

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy *europa*

EPH CONFERENCE 2017

Sustaining resilient and healthy communities



A global health threat

Antimicrobial
resistance

Interviews

Johan Carlson
Birger Forsberg
Aaron Reeves

A success story

Sweden's vaccination
programme

NOVEMBER 2017



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Natasha Azzopardi Muscat (EUPHA), Floris Barnhoorn (EUPHA), Birger Forsberg (Swedish Association of Social Medicine), Mona Lakso (Public Health Agency of Sweden), Dietmar Schobel (teamword), Dineke Zeegers Paget (EUPHA)

Editorial office:

teamword, Dietmar Schobel, Meidlinger Hauptstr. 3/5-7, 1120 Vienna, Austria, www.teamword.at, schobel@gmx.at, Tel.: +43 1 909 33 46 (office) or +43 664 360 17 82 (mobile)

Translation/Proofreading:

Rosemary Bridger-Lippe

Graphic design:

Gottfried Halmshlager

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Photo: Fotolia.com - Monkey Business

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A global health threat: Resistant bacteria are responsible for 25,000 deaths per year in the

Dear Readers,

We are living in times of rapid change, and the people and societies in European countries are being confronted with a steady stream of new challenges as a result of globalisation, digitisation, climate change, migration and ageing populations.

The measures adopted by us in response to these challenges, and the question of how to maintain strong individuals and robust communities over the long term and keep them healthy, are the key issues at the tenth European Public Health Conference in Stockholm. They are also examined in this issue of the magazine "Healthy Europe", which is published for the conference and has been made possible by collaboration between the European Public Health Association and the Public Health Agency of Sweden.

In connection with this, we asked representatives from the four Public Health and Social Medicine associations in the Nordic countries whether the health systems are under pressure owing to the changes, and what reaction they would recommend. Their replies can be found on pages 10 and 11. On page 16, Aaron Reeves from the International Inequalities Institute in London explains in an interview that better social security is the best strategy for achieving health equity. The European Pillar of Social Rights is a political affirmation of this by the European Commission, and the article on page 22 explains the details.

Sweden and the other Nordic countries are rightly considered role models of good social and health systems for a number of reasons. In this magazine we therefore introduce the highly successful Swedish vaccination programme and measures in the area of sexual health. We also describe Sweden's commitment in the global fight against antimicrobial resistance.

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 of EUPHA



Photo: EUPHA

Photo: EUPHA

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Photo: Johnér Scandinav



Photo: Jens Forstberg

"I wanted to be a doctor in order to help people in the low income countries of the world."

**BIRGER FORSBERG,
CHAIR OF THE 10TH EUROPEAN PUBLIC
HEALTH CONFERENCE**

My parents moved to Sweden from Denmark, and they never really learned Swedish," reveals Birger Forsberg (65), Chair of the 10th European Public Health Conference, "which means I am a second-generation immigrant myself." He was born on 8 September 1952 in Norrvinge, a small village near Lund in the province of Skåne in southern Sweden. After completing high school he initially studied economics in Lund and Stockholm. "I wanted to work in the field of development aid, but the possibilities available to me as an economist seemed too limited at the time," explains Birger Forsberg. "And so I studied medicine as well in order to give direct help to people in the low income countries of the world." Between 1985 and 1996 he worked for the World Health Organization (WHO) in more than 25 countries, after which his work included advising the World Bank on public health issues from 2002 to 2009. At present he is Head of the Department of Health Development at Stockholm County Council. Since 2002 Birger Forsberg has taught international and global health at the Karolinska Institutet in Stockholm and has been Associate Professor there since 2012. His main research areas are the control of communicable diseases and the development of health systems. Birger Forsberg is married and has two children. He takes care of his own well-being by running regularly and also takes part in half and full marathons. "Recently I also discovered table tennis as a hobby. It's fun and has the added advantage that you can still play when you are 90 – if you happen to reach that age," laughs Birger Forsberg.

**ANNA SARKADI,
PRESIDENT OF THE
SWEDISH ASSOCIATION
OF SOCIAL MEDICINE**

"In our family of doctors health was always seen as a social issue."

"I come from a family of doctors because my mother, my father and one of my grandmothers were doctors," says Anna Sarkadi. "They all believed health to be a predominantly social issue, and in my parents' home there were frequent discussions about how to improve society." As a result, her path in life seemed almost predestined. Today, Anna Sarkadi (43) is a public health specialist and President of the Swedish Association of Social Medicine. She was born in Budapest and also began her medicine studies there at Semmelweis University. At the age of 21 she moved with her Swedish husband to his home-

land. "In Hungary the course was very theoretical; in Sweden practical aspects played a much greater role, specifically the relationship between doctor and patient," she says. Anna Sarkadi worked in Australia for two years as a postdoc, in Sweden as a physician – for instance at Uppsala Academic Hospital, and for four years she was Director of Research and Development at the Unit for Community Paediatrics at Uppsala Academic Children's Hospital. In 2016 she was then appointed Professor of Social Medicine at the University of Uppsala. And how does she take care of her own health, as an expert? "I ride my bicycle in the



Photo: Mikael Wallerstedt

summer and winter, go to the gym regularly, and attempt to set aside enough time for my family, friends and colleagues," says Anna Sarkadi, who has three children: two daughters aged 18 and 15, and a son who is 10. She is also legal guardian of two children who are refugees from Afghanistan.



Photo: private

"I am concerned with the question of how we create good societies."

**AARON REEVES, PROFESSORIAL RESEARCH
FELLOW AT THE INTERNATIONAL INEQUALITIES
INSTITUTE, LONDON**

"I am concerned with the question of how we create good societies where everybody can participate and as few people as possible are affected by poverty," explains Aaron Reeves (35), Associate Professorial Research Fellow at the International Inequalities Institute of the London School of Economics and Political Science, outlining his motivation for research into the consequences of social, economic and cultural inequality across countries. By his own account, he was not

a good student and so he did not begin his studies directly after secondary school. For four years he worked as a gardener, filling station attendant, construction worker, in a call centre, and at McDonald's, and also performed voluntary work with homeless people, disabled children and refugees. However, he also turned his attention to courses at community college, where he discovered his interest in sociology and social psychology. At the age of 23 he began to study these two subjects at the University of Essex, and also gained his

PhD there in 2013. In March 2016 he joined the International Inequalities Institute and was also appointed an associate member of the Department of Sociology and Nuffield College at the University of Oxford. Aaron Reeves is married and his two daughters are nine and seven years old. He takes care of his own health by eating as healthily as possible, and he also likes to go rowing with his children and plays squash. "Health is important because it helps us to live a fulfilling and enriching life," he says.

EUPHA celebrates its 25th anniversary

The European Public Health Association (EUPHA) is looking back on 25 successful years. In the future, the association aims to become even more visible to the public and make a greater contribution towards improving the health of Europeans.

It all began in 1992, when representatives of 15 associations and institutes from twelve countries came together in Paris to set up a European umbrella organisation for their specialist field: the European Public Health Association (EUPHA). *Louise Gunning-Schepers*, Professor of Health and Society at the University of Amsterdam, was the first President. *Jouke van der Zee*, who was Director of the Netherlands Institute for Health Services Research (NIVEL) at the time, provided the rooms for the administration offices and was Secretary of the new association for many years. The EUPHA office is still housed at NIVEL (Netherlands Institute for Health Services Research) in Otterstraat, Utrecht.

Communicating public health research to everyone

At the beginning, the main aim of EUPHA was to exchange the latest research findings, build capacity, and form a network between members. "All this continues to be important to us, but now we would like to become more visible to the public and make the results of our work available as the basis for political decisions that have a positive influence on the health of people in Europe," explains *Natasha Azzopardi Muscat*, former Chief Medical Officer for Malta and President of EUPHA since November 2016. She continues: "This requires relevant research findings to be communicated in a manner that can be understood by everybody."

Today, EUPHA has 79 members in 45 countries, and covers almost the entire World Health Organization (WHO) European Region. More specifically, the members of the European association include 40 national associations of public health, 20 institutional members, eleven European NGOs and seven individual members. The NGO Public Health Perspective in Nepal has also become affiliated to EUPHA as a global member. Overall, EUPHA as an international, multidisciplinary scientific association represents around 19,000 professionals, and it has 21 sections that engage in a wide diversity of public health subareas, ranging from child and adolescent public health to urban public health.

More cooperation

EUPHA's strategies for the future also include intensifying its contact with members, and above all increasing integration of practitioners at a local level, says *Natasha Azzopardi Muscat*. She adds: "This could be members who work in primary health care, or for example social workers, urban and landscape planners, and traffic experts, as their work also has a considerable influence on the health of the population." Collaboration with other umbrella organisations that focus on similar content will also be intensified in future, particularly including the future-oriented initiative EUPHANxt. "We want to support students and researchers at the beginning of their ca-



Photo: EUPHA

Natasha Azzopardi Muscat: "The results of our research should be communicated in a manner that can be understood by everybody."



Photo: EUPHA

Dineke Zeegers Paget: "The initiative EUPHANxt enables us to provide students and researchers with support at the beginning of their careers."

reers, enabling them to form a network, to improve their academic skills, and to cooperate with other areas outside their own discipline," explains *Dineke Zeegers Paget*, Executive Director of EUPHA.

PAST PRESIDENTS OF EUPHA

Martin McKee, United Kingdom (2014-2016)
 Walter Ricciardi, Italy (2010-2014)
 Stanislaw Tarkowski, Poland (2010)
 Constantino Sakellarides, Portugal (2009)
 Ilmo Keskimäki, Finland (2008)
 John-Paul Vader, Switzerland (2007)
 Horst Noack, Austria (2006)
 Gunnar Tellnes, Norway (2005)
 Walter Ricciardi, Italy (2004)
 Wilhelm Kirch, Germany (2003)
 Viviane Van Casteren, Belgium (2002)
 Marc Brodin, France (2000-2001)
 Alena Petraková, Sweden (1999)
 Peter Allebeck, Sweden (1998)
 Carlos Alvarez-Dardet, Spain (1997)
 Klim McPherson, United Kingdom (1996)
 Ferenc Bojan, Hungary (1995)
 Louise Gunning-Schepers, Netherlands (1992-1994)

We Europeans must engage in global health

Birger Forsberg, Chair of the European Public Health Conference in Stockholm, in an interview on the biggest challenges facing public health and new forms of collaboration between the private and public sectors.

HEALTHY EUROPE

Dr Forsberg, what awaits the participants at the European Public Health (EPH) Conference in Stockholm?

Birger Forsberg: The European Public Health Conference is the most important meeting in Europe in this sector, and brings together researchers, policymakers and practitioners every year. We are expecting over 1,500 participants who will get the opportunity at the conference to find out about the latest developments in public health, and take part in important relevant discussions. There will be a considerable number of talks and workshops, and in total around 1,000 scientific presentations will be given. We aim to attract anybody who is interested in public health to the conference, not only experts.

HEALTHY EUROPE

What are the biggest challenges currently facing public health?

The biggest challenges facing public health are triggered by the biggest problems soci-

eties in the European countries are currently facing: climate change, demographic changes owing to ageing populations and migration, and the growing social differences. At the same time, we Europeans need to attend to the huge problems caused by war, natural disasters and food shortages in other regions of the world.

HEALTHY EUROPE

The motto of the tenth EPH Conference is “Sustaining resilient and healthy communities”. What does this aim to communicate?

One of the key tasks in public health and health promotion is to enable people to make decisions autonomously that they believe to be in the best interests of their health. This is necessary to ensure that individuals and communities remain resilient over longer term and hence are better positioned to deal with change. While attempting to achieve this, we must pay special attention to socially disadvantaged groups in society who often

have poorer health. This will contribute to better equity in health. This goal can be reached if we develop innovative implementation models in health systems and society, such as finding new forms of collaboration between the private and public sectors.

HEALTHY EUROPE

What forms of collaboration are conceivable here?

Generally, the public health sector is showing limited interest in private health offerings, sometimes even suspicion and aversion. New political strategies are necessary to change this situation because there is a wealth of resources in the private health sector, not just financially but also in the form of know-how and personnel. At least a small proportion of this could be used for public health and specifically for social concerns, in collaboration with the public sector. Such collaboration could also support quality control. One concrete example of this is the health apps that aim to motivate their users to pursue a healthier lifestyle. The public sector could set up quality criteria for such apps to ensure that they are effective and not steered by short-term needs and distorted marketing.

HEALTHY EUROPE

What are your most important messages to the conference?

Keep working for a better world and health of the people. Find strength in your achievements and move forward – even when the headwind is strong.



Photo: private

“We have to develop innovative methods.”

BIRGER FORSBERG,
CHAIR OF THE 10TH EUROPEAN PUBLIC HEALTH CONFERENCE
IN STOCKHOLM

The main topics of the EPH Conference

The 10th European Public Health Conference in Stockholm, Sweden, has 16 thematic tracks that cover the broad range of public health issues in Europe.

A Communities and environment

Two spheres that are constantly influencing each other.

B Public health policy

Setting evidence-based public health policy is a prerequisite for success.

C Health information and communication

How to communicate and inform on health issues is a much-needed skill.

D Healthy living

Every individual can and must contribute to health by adopting a healthy lifestyle.

E Health promotion

A health-promoting environment is the basis for achieving health for all.

F Health services

Efficient, accessible and sustainable health services are necessary in Europe.

G Health services research

Research on the impact of the ageing population, technology and increasing costs is required.

H The health workforce

A strong, skilled and outspoken health workforce is the foundation for public health.

I Infectious diseases

A clear cross-border health issue that needs good surveillance and preparedness.

K Chronic diseases

Multi-morbidity and chronic conditions are still on the rise. The quality of life should be our first priority.

L Migrant and ethnic minority health

Special attention should continue to be paid to vulnerable groups in the population.

M Mental health

The increase in mental health problems calls for public mental health action.

N Child and adolescent public health

Focusing on the young is investment in the future.

O Diet and physical activity

Creating a supportive environment is essential.

P Public health monitoring and reporting

Continued data collection is the starting point for targeted improvements.

Q Public health and occupational health

We spend a large part of our time at the workplace, and the working conditions have a major influence on our health.

AWARD FOR YOUNG INVESTIGATORS

One of the numerous sessions of the conference is the young investigators award session on Friday, 3 November from 2.50-3.50 p.m. It takes place in memoriam of Ferenc Bojan (1946-1997), former president of EUPHA, who tragically died in a road accident in Hungary. During this session, the five highest scoring abstracts by young professionals under the age of 35 are presented. The chairpersons Julian Mamo from Malta and Alastair Leyland from the United Kingdom evaluate the presentation and combine this with the abstract to nominate the award

winner. The winner is granted free entry to Ljubljana 2018.

The five abstracts are:

- "Socio-demographic inequalities in the effectiveness of England's NHS Health Check", presented by: Kiara Chang, United Kingdom
- "Community participation in health services development: A systematic review on outcomes", presented by: Shweta Rajkumar Singh, Singapore

- "Harvesting the wisdom of the crowd: creating insight in regional care experiences using web ratings", presented by: Roy Hendrikx, Netherlands
- "Socioeconomic inequalities and outcomes in diabetes: some evidence from Europe", presented by: Beatriz Rodriguez-Sanchez, Netherlands
- "Thyroid cancer incidence around the Belgian nuclear sites, 2006-2014", presented by: Claire Demoury, Belgium.

Everybody has the right to good health

Johan Carlson, Director-General of the Public Health Agency of Sweden, talks about the responsibility of the institution, health equity and the advantages of the Swedish health system. Text: Dietmar Schobel

HEALTHY EUROPE

Dr Carlson, as Director-General, would you please tell us about the most important responsibilities of the Public Health Agency of Sweden and its staff of around 490 people?

Johan Carlson: The Public Health Agency of Sweden was founded in early 2014 when the Swedish Institute for Communicable Disease Control merged with the Swedish National Institute of Public Health. The responsibilities include non-communicable diseases as well as communicable diseases and environmental health. One important part of our work is to ensure that the population is protected against infectious diseases and other health threats. We also monitor the health status of the population, and collect, analyse and communicate knowledge on the prevention of addiction disorders and also on the subject of health promotion. We want to contribute to a positive development within society as a whole, and in our view this means paying special attention to the groups of people with the greatest risk of suffering ill-health.



Photo: HK Andersson Scandinavia

HEALTHY EUROPE

Who are these people, in particular?

Groups with a lower level of education and a lower income tend to suffer from poorer health on average. Although the life expectancy and health status of people in Sweden have improved continually in recent years, the differences in health between the socio-economically

deprived groups and those who are in a better position have also increased. We must therefore look for ways in which greater health equity and also on the whole better health for all can be achieved – because everybody has the right to good health.

HEALTHY EUROPE

How can this be managed?

We have to find the best methods that can enable people to choose a healthy lifestyle. Information alone is not enough, because it mainly reaches people who are already interested in health, and is likely to increase the health differences in society even further. We need approaches that create healthier environments in settings as

THE PUBLIC HEALTH AGENCY OF SWEDEN

The Public Health Agency of Sweden is a government agency and has offices in Solna, near Stockholm, and in Östersund. It has around 490 employees and was founded in early 2014 when the Swedish Institute for Communicable Disease Control merged with

the Swedish National Institute of Public Health. The most important target groups are governments and authorities at national, regional and local levels, and also various other organisations.

a whole, for example local communities, businesses, and schools in particular. In the latter we reach children and young people from all areas of society, which is why it is important to introduce health-promotion measures as early as possible. Developing schools into healthy organisations overall improves the conditions for learning and teaching as well. And we also need to ensure that healthy and affordable foods are available to all, regardless of where people live. This cannot be achieved overnight, but it is possible.

HEALTHY EUROPE

What role is played by the topic of health equity in everyday work at the Public Health Agency of Sweden?

We do not believe that this agency can change the whole of society. But we attempt to orient our work on better health equity in all areas, including the prevention of infectious diseases, for example. From a strategic perspective, on the one hand we are guided by the Sustainable Development Goals specified by the United Nations for 2030, which in a broad sense are all connected to the subject of health to a greater or lesser extent. On the other hand, we want to expand on the Sustainable Development Goals to include the aspect of health equity and to combine this with the goals that are stipulated in the report "Fair Society, Healthy Lives" published by Michael Marmot for this purpose, such as to "give every child the best start in life". We are currently working on a reporting system that should combine the focus on sustainability and the focus on equity. Our aim is to provide decision makers at national, regional and local levels with the data and facts that they require in order to reach decisions that are in the interests of the population as a whole.

HEALTHY EUROPE

The health system in Sweden is regarded as exemplary in many areas. What can other countries

"We want to contribute to a positive development within society as a whole."

JOHAN CARLSON, DIRECTOR-GENERAL OF THE PUBLIC HEALTH AGENCY OF SWEDEN



Photo: Lena Katarina Johansson

learn from Sweden?

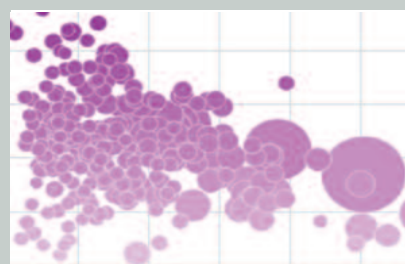
Of course, the Swedish health system faces many challenges as well, such as the relatively long waiting periods for doctor's appointments and treatment, and also the staff shortages. Having said that, we are very successful in many areas as well. All inhabitants have access to nationwide healthcare that is not income-dependent; we have a low percentage of smokers, high life expectancy and lots more besides.

First and foremost, I would like to mention the Swedish system that provides free care for mothers, infants and small children, which is a particular achievement. It was established decades ago during the interwar pe-

riod and is predominantly oriented on prevention and health promotion. This system is used by almost 100 per cent of mothers and children, and also plays a key role in achieving the high vaccination rate in Sweden. The strict laws governing the sale of alcohol, which were introduced in the 1950s, are instrumental in keeping alcohol consumption at a relatively low level today. And finally, the Swedish health system is probably very successful because it is organised and financed regionally, by the 21 regions and county councils. We believe that there is still far too much focus on patient care and hospitals, however. Primary medical care and health promotion should play a more prominent role in future.

PUBLISHING DATA TO TRIGGER ACTION

"A large quantity of data is collected by the Public Health Agency of Sweden and we wanted to make it accessible in a manner that interests many people and possibly also motivates them to make decisions and take action that improves the health of the population," explains project manager of the "Public Health Studio" *Anna Karin Johansson* from the Public Health Agency of Sweden, outlining the project goals. The target groups are primarily health professionals, politicians and civil servants, but also journalists, researchers and students. The online tool presents statistics very clearly; for example, some health data can be accessed at regional and local levels, and other data can be compared or ordered according to criteria such as level of education. Charts and maps are interactive and it is



possible to track changes over several years. Users can also produce their own presentations and save them as a link or as a picture. This online service is available in Swedish, and can be accessed on the website www.folkhalsomyndigheten.se/folkhalsostudio by clicking on the link "FolkhälsoStudio". Further information is available at folkhalsostudio@folkhalsomyndigheten.se

Are the health systems under pressure?

The population is ageing and many European countries have experienced increased immigration in recent years. Is this putting pressure on the health systems? Four experts from the Nordic countries were asked by “Healthy Europe”.



Photo: Mikael Wallerstedt

Anna Sarkadi: “In many cases it could be possible to solve difficult problems with relatively simple solutions.”

Anna Sarkadi

President of the Swedish Association of Social Medicine and Professor of Social Medicine at Uppsala University

Yes, the health systems are facing challenges, the greatest of which is due to the fact that they are severely fragmented. In many cases it could be possible to solve supposedly difficult problems with relatively simple solutions, often proposed by frontline staff themselves. These solutions are not implemented, however, because there is too little cooperation between the different

subareas in the health system and thus too little continuity in health services as well. There should also be a stronger link between the health system and the social system because then we would be in a better position to care for vulnerable populations, such as elderly people and migrants. The fact that the latter are increasing in number is not the actual problem, it is rather the fact that the situation exposes the weaknesses in the health system.

In the future, prevention and health promotion must be awarded much more importance. However, in order to achieve this we need better structures first. We must specify who is responsible for this in the health system, and what guidelines should be applied for prevention and health promotion. In addition, we need to clarify what services in general should be provided by the health sector in this context, and what could perhaps be better managed by other social areas such as urban planning, social services and the education system. At the same time, physicians and other people who work in the health sector should also play a bigger role in these areas and place increased focus on health concerns there.

On the whole, we should attempt to reshape health services in cooperation with those people for whom we provide the services. Above all, this should also include socially disadvantaged people who frequently benefit from the services provided by the health system to a lesser extent. We must not see ourselves as a kind of industry where as many treatments or patients as possible should be served. Instead, our overall goal should be to contribute to better health and quality of life in the population.



Photo: THL Antero Aaltonen

Mika Gissler: “The health and social services in Finland have been working together since the 1990s.”

Mika Gissler

Member of the Society for Social Medicine in Finland and Research Professor at the National Institute for Health and Welfare of Finland

Yes, there is huge pressure on the health systems – particularly as a result of the continual increase in costs. This applies to Finland and also to other industrial countries in Europe. The health system in Finland is rightly seen as exemplary in many respects. Many things that are still being discussed elsewhere were im-



Maja Bertram: "Health systems have always been under pressure."

plemented long ago in our country. For instance, our health and social services have been working together since the 1990s. Basic care is mainly provided in local healthcare centres, with the more than 300 local authorities responsible for these centres at present. The people who work at the centres include general practitioners and specialists, nurses, midwives, social workers, physiotherapists, psychologists and administrative workers. Nurses play an important role and have responsibilities such as deciding who actually needs to see a doctor.

However, this highly decentralised structure has its disadvantages as well, and it fails to meet the very different needs in the municipalities which have between 100 and 700,000 inhabitants. A comprehensive reform therefore aims to make 18 regions responsible for the organisation and financing of basic care, and further structures in the Finnish social and health system will be simplified. The great challenge is managing to maintain the high quality of care, including care for the people in the country's numerous remote regions. And we are currently experiencing the problem that socially disadvantaged people are less likely to use health services, so this needs to be improved for the future. We anticipate that the reform will be approved by Parliament before next summer. Many details have yet to be clarified, though, meaning that there is still a certain amount of unease among the population and among experts with respect to the potential effects of the reform.

Maja Bertram

Chairperson of the Danish Society for Public Health and Postdoc at the Unit for Health Promotion Research at University of Southern Denmark

Health systems have always been under pressure. For example in years gone by, infectious diseases presented one of the biggest health threats. Most of these can be controlled and treated well nowadays, and diseases that are connected with lifestyle and societal systems pose the biggest challenge in today's world. In addition, the proportion of older people in the population is growing, and the number of younger people is declining. We need to recognise this phenomenon and adjust the national health systems, and we must also create a healthy environment and quality of life for children and young people and therefore for us all.

The health system is not able to do all this on its own, which makes it necessary to pursue cooperation with other social areas such as the education and social system in line with the concept "Health in All Policies". Relevant national strategies are needed for this intersectoral collaboration, and in countries such as Denmark we can see that something is beginning, but it has still not adequately developed and implemented. In the 98 Danish municipalities at local levels, there is already a large number of good initiatives for disease prevention and health promotion. And this is precisely what is important in order to reduce the pressure on the health system. Last but not least, the integration of research into the health system management and policymaking in public health needs to be strengthened. Furthermore, results of research should be communicated better to health managers and policymakers and put into practice over the coming years. New incentive systems are required in order to achieve this. So far researchers have mainly been asked to publish their findings in scientific journals, but in addition they should be motivated to integrate their findings into policies and practice.

Jorid Grimeland

Chairperson of the Norwegian Public Health Association and Assistant Professor at Oslo and Akershus University College of Applied Sciences

Health systems are indeed under pressure because the number of older people in the popu-



Jorid Grimeland: "In Norway we anticipate that by 2030 the need for health services will have increased by around 20 per cent."

lation is rising. In Norway we anticipate that by 2030 the need for health services will have increased by around 20 per cent which will also lead to a high financial burden, and so we must find ways to reduce this. Better cooperation between the various occupational groups in the social and health system is a key factor, ranging from doctors and nurses to physiotherapists, occupational therapists and social workers. This has actually been an issue of much discussion for decades because better interdisciplinary cooperation could ensure more efficient and sustained care for patients, and in Norway there is already a very good statutory basis. It is still only possible in individual cases, though. Further training and education measures focussing on cooperation, where members of different occupational groups could and should participate, would be one option that would improve the situation.

In future, we must also implement more prevention and health promotion measures, while considering how to reach those groups of the population with low income and a low level of education. To date we still do not know enough about how to best achieve this, and so we will require even more scientific research in this area in future. In Norway the health system is also more seldom used by poor people, which is directly related to the relatively high patient contribution. The equivalent of around 20 euros is charged each time a patient visits their doctor, up to a top limit of around 200 euros per year.

A global health threat

Resistant bacteria are responsible for 25,000 deaths per year in the European Union alone. The most effective counterstrategy is a highly targeted use of antibiotics and limitation of spread of infections and resistant bacteria. Sweden has 20 years of experience in doing just that. **Text:** Dietmar Schobel



Photo: Public Health Agency of Sweden

DATA AND FACTS

Antimicrobial Resistance (AMR) is the ability of microorganisms to resist antimicrobial treatments, especially antibiotics. Excessive and inappropriate use of antimicrobial medicines and poor infection control practices have transformed AMR into a serious threat to public health worldwide. The consumption of specific antibiotics used for

treatment of multidrug-resistant bacterial infections increased significantly between 2010 and 2014. Extra healthcare costs and productivity losses due to multidrug-resistant bacteria in the European Union (EU) amount to 1.5 billion euros each year. 25,000 patients die annually in the EU alone as a result of infections caused by resist-

ant bacteria. Globally this number could be as high as 700,000. Some good news: in Denmark, Luxembourg, Slovenia, Spain and Sweden, there has been a significant decrease in antibiotic consumption in the community, outside hospitals.

Source: European Commission Fact Sheet on AMR in Europe

Antimicrobial resistance poses a fundamental, long-term threat to human health and sustainable food production in all parts of the world, in developing countries and developed countries," said UNO Secretary-General *Ban Ki Moon* in September 2016 at a high-level meeting of the United Nations. It was only the fourth time that a health topic was on the agenda at such a meeting of the heads of state, and all 193 member states of the United Nations agreed that effective countermeasures must be taken at global and national levels.

HOW HEALTH SYSTEMS CAN LEARN FROM EACH OTHER

According to details from the European Center for Disease Prevention and Control, in the European Union 25,000 people die every year as a result of infections caused by resistant bacteria. And experts estimate that globally up to 700,000 deaths per year are caused by the fact that antibiotics are no longer effective against certain bacteria because they have changed genetically in such a way that the medicine cannot harm them. This is a natural process, but it has been intensified to the extreme by the mass and untargeted employment of antibiotics, poor hygiene, excessive patient demand, and worldwide tourism, trade and migration over recent decades.

Optimising the use of antibiotics

“Developing new antibiotics is one of the potential counterstrategies. However, over the past 30 years not one true innovation has been launched on the market,” says *Malin Grape*, Head of the Unit for Antibiotics and Infection Control at the Public Health Agency of Sweden. It is therefore all the more important to reduce the number of infections and optimise the use of antibiotics. One way is to make doctors and patients aware of the importance of this subject by means of relevant informative literature such as brochures and



Photo: Lena Katarina Johansson

Malin Grape:

“The system will record the prevalence of antimicrobial resistance worldwide.”

other print media, websites and films. Antibiotics should only be used if they are absolutely necessary and also effective – to put it simply, not for a simple cough or the suchlike.

Since the mid-1990s Sweden has not just run information campaigns, but has also used several programmes and systems that document the use of antibiotics and where/when resistance has developed. For example, data on prescription practices together with other details are collected and published at brief intervals. This enables health experts to respond quickly to the results at regional and local levels. The strategy is successful: use has decreased in Sweden over roughly the last 20 years. In 2015 the lowest value in the European Economic Area was recorded for systemic antibiotics: 0.99 packets per 1,000 inhabitants and day. In comparison: the most frequent use was in France at 4.74 packets.

Swedish know-how used around the world

This know-how from Sweden will now be used at a global level. In August 2016 the Swedish Health Minister opened the WHO Collaborating Centre for Antimicrobial Resistance Containment in Solna, which is headed by Malin Grape and her colleague *Sonja Löfmark*. The key responsibilities of the centre include contributing to the development of the GLObal Antimicrobial resistance Surveillance System (GLASS). “The system will record the prevalence of antimicrobial resistance worldwide with the greatest possible coverage, and support the participating states in their fight against this,” Malin Grape explains. 47 of the WHO member states are currently actively participating in the system, which corresponds to roughly 20 per cent. An increase in this figure to 40 per cent by the end of 2019 is planned. More information on this topic can be found at www.folkhalsomyndigheten.se/amrsweden/glass.

A research project aims to determine what criteria can be used to apply models of good practice in healthcare to other regions or settings.

“The health systems across Europe are facing similar challenges in many areas. Above all, these are rising costs, the increase in chronic diseases



Photo: private

and multi-morbidity, staff shortages, and also the fact that it is becoming more likely for patients to have unequal access to health services,” says *Walter Ricciardi*, President of the Italian National Institute of Health. It is therefore urgently necessary to find more effective, sustainable and innovative ways to organise, finance and provide health services, working on a scientifically substantiated basis. The project TO-REACH (Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems) aims to support this process, with Walter Ricciardi as its Coordinating Principal Investigator. At the end of January 2017, the kick-off meeting took place in Rome and was attended by 29 partners from 17 EU countries, plus Norway, Canada, Israel and the US. The participants included funding institutions, ministries and other authorities from the health sector, and also research institutes.

Scaling up of good models of healthcare

“We are ultimately concerned with specifying the elements of good models of healthcare and scaling them up across borders wherever possible,” explains Walter Ricciardi. In an initial step, TO-REACH will develop the necessary concepts and methods in order to achieve this. These will then serve as the basis of a further joint European research programme on health services and systems. Good prerequisites for the latter programme will be created by a second important area of activity at TO-REACH: the project also aims to improve cooperation between funding institutions on different levels. The website www.to-reach.eu contains further information on this extensive research initiative.

With combined forces

New structures in the health system and innovative methods in health communication can produce synergies for the prevention and treatment of non-communicable and communicable diseases. **Text:** Dietmar Schobel



Photo: Fotolia.com - vege

Communicable and non-communicable diseases have little in common at first glance. But a second look reveals that they are actually quite closely connected. For instance, non-communicable disorders such as diabetes and chronic heart and lung disease can increase the risk of communicable disorders. Diabetics and people with chronic lung disease have a higher risk of developing complications during an influenza infection, for example. "In addition, many non-communicable diseases are also treated with immunosuppressive medicines, which increase the risk of infections as well," explains *Aura Timen*, Head of the National Coordination Centre for Communicable Disease Control

and President of the EUPHA section on Infectious Diseases Control. Furthermore, vaccinations prevent not only infectious diseases, but also certain forms of cancer, specifically through protection against human papillomavirus (HPV), for example. Research into the microbiome, or the trillions of bacteria that colonise the intestines, mucous membranes and skin of the human body, indicates further connections. It is possible that in future this will lead to better explanations of how various chronic diseases develop, for example chronic inflammatory bowel disease and certain allergies.

Synergies are possible

In the area of health promotion, smart

strategies developed for both communicable and non-communicable diseases can also produce synergies and thus lead to greater cost efficiency. For instance, health promotion measures could aim not only to increase knowledge among the population regarding prevention against lifestyle diseases, but also to explain to people about the best way to avoid infectious diseases. "We must enable people to make a healthier choice, not only with respect to nutrition, physical activity and mental health, but also in relation to vaccinations, for example," says *Aura Timen*. Socially disadvantaged people and specifically those with a low income and low level of education should be awarded particular attention as they are disproportionately affected by chronic diseases and are frequently also less likely to be able to obtain healthcare. Experience has shown that this group is best reached if those affected are involved to the greatest possible extent in the development of measures and if their needs are addressed. This applies to health promotion in general and also to the prevention of communicable and non-communicable diseases.

Reorganising the health system

"Synergies between large areas relating to non-communicable and communicable diseases are definitely possible in communication measures, and better translation of existing scientific evidence into policy and practice, and these should be

Photo: private



Iveta Nagyova:
“Synergies are definitely possible in communication measures, and better translation of existing scientific evidence into policy and practice, and these should be ensured.”

Photo: Tjitske Sluis



Aura Timen:
“We must enable people to make a healthier choice, also in relation to vaccinations.”

ensured,” confirms *Iveta Nagyova*, Head of the Department of Social and Behavioural Medicine at Safarik University in Košice, Slovakia and President of the EUPHA section on Chronic Diseases. An expert from Slovakia, she also supports increased implementation of the model for integrated care in practice and therefore reorganisation of the healthcare system as a whole. The concept required for this was developed back in the 1980s, and its focal areas include better coordination between health and social services,

more efficient use of information and communication technologies, strengthening the role of primary care, evidence-based practice, and awarding greater importance to the self-management of diseases. The primary aim of integrated care is to enable better management of the increasing number of chronic diseases. “However, this also brings changes which benefit the entire health system, as there are diseases that begin with infection and then become chronic – such as following infections with the HIV virus,” says *Iveta Nagyova*.

DATA AND FACTS

Among the six regions of the World Health Organization (WHO), the European Region has the highest number of people with **non-communicable diseases**, and the related burden continues to increase at an alarming pace. Diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders are together responsible for an estimated 86 per cent of deaths and 77 per cent of the disease burden. The positive news is that non-communicable diseases are connected to a large extent with risk factors such as unhealthy nutrition, smoking, alcohol abuse, overweight, and lack of exercise. This can be influenced positively by changes in the environment in which people live and also their behaviour.

Communicable diseases still present a major threat to the health of the population in Europe. For instance, in the WHO European Region an estimated 15 million people

are infected with chronic hepatitis B and 14 million with hepatitis C. At the end of 2015 there were two million people who had been diagnosed with HIV. 153,000 of these were newly reported in 2015, which is the highest number since records began in the 1980s. In 2015 there were also 323,000 new cases of tuberculosis in the WHO European Region, and 32,000 deaths as a result of this infectious disease. From a general perspective, socio-economic, environmental and behavioural factors boost the spread of infectious diseases and new disorders must always be anticipated, specifically as a result of climate change, migration and the increasing number of people who travel around the world on holiday and business. One expert for the control of infectious diseases summarises the situation as follows: “We must be prepared for the unexpected.”

Source: World Health Organization (WHO) Regional Office for Europe

Structures that are accessible to all people

Both *Aura Timen* and *Iveta Nagyova* are demanding a reorganisation of the health systems for the future and place a focus on the patient perspective: “The overall goal should be for us to set up sound structures both for health promotion and prevention, and also for healthcare, that are accessible to all people in the same way. This plays a role in the prevention and treatment of communicable diseases and also of non-communicable diseases.”

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We must be committed to preserving strong and sustainable social security

Aaron Reeves from the International Inequalities Institute in London explains in an interview why social security reduces health differences and why public health experts must be committed to creating strong and sustainable social security programmes. **Text:** Dietmar Schobel

HEALTHY EUROPE

How has inequality between rich and poor people developed in European countries over the past decades?

Aaron Reeves: The economic differences between people with high and low incomes and wealth grew considerably during the 1980s and 1990s. However, since the onset of the economic crisis in 2007, this development has slowed as wage stagnation has been observed for several years now. Despite some reduction in income inequality in certain countries, the economic differences are still much greater than back in the 1950s, 1960s and 1970s.

HEALTHY EUROPE

Economic inequalities are linked to health inequalities. How has this changed in the recent past?

Unlike economic differences, the differences in health that exist between the groups with high and low incomes and levels of education have continued to increase. Although the health status of people in European countries and their life expectancy have improved on average overall, the socially disadvantaged groups have benefitted to a lesser extent and in some places not very much at all.



Photo: Johnér_Scandinav

however, the absolute health differences between the vulnerable and privileged groups of the population are comparatively small. The nations in which citizens are offered a relatively high level of social security include the Netherlands, Germany, Austria and the Nordic countries of Denmark, Finland, Norway and Sweden, for example.

HEALTHY EUROPE

Does this mean that measures to improve social security can be expected to reduce health inequality as well?

There certainly seems to be an association and this has been documented in numerous scientific studies. Positive effects can be expected here predominantly from state measures that increase job security, reduce unemployment, guarantee a minimum wage and adequate pensions, make free education accessible to all and also ensure good compatibility of work and family life. Having said this, in many countries we are currently observing a development in the opposite direction: social security is increasingly at risk and the extent to which vulnerable groups are provided with support is decreasing. And so it is all the more important that, as public health experts, we are particularly committed to preserving strong and sustainable social security programmes and also to make sure that they benefit those people who require them.

HEALTHY EUROPE

Can a similar development be observed in all other European countries?

The economic and health systems in the countries of the European Union and European Economic Area are very different in some respects. Nevertheless, as a general trend we can detect that health inequalities are greater in those countries that are more market-oriented such as the UK and some of the Eastern European countries. In countries with a robust system of state welfare,



Photo: private

“The differences in health have continued to increase.”

AARON REEVES FROM THE INTERNATIONAL INEQUALITIES INSTITUTE IN LONDON

The health differences between and within European countries are significant. "Healthy Europe" presents some interesting examples.



Photo: Calle Bredberg Scandinav

15.2

more years in good health can be expected by men in Sweden at the age of 65. This is the highest number in the European Union, ahead of Malta with 13.3 and Ireland with 11.4. The lowest number is in Latvia, at 4.0 years. Women in Sweden are also privileged and can expect to live in good health for another 16.7 years on average when they reach 65.

Maltese women are in second place with 13.7 years, followed by Danish women with 12.8 more years in good health at the age of 65. Women in Slovakia come last in this list, at 3.6 years. Source: Eurostat

78

per cent of the richest fifth of the population in the countries of the European Union stated in 2015 that their health is "good" or "very good". In the poorest fifth, on the other hand, only around 60 per cent reported that their health was "good" or "very good".

Source: Eurostat



Photo: Fotolia.com - Romolo Tavani

0.246

has been measured as the Gini coefficient in Iceland; this is the lowest value in the European Economic Area. Slovakia (0.247) and Slovenia (0.251) also have very low values comparatively. The Gini coefficient in Lithuania is the highest at 0.38, and it is also relatively high in the UK at 0.36 and Latvia at 0.35. The lower the value, the more evenly distributed the income and wealth in a country.

Source: OEDC – www.compareyourcountry.org



Photo: Fotolia.com - vitalymateha

6



Photo: Fotolia.com - DDRockstar

years is the amount that the average life expectancy has increased for citizens of the European Union over roughly the past 25 years. In 1990 the life expectancy averaged 74.2 years, and in 2014 it had already risen to 80.9 years. The considerable differences within and between the countries have remained. In Western Europe the life expectancy tends to be higher, and it is lower in Central and Eastern Europe. The average life expectancy in 2014 was 74.5 years in Latvia and Bulgaria, and the highest was in Spain at 83.3 years. Source: OEDC – Health at a Glance: Europe 2016 and EuroHealthNet: Health Equity in the EU



Photo: Lena Katarina Johansson

Louise Mannheimer: "Sexual health requires the opportunity for pleasurable and safe sexual experiences that are free from pressure, discrimination or violence."

Sexual health is a part of life whatever your age. It is inextricably linked to health as a whole, to a feeling of well-being and the quality of life, and requires the opportunity for pleasurable and safe sexual experiences that are free from pressure, discrimination or violence," says *Louise Mannheimer*, describing her field of work. She is Head of the Unit for Sexual Health at the Public Health Agency of Sweden and her work includes the execution of studies on various thematic areas with her team of 15 colleagues. These areas include HIV and STI prevention and health promotion regarding the sexual health of people in Sweden as a whole, with a special focus on people most at risk

WOMEN IN GLOBAL HEALTH

In some areas of work in the health services, up to three quarters of the workforce are women, although they still very rarely occupy management positions. The initiative "Women in Global Health" wishes to draw attention to this situation worldwide and is committed to achieving greater gender equality. In May 2017, awards were therefore presented to 13 "heroines of health" from Europe, Africa and Asia who have rendered excellent services in their country and area of work. Louise Mannheimer, Head of the Unit for Sexual Health at the Public Health Agency of Sweden, is one of them. Further information on this is available at www.womeningh.org.

Sexual health is a part of life at every age

Sexual health is inextricably linked to health as a whole. A large-scale study in Sweden will now provide more insight into the connections.

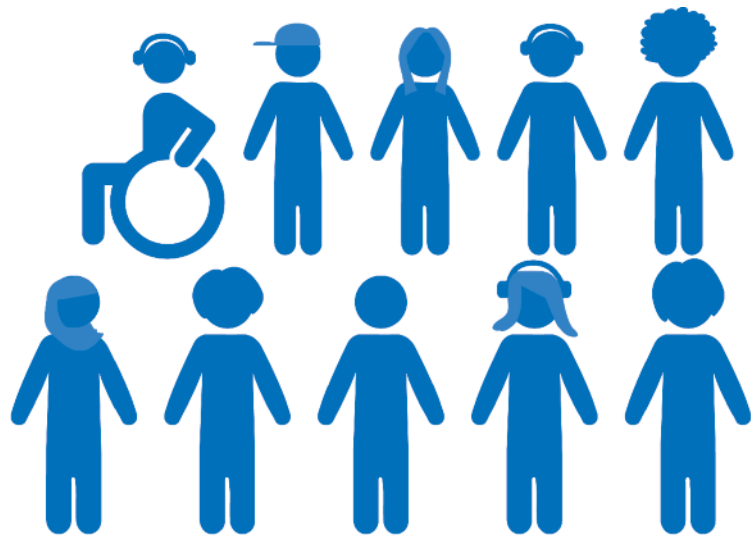


Photo: Public Health Agency of Sweden

but also generally on teenagers and young adults, the rights of lesbian, gay, bisexual and transgender people, and also violence against women.

The right of every man and woman to their own body is a key component of sexual health. This naturally also includes the ability to be able to decide when and with whom you wish to enter into a sexual relationship. However, 40 per cent of 16 to 29 year-olds in Sweden report that they have experienced sex against their will at least once or more, with the number of women twice as high as the number of men. This was revealed by a study published in 2017 by the Public Health Agency of Sweden. "There is still a great deal that needs to be done before we actually reach our goal of ensuring that the sexual rights of all people are observed, protected, and fulfilled," says Louise Mannheimer.

Prevention using informative sexual education

Prevention aims to improve the preconditions for this, with public awareness campaigns and

informative sexual education at schools. In Sweden, this first began back in the 1930s, and the sexuality education programme has been implemented on a wider scale since the 1950s. Today, the goal is particularly to enable children and young people to make informed choices in relation to their age. As well as addressing girls, boys are particularly encouraged to think about their body and sexuality, and also about their norms of masculinity. The Public Health Agency of Sweden is currently conducting a study that aims to produce a particularly comprehensive picture of the sexual and reproductive health of Swedish people. 50,000 people are being given a form with such questions as whether they are satisfied with their sex life, what factors improve it, what problems they may have, and how this has an effect on their health. "The initial results will be available in the coming year," explains Louise Mannheimer. "We want to derive recommendations for policymakers and social/health services that specify what should be improved with regard to the sexual health of the population."

Closing the gap between research and practice

The results of public health research are not put into practice quickly enough or with sufficiently widespread dissemination. A European network is set to change this.

Numerous research findings now show how prevention and health promotion can be implemented successfully. At the same time, however, only very few of these scientific findings are also being put into practice on a broader level in public health across Europe. We must therefore attempt to close this gap," says *Silvio Brusaferrò*, Professor of Hygiene and Preventive Medicine at the University of Udine in Italy and Head of the European Public Health Association (EUPHA) Practice Pillar.

Meta-criteria should be defined

A European scientific network now aims to ensure that this will change. In an initial step, meta-criteria will be defined by a EUPHA working group to establish the elements of good practice models in public health. This will be an overarching process that spans all the EUPHA sections, and if possible all 21 sections of EUPHA should participate, including the food and nutrition section, injury prevention and safety promotion, infectious diseases control, health technology assessment, and also public mental health, for example. As a result, a collection of examples of good practice in public health will be put together and made available on the internet. Recommendations for the implementation and evaluation of these proven models will also be drawn up.

The new network will also be oriented on role models, including for example the European Union Network for Patient Safety and Quality of Care (PaSQ), which was established in 2012. Its focus is likewise on creating improvement by exchanging experiences and boosting the implementation of best-practice models in patient safety initiatives. The website www.pasq.eu contains further information. The Best Practice Database set up by the Canadian Public Health Agency back in 2008 has also supplied initial points of reference. A large

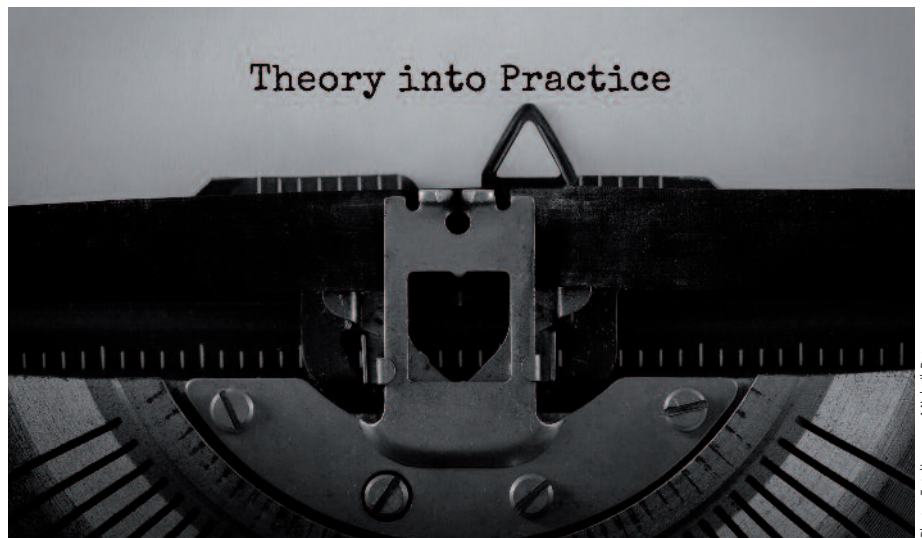


Photo: Fotolia.com - Michail Petrov

number of clearly laid-out and easily understandable descriptions of successful interventions have been published on the website cbpp-pcpe.phac-aspc.gc.ca, on topics such as "health equity", "preventing violence" and "maternal and infant health", for example.

Making knowledge available throughout Europe

"The knowledge and the experiences present at national level should be made available in all European countries in future. In this way,

evidence-based scientific findings can be put into practice more quickly and with more widespread dissemination to improve the health of the population," explains Silvio Brusaferrò, summarising the goals and objectives of this initiative within the EUPHA Practice Pillar. The three other cornerstones of work at EUPHA constitute activities by the European association in the areas of policy, research and also education & training. Further information on the new European network for good practice in public health is available from: silvio.brusaferrò@uniud.it



Photo: private

"The knowledge present at national level should be made available in all European countries in future."

SILVIO BRUSAFERRO

What makes Sweden's vaccination programme so successful?

In an international comparison, Swedish children are very well protected against diseases that can be prevented by vaccinations. The child healthcare centres and the work of the district nurses play a major part in this success. Text: Dietmar Schobel



Photo: Claudio Bresciani / Scampix

In Sweden a relatively large number of children are vaccinated compared to the rest of the world," says Ann Lindstrand, Head of the Vaccine and Register Unit at the Public Health Agency of Sweden. 97.5 per cent of 2-year-olds have al-

ready received the necessary three doses against diphtheria, tetanus and pertussis (whooping cough) and 96.7 per cent have received the two doses against measles, mumps and rubella (German measles).

The most important reason for the

encouragingly high vaccination coverage is the successful work at the child healthcare centres in Sweden, explains Ann Lindstrand, where between 450 and 500 children up to the age of five are cared for by a district nurse who also gives vaccina-

Photo: Lena Katarina Johansson



Ann Lindstrand:
“In Sweden a relatively large number of children are vaccinated compared to the rest of the world.”

tions. 99 per cent of parents use these free services offered by the child healthcare centres. They visit the centres with their children between 14 and 20 times in the first five years as part of the basic programme for the healthcare of young children. “This allows trust to develop between the family and the district nurse, which doubtlessly plays an important role in acceptance of the necessary vaccinations,” states Ann Lindstrand.

Groups that are difficult to reach

Of course, in Sweden there are also groups of the population that are sceptical about vaccinations. These include the Somali community in the Stockholm region, for example, where only 70 per cent of 2-year-olds were vaccinated against measles, mumps and rubella in 2015. “This group still holds the belief that autism can be caused by the measles vaccination, even though it was proven long ago that there is no scientific evidence to support this fear,” says Ann Lindstrand.

A project is currently attempting to achieve greater reach within the Somali community and to make the people aware that it is important for their children to be protected by vaccinations, as measles can have fatal consequences. The project uses films and other informative literature.

Members who are highly respected in the Somali community attend workshops on the topic of vaccinations which aim to enable them to pass on their knowledge as peers within their group. Staff at the child healthcare centres also receive special training in how to communicate with parents who are sceptical about vaccinations.

More queries

In-depth knowledge about the benefits of vaccinations and potential side effects is becoming far more important for health professionals as well. The number of queries from all groups of the population on the subject of vaccinations is growing, particularly because there is so much – frequently incorrect – information about them on the internet and social media. “The vaccination coverage in Sweden has not decreased as a result, thank goodness,” says Ann Lindstrand. “However, it is becoming increasingly important for health professionals to remain well informed and up to date so they are prepared to answer their patients’ questions. And they must also set aside the necessary time for this.”

A HEALTHY UPBRINGING RIGHT FROM THE START

The Swedish system of child healthcare centres is a success story. The legal background was put in place as early as 1938, with a focus on prevention and health promotion. Today, there are more than 1,000 of these centres across the country, where children under the age of five are treated free of charge above all by district nurses. 99 per cent of parents come to the healthcare centres in order to take advantage of the state-run basic programme for their children. This begins straight after a child is born, when a district nurse comes to the house, and afterwards includes the recommended vaccinations as well as the close observation of the children’s physical and intellectual development, specifically their speech, sight and hearing. Parents also receive advice on the subjects of accident prevention, breastfeeding, nutrition and sleeping, and are told why specifically children should not be exposed to tobacco smoke. They can take part in parent groups as well, where issues relating to upbringing are discussed. The child is also examined by a doctor at the age of two, six and ten months.



Photo: Anne Dillner Scandinav



Caroline Costongs:
 “In a broader sense, however, all 20 principles of the ‘European Pillar of Social Rights’ are connected to the health of the population.”

A pillar for a more social Europe

In April 2017 the European Commission presented the “European Pillar of Social Rights”. This policy document aims to contribute to creating a fair labour market and also a more social and healthier Europe overall.

We have to step up the work for a fair and truly pan-European labour market. As part of these efforts, we will develop a European Pillar of Social Rights, which takes account of the changing realities of Europe’s societies and the world of work,” said *Jean-Claude Juncker*, President of the European Commission, in his speech to the European Parliament in September 2015. In March 2016 a first outline was presented. Policy representatives and organisations from across Europe subsequently had the opportunity to submit feedback, and in January 2017 a revised version of the European Pillar of Social Rights was drawn up at a top-level conference.

One of the most important priorities of the European Commission is to shape the European Union in a manner that is fair, social and inclusive – in other words, to provide all individuals and groups with an equal opportunity to participate. The social pillar reflects this in 20 principles that aim to cover three areas in particular:

- Equal opportunities and access to the labour market
- Fair working conditions
- Social protection and inclusion.

Specifically, it focuses on gender equality, fair wages, and also childcare possibilities. Healthy and safe work environments and also the timely access to affordable and good healthcare are another two of the principles.

Connection with health

“In a broader sense, however, all 20 principles are connected to the health of the population,” emphasises *Caroline Costongs*, Director of EuroHealthNet, the Brussels-based European network of health-promoting agencies and public health institutes. The proposals in the European Pillar of Social Rights are only



recommendations because social and health laws are handled by the Member States of the European Union. It is nevertheless a positive initiative that the health community should be aware of, says Caroline Costongs: “It returns more importance to social and therefore health issues at a European level, following the focus of the European Union agenda on austerity and economic issues in recent years.” A joint declaration is planned to be issued before the end of 2017 by the European Commission together with the Council of the European Union and the EU Parliament, which will lend the social pillar even greater significance.

A “social scoreboard” also aims to measure how the Member States develop in future in relation to the 20 principles in the European Pillar of Social Rights. The “self-reported unmet need for medical care” for people in the Member States will serve as an indicator of this, for

example, or the number of children aged less than 3 years in formal childcare, or the extent of income inequality in a Member State. The results of the annual evaluation will be taken into consideration in the “European Semester” – the cycle specified by the European Commission for each country’s economic policy recommendations for the following twelve to 18 months. “This can have very concrete effects on health and social policy in the Member States,” stresses Caroline Costongs. Further information on this topic can be found on the internet at ec.europa.eu/commission/priorities in the area “A deeper and fairer economic and monetary union” under “European Pillar of Social Rights”. EuroHealthNet has also provided factsheets and a news release analysing the impact of the European Pillar of Social Rights on health. All documents can be found by visiting EuroHealthNet.eu and searching for “social pillar”.

New ways of improving public health in Europe

The eleventh European Public Health (EPH) Conference will take place in 2018 in Slovenia's capital city, Ljubljana. It will focus on how new ways can be found to improve public health in Europe.

A City Made-to-Measure": this is the slogan used by Ljubljana to attract visitors to its central location in Europe. The Slovenian capital city with its roughly 300,000 inhabitants and very well-preserved old town indeed has everything that is needed by a major city, and yet it also has the familiar and leisurely flair of a small town. These are the ideal conditions for a conference city, and in the coming year the culture and congress centre at the centre of Ljubljana, Cankarjev dom, will host the eleventh European Public Health (EPH) Conference from 28 November to 1 December.

"We are expecting up to 2,000 participants and have chosen 'New ways of improving public health in Europe' as an overarching topic for the conference," says *Ivan Erzen*, Chair of the EPH Conference 2018, Professor of Public Health at the University of Ljubljana and Director of the National Institute of Public Health in Slovenia. He explains: "This refers to the changes that are currently taking place in society and also in public health owing to digitisation, globalisation and other developments."

Better equipped to face the challenges

The biggest change in the area of public health in recent decades has been the increase in the importance of non-communicable diseases such as cancer, diabetes, cardiovascular diseases, chronic respiratory diseases and also psychological complaints, compared to infectious diseases which no longer comprise the largest share of the disease burden (see also the article on pages 14 and 15). However, so far it has not been possible to cope adequately with this growing challenge, says Erzen. "We must therefore reorientate the field of public health,



Photo: A. Fevzer

The eleventh European Public Health Conference will take place in the culture and congress centre Cankarjev dom in Ljubljana, Slovenia.

develop new methods and equip the next generation of medical professionals with new skills, including for patient communication, because the relationship between doctor and patient has changed over recent decades as well."

Expanding prevention and health promotion

Prevention and health promotion must be expanded in future, says Ivan Erzen, and the Slovenian health system already offers comparatively favourable conditions for this. In this country, primary healthcare is provided for its two million inhabitants by teams of doctors and nurses at a considerable number of the 54 district centres, where health promotion measures such as assistance with giving up smoking and weight loss groups are also offered. In a pilot project between 2014 and 2016, three of these primary healthcare centres cooperated intensively with institutions from other sectors

such as social welfare offices, schools and child-care facilities. The aim was to increase the inclusion into prevention and health promotion measures of socially disadvantaged groups that are otherwise so difficult to reach. This has been successful, and the project is therefore being expanded over the coming years to include 23 more primary healthcare centres with support from the European Social Fund.

The initiative in Slovenia is a successful example of new ways in public health where health equity is observed at the same time. The presentation and exchange of best-practice models will also play an important role at the EPH Conference in 2018. Ivan Erzen summarises: "We want to pursue an in-depth examination into which systems and programmes work best on what level, and also how public health practitioners should proceed in today's society to ensure that their work has the desired effects."

Ivan Erzen:
"The relationship between doctor and patient has also changed over recent decades."



Photo: private

FOUR DAYS

PRE-CONFERENCES

MAIN CONFERENCE

NETWORKING

EXHIBITION

11th European Public Health Conference
Cankarjev Dom, Ljubljana, Slovenia

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