



European Public Health Week 2023

Key messages

Since 2019, the European Public Health Week (EUPHW) aims to raise awareness about public health and promote collaboration among the public health community in Europe. The 2023 edition takes place between May 22nd and 26th, with an overarching theme *Public health: Global issues, local actions*. In 2023, the EUPHW includes more than 220 events, organised all over Europe, in hybrid, in-person and fully online formats. Monday to Friday, each day of the week has a dedicated daily theme (see below), a daily partner and a daily thematic kick-off event.

Every year, the EUPHW team develops a *Key messages* document, based on up-to-date and evidence-based facts shared by the European public health professionals involved in the EUPHW. Key messages for each daily theme of the European Public Health Week (EUPHW) 2023 are based on evidence from a variety of sources, including the World Health Organization (WHO) Regional Office for Europe, Mental Health Europe (MHE), the Association of European Cancer Leagues (ECL), the European Observatory on Health Systems and Policies and the European Public Health Association (EUPHA).

These messages were carefully selected, refined, and reviewed by the EUPHW Coordination Team, EUPHW Steering Committee, EUPHA Sections, EUPHW Partners and WHO/Europe Technical Teams.

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For more information about EUPHW, please visit www.eupha.org/EUPHW

For any questions, please contact euphacommunications@eupha.org

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Monday 22 May 2023



Mental health for all

Key messages

- Anyone can experience ill mental health at any point in their life. Regardless of their needs, everybody has the right to participate in society. Even so, many people do not have their mental health needs met. An estimated two out of three people worldwide with a mental health condition do not receive treatment for it.

Sources: [WHO World mental health report: Transforming mental health for all, 2022](#); [WHO The mhGAP community toolkit: field test version, 2019](#).

- People's mental health needs vary enormously – some can manage mental ill health and life challenges on their own or with the support of family, friends, and communities, while others require much more specialised support through mental health care services.

Source: [WHO World mental health report: Transforming mental health for all, 2022](#).

- People experiencing mental ill health are subjected to stigma and discrimination, making it harder for them to get help and often leading to their exclusion from social life. People with mental health conditions tend to experience discrimination in what matters most in their lives, such as in marriage, social networks, and work. Many people with a mental health condition feel that the stigma is even worse than the condition itself. Stigma and discrimination of people with mental health conditions intersects with other forms of discrimination, including ageism, racism, and sexism.

Source: [The Lancet Commission on ending stigma and discrimination in mental health, 2022](#).

- To give everyone the opportunity for good mental health and well-being, it is important to invest in communities as places to nurture mental health and well-being. Community mental health supports include both formal services, such as community health care services, schools and social protection services, and informal support such as that provided by family and peers or in community spaces, including arts centres, sports organisations, or faith-based organisations.

Source: [WHO World mental health report: Transforming mental health for all, 2022](#).

- Community mental health supports reach people where they live and work, making it much more likely that they will get help when they need it. Community mental health supports span the spectrum of need and include not only the services and spaces that focus on treating people with existing mental health conditions, but also those that focus on promoting mental well-being and recovery and preventing mental health conditions from developing in the first place.

Source: [WHO The mhGAP community toolkit: field test version, 2019](#).

- Inclusion and participation in social life and communities, both digital and analogue, can reduce stigma and discrimination, promote recovery and benefit mental health and well-being. Being unable to participate in social and community life is detrimental to people's mental health and well-being and goes against their fundamental human rights. It is important to ensure that everybody can participate in and contribute to social and community life, regardless of age, sex, ability or diagnosis.

Source: [WHO World mental health report: Transforming mental health for all, 2022](#).

- Social inclusion can be promoted by designing community spaces and supports with the needs and preferences of specific groups in mind and utilising various digital technologies. For example, age-friendly environments can promote the social inclusion of older adults, who are one of the most socially isolated population groups worldwide – around 1 in 3 older adults reports being lonely. Age-friendly environments means making community spaces more accessible and engaging for older people, such as by increasing the frequency of public transportation options or making it easier for community members to meet and interact.

Sources: [WHO Social isolation and loneliness among older people: advocacy brief, 2021](#); [WHO National programmes for age-friendly cities and communities: toolkit, 2023](#).

- Digital technologies are a promising means of promoting social inclusion of all forms, including by helping people access formal services, promoting social contact, and offering safe and inclusive spaces to people who might find it difficult to communicate in offline settings.

Source: [WHO World mental health report: Transforming mental health for all, 2022](#).

- The most effective method of improving mental health-related knowledge and attitudes in the short term is social contact – either directly interacting with people who are living with mental health conditions or listening to their stories and experiences online. In all cases, community mental health supports, digital or analogue, should be designed in conjunction with the people they are aiming to help, whether that is older adults, young people or people with mental health conditions.

Source: [The Lancet Commission on ending stigma and discrimination in mental health, 2022](#).

- Leaders and communities should invest in equipping community members with the necessary skills to provide effective, evidence-based mental health support. Everyone in the community needs to and can support the social inclusion of people living with mental health conditions, and to promote rights-based, person-centred, recovery-oriented care and support. With training, effective mental health support can be provided by numerous community groups, including (but not limited to) people with lived experience, artists, volunteers, religious counsellors, teachers, hairdressers, lawyers, police officials, prison guards and family and friends. Local and national governments have much to gain from investing in community-based mental health, including training programmes and non-health-related forms of support.

Source: [WHO World mental health report: Transforming mental health for all, 2022](#).

- WHO and other agencies offer a wealth of educational resources and training, including digital training, to help people support the mental health and well-being of those in their communities. These include: (i) WHO Quality Rights toolkit, which includes modules on how to implement a human-rights and recovery-oriented approach to mental health care in the community, including how to set up peer support organisations; and (ii) WHO Quality Rights also has an e-training platform available to everybody. WHO has also released guidance on how to set up community mental health services. WHO LIVE LIFE is a toolkit that provides community stakeholders with guidance on how to implement practical suicide prevention initiatives. The Helping Adolescents Thrive (HAT) Toolkit,

co-produced by WHO and UNICEF, is a tool to support implementation of evidence-based guidelines for improving the mental health of adolescents in various community settings, including schools.

Sources: [WHO QualityRights Tool Kit, 2012](#); [WHO QualityRights e-training on mental health](#); [WHO LIVE LIFE: An implementation guide for suicide prevention in countries, 2021](#); [WHO Guidance and technical packages on community mental health services, 2021](#); [Helping Adolescents Thrive Toolkit, 2021](#).

- The COVID-19 pandemic has been largely detrimental to the mental health condition of many groups of people in Europe, with vulnerable and at-risk groups, such as older people, adolescents, migrants, refugees, people with substance abuse problems and psychiatric patients, more seriously affected.
Source: [EUPHA Mental Health in 2021: A summary report of the track on Mental Health at the 14th European Public Health conference, 2021](#).
- During the lockdown, many mental health assistance services were provided online and provided help to people. Continuing to invest in telemedicine is a priority for the future.
Source: [EUPHA Mental Health in 2021: A summary report of the track on Mental Health at the 14th European Public Health conference, 2021](#).
- Preventative approaches to mental health are needed and should target those most at-risk of these conditions. Innovative solutions such as architecture and city design can play a role in combating epidemics and improving the mental health of inhabitants. Internet-based interventions are feasible and effective adjuncts to face-to-face interventions to deal with the increased need for mental health promotion and treatment. However, there also is a range of research gaps, the need for better theoretical foundation and the need for higher reporting rates for external validity indicators in research studies on the effectiveness of E-mental health.
Sources: [EUPHA Track report mental health, 2021](#); [EUPHA Introduction to the EJPH supplement 'E-mental health, 2021](#).

Tuesday 23 May 2023



Diversity in health

Key messages

- “Wide sexual orientation and gender identity-based disparities persist in an era of a deepening divide on LGBTQI+ rights across Europe. Health leadership has a pivotal role to play in creating a welcoming healthcare sector to all: Educating the health workforce is important to lower barriers to respectful and affirming care for LGBTQI+ individuals. Health leadership should guarantee timely access to age-appropriate gender-affirming care to transgender youth (in accordance with WPATH’s standards of care) as life-saving and essential health services.”
Source: Arjan van der Star, President of the EUPHA Sexual and gender minority health Section, 2023.
- “Dimensions of diversity include beside others gender, age, sexual orientation, religion, physical and mental ability, ethnicity, political affiliation, socio-economic position, and many others. Those dimensions of diversity interact with each other, influence lifestyle possibilities and lifestyle choices, access and susceptibility to health promotion and health care, as well as the balance between health resources and health burdens. Health leadership should guarantee timely access to age-appropriate gender-affirming care to transgender youth (in accordance with WPATH’s standards of care) as life-saving and essential health services. Therefore, the dimensions of diversity can be regarded as important determinants of health. Having a diverse social network is associated with better health outcomes. Diversity promotes a sense of inclusiveness, which can lead to improved (mental) health outcomes. Additionally, diversity can provide a range of perspectives and experiences, which can enhance problem-solving and decision-making processes. Furthermore, diverse groups of people can lead to improved cognitive abilities, including increased creativity and flexibility in thinking. For these reasons, diversity itself can be regarded as an important health resource.”
Source: Thomas Dorner, EUPHA Executive Council Member, 2023.
- The level of access to health care varies greatly between migrants, including refugees, and host populations and equitable access is still far from being achieved. Putting pressure on governments to honour the obligations of the United Nations Convention of the Rights of the Child and explicitly entitle all children equal rights to health care can be an important way of advocating for better access to care for asylum seeking and refugee children in Europe.
Source: [EUPHA e-collection: Health and health care for refugees and migrants](#), 2022.

- To ensure that adequate attention is paid to the determinants of migrants' and ethnic minorities' health and the problems of service delivery that can confront these groups, health systems need to become more inclusive.

Source: [EUPHA Statement on migration, ethnicity and health](#), 2018.

- Health systems in all countries need to adapt to the increased need of long-term health and social care for elderly. In order to cope with the challenges of an ageing society innovative models for long-term care need to be developed.

Source: [EUPHA e-collection: Ageing and health](#), 2020.

- The next generation should be enabled to take a leading role in building a better future – greener, healthier and more inclusive.

Source: [EUPHA-ASPHER Joint statement: Join us in prioritising the investment in the next generation](#), 2022.

Wednesday 24 May 2023



Access to care

Key messages

- „The COVID-19 pandemic has shown us that we need to pay attention to the issue of access, because our health systems are not providing as good coverage as we thought they were. We should care about this and develop policies to address inequalities.“
Source: Ewout van Ginneken, European Observatory on Health Systems and Policies
- A formal entitlement to coverage does not always result in real access as individuals face barriers in accessing health services.
Source: [Universal health coverage in the EU: What do we know \(and not know\) about gaps in access? EuroHealth, 2022.](#)
- Cost sharing for health services is common in the EU, and in some cases leads to catastrophic spending [...] More than one in ten households in Bulgaria (2018), Hungary (2015), Latvia (2016), and Lithuania (2016) are experiencing catastrophic spending on health.
Source: [Universal health coverage in the EU: What do we know \(and not know\) about gaps in access? EuroHealth, 2022.](#)
- There are several areas where we lack data to fully understand gaps in coverage and access that could inform more targeted policy actions to support Universal Health Coverage in Europe.
Source: [Universal health coverage in the EU: What do we know \(and not know\) about gaps in access? EuroHealth, 2022.](#)
- A first step in ensuring access to health care for refugees, asylum seekers, and migrants is to assess how the health system and its policies are responding to their health care needs, in order to find and address gaps, such as in entitlement to health care.
Source: [EUPHA Health and health care for refugees and migrants, 2022.](#)
- EU policymakers should pay more attention to the equity of access to health services: most, if not all EU Member States, experience shortages of health workers, as evidenced by the number of unfilled positions. In some countries, this is due to an insufficient training of new workers, and in others, mainly in Southern and Eastern Europe, this is due to emigration flows that reduce the availability of

qualified health personnel. Inequities also result from imbalances in the geographical distribution of workers and the consequent limited coverage of services in rural and poor urban areas.

Source: [EUPHA Call for Action in response to the European Union parties' manifestos, 2019.](#)

- Oral diseases are increasingly recognized as one of the most prevalent conditions in Europe, affecting nearly half of the European population. Despite their high prevalence, statutory coverage of dental care is limited in many European countries as evidenced by restricted service packages and high private funding compared to other health services.
Source: [Health Systems in Transition, Oral health care in Europe: Financing, access and provision, 2022.](#)
- Dental care is the most frequent type of care for which people report unmet needs due to financial reasons particularly affecting vulnerable and low-income populations.
Source: [Health Systems in Transition, Oral health care in Europe: Financing, access and provision, 2022.](#)
- Service disruptions due to the COVID-19 pandemic have led to high levels of unmet need for care and over a fifth (21%) of EU citizens had missed a medical examination or treatment.
Source: [European Observatory on Health Systems and Policies, Policy Brief 47, Addressing backlogs and managing waiting lists during and beyond the COVID-19 pandemic, 2022.](#)
- The existence of pre-pandemic waiting times and the increase in the number of patients on waiting lists during the pandemic mean that returning to previous levels will not be enough to overcome backlogs.
Source: [European Observatory on Health Systems and Policies, Policy Brief 47, Addressing backlogs and managing waiting lists during and beyond the COVID-19 pandemic, 2022.](#)
- In the context of the digital transformation and advances in digital health technology, it is important to assess the access and affordability, inclusion, diversity and transparency, the intended and unintended effects around these new technological developments – and act upon if needed.
Source: [EUPHA and EPHA joint statement: Digitalisation to support an effective public health response to the COVID-19 emergency, 2020.](#)
- To ensure that digital technologies work to reduce rather than reproduce health inequalities, the health literacy approach is one of the possible avenues to explore.
Source: [Digitalization - potentials and pitfalls from a public health perspective, European Journal of Public Health, 2019.](#)
- Elimination of health inequalities can only be expected if health care systems are well organised, and universal access to health services is established.
Source: [The Ljubljana statement calling for political engagement to reduce inequalities in health, 2018.](#)

Thursday 25 May 2023



Prevention and control of chronic diseases

Key messages

- “Between 30% and 50% of cancer deaths can be prevented by combining screening and prevention strategies. Well-informed individual choices are important. However, many factors, such as the availability of different food, the accessibility of early diagnosis methods and the pricing of tobacco products, are outside of people’s control.”
Source: Cristiana Fonseca, Portuguese League Against Cancer, Chair of the ECL Prevention and Early Detection Working Group
- Talking about the link between weight and cancer is important to promote health literacy and support healthy choices. It is also essential to raise attention to the structural determinants of weight and help reduce weight stigma.
Source: ECL Prevention and Early Detection Working Group, Let’s talk about weight & cancer: A fact sheet for health advocates and workers, 2023.
- Multimorbidity is commonly defined as the co-occurrence of multiple chronic conditions within an individual without focusing on a specific index condition.
Source: [The integration of primary care and public health to improve population health: tackling the complex issue of multimorbidity, Int J Public Health, 2019.](#)
- As a result of ageing populations and an increasing burden of chronic conditions, multimorbidity has become a key public health issue in many countries around the world, including both high-income and low-resource settings.
Sources: [The integration of primary care and public health to improve population health: tackling the complex issue of multimorbidity, Int J Public Health, 2019;](#) [Examining the prevalence and correlates of multimorbidity among community-dwelling older adults, Age Ageing, 2022.](#)
- The negative consequences of multimorbidity are extensive for individuals living with this health burden, as well as the broader health care system.
Source: [Multimorbidity and quality of life: Systematic literature review and meta-analysis, Ageing Research Review, 2019.](#)
- There are shared lifelong risk factors (such as physical inactivity, poor diet, smoking, sleep deprivation, and social stressors) that may underlie the development of multimorbidity and these

shared risk factors present as points of action for intervention from primary care and public health organisations

Sources: [The integration of primary care and public health to improve population health: tackling the complex issue of multimorbidity, Int J Public Health, 2019](#); [Strategies to improve health status among adults with multimorbidity, Maturitas, 2022](#).

- Interventions aimed at these shared risk factors could enable primary prevention strategies to impact not only a single chronic condition, but rather a range of chronic conditions.

Source: [Strategies to improve health status among adults with multimorbidity, Maturitas, 2022](#).

- Public health initiatives to tackle multimorbidity burden should also consider the social determinants of health, as chronic diseases tend to be more prevalent and impactful in marginalised population subgroups.

Source: [The integration of primary care and public health to improve population health: tackling the complex issue of multimorbidity, Int J Public Health, 2019](#).

- The COVID-19 pandemic has challenged and increased the health inequality gap with enhanced susceptibility to chronic diseases. Screening, detection, and management of these chronic diseases should be priority and in synergy with COVID-19 and Long COVID-19 care.

Source: [Taking care of the ordinary in extraordinary times—delayed routine care means more morbidity and premature mortality, European Journal of Public Health, 2021](#).

- More than 70% of the Europeans have been reported to continue suffering from residual symptoms following their COVID-19 infection, also referred to as Long COVID. Healthcare workers including General Practitioners should be equipped with guidelines and tools to deal with this new chronic disease.

Source: [Caring for Long COVID patients in primary health care: a cross-sectional among general practitioners in Belgium and Malta, Population Medicine, 2023](#).

Friday 26 May 2023



Global health emergencies and response

Key messages

- To address the root causes of our failures during the COVID-19 pandemic, we need a value-driven approach and courageous decision-making. EUPHA and partners therefore call on European leaders to loudly and clearly say ‘never again’, and to not only build back better, but also bolder and broader, tackling the entire range of determinants of health, from the biological to the social, commercial, political and environmental. We must ensure that our efforts to rebuild are fair, inclusive, efficient, and informed by science. Visionary leadership and a genuinely collaborative effort including civil society actors will be indispensable. Only by realising systemic and sustainable changes can we ensure that we will truly build back better and leave no one behind.
Source: [EUPHA Joint statement on WHO/Euro RC72 agenda item 6: Strengthening health emergency preparedness, response and resilience: learning the lessons and building back better](#), 2022.
- Antimicrobial resistance (AMR) will remain one of the key threats to global health in the years and decades to come. It is already costing thousands of lives every year. The European region is not spared and unless AMR is tackled rapidly, it will likely become one of the top causes of deaths, globally and in Europe.
Source: [EUPHA E-collection – Fighting antimicrobial resistance: actions taken across Europe](#), 2020.
- AMR requires coordination on all levels – national, regional, and global level – as AMR spreads across borders and species, it requires a One Health approach, and strategies that tackle antibiotic use among humans as well as animals.
Source: [EUPHA E-collection – Fighting antimicrobial resistance: actions taken across Europe](#), 2020.
- It is likely that climate change will have catastrophic effects on health and inequalities. It is not too late to reduce these impacts, but much remains to be done. We must move to economies which acknowledge the boundaries of the planet and human health, incorporate equity in the green transition, and focus on the opportunities – inherent in the transition – to improve health, save lives, allow people to be able to contribute to society, and make health systems sustainable.
Source: [EuroHealthNet Statement \(endorsed by EUPHA\): Our health is at risk if COP26 conclusions do not seize opportunities for a healthy, fairer future](#), 2021.

- A first step in ensuring access to health care for refugees, asylum seekers, and migrants is to assess how the health system and its policies are responding to their health care needs, in order to find and address gaps, such as in entitlement to health care.

Source: [EUPHA Health and health care for refugees and migrants](#), 2022.

- Public health organisations and workforce remain the backbone of the response to pandemics and any future health threats – they must be empowered to enact effective, agile, and responsive measures.

Source: [Statement by the European Public Health Association \(EUPHA\) and the Association of Schools of Public Health \(ASPHER\) to unite for strong leadership for public health](#), 2021.