



An independent scientific and professional
voice for public health in Europe

The Future of Public Health: a European perspective

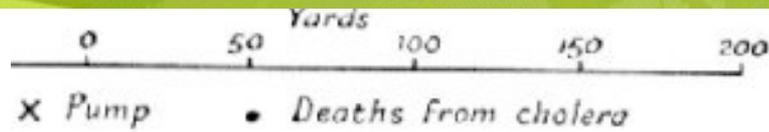
Walter Ricciardi.
European Public Health Association,
President

- **Current scenario**
- **State of the art of public health research in Europe**
- **Role of EUPHA and national ph associations**
- **Future perspectives**



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We are living the Third Healthcare Revolution



Doctors' views: greatest innovations of the second healthcare revolution

- MRI and CT scanning
- ACE inhibitors
- Balloon angioplasty
- Statins
- Mammography
- Coronary artery bypass graft surgery
- Proton pump inhibitors and H2 blockers
- SSRIs and recent non-SSRI antidepressants
- Cataract extraction and lens implants
- Hip and knee replacement
- Ultrasonography
- Gastrointestinal endoscopy
- Inhaled steroids for asthma
- Laparoscopic surgery
- Non steroidal anti-inflammatory drugs
- Cardiac enzymes

The Second Healthcare Revolution has not solved the Magnificent 8: the eternal, ubiquitous problems of healthcare

- Errors and mistakes
- Poor quality healthcare
- Waste
- Unknowing variations in policy and practice
- Poor patient experience
- Overenthusiastic adoption of interventions of low value
- Failure to get new evidence into practice
- Failure to manage uncertainty

and will not solve the new additional
challenges health services are going to face

- Rising expectations
- Increasing need due to
 - population aging
 - obesity due to too much food and too little exercise
 - new technology
- Climate change which will create health problems and health emergencies and lead to Carbon constraints
- Financial constraints



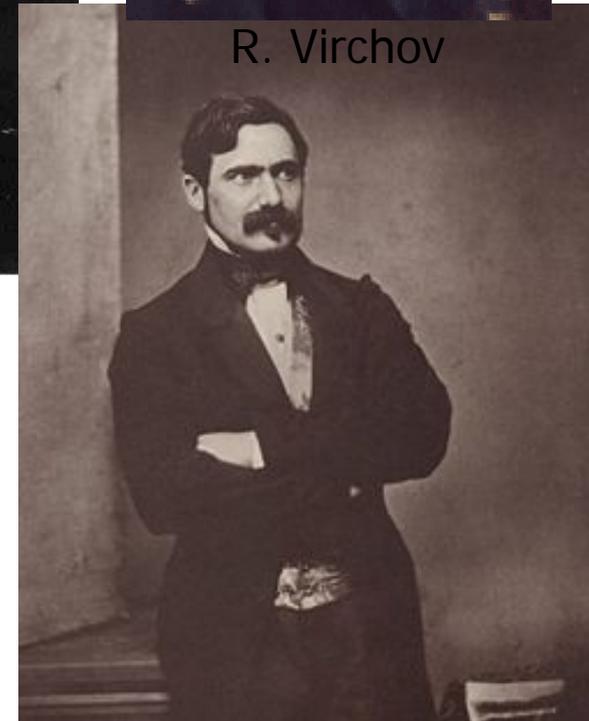
L. Pasteur



R. Koch



R. Virchow



M. Von Pettenkofer

The Third Revolution is different

- Flexible
- Pervasive
- Inclusive
- Convergent

ECONOMY, SOCIETY AND CULTURE

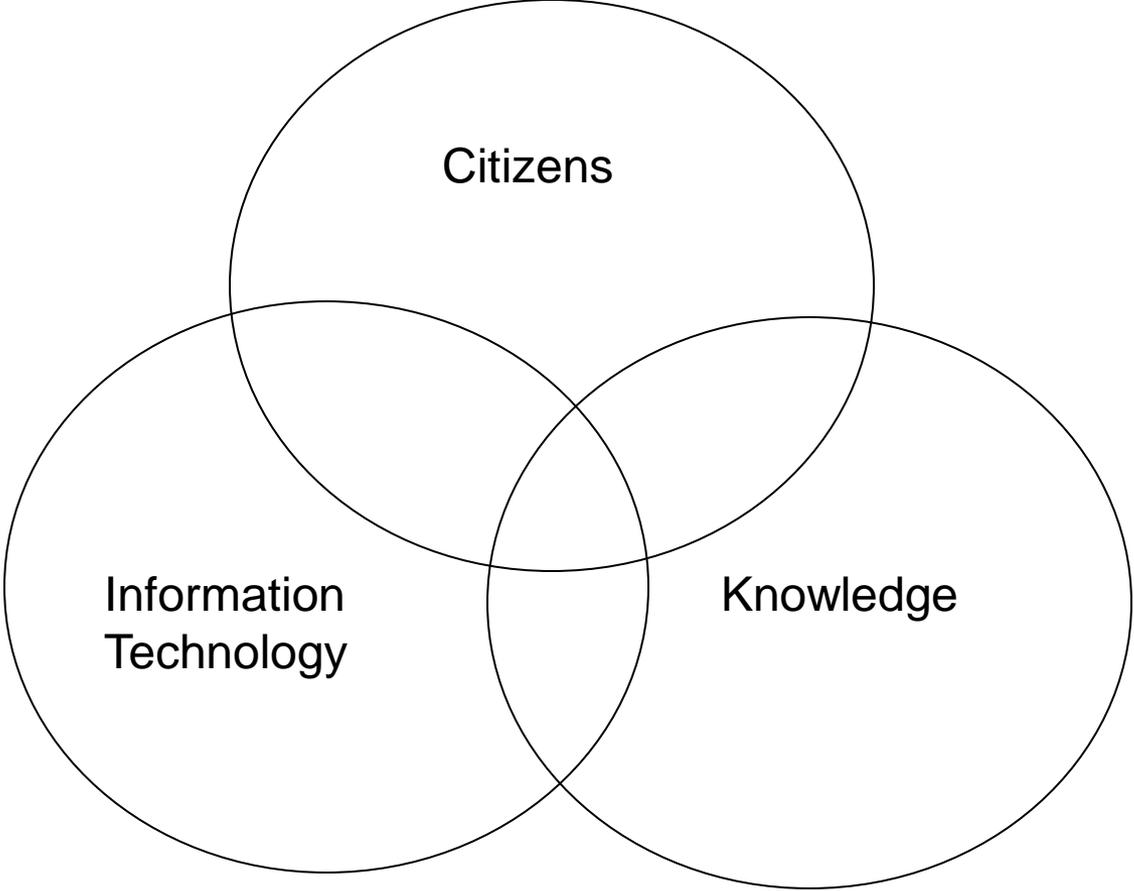
Volume I

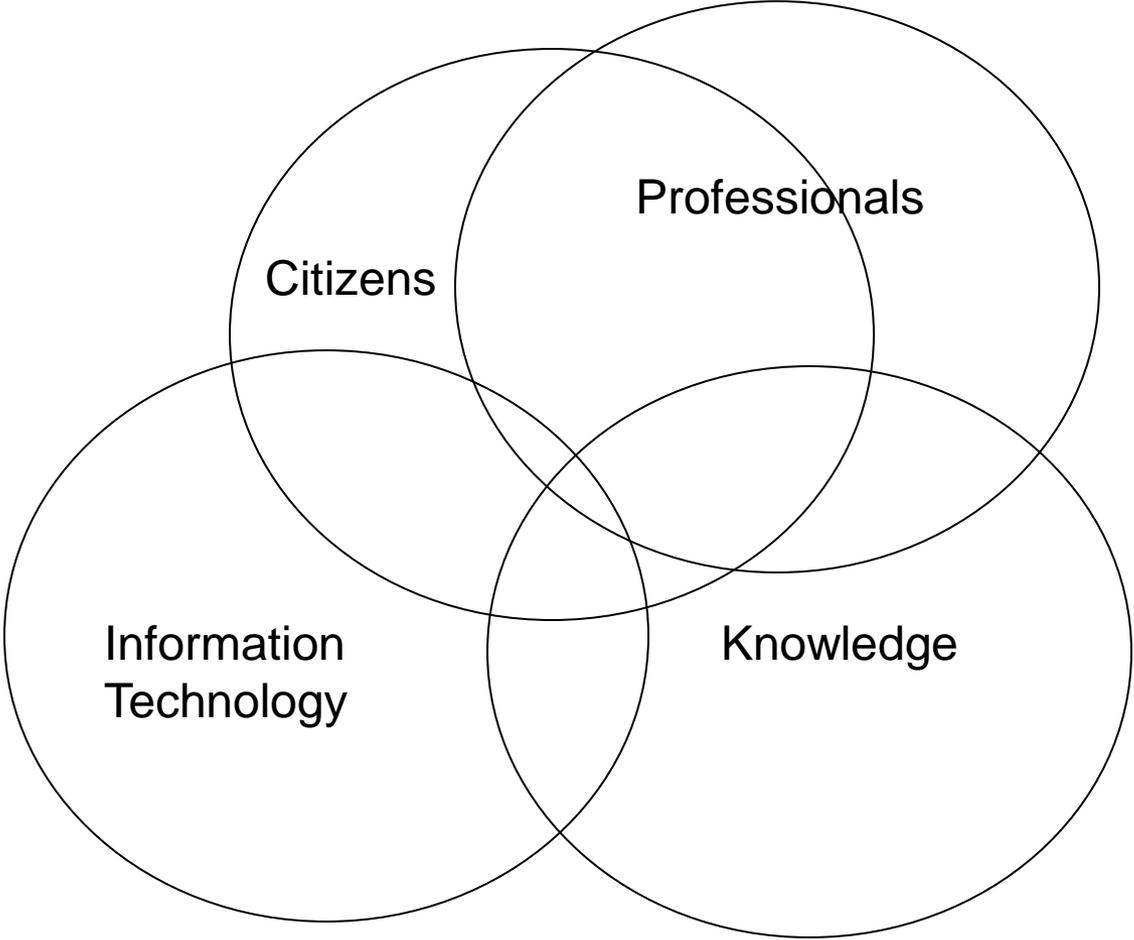
THE RISE OF THE
NETWORK

SOCIETY

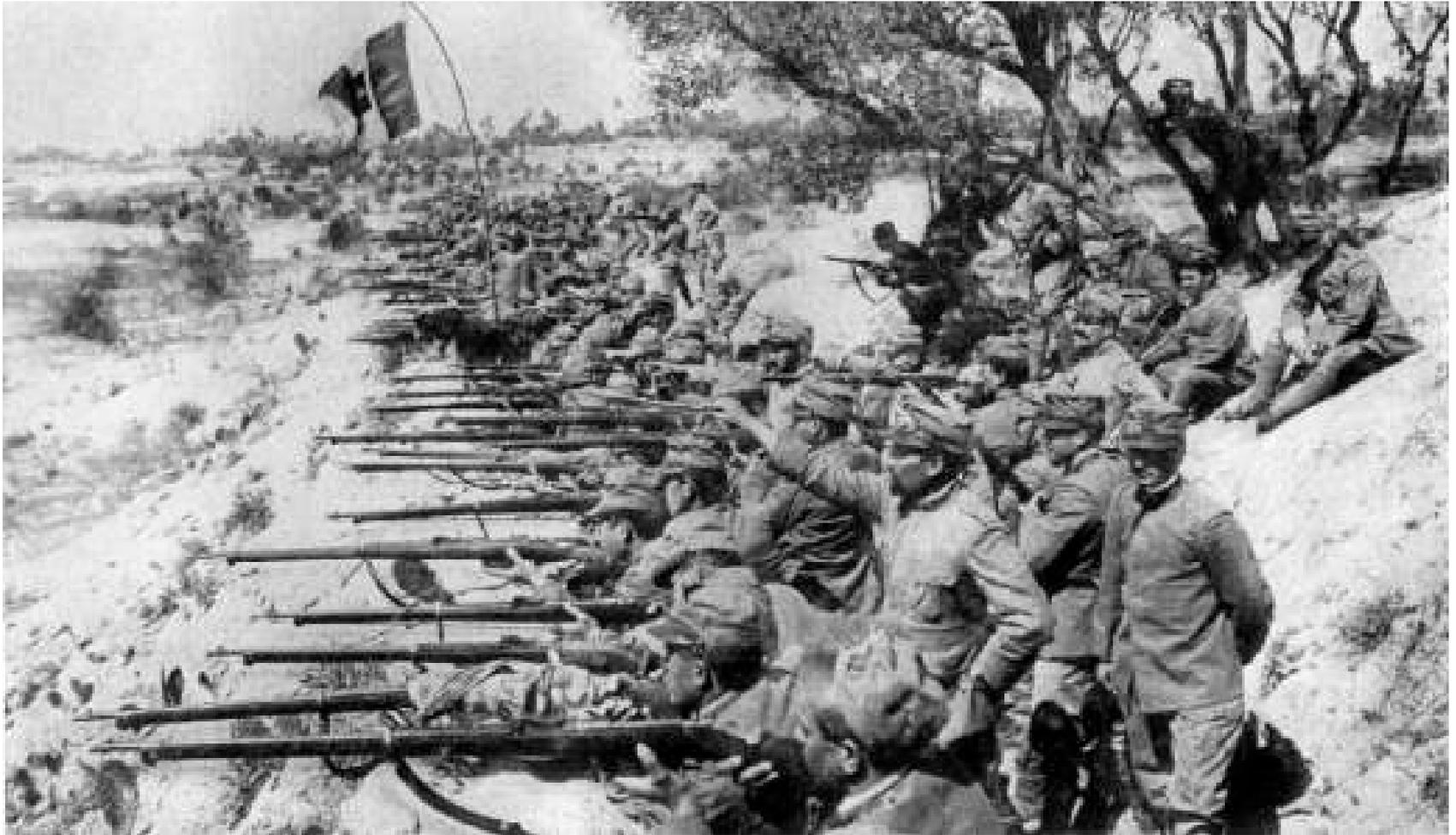
Second Edition







THE PROFESSIONALS ?



The Third Revolution is different

- Flexible
- Pervasive
- Inclusive
- Convergent



RESEARCH

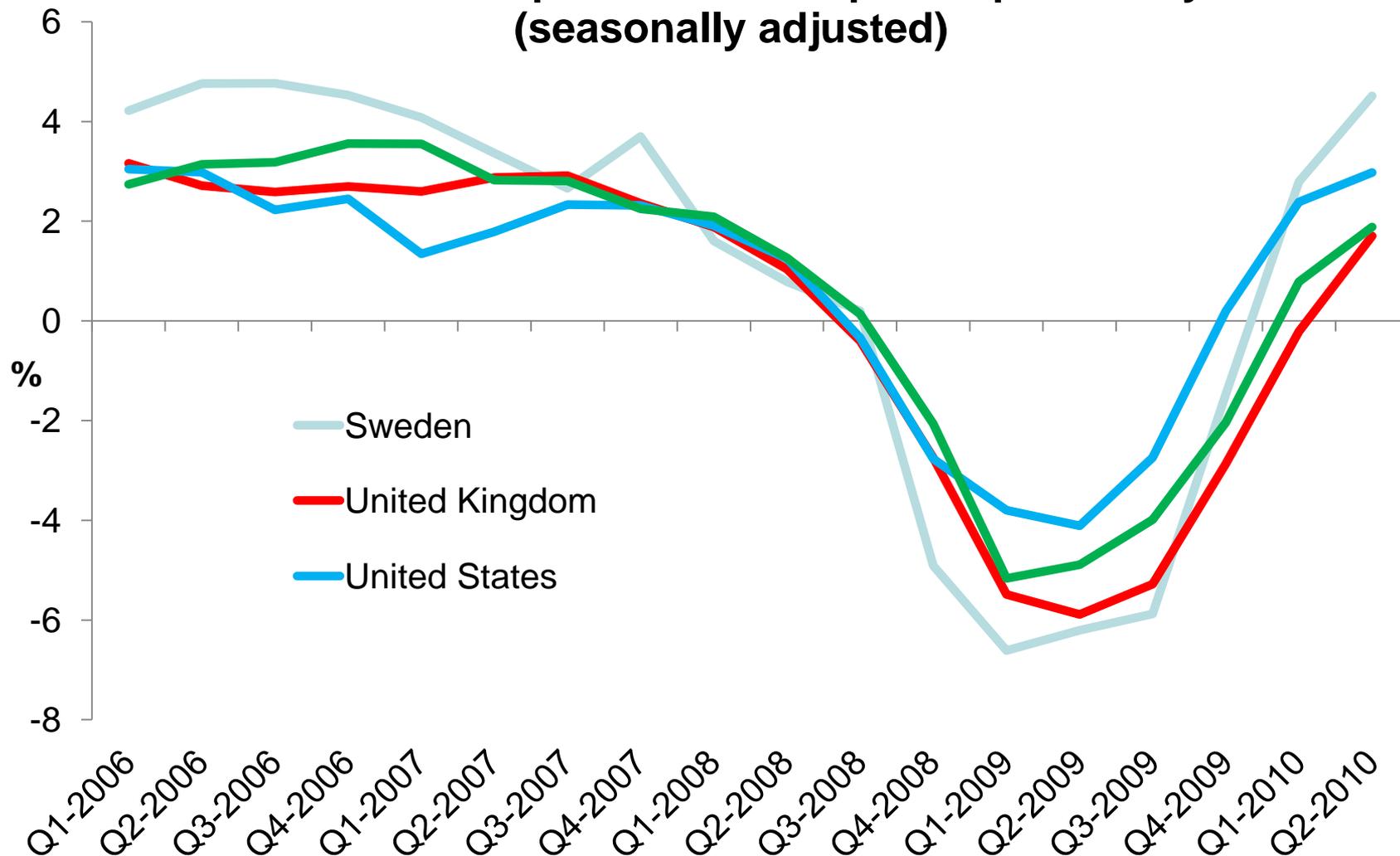
Evidence

- There is a marked heterogeneity between countries across Europe
- There are different research priorities in different European Regions
- Considerable variation exists in public health research funding process and development across the European Region.
- A common issue is the vast amount of barriers to undertaking better research, regarding both structures and personnel.

- Research findings in public health are published primarily for the research community, and often they do not reach policy makers and practitioners
- The knowledge gap between public health research and policy/practice is wide and needs to be reduced.

- There is also a need
 - to disseminate results from existing collaborative research,
 - and to build capacity through exchange

Growth rate compared to same quarter previous year (seasonally adjusted)



What might we expect for health

- In brief:
 - Suicides up
 - Road traffic deaths down
 - Alcohol-related deaths – it depends on how easily alcohol is available
 - Infectious disease – almost impossible to predict

OPEN ACCESS Freely available online

PLOS ONE

The Impact of Economic Crises on Communicable Disease Transmission and Control: A Systematic Review of the Evidence

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Abstract

There is concern among public health professionals that the current economic downturn, initiated by the financial crisis that started in 2007, could precipitate the transmission of infectious diseases while also limiting capacity for control. Although studies have reviewed the potential effects of economic downturns on overall health, to our knowledge such an analysis has yet to be done focusing on infectious diseases. We performed a systematic literature review of studies examining changes in infectious disease burdens subsequent to periods of crisis. The review identified 230 studies of which 37 met our inclusion criteria. Of these, 30 found evidence of worse infectious disease outcomes during recession, often resulting from higher rates of infectious contact under poorer living circumstances, worsened access to therapy, or poorer attention in treatment. The remaining studies found either reductions in infectious disease or no significant effect. Using the paradigm of the "SIR" (susceptible-infected-recovered) model of infectious disease transmission, we examined the implications of these findings for infectious disease transmission and control. Key susceptible groups include infants and the elderly. We identified certain high-risk groups, including migrants, homeless persons, and prison populations, as particularly vulnerable conduits of epidemics during situations of economic duress. We also observed that the long-term impacts of crises on infectious disease are not inevitable: considerable evidence suggests that the magnitude of effect depends critically on budgetary responses by governments. Like other emergencies and natural disasters, preparedness for financial crises should include consideration of consequences for communicable disease control.

Citation: Suhrcke M, Stuckler D, Suk JE, Desai M, Senek M, et al. (2011) The Impact of Economic Crises on Communicable Disease Transmission and Control: A Systematic Review of the Evidence. PLoS ONE 6(6): e20724. doi:10.1371/journal.pone.0020724

Editor: Jos H. Verbeek, Finnish Institute of Occupational Health, Finland

Received: December 31, 2010; **Accepted:** May 11, 2011; **Published:** June 10, 2011

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Funding: This work was conducted by the European Centre for Disease Prevention and Control and contractors hired to support data collection and analysis. ECDC is an international public health agency, similar to CDC in Atlanta, and the authors have no financial interests in the outcome of the studies. No funding bodies had any role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: The authors have declared that no competing interests exist.

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Introduction

Analyzing the complicated and myriad pathways through which economic crises may have impacted infectious disease transmission is fraught with difficulty. The global economic downturn of the past few years is the result of a financial crisis whose scale is unprecedented in the post-war period. With its proximal origins in overly complex credit instruments [1], the crisis initially led to a tightening of private sector credit, and ultimately the collapse of several financial institutions, sharp increases in public sector debt and declines in global trade, markedly lower and in some cases negative GDP growth, and rising unemployment in many industrialised countries [2].

Although the early signs suggest that a fragile recovery is underway [3], it is clear that recent economic damage, principally inflicted during 2008–2009, has led to severe economic hardship for many governments and citizens across the world. The effects of the financial crisis will almost certainly linger beyond any economic recovery. Inevitably, therefore, concerns have been

raised that control of infectious diseases could have been and will continue to be adversely affected by budgetary constraints as well as the social effects of recession [4,5,6]. For example, some countries have cut budgets for infectious disease control, risking disruption of treatment and/or the exacerbation of drug-resistance [7]. Pharmaceutical companies report declines in sales of prescription drugs, especially in countries with high reliance on out-of-pocket spending [8]. Workers have been reluctant to take sick days, fearing unemployment while increasing the risk of disease transmission at work [9].

Marked rises in infectious disease incidence during previous economic crises and downturns raise concerns about the current situation. During the 1990s, countries of the former Soviet Union (FSU) and Eastern Europe experienced a devastating economic crisis, as GDP fell by one-third on average. Concurrently, the incidence, prevalence and mortality of tuberculosis rose markedly, and worsening treatment led to the emergence of drug-resistant strains [10,11]. HIV also increased from relatively low pre-crisis levels; outbreaks of diphtheria [12] and tick-borne encephalitis

But it is possible to do something

- Several factors markedly increase resilience
 - Strong social networks
 - Membership of trade unions, churches, social clubs
 - A strong welfare state
 - Especially active labour market programmes that get people back into work (or at least give them the message that someone cares)

Can the National PH
Associations find these
opportunities within
EUPHA?



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- EUPHA and National Public Health Associations need to better cooperate in order to find the most efficacious answers to common but also to specific problems.

Short history

- Founded in 1992
- Grown from 12 to 40 countries

72 EUPHA members

- 41 National Public Health Associations from 35 European countries
- 18 Institutional members
- 7 Individual members from 5 countries
- 8 Associate members (European NGOs)
- 14' 000 public health professionals

Vision and Mission:

Our vision

Improved health and reduced health inequalities for all Europeans. We seek to support our members to increase the impact of public health in Europe, adding value to the efforts of regions and states, national and international organisations, and individual public health experts.

Our mission

To build capacity and knowledge in the field of public health, and to support practice and policy through scientific evidence, producing and sharing knowledge with our members and partners in Europe.

EUPHA office

- Based at NIVEL in Utrecht, NL
- 4 staff members at NIVEL 2.8 fte
- Editorial office at Karolinska Institute, Stockholm, Sweden
- Publisher in Oxford, UK
- Responsible for the execution of all decisions taking by the GB and Executive Council

Four pillars

Research

Policy

Practice

Training and Education

Two strategic objectives

Knowledge building

Capacity building

What we already have



- Theme-specific networks
- EPH conference
- European Journal of Public Health
- OUP Bookclub
- Monthly newsletter
- Website

What we are developing



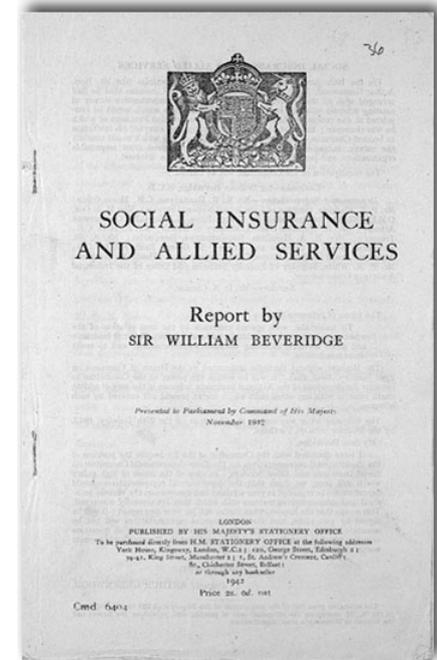
- EUPHA reports
- EUPHActs
- EUPHApedia
- Snapshot
- EUPHAnxt

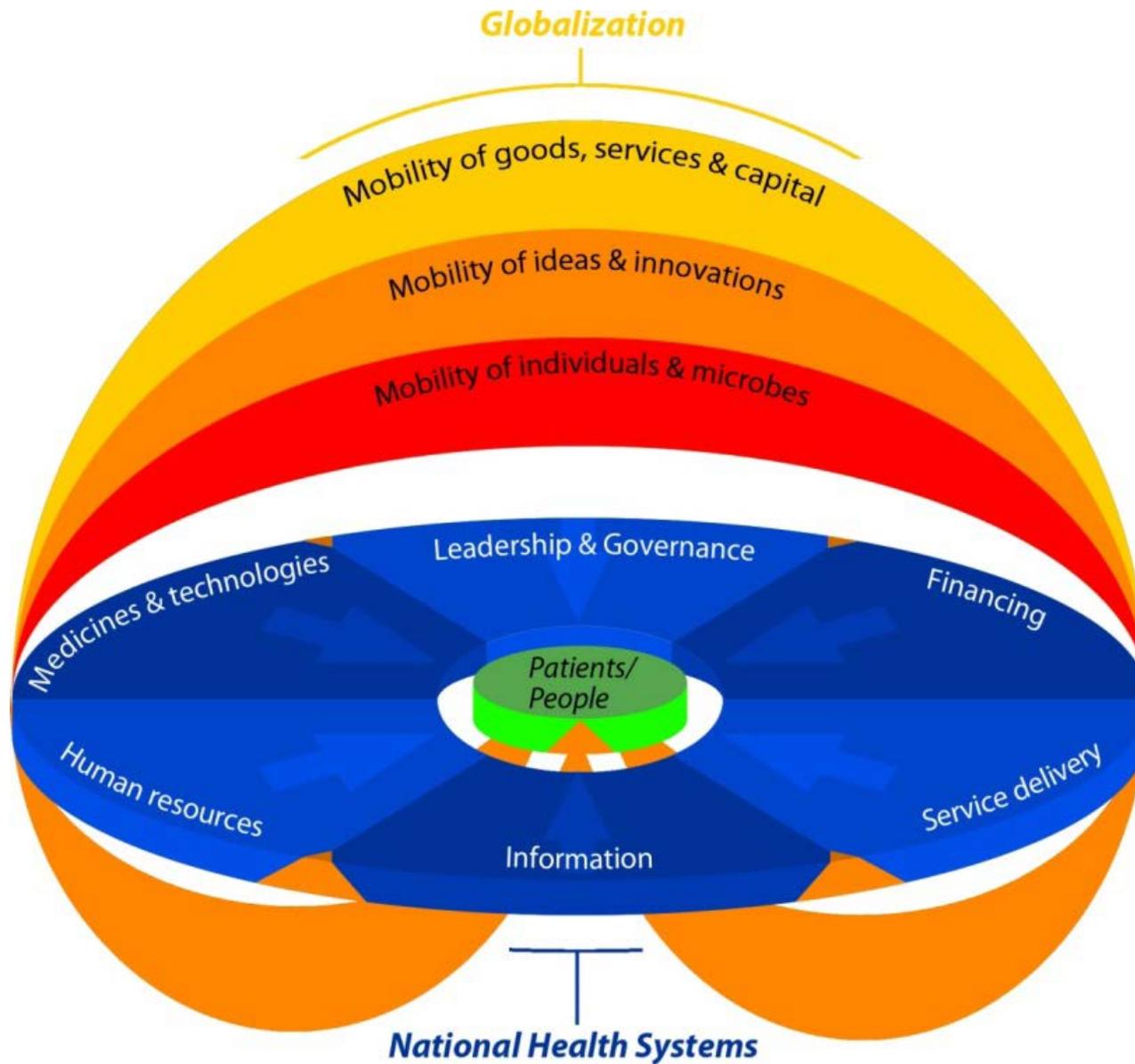
In conclusion

The European social model



- A system of transfers
 - From rich to poor
 - From young to old
 - From employed to unemployed
 - From healthy to ill





Tomson, 2010

- The citizens of many countries in Europe are paying a huge price, in blood and treasure, for the mistakes of a few
- We are only beginning to see the health consequences ... but they are likely to be profound in some countries
- So what are we going to do about it?

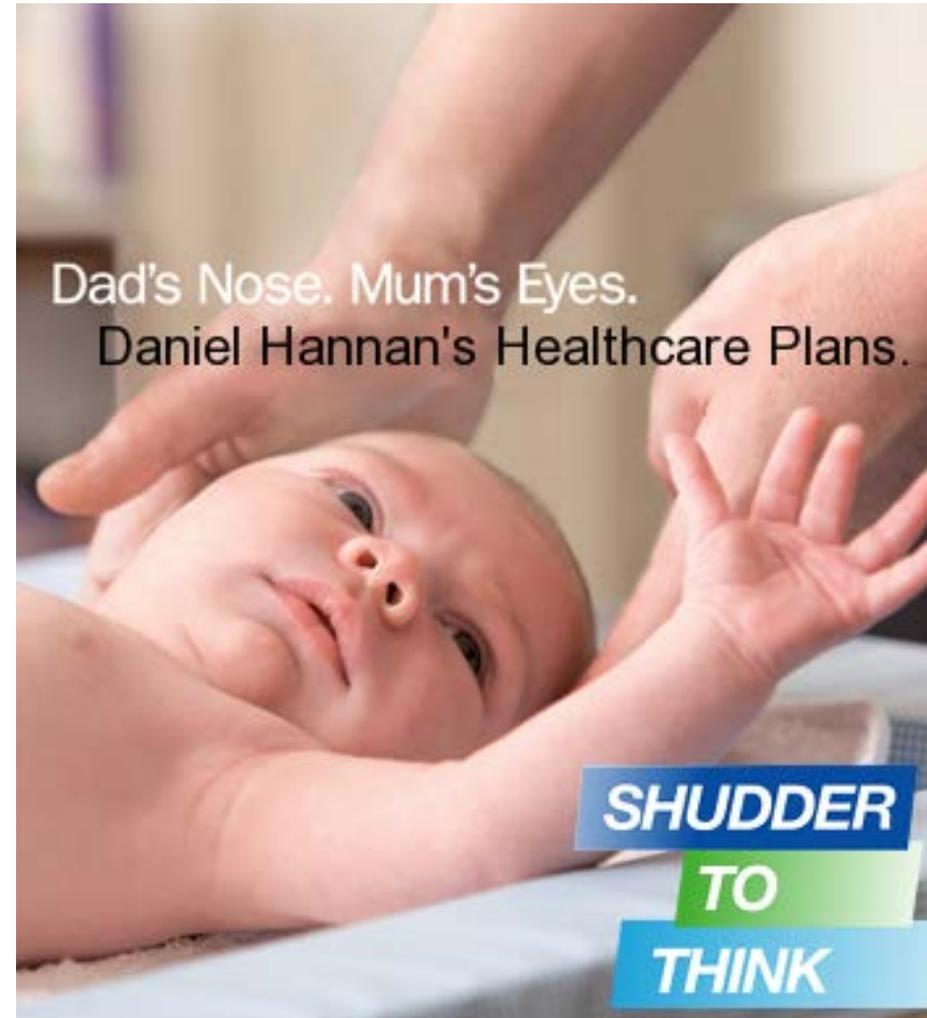


Free health care – no
thanks....
We'd rather die



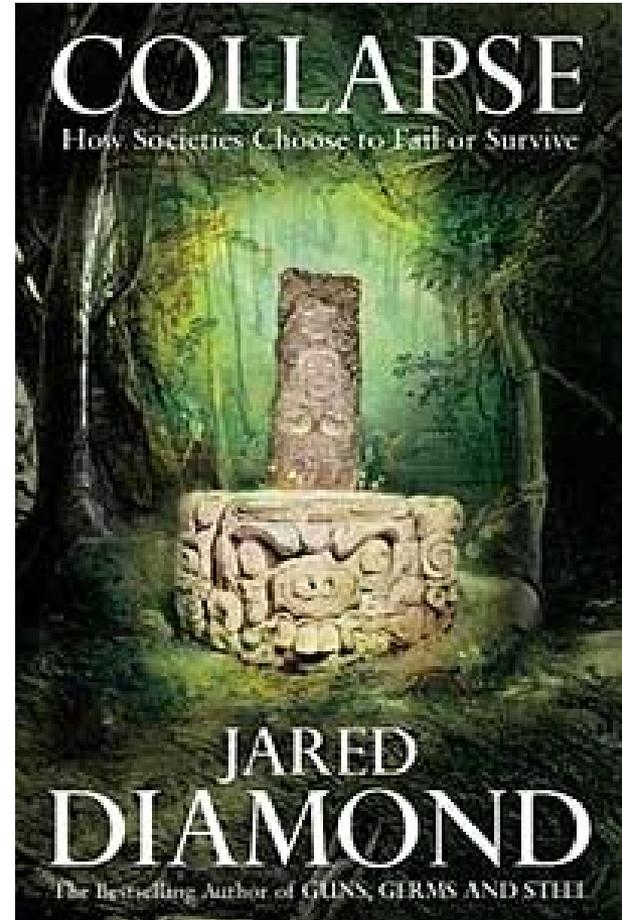
Daniel Hannan MEP on the NHS

“A 60 year mistake”

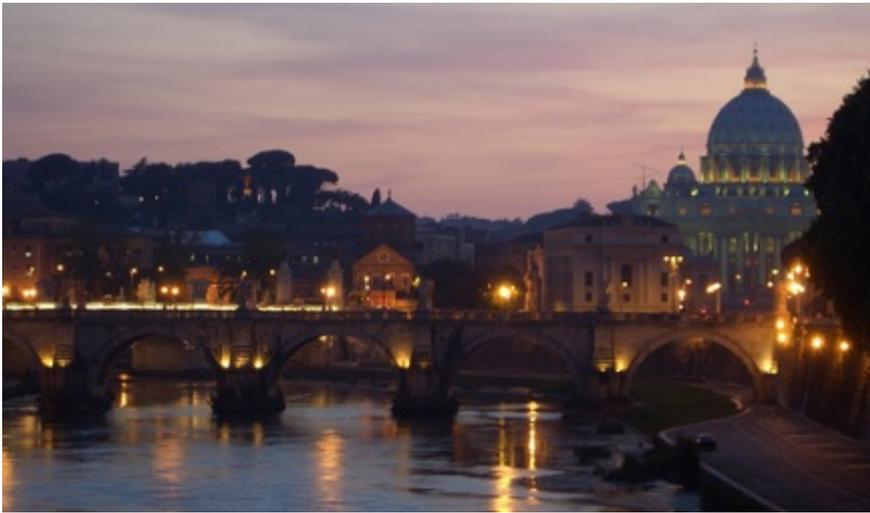


We stand at a critical point

- So far, the European welfare state, and with it universal health coverage, has withstood shocks and attacks
- But this time, the forces against it are stronger than ever
- Will it survive?



The future is not something we are going



it is something we have to imagine create
plan and build





You must have
researched

Yeah,
but how
did you
know?

Because you
gave me a very
accurate but
totally irrelevant
answer

Because you
don't know where
you are, you
don't know where
you are going
and you are
blaming me for all
this mess..



**REALLY HOPE
TO HAVE YOU
AND
GERMANY ON
BOARD!**