

Zeegers Dineke, LLM, PhD

General manager and head of the office of the European Public Health Association, Utrecht, the Netherlands

Geschäftsführerin und Büroleiterin der Europäischen Vereinigung für das öffentliche Gesundheitswesen (European Public Health Association), Utrecht, Niederlande

EUPHA as a key player in public health in Europe

Abstract:

In diesem Artikel wird die European Public Health Association (EUPHA) und die Rolle die sie im Bereich der öffentlichen Gesundheit in Europa heute und morgen spielt vorgestellt und beleuchtet. Nach einem Rückblick auf die bisherige Entwicklung dieser Organisation werden Ideen für proaktivere Maßnahmen auf europäischer Ebene vorgelegt. Die beiden zentralen Tätigkeitsbereiche der EUPHA sind der Austausch von Wissen, sowohl auf internationaler als auch auf interdisziplinärer Ebene, sowie der Aufbau von Kapazitäten. Durch eine Weiterentwicklung dieser Aktivitäten wird die EUPHA zu einem bedeutenden Akteur im Bereich der öffentlichen Gesundheit in Europa.

The European Public Health Association, or EUPHA in short, was established in 1992 by 12 countries (Sweden, Finland, Denmark, United Kingdom, the Netherlands, Germany, Belgium, France, Switzerland, Hungary, Spain and Portugal). It was created as an umbrella organisation for public health associations in Europe. In the beginning EUPHA published a scientific journal – the European Journal of Public Health (EJPH) – which appeared four times a year and organised an annual scientific meeting. Most of the work done for the organisation was on a voluntary basis.

In 2007, EUPHA is a key player in public health in Europe. At the moment, EUPHA represents 40 countries in Europe and its tools have expanded as well. The EJPH is published on a bi-monthly basis and has grown from a purely scientific journal to a highly appreciated journal with viewpoints, proactive editorials and peer-reviewed articles. The annual scientific conference has grown from around 300 participants to well over 1000 participants with a fully packed programme. The EUPHA sections, which are based on specific health themes or fields, have grown from four in 1994 to 16 in 2007. EUPHA has also expanded its range of additional activities; EUPHA is involved in a large number of European-funded projects and has also developed a more proactive way of information exchange, for instance via the electronic newsletter.

It is clear that EUPHA is becoming a more and more important player for public health in Europe. The intensified collaboration with both the WHO regional office for Europe and the European Commission and its institutions is a clear example of this. This success for EUPHA quickly leads to the question: “Where do we go from here?” It is clear both from EUPHA, its members and its partners that EUPHA has a great role to play in European public health. It is however also clear that EUPHA is not yet fully ready to take up this role. This is the reason why the EUPHA council of past presidents has initiated a reorganisation of EUPHA’s structure and activities. The idea behind it is to professionalise EUPHA and to make sure that EUPHA can

expand on its already successful activities. This reorganisation will be based on two priorities: knowledge sharing and capacity building.

Knowledge sharing

The idea of sharing knowledge has been included in EUPHA's activities for years. The annual scientific conference is the ideal place to exchange information on ongoing research and other activities. The EJPH is also used for knowledge sharing – interesting research is published in the scientific journal for all our members to read. However, this is just one part of knowledge transfer: inter country sharing of research. What EUPHA should further develop is the transfer of knowledge between the different disciplines of public health – research, practice and policy. This interdisciplinary knowledge sharing is becoming more and more important. It is clear that public health research is at a good qualitative and quantitative level, but the translation of this research to policy and practice does not always happen. EUPHA could and should play a role here, but the current tools of EUPHA are insufficient to develop this interdisciplinary knowledge sharing. When we look at the annual conferences, the exchange of knowledge is predominantly based on research. For the past several years it has been possible to present both policy and, but the rather low number of abstracts in this area shows that more needs to be done. In the EUPHA network of members, we have representation from all three disciplines at the national level, but at an international level, it is mainly the researchers that are active. The policymakers rather go to meetings of governmental organisations or to specific policy-oriented conferences, such as the European Health Forum in Gastein. The practitioners hardly come to conferences at all or attend other activities.

How could EUPHA then reach the policy and practice side and actively involve them? One passive tool that seems to be quite successful is the monthly electronic newsletter, which contains an overview of articles/books and other publications, a list of upcoming conferences and information on EUPHA, the European Commission's activities, etc. This newsletter is sent to 4000 individual members with the specific offer to further distribute the newsletter.

Another passive tool is the EUPHA statements and reports which we are currently developing. The "EUPHA 10 statements on the future of public health in Europe" published in 2004 included specific statements for policy, practice and research and ideas on how these areas should collaborate. This document has been published in different languages with the participation of our members and has been widely distributed across Europe.

Apart from these more passive tools for interdisciplinary knowledge sharing, more tools should be developed. One tool that is currently being discussed is the EUPHA annual scientific conference. It may be a possibility to change the format of the conference to include more policy- and practice-specific aspects. The idea developed by the SPHERE project (Strengthening public health research in Europe) to put research and policy around the table to discuss common issues could very well be developed within the EUPHA conferences. Another tool which is further away from EUPHA's core business would be lobbying at a political level. Here an intense collaboration with EPHA – the European Public Health Alliance – could be anticipated.

Capacity building:

The idea of capacity building has also existed within EUPHA for several years now. Capacity building is to assist entities/individuals, which have a need to develop a certain skill or competence. It goes beyond training and includes e.g. organisational development. At the moment, EUPHA is – apart from conferences and spreading information – not very active in capacity building. The only example we have in this field is the 2002-2004 projects to further the creation of public health associations in central and Eastern European countries, which was initiated by the Open Society Institute of the SOROS foundation in collaboration with EUPHA. In this project, some of EUPHA's members were active twinning partners for countries where a public health association did not yet exist. The projects have been successfully finalised in 8 Eastern European countries.

Apart from this capacity building within our network, we should also look further: We should continue to assist capacity building in countries. The inclusion of a number of individual members from countries where no national association yet exists can be seen as one example.

We should continue to offer capacity building courses to our members. In the last 4 years, training seminars and courses have been linked to EUPHA conferences. These training seminars go from training in the field of public health research to training on how to write a scientific article. The experience shows that there is an interest in these courses and that more can be done.

We could go outside of our network and collaborate with WHO/EURO and other European institutions and offer capacity building for policymakers, international staff and other experts.

A more professional structure

In order to further develop these two priority areas, the EUPHA structure needs to be adapted and needs to become more professional. The installation of a professional EUPHA office, ten years ago now, was a first step in this direction. However, the whole structure, responsibilities, and organisation need to be revised. If EUPHA is serious about becoming a key player in public health in Europe, the organisation should adapt accordingly. If we now compare to other organisations, EUPHA is still seriously understaffed and still too focused on voluntary contributions from key people (e.g. the Executive Council). It will of course depend largely on available funding to reorganise the EUPHA structure in a way to professionally take up all activities.

Let's not forget

In this whole process of making EUPHA ready to be a key player for public health in Europe, we should not forget the basis of EUPHA: our members. All our activities should be aimed at assisting our members in their activities. The 'We are here to serve you' approach that EUPHA has successfully developed over the 15 years needs to remain the basis of all our activities. The open dialogue and engagement of EUPHA needs to continue. And the solid reputation EUPHA has built up in research should remain the strong backbone of EUPHA. If we keep this in mind, EUPHA has a bright future and will fully develop into a key player in public health in Europe.