



European Public Health News

In this last European public health news of 2017, we are happy to look back at a successful year. Azzopardi Muscat highlights EUPHA's 25th anniversary and challenges the public health community to move outside of its comfort zone. Jakab emphasizes the need for country support, a successful tool by WHO to shape (public) health and identify gaps and challenges for further enhancing WHO's performance in countries.

President's column

2017 marked several important anniversaries for European health. For us at EUPHA, our 25th anniversary provided an opportunity to celebrate, reflect and look forward. The anniversary was commemorated in several ways during the annual European Public Health Conference in Stockholm as well as through the publication of a special 25th anniversary supplement in the European Journal of Public Health.¹ The collection of articles clearly portrays the significant progress that has been achieved in certain areas. Our attention is however drawn to the long-standing traditional public health scourges that still contribute to premature mortality and illness on the European continent. There are also new public health challenges arising due to political and economic shifts and rapid social change. These are creating discomfiting realities that public health needs to contend with and find the appropriate tools and networks to address. The EPH conference in Stockholm, through its main theme of building health and resilient communities, highlighted the changing nature of urban environments and the need to work in a broad-based manner reaching out to non-traditional constituencies and stakeholders. In this journal, we have argued that a transformative and proactive approach to the conceptualization and operationalization of resilience is necessary if we wish to truly ensure that nobody is left behind in our journey to achieve the health-related SDGs by 2030.² The public health community has been challenged to move outside its comfort zone and address the root causes contribution to ill health and lack of social cohesion and well-being. EUPHA is responding to this call for renewed public health leadership in Europe.³ Amongst others we are doing this by joining forces with like-minded organizations to show

Both Zeegers Paget and Lopez-Valcarcel (from our Spanish national public health association—SESPAS) emphasize the need for a strong voice in public health. The latter especially reflecting on terrorism becoming a major public health problem.

Andriukaitis presents a new logo to raise awareness about the dangers of falsified medicines. It is up to the individuals in Europe to be informed so they can be vigilant when purchasing

online medicine supplies. Finally, Erzen invites us to continue to discuss the changes and challenges in public health in Europe, by inviting us to the 2018 European public health Conference in Ljubljana, Slovenia.

Dineke Zeegers Paget
Executive Director EUPHA

why and how there can be no future for Europe without giving due merit and consideration to people's health.⁴

During 2017, I had the opportunity to represent EUPHA at two other events both celebrating their 20th anniversary.

In Seattle, the Institute of Health Metrics in Washington celebrated the 20th anniversary of the Global Burden of Disease Network. For 20 years, we have been measuring disease burden and documenting country progress in a standardized and comparative manner. As the pace of change in the world speeds up, the global leaders are now seeking information on predictive epidemiology. This requires public health researchers and practitioners to be ready to embrace new ways of gathering data, grappling with uncertainty and communicating risk. Forecasting is not an easy business, yet if we want to be adequately and appropriately prepared, public health needs to work more on understanding societal trends and what these might signify in the future and less around measuring deaths in the past. The perennial debate on the extent to which epidemiologists and researchers should engage in communicating and advocating was high on the agenda in Seattle. Whilst everyone acknowledges that engagement with policy is a must, there is disagreement on who is best placed to carry out this role. EUPHA has demonstrated that it can successfully navigate between the worlds of research, policy and practice. The next step is now is to engage more visibly within the policy arena to bring the results from the scientific and practitioner perspective into the world of politics and this will be a main focus of our work in 2018.

The importance of Health in all Politics was recognized during the European Health Forum

held in Gastein which this year also celebrated its 20th anniversary. EUPHA was well represented during this event which placed a focus on innovation in all its dimensions in setting forth the vision and agenda for European health in the next 20 years.

Around 20–25 years ago, a group of public health visionaries and optimists set up organizations, networks and initiatives all having the noble aim of improving health and well-being through the different objectives of research, measurement and networking. These have served us well. As we sit on the cusp of a new era, we need to infuse our energy, drive and enthusiasm to enlist new partners, go forth with new alliances and continue to demonstrate that the irreversible nature of globalization necessitates more 'health' as a policy focus for the future of Europe than ever before.

Natasha Azzopardi-Muscat
EUPHA president 2016–2020

References

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EUPHA Office Column

In 2017, EUPHA has further developed its strong voice for public health in Europe. Thanks to the efforts of our president, immediate past president and EUPHA officers, we have most certainly made an impact on European public health this year, which I am happy to demonstrate with a few examples:

Following the big success of the 2016 Vienna Declaration on health promotion, we have again initiated a conference-linked declaration. The Stockholm Declaration on sustaining health and resilient communities was distributed shortly before the conference to our members, partners and organizations working with communities (e.g. the health cities network and the European Urban research association). Please check out the latest updates on signatories at <https://eupha.org/advocacy-by-eupha>.

In March 2017, the European Commission presented the White paper, setting out possible paths for the future of Europe. In that same month, EUPHA published a comment on the White paper. In the two-page comment, EUPHA welcomed the Commission's White Paper on the Future of Europe as an opportunity to reflect on the direction that the European Union might take in the coming years. In addition, EUPHA called upon the EU institutions to ensure that public health and health systems research are given due importance in order to enable European solutions, informed by evidence, to assist policy making in the current challenging times. This comment was sent to the EUPHA members (to over 21 000 contacts), posted on the EUPHA website and spread via social media (846 impressions, 49 total engagements).

Also, EUPHA joined the campaign that was initiated by the European Public Health Alliance that called on the EU to do more for health. A coalition of organizations teamed up to express their concerns in a letter to European Commission President, Jean Claude Juncker. A call on the European Commission to step up coordinated EU action to tackle cross-border health challenges was made. A total of 208 European organizations (and counting!) support the letter.

The EUPHA Section on Food and Nutrition prepared a statement calling for greater alignment of health and sustainability messages on diet and nutrition. The statement was targeted towards European leaders operating in the fields of health and nutrition, food safety, consumer affairs and environmental protection, with a view to encouraging a broader perspective on sustainable food and nutrition policy, so that the dual objectives of tackling the NCD burden of today, the population health needs of tomorrow and planetary health in the years to come, are all best met.

EUPHA published on the day of the annual meeting of the EU Scientific panel for Health, together with EPHA and EuroHealthNet a statement on the continued need for public health research in Europe. Reflecting on the meeting's programme, which focusses on health technology, digital innovation and health care, the statement pointed out that it risks missing an opportunity to promote research that could bring major benefits to the health of Europe's citizens. This statement was downloaded over 660 times from the EUPHA website.

EUPHA joined up with the European Health Management Association (EHMA) and The Association of Schools of Public Health in the European Region (ASPHER) to produce a statement 'Towards a sustainable workforce in the European region: a framework for action', presented to the 67th Regional Committee for Europe, organized in Budapest in September 2017.

EUPHA also actively supported a large number of international health awareness days, such as:

- (i) World Health Day
- (ii) European obesity day
- (iii) European week against cancer
- (iv) World no Tobacco day
- (v) World Hepatitis day
- (vi) European Week of Sport
- (vii) World Mental Health Day
- (viii) World Obesity day

In 2017, EUPHA has shown that being visible at European level and having a strong public health voice requires commitment from our board members, our office staff and our members, as well as intensified collaboration with our European partners.

After such a successful year, I look forward to continuing our commitment to being the voice of the public health professional in Europe.

Dineke Zeegers Paget
EUPHA Executive Director

BARCELONA attack and urban terrorism as a global challenge for health in EUROPE

Barcelona is currently the last European city hit by terrorism, on 18 August, with 16 deaths. In recent years, other European cities had suffered attacks: London, Paris (both cities repeatedly), Nice, Brussels, Stockholm and Berlin. The victims of these attacks come from many different countries, which fuels the international spread of the news on terror. Lately they are *low cost attacks*, by the method of running over pedestrians in areas of great tourist influx, that do not require technology or knowledge, only a van and the will to inflict the maximum damage and terror. In addition, these attacks can be carried out by solitary wolves without logistical support. The success of terrorists can be defined in terms of spreading of perceived threat of terrorism: Minimum cost, maximum damage.

Although it is not a new phenomenon, the frequency and spread of those terrorist attacks have increased noticeably in recent years. Western Europe has become a focal point for urban terrorism, with 11 jihadist attacks and more than 300 deaths since 2015. However, we have not to forget that terrorism occurs more frequently in other countries having occurred more than 5000 deaths in 2017.¹

These attacks of enormous media impact are becoming a **major public health problem**, not only because of their immediate or direct consequences on the integrity and life of their victims; they are also a public health problem because of the indirect effects on the perception of safety by the population as a whole. Mental health problems may worsen, as well as the physical health of those who stay at home, refraining from walking and socializing for fear of further attacks. In addition, the new urban terrorism forces to incur additional costs in preventive security measures, which in turn has a high opportunity cost in terms of other social purposes. Besides that, it threatens an important source of economic value for the cities under attack, which are characterized, and not by chance, by a strong tourist activity. Terrorism causes economic costs^{2,3} and worsens the quality of urban life.⁴

The attack of Barcelona tested security services and health services; they proved to be ready. It was a challenge for a society that showed its solidarity. Unfortunately, Europe must anticipate and be prepared for attacks of this type. It is a pan-European global public health challenge, and as such requires international collaboration. The

Spanish Society of Public Health and Health Administration, SESPAS, offers and appeals to the European public health community to jointly face the challenge and think about solutions.

Beatriz G. Lopez-Valcarcel and Carme Borrell
In behalf of the Spanish Association of Public Health and Healthcare Management (SESPAS)

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FOCUSING on country priorities in the who EUROPEAN region

Ensuring positive outcomes for health at the country level was part of the dialogue at a technical briefing during the 67th session of the WHO Regional Committee for Europe, held in Budapest, Hungary, in September 2017. The technical briefing highlighted how WHO works in countries. While there is considerable knowledge about the work of the Organization at the country level, there is still a lack of information and awareness about how the work is delivered. This contribution seeks to detail the modalities set up by the WHO Regional Office for Europe to support country performance.

Headquartered in Copenhagen, Denmark, the Regional Office has 5 technical divisions, 5 technical centres (known as geographically dispersed offices), 29 country offices, 4 sub-offices and 1 field office located in Kosovo. In June 2017, a total workforce of 347 people staffed 29 country offices, 1 field office and 4 sub-offices in the WHO European Region. A unique characteristic of the Region is that the Organization has no in-country presence in 24 of its Member States, although two countries (Greece and Israel) have requested that a country office be set up for a period of time, starting from January 2018.

Regardless of whether or not WHO has a physical presence in a country, the Organization works with all Member States to support their national health development processes. Technical cooperation is based on the strategic direction outlined in the Twelfth General Programme of

Work 2014–19 and the identification of priorities through a bottom-up approach. In seeking to increase cooperation with Member States and to enhance transparency and efficiency, the Regional Office has formalized the process of identifying and working with national counterparts, who are the first and main point of contact between WHO and the health ministry. The national counterparts are supported by a network of national technical focal points, covering 12 technical areas of work. The Regional Office and country office staff are in regular contact with national counterparts, who are informed of all assistance provided to the Member State, including overall strategic cooperation and project implementation at the operational level, at all levels of the Organization.

Most country offices have both internationally and nationally recruited professional staff. Since 2014, the number of international professional staff working in countries has increased. Of the total workforce, 13% are international professionals, 22% are national professionals, 27% are general service staff or short-term administrative staff and 38% are non-staff on special service agreements.

As part of WHO reform to enhance leadership at the country level, the number of WHO representatives heading country offices has tripled since 2014. Human resources data from June 2017 indicate that 20 country offices in the European Region are headed by internationally recruited professional staff. Smaller country offices are

usually led by national professional officers in a primarily liaison function, although they increasingly provide technical and policy support, in line with the 2030 Agenda for Sustainable Development.

Heads of country offices provide leadership by advocating for intersectoral dialogue to ensure that health is included in all relevant policies and that national health policies and strategies are well aligned with Health 2020, the European policy framework for health and well-being, and the 2030 Agenda.

The report on country performance in the WHO European Region (EUR/RC67/12) highlights the achievements and progress made on various aspects of WHO reform at the country level, including country-level leadership, prioritization of WHO's work through bottom-up planning processes and coordination efforts across the three levels of the Organization. It describes how country-level support by WHO—driven by global and regional work plans—is achieved and identifies the gaps and challenges for further enhancing WHO performance in countries.

Zsuzsana Jakab
WHO Regional Director for Europe



Message from Vytenis Andriukaitis, EU Commissioner for Health and Food Safety Protect yourself when buying medicines online!

This time, my message is primarily a visual one. I want to raise awareness about the dangers of falsified medicines and to give some practical advice on how people can stay safe when buying medicines online in the EU. Europeans should be aware that unless they buy from legally-operating online medicine suppliers, they run the risk of buying medicines that are falsified. Falsified medicines can be ineffective, harmful or even deadly.

In June 2014, the European Commission established a common logo to be displayed by all online pharmacies or retailers legally operating in the EU. With Europeans increasingly shopping online, the logo is crucial in helping us to identify websites which are operating legally (N.B. Legally

operating online retailers in the EU can only sell medicines as far as they comply with national legislation, e.g. as regards the prescription status), and where the authenticity and safety of their products are guaranteed.

This is what the logo looks like—with the national flag in the box on the left (Click here to see it in full colour https://ec.europa.eu/health/human-use/eu-logo_en).



How does it work?

First, look for the logo on the website through which you are considering buying medicines¹ and click on it. You should be taken to the national regulatory authority website, which lists all legally operating online pharmacies and other legally authorized retailers of medicines. Check that the pharmacy is listed. Then continue with your purchase. If not listed, we do not recommend you buying from that website. Only legitimate medicine retailers are listed on your national regulatory authority's website.

The risks of falsified medicines

Falsified medicines are fake medicines that pass themselves off as the real thing. They have not passed through the necessary evaluation of quality, safety and efficacy as required by the EU authorization procedure. Therefore, they may contain ingredients, including active ingredients, which are of low quality or in the wrong dosage—either too high or too low.

Unfortunately, it is not just 'life-style' medicines that are falsified. Fake medicines now also encompass innovative and life-saving medicines. Between 2013 and 2017, more than 400 incidents were reported by the EU rapid alert network between, affecting most EU countries and involving a wide range of products, including products for cardiovascular diseases, cancer and Hepatitis C treatments.



11th European Public Health Conference 28 November–1 December 2018 Cankarjev Dom, Ljubljana, Slovenia

The Stockholm 2017 has just finished and we are already looking ahead to the 2018 European Public Health Conference organized in Ljubljana, Slovenia from 28 November to 1 December 2018. The main theme of the conference is: Winds of Change: towards new ways of improving public health in Europe.

Public health is faced with new challenges and new opportunities to improve health and well-being of populations in Europe. Epidemiological and demographic transitions are challenging the sustainability of future health care and the quality of life of increasing numbers of chronic patients. Although communicable diseases are better controlled these days, there is scepticism over vaccination and consequently its refusal, problems related to AMR and new pathogens.

Modern health strategies acknowledge that health care alone cannot improve health and wellbeing of today's populations. A challenge that

EU action to protect against falsified medicines

In 2013, the EU Directive on falsified medicines (2011/62/EU) entered into force, putting in place harmonized, pan-European safety and control measures to prevent falsified medicines from reaching patients. The common logo for online pharmacies is one such measure. Other measures include rules for imports of active substances from third countries, controls and inspections, rules for record-keeping by wholesale distributors as well as an obligation for manufacturers and distributors to report any suspicion of falsified medicines.

The Directive also introduces an authenticity feature to prevent falsified medicines from entering the legal supply chain. This is a unique identifier on the outer packaging which allows

verification of the authenticity of the medicinal product as of 9 February 2019.

Take home message

My parting message, which I ask readers to spread to their contacts, be they patients, family or friends is this: Falsified medicines can kill. If you buy online, check for the logo. Stay safe.

Vytenis Andriukaitis
EU Commissioner for Health and Food Safety

Reference

- 1 The logo is used in all 28 EU Member States plus Lichtenstein, Norway and Iceland.

is often mentioned is that of insufficient health literacy. This impedes the smooth implementation of many actions and interventions. Opportunities for public health exist in raising the overall level of health literacy, enabling populations at large to take better control over their own health. Opportunities exist as well in advancing healthy public policies and making the life cycle approach a leading concept. It is becoming necessary to think beyond the traditional vulnerable groups approach and, instead, use stratifying approaches based on demographic and socio-economic characteristics of population groups.

At the Ljubljana conference, we wish to point out the importance of developing partnerships at all levels and across different actors to improve the health of the population. Partnerships are especially relevant in the local community, where people live and work. It is of the utmost importance that decision makers, professionals from different sectors and nongovernmental organizations work together in establishing population wellbeing through different levels, among others through more favourable living conditions and through comprehensive health promotion, and thus jointly contribute to better health for all.

Through the plenary sessions, this vision is further explored:

- Public health: from local community's responses to addressing global health
- Sustainable Development Goals—how can we address them through public
- Health action?
- Public Health Resources—the core of the development of public health action
- Public's awareness of public health challenges—ways of promoting public health and raising the importance of public health challenges
- Health systems under pressure

Abstract submission is open from 1 February to 1 May 2018.

Registration will open on 1 April 2018.

Keep updated and check: www.ephconference.eu

Ivan Erzen
Chair Ljubljana 2018