EUROPEAN PUBLIC HEALTH ASSOCIATION

PUBLIC HEALTH POLICY AND POLITICS

ANNUAL REPORT 2020

The section's President and Vice-President are deeply thankful to all the members of the section working group who have made all the achievements of the section possible.

Contents of the Annual Report 2019

LEADERSHIP

SECTION PRESIDENT

Marleen Bekker
marleen.bekker@wur.nl

VICE PRESIDENT

Sofia Ribeiro
sofiafigribeiro@gmail.com

SECTION WORKING GROUP

Olivia Biermann, Stefano Guicciardi, Damir Ivankovic, Dorja Vocanec

WEBSITE

https://eupha.org/public-health-policy-and-politics

SOCIAL MEDIA

Twitter account
EPH_PHPPsection

Open Facebook Group
EUPHA Public Health Policy & Politics Section

Open LinkedIn Group
EUPHA Public Health Policy and Politics Section

1. Populist Radical Right and Health: National Policies and Global Trends

Date and time: Tue 13 Oct 20h00 CET *(Zoom link will be allocated to conference delegates later)*

Organiser: Public Health Practice and Policy (PHPP)

Workshop abstract

Populist radical right (PRR) parties have been steadily expanding, not only in the number of supporters they gain and the seats they win in governments, but more importantly they have been increasingly elected into governmental coalitions as well as presidential offices. With the prominence of these authoritarian, nationalistic and populist parties, it is often difficult to discern what kind of policies they actually stand for. Particularly with regards to the welfare state and public health, it is not always clear what these parties stand for. At times they call for a reduction of health-related welfare provision, despite the fact that this goes against the will of the "ordinary people", their core supporters; they often promote radical reductions of welfare benefits among socially excluded groups – usually immigrants, whom are most in need of such services; and finally they often mobilize against evidence-based policies. The purpose of this workshop is to present the PRRs actual involvement in health care and health policies across various countries. As PRR parties increase and develop within but also outside of the European continent it is necessary to keep track of their impact, particularly with regards to health and social policies. Although research surrounding PRR parties has significantly expanded over the last years, their impact on the welfare state and more specifically health policies still remains sparse. This workshop will present findings from the first comprehensive book connecting populist radical right parties with actual health and social policy effects in Europe (Eastern and Western) as well as in the United States.

This workshop presents five country cases (Austria, Poland, the Netherlands, the United States) from the book *Populist Radical Right and Health: National Policies and Global Trends.* All four presentations will address PRR parties and their influence on health, asking the questions "How influential are PRR parties when it comes to health policy?" "Do PRR actually have an impact on policy outcomes?" and "What is the actual impact of the health policies implemented by PRR parties?" After these five presentations, the participants of the workshop will be engaged in an interactive discussion.

Message

As the number of PRR parties increase worldwide and their involvement in national governments become inevitable, new light must be shed on the impact these political parties have on public health in order to effectively influence change for the better.

Chairs

Dr Marleen Bekker
Dr Scott Greer

1. Austria

Background

Health policy research tends to focus on medical care practices and disease prevention while the emphasis on political determinants of health is thin at best. Within this case study, we look at Austria's Freedom Party (FPÖ), a Populist Radical Right (PRR) party, and their impact on health policies. Existing conceptualizations suggest three key dimensions of PRR parties: People centrism (ordinary, nativist people as main target group), vertical exclusion (political elite), and horizontal exclusion (immigrants). In this study, we explore whether and how these conceptualizations are applicable to the health policy choices of the FPÖ.

Methods
We conducted a review of available primary sources (legal and policy documents) and secondary literature (academic, press, and think-tank publications). Resulting data were analysed thematically.
Results
In the years 2000 to 2003 and 2017 to 2019, the FPÖ, in a coalition government with the Conservative Party, was in charge of the health ministry. The biggest changes came about in 2017 where to begin with, the FPÖ reneged on the smoking ban set to have been implemented in May 2018. Then, the FPÖ led the consolidation of the 21 separate health insurance companies to five, stating that it would bring patients €1 billion. However, the succeeding government is now confronted with a considerable budget deficit of the largest of the newly formed national health insurances, the Österreichische Gesundheitskasse. At the same time, the FPÖ also promoted social policies which were indirectly related to health and wellbeing of immigrants, such as a reduction in social benefits for immigrants who showed insufficient language skills.
Conclusions
The case analysis suggests that the FPÖ's health policy choices may be explained through the people centrist, nativist, and anti-elitist tendencies of PRR parties. The FPÖ's abortion of the smoking ban law can be interpreted as an anti-scientific and pro "ordinary citizen" action. The same is true for the health insurance mergers, which can be explained as being a strike against the economic and political elites, who allegedly used the complex structure for their own benefit (clientelism). Finally, the FPÖ proposed policies attacking the socio-economic status of immigrants, which we know is a social determinant of general

2. Poland

Background
Research into the politics of health reforms usually looks at parties in a unidimensional way, in the classical left-right axis, where right parties are expected to marketize healthcare while left parties are expected to do the opposite. Populist Radical Right (PRR) parties do not neatly fit this unidimensional approach. The case of the Law and Justice party (PiS) in Poland is illustrative of the tenuous link between traditional neoliberal right-wing health policies and the PPR agenda.
Methods
We conducted a review of available primary sources (legal and policy documents) and secondary literature (academic, press, and think-tank publications). Resulting data was analysed thematically.
Results
Since its rise to power in 2015, PiS has departed from the previous center-right government's market-oriented healthcare policies. It retracted regulations aimed at commercialisation of public healthcare providers, introduced networks of hospitals to reduce internal market of providers and proposed the establishment of National Health Service (later abandoned). It continued the previous government's expansion of health coverage to universal by principle. In the 2019 election manifesto entitled "Polish Model of Welfare State" PiS explicitly states they "reject principles of neoliberalism". Its most overtly right-wing stances were limited to strictly "cultural wars" context: reproductive health, sexual education, IVF reimbursement etc. Yet even in this instance the harshest proposals (such as stricter abortion laws) were not implemented.
Conclusions
PiS' health policies show that some PRR parties do not conform to a unidimensional left-right divide but rather combine left-wing

redistributive policies with right-wing socially conservative stances. In many respects, the current government has enacted health policies that can be described as neo-Weberian and traditionally social-democratic.

3. Netherlands

Background

While the literature on the relationship between populist radical right (PRR) parties and public health is still relatively scarce, early evidence suggests that PRR parties and their exclusionary policy agenda could be a threat to population health and health equity. The aim of this case study is to take a closer look at the standpoints and influence of the Dutch Party for Freedom (PVV) on national health and healthcare policies. The PVV is considered the main PRR party in the Netherlands and has been part of the 2010-2012 center-right coalition government.

Methods

This case study was informed by various information sources including academic literature, publicly available data, party manifestos and other statements issued by the PVV, coalition agreements, newspaper articles and interviews.

Results

Two key characteristics of PRR parties can be identified in relation to the PVV's standpoints on health and healthcare: authoritarianism (believing in the value of obeying and valuing authority) and nativism (believing that there is an ethnically united people with a territory). This is, for example, exemplified through strong support for the expansion of home and elderly care, while simultaneously opposing free, non-acute healthcare for refugees and asylum seekers who have not (yet) financially contributed to the healthcare system.

Conclusion

Health and healthcare are generally not priority issues for the PVV, whose political agenda tends to focus on immigration and law and order. While the party takes a leftist position on some aspects of the healthcare system, a nativist rhetoric remains present.

4. USA

Background

In the United States, political regimes directly influence health policy agenda setting, adoption and reform. The priorities of health policy shift across administrations and over time as political parties evolve, polarization occurs, and key political actors change. What is less clear is the degree to which other ideologies – such as nationalism and populism – shape the types of policies that are pursued and adopted in health care. We hypothesize that trends in nationalism and populism in the U.S. across presidential administrations influence the scope of access across different populations in health policies. Additionally, we argue that the rise of populism and nationalism in the United States under the Trump administration has led to restrictions on accessing health programs through targeted limitations placed on certain populations.

Methods

We apply a comparative historical analysis framework over the past century to track changes in healthcare policy over time that reflect populist or nationalist agendas. We analyze health policies enacted and pursued by presidential administrations during this time period focusing on the whether and how these policies would restrict access to populations. We compare our primary analysis to secondary analysis of trends in populism and nationalism across presidential administrations in the U.S.

Results

Initial results demonstrate that as populist sentiments rise, a parallel trend of increased othering in health policies takes place. This increased othering appears to reflect policies targeting supporters through both policy spoils and values while constraining opposing groups (e.g. increased restrictions on out-group members such racial/ethnic minorities).

Conclusions

Our results highlight the tension that exists in populist and nationalist health policy. Populist and nationalist leaders need to strike the balance between ensuring that their "people" continue to have access to health programs, which requires targeted limits placed within programs. Much of the limitations placed on populations are then accomplished through submerged mechanisms and by devolving administration and governance to state and local governments.

5. Hungary

Background

The impact of Populist Radical Right (PRR) parties on health policy has so far been neglected by health policy and welfare state literature. The case of the Alliance of Young Democrats (Fidesz) in Hungary, a large PPR party which secured three consecutive supermajorities since 2010, is illustrative of the priorities PPR parties.

Methods

We conducted a review of available primary sources (legal and policy documents) and secondary literature (academic, press, and think-tank publications). Resulting data was analyzed thematically.

Results

Under Viktor Orban, Fidesz nominally stopped marketization reforms of the previous governments by re-nationalizing hospitals in its first term. However, voluntary and employer-sponsored private insurance has grown rapidly, resulting in a parallel system of health care financing and provision, likely due to continued underfunding and understaffing of the public sector. The government has not stopped the exodus of health professionals. In public health, Fidesz sought to reduce smoking rates by imposing a wide-reaching smoking ban and by nationalizing the sale of tobacco in its first mandate.

Conclusions

Fidesz' election in 2010 was brought in part due to protests against health privatization. Health care continued to be a prominent theme of the 2018 elections, this time mobilized by the far-right opposition as a grievance against the government. Fidesz's electoral success is less attributable to health policy than to nationalist and populist rhetoric.

Main message: Politics needs to become better integrated into public health research. The rise of PRR parties in Europe might have serious consequences for public health and needs to be further explored.

2. Comparing the politics and policies for better economic and social welfare

Date and time: Thu 15 Oct 14h30 CET *(Zoom link will be allocated to conference delegates later)*

Organisers: EUPHA Public Health Policy and Politics Section (PHPP)

Workshop abstract

While the political and social determinants of health have become accepted among academic researchers, health inequalities in the health policy and political arenas are still predominantly addressed as outcomes of citizens' lifestyle and behavioural choices. The rise of populist radical parties across Western countries brings renewed urgency to communicating with elected leaders and policy makers about the importance of tackling the social (as well as behavioral and medical) determinants of health. Recent publications such as 'Health in Hard Times. Austerity and Health Inequalities' (Clare Bambra, 2019) and 'Health Equity in England: The Marmot Review 10 Years On' (Marmot et al, 2020) find that financial and economic policies in large part contribute to stagnating and even reversing population health trends in the UK and across Western countries. The underlying political system of decision-making

needs to be clarified in order to effectively engage and exert influence.

This workshop aims to strengthen countervailing power and competence in understanding the policy trajectories that effectively target the larger ambitions of economic and social welfare including reduced health inequalities. We provide participants with basic knowledge, methods and tools to carry out practice-based comparative analysis of public health politics and policies across different countries.

The workshop consists of:
1. A 20 minute mini-lecture by Dr. Julia Lynch, who will present key findings and the underlying methodology of her recent book Regimes of inequality: The political economy of health and wealth. This book systematically used historical institutionalist-methods and process tracing to compare the policies and politics aimed at reducing health inequalities in Finland, France and the UK from the 1990s to the present.
2. A 15 minute panel reflection: The panel, consisting of prof. Clare Bambra, prof. Karien Stronks, and prof. Holly Jarman, will relate this to their own key research and impact.
3. A 25 minute plenary discussion of examples, questions and contributions to tackling inequalities in political and social determinants of health. Examples are labour market participation policies, progressive fiscal policies or policies resolving illiteracy or household financial debt.

Participants will leave the workshop with a set of practical techniques, methods and resources for practice-based comparative analysis informing better policies.

Key messages
1. Health inequalities are a political choice.
2. Learning by comparison increases capacity to improve policies on the social determinants of health as well as capacity to increase political influence.

Chair: Dr Marleen Bekker

3. Women and prison: vulnerability and overlapping health needs of women in prison worldwide

Date and time: Fri 16 Oct 15h45 CET *(Zoom link will be allocated to conference delegates later)*

Organisers: WHO, University of Pisa, EMCDDA, UNODC
EUPHA sections: Public health policy and politics (PHPP), Infectious Diseases Control (IDC)

Workshop abstract
Background Women constitute a small proportion of prison populations worldwide (2%-9%) with imprisonment rates ranging from 3.2 per 100,000 women inhabitants in Africa up to 31.4 in the Americas.
These figures reflect the that the tendency for women to commit less crimes and receive more lenient sentences than men, as many judges consider the social costs of sentencing women to prison too high. Yet, globally, the number of women in prison has increased by more than 50% between 2000 and 2017, compared to a 20% increase in men. Data on other gender minorities in prison, such as transgender people, are scarce if available at all.
Women tend to be sentenced for different crimes than men. These are primarily non-violent crimes, including drug law offences. Worldwide the proportion of women in prison for drug-related offences is 35% compared to 19% that of men.
Women in prison have complex social and health profiles often characterised by suboptimal access to healthcare services. Many have lived since childhood in socially disadvantaged contexts and experienced

multiple traumas, including sexual abuse and deteriorated families . The cumulative effect of these adverse childhood and adulthood events may be determinant risk factors influencing their criminal pathway and health related issues. Because of these overlapping vulnerabilities women in prison have high rates of mental health problems, including post-traumatic stress disorders, depression, self-harm and substance use disorders. Furthermore, women in prison are more likely to engage in risky behaviours, including sex work and injecting drug use and suffer from higher burden of infectious diseases, including HIV, hepatitis B, hepatitis C, and syphilis as compared to men in prison and the general female population. Targeted interventions are needed to address health needs of women both inside prison and after release.

Objectives

The main objective of this workshop is to present the health status of women in prison across the globe, highlighting the main health-related issues, the existing challenges and the available evidence for interventions.

Despite large regional differences in social, cultural, political and legal contexts of different countries, at global level there are many similarities in the health profile and needs of women who are imprisoned and in the impact of their incarceration.

Format: At start, a survey will be conducted using an e-voting poll with two main aims: getting to know the audience better and fostering engagement with the audience. In anticipation of different levels of expertise and interest on the topic, a brief overview of the WHO/UNODC guidance on women's health in prison will also be provided to the audience. The workshop will be structured in 4 presentations of 15 minutes each. Together, they present data on a variety of regions and populations, and will provide participants with an overview of prison health in women at global level. Presentations will be followed by a moderated questions and answers session.

Main messages

1. Globally, women in prison represent a small but extremely vulnerable population groups with

complex and specific health needs, often not adequately addressed.

2. We call for heightened global attention to the health needs of women in prison, and to a

multidisciplinary approach including health, psychological and social approach.

Presentations

1. Women offenders in Europe: drug problems and drug offences and/or gender-based violence

Presenter: Linda Montanari, EMCDDA, Lisbon, Portugal

Worldwide the proportion of women in prison for drug-related offences is higher than that of men. In Europe (27 Member States, Norway, United Kingdom and Turkey) it varies considerably, between 5 % in Bulgaria, approximately 25 % in Denmark, Finland and Sweden, 33 % in Italy and 40 % in Spain. Women are reported to have less dominant roles in drug trafficking, often occupying the lowest level of the drug supply chain.

There are, however, recent indications of involvement of women in higher levels of supply chains.

The prevalence of illicit drug use before incarceration is much higher among prison population as compared to the general population. This excess is substantially higher among women.

The patterns of drug use among women in prison are similar to those reported by men, with majority reporting having used cannabis in their lifetime. Prevalence is also high for other illicit substance use, such as heroin (19% - 49%), cocaine (21% - 41%), and amphetamines (17% -64%).

Inside prison drug use is often reduced, but exists. The reduction in drug use is in many countries smaller among women then among men.

Reasons for this high prevalence of drug use among women in prison are likely to be related to the highproportion of women incarcerated for drug related offences and their high level of vulnerability.
Targeted interventions for women with drug related problems who experience imprisonment are needed and should be implemented with a comprehensive and multidisciplinary approach to tackle their physical, mental health and social needs.

The presentation will discuss the latest European data on drug related problems among women in prison and available targeted interventions.

2. Women's health in prisons in Africa: prevalence and challenges to address HIV among women in prison in Africa

Presenter: Ehab Salah, HIV/AIDS Section, United Nations Office on Drugs and Crime, Vienna, Austria

In Africa around 3.2% of the prison population is represented by women. People in prison are 5 times more likely to be living with HIV than adults in the general population. Moreover, women in prison have a higher HIV prevalence than men. The factors that lead to women becoming incarcerated are often also those that lead to their increased risk of acquiring HIV infection.
Their situation in prison is exacerbated by stigma and discrimination, gender-based violence and inequality.
Women have limited access to health care in prison settings and are less likely to receive treatment than men. This is even more the case in Africa, where the precarious and sometimes inhuman prison conditions, render the health-related interventions addressing women health particularly challenging. Their specific health care needs, such as sexual and reproductive health care, treatment of infectious diseases including STIs, as well as nutrition and hygiene requirements, are often neglected. The limited access for women (and their children) to ante- and postnatal care, labour and delivery services and antiretroviral therapy also leads to infants born in prisons being at high risk of contracting HIV. Women in prison should be able to access gender-responsive health care services which are equivalent and of the same quality as those available in the community.
The presentation will present the latest available data on health status and HIV in particular among women in prison in Africa and will present the international standards in health interventions of women in prison.

3. Title: Impact of social determinants on incarceration and women's mental health in Brazil

Presenter: Sheila Rubia Lindner, Federal University of Santa Catarina, Brazil

The health status of prison population in Brazil is worrying. Prisons in the country are often overcrowded and host a large proportion of population with pre-existing health problems, that may be aggravated in prison.
The conditions of confinement are decisive for the health-disease process and the relationship between problems and health needs of the population. The current increase of the number of prison population contribute to increase the risk of infectious diseases and worsen the general health conditions of those incarcerated.
Mental health disorders are highly prevalent in the prison population globally, including: personality disorders, such as antisocial personality disorder, major depression, and psychotic illnesses, neurodevelopmental disorders, and intellectual disability (ID). Self-harm and suicide attempts are also overrepresented in the prison population.
The prison conditions may worsen the pre-existing mental health problems of those incarcerated. Compared to men, women in prison are particularly vulnerable to mental health disorders, because of several factors including the women's social role and peculiar social stressors affecting women's condition.

The social determinants such as: employment, housing and education status; poverty, social exclusion and
discrimination; gender-based violence, stigma and adverse life events are particularly affecting the mental health of women incarcerated prior to prison, often worsening when they enter prison. Mental health of women in prison in Brazil represents a public health and security problem. Based on research data the presentation will discuss the status of mental health of women in prison in Brazil.

4. Title: The health of women and girls released from prison - findings from Australia and internationally

Presenter: Emilia Janca, Justice Health Unit, University of Melbourne, Australia

Women and girls involved in the criminal justice system experience a higher burden of morbidity than their justice-involved male counterparts and women in the general population. In addition, women with a history of incarceration are more likely than men with a history of incarceration to be exposed to poor social and health circumstances. While both justice-involved men and women have an increased risk of death compared to their counterparts in the general population, justice-involved women experience a greater elevation in risk.

Understanding and addressing the health and social needs of women leaving prison is critically important to address high rates of preventable mortality, and to design appropriate gender-sensitive transitional support.

This presentation will first briefly summarise the findings of a scoping review which reported on the health status of girls and young women in detention, published in the Lancet Public Health earlier this year. It will then summarise findings from a global systematic review and meta-analysis on the health of women involved
in the criminal justice system, describing what is known about their physical health, mental health and health service use. Finally, this presentation will describe results from a novel prospective cohort study from Australia on differences between women and men in patterns, characteristics and predictors of ambulance and emergency department presentations, describing the implications of these findings in the context of a growing need for evidence-based and gender-sensitive transitional support planning.

PUBLICATIONS

1. Menne B., E. Aragon de Leon, M.P.M. Bekker, et al. (2020). Health and well-being for all: an approach to accelerating progress to achieve the Sustainable Development Goals (SDGs) in countries in the WHO European Region. Eur J Pub Health 30 Suppl 1, i3–i9. https://academic.oup.com/eurpub/article/30/Supplement_1/i3/5835783

2. Rinaldi C. & MPM Bekker. (2020). A Scoping Review of Populist Radical Right Parties' Influence on Welfare Policy and its Implications for Population Health in Europe. Int J Health Pol & Manag. https://www.ijhpm.com/article_3789.html

   Including 12 commentaries from experts.

3. Bekker Marleen, Damir Ivankovic, Olivia Biermann, (2020). Lessons from COVID-19 response and shifts in authority: Public trust, policy legitimacy and political inclusion. Eur J Pub Health. https://academic.oup.com/eurpub/article/30/5/854/5918171