

## ANNUAL REPORT 2019

The PHPP section has been very active this year, and managed to successfully change its name in order to reflect the scope of the activities that the section has been focusing on over the past years. The Section Profile and Strategy 2017-2020 is available on [https://eupha.org/section\\_page.php?section\\_page=121](https://eupha.org/section_page.php?section_page=121)

This year, we had a strong presence at the EPH Conference, and have organized a pre-conference and five workshops in collaboration with other sections and international organizations.

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

1. Section name change - Public Health Policy and Politics (PHPP)
2. Activities at the EPH Conference 2019: Preconference, workshops and events
3. PHPP section commissioned report "*A New Political Cycle for the Health of European Citizens: A possible way forward for influencing, facilitating, and prioritising health policy at European Union level*" by Nina Bos.
4. PHPP section commissioned thesis report "*Narrowing the gap between political science and public health. A scoping review about the relationship between populist radical right parties, political systems, welfare state policy and population health in Europe*" by Chiara Rinaldi.
5. Upcoming events

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### WEBSITE

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## SOCIAL MEDIA



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The Public Health Practice and Policy Section in the past 20 years has managed to attract more than 2500 members from all over Europe.

Over the years many successful events and workshops have been organised, increasingly in collaboration with other Sections and European institutions, networks and alliances.

The aims of the Section are to contribute to capacity building in public health policymaking and governance across the different EUPHA audiences

([https://eupha.org/repository/sections/phpp/Living\\_Doc\\_PHPP\\_Section\\_Profile\\_Strategy\\_20160715.pdf](https://eupha.org/repository/sections/phpp/Living_Doc_PHPP_Section_Profile_Strategy_20160715.pdf)), thereby contributing to the implementation of the EUPHA strategy, more specifically the second strategic objective “to build capacity and knowledge” and the third objective “to prepare future generations of engaged and connected public health professionals for their leadership role in the public health arena” (<http://www.eupha.org/2014-2020>).

The Section is now gradually moving towards new challenges in public health policymaking and systems governance.

In short these are about contributing to appropriate and effective responses to global public health and health system threats from austerity, populism or access to medicines.

At the same time, there are innovative developments in health governance and government policies creating regulatory space for experimentation, innovation and institutional change, improving the social determinants of health and increasing the quality, performance and efficiency of public health policies and services.

This requires a system approach whereby the health care system is part of a bigger political system that poses both threats and opportunities to public health.

Having knowledge of, and acting on these political threats and opportunities in ways appropriate to national and institutional ideologies, cultures and systems, is a crucial condition to successful healthy policies that effectively contribute to protective environments, healthier populations, and preventable health inequalities (*Greer, Bekker, De Leeuw, Wismar, Helderma, Ribeiro and Stuckler, 2017*).

To more specifically address these health and system challenges and more accurately articulate the added value of this Section, we decided to rename the Section into **Public Health Policies and Politics (PHPP)**.

This name articulates the sub aim of the Section to contribute to political capacity building for health, by stimulating access to and learning from both practical experience of politicians and policymakers, and political science on chronic diseases policies.

The change was formally approved by the EUPHA Governing Board.

**Organiser:** Public Health Policy and Politics Section, Health Impact Assessment Section & Urban Public Health Section; facilitated by Prof. Marleen Bekker and Dr. Annemarie Wagemakers (Wageningen University and Research, The Netherlands).

As a practitioner applying Health Impact Assessment in policy or planning processes, or as a scientist studying design or outcomes of HIA, you may be wondering about how HIA actually helps to put public health issues on the policy or planning agenda.

When is scientific, objective evidence the active substance for policy impact, and when are additional or alternative strategies needed? How do you actually build support, how do you establish the “right” timing, and how do you gain access to the relevant networks of influential actors and decision-making procedures?

In a game simulation of a planning process concerning an urban renewal project, the participants explore those questions implicitly while playing different roles of parties and actors involved in urban renewal.

Participants are specifically assigned to develop a strategy to set the political agenda for their different role priorities during the game.

The health stakeholders could set the agenda for health either by developing an HIA or by other means.

Participants are asked to play a different role than their own real-life one, which enables an individual frame reflection during the game.

Afterwards, de-briefing and evaluating the game simulation enables cross-frame reflections, strengthening or renewing the knowledge and competence of participants in health advocacy.

The game simulations put efforts to set the agenda for health into the perspective of the full dynamics of such planning processes.

In the games, the participants are confronted with different frames, interests and positions during and after the game.

From the game simulations we may learn how a particular, realistic setting of urban planning induces effective and ineffective strategies from health proponents and non-health actors and stakeholders to put forward their interests in the planning process.

### Preliminary programme

- 09.00 - Group introductions with coffee/tea
- 09.30 - Introduction to the day’s objectives, game script, role descriptions
- 09.45 - Instructions for the game simulation
- 10.30 - Start of the game simulation
- 12.30 - Lunch break
- 13.00 - Continue the game simulation
- 15.00 - End of the game simulation and debriefing
- 15.45 - Evaluation of agenda setting strategies using evidence and/or advocacy
- 16.45 - Closing remarks

## 1. Political parties, health and influence in the EU

**Organiser:** EUPHA Public Health Policy and Politics Section (PHPP)

### Workshop abstract

In light of the 2019 European Parliament elections, signs of a deteriorating public health and the rise of populist radical parties elected in office in some Western countries, this urgent workshop focuses on making sense of the impact of politics on public health.

There is a clear need for in-depth understanding and more effectively engaging with political processes that affect health. Political science articulates the understanding and improvement of the conditions under which politics is able to produce effective and legitimate solutions to policy problems. It involves a systematic inquiry into basic features of the political economy such as institutions, partisanship and the organization of labour markets. Understanding this political landscape of public health helps to define the political options for organizing effective influence on healthy policies and outcomes. One component in this health political landscape is that of political parties and partisanship. Political parties structure modern politics because they are the teams on which politicians compete for power. They mattered enormously in the post-war years of stable party systems, and their more recent crises and reconstitutions also matter enormously (as a quick look around Western Europe should show). Politicians, and parties, are motivated by the electoral imperative to seek and stay in office. Once elected, politicians on any issue will be looking to claim credit for good outcomes and avoid blame for bad outcomes. If the issue is one that lacks “traceability” such that it produces no

obvious credit or blame, politicians will take positions that please their followers and target voters.

This workshop presents five studies on political parties and health, asking the questions “Do political parties matter to health? What do political parties talk about when they talk about health? And what do they actually do to health?” In three studies a health screening was performed on political party manifestos and electoral programmes with additional explorative interviews.

Two other studies dive into the academic literature on political parties and partisanship and their presumed effect on health and welfare policies.

After these five presentations the panel, consisting of Dr. Natasha Azzopardi Muscat, Dr. Holly Jarman and Prof. Scott Greer, will briefly reflect upon the findings and implications for public health policy and politics. The participants of the workshop will be engaged in an interactive discussion with the panel and presenters focusing on the questions of (a) whether and how, in participants’ home countries, (radical and other) political parties address and affect health and welfare policies; (b) how participants can analyse this themselves; and (c) how they can act upon this evidence.

We end the workshop with key messages for follow up research and strategy.

### Message 1

The 2019 European Parliament elections, signs of a deteriorating public health and the rise of populist radical parties provide opportunity and necessity to understand and influence health politics.

### Message 2

Political party manifesto screening detects possible public health opportunities and threats, but party influence on policies is

mediated by party system requirements varying across countries.

## 2. Better prison health for better public health

**Organisers:** EUPHA Infectious Disease Control Section; EUPHA Migrants and Ethnic minorities Health Section; EUPHA Public Health Policy and Politics Section (PHPP)

### Workshop abstract

According to the latest data, in 2018 about 590,000 people were held in prison on any given day in the EU, and more than double in the entire region. People in prison face multiple and complex health care issues, including a higher prevalence of communicable diseases than the general population. These are likely to be the result of a combination of overlapping, and sometimes interlinked, risk factors for infection, ill-health, and incarceration, such as problem drug use. Incarceration may facilitate the offer of quality health care services to people who are otherwise hard to reach and provide an occasion to target socially deprived groups who often have low level of healthcare access when in the community. Delivering health protection and harm reduction programmes in prisons not only benefits the prison population but also has the potential to reduce the risk of transmission of some infectious diseases in the community, intervening earlier in the natural history of disease. They are also likely also to have a knock-on effect in supporting individuals' reintegration into community life and future health – providing a “community dividend” to health interventions in prisons. Yet, such health gains may be diminished by suboptimal

integration with community services. Continuity of care, or throughcare, between prison and community services is a mainstay of any health care interventions delivered in detention, especially when tackling chronic conditions (e.g. HIV, mental illnesses) or problem drug use.

The World Health Organization (WHO) has long supported the concept of prison health as an inseparable component of public health. This view is enshrined by the principle of Equivalence of Care between prison and community, endorsed by the United Nations in the Nelson Mandela Rules. During the 2019 WHO Prison Health Conference in Helsinki, it was acknowledged that prisons contribute to achieving the UN's Sustainable Development Goals through improving health, reducing health inequalities and provide a fairer and safer society for all. However, a number of challenges hampers the successful implementation of such a concept, including the need for evidence-based decision making, inter-sectoral partnerships and adequate monitoring systems.

This workshop will provide attendees with a comprehensive overview of prison health and the relevance of a multi-sectorial public health approach to frame and address it.

The workshop will be structured around three main topics: governance of prison health and current models in Europe; health issues and disease burden in the prison population; current and future perspectives for evidence-based approaches to prison health. The discussion of two case studies, problem drug use and HCV micro-elimination, will create the context for an in-depth analysis of key challenges for prison health implementation, reflecting on aspects such as health needs, equity, multidisciplinary, continuity of care, monitoring and community dividend.

### Message 1

Provide a comprehensive picture of the main challenges of prison health in Europe, the public health issues affecting the prison population and how these relate to community public health systems.

## **Message 2**

Reflect on how public health systems need to incorporate prison health into their strategies for reducing inequalities and improving health outcomes of vulnerable and socially deprived populations.

## **Presentations**

The workshop will be structured in 5 presentations of 10-12 minutes each and a final structured discussion with the audience.

**Chairs:** Carina Ferreira Borges (WHO), Lara Tavoschi (Unipi/EUPHA IDC), Sofia Ribeiro (EUPHA PHPP)

### **1. The health of people in prison in Europe**

**Presenter:** E. O'Moore (PHE)

This presentation will explore the rationale behind a public health approach to prison health covering aspects such as the socio-demographic composition of the prison population in Europe, its health status and main health needs, based on the current sources of data.

The link between the prison population and the wider community will be analyzed alongside the concept of community dividend, defined as the benefit of prison-related intervention for general population health.

### **2. Prison health: governance and monitoring do matter**

**Presenter:** D. Lopez-Acuna (WHO)

This presentation will focus on the concept of good governance for prison health, touching upon concepts such as equivalence of care,

independent healthcare, standards of care and human rights approaches to healthcare in detained settings.

Effective governance and policymaking are supported and fostered by timely and accurate information, however this is largely lacking in European prison systems.

Although some steps ahead have been made with the launch of the Health in Prisons European Database (HIPED) in 2016, strengthening health information systems in prison settings is a key priority.

### **3. Evidence-based decision making for prison health**

**Presenter:** L. Tavoschi (University of Pisa/EUPHA IDC)

The presentation will provide an overview of the current evidence base on prison health interventions, gaps and challenges for conducting research in prison settings.

Evidence based decision making is relevant for prison health, not only in terms of resources allocation, but also in relation to interventions and implementation approaches. Yet scientific literature covering prison health is generally quite limited.

Lack of research activities in prison settings may be the results of several factors, partly deriving from structural challenges, and partly from specific features of the prison population.

These include supplementary ethical implications, issues related to confidentiality and management of personal information and shortage of health care and other staff trained in conducting research. Low priority attributed to prison health in the sub-national, national or international research agenda may result in less opportunities for funding.

Grey literature and programmatic data are regarded as an additional source of information; however accurate or reliable data

are rare in Europe. While evidence is limited, there is a growing interest in prison health in Europe.

A number of systematic reviews conducted in recent years shed some new light on key aspects of epidemiology and healthcare in prison. At European level various institutions and agencies and national institutions have been engaged in prison health and have produced a number of authoritative documents, including a few guidance documents.

#### **4. Case study: Drug related problems in prison settings**

**Presenter:** M. Montanari (EMCDDA)

Persons in prison generally have poorer physical and mental health and social well-being than their peers in the community, reporting high rates of acute and chronic physical and mental disorders, including, substance use disorders and drug related infectious diseases.

People in prison report high prevalence of illicit drug use before and during incarceration and high rates of drug related infections. Acute risks for those using drugs are found in the first period after prison release.

Available interventions in prison setting lower life expectancy than their peers in the community. Common risk and social factors are related to poor health and imprisonment and those two components should be addressed in a comprehensive way.

The presentation will provide an overview of the last available data on drug use, drug related problems and prevalence of infectious diseases in prison in the European countries.

#### **5. Case study: HCV micro-elimination in prison**

**Presenter:** F. Meroueh (Health without Barriers)

The presentation will explore the concept of HCV micro-elimination in prison settings and its application in the context of French prisons. Hepatitis C is a chronic pathology of the liver and can significantly affect quality of life, with significant mortality rates. Hepatitis C is of great relevance for prison population due to the overlap of risk factors for both incarceration and HCV infection, including substance use disorders.

Historically, HCV interferon-based therapy has not always been offered to people in prison due to various factors, including homelessness, active injecting drug use, and liver disease. With the advent of direct-acting antivirals, almost 100% of patients are experiencing successful HCV treatment, with no medical contra-indication for incarcerated individuals, drug users and/or individuals on opioid substitution treatment.

Approaches based on HCV test and treat have proven to be successful in prison settings to achieve micro-elimination and to offer HCV appropriate care to individuals belonging to socially deprived groups and characterised by limited access to care when in the community.

The elimination of hepatitis C in prison, among people who use drugs, also requires effective Harm Reduction programmes, an important tool to prevent re-infections.

### **3. Alcohol policy reforms in European countries – challenges and solutions**

**Organisers:** THL; ANPAA; EUPHA Public Health Policy and Politics Section (PHPP)

#### **Workshop abstract**

Alcohol-related harm is a major public health concern in Europe, with levels of alcohol consumption and associated health harm among the highest worldwide.

According to the European Commission, premature deaths linked to alcohol account for over 7% of all European morbidity, and alcohol is a major avoidable risk factor for neuropsychiatric disorders, cardiovascular diseases, cirrhosis of the liver, cancer and unintentional and intentional injuries.

Even moderate use of alcohol raises long-term risks of certain heart conditions, liver disease and cancers, and frequent use can lead to dependence.

There is extensive research on efficient strategies to reduce alcohol-related harm, alongside high-level policy recommendations. Examples are the WHO's global strategy to reduce harmful use of alcohol and the WHO European office's European action plan to reduce the harmful use of alcohol 2012–2020. The European Union (EU) strategy to support member states in reducing alcohol-related harm expired in 2012.

Since then, the Committee on National Alcohol Policy and Action (CNAPA) has drawn up a non-binding Action Plan in relation to alcohol and EU countries have the main responsibility for their national alcohol policy. Despite strong evidence bases supporting alcohol policy, the implementation of potentially effective alcohol policy is often challenged by companies with commercial interests seeking to undermine evidence and advocate for less effective alternatives. These alternatives, such as education or voluntary industry action, are often favoured by politicians and the public. This opposition to evidence-based alcohol policy represents a challenge to public health.

In this session, we will discuss recent developments in alcohol policy reform in Estonia, Finland and Scotland; reflecting on the outcomes of policies and the challenges faced in implementation.

We invite commentaries from national experts and from the DG Sante and WHO Euro. Among these the French commentary will

address the influence of the alcohol industry in circumventing effective public health policies, with discussions concerning the new strict French low-risk guidelines on alcohol use as one example.

The objective of this workshop is to share experiences of the challenges faced in applying effective alcohol policies, to discuss ways to tackle those challenges, and to invite the EU and the WHO to share their views on ways to overcome these barriers in future policy advocacy.

### **Message 1**

Commercial determinants of health are a powerful force in preventing effective public health policy on alcohol-related harm.

### **Message 2**

The public health community need to work in a persistent and coordinated manner to bring in a suite of effective alcohol policy interventions across Europe.

## **4. How to make the case for advocating for investment in wellbeing and health equity**

**Organisers:** EUPHA, WHO Collaborating Centre on Investment for Health and Wellbeing (Wales, UK), WHO European Office for Investment for Health and Development (Venice, Italy), WHO RHN

### **Workshop abstract**

Current investment policies and practices are unsustainable, resulting in high costs to individuals, communities, countries and our planet. Substantial evidence demonstrates that investing in evidence-informed, cross-sector, fair public policies and interventions brings multiple benefits, which drive social, economic and environmental sustainability.

Making the case and advocating for investment in wellbeing and health equity is essential to enable evidence-informed sustainable and fair policy and action for the benefit of people, communities, societies, the economy and the planet.

This skills-building seminar intends to focus on the practical approaches, methods, considerations and examples of how to make the case for sustainable investment in wellbeing and health equity.

Specific objectives include:

- improve understanding and build skills for making an “investment case”;
- help key stakeholders, advocates, civil servants and other health/non-health professionals to inform, influence and shape national/sub-national investment policies and practices;
- provide an overall picture as well as an insight into the key stages, stakeholders, resources and skills needed to develop an advocacy product (report/infographic/etc.);
- highlight the use of health economics, especially new methods and tools to capture the value (returns) to society, economy and the planet - the Social Return on Investment (SROI);
- share practical experience of advocating for, driving or implementing sustainable investment/finance approaches for health and equity;
- support the implementation of the Sustainable Development Goals (2030 Agenda) and the WHO European Health Equity Status Report Initiative in the European Region.

The seminar will consist of two in-depth presentations, having a “how to” focus.

This will be followed by a panel discussion, sharing experiences and insights and showcasing examples of approaches used, practical aspects and considerations of the “investment case”. The discussion will include

key elements of evidence mobilisation and synthesis; project planning and key stakeholder involvement; using health economics methods and tools; communicating and advocating effectively, using data and visualisation; and assessing and enhancing impact. We will try to look “behind the scenes” in order to improve knowledge, understanding and capacity about user needs; the routines involved, and the techniques, skills and resources required; and why would policymakers listen; and what would make them listen and act.

There will be continuous audience engagement through live polling (e.g. Mentimeter) and Q&A time.

### **Message 1**

Evidence-informed rights-based investment for wellbeing and health equity brings social, economic and environmental returns, driving sustainable development and prosperity for all.

### **Message 2**

Advocating for sustainable investment policy and action requires a systematic process of evidence synthesis, stakeholder involvement, impactful communication, monitoring and evaluation.

## **5. How to Advocate Scientific Evidence to Decision-makers?**

**Organisers:** EUPHANxt, Global Health Next Generation Network, EUPHA Public Health Policy and Politics Section (PHPP)

### **Workshop abstract**

Public health research aims to change the world, or at least contribute to the development of healthier and more equitable societies.

However, the availability of health information does not inherently lead to its increased use in policy and decision-making.

Significant gap remains between the knowledge of public health researchers and the actions taken by decision-makers.

Various tools and mechanisms can help to increase the use of scientific evidence in policy development by making policymakers appreciate, understand and incorporate such scientific information into policy decisions.

As part of this process, it is crucial that researchers and public health practitioners acquire the ability to translate their knowledge and become skilled on communicating the evidence effectively.

To this aim, we will present firstly a WHO approach for that on the basis of EVIPNet Europe.

Member countries have benefited of EVIPNet Europe's capacity building efforts, its training workshops, coaching and mentoring schemes, leading to increased knowledge and skills in view of identifying, accessing, appraising, synthesizing and communicating the best available evidence.

The presentation will focus on the ways to trigger tangible changes at policy and legislative levels.

The second presentation will give more specific information about the process of real-life applications.

Main question will be *"How to advocate scientific evidence to decision-makers in the frame of evidence-informed policy-making?"*.

The presentation will help the participants to analyze to whom they are targeting, what are their interests and how to communicate scientific information to a decision-maker effectively.

Last but not least, common challenges of evidence-informed policy-making process in health care and ways to tackle them will be presented. By doing so, special attention will be paid to the methodologies for joint fact-

finding, responsive evaluation and citizen science.

The workshop will engage participants interactively and leave time for answering their questions at the end.

### **Message 1**

Public health professionals can influence health policies, if they learn strategies in communicating scientific evidence to decision-makers effectively.

### **Message 2**

Providing correct skills to researchers when communicating about and advocating for the scientific evidence with policymakers will enhance the impact of evidence on policy making.

## A European political party manifesto screening and health policy recommendations (PHPP Section commissioned report)

Based on a Section commissioned internship at EUPHA office, Nina Bos, a MSc student at Wageningen University and Research, prepared a scientific screening of party manifestos before the EP elections last May. Together with additional literature review and qualitative interviews, the results are published in *“A New Political Cycle for the Health of European Citizens: A possible way forward for influencing, facilitating, and prioritising health policy at European Union level”* (June 2019). The work was graded with an 8.

The Section congratulates Nina on the good work and promises to bring the recommendations into practice.

Nina will present this work at the EPH conference Marseille.

The full report is available at: [https://eupha.org/repository/Sections/phpp/Nina\\_Bos\\_-\\_Final\\_Research\\_Report\\_A\\_New\\_Political\\_Cycle\\_for\\_the\\_Health\\_of\\_European\\_Citizens.pdf](https://eupha.org/repository/Sections/phpp/Nina_Bos_-_Final_Research_Report_A_New_Political_Cycle_for_the_Health_of_European_Citizens.pdf).

The EUPHA pre-election Statement based on this analysis can be found here:

[https://eupha.org/repository/advocacy/EUPHA\\_statement\\_What\\_are\\_the\\_European\\_Union\\_political\\_parties\\_planning\\_for\\_your\\_health.pdf](https://eupha.org/repository/advocacy/EUPHA_statement_What_are_the_European_Union_political_parties_planning_for_your_health.pdf).

## Towards a model of the influence of populist radical right on public health (PHPP Section commissioned report)

Last November the Section work group decided to commission a scientific literature review into the relationship between political

parties and health, and the radical right and public health in particular.

Chiara Rinaldi, a MSc student at Wageningen University and Research, prepared this research work and presented the results in a MSc thesis that was graded with an exceptional 9.5: *“Narrowing the gap between political science and public health. A scoping review about the relationship between populist radical right parties, political systems, welfare state policy and population health in Europe”*. Chiara developed a preliminary comprehensive model with evidence-informed hypotheses of crucial conditions under which political parties and the radical right become effective in the health of citizens.

The Section congratulates Chiara with this outstanding work and promises to bring the results to the public health community drawing implications and directions to action. The report is not yet publicly available, but a short summary is provided here.

**Background:** The political system is an important influencing factor for population health, for example through the implementation of healthcare policies and public health interventions but is often neglected in the public health literature.

This scoping review uses insights from political science to explore the possible population health consequences of the rise of populist radical right (PRR) parties in Europe, with welfare state policy as a proxy.

The aim is threefold; to map the available empirical evidence, generate hypotheses and identify key under investigated areas in the relationship between the PRR, political systems, welfare state policy and population health. Initial hypotheses are integrated in a first preliminary complex dynamic model about the possible population health effects of PRR parties in Europe, thereby contributing to the literature on this relatively new topic in public health.

**Methods:** An inductive method was used to construct a complex dynamic model of the relationship between the PRR and population health outcomes, using the scoping review methodology as a basis.

A scoping review is a comprehensive literature review that maps the available evidence about an emerging research area.

The scoping review methodology by The Johanna Briggs Institute was used.

The articles that were eligible for analysis were peer-reviewed empirical research articles published after 2000 and addressing 1) the relationship between the political system and welfare state policy/population health outcomes or 2) the relationship between PRR parties and welfare state policy/population health outcomes in Europe.

Two literature searches were performed on the electronic databases PubMed, ScienceDirect and Google Scholar, and the “snowball” method was applied to a sub-Section of the search results.

The data from the selected articles was analyzed using an inductive method of content analysis, which is appropriate for hypothesis generation.

To increase the validity of the emerging hypotheses, five experts in the field of political science and PRR parties were consulted, using semi-structured expert interviews.

**Results:** 30 out of 3.599 articles met the inclusion criteria, of which 13 addressed the relationship between PRR parties in Europe and (welfare state) policy and 17 addressed the relationship about broader features of the political system and health policy and/or population health outcomes.

Health or healthcare policy were rarely the outcome measures of the articles that addressed the PRR, while population health

outcomes were not mentioned at all in relation to PRR parties.

The preliminary hypotheses emerging from the empirical indications from original research studies suggest that PRR parties might have negative effects on the health of vulnerable population groups, by taking an exclusionary welfare chauvinistic position.

There are early indications that this effect could to be mediated through features of the political system.

The interrelations between these political conditions have been conceptualized into a preliminary model, whereby vote-seeking strategies or office-seeking strategies by PRR parties and accommodation by mainstream (coalition) partners are hypothesized to influence the extent to which welfare chauvinistic policy proposals are implemented and ultimately affect population health. Besides, the strength of welfare chauvinism towards the healthcare sector is hypothesized to be influenced by the type of healthcare system in a country.

Judicial institutions for the protection of human rights and democratic checks and balances at both national and EU level are included in the model as possible restrictions for the nativist policy agenda of PRR parties.

All the hypotheses in the complex dynamic model have been validated by authoritative experts in the field of political science.

**Conclusions:** The findings of this scoping review suggest that PRR parties might have a negative effect on population health in Europe through welfare chauvinistic policies.

The extent to which PRR parties can implement exclusionary welfare state policies seems to be mediated by features of the political system, meaning that the possible population health consequences are context specific.

Considering the increased popularity of populist parties in Europe and the possibly

harmful consequences for public health, there is a need for further research to understand the extent and conditions under which welfare chauvinism is applied to the sector of health, and how this could impact population health outcomes. A first step would be to provide empirical evidence for the hypothesis that were formulated in this scoping review.

To avoid that welfare chauvinistic policies by PRR parties can negatively affect the health of certain minority groups, it might be essential to strengthen judicial institutions, increase monitoring and evaluation of health outcomes and policy, and to involve citizens in the decision-making processes for health and healthcare at all levels.

### **“Do parties make a difference? A review of partisan effects on health and the welfare state”**

This article published in the European Journal of Public Health by Michelle Falkenbach *et al*, analyzes key questions intersecting politics and health: do political parties matter to health? Do they affect population health either directly or through welfare states' social policies and the eligibility, affordability and quality of health systems? And if they do, how?

Using a systematic approach, the publication examined 107 peer-reviewed articles and books published after 1978 focusing on high-income countries asking the overarching question: do political parties matter to health and the welfare state? The literature relating parties to health directly was surprisingly thin, thus, the welfare state was used as a “proxy” variable.

An overwhelming majority of the literature sample suggests that Left parties are inclined to expand the welfare state without cutting benefits, while the Right does not expand and tends to reduce benefits.

There was an inflection in the 1980s when Left parties shifted from expansion to maintaining the status quo.

Considering current health trends in the form of measles outbreaks, the “Deaths of Despair”, the rise of previous eradicated infectious diseases and the declining health expectancy rates in some Western countries as well as the rise of Populist Radical Right parties in office we question the current partisanship thesis that political parties matter less and less.

The full publication can be accessed here:

<https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckz133/5537339>



# UPCOMING EVENTS

## EPH Conference 2020

12-17 October 2020, Rome

Book your agendas: the PHPP Section will be organizing several activities at the EPH conference in Rome, 12-17 October 2020. If you have any ideas of events we could organize, or if you would like to co-organize a workshop with us, please do not hesitate to get in touch.

The 13<sup>th</sup> EPH Conference of 2020 will be an integral part of the 16<sup>th</sup> World Congress in Rome where over 4,000 public health professionals, policy makers and students are meeting to share their work and experience with others. The theme of the Congress is “Public Health for the Future of Humanity: Analysis, Advocacy and Action”.

Read more: [wcp2020.com](http://wcp2020.com).

systems to meet the challenges of a rapidly changing environment.

Kindly save the date and read more about the event at [www.thl.fi/eu2019](http://www.thl.fi/eu2019).

Registration to the event will be opened in autumn 2019.

Hoping to see you in Brussels in December!

## European Health Forum Gastein

2-4 October 2019, Bad Hofgastein

The theme of the EHFG 2019 will be “A healthy dose of disruption? Transformative change for health and societal well-being”.

Don't miss the opportunity to attend it and visit the official website: [www.ehfg.org](http://www.ehfg.org).

## TO-REACH: Innovations in Health and Social Care – Enhancing Health and Wellbeing in Europe

3 December 2019, Brussels

National Institute for Health and Welfare (Finland) and Academy of Finland, in collaboration with the EC funded TO-REACH initiative, are co-organizing the conference “*Innovations in Health and Social Care – Enhancing Health and Wellbeing in Europe*” under the auspices of the Finnish Presidency of the European Union on 3 December 2019 at the Stanhope Hotel, Rue du Commerce 9, Brussels, Belgium.

Economy of wellbeing is one of the umbrella themes for the health and social sector during the Finnish Presidency.

The event focuses on enhancing a structured cooperation across Member States to generate evidence for policy making that will support European health and social care