Challenges for a European Public Health Association

Walter Ricciardi, EUPHA President Elect

Correspondence: Walter Ricciardi, Catholic University of the Sacred Heart, Rome, Italy.
e-mail: wr ricciardi@rm.unicatt.it

The notion of public health started some 400 years ago with disease control, i.e. to prevent the further spread of diseases. Since then, public health has evolved and now includes health promotion as well as health protection. Public health professionals are now aware of the imbalance between the global magnitude of factors that affect human health and the inadequate structures in place to address them. Global integration is moving at a rapid pace, fuelled by faster communication and greater movement of people and ideas, yet the world continues to use 19th century structures based on individual nation states.

These changes require new solutions, with effective international cooperative action, with devolved decision making that ensures implementation. Effective policies will require concerted international action and public health professionals can make a difference to this process, as researchers identifying the health effects of these factors, as advocates for action and as agents for communicating to the public the nature and scale of threats to health.

If the ‘new’ public health defines health as an investment factor for a good community life focusing on the behaviour of individuals and the conditions of life that influence behaviour, the questions where we stand now and how we are going to achieve this ‘new’ public health need answering.

The future is not a place awaiting our arrival; it is something that we have to imagine, design and build. Throughout its existence, EUPHA has developed a number of successful tools to build both capacity and knowledge, but the key question for post-crunch sustainable health systems is: are we doing the right things better, safer, greener and cheaper every year?

Those who pay have to decide on how they derive most value from the correct allocation of resources. The public health profession not only needs to lead the change but also recognize that it could be very radical as we will have to face five gigantic challenges:

- Changing patterns of disease. The rise of chronic disease because of population ageing, from obesity and the metabolic syndrome and the new cost-effective interventions. Alongside this, we face the threat from new and re-emerging infectious diseases increasingly unconstrained by current antimicrobials.
- Increasing demand on a shrinking working age workforce.
- An increasingly hostile natural and social environment. With climate change, we must expect more frequent extreme weather events, and that the consequent competition for scarce resources, especially for water, will increase social instability and possibly violence.
- Limited resources: no more money and probably even less money for the next decade.
- Inequalities—of health status, of resource availability, of access and of outcomes.

As in the past, good research is the basis of successful public health interventions. However, there is a significant gap between research on the one side and policy and practice on the other. Public health should be included and form an integral part in all policy decisions. It has been on the agenda of policymakers for a long time, but is not seen as a priority. This is mainly due to the long-term focus of public health: the benefits of any intervention/policy cannot be measured in the near future.

A better interaction between policy/practice and research should be organized. This not only means that researchers should be open to policy/practice important aspects of research, but also that researchers should learn to translate their research findings into recommendations for the solution of practical or policy problems, and that they should adapt the way that they present their results. Researchers should interact continuously with policymakers and practitioners. Population health should be presented as human capital, which is the basis for a solid economy and a happy population.

Future public health practice should be based on flexibility and pragmatism. Policies are set at national or international level, the implementation is at the local level and should be adaptable to different situations being aware that what has been effective in the past may not work for a new generation. New ways of either sending the same message or sending a new message need to be continuously developed.

In this context the European Public Health Association has two major assets that would be beneficial in the development of the new public health:

- it is an European non-governmental association of public health experts
- it consists of researchers, policymakers and practitioners.

To face these new challenges, in 2008 the Governing Council of EUPHA approved a new strategy, a strategy that aims to use the full potential of EUPHA and its members.

With this new strategy, EUPHA will continue to build bridges between public health research, policy, practice and training and education, and will try 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.

All EUPHA activities will be based on four pillars: research, policy, practice and education to allow EUPHA to be a great boundary spanner also between the different disciplines.

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

If our European Public Health community agrees on these principles and statements, we can easily use our network to make concerted efforts to take the measures needed to optimize the health status of future generations and to overcome the health challenges of present and future.

References


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