their own accounts" on social media, according to the report on this study that was published by the Children's Commissioner in England *Anne Longfield*. The research work established that the platforms are used for – among other things – keeping in contact with friends and family, and also for discovering new information. Negative

effects are observed particularly if children have the feeling that they need to reply to everything immediately, or if they become dependent on receiving as many "Likes" as possible for their posts. Considerable social and mental pressure can be the result, particularly at the age of eleven and twelve. Anne Longfield therefore demands that schools not only teach children about data protection, but also explain the emotional demands of social media. Parents should also pay more attention to what their children are doing when they are online, and online companies need to improve their handling of this special responsibility. "Failing to do so risks leaving a generation of children



Photo: EPH Conference

Anne Longfield:
"Schools should not only teach children about data protection, but also explain the emotional demands of social media."

growing up chasing 'likes' to make them feel happy while being worried about their appearance and image and increasingly anxious about switching off due to the constant demands of social media," says Anne Longfield.

Well prepared for emergencies

Controlling infectious diseases means providing a continuous range of effective public health interventions, and maintaining robust surveillance systems to measure trends and look out for new outbreaks. **Text:** Dietmar Schobel



in 2016. New dangers may emerge due to weather patterns and climate change. For instance, this year almost 800 cases of West Nile fever were registered in the European Union – 71 people died from the virus, which is predominantly spread by mosquitoes.

Monitoring and rapid response

“The health systems have to be well prepared at all times so they can deliver the best possible response in emergencies,” says *Anne Johnson*, Professor of Infectious Disease Epidemiology at University College London. She continues: “It is fundamentally important that the occurrence of infectious diseases is monitored continuously, and corresponding laboratory tests must quickly determine the infection in question.”

As communicable diseases do not observe national boundaries, international cooperation is crucial for both prevention and control. At a European level, it is the responsibility of the ECDC as a European Union agency to strengthen Europe’s defence against communicable diseases and to prevent these from spreading. In order to achieve this, data from across Europe is gathered and interpreted, recommendations are given to the individual Member States of the European Union, and training measures are coordinated for experts, amongst other tasks.

In mid-August this year, the Regional Office for Europe of the World Health Organization (WHO) raised the alarm. In only the first six months of 2018, 41,000 children and adults became infected with measles in the WHO European Region. At least 37 people died as a result. This meant that after just half a year, a record had been set for this decade, as the highest number to date was 23,927 measles infections in 2017. Although fatalities owing to infectious diseases in European countries have become much rarer over the past 100 years owing to improved

housing and living conditions, vaccinations and antibiotics, these diseases remain the most frequent reason why a person visits their general practitioner. Infectious diseases also continue to be a deadly threat, as experiences with measles have shown. Infections due to sexually transmitted diseases and influenza are widespread, for example, and according to details from the European Centre for Disease Prevention and Control (ECDC), in the States of the European Economic Area 59,000 people are diagnosed with tuberculosis each year – around 4,300 died from this disease



Anne Johnson:
“It is fundamentally important that the occurrence of infectious diseases is monitored continuously.”



Jeannette de Boer: “Preventing and treating highly contagious infectious diseases presents us with a complex problem.”



Usman Khan:
“The needs of each target group must be taken into consideration as much as possible.”

Being prepared for public health emergencies

The ECDC publications include a logic model for “public health emergency preparedness”, which was published in 2017 and can be found on the website ecdc.europa.eu for use as a basis for developing training models. It describes competencies, knowledge and skills that are needed by public health experts in case of emergency – from ministry officials to epidemiologists, microbiologists, physicians and communicable disease control specialists, and also crisis communication experts.

“Preventing and treating highly contagious infectious diseases presents us with a complex problem, and so the health systems require well-trained experts from all areas of work who can contribute towards coping with these challenges,” remarks Dutch expert *Jeannette de Boer* from the Netherlands School of Public and Occupational Health (NSPOH). She points out that the work of the European Centre for Disease Prevention and Control at a European level is of central importance here as it contributes to improving the transfer of know-how and models of good practice between European countries, as well as finding a common approach to the challenges posed by infectious diseases and describing this in a common language.

Network for Infectious Diseases

The Association of Schools of Public Health in the European Region (AS-PHER), which counts the NSPOH among its 130 members, therefore established the Network for Infectious

Diseases together with the ECDC in early 2017. “We intend to develop and intensify training on infectious diseases and emergency preparedness at a national level,” Jeannette de Boer explains. The training also aims to cover two issues that currently have growing significance in the area of infectious diseases. These are on the one hand the bacteria that are resistant to antibiotics, since according to information from the ECDC an estimated 33,000 people currently die from serious infections due to such pathogens in the EU and the European Economic Area. On the other hand, there is a growing wariness of vaccinations in certain countries and certain groups of the population. For example, the vaccination coverage for both doses of the measles vaccination in 2017 varies between 76 per cent in Romania and 99 per cent in Hungary.

Prevention achieved by communication

In both cases, targeted communication is regarded as one of the most important countermeasures. With regard to antibiotics, this includes – amongst other things – informing the population that use should be restricted to cases where this is absolutely necessary. On the other hand, it should be communicated to medical experts that they must preserve the effectiveness of antibiotics by prescribing them only when clinically indicated and also use the right drug with the right dose. In communities where vaccination rates fall or outbreaks occur, vaccination services that are easy for people to access, catch-up programmes for those who may have missed out on vaccinations, and also specific infor-

mation materials are all considered possible effective countermeasures. In concrete terms, for example, this could mean developing vaccination brochures and videos specifically for certain ethnic and cultural groups. “But there are no easy answers to this problem – different approaches are needed in different countries, and the needs of each target group must be taken into consideration as much as possible,” Executive Director of the European Health Management Association *Usman Khan* believes. And so there is still a lot to do in order to enable the health systems in Europe to monitor and control the outbreak of infectious diseases to the best possible extent in the future as well.

DATA AND FACTS

What is the share of individual infectious diseases of the entire disease burden from communicable diseases? A study published in 2018 in the *Eurosurveillance* journal answers this question. Using data from the years 2009 to 2013, the share of individual infectious diseases of the entire disease burden was measured in disability-adjusted life years (DALYs). DALYs take account of both the mortality due to a disease and also the extent of loss of healthy life. In the countries of the European Economic Area, there are above all four infectious diseases that have a particularly high significance here: influenza causes around 30 per cent of the disease burden, tuberculosis around 20 per cent, human immunodeficiency virus infections around 18 per cent and invasive pneumococcal diseases around eleven per cent.

Prevention with good information

EU HEALTH AWARD

The 27th of November 2017 was an important day for *Eva Vrščaj*. Together with *Danaja Plevel*, President of the Slovenian Medical Students' International Committee Ljubljana (SloMSIC Ljubljana), the 25 year old was in Brussels to receive 1st prize for "Project Immuno" at the European Health Award. This initiative is dedicated to increasing public awareness of the importance of prevention through vaccination. "Vaccines are one of the safest and most cost-effective ways to ensure public health," emphasised *Vytenis Andriukaitis*, European Commissioner for Health and Food Safety, during the award presentation for the project that was launched in 2015. However, was this the motivation behind the idea pursued by the Slovenian students? "We had seen that social media such as Facebook, Twitter and Instagram were bursting with increasing stories and entirely false information on vaccinations – for example that the measles vaccine

is more dangerous than measles itself, and that vaccinations can cause autism. This is what we wanted to counteract," *Eva Vrščaj* recalls.

Substantiated facts

Her fellow student *Jure Črepinšek* therefore initiated Project Immuno. In the beginning there were around ten colleagues who set up accounts together on social media for the publication of scientifically established facts on the topic of vaccinations. Workshops for future parents and high school students are also organised and medical students can receive an influenza vaccination free of charge as part of the initiative. In the meantime, the Ministry of Health and the National Institute for Public Health in Slovenia are both working to promote vaccine protection, and celebrities such as the runners and authors *Jasmina Kozina Praprotnik* and *Urban Praprotnik* support Project Immuno by contributing testimonials. "We unfortunately believed the propaganda against vaccinations that is spread around the internet," says *Jasmina Kozina Pra-*



Eva Vrščaj (left) and **Danaja Plevel** (right) received 1st prize for "Project Immuno" at the European Health Award in Brussels.

Photo: SloMSIC Ljubljana

protnik: "Then two of our four children caught whooping cough, and now we want to protect other parents from making the same mistake." In Ljubljana there are currently around 100 students taking part in Project Immuno. A similar initiative has been set up in Maribor, and there is close cooperation between the two. "In the beginning we never thought that the project would grow so big one day," *Eva Vrščaj* says. "And so we are all the more delighted that so many people in Slovenia have become so enthusiastically involved and that we have even received the EU Health Award, which includes prize money of 20,000 euros."

Making information available

DATA FOR ACTION

Reliable data is the basis of sound research and also for policy decisions that aim to create better health for the population. Health information must therefore be clearly structured

and easily accessible. "It is also important that the quality of the data is ensured. This is necessary in order to allow the comparison of results from different countries," explains *Nicole Rosenkötter*, President of the Public Health Monitoring and Reporting Section of the European

Public Health Association (EUPHA Section PHMR).

A pre-conference for the 11th European Public Health (EPH) Conference in Ljubljana is therefore examining the international health databases that have a great significance for Europe. These are the "European Health for All database" from the Regional Office for Europe of the World Health Organization, the "OECD Data" on health from the Organization for Economic Cooperation and Development (OECD), and also the health database from Eurostat, the statistical office of the European Union. "We want to explain the common and characteristic features of these databases to participants and show how they can

be put to the best use in practice," explains *Petronille Bogaert*, Vice President of the EUPHA Section PHMR and coordinator of the joint action on health information (InfAct). The following websites give access to the three aforementioned tools: gateway.euro.who.int/en/hfa-explorer, data.oecd.org/health.htm and ec.europa.eu/eurostat/web/health

The process of achieving clearer and better designed health information in Europe is also the focus of the project "Information for Action" (InfAct). It was launched in March 2018 and 40 partners from 28 countries are involved. Further information can be found at www.inf-act.eu.



Nicole Rosenkötter: "It is important that the quality of the data is ensured."



Petronille Bogaert: "We want to show how the databases can be put to the best use."

Photos: private, Sciensano

Early detection and treatment of colon cancer

A SUCCESSFUL SCREENING PROGRAMME

"SVIT, the screening programme for the early detection of colon cancer in Slovenia, was launched in 2009," says *Tit Albreht* from Slovenia's National Institute of Public Health (NIPH). The preventative measure is coordinated by his colleague *Dominika Novak-Mlakar*. There were difficulties at first because only 20 per cent of those invited to participate actually took part in screening. "In order to increase this number, one of our measures was to improve our PR strategy," Tit Albreht explains. Since then, for example, regular press conferences have been held, where people are introduced who escaped colon cancer as a result of screening. The website www.program-svit.si was reworked and now provides very clear information on all questions concerning the screening. A walk-in model of the intestines

is one of the PR measures. It is set up in different locations in order to increase public awareness of the importance of preventative measures in the fight against colon cancer.

In Slovenia all people between aged 50 and 74 are invited to take part in the examination every two years, which makes a rough total of 670,000 people. Every alternate year the even/odd-numbered birth years from this group are contacted centrally by the NIPH and asked to



A walk-in model of the intestines is one of the PR measures of the Slovenian screening programme for the early detection of colon cancer.

Tit Albreht:

"Nowadays 64 per cent of people from the target group take part in colon cancer screening."



Photos: Nacionalni inštitut za javno zdravje

send in a stool sample, which is analysed in a NIPH laboratory. If the test is positive, the patient and their GP are both informed. An appointment is subsequently arranged at one of Slovenia's 26 colonoscopy centres, which work according to uniform quality standards. "Nowadays 64 per cent of people from the target group take part in colon cancer screening. This is one of the best results for this form of preventative measure throughout the whole of Europe," says Tit Albreht. Since 2009 the occurrence of colon cancer has greatly reduced in Slovenia as well.

Transferring models of good practice in Europe

THE RESEARCH PROJECT TO-REACH

The health systems in Europe are facing similar challenges: these are the rising proportion of elderly people in the population, the increase in chronic and multiple diseases, and also higher costs and staff shortages. "Nonetheless, in many European countries there are also examples of good practice that show how the health system and individual care institutions can respond to these challenges. We want to explore how these models can be successfully carried over from one country to another, or applied in several situations within the same country," explains

Sabrina Montante from Istituto Superiore di Sanità (ISS). She is a member of the management team for the project TO-REACH (Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems), where the transfer of models is an important goal.

The project involves 20 countries and 28 institutions, including funding agencies, ministries and other authorities from the health sector, and also research institutes. This extensive initiative was launched in Rome at the end of January 2017 with a kick-off meeting. It ultimately aims to produce a common European research programme

that shows how health systems can be sustainable and resilient. Work on selecting the priorities to be included in this process was completed by the end of July 2018. "TO-REACH is not just about content, though. It is about how cooperation can be improved between funding agencies

within countries and beyond national borders," emphasises *Johan Hansen* from NIVEL, the Netherlands Institute for health services research, which is one of the project partners. The website www.to-reach.eu contains further information on the initiative.



Johan Hansen: "TO-REACH is also about how cooperation between funding agencies can be improved."



Sabrina Montante: "We want to explore how models of good practice can be successfully carried over from one country to another."

Primary care in Slovenia is a model for success

The Slovenian health system provides primary care with a long tradition and high quality. Since 2002 there has also been a focus on prevention of non-communicable diseases, which is already yielding results. **Text:** Dietmar Schobel

People in need of basic medical care in Slovenia know where it is offered. With its two million inhabitants, Slovenia has a network of 61 primary care centres offering health services for its citizens. Experts from a wide variety of fields are available to help, ranging from general practitioners, paediatricians, gynaecologists and community nurses, midwives, dentists for adults and children, and pharmacists, to physical therapists, psychologists and other health professionals. The number of patients is organised according to quotas. The general practitioners are responsible for an average of 1,900 people, for example. Gynaecologists look after around 4,500 women, and paediatricians for preschoolers treat around 1,000 children. The medical care of a human life begins with pregnant women and follows on with infants and their mothers. Over the years the doctors and nurses usually get to know the patients and their general health extremely well, which is especially important as Slovenia's primary care system functions like a "gatekeeper". Unless it is an emergency, an appointment at hospitals and specialists – from cardiologists to urologists – can only be made if the patient is referred.

A tradition spanning almost 100 years

The system has a long tradition and was inspired by the work of doctor *Andrija Štampar*. The first primary care centre was opened near Ljubljana, in 1926. It was followed by several others.



Photo: Community Health Centre, Ljubljana

After the Second World War, primary care was expanded by multi-disciplinary teams. Since Slovenia's declaration of independence in 1991, general practitioners, paediatricians and gynaecologists have been able to offer private practices, entering into a contract with the Slovenian health insurance. About a quarter of these doctors have done this, with the number remaining at a relatively constant level for several years. Medical and health experts work at the primary care centres. Depending on the size of the institution, from around 30 and up to 1,600 people work there, such as at the primary care centre in the Slovenian capital Ljubljana, which has 8 units at 16 locations.

First point of contact for patients

"The primary care centres are the first point of contact for patients in Slove-

nia, and they are accessible and of high quality," emphasises *Mojca Gobec*, Director General for Public Health of the Slovenian Ministry of Health. She adds that their biggest advantages include the fact that they offer curative and preventative services, they are run by well-trained professionals, and their facilities are comprehensive. Multidisciplinary teams have a broad spectrum of competencies and skills to provide health promotion and disease prevention programmes with special focus on reducing health inequalities. Health promotion services have been greatly expanded over the past 15 years. Only a few months after the adoption of Slovenia's national programme for prevention against cardiovascular diseases, work was begun in 2002 on introducing health promotion centres into the existing network of primary care centres. Gradually, additional



Mojca Gobec:
"The primary care centres are accessible to all and the quality of curative and preventative services is high."



Rade Pribaković:
"We show people basic practices for healthy physical activity, for example."

nurses and other health experts were appointed and the general medical practices were tasked with providing preventive check-ups and referring patients at risk for fee-free lifestyle intervention classes. Smoking cessation and maintaining a balanced diet, together with topics such as health-enhancing physical activity, mental health and alcohol abuse, are covered in these group courses which supply information on both theory and practice.

Premature deaths decreased by 19 per cent

"We show people basic exercises, for example – in other words, how they should sit, walk, stand and lift heavy objects without placing too much load on the musculoskeletal system," explains *Rade Pribaković*, who is responsible for the Management of Health Promotion and Disease Prevention programme at Slovenia's National Institute of Public Health. More than half of the adult population has since been screened for lifestyle risk factors. As many as nearly 50,000 patients annually attend intervention classes in health promotion centres. At the same time, premature mortality, particularly due to cardiovascular diseases, decreased

by 19 per cent in Slovenia between 2007 and 2015.

In 2013 a new pilot project was added to the health promotion and disease prevention activities in 3 primary care centres in Slovenia with the aim of specifically reaching vulnerable groups of the population as well, in order to reduce health inequalities. Collaborations with societies and social services were also pursued – staff at the health promotion centres were able to present their selection of lifestyle courses at employment agencies, for example, which attracted interest among unemployed people. Information material was written specifically for the Romani ethnic group. Additional dieticians and kinesiologists were employed in order to be able to offer a greater number of individual consultations on maintaining a balanced diet and healthy physical

activity in addition to the group courses. The pilot project is due to be expanded to at least another 25 primary care centres by 2020, and a sum of 15 million euros has been awarded from the European Union cohesion funds for this purpose.

General good health is the goal

Focussing on increased health promotion and prevention at the primary care centres is also in line with the intention of their founder *Andrija Štampar*. He was one of the initiators of the World Health Organization (WHO) in 1948 and the broad WHO definition of "health" is based on a suggestion of his. As is generally known, this definition declares that "health" is more than just the absence of disease. It is rather a "state of complete physical, mental and social well-being".

ROOM FOR IMPROVEMENT

The report "Building primary care in a changing Europe" by the European Observatory on Health System and Policies from the year 2015 compares the primary care systems in 31 European Member States. Slovenia is described in this report as having a strong focus on primary care that is also of a high quality. Nevertheless, there is naturally room for improvement here as well, and the authors of the report write that Slovenia specifically needs to establish continuity in the treatment of chronically ill patients and also in the cooperation between primary care, specialists and hospitals. There are a relatively small number of doctors, which means that each doctor at the Slovenian primary care centres has a high workload.

"Model practices" boost primary care

The "model practices" are a systematic way of relieving doctors and boosting primary care. "Practice nurses" with appropriate training support the general practitioners by taking care of chronically ill patients. For example, they perform routine checks such as spirometries, ECGs, brachial ankle index and 24-hour blood pressure measurements and provide patients with information on health promo-



Tonka Poplas Susič: "Treatment protocols have been written for eight diseases that are very common."

tion. "Treatment protocols for eight diseases that are very common have been prepared in order to provide this care in a standardised manner that ensures high quality," explains *Tonka Poplas Susič*, a general practitioner with almost 30 years of professional experience and deputy director for the Development of Health Services at the Health Centre in Ljubljana, who played a significant role in the development of the model practices. The diseases are asthma, Chronic Obstructive Pulmonary Disease, coronary heart diseases, depression, diabetes, enlarged prostate, hypertension and osteoporosis.



Photo: DG Health and Food Safety

Isabel de la Mata:
“The style of public health communication has remained the same for 50 years. This is what we need to change.”



Photo: Pristop

Aljoša Bagola:
“We need to surprise readers, listeners and viewers.”



Photo: Ministry of Health, Belgium

Jan Eyckmans:
“We live in an era in which we are flooded with information.”

Smoking kills”, “Exercise works”, “Vaccination protects”: most health messages sound both simple and sensible. And so why is it so difficult to communicate them so that men and women actually take them on board?

“One reason must certainly be that scientific facts are not very exciting for many people, and that we usually do not adapt our messages to suit the needs of the different target groups – whether it is children or elderly people,” says *Isabel de la Mata*, Principal Advisor for Health and Crisis Management at the European Commission. She adds: “On the whole, the style of communication has remained the same for 50 years. This is what we need to change.”

Giving a voice to public health messages

How is it possible to convey health messages so they are understood? Messages need to be communicated via new channels and adapted to suit the target groups, according to experts interviewed by “Healthy Europe”. And they must have an element of surprise. **Text:** Dietmar Schobel

Using suitable media

Potential solutions include finding simple and comprehensible explanations for complicated relationships. The specific media preferred by each target group should also be used for the respective communication. “If we want to reach adolescents, for example, we need to use the social media that are popular at that age, such as YouTube, Instagram, Snapchat and Facebook, and move with them, because what is popular today is out of date in three months,” explains health expert *Isabel de la Mata*. The public health sector also needs to cooperate with scientists who specialise in the areas of communication and behaviour. And health topics could be communicated using similar marketing techniques to those used in industries to sell products.

We need to surprise

Aljoša Bagola is executive creative director of Pristop, a Slovenian communications company with around 300 employees, and also keynote speaker at the 11th European Public Health Conference. “If you want to attract attention in our loud, hectic world, you only have a few seconds to reach your goal. The same is as true for public health messages as it is for everything else,” says the advertising expert: “We need to surprise readers, listeners and viewers, telling them a story that arouses interest and makes their life simpler and more understandable in just a few words or seconds of a film.”

“We live in an era in which we are flooded with information,” agrees *Jan Eyckmans*,

head of communication and spokesperson of Belgium’s Ministry of Health. He adds: “There are an increasing number of people who have lost their trust in the authority of the state and science.” Restoring this trust is therefore the primary and most important responsibility of health messages, and unusual ways of conveying them have to be found.

Training and reality TV

One example of this is the professional media training received by 60 experts at Belgium’s Ministry of Health. This training aims to enable them to communicate their most important concerns to journalists in just a few words. Another example is the online training developed in Belgium for doctors in order to counteract the increase in resistance to antibiotics. The instruction in this training includes being shown how best to deal with patients who are convinced that they need antibiotics, although they do not actually need them.

Particularly remarkable is the support received by a TV station from the Ministry of Health in Belgium for the shooting of a reality series in the accident and emergency department of a hospital. “We used this opportunity in a TV format to show viewers how emergency care is organised in Belgium – and that it should be reserved exclusively for real emergencies,” says *Jan Eyckmans*. He emphasises: “In order to give a louder voice to our health messages so people hear them, we have to develop and apply more of these innovative forms of communication.”

The Ljubljana statement – summary

EUPHA, NIJZ and partners reiterate their commitment to the principles of the Alma Ata Declaration (1978); the Ottawa Charter (1986); the Tallinn Charter (2008); and the Vienna Declaration (2016). Taking into account the recently published supplement to the European Journal of Public Health, “Political landscapes and policies for public health”, we call for political engagement to reduce inequalities in health. The Ljubljana Statement highlights the need for all actors engaged in public health policy in Europe and beyond to commit to:



- **Leaving no one behind by decreasing health inequalities in and between countries, ensuring universal access to health care and by strengthening health systems**

Goal 3 of the Sustainable Development Goals seeks to ensure health and well-being for all, at every stage of life. This is only possible if health care is accessible by all and health systems are strong and resilient. For this, it is important that social, cultural and economic diversity across the regions and in the countries is acknowledged and taken into account.

- **Voicing knowledge by ensuring that health data is both scientifically sound and widely available**

Public health professionals have the knowledge and the capacity to provide the evidence base for all policy decisions with an impact on public health. But in this modern society, the voicing of this knowledge is fast and unpredictable and the public health community should use modern communication technology to its advantage, as it offers huge potential to renew and improve our approach to the public and to individual population groups.

- **Translating evidence to politics by taking into account the political dimension of the work of the public health community**

Evidence alone will not motivate a change in behaviour, we need a political commitment to bring about change. For this, all determinants influencing health, including the social, political and commercial determinants, need to be taken into account. It is only in this wider picture that public health will be able to change policy and influence politicians. This means that public health professionals need to expand their focus and understand the political system. Without these new skills and new mindset, there will be no winds of change.

- **Building capacity by investing to remove health literacy barriers and by promoting and facilitating the health literacy of each and every individual**

The public health community should be willing and ready to bring about this change by introducing modern communication tools in public health and by including all determinants that touch upon public health. The public health professional for the 21st century needs to be well trained, well informed, well spoken and well connected in- and outside the field of public health.

- **Including health in all policies by strengthening intersectoral collaboration**

We need to work with all sectors involved in or touching upon health to move for-

ward, we need to include all levels of decision making: from civilian to local authorities to national and international authorities. The public health community can only work with other sectors, including agriculture, education, housing, industry, that can contribute to better living conditions, if we have the political and communication skills. This will enable good cooperation between them and therefore also development and implementation of effective measures for better, safer and healthier living for all.

- **Commitment to public health**

The public health community remains determined to accelerate activities in society, and in this way influence the health of the present and future generations of Europeans more effectively. The public health community is aware of its responsibility for supporting politicians and decision makers, to empower them so that they will act in accordance with the public's needs and possibilities of society. Without efficient action, the burden of disease will outstrip the ability of society to provide individuals with appropriate treatment, which will lead to even greater, insurmountable inequalities in health. The full version of the Ljubljana statement, including all the co-signatories, can be found at <https://eupha.org/2018-ljubljana-statement>.

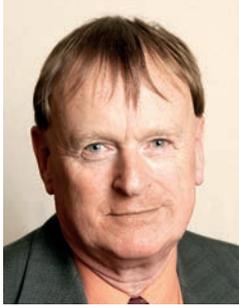


Photo: private

Christopher Birt: "The negative impact of our current eating habits on the environment is ultimately huge."



Photo: private

Tim Lang: "We urgently need change and new policy strategies."

Change is urgently needed

Current eating habits have huge negative effects on the environment. Consuming more plant foods and less meat, on the other hand, is not just healthier but also contributes to greater sustainability. **Text:** Dietmar Schobel

We eat too much, and the foods that we eat contain too much saturated fat; they are too sweet, and too salty. All this has led to a veritable obesity epidemic across the globe. According to the World Health Organization (WHO), in 2016 39 per cent of adults were overweight and 13 per cent were obese. This means that the proportion of obese people over the age of 18 has almost tripled since 1975. It has resulted in diabetes, musculoskeletal disorders, some cancers and above all cardiovascular diseases – for instance, nearly 50 per cent of myocardial infarctions are attributable to dietary risk factors.

All this has been known for a long time, along with the most important elements of a healthy diet: particularly the consumption of red meat and processed meat like ham and sausages, sugar-sweetened beverages and salt must be reduced, while whole grains, vegetables, pulses and fruit must be eaten more frequently. Conversely, it is a lesser known fact that such a change in eating habits can make a considerable contribution to increased sustainability. Greenhouse gas emissions and also the harmful use of agricultural land that are both caused by current eating habits could be reduced "by up to 50 per cent", according to the report "Healthy and Sustainable Diets for European Countries". This document outlines the positive effects of a healthier diet on our environment and was published last year by the European Public Health Association (EUPHA). The document can be accessed at www.eupha.org and includes a very clear and informative overview of the evidence available on this topic, together with an ex-



Photo: Fotolia.com - jostfoerue

planation of the necessary policy strategies and recommendations for the future.

The negative impact is huge

"The negative impact of our current eating habits on the environment is ultimately huge. Meat production alone causes just as many greenhouse gases worldwide as the entire transportation system," says *Christopher Birt* from the Department of Public Health and Policy at the University of Liverpool, who is one of the authors of the afore-mentioned EUPHA report. Eating less red meat and ham/sausages is therefore a priority in the interests of sustainable eating habits, and a diet that is based primarily on plant foods should be fundamentally pursued.

"We urgently need change and new policy strategies," urges *Tim Lang*, Professor of Food Policy at the University of London. The first step in this direction would necessarily include national dietary guidelines that take sustain-

ability into account alongside health aspects. According to the EUPHA report, such specifications presently only exist in Sweden, Brazil, Germany and Qatar.

Convincing the general public

Labels that show consumers whether foods have been produced sustainably are also an important policy measure. The same is true for the taxation of products whose production has a high environmental impact, as this can be expected to influence behaviour. Furthermore, subsidies should not be awarded for the production of unsustainable foods, and public procurement should adhere to sustainability criteria. "None of these are measures that can be implemented overnight. Nevertheless, we must endeavour to set changes in motion and convince the general public that they are urgently necessary," emphasises *Tim Lang*. He adds: "Then the politicians will follow suit."

Building bridges for solidarity

The 12th European Public Health (EPH) Conference will take place in 2019 in Marseille. Its special focus will be on how public health can contribute to greater solidarity within and between societies.

Marseille is not just the second largest city in France, it is also an attractive and vibrant metropolis on the shores of the Mediterranean Sea. In recent years many museums and cultural centres have been newly opened, and numerous sights await conference visitors – from the Vieux Port, the old harbour, to the famous striped Cathédrale de la Major in the Joliette area. In 2019 the 12th European Public Health (EPH) Conference will be held here on 20-23 November. Its main topic is “Building bridges for solidarity and public health”, and therefore makes reference to improving the connections between countries and continents on the one hand, while strengthening the cooperation between them on the other.

“The interrelation between European public health and global public health is one of the topics that we wish to examine at the conference,” explains *Yves Charpak*, Vice-President of the French Society for Public Health (Société Française de Santé Publique) and Chair of the 12th EPH Conference. This is because the lifestyles of people in developed regions of the world have an effect on the life situation and health of people in regions that are not developed – for example owing to the raw materials that are imported from these countries and the products that are exported there. At the same time, the migration caused by war, environmental disasters and hardship in African countries and the Middle East has presented challenges for the European nations. “This can be mastered, however – and working out how best to deal with this is a task that concerns the area of public health as well,” says Yves Charpak.



The 12th European Public Health Conference will take place in Marseille, France.

Increased cooperation with other areas

The motto of the 12th EPH Conference also emphasises that connections between the public health sector and other social areas need to be strengthened. After all, the health of the population is dependent not just on the quality of the health system, but on numerous other influences as well. How we organise our transport, practice our farming, plan our cities and much more ultimately also influences our well-being – as described by the concept “Health in All Policies”. “Many players in areas outside health care are not yet aware of these connections, and this needs to change,” concludes Yves Charpak. Public health experts could and should therefore also serve as committed advocates of better health for all people at policy level. The rise in the proportion of elderly people

in the population and also the growing number of patients with chronic and multiple diseases are two further topics that will be presented and discussed in many workshops and lectures at the 12th EPH Conference. At Europe’s most important public health meeting, there will also be opportunities for communication among experts and for networking with colleagues from many countries in Europe and beyond. Last but not least, participants will also be able to receive in-depth information on France’s health system and its success in many different areas. According to the Country Health Profile of the European Observatory on Health Systems and Policies in 2017, it offers “good quality care and significantly contributes to improving the population health. Life expectancy in France is among the highest in EU countries and amenable mortality rates are among the lowest.”



Photo: private

Yves Charpak:
“Public health experts should be committed advocates of better health for all people.”

Photo: EUPHA

FOUR DAYS

PRE-CONFERENCES

MAIN CONFERENCE

NETWORKING

EXHIBITION

12th European Public Health Conference

20 - 23 November 2019

Marseille Chanot, Palais des Congrès et des Expositions, Marseille, France

Building bridges for solidarity and public health



Marseille 2019 Announcement



Abstract submission 1 February to 1 May 2019

Registration opens 1 April 2019

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Bienvenue à Marseille