

# Public Health Practice & Policy Section

Newsflash 4

20/10/2017

Dear Section members,

In this Newsflash we inform you about:

1. Our Section activities during the EPH Conference in Stockholm from 31 October to 4 November.
2. Call for work group contributors!
3. Work Plan 2018 and Section meeting agenda 3 November
4. Publications (25 yrs EUPHA celebration supplement to the Eur J Pub Health; WHO book on Civil Society and Health with section contribution; Health Assessments and Governance)
5. Workshop report at the European Health Forum in Gastein October 2017

Greetings from your Section Presidents

Marleen Bekker and Sofia Ribeiro



## Colofon

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## 1. Looking forward to EPH Stockholm 2017

### For your convenience: Summary, dates and locations

Wed 1st 9:00-17:00 Room K12		EUPHA (PHPP), CHAFAEA, EIC	Preconference event - Waterloo or Mamma Mia? Implementation of innovations in public health policy and practice ( <i>Code: PHPP</i> )
Thu 2nd 14:25- 15:25 Room T2		EUPHA (PHPP) EUPHA (PO), EPHA	2.O. - Skills building seminar: From public health lobbying to Public Affairs management for health: a skills building workshop. ( <i>Code: 2.O.</i> )
Fri 3rd 12:10- 13:40 Room T6		EUPHA (PHPP)	JTN11 - Public health practice and policy: Section meeting ( <i>Code: JTN11</i> )
Sat 4th 8:30-10:00 Room K24		EUPH (PHPP) Observatory, WHO EURO	8.C. - Round table: Civil Society governance for health: lessons from network coordination for stronger health impacts ( <i>Code: 8.C.</i> )
Sat 4th 8:30-10:00 Room K15		WHO EURO, EUPHA (HSR) (PHPP)	8.Q. - Workshop: Mapping the European knowledge translation landscape: Insights from five EVIPNet Europe members
Sat 4th 8:30-10:00 Room T4		EUPHA (HIA) (PHPP)	8.P. - Workshop: Mapping legal requirements for HIA institutionalization across Europe ( <i>Code: 8.P.</i> )
Sat 4th 11:40- 13:10 Room K12		EUPHA (PHPP) (PR), WHO EURO, ASPHER	10.H. - Round table: Public Health Leadership development: practice-oriented interactive follow up of plenary ( <i>Code: 10.H.</i> )
Sat 4th 11:40- 13:10 Room K15		EUPHA (EPI and PHPP)	10.Q. - Workshop: Evaluating policy using natural experiments and quasi-experimental methods ( <i>Code: 10.Q.</i> )

Unfortunately, four of our six conference workshops have been planned in the same time slot. According to EUPHA Office this could not be planned otherwise because of limitedly available 90 minute slots. Our apologies for the inconvenience this causes.

1. *Pre-conference workshop Wednesday 1 November |*

**Waterloo or Mamma Mia? Implementation of innovations in public health policy and practice**

The invitation and programme will be sent out to you shortly.

You may also check:

<https://ephconference.eu/2017-pre-conference-programme-327>.

2. *Conference workshop Thu 2<sup>nd</sup>, 14:25-15:25, Room T2 |* **From Public Health lobbying to Public Affairs management for health**

For years, the public health community has been discussing the impact of public health lobbying and advocacy in policymaking at the local, regional, national and international governance levels. Most of the public health rewards, such as non-smoking regulations and environmental health policies have resulted from decades-long term engagement in evidence-driven advocacy and political windows of opportunity. Newly emerging public health problems, however, enter an increasingly fragmented political playing field in which the acceptance of evidence needs to be carefully prepared.

Public administration literature identifies health as a 'soft public value', characterized by low visibility in the public and political domain; difficulty of operationalisation (e.g. prevention); difficulty of enforcement; long term impact; and contestation. Soft values typically 'loose' in value conflicts surrounding decision-making processes.

Strategies for safeguarding and achieving soft values have been identified as engaging with networking processes of 'joint fact-finding' with stakeholders influencing policies and decisions at multiple sites and timings. This is a complex playing field with multiple decision-makers, stakeholders and agendas.

Conventional lobbying by general advocacy, writing letters, attending hearings, and issuing research often ends up in the powerless goodwill of a minority against a majority coalition. A huge pitfall arises when public health proponents become labelled as 'one-issue activists' or 'missionaries', put aside as having no commonalities needed for compromise.

This workshop aims to:

- To introduce a methodology

for Public Affairs management,

- To support the participants in interactively developing a Public Affairs strategy on specified topics,

- To create awareness of the need for professionalization of public health affairs and the potential harm of engaging in lobbying as a 'stand-alone' or 'side activity'.

In three pitches we will introduce Public Affairs thinking and practices from the Netherlands and Europe. PA uses everyday practical principles similar to Diplomacy and the Open Method of Coordination in the EU. We will move from conventional modes of advocacy, lobby, and public affairs to unusual, unexpected ways of promoting public health in the political arena.

We end with ten golden rules for effective PA management for health.

3. *Conference workshop Sat 4<sup>th</sup>, 8:30-10:00, Room K24 |* **Civil society governance for health: lessons from network coordination for stronger health impacts**

Civil society organizations (CSO) make a huge contribution to health and health systems.

They provide evidence, contribute to policy development, exercise advocacy, help consensus building, act as watch dogs, provide services to members and to the public, engage in standard settings, act as self-regulators and are key in industrial relations in the health sector. They tackle a large variety of diverse health issues and represent the interest of different constituencies including citizens, patients and stakeholders. However, the role of CSOs is also contested, i.e. for their short and long term impacts, monitorability and accountability, and possible hidden strategic motives such as increase of market shares or government retrenchment.

So what can we reasonably expect from CSOs in the governance for the health of communities? How could it flourish in addition to other modes of governance where the state, market or associations are dominant?! How can it be strengthened by developing a network infrastructure? CSO capacity for health governance depends heavily on a country's historical state-society relationships and can benefit from strengthening the network infrastructure across domains.

Objectives:

- Sharing first hand evidence on the role of CSOs in different public health problems from three cases (Turkey, Cyprus, Netherlands)
- Clarifying the added value as well as the limits of what can reasonably be expected from CSOs
- Identifying the building blocks for civil society governance capacity: knowledge and skills, methods and instruments, network infrastructure, changing role of government.

After an introduction of key concepts and conditions, the panel will present and discuss lessons from four country cases. The participants will then interactively identify opportunities and threats in different contexts, in sub groups facilitated by one of the panel members. The session ends with an overview of the building blocks for effective and acceptable CSO governance for health.

This workshop is part of the PHPP Section continuous track 'Innovations in Health Governance'. It is a follow up on the workshop 'Evaluating Whole of Society approaches in

public health' (2015) and 'Working with Society' (2016). We aim to gradually build a supportive evidence-based framework for CSO governance.

4. *Conference workshop Sat 4<sup>th</sup>, 8:30-10:00, Room K15 | Mapping the European knowledge translation landscape: insights from five EVIPNet Europe members*

The workshop will feature how to make the process of evidence-informed policy-making (EIP) operational at national level. Together with the EUPHA sections Health Services Research and Public Health Practices & Policy, we seek to address this by shedding light on the practical and theoretical aspects of promoting EIP through sharing experiences from five member countries of the Evidence-informed Policy Network (EVIPNet) Europe. EVIPNet Europe was launched in 2012 by the WHO Regional Office for Europe as a mechanism to support countries in building and institutionalizing knowledge translation (KT) capacity at the country level. The network aspires to the vision of a Europe in which health policy-making is routinely informed by high-

quality and context-sensitive evidence. Its activities range from regional workshops to multicountry meetings, virtual seminars and technical assistance in implementing KT tools.

During the session, these KT tools will be presented:

- situation analyses: map a country's EIP context to plan for future KT activities, including their institutionalization through the establishment of national or local KT platforms;
- evidence briefs for policy: synthesize the best available evidence on a high-priority policy issue; and
- policy dialogues: support deliberative discussions among key stakeholders.

The workshop will cover examples from Estonia, Hungary, Kazakhstan, Poland and the Republic of Moldova and answer the following questions.

- What does it entail to be part of an international network such as EVIPNet Europe and how is support provided?
- Which KT tools exist to promote the systematic use of health research evidence in national policy-making?
- What are the opportunities and challenges countries face on their way to institutionalize KT efforts?
- What role do context-specific

factors play in this process?

The workshop will give first-hand experiences of EVIPNet Europe countries plus guided discussions during which participants can exchange their own expertise and lessons learned. The workshop's main outcome will be a mapping of the European landscape in view of KT actors, tools and activities. The workshop is targeted at everyone concerned with EIP activities and experts interested in KT.

**5. Conference workshop**  
*Sat 4<sup>th</sup>, 8:30-10:00,*  
*Room T4 | **Mapping***  
**legal requirements for**  
**HIA institutionalization**  
**across Europe**

Health Impact Assessment (HIA) has been proposed as an approach for implementing the 'health in all policies' (HiAP) principle and for addressing health inequalities, both, core priorities within the EU health strategy "Together for Health". To this respect, HIA seeks informing policymakers as the potential consequences that health and non-health sector policies can have on overall community health, ultimately maximizing health gains and contributing to reducing health inequalities. It intends to transform the health-research findings into improved policy

and practice.

Institutionalization of HIA implies the systematic integration of HIA into the decision-making process. Four major elements are proposed in order to analyse the diverse forms for attaining HIA institutionalization across Europe: stewardship, financing, resource generation, and technical leadership for delivering. Policy formulation is one of the tasks comprising the category "stewardship". The existence of a legislative framework for HIA would provide permanent rules and legitimacy for HIA within the policy process. However, some critical sectors believe that legislative mandates would simply convert HIA into a mere bureaucratic exercise, stripping it of much of its potential to transform and generate the development of healthy policy. The map of legislative framework for HIA across Europe has not been fully analysed and described so far.

The aim of this workshop is to analyse the legislative framework of HIA in different countries in Europe and discuss the benefits and barriers that mandatory or voluntary HIA - standing alone or being integrated into others

assessments tool- might represent in order to promote the final goal of HiAP.

**6. Conference workshop**  
*Sat 4<sup>th</sup>, 11:40-13:10,*  
*Room K12 | **Public Health Leadership development: practice-oriented interactive follow up of plenary***

This roundtable workshop facilitates an interactive, practice-oriented discussion with panel and workshop participants following up on the Plenary session on Public Health Leadership development.

Facing complex and dynamic public health problems, such as ageing, migration, unmet needs of vulnerable populations and their rights, and mental health problems, public health services in many countries struggle with an insufficient or insufficiently supported public health workforce.

WHO European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS) specifies 10 essential public health operations (EPHOs) of which one is 'Assuring a competent public health workforce'. In January 2017, a 'Coalition of Partners'

was convened to accelerate the implementation of the EAP-PHS with public health workforce and its essential leadership role as one of the four key areas to be addressed as a matter of urgency in partnership with the international community, including ASPHER, IANPHI and many others.

In this workshop we will continue the debate from the practical viewpoints and experiences of the workshop participants. We bring together the practical challenges at the level of services, findings from recent studies in Lithuania and the Netherlands, and experiences with strategies, methods and tools for workforce and leadership development in public health services across Europe.

The workshop aims to:Ⓜ

- raise awareness of the system challenges and possible solutions with practical support being developed at the international level;Ⓜ
- Identify five top challenges in workforce leadership development at policy, organisational, professional and community levels of the public health system;Ⓜ
- Collect five top contributions

to solutions strengthening the workforce with leadership development strategies, methods and tools that might be replicated or translated to other contexts;Ⓜ

- identify the implications for action on policy, organisational, professional and community levels of the public health system.

There will be four panel pitches with 10 minutes of interactive discussion in between. We reserve 30 minutes for subgroup discussion of the implications for action at policy, organisational, professional and community levels.

We end with the key challenges, contributions to solutions and implications for multilevel action.

**7. Conference workshop**  
*Sat 4<sup>th</sup>, 11:40-13:10,*  
*Room K15 | **Evaluating policy using natural experiments and quasi-experimental methods***

A broad range of policies from the health and non-health sectors have the potential to impact on population health. But despite the possibilities for health improvement, and the desire of governments to improve health, policies are

rarely introduced in such a fashion that facilitates the evaluation of their impact on health. A randomised design would allow variations in policy to be compared, or a new policy to be contrasted with an old one, in a manner that would exclude contamination from individual or contextual characteristics. In the absence of a gold standard randomised design, researchers make the most of natural experiment and quasi-experimental designs to provide the best possible

evidence as to the impacts of policies on health. Such evidence can be of great interest to those who have introduced or are considering the introduction of such policies.

This workshop brings together four papers from experts in the field covering a broad range of natural experiment and quasi-experimental methods to evaluate a number of different health and social policies of relevance to public health and health systems research.

This workshop is aimed at the

increasing number of researchers and policy-makers who are interested in the use of non-experimental designs, particularly for the evaluation of policy. The papers and discussion will consider the necessary compromise between those methods that provide the best possible evidence – coming closest to having the properties of a randomised design – and the need for evidence regarding the effectiveness of policies.

## 2. Call for Work group members: gain international network experience!

In the previous Newsflash we announced that we will introduce a Section work group to implement the Strategy and further develop the activities of this EUPHA Section, also in between the annual conferences. We find

this an important condition to our ambition of (1) assisting EUPHA in bringing public health onto other policy agendas at different governance levels outside of EUPHA as well as (2) our ambition of developing and

professionalizing political capacity and skills within EUPHA. The work group will meet online and at the annual EPH conference. **Those of you interested, please join us at the Stockholm Section meeting (see below).**

### We are looking for enthusiastic Section contributors!

Preferably we seek a mixture of experienced members with international networks and young professionals who are seeking to expand their international networks and gain experience at the international playing field.

Join us and become an active contributor to one of the following tasks:

1. **Strategy and Development** (implementation Strategy 2017-2020, development new activities and alignment with relevant EUPHA Sections, and external networks and institutions)
2. Coordination and report **Section member survey 2018**
3. Co-organisation of **annual EPH conference** workshops and events
4. Co-organisation of **Satellite activities** throughout the year linked to existing relevant network meetings such as the European Health Forum Gastein and the European Health Policy Group
5. **Communication** (regular activity feed through social media, 3-4 Newsflashes a year)
6. **Publications** (coordinating and authoring of publications following Section events)

### 3. PHPP Work plan and Section meeting Agenda

**Fri 3<sup>rd</sup> Nov, 12:10-13:40, Room T6**

#### 1. Work plan/Action points for 2018

For the coming year, we have the following work plan that will be executed by the section work group:

1	Prepare e-collection Public Health Policy and Politics and System Governance	Jan-Feb 2018
2	Organise and co-host the bi-annual European Health Policy Group meeting 19-20 April Rotterdam, The Netherlands as a EUPHA HPSG section satellite meeting	April 2018
3	Prepare Theme Supplement or Special Issue following up on 'Policy, politics and Public health' paper in 25 yrs celebration supplement EJPH	published before EPH 2018 Ljubljana
4	Prepare a EUPHacts fact sheet on HPSG	before EPH 2018
5	Explore opportunities for plenary EPH 2018 Ljubljana 'Winds of change: towards new ways of improving public health in Europe'.	Spring 2018
6	Set up of Section work group	End 2017-February 2018
7	Explore opportunities and conditions for a separate Satellite conference Public Health Policy and Systems Governance 2020: In the past few years many institutions and conference participants have expressed an interest in a separate conference on health policy, politics and systems governance. In a separate sphere from the big EPH conference, much more in-depth attention can be given to the political determinants of health and health systems: features of democratic systems (including shifts in ideologies and implications for policy and order); policy and decision-making processes, institutional analysis and agile action repertoires in complex adaptive systems; multilevel governance, political skills-building, public affairs management for health etc, as related to the section core tracks of A) prevention of chronic diseases, B) health system development, performance and resilience, and C) innovations in health governance	Throughout the year

#### 2. Section meeting

The annual Section meeting will be held on Friday 3 Nov, at 12.10h in room T6.

The agenda for this meeting consists of the following topics:

1. Opening, introductions
2. Strategy 2018-2020 (<https://eupha.org/public-health-practice-and-policy>) and Work plan 2018
3. Preparation Member survey 2018
4. Work group organisation
5. Communication
6. Collaboration and satellite meetings
7. Q&A
8. Closing

## 4. Publications

### *Policy, politics and public health*

Scott L. Greer, Marleen Bekker, Evelyne de Leeuw, Matthias Wismar, Jan-Kees Helderma, Sofia Ribeiro, David Stuckler

*European Journal of Public Health*, Volume 27, Issue suppl\_4, 1 October 2017, Pages 40–43  
<https://doi.org/10.1093/eurpub/cqx152>

Abstract: If public health is the field that diagnoses and strives to cure social ills, then understanding political causes and cures for health problems should be an intrinsic part of the field. In this article, we argue that there is no support for the simple and common, implicit model of politics in which scientific evidence plus political will produces healthy policies. Efforts to improve the translation of evidence into policy such as knowledge transfer work only under certain circumstances. These circumstances are frequently political, and to be understood through systematic inquiry into basic features of the political economy such as institutions, partisanship and the organization of labour markets.

### *Civil society and health: Contributions and potential (2017)*

Edited by Scott L. Greer, Matthias Wismar, Gabriele Pastorino, Monika Kosinska

2017, xvi + 183 pages  
ISBN 978 92 890 5043 2

<http://www.euro.who.int/en/publications/abstracts/civil-society-and-health-contributions-and-potential-2017>

Abstract: Civil society organizations (CSOs) can make a vital contribution to public health and health systems, but harnessing their potential is complex in a Europe where government-CSO relations vary so profoundly. This study is intended to outline some of the challenges and assist policy-makers in furthering their understanding of the part CSOs can play in tandem and alongside government. To this end it analyses existing evidence and draws on a set of seven thematic chapters and six mini case studies. They examine experiences from Austria, Bosnia-Herzegovina, Belgium, Cyprus, Finland, Germany, Malta, the Netherlands, Poland, the Russian Federation, Slovenia, Turkey and the European Union and make use

of a single assessment framework to understand the diverse contexts in which CSOs operate.

The evidence shows that CSOs are ubiquitous, varied and (typically) beneficial. The topics covered in this study reflect such diversity of aims and means: anti-tobacco advocacy, food banks, refugee health, HIV/AIDS prevention, and social partnership. CSOs make a substantial contribution to public health and health systems with regards to policy development, service delivery and governance. This includes evidence provision, advocacy, mobilization, consensus building, provision of medical services and of services related to the social determinants of health, standard setting, self-regulation and fostering social partnership.

Engaging successfully with CSOs means governments making use of adequate tools and creating contexts conducive to collaboration. This book guides policy-makers working with CSOs and helps avoid some potential pitfalls. The editors outline a practical framework for such

collaboration which suggests identifying key CSOs in a given area; clarifying why there should be engagement with civil society; being realistic as to what CSOs can or will achieve; and an understanding of how CSOs can be helped to deliver.

Our Section contributed to this book on multiple occasions: In 2015, 2016 and 2017 our Section co-organised a number

of workshops around this theme with case examples and evaluation findings. Chapter 10 on a Dutch example of civil society engagement with health and an appropriate role for government was authored by Marleen Bekker and colleagues.

*Health assessments for health governance—concepts and*

*methodologies*

Rainer Fehr et al.  
European Journal of Public Health, Volume 27, Issue 4, 1 August 2017, Pages 609–616,  
<https://doi.org/10.1093/eurpub/ckx062>

Section contributions to a number of joint workshops in 2014-2017, in which former section president Kai Michelsen was involved.

## 5. Young Gastein Workshop ‘Public health, Politics and Public Affairs management. How to get from ‘being right’ to ‘being acknowledged’ in political decisions.’

On the 20<sup>th</sup> edition of the European Health Forum Gastein, the Public Health Policy and Practice section organized a practical workshop on Public Affairs management for Health for Young Gasteiners. Young Gasteiners are junior professionals attending the European Health Forum Gastein who have been awarded a scholarship to attend the forum through a very competitive process (<https://www.ehfg.org/young-forum-gastein/about/>).

Following a short review of the urgency for a Public Affairs management for health and its main theoretical concepts, participants were invited to participate in a exercise on HPV



vaccination: what would be your strategy to deal with hot issues linked to vaccination hesitancy? An urgent issue since recently vaccination rates in different European countries have dropped at an alarming rate. Different countries now adopt different responses ranging from engaging in social media dialogues with the target groups in Denmark to making vaccination mandatory in

France. After an interesting debate, ten ‘golden rules’ of Public Affairs management for Health were presented for increasing influence and avoiding isolation or deadlock, such as collecting continuous intelligence about stakeholders’ agendas and possible connections; developing a ‘shared list’ with coalition partners to divide the workload; and engaging influential and unusual actors to get our message accepted.

As you may have read above, the workshop will be followed up on the European Public Health conference in Stockholm, on the 2<sup>nd</sup> of November 2017 at 8h30.

## Policy, politics and public health

Scott L. Greet<sup>1,2</sup>, Marleen Bekker<sup>3,4</sup>, Evelyne de Leeuw<sup>5</sup>, Matthias Wismar<sup>2</sup>, Jan-Kees Helderma<sup>3</sup>,  
Sofia Ribeiro<sup>4,6</sup>, David Stuckler<sup>7</sup>

*'Science can identify solutions to pressing public health problems, but only politics can turn most of those solutions into reality.'*  
Oliver, 2006

The art, craft and science of health politics will make political choice for health an easier choice!

If public health is the field that diagnoses and strives to cure social ills, then understanding political causes and cures for health problems should be an intrinsic part of the field. In this article, we argue that there is no support for the simple and common, implicit model of politics in which scientific evidence plus political will produces healthy policies. Efforts to improve the translation of evidence into policy such as knowledge transfer work only under certain circumstances. These circumstances are frequently political, and to be understood through

**Thank you for your attention!**