European Public Health Week (EUPHW) 2021:
Key messages, facts & figures, resources

Key messages, facts and figures and resources for each theme of the European Public Health Week (EUPHW) 2021 are based on evidence from a variety of sources, including the World Health Organization (WHO) Regional Office for Europe and the European Public Health Association (EUPHA).

The contents were carefully selected, refined, and reviewed by the EUPHW Coordination Team, EUPHW Steering Committee, EUPHA Sections, EUPHW Partners as listed on each theme page, and WHO/Europe Technical Teams.

Unless stated otherwise, messages refer to all 53 Member States of the WHO Regional Office for Europe.

Please refer to the media toolkit for guidance on how to best use the key messages.

Please cite this document as: European Public Health Week 2021: Key messages, facts and figures, resources. EUPHA, April 2021

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

For any questions, please contact euphacommunications@eupha.org.

Last updated: 30 April 2021

 The European Public Health Week is an initiative by the European Public Health Association (EUPHA) supported by the WHO Regional Office for Europe. Co-funded under an operating grant from the European Union's Health Programme.

Disclaimer: The content of this document represents the views of the author(s) only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Monday 17 May 2021

Communicating science and health

Description: Conveying accurate and accessible messages is crucial to promote healthy behaviours, particularly during a crisis. How can we better communicate complex health messages in the digital age?

Sub-themes: Science communication; risk communication; crisis communication; public and patient involvement; Infodemic management; dealing with misinformation, disinformation, mal-information, conspiracy theories, rumours; building trust; vaccine hesitancy; novel forms of communication; fostering public health dialogue (two-way communication); communicating to politicians, health professionals and citizens; health literacy and digitally literate societies (e.g. digital contact tracing, telemedicine, e-health); open access research; World Telecommunication and Information Society Day

KEY MESSAGES

1. **Dialogue and communication between researchers, practitioners, society and policymakers should lead to translation of the evidence into effective health policies.** ([Source](#))

2. **As societies grow more complex and people are increasingly bombarded with health information and misinformation, health literacy is essential. People with strong health literacy skills enjoy better health and well-being, while those with weaker skills tend to engage in riskier behaviour and have poorer health.** ([Source](#))

3. **Community members need their voices heard in the outbreak preparedness and response process, and must be seen by the authorities as genuine partners.** (Source: [ECDC](#))

4. The public availability of COVID-19 intelligence is vital for battling the outbreak as efficiently as possible while supporting those in countries with limited research resources. (Source: [EUPHA](#))

5. Universal access to health information is a human right that we must all protect.

6. "We're not just fighting an epidemic; we're fighting an infodemic. Fake news spreads faster and more easily than this virus, and is just as dangerous." (WHO Director General Dr. Tedros Adhanom Ghebreyesus, [Munich Security Conference](#))

7. "We need to get smarter in using the evidence and the information we have from our COVID-19 surveillance systems to improve the only way we have to minimise transmission: find, isolate, test and care for every case. Trace and quarantine every contact. Here, digital technology can play a leading role, not least to support contact tracing. Digital technology and artificial intelligence have also proved to be effective in other aspects of pandemic response." ([WHO/Europe Regional Director Hans Kluge](#))

8. We need to integrate infodemic management into our health security preparedness and response plans so we can more rapidly flatten the infodemic curve to help flatten the epidemic curve.

9. Digital health should be about empowering people:
   - Integrating digital health must be done carefully and wisely, in partnership with the public and patients.
   - Digital health interventions must consider the privacy and security of individuals and their data.
   - We must address the digital gap because we cannot afford a digital divide on top of the social and economic divide. (Source: [WHO](#))

10. An infodemic is an overabundance of information – good or bad – that makes it difficult for people to make decisions for their health. (Source: [WHO](#))

11. Fighting misinformation, disinformation and addressing information gaps and confusing messages can protect our health, public trust, social cohesion and emergency response.

12. With appropriate trust and correct information we can optimise the use of every health technology, including diagnostic tests and vaccines.

13. Public health experts should act as mediators between policymakers and citizens, thus public health leadership and competences play a crucial role in fighting misinformation.

14. Effective risk communication and community engagement ensures that risk managers, stakeholders and affected communities are informed and engaged at all stages of the risk assessment process so that they can make informed decisions. (Source: [WHO](#))

15. There are systems to monitor the safety and effectiveness of #COVID19 vaccine even after they are introduced.

16. Vaccines usually take decades to develop. Thanks to global coordination and cooperation, this time vaccine trials moved very quickly and we had a number of approved vaccines in the European Union in less than one year from the start of the COVID-19 pandemic. (Source: [Oxford University](#))

FACTS AND FIGURES

1. COVID-19 is the first pandemic in history in which technology and social media are being used on a massive scale to keep people safe, informed, productive and connected. At the

same time, the technology we rely on to keep connected and informed is enabling and amplifying an infodemic that continues to undermine the global response and jeopardizes measures to control the pandemic. (Source: WHO)

2. The World Health Organisation defines risk communication as "the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being with the ultimate purpose of enabling people at risk to take informed decisions to protect themselves and their loved ones". (Source: WHO)

3. Since 2018, a societal movement towards publishing all publicly funded research in Open Access journals and platforms has been ongoing, instigated by the Plan S initiative. This outbreak is a grim illustration of why it is important to make scientific knowledge as widely available as possible and at no charge. EUPHA strongly supports the current societal move towards open access, and we are working towards flipping our own journal, the European Journal of Public Health, towards full open access. (Source: EUPHA)

4. Misinformation is inaccurate information, which may include kernels of truth and be shared by people who intend no harm. Disinformation is false or inaccurate information intended to mislead.

RESOURCES

- Tips by the WHO for navigating the Infodemic, i.e finding trustworthy sources and reliable guidance on health issues. https://www.who.int/news-room/spotlight/let-s-flatten-the-infodemic-curve

- An ad hoc WHO technical consultation managing the COVID-19 infodemic: call for action [50 Global Actions to manage the COVID-19 infodemic] https://www.who.int/publications/i/item/9789240010314

- Infodemic Health Topic: https://www.who.int/health-topics/infodemic#tab=tab_1

- WHO Public Health Research Agenda: https://www.who.int/publications/i/item/9789240019508

- True or fake? How to bring the analysis into policies and practices (EUPHA video): https://www.youtube.com/watch?v=RZcCa0tIby8&list=PLv5eq4ZCoNWsrbGCdo9XAMqi_1Fhhv6CG&index=6

- Statement by the European Public Health Association (EUPHA) on combatting COVID-19: the importance of sharing knowledge to create a comprehensive and publicly available evidence-base https://eupha.org/repository/advocacy/EUPHA_Statement_on_Combatting_COVID19.pdf

- How do we increase an understanding of health information in the general population? (interview with EUPHA Past President Martin McKee): https://www.youtube.com/watch?v=e2Nknu8DPm4&list=PLv5eq4ZCoNWtrkgk4VDwmyj1a4zjr6rlt&index=6

- The Collective Service for Risk Communication and Community Engagement: https://www.rcce-collective.net/

- Behavioural considerations for acceptance and uptake of COVID-19 vaccines: WHO technical advisory group on behavioural insights and sciences for health, meeting report, 15 October 2020: https://apps.who.int/iris/handle/10665/337335

- What are clinical trials and how do they help scientists find out whether a vaccine works and is safe? The WHO explains the steps involved in developing and testing a safe vaccine. Watch a video or visit the web page

- European Medicines Agency: COVID-19 vaccines https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/covid-19-vaccines

- Guidance on community engagement for public health events caused by communicable disease threats in the EU/EEA (European Centre for Disease Control and Prevention): https://www.ecdc.europa.eu/sites/default/files/documents/Guidance%20on%20community%20engagement-FINAL.pdf

- How to make a vaccine in record time (video): Oxford University https://www.youtube.com/watch?v=ddDiyIKUP0M

Tuesday 18 May 2021

New challenges in mental health

Description: Loneliness and isolation caused by COVID-19 and its mitigation have aggravated mental health problems in Europe. How can we supportive systems to help those in need?

Sub-themes: Pandemic impact on the population, pandemic impact on special groups such as those with mental disorders such as substance abuse; suicide prevention; impact on health workers; Year of Health and Care Worker; people living in institutions, mental health determinants, mental health support services; mental health of children and families; mental health of people with chronic conditions.

KEY MESSAGES

1. **We must address public mental health challenges during COVID-19 by: distributing timely and relevant information, providing psychological support and protecting of all our human rights**. (Source: WHO Europe)

2. **Economic crises have been showing important impacts on mental health. Let's start working for improving mental health as soon as possible! Be active: from financial support to changing health systems.** (Source: WHO Europe)

3. **The health workforce needs greater attention and support; COVID-19 has increased stress and health risks of health workers, many even died; Care4Carers must become a health policy priority.** (Source: WHO)

4. Look after yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper. Working together as one community can help to create resilience and solidarity in addressing COVID-19 together. (Source: EUPHW 2020 key messages)

5. Mental health is not only about psychiatric care. Promoting and protecting mental health , such as through socioemotional learning programmes in schools or wellness schemes in the workplace, are also vital components of a comprehensive public health approach.

6. There is no health without mental health. Mental health needs our daily attention just as much as physical health. (Source: EUPHW 2020 key messages)

7. Disaster responses change over time. Community members need phase specific support. Immediately after disasters people often show great altruism and cooperation, and people may experience great satisfaction from helping others. These effects are vaning. (Source: Link)

8. Relatively few people around the world have access to quality mental health services. Even in high-resourced healthcare systems, shortage of mental healthcare workers may prevent access and accessibility; there is an urgent need for increasing training and staffing levels of the mental health and social care workforce. (Source: World Mental Health Day Campaign)

9. Generalist health workers can be trained to diagnose and treat mental health conditions. Improving the skill-mix of the mental health workforce can improve access and delivery of services. (Source: World Mental Health Day Campaign)

10. The rights of people living with mental health conditions can be protected and promoted through mental health legislation, policy, development of affordable, quality community-based mental health services and the involvement of people with lived experience. (Source: World Mental Health Day Campaign)

11. For every US$ 1 invested in scaled-up treatment for depression and anxiety, there is a return of US$ 5. (Source: World Mental Health Day Campaign)

12. We need new investment in, and scale-up of mental health and psychosocial support at primary health care and community levels.

FACTS AND FIGURES

1. Specific groups in the population that have been put at particular risk of adverse mental health outcomes as a result of impeded service access, diminished social connectedness or restricted economic activity include: migrant and refugee populations, health and social care workers, children and adolescents out of school, newly unemployed workers, older adults confined to their place of residence, as well as people with pre-existing mental health conditions and psychosocial, cognitive or intellectual disabilities. (Source: WHO Europe)

2. COVID-19 has a pervasive impact on mental health, both directly as a result of fear and anxiety around infection but also more indirectly as a result of lockdown/self-isolation requirements and social/economic ripple effects (e.g. job insecurity, income loss and social isolation/loneliness).

3. COVID-19 has disproportionate impacts on the mental health of already vulnerable groups including children, adolescents and young adults, migrants and refugees, and people with pre-existing physical or mental health conditions or disabilities, thereby exacerbating pre-existing inequalities.

4. Adolescents and young adults face considerable impact on their individual, social and educational development and mental health with potentially grave and long-lasting impact. (Source: Health Europa)

5. People with severe mental disorders such as schizophrenia tend to die 10-20 years earlier than the general population. (Source: EUPHA)

6. 125 million people in the WHO European Region have a mental disorder and anyone, anywhere, can be affected. COVID-19 has exacerbated the situation – national surveys from the second quarter of 2020 indicate that at least a third of respondents were distressed. (Source: EUPHA, GBD)

7. In the WHO European Region, suicide is claiming the lives of more than 119,000 people per year. It is the second leading cause of death for young people aged 15-29 years. (Source: EUPHA, GBD)

8. 1 in 5 children and adolescents has a mental health condition. (Source: EUPHA)

9. COVID-19 has increased the strain on people's mental health. Local leaders have committed to implementing change & making mental health a priority (Source: WHO Europe)

10. The mental health of those living at mental health care facilities has been affected by COVID-19: anxiety about becoming infected or loved ones getting ill; stress of front-line health workers; the devastating social and economic impact, including mass unemployment and debt (Source: WHO)

11. Countries were very underprepared to address the mental health impacts of COVID because of the a chronic under-investment over many decades in mental health promotion, prevention and care, and human resources for health. (Source: World Mental Health Day Campaign)

12. Examples of community activities for mental health and psychosocial support during COVID-19 outbreak might include: maintaining social contact with people who might be isolated using phone calls, text messages and the radio; sharing key factual messages within the community, especially with individuals who don't use social media; providing care and support to people who have been separated from their families and caregivers (Source: IASC)

13. According to a survey conducted by GAMIAN-Europe looking at people with pre-existing mental health conditions in 13 different European countries:

   a. most respondents (82%) were able to access mental health care when needed during the pandemic.

   b. the main reasons for not being able to access mental health care when needed were: health care workers not being available, financial issues and fear of contracting the virus.

   c. over half of respondents saw their mental health getting worse during the pandemic. (Source: GAMIAN-Europe)

14. COVID-19 has had significant mental health impacts on health and social care as well as other front-line workers. https://apps.who.int/iris/bitstream/handle/10665/340220/WHO-EURO-2021-2150-41905-57496-eng.pdf

15. A recent review of health care professionals found a 23% prevalence of depression and anxiety, and 39% prevalence of insomnia during COVID-19). (Source: Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsi, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, behavior, and immunity*, S0889-1591(20)30845-X)

RESOURCES

- Ageing and mental health (WHO):
  https://www.who.int/mental_health/resources/ageing/en/

- Youth perspectives in focus at high-level meeting on schooling during COVID-19 pandemic:
  https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2020/12/youth-perspectives-in-focus-at-high-level-meeting-on-schooling-during-covid-19-pandemic

- The impact of the COVID-19 pandemic on mental health in Switzerland:
  https://sciencetaskforce.ch/wp-content/uploads/2021/01/Mental_Health20Jan21-EN.pdf

- Psychological first aid can be taught to and delivered by anyone and is an effective way to mitigate the psychological impacts of COVID-19 among the wider population but also health workers – WHO resource on psychological first aid:
  https://www.who.int/mental_health/publications/guide_field_workers/en/

- Health workforce policy and management in the context of the COVID-19 pandemic response: https://apps.who.int/iris/handle/10665/331949?locale-attribute=ar&

- Remote Psychological First Aid during the COVID-19 outbreak: Guidance from the International Federation of Red Cross and Red Crescent Societies: https://app.mhpss.net/?get=354/ifrc-ps-centre-remote-psychological-first-aid-during-a-covid-19-outbreak-interim-guidance.pdf

- E-collection on public mental health (European Journal of Public Health): https://academic.oup.com/eurpub/pages/mental_health_and_mental_disorder

- What emergency workers, health workers, teachers and employers can do to help prevent suicide (videos): https://www.who.int/health-topics/suicide/campaign-materials-animations

- Do you know someone who may be considering suicide? https://www.who.int/campaigns/world-health-day/2017/handouts-depression/suicide-04.pdf?ua=1

- Do you feel like life is not worth living? https://www.who.int/campaigns/world-health-day/2017/handouts-depression/life-worth-living-03.pdf?ua=1

- Mental health resources from the WHO Regional Office for Europe: http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health

Wednesday 19 May 2021

Your local community

Description: Local solutions are often impactful ways to tackle global public health problems. How can the main actors in your local community contribute to better health?

Sub-themes: Community health; community engagement; local solutions for a global problem (COVID-19 pandemic, overweight, mental health problems, effects of climate change); Air quality in cities; physical activity in urban environments; prevention of cancer through urban design; homelessness; community health workers.

KEY MESSAGES

1. **Voices of citizens demanding better health can make a big difference in supporting decision makers to make the right choices.**

2. **Healthier urban environments will be key to achieving the SDGs and a more equitable, sustainable and prosperous world.**

3. **Replacing car travel with walking and cycling can protect our health and the health of the environment.**

4. Housing as a concept should be revisited in the light of the pandemic: Was it adequate for those who had to shield of isolate for prolonged periods of time, providing access to movement outdoors, opportunity for working from home and balancing family life in restricted spaces?

5. Globally, air pollution is the second leading cause of death from noncommunicable diseases after tobacco smoking - mainly with cardiovascular and respiratory effects. Let's keep our air clean and people healthy!

6. Local governments can help design cities where we can walk and cycle to protect our health and the health of the environment.

7. The way we design our cities can have an impact on today's biggest health challenges including cancer - regular physical activity protects against breast and colon cancer.

8. Policies that improve road safety, prioritise walking and cycling and promote compact urban design can reduce car travel, carbon emissions, traffic congestions and health-care costs that result from physical inactivity.

9. Let's build healthy cities that are designed for people of all ages where they can play, work, live and love with health and well-being – including more green and blue spaces, safe and accessible recreational spaces.

10. Access to healthcare services in the community was restricted during the pandemic. This included access to mental health services.

11. Cities can sow the seeds for cancer prevention and control – let's act locally where green spaces for exercise and fresh air are the norm.

FACTS AND FIGURES

1. Cities are often national and international epicentres in the COVID-19 pandemic. Cities act as centres of community transmission, as well as entry points into further country-wide transmission through national and international travel and trade. (Source: Healthy Cities Network)

2. The majority of the world's population now live in urban areas, with the World Urbanization Prospects estimating that 68% of the world's population will live in cities by 2050. (Source: World Urbanization Prospects)

3. Cities are the closest level of government to the people. Municipal governments work most closely with people, including vulnerable groups. They are an additional entry point to reaching people and engaging them as part of the solution, with risk communication and public health messaging and advice, and with guidance from both the national authorities and WHO. (Source: Healthy Cities Network)

4. Community engagement for health is "a process of developing relationships that enable people of a community and organizations to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes". (Source: WHP)

5. Community participation can aid sustainable development by taking holistic approaches to strategies that take into account local contexts. (Source: WHO IRIS)

6. Homelessness is a global issue. In 2015, Habitat for Humanity estimated that up to 1.6 billion people lacked adequate housing. People experiencing homelessness are particularly at risk during the COVID-19 pandemic. (source: The Homeless World Cup Foundation)

7. The importance of urban space reorganization has become evident for people's lives outdoors and for physical distancing. Cities need more green and blue spaces and a renewed system of healthy transport. (source: WHO)

8. Urban green spaces can help combat climate change by isolating carbon from the atmosphere and storing it. Urban green spaces can also help reduce the heat island effect. (Source: Nature)

9. Natural environments & green spaces play a role in human well-being, for example: mitigating impacts of climate change; providing places for active recreation & relaxation. A recent study found that communities experiencing COVID-19 have missed spending time in nature. (Source: WHO)

10. Inadequate housing arrangements could have a negative impact on the mental health and physical health of the most vulnerable, including women and children.

RESOURCES

- International Society of Urban Health: https://isuh.org/

- 17th International Conference on Urban Health: http://www.isuhconference.org/

- National Standards on Community Engagement (Scottish Government): https://www.scdc.org.uk/what/national-standards

- NIHR Involve: Public involvement in health: https://www.invo.org.uk/

- Community action and community resilience in a time of crisis: a public health perspective (Professor Jane South, European Public Health Week 2020) https://medium.com/european-public-health-week-2020/community-action-and-community-resilience-in-a-time-of-crisis-a-public-health-perspective-ea182f59c213

- Global homelessness statistics: https://homelessworldcup.org/homelessness-statistics/

- UNESCO Global Education Coalition: https://globaleducationcoalition.unesco.org/

- UN Habitat's "Integrating health in urban and territorial planning": https://unhabitat.org/integrating-health-in-urban-and-territorial-planning-a-sourcebook-for-urban-leaders-health-and

- Health Care in Danger: https://healthcareindanger.org/covid-19-special/

- Public Health Scotland: Place Standard Tool - How good is your place? https://www.placestandard.scot/

Thursday 20 May 2021

All for one health

Description: Animals, plants and humans share the same eco-system, which requires multiple sectors to work together. 'One Health' is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. The 'One Health' approach is critical to addressing health threats in the animal, human and environment interface.

Sub-themes: Climate change; Sustainable development & sustainable food policies; multi-sectoral approaches to health; WHO's definition of One health; antimicrobial resistance; food safety; collaboration in public health; cultural diversity

KEY MESSAGES

1. **Taking a One Health approach recognizes that the health of the ecosystem cannot be separated from the health of all humans, animals, plants, and their living environments.** (Source: HEAL)

2. **The climate crisis impacts human health because it puts at risk the access to clean air, safe drinking water, nutritious food supply, and safe shelter.** (Source: [WHO)](#)

3. **Professional groups from different sectors need to work together to prevent the overuse of antibiotics in human and animal health, which can lead to antimicrobial resistance. That's One Health in action. (Source: [WHO Europe](#))**

4. Consumers need to feel empowered to reduce food waste, adopt healthier diets and support businesses with sustainable practices, since they have the power to change food systems through their purchasing and lifestyle decisions, and dietitians are key agents to help and lead them toward a healthier and more sustainable diet. (Source: [EFAD](#))

5. Sustainable diets have low environmental impacts, are diversified, nutritious, less resource-intensive, and produce minimum waste which contribute to food and nutrition security and to healthy life for present and future generations. (Source: [FAO](#))

6. Collaboration between health systems must be assured to achieve "One Health" for all. (Source: [WHO](#))

7. Sustainable Development Goals target "One health" and a sustainable future. We still have 9 years to achieve these goals! (Source: [WHO](#))

8. Front-of-pack nutrition labelling systems provide an opportunity to increase people's food literacy, empowering them to make better choices; while creating a healthier food environment, improving dietary patterns and promoting healthy lifestyles. (Source: [EUPHA](#))

9. Tackling antimicrobial resistance requires understanding the links between human, animal and environmental health and taking action accordingly . (Source: [WHO Europe)](#)

10. Tackling antimicrobial resistance requires: Understanding human behaviour towards using antibiotics; improving public health competencies; Coordinating our efforts via a One Health approach; Elevating health as a political priority for all sectors (Source: WHO [Link)](#)

11. Food safety is everyone's business! Follow the 5 keys to safer food: Keep clean; Separate raw and cooked; Cook thoroughly; Keep food at safe temperatures; Use safe water and raw materials (Sources: [WHO](#) and [WHO)](#)

12. Vendors selling food can take steps to ensure food safety by: Regularly washing hands; Handling and storing food correctly; Separating live animals and raw food from ready-to-eat food (Source: [WHO Europe](#))

13. Reducing emissions of greenhouse gases through better transport, food and energy-use choices results in improved health, particularly through reduced air pollution. (Source: [Link)](#)

14. The public health sector should consider changes in the education of healthcare workers and the implementation of public health services and interventions. Sustainable development

requires urgent action and a global partnership to solve the world's most complex problems. (Source: EUPHA Environmental Health Track report 2020)

15. Public health community and government officials should work to integrate sustainability into national food-based dietary guidelines to help societies to move toward a healthier and more sustainable food patterns (Source: FAO)

FACTS AND FIGURES

1. The One Health approach seeks to improve collaboration between professionals from different sectors to help tackle the ongoing threat of antimicrobial resistance. This includes stopping disease from crossing between animals and humans. (Source: WHO Europe Link)

2. 60% of all infectious diseases that impact humans originate in animals. That's why a One Health approach is needed to tackle antimicrobial resistance in humans and animals. (Source: WHO Europe Link)

3. The European Climate Pact is an EU-wide initiative inviting people, communities and organisations to participate in climate action and build a greener Europe. (Source: European Commission)

4. Antimicrobial resistance is the ability of a microorganism to survive and resist exposure to antimicrobial drugs. There are different types of antimicrobials which work against different types of microorganisms. (Source: WHO Europe Link)

5. The European Region now risks accelerated spread of antimicrobial resistance. The long-term problem of antibiotics being used inappropriately by individuals and in health care settings is worsening as a result of the COVID-19 pandemic. (Source: WHO)

6. 44 people fall sick every minute in the European Region from eating contaminated food – that's 23 million each year. Food safety is everyone's business, and we all have a role to play in ensuring safe food. (Source: WHO Europe Link)

7. WHO/Europe convened the pan European Commission on Health and Sustainable - rebuilding and strengthening health systems in the light of pandemics – this project brings together high-level experts from a range of fields. (Source: WHO Europe Link)

8. Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress alone. (Source: WHO Link)

9. Health workforce mobility and migration need effective governance approaches in order to stop care and drain draining in resource poor settings. This needs a global approach based on solidarity and humanity, as well as greater responsibility of the EU. (Source: EJPH and WHO Europe)

10. The Global Paris Climate Agreement, Sustainable Development Goals and the EU Green Deal should be guiding principles and policy pathways for all the experts, and society at large. Key principles from those documents should provide additional arguments for research, guide advocacy, and any other type of action that will contribute to improving the environment and health. (Source: EUPHA)

11. While the EU has the highest score on average for SDG 1 (End poverty in all its forms everywhere), it has the lowest score on SDG 12 (Ensure sustainable consumption and production patterns) and SDG 14 (Conserve and sustainably use the oceans, seas and marine resources for sustainable development). (Source: Link)

12. Globally, 25% to 35% of total food produced is lost or wasted, which contributed to 8% to 10% of total anthropogenic greenhouse gas emissions from 2010 – 2016. (Source: IPCC)

13. The fight against antimicrobial resistance is closely linked to the Sustainable Development Goals. (Source: WHO Europe)

RESOURCES

- Stop the COVID-19 pandemic from becoming an AMR catastrophe: https://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/publications/2019/antimicrobial-resistance-advocacy-briefs/stop-the-covid-19-pandemic-from-becoming-an-amr-catastrophe

- A One Health Approach to Climate Change and the COVID-19 Pandemic: https://www.env-health.org/wp-content/uploads/2021/01/One-Health-Briefing.pdf#new_tab

- Environmental Health track report 2020 by EUPHA: https://eupha.org/repository/advocacy/Environmental_Health_Track_Report%20final.pdf

- Sustainable Health Through the Life Span: Nutrition as a Smart Investment for Europe http://www.efad.org/en-us/reports-and-papers/efad-reports/efad-white-paper/

- Green Public Procurement (GPP) is a powerful tool for procuring and serving healthy and sustainable food in different settings such as schools, universities, hospitals, etc. Food operators can reduce greenhouse gases by promoting local products, reducing use of plastics, promoting bulk buying, and stocking eco-friendly and fair-trade food stuffs, reducing food waste, among other actions (Source: European Commission)

Friday 21 May 2021

Leaving no one behind

Description: The pandemic has had a devastating impact on the most disadvantaged groups, increasing health inequalities. How can public health responses protect the most vulnerable?

Sub-themes: Health inequalities; vulnerable groups e.g. migrants, ethnic minorities, homeless people, low paid and informal workers; social protection; (domestic) violence against women and children; diversity dimensions of health (e.g. culture, gender, religious beliefs, marital status, ethnicity, parental status, age, education, physical and mental ability, income, sexual orientation, occupation, language, geographic location); Universal Health Coverage; World Day for Cultural Diversity for Dialogue and Development; vaccine hesitancy (since the more disadvantaged are often less willing to have vaccines)

KEY MESSAGES

1. **'Build Back Better' has become the mantra. Important, but we need to Build Back Fairer. The levels of social, environmental and economic inequality in society are damaging health and wellbeing.** (Source: Institute of Health Equity)

2. **Ensuring everyone has access to affordable healthcare is a vital part of achieving Universal Health Coverage and Health for All.** (Source: WHO Europe)

3. **The COVID-19 pandemic shows the importance of equity in healthcare. Health emergencies affect the most vulnerable in society – Health for All can't wait.** (Source: WHO/Europe)

4. With COVID-19, we are reminded about the need to protect the most vulnerable among us: the elderly. Further adaptation of society, health systems and care services are needed for the more long-term demographic change. (Source: EUPHA)

5. As we see roll-out of COVID-19 vaccinations we should not forget the key guiding principle: equity. Let's ensure national, European and global solidarity for health. Leaving no country behind! (Source: WHO)

6. The elimination of discrimination in the healthcare sector (e.g. sexism, racism, xenophobia, homo-/biphobia, transphobia) is essential in order to reduce barriers to care for the most vulnerable and to move toward achieving Health for All.

7. Towards better health through universal health coverage! We can still achieve SDG Target 3.8! (Source: WHO)

8. Many refugees and migrants in vulnerable situations tend to live and work in crowded settings; experience inadequate access to water, sanitation, housing and other basic services; and often lack adequate access to health care. Given this context, migrant-sensitive policy is essential to promote the health and well-being of refugees and migrants during the COVID-19 pandemic. (Source: WHO Europe)

9. Healthcare systems must improve the situation of the migrant health and 'care' workforce, especially for those in low-level positions and often at the interface between formal and informal labour, who faced severe additional risks during COVID-19.

10. Intercultural dialogue is essential to ensure healthcare systems that include everyone, including refugees and migrants. (Source: WHO Europe) *Note: 21 May is World Day for Cultural Diversity for Dialogue and Development.*

11. Prevention of home and leisure-time injuries requires citizens' personal responsibility, increased awareness, and safe housing and living environments, especially for vulnerable people.

12. Palliative care should be there for everyone who needs it: For the entire duration of the disease; for people with cancer and other diseases; for all countries; for both adults and children. Leaving no one behind. (Source: WHO)

FACTS AND FIGURES

1. WHO's Universal Health Coverage Partnership Initiative supports 7 countries in the European Region, in strengthening their health systems to boost COVID-19 response & accelerate progress towards Health For All. (Source: WHO Europe)

2. Access to health care, financial situation, quality of living, working environment and other factors affect health. The COVID-19 pandemic is exacerbating pre-existing health inequalities and have the heaviest impact on people living in deprivation (Source: EuroHealthNet/CHAIN)

3. The more socially and economically disadvantaged people are more likely to suffer from illnesses such as high blood pressure, diabetes and heart or respiratory disease. (Source: EJPH)

4. The spread of the virus has highlighted the needs of migrants, asylum seekers, and Roma people who already experience discrimination and health inequalities. They make up just some of the 26% of people in Europe living in overcrowded spaces. In confinement, people are more exposed to interpersonal violence at home – notably women and LGBTI people. (Source: European Commission)

5. 80.4% of the richest 20% of the population in the EU consider themselves to be in good or very good health, compared to 61.2% of the poorest population. (Source: EuroHealthNet)

6. If essential health services and immunization programmes are disrupted, the resurgence of diseases may soon occur in under-immunized population groups, such as refugees and migrants. (Source: WHO Bulletin)

7. Evidence on the health, social, and economic impacts of COVID-19 shows that the pandemic is experienced unequally. While COVID-19 is usually thought of as a pandemic, it is in fact a syndemic pandemic - the severity of the COVID-19 pandemic is magnified by existing inequalities in chronic diseases and the social determinants of health. (Source: EuroHealthNet)

8. We observe unequal risks of infection and severe illness, unequal effects of containment measures and unequal consequences of social-economic impact. (Source: WHO)

9. Structural inequalities contribute to the distribution of the COVID-19 burden, with the most vulnerable people among the most severely affected. (Source: WHO Healthy Cities Conference)

10. Across the WHO/European Region, many countries have ratified the Istanbul Convention, which prevents and combats violence against women. But there are nearly 20 countries which are yet to give their approval (Source: WHO Europe)

11. The WHO Health Equity Status Report indicates that 90% of health inequalities in self-reported health, mental health, and life satisfaction can be explained by these 5 factors: Quality, affordability and access of health care (10%); Financial insecurity (35%); Poor quality housing and neighbourhood environment (29%); Social exclusion (19%); Lack of decent work and poor working conditions (7%). (Source: WHO)

12. The Oslo Medicines Initiative has been created to promote dialogue between policy-makers, pharmaceutical companies and civil society to ensure access to novel medicines that may attract a high price tag. (Source: WHO Europe)

13. Out-of-pocket payments for health can create a financial barrier to access, resulting in unmet need, or lead to financial hardship for people using health services. (Source: WHO)

14. Data from WHO/Europe shows links between gender and noncommunicable diseases (NCDs). For example, higher percentages of men than women in most age groups engage in behavioural risk factors. This includes tobacco smoking, alcohol consumption, insufficient intake of fruits & vegetables, & the frequent consumption of processed foods. The findings contribute to international commitments in accelerating action to beat NCDs and & ensure healthy lives at all ages and as well as gender equality, leaving no one behind. (Source: WHO Europe)

15. At a time of lockdowns and isolation at home, children are at a greater risk of experiencing violence and exploitation. Governments need to ensure that adequately staffed and equipped child protection services and law enforcement are available and accessible to all children.

16. The health and well-being of the health and care workforce have always been important but are now even more vital. As societies grapple with the consequences of prolonged stress and

pressure on health and care workers, it is important that Member States take concrete steps to address their needs. (Source: YHCW)

RESOURCES

- Are we standing up for the vulnerable? - Ensuring solidarity and health for all (EUPHA video): https://www.youtube.com/watch?v=fjo718ji2bg&list=PLv5eq4ZCoNWsrbGCdo9XAMqi_1Fhhv6CG&index=8

- An analysis of the European Semester process 2020 highlighted the potentially severe impacts of the COVID-19 pandemic on health inequalities. It also identifies several actions that will put the European economies on track for a healthy economic recovery which takes wellbeing into account. https://health-inequalities.eu/blog/jwddb/recovering-from-the-covid-19-pandemic-and-ensuring-health-equity-through-the-european-semester/

- The "Falling through the cracks" report sheds light on the impact of rising inequalities on people and planet. It maps the reality of various forms of inequality, both nationally and at the European level. It consists of 15 national reports and 11 thematic reports exploring key dimensions of inequality, including gender, age, disability, ethnicity and homelessness. https://www.sdgwatcheurope.org/wp-content/uploads/2019/06/FALLING-THROUGH-THE-CRACKS-JUNE-2019.pdf

- An urgent need for primary care to engage with social and structural determinants of health (The Lancet): https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900004-9

- The VulnerABLE project aimed to explore ways to improve the health of people who are living in vulnerable and isolated situations across Europe. Its focus was on 9 specific populations, namely children and families from disadvantaged backgrounds, those living in rural/isolated areas, with physical disabilities or poor mental health, the long-term unemployed, the inactive, those from lower income brackets, the elderly, victims of domestic violence and intimate partner violence, the homeless, and prisoners. https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment0

- Protecting children is crucial to our efforts to end violence. The INSPIRE strategy explains various ways that we can help end violence against children. https://twitter.com/WHO_Europe/status/1202516232907509761?s=20

- Can people afford to pay for health care? https://www.euro.who.int/en/health-topics/Health-systems/health-systems-financing/publications/2019/can-people-afford-to-pay-for-health-care-new-evidence-on-financial-protection-in-europe-2019

- Educational inequalities in mortality amenable to healthcare. A comparison of European healthcare systems (PLOS ONE). The study found that inequalities in mortality amenable to medical care were present in all healthcare systems, although with important variations, suggesting that factors located within healthcare systems are relevant for health equity. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0234135

- The "Roma women in nine EU Member States" reports highlights the position of Roma women in education, employment and health, as well as the extent to which they

experience hate-motivated discrimination, harassment and physical violence.
https://fra.europa.eu/en/publication/2019/roma-women-nine-eu-member-states

- Research on the COVID-19 pandemic and health inequalities shows: We are not all in it together (factsheet by CHAIN/EuroHealthNet):
https://eurohealthnet.eu/sites/eurohealthnet.eu/files/CHAIN_infographic%20_covid19_and_inequalities_final.pdf

- Health Inequalities portal (EuroHealthNet): www.health-inequalities.eu

- Migration and health track report 2019 (EUPHA):
https://eupha.org/repository/advocacy/Migration_and_health_in_2019.pdf

- Statement by the EUPHA Migrant and ethnic minority health section on COVID-19:
https://eupha.org/repository/advocacy/MIG_statement_on_COVID19.pdf

- Fair Society Healthy Lives (The Marmot Review):
http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

- How Does Family Income Affect Child Brain Development? WAMU:
https://wamu.org/story/21/03/08/kimberly-noble-how-does-family-income-affect-child-brain-development/

The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.
EUPHA - European Public Health Association
E-mail office@eupha.org
Internet www.eupha.org