**European Public Health Association**

**President’s column**

By the time you are reading this column I will already have passed on the EUPHA presidency to Prof. W. Kirch. Being EUPHA president was an exciting experience, especially in a year marked by the 10th anniversary of the association. 2002 was a very active and innovative year. Several initiatives prepared during the preceding years were launched this year. The new interactive website will be an important tool of EUPHA to communicate with public health professionals inside and outside Europe. Our database was expanded and online registration is now possible through our website. A working group on the future of EUPHA formulated a new strategy to improve EUPHA’s role as the bridge between research, policy and practice in public health in Europe. Another working group prepared a proposal to make the European Journal of Public Health more professional and scientific. Moreover, EUPHA undertook its first skills-building workshop at the annual EUPHA conference in Dresden and prepared a plan on the future of public health in Europe. EUPHA’s international networking was intensified. Together with the Open Society Institute of the Soros foundation, EUPHA started a project for the support of public health associations as key links between government, the scientific community and the population in central and Eastern Europe. EUPHA is working with ASPHER to set up an independent accreditation agency for public health training programmes in Europe. EUPHA attended the annual meeting of WFPHA and is actively collaborating in the international organising committee of their tri-annual congress of 2004. EUPHA has had several contacts with IUHPE and both associations favour a closer collaboration. EUPHA had extensive contacts with the Directorate General of Public Health of the European Commission and was present at the conference of DG research to launch the 6th framework on research in the European Union. EUPHA’s manager and I met with some representatives from WHO/HQ to discuss possibilities of working more closely. Members of EUPHA’s Executive Council met with Marc Danzon, Regional director of WHO/EURO. Regarding my own objectives as EUPHA president, I find a 1-year term very short to accomplish them. Therefore, in my capacity of past president and member of the Executive Council, I will continue to further explore the possibilities to connect EUPHA with the many groups in Europe working on infectious diseases related activities (such as surveillance, training and building of rapid response capacity). These efforts can, if there is enough support from EUPHA members, result in the development of a EUPHA section on infectious diseases. I also will further encourage Greek experts in public health to join EUPHA as individual members and to set up a national public health association. Finally, I wish my successor Professor W. Kirch great success with his new responsibilities!

Virene van Casteren,  
EUPHA president 2002

**Health Services Research**

Health services research is an important element of public health and health system research. It comprises research in the ambulatory and inpatient field, in public health services, as well as in rehabilitation services. It is multi-disciplinary and combines the expertise of, among others, medicine, health economics, social and natural sciences. Its focus is on the investigation of the management of health systems and securing of population health. In this research field, particular interest is paid to the amount, content, structure, target groups, results, resources, costs, and the profit of health care services. The thematic spectrum ranges from assessment of need to the evaluation of health care services and quality assurance measures.

Looking at the changes that occur in societies, the increasing importance of health services research becomes obvious. Research in this field is of high interest particularly in the context of a European region that is growing together within the next decades. All health care systems will be confronted with major challenges emerging from social, economic and technological developments. It is important to observe, research and describe in detail the different systems throughout Europe. The aim is to provide relevant comparative information about financing, organisation and delivery of health care services and to provide an instrument for the dissemination of information on health systems and the exchange of experiences of reform strategies in order to support policymakers and analysts in the development of health care systems and reforms in European countries and beyond.

The European region is facing several common problems all of which impact on health care systems.

The first common problem arises from the ageing of the population. On one hand life expectancy within European countries has increased during the last years and will further rise. On the other hand the proportion of elderly people will increase due to improved life circumstances as well as better diagnostic and therapeutic measures. These developments will have substantial impact on health systems and health expenditures.

The second problem is to be seen in the fact that new technologies and therapeutic measures are continually being developed. Such newly generated therapeutic measures might be more effective in combating diseases but might also be more expensive and thus they might lead to higher health care expenditures.

The third problem comes with increasing wealth and higher living standards that are accompanied by increasing expectations of health services. People will be better informed about their health and will demand better and more individualised health care services. This will contribute to more effective preventive measures, more transparency and mobility in health care, and it will affect the costs.

The challenges outlined above show the need for a close European-wide co-operation between researchers and representatives from practice and policy. Information processes must be organised transparently and exchange of newly found insights have to be encouraged.

By laying the focus on ‘Information, Promotion and Training’ this year’s annual meeting of the European Public Health Association (EUPHA) will
Public Health and Management: achievements and prospects

All European countries find themselves having to address problems arising from both the need to guarantee and promote the health of the population in general, and the growing limitations of available financial resources. In wealthier European countries, there are mounting difficulties in satisfying the increasing qualitative-quantitative demand for public health services against the inevitable political pressure to introduce restrictions on excessive public expenditure.

European countries that have initiated efficient economic development processes (especially Eastern European ones) are experiencing significant difficulties in delivering higher quality of public health services compared to the increased consumption levels of other services.

In European countries hit by economic crisis and in those still in a condition of transition (for example, some republics of the ex-Soviet Union), one can even observe a step backwards in the quality of public health services thus making any escape from the lack of essential services a continuing impossibility.

This scenario indicates that the economic variable is increasingly becoming the main contributory factor towards the widening gap between “that which might be done to guarantee health on the basis of current scientific knowledge” (potential response to user needs) and “that which can realistically be done” (actual levels of assistance achieved).

For those operating in Public Health, it is not a just matter of discussing the different ‘dimensions’ that constitute the ‘Health’ theme (scientific, technological, social, economic, ethical and moral) but rather one of accepting the problem of economic sustainability as a fact. If adequate financial resources are not made available, it just isn’t possible to pay doctors, biologists, nurses, technical staff and other professionals, nor is it possible to buy new and updated scientific instruments. A lack of financial resources also makes it impossible to implement effectively prevention programmes and to administer the latest generation of drugs (highly effective, but also highly costly) in addition to the inability to build new centres specifically dedicated to prevention, diagnosis, cure and rehabilitation activities.

Studies of Organisational Economics applied to the health sector have proposed, in recent decades, two principles that are relevant for the analysis and interpretation of the current situation: that of ‘complexity’ according to which, the capacity to adequately respond to health problems, at least to relevant ones, depends ever less on the actions of the single individual or of single professionals, and more on the contribution and collaboration of a multi-disciplinary team comprising various professionals each possessing a particular skill or knowledge within the institution.

That of ‘economic viability’ of organisations in which, such complex activities are carried out or where collaboration between numerous individuals is essential: economic viability refers to the “capacity to reliably carry out organisational functions (in the case of health providers, the function is to ensure proper health services) over a sustained period of time using the financial resources available”.

These interpretations are not foreign to the culture of Public Health professionals, but do not appear to be sufficiently ordered or defined. The next EUPHA conference, to be held in Rome from 20–22 November 2003, shall put these necessities at the centre of its proceedings with particular attention paid to the field of health service management, food safety and the prevention of and reaction to artificial catastrophes, with the aim of taking another step forward towards the harmonisation of European Public Health practices.

Walter Ricciardi,
EUPHA president-elect