Welcome to European Public Health News, a new section in the EJPH, where we plan to inform you on interesting news from EUPHA, our partners and our members.

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Dineke Zeegers Paget
Executive director – EUPHA

NEW ERA BEGINS FOR THE EUROPEAN ENVIRONMENT AND HEALTH PROCESS

The Fifth Ministerial Conference on Environment and Health—held in Parma, Italy from 10 to 12 March 2010—opened a new chapter in European governments’ work on the closely interrelated challenges of environment and health. With all key stakeholders, delegates from the 53 Member States in the WHO European Region reviewed progress over the last 20 years, and discussed strategies to tackle old and new risks in environmental health.

In key achievements, Member States endorsed a new vision and governance mechanism for the European environment and health process, and agreed to set up a new ministerial board to give the process an even higher political profile. Bringing together four ministers of health and four ministers of environment, and representatives of the European Commission and the United Nations, the board will speak for the process more strongly and broadly among key stakeholders.

In Parma, governments also pledged to meet concrete, time-bound targets in the next decade—for the first time since the process was launched in 1989. Targets are now set to ensure access to safe water and sanitation, opportunities for physical activity and a healthy diet; to prevent disease through improved air quality; and to create environments free of toxic chemicals. Member States will monitor and report on progress as they move towards the sixth ministerial conference in 2016.

In addition, governments agreed to focus on reducing socio-economic and gender inequalities in exposure to environmental health risks, and to give new priority to the issue of climate change and health. Through their new commitments, the Region’s Member States once again endorsed the defining values of WHO: solidarity, equity and participation. Through a stronger and more integrated European environmental and health process, we will move closer to our aim of creating more just and equitable societies across Europe.

Zsuzsanna Jakab
WHO Regional Director for Europe

In support of Parma Declaration on Environment and Health

It would be difficult to disagree with Zsuzsanna Jakab, director of the WHO Regional Office for Europe, when she says ‘We need a real paradigm shift in the way we think about disease prevention, health promotion and the environment. We need an approach that is all-embracing and comprehensive, and one that takes health and health inequity issues into consideration in all environmental policy areas’. Zsuzsanna Jakab said these addressing European ministers of health and environment gathered at the fifth European Conference on Environment and Health in Parma from 10 to 12 March 2010. Indeed, by saying that, the Regional director of WHO has recognized the emerging new paradigm of public health based on a holistic conception of health and on the need to create social and environmental conditions conducive for the health of the people.

The Parma Conference has focused on continuing the European Environment and Health Process, a legacy of the earlier ministerial conferences, in particular the Children’s Environment and Health Action Plan for Europe (CEHAPE), and on new issues which include climate change, inequalities in environment and health within the larger context of social, economic and gender determinants of health, and the burden of non-communicable diseases linked to environmental conditions and disasters.

The main result of the Conference has been the adoption by 53 Member States of the WHO European Region of the Parma Declaration on Environment and Health, pledging to reduce the adverse health impact of environmental threats in the next decade. In order to ensure achievements of the goals of the Declaration, the Conference endorsed the ‘Commitment to Act’ document, as an integral part of the declaration with clearly defined targets to be achieved.
The existing evidence that inequalities in environmental risk exposure are still growing, has been considered by participants of the conference as a significant cause for concern. The disadvantaged population groups are disproportionately more exposed to avoidable environmental hazards and vulnerable segments of society are at increased risk of health damage due to environmental exposures. Through the Declaration and Commitment to Act, participating governments agreed to implement national programmes to provide equal opportunities to each child by 2020 by ensuring access to safe water and sanitation, opportunities for physical activity and a healthy diet, improved air quality and an environment free of toxic chemicals.

The Fifth Ministerial Conference on Environment and Health has been a milestone on the road of the European Environment and Health Process and a milestone for the public health in Europe. The conference addressed new environmental threats to health and set out the future direction of the environment and health process to address existing and emerging challenges. It is obvious, that these challenges should be seen as not only for the European governments represented at the conference by their Ministers of Health and Environment, but for the whole public health community in Europe.

EUPHA strongly supports the decisions of the Parma conference and will be a strong advocate of the European Environment and Health Process on the grounds of the EUPHA’s mission to build capacity and knowledge in the field of public health and on the strategic aims to build bridges between public health research, policy, practice, training and education.

EUPHA also encourages all and each national associations of public health to engage themselves in the development and implementation of national environmental health programmes and in monitoring progress of implementation of the Parma Declaration and Commitments to Act.

Stanisław Tarkowski
President of EUPHA

EUPHA—an independent voice for the public health community

On the EUPHA website (www.eupha.org), the header reads that EUPHA is an independent scientific and professional voice for public health in Europe. Since its existence, EUPHA has worked towards being this independent voice:

- by continuously expanding our network (now including 12,000 professionals from 40 countries);
- by proactive information exchange to and from our members;
- by further developing our successful tools (such as the EJPH and the conference); and
- by being a consistent partner to European bodies, such as the EU and WHO/EURO.

There are two areas where the independence is not yet developed. The first is to be the independent voice for the public health community in Europe. As our first president, Prof. Louise Gunning-Schepers stated in 2002,1 EUPHA has a crucial role to play in developing a common European public health policy, that is initiated and supported by the public health community. This clear bottom-up approach is still in its childhood, but will certainly develop with the new EUPHA strategy for 2009–14.

The second area of independence is the financial one. How independent can we be if we are (still) dependent on outside funding? Don’t get me wrong, EUPHA has made enormous progress in this area. EUPHA is 65–70% financially independent, an amazing achievement. But this financial independence comes at a price; EUPHA has a very small office and bases its activities on volunteers (Executive Council members, section presidents, etc.) which unfortunately hinder the development of the independent voice for the public health community in Europe.

In the past 6 months, we have seen both the advantages and disadvantages of being dependent on outside funding. With the EU-funded projects—STEPS and PHIRE—EUPHA office was expanded and more activities can be undertaken. We can find time to be proactive and creative in European public health. At the same time, the 3rd European Public Health Conference was excluded from applying for a conference grant with the EU for administrative reasons (only conferences organized in 2011 are covered by this call). And this has consequences for the financial situation of EUPHA as well as our local organizer, the Netherlands Public Health Federation.

Can this latter experience be seen as a blessing in disguise? Is it a learning experience for EUPHA’s independence? It was most certainly a harsh wake-up call that outside funding may be less secure than own funding. Especially, if the outside funding concerns 20% of a conference’s budget. As you can imagine, the discussions between the partners for the conference have been multiple, hectic and intense. At the same time, it created a comradery between the partners: EUPHA, the Netherlands Public Health Federation and ASPHER. It increased our creativity and flexibility. But most of all, it fostered our will to be the independent scientific and professional voice for public health in Europe.

Dineke Zeegers Paget
Executive director – EUPHA

Reference

public health and health care policy. Speakers are:
Jonathan Lomas, Canadian Health Services Research Foundation, Canada.
Kate Lorig, Stanford Patient Education Research Center, USA.
Larry Green, University of California at San Francisco, USA

**Plenary 2:** Debate on integration public health information systems for informing European policymakers and practitioners. Speakers are:
Nick Fahy, European Commission
Mark Pearson, OECD
Representative WHO/EURO

**Plenary 3:** Integrating new knowledge, skills and competencies in public health professionals (workforce crisis, professionalism and capacity building). Speakers include:
Linda Fried, Columbia University, USA (tbc)

**Plenary 4:** Plenary debate on achieving public health goals via public–private partnerships. Moderated by Josep Figueras. Invited debaters are:
Martin McKee, London School of Hygiene and Tropical Medicine, UK
Walter Ricciardi, Catholic University of Rome, Italy
Michael Hübel, European Commission
Mariusz Michalik, PepsiCo Europe
Paulus Verschuren, Unilever

**EUSPR—Prevention science, an ‘outsider inside’ public health**

Almost 60% of the disease burden in Europe is accounted for by seven major risk factors: high blood pressure (12.8%); tobacco use (12.3%); alcohol consumption (10.1%); high blood cholesterol (8.7%); overweight (7.8%); poor diet, including low fruit and vegetable intake (4.4%) and physical inactivity (3.5%). All of these risk factors are importantly associated with lifestyle. Coherently, there is an increasing emphasis on strengthening primary prevention in EU Countries, with a particular focus on changing health-related behaviours (*Gaining Health; WHO 2006*).

Most relevant health gains during the past century are attributable to public health environmental interventions, such as water and food sanitation, vaccination against communicable diseases, reduction of exposure to occupational risk factors or to atmospheric pollution (*CDC, 1999*). However, achieving and maintaining a healthy lifestyle at the population level is a much more complex process than those involved in the ‘glorious era’ of environmental prevention.

The complexity of prevention in this domain becomes conspicuous if one just considers that behaviours have multiple determinants, from genes to formal and informal norms in a society, from family relationships to availability of psychoactive substances, not to mentioning marketing strategies. Although complex and challenging, this broad framework has major implications for the design of interventions, and induces the following reflections:

- the design of effective interventions requires a multidisciplinary approach;
- a single health promoting intervention, even if effective, will probably have a low impact, considering the complexity of individual behaviour determination;
- in order to achieve a larger impact, interventions must be included as part of broader strategies targeting individual behaviours through system changes, such as norms and policies, school pedagogy, health care practices and social marketing;
- the evaluation of preventive interventions is mandatory, and requires a complex methodological approach taking into account the multiple and often opposite influences in the community at large;
- given the weakness of our knowledge and the inherent complexity of determinants of behaviours, the analysis of intermediary outcomes of complex interventions must be integrated in the evaluation, in order to open the ‘black box’, and to learn how the prevention works; and
- complex preventive strategies can only be evaluated incorporating research designs and analysis tools from disciplines outside traditional health sciences.

These prompts are only a distillate of the challenges facing contemporary researchers and practitioners in the quest for effective intervention aimed at establishing healthy lifestyles. Other critical problems, such as the relationship between individual freedom and public good, or beliefs of clinical medicine as the universal source of solutions for health problems remain to be properly addressed in practice, beyond academic debate.

The EUSPR (www.euspr.org) was recently formed to advance knowledge in prevention research and intends to project these spotlights inside and across allied public health disciplines: from sociology to economy, psychology, anthropology, communication technology and medicine. And then of course, over to society.

**Fabrizio Faggiano**

Coordinating Committee for the constitution of the European Society for Prevention Research (EUSPR)

**References**