

European Public Health News



In this European Public Health News, we have a newcomer: the European Centre for Disease Prevention and Control has joined our efforts with a column on sustainable European collaboration. The Regional Director of World Health Organization (WHO) Europe announces the setting up of collaboration on antibiotic resistance. The European Commission emphasizes the need for a continuous commitment (on vaccine preventable diseases). The two EUPHA columns not only fully support the European collaboration, continuous commitment and use of networks but also look more critically at the sustainability of these initiatives. Of course the 6th European Public Health Conference offers an excellent opportunity to address continuous European commitment towards public health in Europe.

Dineke Zeegers Paget
EUPHA Executive Director

EUPHA President's column

On 5 December 2012, Marieke Verschuuren, President of the EUPHA section on Public Health Monitoring and Reporting, and I sent a letter to European Union (EU) Health Commissioner Borg on behalf of EUPHA. In this letter, EUPHA expressed its concerns related to the lack of sustainability of health information activities at the EU level. The main messages in this letter are in line with the letter that was sent to former Commissioner Dalli by 13 Directors of national public health institutes in EU Member States in April 2012.

It is widely acknowledged that public health monitoring and reporting are essential elements of an evidence-based public health policy cycle. At EU level, the European Commission has been actively engaged in stimulating the development of a public health monitoring and reporting system since the 1990s, when the Health Monitoring Programme was launched. Since then, a multitude of EU-funded projects, networks and Joint Actions have been and are working on specific elements of that monitoring and reporting system, such as indicators, data and measuring instruments. Many of these projects have made a real difference to the development of health policy and understanding of comparative levels of health, and stakeholders have warmly adopted the projects' results.

After 15 years of developmental work based on *ad hoc* temporary project funding, however,

we are now faced with the fact that for many of these activities, no sustainable structures for maintenance are in place. This is a worrying situation, which potentially could result in the loss of a massive amount of knowledge and experiences gained within the numerous EU-funded health information projects and in a serious deterioration of the availability and quality of health information in the EU, including diminished comparability of data between EU Member States.

It is promising that the European Commission recently has asked the Member State representatives of the Council Working Party on Public Health at Senior Level to provide ideas for how to maintain a continuous and sustainable health monitoring system in the future at EU level. Recently, the Joint Research Centre in Ispra, Italy, was given a new task related to regularly collecting data and computing indicators on cancer. It seems worth exploring whether this task could be expanded to other chronic diseases and even maybe to related health determinants. Other options worthwhile exploring are expanding Eurostat's tasks in the field of health information, the formation of a network of national public health institutes that could be given specific coordination tasks and, as suggested by the European Parliament as well, expanding the mandate of the ECDC beyond communicable diseases.

What becomes apparent when looking at the current efforts by the Commission to create sustainable solutions, however, is the lack of a long-term health information strategy at EU level. This is also reflected in the new Health for Growth Programme (2014–20), in which, in contrast with the current and previous programme, no horizontal Health Information Strand will be included. Public health monitoring and reporting requires solid long-term data collections to support health policy making with valid trend information. This in turn requires a solid long-term vision that is resistant to 'the political issues of the day'. Such an EU health information vision or strategy, therefore, is desperately needed and should be fully aligned with overlapping health information activities carried out by other actors, such as WHO, OECD, DG Employment and DG REGIO.

EUPHA would be pleased and honoured to assist the Commission in developing solutions for overcoming the current problematic situation and for the further development of the EU

public health monitoring and reporting system, through providing expertise and advice.

Walter Ricciardi
EUPHA President 2010–14

EUPHA office news

The PHIRE project is nearing its completion. The project—Public Health Innovation and Research in Europe—has analysed the impact of eight projects that had originally been funded by the European Commission's Directorate for Health in the period 2003–05. Three of the eight projects were considered of 'high' relevance by a majority of the country informants, and seven of the eight projects were of 'high or moderate' relevance. The second objective of PHIRE was to update information on public health research structures (financial and organizational) in European countries, following the results of the SPHERE and STEPS projects.

Within PHIRE, project partners are now discussing the continuous availability of the results. As our president mentions, there is a lack of sustainability in the field of health information in Europe. Looking at past projects where EUPHA had a role to play, I am happy to announce that through our Website, most results of all five projects are still available. And PHIRE also shows that projects are being disseminated and results actively used. But are these the exception or the rule? In the project agreements in the EU, a lot of attention goes into dissemination, but this is limited to the duration of the project. Dissemination beyond the project duration is mainly based on voluntary efforts by the project partners. Of course, the EAHC Website (http://ec.europa.eu/health/projects/index_en.htm) gives a good overview of projects, but in several cases, the existing link to the Website no longer exists. And is it not essential that we keep the evidence-base and best practice examples accessible for all interested?

In the columns of WHO Europe, European Commission and ECDC, we see that European collaboration and continuous commitment remain a top priority. EUPHA fully agrees that collaboration and continuity are essential, and we aim to continue our commitment to further capacity and knowledge building in Europe.

Dineke Zeegers Paget
EUPHA Executive Director



MESSAGE FROM THE REGIONAL DIRECTOR (JANUARY 2013)—A HISTORICAL TURNING POINT TO FIGHT ANTIBIOTIC RESISTANCE

Over 70 years ago, Alexander Fleming's discovery of penicillin delivered us a powerful medical tool against bacterial infections. Just 3 years after the first mass production of penicillin, resistant bacteria began to appear. Although this is a natural phenomenon, its occurrence is dramatically accelerated by antibiotic use, and especially misuse in people, animals or plants.

Recognizing the growing health threat of antimicrobial resistance (AMR), global action has mounted over time to preserve the efficacy of our antibiotic arsenal. The momentum peaked in 2011 when the WHO dedicated its annual World Health Day to combating drug resistance with the slogan 'No action today, no cure tomorrow'.

In the same year, all countries of the WHO European Region—stretching from Iceland to the borders of China—adopted a new European strategic action plan on antibiotic

resistance. The action plan identifies key areas of action to protect health, including surveillance of antibiotic resistance and consumption, infection prevention and control, innovation and research, prevention of antibiotic resistance in veterinary and agricultural sectors and advocacy. In the accompanying resolution, Member States are urged to set priorities, develop national plans and ensure political commitment and resources.

The WHO Regional Office for Europe supports governments in their efforts to regulate the use of antibiotics and coordinate action. The challenge is huge in a Region where differences are large. Surveillance of antibiotic resistance is undertaken by all countries in the EU, plus Norway, Iceland and Liechtenstein via the European Antimicrobial Resistance Surveillance Network (EARS-Net) coordinated by the European Centre for Disease Prevention and Control (ECDC), whereas it is scattered

and incomplete in the Region's non-EU Member States. As resistant bacteria do not respect borders, this is of high concern.

On 30 October 2012, the WHO Regional Office initiated the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network, in collaboration with the National Institute for Public Health and the Environment (RIVM) of The Netherlands and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), to set-up an AMR surveillance network complementary to EARS-Net for non-EU countries in the Region. This initiative, together with similar efforts on antimicrobial consumption, will provide a pan-European overview of AMR, guide targeted actions and measure their effectiveness.

Zsuzsanna Jakab
WHO Regional Director for Europe



INCREASING EFFORTS ON VACCINE PREVENTABLE DISEASES IN THE EU

It is often said that, after clean water, vaccination is the most effective public health intervention. Vaccination eradicated small pox and has kept Europe polio-free since 2002—diseases that caused death and disability for millions of people in the past. The incidence of other diseases, such as diphtheria or tetanus, has been drastically reduced since the introduction of routine vaccination against these diseases.

But despite these success stories, Europe remains far away from maximizing the potential benefit provided by many of the safe and effective vaccines available today. Outbreaks of vaccine-preventable diseases re-appear at all-too-regular intervals because of insufficient vaccination coverage.

During 2010 and 2011, large measles outbreaks in the EU saw >30 000 cases per year, a 4- to 6-fold increase compared with previous years. More than 30 people died from measles during these 2 years.

Europe failed to meet the goal of eliminating measles and rubella by 2010. The Member States of the WHO European region have since renewed their commitment to eliminate measles and rubella by 2015. To avoid the prospect of a second failure, urgent and determined action is needed.

In June 2011, the EU Member States confirmed their commitment to step up efforts and adopted Council Conclusions on childhood immunization (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2011:202:0004:0006:EN:PDF>).

These conclusions invite the Member States and the European Commission to take certain actions to achieve and maintain high-childhood vaccination coverage.

In close collaboration with the European Centre for Disease Prevention and Control and the European Medicines Agency, the European Commission took various initiatives (http://ec.europa.eu/health/vaccination/docs/ev_20121016_co02_en.pdf) to support Member States in improving vaccination coverage, as well as monitoring and assessing coverage. Other initiatives included awareness raising in the public on the importance of vaccination and advocacy towards health professionals. In addition, a number of initiatives were taken

to help increase access to vaccination for populations that are underserved by standard immunization programmes.

The European Commission organized in October 2012 an EU conference on childhood immunization and invited a wide range of stakeholders to take stock of the actions taken on childhood immunization, including the

follow-up to the Council Conclusions. In addition, the conference provided a platform to discuss priority areas for future EU-level action on childhood immunization. The outcome of those discussions will be available soon on the conference Website (http://ec.europa.eu/health/vaccination/events/ev_20121016_en.htm) and will help guide the Commission and

the Member States in defining the future priority areas for action on childhood immunization.

Antoon Gijssens

Policy Officer

Unit C3 Health Threats, Directorate General for Health and Consumers European Commission



The European Centre for Disease Prevention and Control (ECDC) is a Stockholm-based EU agency established to strengthen Europe's defences against infectious diseases (for more information about ECDC see www.ecdc.europa.eu). In 2007, just 2 years after ECDC became operational, our Board agreed a Strategic Multi-annual Programme (SMAP) to guide the centre to maturity. This SMAP expires at the end of 2013; therefore, securing agreement from our Board for ECDC's next SMAP is a 'mission critical' priority for us this year. We will be having intense discussions with our Board members from the Member States, the European Commission and European Parliament on SMAP 2014–20 during the coming weeks and months.

Like all EU bodies, ECDC operates on the basis of an annual work programmes. This goes into considerable detail as to the services we will provide and the studies we will undertake. Rather than trying to summarize this document in 300 words (a near impossible task!), I will highlight three key priorities that our Director, Dr Marc Sprenger, will be taking a personal interest in during 2013: (i) making better use of ECDC's surveillance data (including better presentation of data); (ii) producing a risk assessment for the European Commission on the consequences of economic austerity for disease prevention and control in the EU; and (iii) working with the Commission, the European Medicines Agency and our national partners to design an EU system for the

monitoring of the safety and effectiveness of vaccination programmes. ECDC sees this last area as being of increasing importance to public health in Europe: it has been active in funding EU-level studies and disseminating national studies [most recently in the centre's scientific journal *Eurosurveillance* (<http://www.eurosurveillance.org>) on 31 January 2013].

ECDC will periodically update readers of *European Public Health News* on its progress in achieving these, and other, priorities via this column.

Karl Ekdahl

Head of Unit

Public Health Capacity and Communication



6TH EUROPEAN PUBLIC HEALTH CONFERENCE—HEALTH IN EUROPE: ARE WE THERE YET? LEARNING FROM THE PAST, BUILDING THE FUTURE

The Brussels 2013 conference will take place from 13 to 16 November at the Square conference centre in Brussels, Belgium.

Call for abstracts

Interested public health professionals are invited to submit their abstracts for oral or

poster presentations by 1 May 2013 directly via the conference homepage.

Call for workshops

International scientific groups are invited to submit workshops as a forum to present their experiences and debate their

interpretation. Workshops can be submitted by 1 May 2013 directly via the conference homepage.

The guidelines for abstracts and workshops are available at www.eupha.org/Brussels2013.

EPH Conference Office