



10TH EUROPEAN PUBLIC HEALTH CONFERENCE 2017

SUSTAINING RESILIENT AND HEALTHY COMMUNITIES

1 - 4 NOVEMBER 2017

STOCKHOLMSMÄSSAN, STOCKHOLM, SWEDEN



SUMMARY REPORT

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The 10th European Public Health Conference, Stockholm 2017, is a collaboration of the European Association of Public Health (EUPHA), the European Public Health Conference Foundation and the Swedish Association of Social Medicine (SASM).

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INTRODUCTION

Stockholm welcomed Europe and beyond to the 10th European Public Health Conference between 1 and 4 November 2017. A total of 2,002 delegates from over 75 countries gathered in Stockholm to discuss and debate the state of global and European health from the perspective of research, methods and practices. The conference included 7 plenary sessions, 20 pre-conferences, 61 workshops, 43 oral sessions, 40 pitch sessions and 20 E-poster walks.

The 10th EPH Conference was held at the Stockholmsmässan, Stockholm, Sweden.

During the four conference days, delegates had the opportunity to share findings from research and experiences with innovation in all fields of public health and health services.

The theme of the conference was **Sustaining resilient and healthy communities**. Resilience is the long-term capacity of a system to deal with change and continue to develop. For a society it concerns the ability to deal with political uncertainty or natural disasters in a way that is sustainable in the long-term. Resilience is particularly relevant in these times of dramatic climate change, long-lasting political conflicts and the global migration that follows these developments. Increased knowledge on how to strengthen resilience of societies and health systems in coping with these challenges is therefore becoming increasingly important. Good health on equal terms for all is the ultimate goal of our efforts.

Five sub-themes were chosen for the conference. The first addressed how we could share our common wealth given the financial and political constraints on health systems. Established services need to reach out to all while at the same time new technology and medical progress puts pressure on health systems to deliver new methods for prevention and cure. There is a clear challenge in ensuring efficiency of the system while maintaining equity. Common resources are meant for all and therefore broad interventions with large impact at population level need to be given high priority while at the same time the public expects access to new and sometimes more effective methods. When public systems do not deliver people seek their own solutions; something that may reduce their interest in public solutions to common problems. We need to address these facts and developments.

The second sub-theme sought to discuss if Europe is ready for the challenges that public health in a globalized world pose. Communicable diseases are more global than ever spreading with the speed of airplanes across the world in no time. Political conflicts in other parts of the world spill over into Europe as large-scale attacks on civilians with dramatic effects on lives and health. And life-styles are global with role models from all parts of the world influencing decision making at lowest level anywhere – including in Europe. Harmful products are finding their ways into Europe be it through legal or illegal channels. All this points to the fact that European countries must think globally and act globally. The latter will be more effective when done together.

The third theme was captioned "Winds of change". It aimed to encourage discussions and work on how to strike an effective and fair balance between public and private sector action and collective and individual responsibilities. The private sector is increasingly active in health promotion. Many new applications and products are being developed to support people in making healthy choices. At the same time, there is little quality control of such products. How should the public sector interact with the private sector to ensure continued health improvements? How can the private sector contribute positively to this aim? And how can the private sector find incentives to work with the public sector to foster an innovative climate while ensuring quality control? These and many related questions should hopefully be discussed and whenever possible answered under this sub-theme.

Health systems under pressure was the fourth sub-theme. Here we sought to discuss how health systems in Europe and elsewhere should develop to meet the mounting pressure from demographic changes due to aging and migration. These changes must be met both with a likely expansion of

services and a new orientation in public health and health care towards integrating perspectives of cultures from around the world.

Finally, we focussed on planetary boundaries and health and their interaction. Planetary boundaries define the limits to what the globe can sustain given the rapid development of human civilisation. Pollution of air and water and global warming are just a few of the threats to human health that we see coming towards us at high speed. How can we make our health systems resilient to such changes and how can public health act to mitigate them?

Stockholm 2017 was organised in collaboration with a vast number of national and international partners.

Researchers, educators, policy makers, community representatives and health managers from Europe and beyond shared new information and insights from their experiences with this issue.



1. STOCKHOLM 2017: PROGRAMME

The European Public Health Conference is an annual scientific conference on public health topics organised throughout Europe. The EPH Conference is initiated by the European Public Health Association - EUPHA. The main purpose of the EPH Conference is to strengthen the capacity of public health professionals, researchers and policymakers by enhancing the exchange of knowledge, policy and best practice across Europe.

1.1. Plenary programme

The plenary programme of the 10th EPH Conference consisted of seven plenary sessions including an opening and a closing session.

Opening session of the 10th EPH Conference

Thursday 2 November 2017, 17:15 – 18:00

Moderator: Birger Forsberg, Chair of the 10th European Public Health Conference

- Ola Rosling, Gapminder, Sweden, in commemoration of Hans Rosling
- Agneta Karlsson, State Secretary to the Minister for Health Care, Public Health and Sport, Sweden
- Claudia Stein, WHO Regional Office for Europe

Plenary 1: Sharing our common wealth: the need to strengthen the social dimension of the EU

Thursday 2 November 2017, 11:00 - 12:00 - Organised by EuroHealthNet

Moderator: Caroline Costongs, EuroHealthNet

- Karl Falkenberg, Senior Adviser to the European Political Strategy Centre (EPSC), European Commission
- Gaetan Lafortune, Senior Economist at the Health Division, OECD
- Clare Bamba, Professor of Public Health at the Institute of Health & Society, Newcastle University, United Kingdom
- Taru Koivisto, Director of the Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health, Finland

Plenary 2: Winds of Change: from public to private, from collective to individual. How can public health systems adapt to a changing world?

Thursday 2 November 2017, 13:15 – 14:15 - Organised by EUPHA

Moderator: Natasha Azzopardi Muscat, EUPHA President

- Aaron Reeves, London School of Economics, United Kingdom
- Holly Jarman, School of Public Health, University of Michigan, USA
- Erio Ziglio, former WHO Regional Office for Europe
- Anna Sarkadi, Swedish Association of Social Medicine, Sweden
- Dineke Zeegers Paget, EUPHA

Plenary 3: A paradox of public health leadership: towards resilience in the context of vulnerability

Friday 3 November 2017, 9:40 – 10:40 - Organised by ASPHER and WHO Regional Office for Europe

Moderators: Katarzyna Czabanowska, ASPHER and Anna Cichowska Myrup, WHO Regional Office for Europe

- Elina Hemminki, National Institute for Health and Welfare (THL), Finland
- Darren Shickle, Leeds Institute of Health Sciences, United Kingdom
- Caity Jackson, Women in Global Health
- Natasha Azzopardi Muscat, EUPHA President

- Jaap van Dissel, Centre for Infectious Disease Control, National Institute for Public Health and the Environment (RIVM), The Netherlands

Plenary 4: Successful health innovation: from the 'what' to the 'how'

Friday 3 November 2017, 13:40 – 14:40 - Organised by WHO Regional Office for Europe, European Observatory on Health Systems and Policies and TO-REACH consortium

Moderator: David Hunter, Newcastle University, United Kingdom

- Hans Kluge, WHO Regional Office for Europe
- Walter Ricciardi, National Institute of Health, Italy
- Josep Figueras, European Observatory on Health Systems and Policies
- Natasha Azzopardi Muscat, EUPHA President
- Anna Korotkova, Federal Research Institute for Health, Ministry of Health, Russian Federation

Plenary 5: Preparing communities for public health emergencies

Saturday 4 November 2017, 14:10 – 15:10 - Organised by: European Centre for Disease Prevention and Control (ECDC) and EUPHA Section on Infectious diseases control

Moderators: Karl Ekdahl, ECDC and Aura Timen, President EUPHA Section on Infectious diseases control

- Andrea Ammon, European Centre for Disease Prevention and Control (ECDC)
- Dominique Monnet, Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI) Programme, ECDC
- Jaap van Dissel, Centre for Infectious Disease Control, National Institute for Public Health and the Environment (RIVM), The Netherlands
- Qudsia Huda, World Health Organization

Closing session of the 10th EPH Conference

Saturday 4 November 2017, 15:10 – 16:00

Moderator: Birger Forsberg, Chair of the 10th European Public Health Conference

- Carolina Klüft, Generation Pep, Sweden
- Ivan Erzen, Chair of the 11th European Public Health Conference

The Participants' Evaluation showed that 68% of the participants were satisfied to very satisfied with the plenary programme at Stockholm 2017.

1.2. Parallel programme

The parallel programme reflected on a wide array of public health issues and ways of solving these issues at global, European, national, regional and local level. The parallel programme offered sessions of 90 minutes and 60 minutes.

The parallel programme of workshops and oral presentation sessions was structured in 16 thematic tracks, making it easier for delegates to follow a specific subject during the conference. The division in tracks was based on priorities in the field of public health and selected topics of the accepted abstracts (see table 1).

Workshops, round tables, skills building seminars

Fifty-seven workshops were held, seven round tables and nine skills building seminars.

Parallel sessions with oral presentations

These 60-minutes sessions consisted of 8-minute oral presentations with few minutes of discussion around a common theme. Most sessions were co-chaired by two persons. In total, 220 oral presentations were held in 44 sessions.

Pitch sessions

Pitch presentations (5-minutes) consisted of 39 sessions with in total 320 presentations.

E-poster walks

The E-poster walks, moderated by an experienced chair person, were held concurrently with the parallel programme: twenty 60-minute walks with 10-15 posters. In total, there were 200 E-poster presentations at Stockholm 2017.

E-poster displays

In total, 153 E-posters without presentation were displayed. All E-posters were available for delegates to view at all times during the conference.

The Participants' Evaluation showed that 76% of the respondents were satisfied to very satisfied with the parallel programme at Stockholm 2017.

Table 1: Overview of the 16 thematic tracks and type of session

<i>Track</i>	<i>Theme</i>	<i>Workshop</i>	<i>RT</i>	<i>SBS</i>	<i>Oral</i>	<i>Pitch</i>
A	Communities and Environment	5		1	2	2
B	Public Health Policy	4			5	1
C	Health Information and Communication	4	1	1	2	2
D	Healthy Living	2	1	1	1	5
E	Health Promotion	4		1	2	3
F	Health Services	4		1	3	2
G	Health Services Research	3	1	1	1	4
H	The Health Workforce	2	2		6	
I	Infectious Diseases	3			4	2
K	Chronic Diseases	3		1	2	4
L	Migrant and Ethnic Minority Health	4			2	4
M	Mental Health	5	1		2	2
N	Child and Adolescent Public Health	4			3	3
O	Diet and Physical Activity	4		1	3	2
P	Public Health Monitoring and Reporting	3	1	1	4	1
Q	Public Health and Occupational Health	5			2	2

1.3. Abstract and presentation prizes

Each year, the conference organisers award abstract prizes in three different categories: The Ferenc Bojan Young Investigator Award, which is awarded to the best presentation by a young public health professional, was awarded to:

Beatriz Rodriguez-Sanchez, University of Groningen, Netherlands
Socioeconomic inequalities and outcomes in diabetes: some evidence from Europe
Co-author: D Cantarero-Prieto

The prize for the highest scoring abstract was awarded to:

Benjamin Palafox, London School of Hygiene & Tropical Medicine, London, United Kingdom
Socio-economic inequality in the use of secondary prevention of cardiovascular disease
Co-authors: A Murphy, B Palafox, O O'Donnell, D Stuckler, P Perel, S Yusuf, M McKee

The prize for the highest scoring abstract for young researchers under 35 years was awarded to:

Claire Demoury, Belgian Scientific Institute of Public Health, Brussels, Belgium
Thyroid cancer incidence around the Belgian nuclear sites, 2006-2014
Co-authors: L van Bladel, N van Damme, T de Smedt, M Sonck, H de Schutter, A van Nieuwenhuysse

The prize for the best poster presentation was awarded to:

Evelien Belfroid, National Institute for Public Health and the Environment, Netherlands
Preparedness and meeting the needs of healthcare workers: a qualitative study on Ebola

1.4. Pre-conference programme

The preconference programme (20) was held on Wednesday 1 November. Organisers of preconferences included EUPHA sections, European Commission (CHAFEA, DG DEVCO), European project consortiums, ASPHER, WHO and Observatory, Swedish International Development Agency (SIDA), Stockholm Environment Institute (SEI), Swedish Institute for Global Health Transformation (SIGHT). See table 2 for the full programme and numbers of delegates.

1.5. Lunch symposiums

Lunch symposiums were held on Thursday and Friday, 2-3 November 2017, during the extended lunch hours.

Using One Health Approach to Combat AMR

Thursday 2 November - Organised by LIF, trade association for the research-based pharmaceutical industry, Sweden

Antimicrobial resistance (AMR) is a major public health issue. AMR – being a global problem of complex epidemiology – is well suited to a broad, integrated One Health approach. The One Health concept typically considers three environments: human, animal, and physical. This lunch symposium showed how combatting AMR benefits from a One Health approach. Examples were presented from the responsible use of antibiotics in both humans and animals, R&D into new antimicrobials, use of existing antimicrobials, new business models: the concept of 'de-linking', vaccines and immunization programmes, hygiene and sanitation, immune-system enhancing activities, communication and information dissemination.

Gender Differences In Coronary Artery Disease In Europe – Presentation Of Factsheets

Thursday 2 November - Organised by GenCAD consortium

The GenCAD consortium has produced factsheets for health professionals and the general public on gender differences in coronary heart disease and its prevention. The results of this project, commissioned by the European Parliament and European Commission shall improve the prevention and treatment of coronary heart disease in women and men throughout Europe.

With: Vera Regitz-Zagrosek, Institute of Gender in Medicine, Charite University, Berlin

A Fresh Take On Policy For Pharmaceutical Research: Ensuring Access To Medical Innovation And Tackling Medical Gaps

Friday 3 November - Organised by the Federal Ministry of Health and Women's Affairs, Austria

In 2016, the EU's Council of Ministers voiced its concern over 'an increasing number of examples of market failures (...), where patients' access to effective and affordable essential medicines is endangered by very high price levels...'. The Austrian presidency of the EU-Council in 2018 addresses the difficulties that public health authorities encounter when trying to ensure patients' access to innovative and high-quality therapies, while at the same time ensure research in areas with therapeutic needs and safeguarding the financial viability and sustainability of the health care system. The symposium was targeted at policy makers and experts interested in pharmaceutical and research policies. The session gave a first insight into the preparations for the upcoming Austrian Presidency of the EU-Council.

With: Clemens-Martin Auer, Austrian Federal Ministry of Health and Women's Affairs;

Moderator: Josep Figueras, European Observatory on Health Systems and Policies.

Table 2: Pre-conference programme and number of delegates at Stockholm 2017

Pre-conference	Organised by	Delegates
Mental health and architecture	EUPHA (PMH) (URB) (ENV) and Politecnico Milano	32
Child Maltreatment: a Public Health Perspective. Half way to 2020, where are we now?	EUPHA (CAPH) (PMH) (INJ) and the National Centre for Population Health and Wellbeing Research	20
Healthy meals: a way to environmental, economic and social sustainability?	EUPHA (FN), Swedish National Network for Good Food Habits	54
Health literacy and the resilient citizen in the healthy community: filling the gap between theory and health promotion research in the sustainability agenda	EUPHA (HP) (CAPH), Bielefeld University (CPI), HLCA	48
Fostering Health Services and Systems Research in future research programmes	TO-REACH consortium, EUPHA (HSR) and HSR Europe	25
Health technology assessments: Systematic review including economic, social and ethical analyses	SBU, Sweden	23
A sustainable people-centred health workforce in Europe: how to make change happen?	EUPHA (HWR proposed), Observatory, OECD and WHO	32
INHERIT - environmental sustainability, health, equity and behaviour change	INHERIT project consortium, EuroHealthNet	40
The Nordic Welfare Systems: common elements and current challenges for public health	Nordic Welfare Centre	45
To achieve gender equality – the importance of reaching young men	Public Health Agency of Sweden	46
Sharing health information and evidence with policy makers: tools for transferring knowledge into policy action	EUPHA (PHMR), CHAFEA	50
Waterloo or Mamma Mia? Implementation of innovations in public health policy and practice	EUPHA (PHPP), CHAFEA, EIC	41
Planetary Health in Practice	Stockholm Environment Institute (SEI)	32
Application of a human rights based approach to health policy, planning and practice: will it improve access and quality of care?	Swedish International Development Agency (SIDA), EC DEVCO	101
Opportunities and challenges arising from European Integration for Health Systems in Small States	Small States and Health consortium	16

Challenges when designing SSWH intervention studies	EUPHA (SSWH)	51
How to write for and publish in a public health journal	EUPHAnxt and EUPHA (EPI)	20
ASPHER Young Researchers' Forum	ASPHER	25



1.6. Press meeting

With the Public Health Agency of Sweden, a press conference was organised on Thursday 2 November. Speakers include Birger Forsberg, Chair of the Conference, Kristina Alexanderson, Chair of ISC, Aura Timen, EUPHA (IDC) on vaccine hesitancy in Europe, Jutta Lindert (EUPHA (PHM) on terrorism, fear and mental health, Richard Branström on LGBT health issues, Karin Gustafsson (Karolinska Institute) on gender differences in health. The latter was interviewed for television by the main Swedish tv-channel.

1.7. Exhibition

There were 17 exhibitors present which can be categorised as follows:

Organisers & Partners

- EPH Conference Foundation
- EPH Conference Stockholm 2017
- EUPHA - European Public Health Association

Schools of Public Health

- ASPHER
- Emergency Medicine International, USA

Health organisations

- European Centre for Disease Prevention and Control (ECDC)
- EuroHealthNet
- Public Health Agency of Sweden
- VSO International, United Kingdom

Publishers

- Emerald Insight, United Kingdom
- MDPI, Switzerland
- Oxford University Press, United Kingdom
- Springer Nature, United Kingdom
- The Lancet, United Kingdom
- Routledge, Taylor & Francis Group, United Kingdom
- Wisepress Ltd, United Kingdom

Industrial partner:

- Colgate Palmolive, USA

The Participants' Evaluation showed that 81% of respondents had visited the exhibition area at least once. Around 72% of the respondents sought the exhibition stands as very relevant and relevant to their work.

1.8. Accreditation

Accreditation was granted by the European Accreditation Council for Continuing Medical Education (UEMS). The conference was approved for 23 European CME credits (ECMEC).

1.9. Social programme

The Welcome Reception, kindly hosted by the City of Stockholm and the Stockholm County Council, was held in the Stockholm City Hall, one of the most famous silhouettes of Stockholm, on Thursday 2 November 2017. The reception was attended by 981 people.

The Conference Dinner and Dance was organised in the The Brewery (Munchen Bryggeriet) on Friday 3 November. The festive evening was attended by 613 persons who dined and danced until the early hours of the morning.

Press Meeting, Thursday 2 November, 2017



General impressions from the conference



2. STOCKHOLM 2017: DELEGATES

The conference was attended by public health professionals, researchers, education specialists, training professionals, students, policy makers and representatives from international and European organisations, like the European Commission, WHO Europe and WHO headquarters, ECDC, and the European Observatory. European (public) health networks and organisations actively participated in the conference programme.

2.1. Number and origin of delegates

For the first time in its history, the EPH Conference registered over 2,000 delegates, including pre-conference only registrations. In the past five years the number of delegates has increased steadily from 1,200 in Malta to the present 2,002 delegates. Over 200 delegates registered as students, last year around 225. About one-third of all delegates was registered as EUPHA member.

The figure below shows the gradual increase in the number of registrations in the past decade from 700 in 2004 to the present levels of over 2,000. Also the number of submitted abstracts has grown significantly to 1,521.

Figure 1: Overview of conference registrations and abstract submissions 2004 – 2017

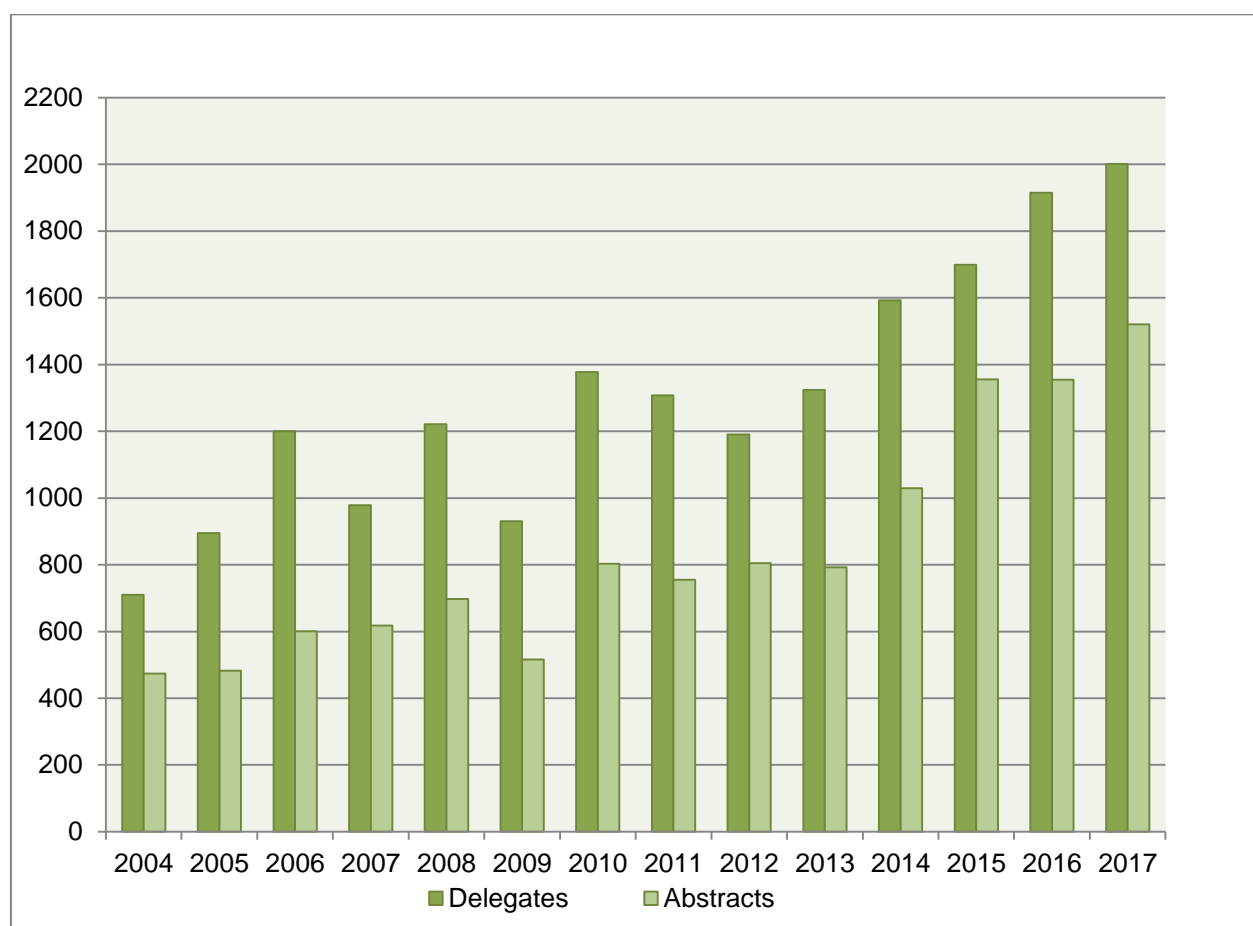


Table 3: The number of abstract submissions per country, Stockholm 2017

Country	No.	Country	No.
Italy	186	Japan, Kazakhstan	14
Sweden	178	Israel, Ireland, Lithuania, Poland	13
United Kingdom	110	Bangladesh, Hungary	12
Germany	95	Slovakia, Taiwan	11
Finland, Netherlands	61	United States	10
Turkey	57	Cyprus, Czech Republic	9
France	43	Australia, Singapore, Slovenia	8
Denmark	41	Brazil, Estonia	6
Norway	39	Colombia, Croatia, Iran, Thailand	7
Bulgaria	35	South Korea, New Zealand	5
Portugal	32	Iceland, Luxembourg, Pakistan	4
Austria	31	China, India, Lebanon, Macedonia	3
Spain	26	Albania, Belarus, Bosnia and	2
Belgium	25	Herzegovina, Greece, Indonesia,	
Canada	22	Kosovo, Malaysia, Saudi Arabia,	
Switzerland	21	South Africa, Uganda	
Romania	19	Congo, Georgia, Ghana, Kuwait, Latvia,	1
Serbia	18	Malta, Mozambique, Nigeria,	
Russia	16	Tajikistan, Ukraine, United Arab	
Armenia	15	Emirates	

Table 4: The number of workshop abstract submissions per country, Stockholm 2017

Country	No.	Country	No.
Netherlands	21	Finland, Ireland	3
Sweden	16	Austria, Norway, Portugal, Serbia, Spain	2
Germany	11	Canada, Colombia, France	1
Belgium, Italy	6	Hungary, Iceland, Malta, Slovakia	
Denmark	4	Switzerland, Turkey, United States	

Table 5: Overview of registrations Stockholm 2017

Type of registration	No.
Full conference registrations	1,463
Day registrations	130
Students, full conference	202
Pre-conference only	163
Exhibitors	44

Most registrations were received from Sweden (530), followed by Italy (158), the United Kingdom (158) and the Netherlands (133). Traditionally, the host country is mostly represented at EPH Conferences, followed by the three countries mentioned.

Table 6: Number of registrations per country, Stockholm 2017

Country	No.	Country	No.
Sweden	530	Armenia, Estonia, Serbia, Slovakia	11
Italy, United Kingdom	158	Thailand	10
Netherlands	133	Australia, Croatia,	9
Germany	118	Brazil, Poland	6
Denmark	90	Cyprus, Iceland, Israel, Malta, Palestine	8
Finland	87	Kazakhstan, New Zealand	7
Belgium,	64	Bangladesh, India Singapore, Uganda	6
Norway	60	Ukraine	
France	53	Czech Republic, South Korea	5
Austria	45	Macedonia	
Portugal	43	Latvia, Pakistan	4
Switzerland	38	China, Colombia, Iran, Kosovo, Laos,	3
United States	35	Myanmar, Nigeria	
Spain	30	Albania, Brazil, Congo, El Salvador,	2
Canada, Turkey, Taiwan	27	Ethiopia, Greece, Haiti, Lebanon	
Japan	19	Luxembourg, Moldova, San Marino	
Poland	18	South Africa, Swaziland, Tanzania	
Bulgaria	17	Bosnia and Herzegovina, Burkina Faso,	1
Lithuania	15	Burundi, Georgia, Kenya, Kuwait	
Ireland	14	Montenegro, Morocco, Mozambique	
Hungary, Romania, Slovenia	13	Nepal, New Caledonia, Rwanda, Sierra	
Russia	12	Leone, Tajikistan, Zimbabwe	

2.2. Participation from students

As for previous EPH Conferences, Stockholm 2017 paid special attention to the participation of students. A special registration fee for this category (€ 420) was set up. In total, 202 students registered for the conference.

As part of the main conference programme, the Ferenc Bojan Young Investigators Award session was held for the five highest scoring abstracts submitted by young public health professionals. In the closing ceremony of the conference, the Ferenc Bojan memorial prize, which is awarded to the best presentation by a young public health professional, was presented to Beatriz Rodriguez-Sanchez, University of Groningen, Netherlands with a presentation on *Socioeconomic inequalities and outcomes in diabetes: some evidence from Europe*.

2.3. Participation from Eastern European and Central Asian countries

Special attention was paid also to public health experts from low-income countries, particularly from Eastern European and Central Asian (EE & CA) countries. Unlike previous years, when Open Society Foundations (OSF) was the main partner in this effort, financial support to participants from EE & CA countries and presenting experts was granted by EUPHA and EPH Conference Foundation. Support consisted of providing logistical support including travel, accommodation and other participation-related arrangements to enable them to participate in the Stockholm 2017 conference. Participants themselves had to co-fund part of their travel and accommodation expenses. In total, 30 public health professionals from EE & CA countries could be supported by the grant.

3. STOCKHOLM 2017: ORGANISATION

3.1. Organisation of the conference

The 10th European Public Health Conference took place in Stockholm, Sweden from 1-4 November 2017. The conference was held place at the Stockholmsmässan in Stockholm. For Stockholm 2017, two auditoriums and sixteen session rooms were available. The halls, with a capacity of more than 2,000 people, were used for the plenaries on Thursday, Friday and on Saturday. The sixteen breakout rooms varied in size. Wireless access was provided free of charge to participants throughout the conference venue.

Co-organisers of Stockholm 2017 were:

- EPH Conference Foundation
- EUPHA – European Public Health Association
- SASM – Swedish Association of Social Medicine

Partners for specific activities (preconferences, lunch symposiums):

- European Commission (CHAFFEA, DG DEVCO)
- WHO Europe
- ECDC
- European Observatory on Health Systems and Policies
- EuroHealthNet
- ASPHER
- Ministry of Health, Austria

National partners:

- Public Health Agency of Sweden
- FORTE
- Stockholm County Council
- Socialstyrelsen
- Karolinska Institutet
- Cancerfonden
- Regionalt Cancercentrum Stockholm Gotland
- Health Navigator
- LIF
- Swedish Agency for Health Technology Assessment and Assessment of Social Services

The EPH Conference Foundation has supervisory authority over the management and organisation of the conference. The EPH Conference Foundation is governed by the EPH Executive Board, made up by members of EUPHA's Executive Council and chairs of previous and upcoming EPH Conferences. The EPH Executive Board is advised by the International Conference Council (ICC), which has representation from EUPHA and collaborative partners in European public health (ASPHER, EuroHealthNet, EHMA, European Commission, CHAFFEA, ECDC, WHO EURO, and European Observatory).

As with past conferences, the parallel programme was set up with the help of the International Scientific Committee (ISC) consisting of public health experts from across Europe with a large representation from the conference host country. The ISC is responsible for the scoring of abstracts. Selection of abstracts and programme planning is done by the Executive Board with the help of the Local Support Committee, consisting of public health organisations, universities and health services in Sweden.

3.2. EPH Conference Office

The EPH Conference Office was responsible for the organisation of the conference, from the abstract handling process to the printing of the Programme Book. Furthermore, the Conference Office was responsible for:

- Search for and negotiations with European partners and sponsors;
- Public relations and marketing of the conference;
- Organisation of pre-conferences and lunch symposiums.

Key staff of the Conference Office are: Dineke Zeegers Paget, Director; Floris Barnhoorn, European Networks Coordinator and Pre-conference Coordinator; Ingeborg Vlug, Financial Officer; José Velthuis, Office Manager. The EPH Conference Office was supported by external staff: Elita Zoer, Conference Coordinator and advisory PCO; Marieke Vos, Exhibition Officer and Lydia Rink, Registration Officer.

3.3. Local assistance

The SASM and the Chair of the 10th EPH Conference, Prof Birger Forsberg, made a great effort in successfully finding the national conference partners in Sweden and raising awareness for the conference resulting in a record number of delegates from Sweden.

The Local Support Committee provided assistance in the selection of abstracts at the preparatory meeting in June 2017. The Swedish Research Council for Health, Working Life and Welfare (FORTE) was most helpful in hosting the preparatory meeting in June.

4. STOCKHOLM 2017: VISIBILITY

The Announcement of Stockholm 2017 was first distributed to all delegates of the 9th EPH Conference in Vienna, in 2016. A presentation of the theme was given in the closing session of Vienna 2016. Subsequently, the Announcement was then published on the EPH Conference web pages.

EUPHA member organisations were informed through the EUPHA Newsletters of the upcoming conference and invited to put the Announcement on their websites and use their distribution systems to inform their members.

In addition to the Announcement, other communication channels that were used to promote the 10th EPH Conference included:

- EPH Conference E-News: the monthly electronic newsletter with conference news was published from January until October.
- European Journal of Public Health: updates on Stockholm 2017 were published every two months in the European Public Health News pages of the EJPH.
- EUPHA Newsletter: concise articles on the conference were published in the monthly electronic EUPHA Newsletter, distributed to over 16,000 readers;
- Website and Twitter: the EPH Conference website was updated regularly, accompanied by Twitter feeds
- Conference Newsletters: two electronic conference newsletters were distributed to all registered delegates a few weeks before the conference
- Conference E-banners appeared on websites of partner organisations

4.1 Conference App

The online programme was refurbished offering more user-friendliness and usefulness for different screen sizes. The App was linked to the online programme and abstracts but access to the App was difficult.

4.2 Twitter

Like in previous years, Twitter was used extensively throughout the conference. There were 1,640 tweets from 311 tweeters using the #EPHStockholm Twitter Hashtag during the conference.¹

¹ Source: Graham Mackenzie, NHS Lothian, Edinburgh, United Kingdom

5. STOCKHOLM 2017: REACHING OUR OBJECTIVES

Stockholm 2017 was well organised, of scientific good quality and reached the objectives it set out to achieve: 81% of the participants were very satisfied/satisfied with the conference.

The exhibition area was successful also with 81% of all respondents visiting the exhibition area. Around 72% of the respondents sought the exhibition stands as very relevant and relevant to their work.

A large basis for the conference, also on international level, is seen as positive. For Stockholm 2017, several European NGOs and international organisations were involved in organising the plenary programme. This should be further developed for future conferences.

The main purpose of the 10th EPH Conference was to strengthen the capacity of public health professionals, researchers and policymakers by enhancing the exchange of knowledge, policy and best practice across Europe. Specific objectives were:

Increased knowledge of research outcomes and best practice in health by public health professionals

EPH Conferences are known for the excellent organisation, the high number of participants and a broad programme covering relevant public health topics. Stockholm 2017 was no exception to this with over 2,000 delegates, scoring high overall satisfaction by delegates and with a varied programme of plenary sessions, workshops, oral, pitch and electronic poster presentations.

Delegates came from over 75 countries from Europe and beyond. The professional background of the participants showed a balanced mix of research, policy, practice and training. The majority of delegates has a university background but this proportion is decreasing in the last years. The absolute and relative numbers of delegates with a policymaking, public health practice and education background is steadily increasing.

The conference aimed at increasing knowledge and skills among European public health professionals. The programme of Stockholm 2017 was varied and nearly all sessions mixed aspects of policy, practice and research. All sessions also included presentations from different countries, thereby increasing the networking objective of the programme itself.

Combining the electronic Abstract Supplement to the EJPH with a three-month complimentary subscription was appreciated by delegates and added to the objective of increased knowledge.

Increased knowledge and awareness of European public health policies and strategies

Over the years, the collaboration with the international European health organisations (European Commission, WHO EURO, ECDC, Observatory) has broadened. In many workshops and round tables, representatives from European health organisations were present and participated in discussions.

Closer collaboration among European public health networks, organisations and schools

Collaboration among European (public) health organisations takes place in the International Conference Council (ICC). The ICC has an advisory role toward the EPH Conference Executive Board and has representation from EUPHA, ASPHER, EuroHealthNet, EHMA, European Commission, CHAFEA, ECDC, WHO EURO and European Observatory. Members of the ICC have become partner of the conference for specific activities or have taken responsibility for organising a plenary session.

As in previous years, the conference hosted EUPHA's Governing Board thereby increasing the attendance of national public health associations and offering them a platform to share national experiences. Furthermore, the possibility to combine the European public health conferences with meetings of other European NGOs, organisations, networks and schools of public health, increases the aim of collaboration. Over the years, we have seen an increase in the collaboration, as the organisers actively invite other networks to their activities.

At Stockholm 2017, all 21 EUPHA Sections (theme-specific networks) and EUPHANxt held their annual meetings to discuss future activities and collaboration. EUPHA continues to actively support existing networks and assist in the setting up of new networks.

LIST OF ABBREVIATIONS

- ARC** Aging Research Center, Sweden
- ASPHER** Association of Schools of Public Health in the European Region
- BIPS** Leibniz Institute for Prevention Research and Epidemiology, Germany
- BRIDGE-Health** BRIdging Information and Data Generation for Evidence-based Health Policy and Research
- CHAFEA** Consumers, Health, Food and Agriculture Executive Agency, European Commission
- CHPR** Centre for Health Promotion Research, Leeds Beckett University, United Kingdom
- DG DEVCO** Directorate-General for International Cooperation and Development, European Commission
- DG RTD** Directorate-General Research and Innovation, European Commission
- DG SANTE** Directorate-General Health and Food Safety, European Commission
- EC** European Commission
- ECDC** European Centre for Disease Prevention and Control
- EHESP** Ecole des hautes études en sante publique, France
- EHMA** European Health Management Association
- EPH Conference** European Public Health Conference
- EPHA** European Public Health Alliance
- EU** European Union
- EUPHA** European Public Health Association
- EUPHA (CAPH)** EUPHA Section Child and adolescent public health
- EUPHA (CHR)** EUPHA Section Chronic diseases
- EUPHA (ENV)** EUPHA Section Environment-related diseases
- EUPHA (EPI)** EUPHA Section Public health epidemiology
- EUPHA (ETH)** EUPHA Section Ethics in public health
- EUPHA (FN)** EUPHA Section Food and nutrition
- EUPHA (HIA)** EUPHA Section Health impact assessment
- EUPHA (HP)** EUPHA Section Health promotion
- EUPHA (HSR)** EUPHA Section Health services research
- EUPHA (HTA)** EUPHA Section Health technology assessment
- EUPHA (HWR)** EUPHA Section Health workforce research (proposed)
- EUPHA (IDC)** EUPHA Section Infectious diseases control
- EUPHA (INJ)** EUPHA Section Injury prevention and safety promotion
- EUPHA (LEAD)** EUPHA Working Group Leadership in public health
- EUPHA (MIG)** EUPHA Section Migrant and ethnic minority health
- EUPHA (ECO)** EUPHA Section Public health economics
- EUPHA (PHG)** EUPHA Section Public health genomics
- EUPHA (PHMR)** EUPHA Section Public health monitoring and reporting
- EUPHA (PHPP)** EUPHA Section Public health practice and policy
- EUPHA (PMH)** EUPHA Section Public mental health
- EUPHA (PO)** EUPHA Policy Pillar
- EUPHA (PR)** EUPHA Practice Pillar
- EUPHA (SGMH)** EUPHA Section Sexual and gender minority health
- EUPHA (SSWH)** EUPHA Section Social security, work and health
- EUPHA (URB)** EUPHA Section Urban public health
- EuroNet MRPH** European Network of Medical Residents in Public Health
- HSR Europe** Health Services Research Europe (network)
- IMM** Institute of Environmental Medicine
- ISS** Istituto Superiore di Sanita (National Institute of Health), Italy
- IUHPE** International Union for Health Promotion and Education
- JA CHRODIS** Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle

KI Karolinska Institutet
LSHTM London School of Hygiene and Tropical Medicine
MOCHA Models of Child Health Appraised (project)
NCPHWR National Centre for Population Health and Wellbeing Research
NIJZ National Institute of Public Health, Slovenia
Observatory European Observatory on Health Systems and Policies
OECD Organisation for Economic Cooperation and Development
PRECeDI Prevention of Chronic Disease (project)
RCC Regional Cancer Center of Stockholm-Gotland, Sweden
RIVM National Institute for Public Health and the Environment, The Netherlands
ROAM Reproductive Outcomes and Migration (research collaboration)
SASM Swedish Association for Social Medicine
SBU Swedish Agency for Health Technology Assessment and Assessment of Social Services
SEI Stockholm Environment Institute
SIANI Swedish International Agricultural Network Initiative
SIDA Swedish International Development Agency
SIGHT Swedish Institute for Global Health Transformation
SII Stockholm County Council, Sweden
HPH Network Swedish Health Promoting Hospitals Network
THL National Institute for Health and Welfare, Finland
TU Berlin Technische Universität Berlin, Germany
UKFAC UK Faculty of Public Health, United Kingdom
VU UMCA Free University, University Medical Center Amsterdam, The Netherlands
WHO ECEH World Health Organization, European Centre for Environment and Health
WHO EURO World Health Organization, Regional Office for Europe
WHO RHN World Health Organization, Regions for Health Network
WIV-ISP Scientific Institute of Public Health, Belgium
YFA The Professional Associations for Physical Activity, Sweden
YFG Young Forum Gastein