CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy europe

EPH CONFERENCE 2019

Building bridges for solidarity and public health

Migration & health

Equal access to healthcare for all

Interviews

Sophie Beau

Yves Charpak

Jérôme Salomon

Sexual minority health

There is still a long way to go

NOVEMBER 2019

EUPHA EUROPEAN PUBLIC HEALTH ASSOCIATION

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CONTENTS

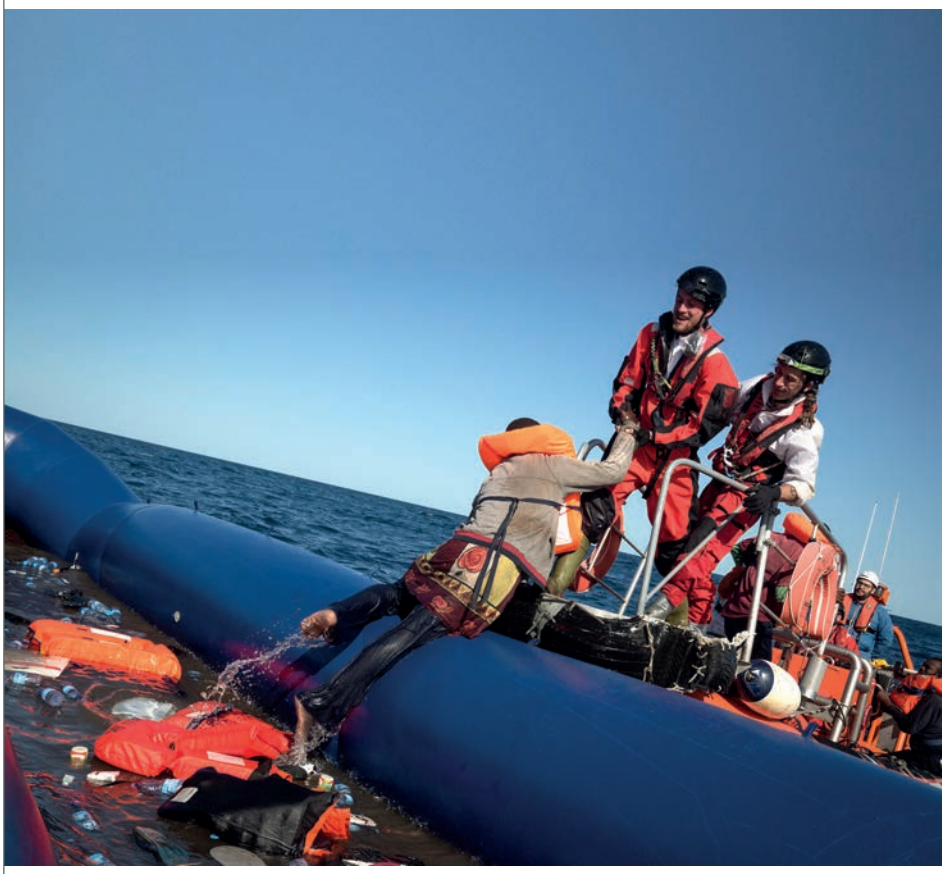


Photo: Anthony JEAN

Photo: Fotolia.com - DisobeyArt

20 There is still a long way to go

The health of lesbian, gay, bisexual and transgender people became a field of research in Europe only a few years ago.

EDITORIAL

Dear Readers,

Photo: EUPHA

Photo: EUPHA

We are living in an age where many people are looking to divide rather than find common ground. Even so, public health remains based on science and practical experience that is dedicated to the health of all people in the population to the same extent. The topic of the 2019 European Public Health (EPH) Conference in Marseille puts current concerns in a nutshell: 'Building bridges for solidarity and public health'. The conference is organised by the EPH Conference Foundation, together with the European Public Health Association (EUPHA) and the French Society for Public Health (Société Française de Santé Publique – SFSP).

The proposed EUPHA strategy for the years 2020 to 2025 outlines how we can analyse the scientific evidence as our starting point for advocacy and action. More details on this can be found in an interview with EUPHA President *Natasha Azzopardi Muscat* on page 5 of this issue of 'Healthy Europe', which has been published especially for the EPH Conference in 2019. On page 6 *Yves Charpak*, SFSP Vice-President and Chair of the EPH Conference 2019 in Marseille, describes how the conference developed. In a further interview, *Sophie Beau* explains why she became co-founder of the organisation SOS Méditerranée and describes the current situation of rescuers in the Mediterranean Sea. 'Migration and Ethnic Minority Health' is also the topic of one of EUPHA's current 22 sections. Its President *Bernadette Kumar* demands that falsehoods on migration currently circulating in many places should be countered with the facts. *Jérôme Salomon*, Director General of Health in France, explains why prevention has priority in France's first National Public Health Plan, and Chair of the 9th International Digital Public Health (DPH) Conference *Patty Kostkova* specifies the key content of this conference together with co-organiser *Caroline Wood*. The DPH Conference organised in parallel to the EPH Conference also focusses on building bridges: between countries and regions, just as between different professions.

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

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

'I conduct research into how to prevent, control, and manage chronic diseases'

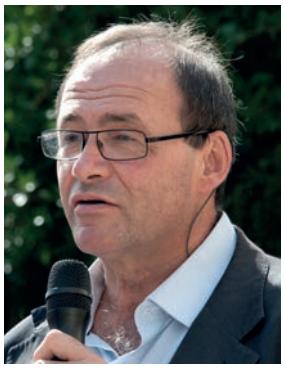
IVETA NAGYOVA, PRESIDENT-ELECT OF EUPHA

Iveta Nagyova was born in 1972, grew up in Velke Kapusany, and also went to school in this small town in the far east of Slovakia. She studied in Kosice from 1990, and now recalls: 'I was always very interested in medicine as well, but ultimately decided to study psychology'. She adds that her decision was mainly influenced by her great interest in research and understanding people's thinking, their motives and brain functioning in general. In 1995 Iveta Nagyova graduated with a master's degree in clinical psychology from the Pavol Jozef Safarik University in Kosice. She obtained her PhD in medical sciences from the University of Groningen in the Netherlands, and in 2015-2017 she participated in the Oxford International Primary Care Research Leadership Programme, Cohort 10. Her professional career began in 1995 as junior researcher at the Department of Social and Behavioural Medicine in the Faculty of Medicine at the University in Kosice. Since 2015 she has been head of this department. Iveta Nagyova is also President-elect of the European Public Health Association (EUPHA) and will take office in 2021 as the successor to Natasha Azzopardi Muscat. 'A central point of my research work for around the last 25 years is on how to prevent, control, and manage chronic diseases – with special focus on how the quality of life can be improved for chronically ill people and how the care services should be reorganised,' says Iveta Nagyova. She is married and has an 11-year-old son. In her free time she likes to go hiking, and she is also very interested in design and architecture – particularly minimalism and Bauhaus are among her specific interests.

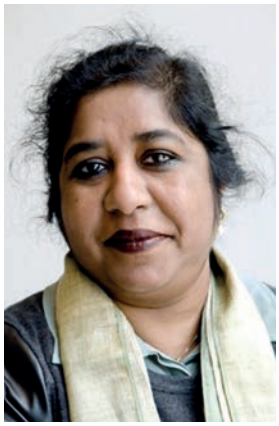
'I walk as much as possible every day – but I hate jogging.'

YVES CHARPAK, CHAIR OF THE 12TH EUROPEAN PUBLIC HEALTH CONFERENCE

Yves Charpak is Chair of the 12th European Public Health Conference in Marseille. He was born in Paris in 1954 and graduated in medicine in France's capital city as well, although he grew up in the Jura Mountains close to Geneva from the age of 5 to 17. Between 1981 and 1987 he worked for the University Hospital (AP-HP) and the National Health Institute (INSERM) in Paris as a researcher in clinical epidemiology and evaluation of health practices, and subsequently founded EVAL, a consultancy company for the evaluation of health systems, which he managed for 12 years. Since 2000 he has worked for the WHO Regional Office for Europe as senior policy advisor. Yves Charpak was also the WHO Europe representative at the European Union for three years. He returned to Paris in 2007 as Director of International Affairs at the Institut Pasteur, after which he became Director of Studies at the French Blood Transfusion System (EFS). Yves Charpak is Vice-President of the Société Française de Santé Publique (SFSP), and represents SFSP on the Governing Board of the European Public Health Association. What is his personal health strategy? 'At a certain age, everyone has some kind of affliction. This makes it all the more important to keep an eye on your lifestyle in order to remain independent for as long as possible,' remarks the French



public health expert. He likes to cycle in the Forêt de Fontainebleau, does yoga, and in winter he goes skiing in Val d'Isère and Chamonix. 'Besides that, I walk as much as possible every day – but I hate jogging,' says Yves Charpak. He is married and has three children.



'The purpose of medicine is to save lives and strive for fairness.'

BERNADETTE NIRMAL KUMAR, PRESIDENT OF THE EUPHA SECTION FOR MIGRANT HEALTH

'The purpose of medicine is to save people's lives. – That is what my professors taught me during my university studies, and that is what has shaped me,' says Bernadette Nirmal Kumar. 'Hospitals fight for every single life, and in public health we fight for fairness and access to healthcare for the entire population,' she remarks. Since 2018 she has been President of the section for Migrant and ethnic minority health of the European Public Health Association (EUPHA) and is striving to achieve zero tolerance to xenophobia. Bernadette Nirmal Kumar was born in 1965 in New Delhi, India, and studied medicine at St. John's Medical College, Bangalore. She has eleven years of experience working for international organisations in South Sudan, Somalia, Northwest Kenya, the West Bank and Gaza, North Korea, China and Bhutan. 'I have never lived in one place for more than five years at a time,' she says. From 2000, she coordinated and led the first ever health survey among immigrants in Oslo and her research since then has focussed on migration and health. She is currently living with her husband, the Norwegian ambassador to Nepal, and her 15-year-old daughter in Kathmandu. Her 21-year-old son is studying in Norway. Bernadette Nirmal Kumar meditates for at least 10 minutes every day, likes to go hiking with friends, and loves cooking. She believes that 'food is medicine', and when she has time, she would like to write a cookbook. The planned topic: 'Norwegian-Indian fusion cooking'.

Photos: private, Thor Indseth

Achieving a triple A rating for health

Natasha Azzopardi Muscat, President of the European Public Health Association (EUPHA), in an interview on developments at EUPHA over recent years and the proposed EUPHA strategy for the years 2020 to 2025.

HEALTHY EUROPE

Natasha, you have been President of the European Public Health Association (EUPHA) for three years now. How would you describe the progress made during that time?

Natasha Azzopardi Muscat: In my activities as President of EUPHA, I have been able to build on the superb work and visionary concepts of my direct predecessors Walter Ricciardi and Martin McKee, and progress has been very positive. EUPHA has grown in recent years, as has the number of participants at our annual European Public Health Conference, the largest meeting of experts in this area throughout Europe. I am especially pleased that several new and very active sections have been or are being created: Health workforce research, Sexual and gender minority health, and two new proposals – Digital health and Oral health. EUPHA always welcomes any interest in setting up new sections, and we especially want these to focus on topics that have increasing significance in research and society.

HEALTHY EUROPE

What other areas of activity in recent years should be highlighted?

The work of EUPHA in recent years has been very successful on all organisational levels. If I were to mention individual areas, then perhaps it would be the fact that we have managed to create structures that enable EUPHA representatives to comment on current issues in public and specifically in mass media without delay. This allows us to express the position of public health experts in Europe more concretely and give greater weight to our concerns at a political and social level. We have also intensified and strengthened our cooperation with institutions considerably – especially with the WHO Regional Office for Europe and also with the Directorate-General for Health and Food Safety of the European Commission.

HEALTHY EUROPE

Over recent months, work on the EUPHA strategy for the years 2020 to 2025 has been intense. What are the most important aspects of this strategy?

The proposed strategy bears the name 'Achieving a triple A rating for health in Europe' and the three As stand for Analysis, Advocacy and Action. This refers to the fact that

- analysing the scientific evidence as our starting point,
- as advocates when dealing with politicians, decision makers and citizens
- we ensure that the necessary action for better health of the population is ultimately derived from existing research results.

Our goal is therefore action, in the sense that everyone in Europe should be enabled to achieve the highest possible level of health. In doing so, we also want to increasingly involve our colleagues who are engaged in practical medical work in hospitals and community health clinics. And we also particularly want to reach those people who are currently being left behind, specifically those with a low income and low level of education.

HEALTHY EUROPE

Global warming, loss of biodiversity, and depletion of natural resources are worldwide problems that will ultimately have or already have a huge effect on our quality of life and health. Aren't global solutions necessary here?

Yes, that is definitely true, and the Sustainable Development Goals of the United Nations by 2030 present the framework for them. As a European scientific organisation, we would like to make the best possible contribution towards solutions to global problems. This is also reflected in the motto of the EPH Conference 2019 in Marseille: 'Building Bridges'. The title doesn't refer only to bridges between different occupations and scientific disciplines, but also to bridges between continents. And for the first time, the EPH Conference 2020 in Rome will take place as part of the World Congress on Public Health, which will advance this global perspective even further.

Photo: Brian Cassar

'Scientific analysis should ultimately bring about action.'

NATASHA AZZOPARDI MUSCAT,
PRESIDENT OF THE EUROPEAN PUBLIC HEALTH ASSOCIATION

The challenges can only be mastered by working together

Yves Charpak, *Chair of the European Public Health (EPH) Conference in Marseille, on bridges between countries, continents, specialist disciplines and social sectors.*

HEALTHY EUROPE

Dr Charpak, the European Public Health (EPH) Conference in Marseille has chosen the following main topic: 'Building bridges for solidarity and public health'. What were the reasons for this motto?

Yves Charpak: The topic highlights that the major challenges of our time cannot be solved alone – we have to work together. It also refers quite specifically to certain areas that need to be connected. A bridge in this sense, i.e. improved connections and closer cooperation, needs to be created first between Europe and Africa. As Marseille is on the Mediterranean coast, the location itself inspired the decision to place this topic at the very heart of the conference, along with migration and its effects on health. For us Europeans, the Mediterranean Sea is a place where we go to relax. For refugees from Africa, it is a border that could kill. We also need to consider the fact that Africa is a continent that is changing rapidly right now, and Europe is much nearer than many of us realise. We shouldn't dismiss the massive differences within Africa, either. To name just one example: in a country like Algeria, public health spending per person is higher than in several countries of the WHO European Region.

HEALTHY EUROPE

Which areas still need to be connected by bridges?

In view of the global challenges, we need bridges not just between Europe and Africa, but between every continent. However, our conference theme also refers to the concept 'Health in All Policies' and the fact that the most important health issues cannot be solved by the health sector alone. In order to achieve this we need other sectors as well, such as agriculture, infrastructure, transport and education. As health experts, we could be much better at working with experts from these other areas: we frequently work in parallel on the same things instead of pursuing cooperation. Collaboration is often far too scarce even between specialists from the various branches of public health, or between scientists, decision makers and practitioners.

HEALTHY EUROPE

What are the highlights of the conference, in your opinion?

This year's European Public Health Conference will again offer numerous plenary sessions and workshops that provide an opportunity to acquire new knowledge at a highly specialised level, and to experience what experts in other countries are currently working on. I am especially pleased that around 100 participants from Africa are coming to Marseille. A separate workshop will be dedicated to communication between European and African experts.

HEALTHY EUROPE

How will the public health community in France benefit from the conference?

I am very proud that it has been possible to bring this year's European Public Health Conference to France. The huge interest shown by French public health experts illustrates that the commitment was worthwhile; at the 12th EPH Conference they will have the opportunity to network and exchange experiences with renowned international experts. The National Public Health Society of France will also convene during the conference – in French, with English interpreting for participants from other countries.

Photo: private

'Africa is much closer to Europe than many of us realise.'

YVES CHARPAK,
CHAIR OF THE 12TH EUROPEAN PUBLIC HEALTH CONFERENCE IN MARSEILLE

The main topics of the EPH Conference

The 12th European Public Health Conference in Marseille, France, has 17 thematic tracks that cover the broad range of public health issues in Europe and beyond.

A Solidarity in health
Rethinking health inequalities: persistence and change in European welfare states. Explaining socioeconomic inequalities in health.

B Migration and health
Interventions to improve migrants' healthcare access in Europe: from monitoring to practice.

C Digital applications in health
Digital technologies, AI and big data: the future of healthcare and what are the ethical challenges?

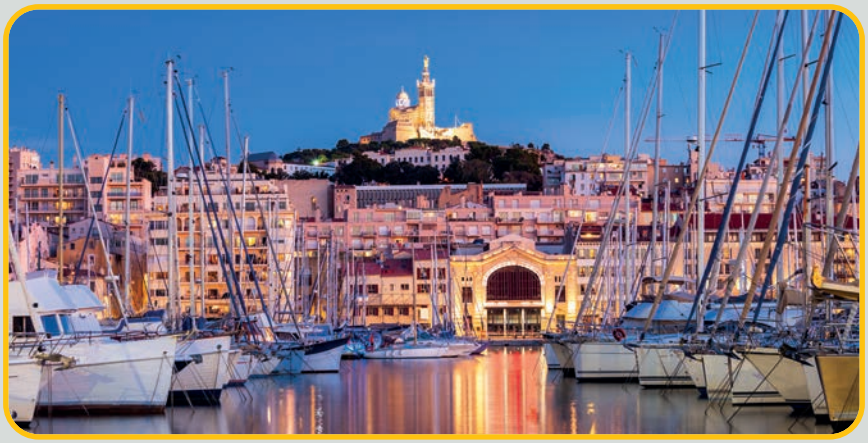
D European and global health
Paving the path to health systems of the future. How can we develop collaboration among public health associations in Europe and beyond?

E Public health policy and politics
Do political parties matter to health? The changing politics of solidarity and the welfare state: connecting politics with realities. Political parties, health and influence in the EU.

F Maternal, child and adolescent health
Promoting child-centred health systems. Giving children opportunities to live a healthy and meaningful life.

G Chronic diseases
The burden of chronic conditions and diseases as the leading cause of mortality and morbidity in Europe. Prevention, early detection, control and disease management.

H Health services research, systems and economics
Transferring innovation in health systems: the need for a research programme. Understanding quality of care and analysing different strategies.



I Infectious diseases control
Infectious diseases: surveillance and control, life-course vaccination, AMR, healthcare-associated infections, improving vaccine confidence.

K Mental health, LGBT and minorities
Liberté, égalité and fraternité in public health. Determinants of mental health. Health-related issues among minorities.

L Health assessments/Elderly care/Cancer
Making progress in the Health Impact Assessment: from theory to practice. Innovative care for older adults. Risk factors for cancer.

M Healthy living, food and nutrition
How can knowledge of behaviour changes be mobilised to promote health? How can healthy living environments be created at a local level?

N Health information and health literacy
Strengthening capacities in health information for better practice. Effective ways to strengthen health literacy in a variety of settings.

O Global health and environmental change
Climate change and energy issues in our life course and our environment. How can our behaviour limit climate change?

P Data, evidence and practice
Asking those concerned: co-creation in participatory epidemiology and health promotion. Methodologies for monitoring population health literacy.

Q Health workforce and health at work
Innovative approaches to health workforce training to develop new competences. Presenting research on sickness absence; returning to work and its challenges.

R Digital public health
The challenges of implementing healthcare technology across Europe and beyond. Digital health innovation: from proof of concept to public value.

Photo: Fotolia - saiko3p

Saving lives on the world's most deadly border

Sophie Beau, *in an interview on the organisation SOS Méditerranée that was co-founded by her, the current situation facing rescuers in the Mediterranean Sea, and why there is no pull effect.*

HEALTHY EUROPE

Mrs Beau, why was SOS Méditerranée set up?

Sophie Beau: SOS Méditerranée was set up by German captain Klaus Vogel and me in May 2015. The motive behind it was the largest humanitarian disaster that ever happened at sea, in the Mediterranean at the doorstep of Europe, while the one-year rescue operation that was conducted there by Italy's navy, the operation Mare Nostrum, ended in October 2014. Operation Mare Nostrum rescued around 150,000 people in distress at sea in the Strait of Sicily. Italy received absolutely no support from the European Union for this operation, though. And when it finished, there were no rescuers whatsoever in the international waters of the Mediterranean Sea. More people than ever before died in the attempt to cross the Mediterranean in inflatable dinghies and other unseaworthy vessels. We saw it as our duty as citizens, maritime and humanitarian professionals, to get active in an area where the national states and the European Union were failing to fulfil their responsibility.

HEALTHY EUROPE

When did SOS Méditerranée begin its operations?

The rescue ship 'Aquarius' that was chartered by us first went out in February 2016. Owing to sustained political pressure in Italy that turned into real harassment against the 'Aquarius', we had to terminate the charter contract for that ship in October 2018. Since August we have resumed our life-saving operations with the 'Ocean Viking'.

HEALTHY EUROPE

How is SOS Méditerranée organised and how is it financed?

SOS Méditerranée is a network of sister associations sharing the same mandate, based in Germany, France, Italy and Switzerland. We have office workers and for example in France there are about 500 volunteers who are active on behalf of SOS Méditerranée. For instance, they go into schools to explain our work to schoolchildren. On board our rescue ship 'Ocean Viking' there are 31 people in total: the crew, the SOS Méditerranée search and rescue team, and the medical team from our cooperation partner Doctors without Borders. Besides a medical doctor, the latter consists of nurses, a logistician, a cultural mediator and a midwife – six babies were born on board the 'Aquarius'. Our new ship, the 'Ocean Viking', sails under the Norwegian flag and has also been chartered. It costs €14,000 per day and is financed almost exclusively from donations. Ocean Viking's port is currently Marseille, since Italian ports were closed to rescue ships in 2018, while Marseille's harbour authorities have been very supportive of our action.

HEALTHY EUROPE

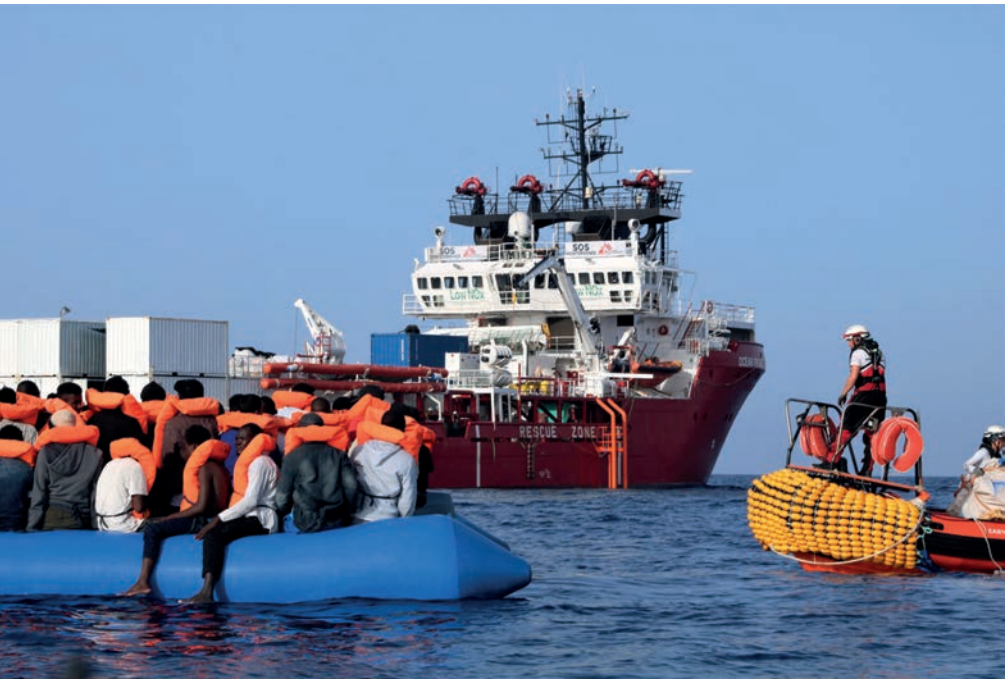
How has the situation for civil sea rescuers in the Mediterranean changed over recent years?

There were initial attempts to make civil sea rescue a criminal offence in 2017. However, according to international maritime law, refusing to help people who are in a life-threatening situation at sea makes you liable to criminal prosecution. In June 2018 Italy began to block its ports, closing them to civil maritime rescue ships, even though coastal states are legally obliged to allow rescued people on any ship to disembark ashore at the nearest place of safety. Until the summer of 2018, all operations were well coordinated by the Italian Maritime Rescue Coordination Centre. After sustained efforts from Italy supported by the European Union Member States, that responsibility was theoretically transferred to the Libyan coastguards. Our experience shows that Libyan authorities are totally failing to fulfil their obligations as a Maritime Rescue Coordination Centre. Besides that, since as early as the summer of 2017, we have repeatedly witnessed Libyan ships intercepting refugees in international waters and taking them back to Libya illegally.

'We saw it as our duty as citizens to get active.'

SOPHIE BEAU,
CO-FOUNDER OF SOS MÉDITERRANÉE

Photos: David Orme, Hannah Wallace Bowman/MSF



HEALTHY EUROPE

In which area are people being saved?

The Mediterranean Sea has become the world's most deadly border. The deaths of tens of thousands of people have been documented since 2000, up to 19,000 victims since 2014 according to the International Organization for Migration (IOM); these people have either drowned or are listed as missing. The estimated number of unknown cases is considered to be much higher, though. We don't know how many people never arrived because their boats sank and disappeared without a trace. In order to provide help where it is presumably needed most urgently, we send our ship to the Central Mediterranean, between Libya and Italy. This is the most deadly migratory route in the world, statistically speaking. People are always rescued outside Libyan territorial waters, the '12-mile zone'.

HEALTHY EUROPE

Where do the people who are rescued come from?

Up until the beginning of October 2019, SOS Méditerranée had rescued 30,355 people from distress at sea and cared for them. The majority came from West and East Africa: besides Nigeria and Eritrea, the most frequent countries of origin include Guinea Conakry, the Ivory Coast, Mali, Senegal, Gambia, Ghana and Sudan. There are also many people from Bangladesh. The vast majority had spent an extended period of time in Libya. On board, the people tell our teams that human rights are violated extensively there, and abuse is experienced constantly in the camps which they call 'Libyan hell'. We collect these reports and publish them as the 'Voices from the sea' on our website.

HEALTHY EUROPE

What are the most common health problems?

Many of the rescued people are suffering from direct consequences of the crossing at sea: fuel burns due to the gasoline spilt in their boats, hypothermia and dehydration. But there are also many pathologies related to their detention conditions in Libya: respiratory and skin diseases, as well as numerous traumatisms due to the extreme levels of violence endured. Injuries from torture, other forms of violence and sexual abuse are treated frequently. On the 'Ocean Viking' there is a separate container block that is equipped like a small hospital. Emergencies are flown out by helicopter, such as a pregnant woman who was experiencing problems in one of our last rescues. She was taken to Malta, where she gave birth to a healthy baby.

HEALTHY EUROPE

Does the presence of civil rescue ships lead to more people risking the dangerous crossing, and thus a 'pull effect'?

In the winter of 2014/2015, when there was not a single rescue ship in the Mediterranean Sea after operation Mare Nostrum ended, numerous people still attempted to cross in unseaworthy boats organised by people smugglers, and there were several thousand deaths – more than ever before. Scientific studies such as 'Blaming the rescuers', 'Death by rescue – the lethal effects of EU's policies of non-assistance' and 'Border Deaths in the Mediterranean: What We Can Learn from the Latest Data' have also explored this question. They came to the conclusion that people flee for reasons unaffected by the number of rescue ships. Reducing the number of rescue ships does not reduce the number of people who flee their countries; instead, it increases the number of people who die.

HEALTHY EUROPE

What is SOS Méditerranée demanding from the European States?

We need a clear framework for organising search and rescue operations in order to save human lives. This framework must be based on and respect international law. Disembarkation of rescued people at the nearest place of safety must not be delayed. Not least, the responsible maritime authorities must again fulfil their obligations without restrictions. The duty to render assistance must be protected, it is a moral and legal obligation beyond any political considerations; saving lives must remain our priority.

HOW TO SUPPORT SOS MÉDITERRANÉE

SOS Méditerranée calls on citizens to remind the decision makers in their countries about the fundamental European values of solidarity, humanity and respect for human rights and demand that these values are observed. Volunteers from all over the world in the areas of seafaring, emergency aid and humanitarian aid work on board the rescue ship, and donations are needed to keep the operation going. Money can be donated online, for example, at **sosmediterranee.com/donate**, **don.sosmediterranee.org** or **dona.sosmediterranee.it**

Equal access to healthcare for migrants

Migration is a topic surrounded by many misconceptions. Health experts need to counteract this with the facts and be committed to achieving equal access to healthcare for migrants.

Text: Dietmar Schobel

For as long as people have been on earth, migration has existed – and it means nothing more than moving the focal point of living from one place to another,' says *Bernadette Nirmal Kumar,* President of the EUPHA Migrant and ethnic minority health section. However, over recent years and decades this term has increasingly acquired unfavourable overtones, and various groups of society have stirred negative emotions in connection with refugees, asylum seekers and other migrants. 'Many rumours, myths and incorrect information have been and are being spread. It is therefore important for scientists such as us to be committed to correcting these falsehoods and to contribute to a more nuanced and balanced perception of migrants,' the Norwegian researcher emphasises.

Bernadette Nirmal Kumar is one of the members of a commission established by University College London and the medical journal 'The Lancet' (UCL-Lancet Commission) which did exactly that in a recent report with the title 'Migration and Health: the health of a world on the move'. Published in 'The Lancet' in December 2018, the document demands zero tolerance for racism and prejudice, universal and equitable access to health services specifically for migrants, and counters common falsehoods with the facts.

Facts instead of incorrect information

For example, it is not at all true that only the rich countries of the world have taken in an increasing number of refugees over recent years. In actual fact, the proportion of refugees compared to the overall population in the world's 'high-income countries' remained relatively stable between 1990 and 2017 and amounted to between 0.2 and 0.3 per cent of the total population. In the countries with a low average income, by contrast, the figure amounted to around 0.7 per cent in 2017, and even 1.3 per cent in 1994, according to an analysis performed using data from the World Bank.

The assumption that migration brings economic disadvantages for the destination countries is also highly questionable. 'An overwhelming consensus exists on the positive economic benefits of migration' states the report of the UCL-Lancet Commission. Many advantages can also be experienced in the social and health systems of rich countries: 'Rather than burdening systems, migrants in high-income countries are more likely to bolster services by providing medical care, teaching children, caring for older people, and supporting understaffed services'. In addition, according to the report written by the expert committee, there is no evidence that migrants are disease carriers who pose risks to resident populations. Rather, 'the risk of transmission from migrating populations to host populations is generally low'.

Spreading the knowledge

It is true that scientific work and gathering facts alone are insufficient to change the negative picture of migration, flight and asylum seeking currently prevailing among the general public,

'The health systems of the European countries must aim to leave no one behind.'

BERNADETTE NIRMAL KUMAR, PRESIDENT OF THE EUPHA MIGRANT AND ETHNIC MINORITY HEALTH SECTION

Photo: Thor Indseth

Photo: Fotolia.com - bettysphotos

believes Bernadette Nirmal Kumar: 'We have to spread the knowledge as well and motivate people to act upon it. Making evidence-based decisions on this knowledge is ultimately the responsibility of policymakers.' Corresponding policy decisions are also the prerequisite for maintaining human rights with respect to health. The constitution of the World Health Organization, which entered into force in 1948, says: 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition'.

Equal access to health services by migrants in 34 European countries as well as in Australia, Canada, New Zealand and the USA was explored in the 'Health strand' of the Migrant Integration Policy Index (MIPEX).
This survey examined the national health systems in detail in four areas. These are:

- to what degree migrants are entitled to access healthcare
- the extent to which health services are easily accessible and low-threshold for them
- to what degree the needs of migrants are taken into consideration and responded to
- whether measures are taken in research, politics and practice in order to achieve improvements in the provision of health services to migrants and the protection of their health.

Country ranking

On the basis of the data collected using MIPEX methodology, it is possible to generate a type of country ranking. This was published in 2016 in the 'Summary Report on the MIPEX Health Strand and Country Reports' of the International Organization for Migration (IOM). Switzerland, Norway, Italy and the UK come out top in this ranking. In 2015, policies on migrant health were most lacking in Lithuania, Slovenia, Croatia, Poland, Greece, Latvia and Estonia. Incidentally, if the two dimensions of accessibility and quality are considered separately, big differences are observed between France and the UK. The IOM summary report reads: 'France scores highest on access, but very low on quality: for ideological reasons, attention to diversity is discouraged in the French health system. The United Kingdom presents a mirror image: nowhere else is so much attention paid to quality, in the sense of adapting services to the needs of migrants (viewed as 'minority ethnic groups'). However, the United Kingdom's 2014 Immigration Act made it more difficult for many migrants to use these services.'

Responding to diversity as best possible

An article published in the European Journal of Public Health in 2018 summarises the results of the MIPEX Health strand for the European countries. The authors write: 'Very few countries can claim to have achieved anything like equity between migrants and national citizens'. Bernadette Nirmal Kumar confirms this statement, and hopes: 'The health systems of the European countries must aim to leave no one behind, which means enabling optimum access for migrants.' Independent, parallel healthcare structures for migrants are unnecessary. Instead, there must be inter-sectoral cooperation and the health systems must generally be structured in a way that enables them to respond to diversity in the best possible way – regardless of whether the differences are age and gender, or whether they relate to culture and ethnic group. Bernadette Nirmal Kumar is convinced that 'ultimately, it is not only migrants who benefit from this, but society at large as well'.

Priority on prevention

Jérôme Salomon, *the Director General of Health in France, on the French health system, reducing health inequalities, and why prevention has priority in France's first National Public Health Plan.*

HEALTHY EUROPE

Prof. Salomon, you have been France's Director General of Health since January 2018. What is the role of the Directorate General for Health (DGH) in the French health system?

Jérôme Salomon: Within the French Ministry of Health, the Directorate General for Health (DGH) proposes and pursues public health policy objectives and priorities, establishes the legislative and regulatory framework, and also develops and implements national public health plans. It has around 280 employees and an annual budget of around €480 million. The scope of its activities and expertise is considerable and includes, for example, health promotion and prevention of infectious and non-communicable diseases, nutrition, environmental and food safety, drugs and medical devices, preparedness and surveillance of health threats including cross-border threats, prioritisation in research & innovation activities for public health and medicine, and the fight against antimicrobial resistance (AMR). It also leads the fight against addictive behaviours with regard to tobacco control, alcohol consumption and other addictions.

The DGH supports health monitoring and safety by ensuring the health system's ability to detect, analyse and manage alerts and exceptional health situations. It also protects the rights of patients and beneficiaries, encourages their participation at all levels and is responsible for the quality of professional practices and health products. In addition, the DGH contributes to or leads a number of European Joint Actions and projects in these fields, and it actively promotes the exchange of evidence-based best practices between Member States of the European Union (EU). In order to carry out its missions and coordinate their effective implementation, the DGH relies on a system of national agencies and participates in the steering of regional health agencies.

HEALTHY EUROPE

The French health system has the reputation of being one of the best in the world, combining universal health coverage with a generous supply of health services. How can the most important developments that have maintained and improved its quality over the past years be described in brief?

For several years now, the public authorities have been encouraging the establishment of 'pathway' medicine to strengthen the management of patients throughout the territory according to an inter-sectoral approach, involving key stakeholders such as primary care, hospitals, medico-social services, and others. The objective is to prevent, treat and support patients in a global, lifelong and continuous approach, as close as possible to their living environment. To achieve this objective, public authorities act on national, regional and local levels in order to allow coordination between all professionals. On a national level, public authorities govern the health system – first and foremost the Ministry of Health, which covers almost 80 per cent of the healthcare costs. On a regional level, since 2010 the Regional Health Agencies (RHAs) have been the focal points for the organisation and management of the health and medico-social services in our territories. This organisation requires the coordination of care between all stakeholders, and the French National Health Strategy 2018-2022 indicates the direction for that. It is based on four pillars:

- Health promotion as public policy, which includes prevention, in all settings and stages of life
- Fighting against social and territorial inequalities in access to health
- Warranting the quality, safety and relevance of care
- Innovations that transform our health system and reaffirm the position of citizens.

It should also be noted that in September 2018 the French President Emmanuel Macron launched the healthcare organisational reform, called the 'Health System Transformation Strategy', supported by the plan

'We are focussing on reducing health inequalities.'

JÉRÔME SALOMON,
DIRECTOR GENERAL OF HEALTH IN FRANCE

Photos: DGH France

'Ma Santé 2022' (My health 2022), which proposes a change in paradigm – putting the patient at the centre of care and focussing on better prevention.

HEALTHY EUROPE

France has the third-highest life expectancy among all EU countries. At the same time, health inequalities between certain groups of the population are quite high. What are French health experts and decision makers doing to reduce these inequalities?

Indeed, although France is among the group of countries with high life expectancy, it is characterised by persistent inequalities, between men and women and between social groups. The geographical disparities are also significant: the territorial inequality of health in France, that is the spatial variability of mortality and more rarely of morbidity within the national population, persists and seems to be growing, impacting notably – but not only – ultramarine territories. In our strategic plan, we have prioritised our action on the determinants of health using the 'Health in All Policies' approach. We are focussing on reducing health inequalities through an ambitious programme that covers the first 1,000 days of children's lives. In doing so, an inter-sectoral policy is essential because health inequalities often refer upstream to social inequalities. Concerning minorities, there are many actions aimed at tackling social exclusion, vulnerability and disadvantage, and at increasing the integration of ethnic minorities and immigrants. The French legislative framework provides care for migrants (except for urgent care during the first three months which is provided in hospitals) and ensures that all vulnerable members of the population have timely access to care.

HEALTHY EUROPE

What role does the concept 'Health in All Policies' play in France?

Today, the priority of improving the socio-environmental determinants of health, in addition to health education, mobilises all government ministers.

This mobilisation, supported by the president, the government and the Minister of Solidarity and Health, is necessary at all levels – from the proximity territories to the European Union. In concrete terms, the National Health Strategy (NHS) and the National Public Health Plan 'Prevention First' were developed by the Interdepartmental Committee for Health (ICH). It has been meeting every year since 2016 to validate a health strategy or inter-departmental action plan, and brings together all government ministers under the leadership of the prime minister. Furthermore, in the aforementioned first National Public Health Plan (Plan National de Santé Publique – PNSP) the government commits to ensuring that prevention will become a reality for all citizens, irrespective of age and condition. Overall, measures for the 'priority on prevention' in France represent an investment of 400 million euros over 5 years. These are evidence-based measures whose impact has been assessed in France or abroad. The plan comprises a set of early interventions and encompasses the specific needs of different age groups:

- A healthy pregnancy and first 1,000 days of life
- Children and young people's health
- Health for adults aged 25 to 65
- Ageing well and preventing loss of autonomy.

HEALTHY EUROPE

Knowledge transfer is one of the main goals of the European Public Health (EPH) Conference. How can the European countries perhaps learn from each other with regard to their health systems?

France, through its Ministry of Health, firmly believes that the knowledge and exchange of evidence-based good practices between European countries in health and social fields are essential to support the Sustainable Development Goals of the United Nations and the concept 'Economy of Well-being'. The exchange of best practices, training, cooperation and coordination between countries in these fields strongly supports capacity building, raises standards and ultimately reduces health inequalities. To that end, the Directorate General for Health is actively involved in European and international knowledge transfer programmes. As a prerequisite, we encourage submissions by the 'owners' of best practices, provided their benefit has been scientifically evaluated, in public databases such as the EU DG SANTE best practice portal, **webgate.ec.europa.eu/dyna/bp-portal**

NEW CHALLENGES

FOR PUBLIC HEALTH IN THE 21ST CENTURY

Dineke Zeegers Paget, *Executive Director of the European Public Health Association (EUPHA) on the new challenges for public health in the 21st century.*

As Europe enters the third decade of the 21st century, we have never been healthier and advances in knowledge and technology have enormously improved our ability to prevent and treat current diseases. Yet there are warnings of developments that could, ultimately, threaten the future of humanity. For this article, I will be focussing on five challenges for public health in the coming decades.

'The population in Europe is ageing rapidly.'

1 Changing demographics in Europe

The first challenge is the changing demographics in Europe. Climate change, urbanisation, migration and an ageing population are transforming our demographics very quickly. For instance, global warming has an increasing impact on migration and we can expect a shift towards Northern Europe for economic reasons (e.g. less fertile agricultural land in the South). It is estimated that by 2030, 80 per cent of our citizens will live in urban areas and this may have serious consequences for health if we don't act now.

In addition, the population in Europe is ageing rapidly and we expect the proportion of people aged 65 and older to increase to 25 per cent in 2050. People will live longer, but not necessarily in good health and well-being, thereby increasing the burden on healthcare systems to treat multimorbidity and chronic diseases. We need to address these changing demographics to mitigate their impact.

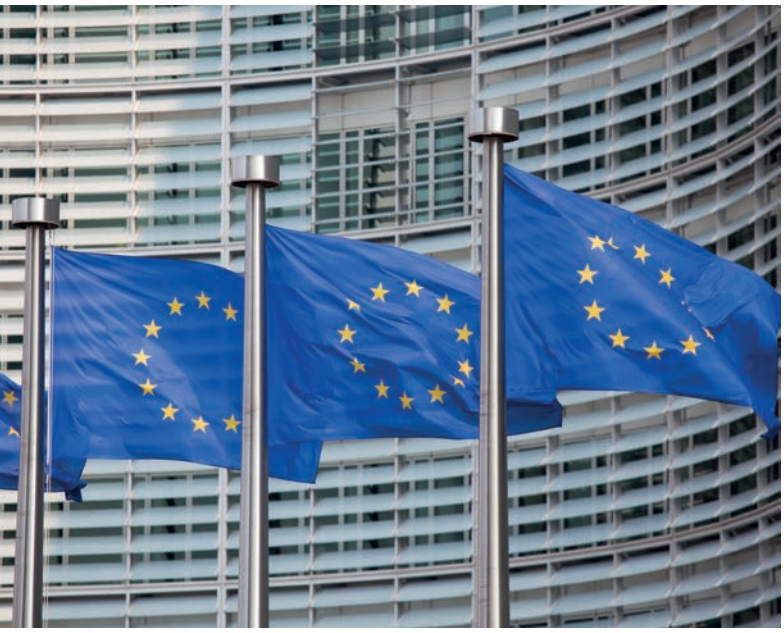
2 Technological and digital revolution

The second challenge is the technological and digital revolution. The benefits of technology in healthcare are clear; developing medical equipment (robot surgery, for instance) and better and faster diagnostics (e.g. genetic mapping) are beneficial to prevention and treatment.

On the other hand, there is a real risk in digitalisation. For instance, genetic information can be used in a more discriminative manner for health insurances or mortgage requests. And even though the digital revolution has given us access to all health information on the internet, the quality of information available is not always in our best interests (fake news).

Finally, technology has also led to new 'diseases', such as gaming addiction, which was included in the 11th International Classification of Diseases of the WHO. We should be aware of the advantages and disadvantages of technology and digitalisation.

'There is a real risk in digitalisation.'



3 Political influence on public health

The third challenge is the political influence on public health, as public health can only be achieved by concerted action at all levels. And to achieve that, we need politics. We need an understanding of the political system and should be willing to work with politicians.

Especially now where politics are changing rapidly, populism is on the rise and we see a shift in public opinion on the value of scientific evidence. We need to invest in collaborating and coordinating with politicians to make sure our evidence-based voice is heard.

'We need to invest in collaborating with politicians.'

4 Influence of vested interests

The fourth challenge is the influence of vested interests. In an era of globalisation, big companies have the power to influence politics as well as research. For instance, the Foundation for a Smoke-Free World describes itself as an independent, private foundation, but is funded by Philip Morris International. Another example is the financial support for numerous health organisations in Spain by Coca-Cola. But it does not stop there (e.g. food and petrol industry) and we need to find ways to make the collaboration with industry transparent and beneficial to the public's health.

'Big companies have the power to influence politics.'

5

'New ethical issues arise in the 21st century.'

New ethical issues of the 21st century

The fifth challenge is the new ethical issues that are arising in the 21st century. The right to health, as described in the World Health Organization (WHO) constitution adopted in 1948, includes the right to housing, employment and living standards. But in an era of urbanisation, the right to adequate housing may be nearly impossible to implement. In an ageing population, the discussion between the right to life and quality of life needs to be put on the table, including the right not to live any longer, if the quality of life is decreasing. We need lawyers and ethicists to sit around the table with public health professionals to openly discuss these issues.

It seems clear that the public health network needs to adapt to 21st century challenges. The 21st century public health professional needs to be smart, persistent and creative, be able to be a diplomat and a negotiator at the same time. The approach of health in all policies is essential and the recently published manifesto: 'All policies for a healthy Europe' is a step in the right direction.

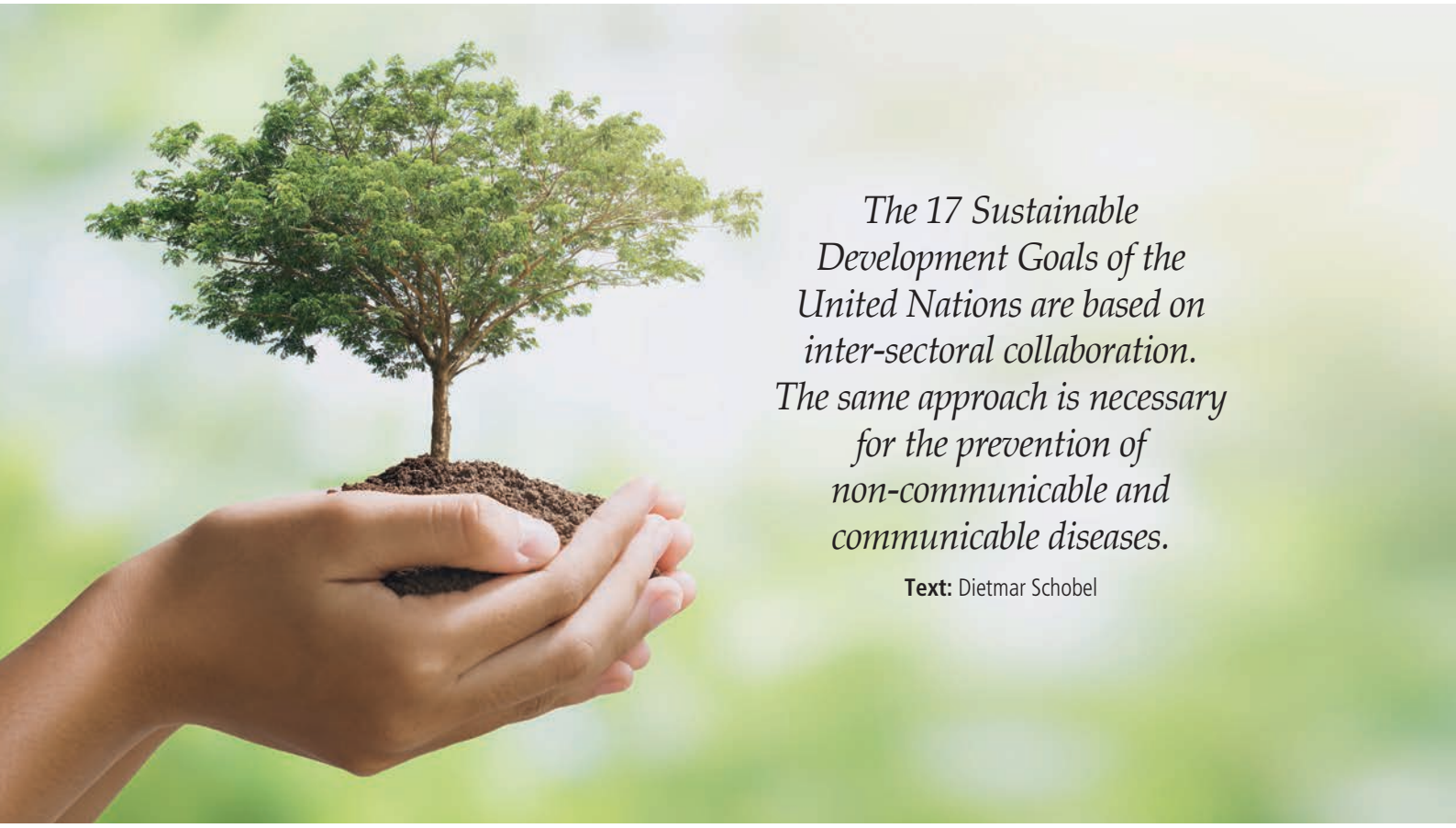
To overcome all the challenges, old and new, we need to:

- Be deliberately collaborative by forging broad alliances in and outside the field of public health to get our message across;
- Be open-minded to engage with partners, including politicians, to jointly come to solutions that have a broad support base;
- Tell compelling narratives which address the concerns that people have in a way that people understand; and
- Be transparent and open about potential uncertainties surrounding the evidence base.

This article was first published in the digital publication 'Open Access Government', www.openaccessgovernment.org, on 15 August 2019

Dineke Zeegers Paget: 'We need to be deliberately collaborative.'

Working together for a secure future



The 17 Sustainable Development Goals of the United Nations are based on inter-sectoral collaboration. The same approach is necessary for the prevention of non-communicable and communicable diseases.

Text: Dietmar Schobel

The decision was unanimous. On 25 September 2015 the representatives of all 193 Member States of the United Nations at the General Assembly in New York adopted the resolution for the 17 Sustainable Development Goals (SDGs). These goals are intended to specify the direction of future development for all countries and across the entire planet until 2030, with the ambitious aim of ending poverty, protecting the planet, and enabling prosperity for all.

Each of the 17 SDGs, such as 'No Poverty', 'Zero Hunger' and 'Quality Education', has its own targets. There are 169 of these targets in total, covering a broad range of sustainable development issues. For example, four of the targets for Goal 3 'Good Health and Well-Being' aim to:

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

The 13 health targets for Goal 3 are described in greater detail at **www.un.org/sustainabledevelopment/health**

All 17 fields are interconnected

The focus of the Sustainable Development Goals, however, is that all 17 fields of action are interconnected. The World Health Organization (WHO) points out that health can be influenced by all the other 16 Goals. In order to implement the 2030 Agenda in practice, joint cross-sector activities in all social spheres of

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activity are ultimately necessary. 'Activities that span all departments are a basic prerequisite for implementing the United Nations Agenda 2030, and also in order to improve the health of the entire population of a country,' explains *Iveta Nagyova*, Head of the Department of Social and Behavioural Medicine at Pavol Jozef Safarik University in Kosice, Slovakia and President-elect of the European Public Health Association (EUPHA).

This is especially true in respect to non-communicable diseases (NCDs), she continues. According to the WHO, 'non-communicable diseases are one of the major challenges for sustainable development in the 21st century and the leading cause of death and disability globally'. At the same time, we also know that the four major NCDs – cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory disease – are associated with a cluster of common risk factors, such as tobacco and alcohol use, unhealthy diets, physical inactivity, obesity and environmental factors as well as psychosocial factors such as social isolation and loneliness. Health experts estimate 'that 80 per cent of all heart disease and stroke, 75 per cent of type 2 diabetes, and 40 per cent of cancers could be prevented by tackling these major risk factors'.

Initial progress

'Over recent years initial progress has been made in European countries here. This is precisely why we must maintain and further intensify our efforts because there are still far too many premature deaths due to non-communicable diseases,' remarks Iveta Nagyova. In order to achieve effective prevention against the risk factors mentioned above, measures are necessary throughout all areas of society, and at the same time these also contribute to sustainable development. For example, this can mean avoiding health impairments due to pollution in the air, water and soil, supporting the cultivation, distribution and sale of affordable, healthy foods, or improving the opportunities for healthy exercise in everyday life – for example, by new approaches to architecture, urban planning, and design that promote healthier ways of living, such as expanding infrastructure for pedestrians, cyclists and public transport users as well as smart building design motivating people to use stairs instead of elevators.

'The 17 Sustainable Development Goals of the United Nations and cooperation between all areas of society are also relevant for the prevention of communicable diseases that present a huge health problem especially in the poorer countries of the world,' says the Portuguese Member of Parliament *Ricardo Baptista Leite*, who is also Head of the Department for Public Health at Católica University in Portugal and was Deputy Mayor and City Councillor of Cascais from 2015 to 2017. This coastal town with around 200,000 inhabitants west of Lisbon has been implementing specific measures at a local level since 2015 in order to turn the SDGs into reality. For instance, Cascais promotes renewable energy, the expansion of public transport, and extensive participation by citizens. The progress that has been achieved to date is displayed on an electronic board in the Town Hall and is updated regularly.

Put an end to infectious diseases

In 2017 Ricardo Baptista Leite set up the non-governmental organisation UNITE, which promotes political responses to put an end to infectious diseases as a global health threat in a collaborative network, together with other parliamentarians from all over the world. This target is also specified in the United Nations 2030 Agenda and its 17 Sustainable Development Goals. Possibly the most important of these is Goal 17, which demands partnerships between governments, the private sector and civil society, Ricardo Baptista Leite comments: 'We must make a great effort to forge such alliances between the different areas of society because we will need to work together in order to achieve the United Nations Sustainable Development Goals and to guarantee a better future for all people with a higher quality of life.'

Iveta Nagyova: 'There are still far too many premature deaths due to non-communicable diseases.'

Ricardo Baptista Leite: 'The 17 Sustainable Development Goals are also relevant for the prevention of communicable diseases.'

HOW EVERY SINGLE PERSON CAN CONTRIBUTE

End extreme poverty. Fight inequality and injustice. Fix climate change. The 17 Sustainable Development Goals (SDGs) of the United Nations are important, world-changing objectives that will require cooperation among governments, international organisations and world leaders. However, every single individual can make a contribution as well. This approach is described in 'The Lazy Person's Guide to Saving the World' on the United Nations website under SDGs, which states various tips ranging from 'Things you can do from your couch' and 'Things you can do at home' to 'Things you can do outside your house' and 'Things you can do at work'. Concrete suggestions include:

- 'Let your hair and clothes dry naturally instead of running a machine.'
- 'Shop local.'
- 'Bike, walk or take public transport to work.'

Further information can be found at **www.un.org/sustainabledevelopment/takeaction**

What new skills are needed?

What skills will the future generation of health professionals need? Besides adaptability, flexibility, communication and teamwork skills, there will also be a demand for critical thinking and a commitment to lifetime learning. A guest contribution by **Sara McQuinn**, *coordinator of EUPHAnxt.*

What skills will be required in the future is a question that students and young professionals, such as my colleagues and I, naturally ask ourselves repeatedly. Viewed as a whole, the skills that are likely to be needed most in the future will be those that have been most important in the past, (including some additional abilities to navigate newly emerging technologies, of course!). Nonetheless, I'll share with you my thoughts.

One of my professors once gave our class the following answer: 'In the world of public health, you need to be "a jack of all trades, and a master of one"'. By its very nature, public health is interdisciplinary, and you mostly work as part of a multidisciplinary team. Therefore, we need to work proactively to keep track of the latest research and advancements in our own area, along with having a baseline understanding of a variety of concepts, disciplines and technologies, even if we are not using them directly in our own day-to-day work.

I believe that once you start out on the path to becoming a public health professional, you (perhaps unknowingly at the time!) simultaneously make a commitment to becoming a lifetime learner. Which brings us to our first two skills: **adaptability and flexibility**. These two skills go hand-in-hand with one another. The field of public health is constantly changing. We need to be flexible, and have the ability to adapt accordingly, or we could be left behind.

Communication and teamwork

Excellent communication skills are important, both in person and online. Reading

Sara McQuinn
EUPHAnxt coordinator

comprehension and writing skills have become essential for the modern student and young professional. Likewise, **teamwork skills** are also crucial. As a public health professional, you cannot work in isolation. You collaborate with a range of people, from colleagues, social workers, members of the public, to policymakers and managers.

In today's society, it is expected that student graduates enter the workforce armed not only with knowledge, but also **work experience** that complements their theoretical learning. When I was 21 years of age, I had the opportunity to complete an internship at the World Health Organization, European Office. This incredible experience, where I got to network and learn from the experts, changed everything for me, and I am grateful I had this opportunity so early in my career.

Policy development has been recommended by Public Health Schools as another key skill for future public health professionals. From ensuring 'Health in All Policies' to advocating Universal Healthcare Coverage, **policy development and advocacy skills** are fundamental. An understanding of other cultures, groups and individuals, or more generally, social and emotional intelligence, is a prerequisite here.

Critical thinking, initiative and drive

Furthermore, the future generation of public health professionals will need to be **critical thinkers**. Developing the ability to think for ourselves and solve problems in real time will stand to benefit us today, and will shape us as tomorrow's leaders.

And finally, having **initiative and drive** is an important element when it comes to being a self-directed and self-disciplined public health professional. Each of us needs to know what our passion is, i.e. what 'drives us'. This always makes me think of the famous Friedrich Nietzsche quote, *'He who has a why to live can bear almost any how'*. Once we know our 'why', we can overcome the 'how'.

We, as public health professionals, may be armoured with different skill sets depending on our disciplines, but together we all share a common cause. We all want a healthy Europe in the future, and together, we can all play a role in achieving this.

Sara McQuinn (26) is doing a PhD in Public Health at Dublin City University, Ireland. She is coordinator of EUPHAnxt, the unique network within EUPHA for students and young professionals, which currently has 2,331 members. Further information on this subject can be found at **eupha.org/euphanxt**

Photo: private

Novel technology for better health

The 9th International Digital Public Health Conference 2019 and the entire conference series explore how cutting-edge technology can be utilised to produce the best possible health benefit for the population.

Digitalisation is one of the three biggest topics of our time, besides the climate crisis and globalisation. It is shaping and changing our lives altogether – from the way in which we work and learn, to our consumer behaviour, our leisure time, and our social contacts. The opportunities, and also the challenges and risks that are emerging for the health sector and specifically for the area of public health as a result of digitalisation will be presented and discussed at the 9th International Digital Public Health Conference 2019 (DPH).

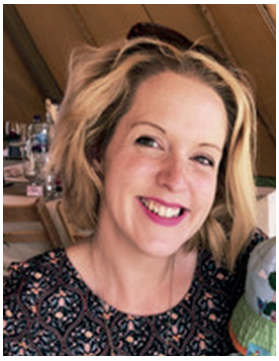
An interdisciplinary event

DPH is a world-leading annual interdisciplinary event on research and innovation in digital health and is taking place for the 9th time this year on 20-23 November in Marseille – for the first time in conjunction with the European Public Health (EPH) Conference of the European Public Health Association (EUPHA). 'Our goal is to improve public health through the application of novel technology at personal, community and global levels,' explains DPH Conference initiator *Patty Kostkova*, Professor of Digital Health and the Director of the UCL IRDR Centre for Digital Public Health in Emergencies (dPHE) at University College London. She studied computer science and has worked for international public health agencies such as the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC).

Participants from four areas

The motto of the EPH Conference in 2019 – namely 'Building Bridges' – is also appropriate for the DPH Conference: it brings together participants from a wide variety of areas – representatives of public health and computer & data science as well as representatives from MedTech industry and non-governmental organisations. 'We want to promote knowledge exchange between these groups and also international cooperation in the area of digital public health,' says *Caroline Wood*, DPH Conference coordinator in 2019 and senior researcher in behaviour change and digital health at dPHE, University College London.

Patty Kostkova: 'Our goal is to improve public health through the application of novel technology at personal, community and global levels.'



Caroline Wood: 'We want to promote international cooperation in the area of digital public health.'

One of the two plenary sessions at this year's DPH Conference will examine the use of 'Digital Technologies in the Humanitarian Context' – for example by the WHO for an outbreak of Ebola or for work by Doctors Without Borders. The second session focusses on the 'Challenges of Implementing Healthcare Technology and Innovation across Europe and Beyond'. It will explore how information on public health threats can be shared between Member States of the European Union more rapidly and with a better result with the help of digital technologies. Last but not least, the DPH 2019 innovation prize aimed at celebrating start-ups and innovators in the field of digital health will be awarded in two categories at the conference: for 'Best Partnership' and for the 'Best Data-Driven Innovation'.

Photos: private, Fotolia.com - ra2 studio

Richard Bränström: 'In many rich countries of the world, the situation has improved over the past years and decades.'

There is still a long way to go

The health of lesbian, gay, bisexual and transgender people became a field of research in Europe only recently. Discrimination and stigmatisation are both still widespread, and their negative impact is considerable.

Text: Dietmar Schobel

The health of sexual and gender minorities is a relatively new field of research in Europe,' says *Richard Bränström*, Associate Professor at the Karolinska Institutet in Sweden and President of the EUPHA Sexual and gender minority health section, which currently has around 500 members. Although there has been a relatively large amount of research on HIV infection and AIDS since the 1980s, in European countries there has only been scientific interest in other topics such as the mental health of sexual and gender minorities for about the past 15 years, and a significant increase in research has only been observed during the past five years.

Lesbians, gay men, bisexuals and transgender (LGBT) individuals are known as sexual and gender minorities (see also box: 'Who are LGBT people?'), although they constitute a sizeable proportion of the total population. Among the 36 OECD countries (Organisation for Economic Co-operation and Development), 15 have included a question on sexual self-identification in at least one of the nationally representative surveys conducted by their national statistical office or other public institution. The percentage of adults in the total population who self-identify as lesbians, gay men or bisexuals differs in these countries between 1.2 per cent in Norway and 3.8 per cent in the United States. One study from the US has also revealed that this proportion is much higher among the younger generation of people born after 1980, at 8.2 per cent, and therefore this is likely to increase considerably in the future.

Depression is twice as common

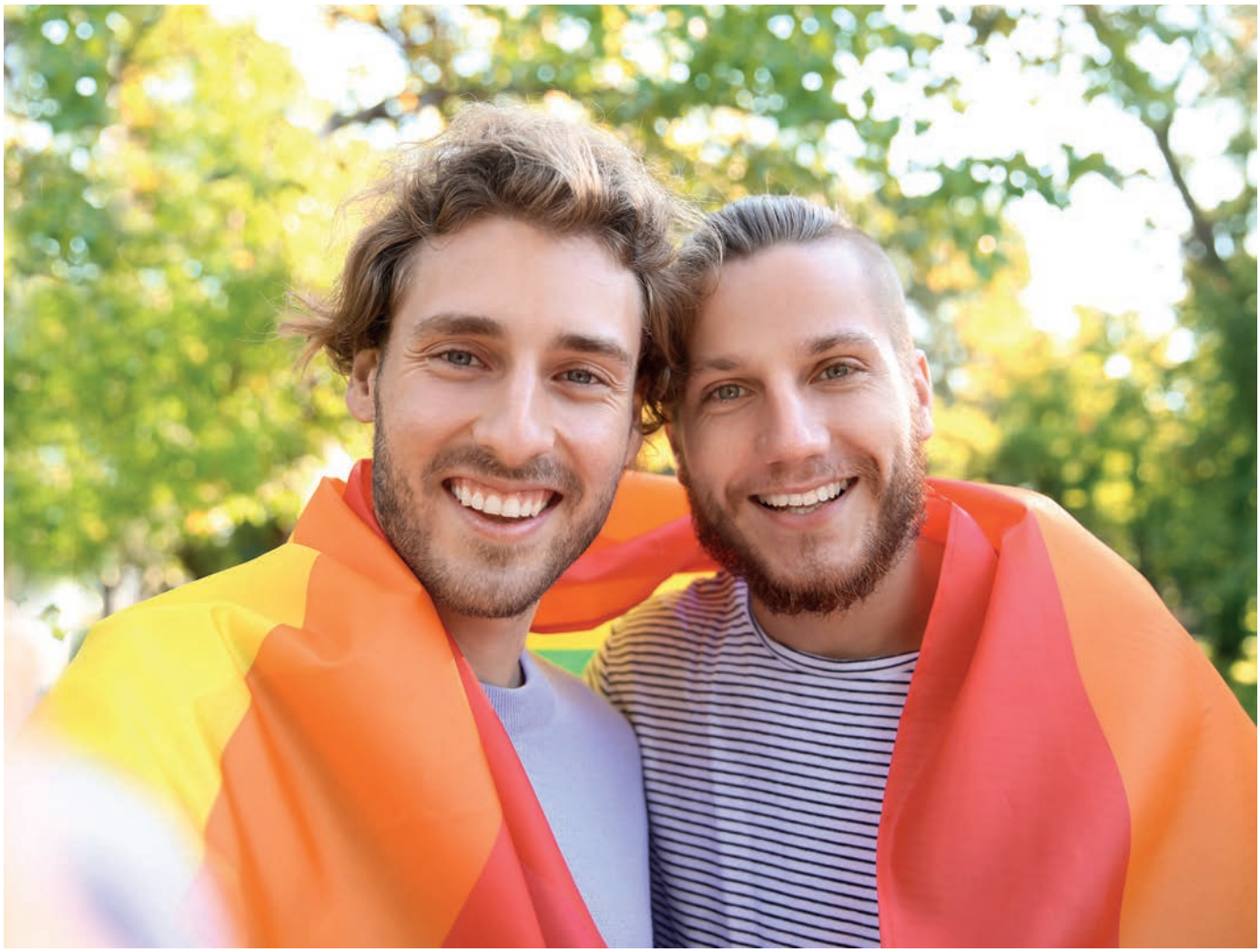
Mental health disorders such as anxiety, depression, suicide ideation and attempt, substance use and abuse are more frequent among sexual and gender minorities. This has been shown, for example, by data from national surveys presented in the OECD report 'Society at a Glance 2019'. For instance, one German study finds that lesbian, gay and bisexual individuals are twice as likely to suffer from depression as heterosexual people. Research work from Sweden shows that suicide attempts are even nearly ten times as frequent.

'The reasons for this can be found in the life situation of people who belong to a sexual or gender minority. In many rich countries of the world, the situation has improved over the past years and decades. However, even in those countries, the majority of LGBT people are still subject to much discrimination and stigmatisation in their professional and social lives. There are many people who cannot express their sexual orientation and live openly with it – they are forced to hide,' explains Richard Bränström. Indeed, LGBT people usually live in a social environment that largely views heterosexuality and cisgender identity, i.e. congruence between sex at birth and gender identity, as the only way of being normal, and so they experience stress that is not as common among heterosexual and cisgender individuals.

Where the life situation is best

Every year, the organisation 'Rainbow Europe' examines the life situation of lesbian, gay, bisexual, trans and intersex (LGBTI) people in all 49 countries in Europe, and publishes a ranking. This takes into account laws and policies in 6 categories: equality and non-discrimination; family; hate crime and hate speech; legal gender recognition and bodily integrity; civil society

Photos: Karolinska Institutet, Sweden, Fotolia.com - Leonid



space; and asylum. In 2018 Malta, Belgium and Luxembourg came top of the list; Armenia, Turkey and Azerbaijan had the lowest overall values. Further information is available at **rainbow-europe.org**

'On the whole, the life situation for sexual and gender minorities is particularly bad in eastern European countries. There is greater discrimination and stigmatisation there,' says Richard Bränström. However, in other European and OECD countries as well, there is still a long way to go before these groups are fully accepted. According to the aforementioned OECD report, although same-sex sexual acts are now legal in all OECD countries, as is hormonal therapy or gender-reassignment surgery, only half of OECD countries have 'legalised same-sex marriage throughout their national territory, and less than a third allow for a change of gender on official documents to match gender identity without forcing the transgender person to undergo sterilisation, sex-reassignment surgery, hormonal therapy or a psychiatric diagnosis.'

Openness and visibility

'Openness of society and visibility of sexual and gender minorities are both central to achieving further improvements. Political demonstrations such as the rainbow parades, which take place around the world, are very important for attaining greater equality,' emphasises Richard Bränström. Research could also assume a key role here, says the Swedish scientist, by examining questions that specifically concern sexual and gender minorities and therefore making them a topic of public interest. Healthcare practitioners in hospitals and clinics also have a responsibility, he continues: 'They need to have more knowledge of the specific risk factors and the needs of the relatives of sexual and gender minorities so they can provide a better response. This would enable them to make an essential contribution not only towards better health, but also to better quality of life of lesbian, gay, bisexual and transgender people.'

WHO ARE LGBT PEOPLE?

LGBT is the acronym for 'lesbian, gay, bisexual and transgender'. LGBT people are defined with respect to two distinct characteristics: sexual orientation and gender identity. Sexual orientation refers to a person's capacity for profound emotional and sexual attraction to, and intimate and sexual relations with opposite-sex individuals, same-sex individuals, or both opposite- and same-sex individuals. Sexual orientation allows for differentiating between heterosexuals, lesbians, gay men and bisexuals. Gender identity refers to a person's internal sense of being masculine, feminine, or androgynous. Source: OECD, Society at a Glance 2019: 'The LGBT challenge: How to better include sexual and gender minorities?'

The Marseille Statement

The European Public Health Association (EUPHA), the Société Française de Santé Publique – French Public Health Society, 23 EUPHA members from 18 European countries, meeting at the European Public Health Conference in Marseille in November 2019, urge all governments to honour the commitments undertaken in pursuit of the Sustainable Development Goals (SDGs), and specifically the pledge of ensuring healthy lives and promoting well-being for all (related to Goal 3, but also many of the other SDGs). This year at our conference in Marseille, we focus on 'Building bridges for solidarity and public health'.

Marseille as a harbour city in the South of France symbolises not only the bridge but also the border between European countries and other countries on the coast of the Mediterranean Sea – which has emerged as a very dangerous border for those trying to cross in unseaworthy vessels to reach Europe. This humanitarian crisis calls for reinforcement of inter-sectoral collaboration to promote health and well-being globally, nationally and locally.

We, gathered here in Marseille, therefore call upon national and international decision makers to intensify efforts to build bridges for solidarity and public health. Particular attention should be given to:

1. Leaving no one behind, by ensuring that migrants are not left behind in health policies and their needs are fully addressed in health systems.
2. Translating knowledge, by promoting evidence-informed health policies, taking into consideration cultural and language differences.

Leaving no one behind

The 'Health for All' frameworks (such as the International Covenant on Economic, Social and Cultural Rights, UNHCHR 1976), undersigned by all countries in the European region, identify access to healthcare as a basic human right for everyone. Governments that have made these commitments must be held accountable for providing healthcare to asylum seekers and undocumented migrants. More concretely, no one seeking asylum or without appropriate documentation should die or be put in danger owing to limited or no access to healthcare.

Translating knowledge

On a policy level, the emergence of the anti-science movement and anti-immigration sentiment risks undermining our health policies. Science is increasingly criticised and ignored by parts of society, and achievements made in health are negatively impacted (e.g. false information about vaccination is lowering vaccination rates). This undermining of science needs to be combatted. Scientific evidence alone may not be enough when facing a strong anti-science voice. Deliberate strategies are also needed to oppose false information. At the same time, some contemporary societies are exposed to anti-immigration sentiment. These two developments could lead to politically coloured health policies that increase health inequalities for migrants. When translating health research and knowledge into policy and advocacy, a public health narrative needs to be created that supports our vision of greater health equity.

At an individual level, the multiple and diverse cultural backgrounds and languages in our societies must be taken into account. It is important to develop a public health narrative that tells a story to which people can relate in a language they can understand and in a context they know.

Continued commitment by the public health community

The public health community reiterates its commitment to the values and principles of the Alma-Ata Declaration, adopted in 1978; the Ottawa Charter, adopted in 1986; the Tallinn Charter, adopted in 2008; and the Vienna Declaration, adopted in 2016.
The public health community:
1. takes responsibility for supporting migration policies;
2. remains committed to the value of solidarity through the 'Health in All Policies' approach;
3. and calls for action to combat health inequalities.

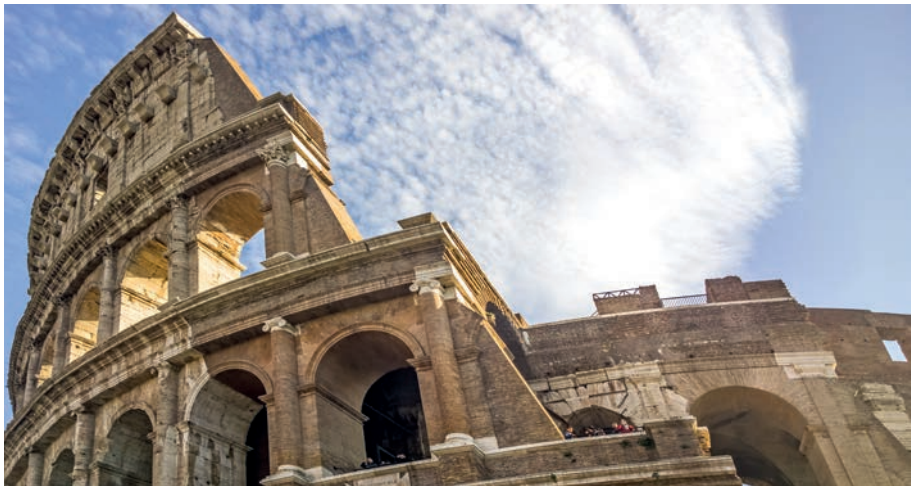
Photo: Fotolia.com

A unique opportunity

The 13th European Public Health (EPH) Conference will take place in Rome in 2020. It will be held for the first time as part of the World Congress on Public Health.

Walter Ricciardi: 'We want to contribute to making the future of humanity better and healthier.'

In 2020, Italy's capital city of Rome with its world-famous sights – from St. Peter's Basilica to the Colosseum and Trevi Fountain – will be the location for the 13th European Public Health (EPH) Conference. The fact that the former centre of the Roman Empire was chosen as the conference venue can also serve as a reminder that continued progress should be neither taken for granted, nor considered inevitable. Roman citizens standing in the forum 2,000 years ago could never have imagined that the society they observed, with its culture and technological achievement, would be swept away within a few hundred years.



Indeed, our culture today, our societies, and life on earth as a whole, now seem to be at risk as well, and the main topic of the conference reflects this feeling: 'Public Health for the Future of Humanity: Analysis, Advocacy and Action.' In 2020 the EPH Conference will be held for the first time as an integral part of the World Congress on Public Health. 'This creates valuable synergies. In this shared meeting, we can work even better on how public health experts can contribute towards making the future of humanity better and healthier,' says *Walter Ricciardi*, Professor of Hygiene and Public Health at the Catholic University of the Sacred Heart in Rome and Chair of the 16th World Congress on Public Health together with *Carlo Signorelli*, Professor of Hygiene and Public Health at the Universities of Parma and Vita-Salute San Raffaele, Milan, Italy.

Putting theory into practice

The eight thematic tracks for this major event have already been selected, and they illustrate the most important facets of the main topic. For instance, Plenary 2 has the motto 'The Earth: a strategy for survival', and Plenary 1 will focus on the question 'What happened to the Enlightenment?'. The latter will discuss potential responses to society's trends of spreading fake news and disregarding scientific findings. Other plenary sessions will examine how the public health workforce can show leadership and become 'Agents of Change'. The conference will also concentrate on the information revolution, interdisciplinary approaches, and what investments in health systems make the most sense. With the title 'Making a difference', Plenary 8 will explore how scientific findings from public health research can be implemented in practice to achieve a distinct improvement for the population.

'We will offer an extensive programme in traditional conference formats such as plenaries, workshops, and also pitch and poster presentations. For the first time, "World Leadership Dialogues" will also be held for representatives of organisations, working groups and foundations. These will be high-level sessions on hot topics in public health, intended to complement the plenary themes,' Walter Ricciardi reports. In addition, the world's most illustrious public health researchers will hold lectures in sessions lasting between 4 and 16 hours prior to the conference.

Experts from all over the world

The Italian Public Health Society Conference will also be integrated into this event, and Walter Ricciardi is expecting a total of approx. 5,000 to 6,000 visitors. He emphasises: 'Next year's conference will be a unique opportunity to meet experts from all over the world, exchange experiences and learn from each other.' At the same time, Italy's unique flair will surely attract many visitors to this major scientific event. It will even be experienced at the opening reception, which will feature an appearance by famous Italian tenor *Cristian Ricci*.

Photos: Università Cattolica del Sacro Cuore, Fotolia.com - Alberto_Patron

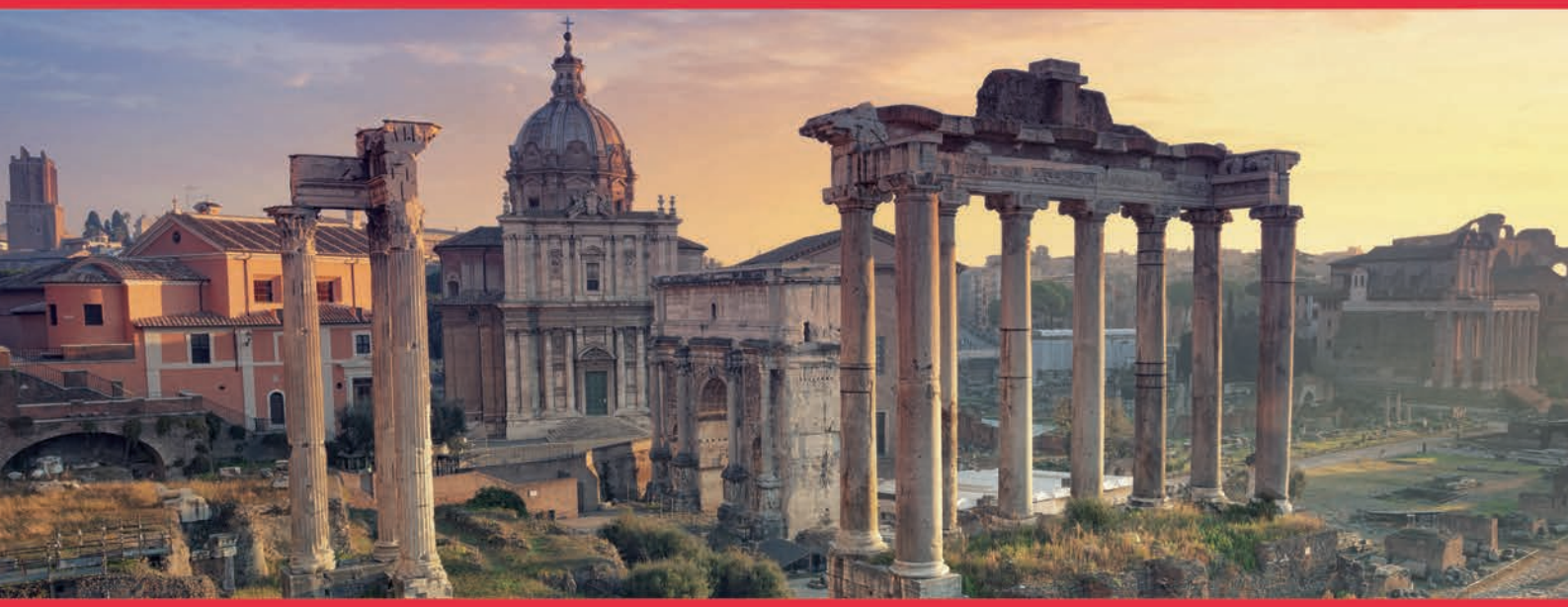
2020

16TH WORLD CONGRESS ON PUBLIC HEALTH

wfpha EUPHA EUROPEAN PUBLIC HEALTH CONFERENCE SItI SOCIETÀ ITALIANA DI IGIENE

PUBLIC HEALTH FOR THE FUTURE OF HUMANITY: ANALYSIS, ADVOCACY AND ACTION

CO-CHAIRS
Walter Ricciardi | Carlo Signorelli



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