



## **EHFG 2011: IMPROVING HEALTH CARE CAPACITIES ENCOMPASSES MORE ACTIVITIES THAN CURATIVE HEALTH SERVICES**

*Public health capacities are at the core of efforts to affect an overall healthier European population. The subject was the topic of two sessions at the European Health Forum Gastein (EHFG). Professor Helmut Brand spoke of the disparities in capacities among the nations of Europe, and some of the findings of a new in-depth analysis of how to improve systems. Better linkages are needed, for example, between the sectors of government traditionally seen as responsible for health care and the many other government and non-government sectors, such as academia, whose contribution to the broader effort are crucial.*

**Bad Hofgastein, October 7, 2011** - Public health capacities in Europe form something of a roof covering the infrastructures, resources and people's competencies to achieve desired public health goals, experts said at the European Health Forum Gastein (EHFG). Collaborations to improve these core issues exist at the EU and international level but partnerships with other sectors at local level to deliver public health are often inadequate. According to Professor Helmut Brand of Maastricht University (NL), "there are unequal capacities of organisations across regions and municipalities," but a common problem throughout is the "strong imbalance in favor of curative health services reflected in funding." Research is often medically dominated.

Under the leadership of Maastricht University's Department of International Health and with EU support, a project was launched last year to provide an overview of public health capacities among EU member states and offer recommendations for improvement. The project's report, which will be presented to the Polish EU Presidency in November, makes an assessment of needs across six domains: leadership and governance; organisational structures; workforce; financial resources; partnerships; and knowledge development.

The very function of "public health is defined differently from country to country," Prof. Brand notes. Its priorities are often politically rather than evidence-based, and because public health is often viewed by politicians as a 'soft' political topic, it is hard to galvanize the support needed to shift more focus toward illness prevention, away from the perennial "hot topic" of caring for those already sick. With new governments, politics and priorities change regularly, but engrained habits less so.

It is important to have people who know how to organize systems on national levels. To understand who is responsible for what. Inter-sectoral action tends to be weak throughout. National strategies formally exist, but the linkages between health care and other public health actors are still underdeveloped.

“Depression is often a major problem among older people, made worse because they often don’t leave the house to seek help by their doctor,” Prof. Brand explained. “How can society react to this? How can help be organized”? Links between medical personnel and social care services are important, but usually neglected. Improving capacities involves creating new structures, approaches and/or values that cover all activities or interventions that can help change a system’s ability to address health issues for the better. That also means a stronger focus on “new” public health measures. Since such public health measures are also a function of other ministries: they need to be included in broader reforms: “ the Ministry of Transport contributes to public health through safer roads, for example, while the Ministry of Agriculture contributes through food safety measures” Brand noted.

One of the key issues identified in the analysis to be presented in Poland next month is the paradox that good schools for public health often produce well-trained exiles: the familiar “brain drain problem.” This is often because other systems are not in place for making better use of the human resources available. Career pathways are poorly developed and few plans exist for public health workforce development. The average person working in health care, for example, gets five years of training and then works for 30 years. But there is not nearly enough retraining taking place in between. The importance of life-long training has been much touted in recent decades, but it is far from becoming a common practice.

Education also needs to focus more on managerial services – on teaching those in the health sector how to better manage new challenges. “ Systems are getting more complex,” Prof. Brand noted. “More people need to learn how to use them.” And while institutional capacities are also of great importance, many good ideas are being produced where a “reality check” may be needed to match them to resource potential. Improving the weak links between policy makers and academia would help in this area.

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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