Valorisation
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Public health surveillance is considered as an Essential Public Health Operation⁴ since it enables governments and other stakeholders to act in an evidence-informed manner when identifying health needs, adjusting (health) policy actions and allocating resources, when reacting on certain health threats, or when assessing progress with regard to certain health targets. This dissertation, by providing evidence on conditions to advance public health surveillance, proposes insights for the development of modern and resilient public health surveillance systems in general and on European Union (EU) level in particular. The valorisation activities applied to the results in this dissertation, intended to make the knowledge suitable and available for social use and the translation into further developmental processes.

The valorisation chapter follows the same structure as the dissertation:

- Assessing the status quo of EU health policy and EU public health surveillance (Part 1)
- “Off-label-use” of data for information and knowledge generation (Part 2)
- Developing an EU public health surveillance infrastructure (Part 3)

Part 1 – Assessing the status quo of EU health policy and EU public health surveillance

The results of the study on the “Twentieth anniversary of the European Union health mandate: taking stock of perceived achievements, failures and missed opportunities” were discussed in a broader policy perspective during a distinct conference on “European Public Health. 20 years of the Maastricht Treaty - Turning past experiences into visions” (Maastricht, The Netherlands, May 2013)⁴. During this conference international academics, representatives from the European institutions as well as national and regional decision makers took stock of past EU actions related to health and discussed how recent and future challenges should be tackled in Europe. Nearly one hundred participants from 28 countries took part in the conference discussions.

Moreover, the authors of the research presented in Chapter 1 were invited to write a viewpoint paper in the European Journal of Public Health. The journals’ viewpoint papers consist of contrasting pieces of general interest to stimulate discussion among public health researchers and policy makers. The authors of the research provided in this dissertation took a positive perspective. They valued the achievements made in EU health policy so far, but also called “… to increase the political power of the health dossier even further to make health a central component within the European Commission. (…) Moreover, EU policies continuously need to be informed by science and evidence building on relevant, timely and comparable data as the monitoring systems


help to push European institutions as well as Member States to improve health for all.” The paper made a case for strengthening public health surveillance as well as for including health in a new EU narrative to reach out to the European citizens. Scott Greer, who argued that the Eurozone and the internal market overshadowed the health effects of the Maastricht Treaty, provided the contrasting piece. He concluded that public health advocates should “(...) bring public health expertise and values into the detailed mechanisms of [EU] fiscal governance and policy—especially by making a serious evidence-based case for investment in health.”

Brief summary of the conference on “European Public Health. 20 years of the Maastricht Treaty - Turning past experiences into visions”

The first part of the conference was dedicated to review past developments. The reflection and discussion was triggered by the results of the research presented in Part 1 of this dissertation and by presentations on European Commission (EC) health activities, European integration and EU health policy, the convergence in European health systems and their common needs as well as the role of EU agencies in public health. The verdict of the participants was clear: the glass is half-full, and if filling it up further; more could be achieved at EU-level to ensure a high level of health protection across Europe and to retain the set of shared values of European health systems: universality, access to good quality care, equity, and solidarity on health systems.

The contributions in the second part of the conference addressed the future of EU health policies. During the discussion, several aspects were recurrently emphasised. One of them, and most important in the context of this dissertation: EU policies influencing health should be better informed by science and evidence. To safeguard health interests, it was deemed relevant, that those accountable for health at the EU and national level are part in the debate on EU health policy.

The conference results were disseminated in a press release “Experts’ verdict on 20 year EU health mandate: success so far, expansion needed”. (http://www.ehfg.org/maastricht-event.html)

Part 2 – “Off-label-use” of data for information and knowledge generation

The research conducted in Part 2 of this dissertation had the intention to provide insights regarding the applicability and potential of non-traditional data sources for public health surveillance. The scholarly work on syndromic surveillance - conducted in Chapter 2 and Chapter 3 - was part of an EU Health programme action called SIDARTHa (European Emergency Data-based Syndromic Surveillance System) and made use of emergency medical care data for ad-hoc surveillance purposes. The research informed the SIDARTHa project partners when establishing and fine-tuning their routine syndromic surveillance system, as it was the case in the Autonomous Region of Cantabria in Spain. Moreover, the research supported the development of a concept
for syndromic surveillance based on routine emergency data sources. The results were also taken up in another EU Health programme action called TRIPLE S-AGE (Syndromic Surveillance Survey - Assessment towards Guidelines for Europe), which used amongst others the results of SIDARTHa for the development of European Guidelines for Syndromic Surveillance Systems.

The results of the research conducted in Chapter 4 delivered a more detailed analysis of school-entry screening data and the utilisation of health services by children in North-Rhine Westphalia, Germany. These results were also applied in a North-Rhine Westphalian public health report to explain patterns and social-determined differences in child health care utilisation to the public and representatives of the regional parliament.

Part 3 – Developing an EU public health surveillance infrastructure

To make the results of the research conducted in Chapter 5 suitable and available for social use and translation into further developmental processes we developed an infographic (see Figure 1). This infographic summarises the desired key features of an EU health information system in a comprehensible way. Information on the conducted research, the 93 individual statements on the wanted characteristics of an EU health information system as well as the infographic are publicly accessible via www.healthinfo-concept.info. Moreover, the results were disseminated at the European Public Health Conference in 2013. They provided input for a round table discussion on a “European Health Information System: Steps from idea to reality”. In this session representatives of the European Commission, the World Health Organization Regional Office for Europe, the Organisation for Economic Co-operation and Development and the European Public Health Association explored how the diverse European health information initiatives could be integrated to create an infrastructure that is comprehensive, functional and sustainable. The results of this round table discussion were shared with the research, policy and practice community in a Letter to the Editor of the European Journal of Public Health. Finally, it will be reflected on the results of this scholarly work within a book on population health monitoring (expected date of publication: 2017/2018), which makes the knowledge accessible for education and practice.
Figure 1 Infographic on the key features of an EU health information system (Chapter 5 of this dissertation)
Conclusion

This chapter describes how various channels have been used to share and discuss the results of this dissertation with public health actors and decision makers. We conducted specific conferences and conference sessions, transferred the results into further projects, guidelines and public health reports, and translated them into easy accessible formats like infographics or brief contributions in public health journals.

The General Discussion of this dissertation provided – based on the results of this dissertation - a discourse on the conditions that advance public health surveillance in Europe. Joint networks, further formalisation of the data collection on EU-level, and pushes by non-health policy actions were regarded relevant and a supportive atmosphere for advancing public health surveillance in Europe was identified at the time of writing. The results of this dissertation have - through the wide dissemination activities - provided a useful contribution to this development and have the potential to inform the future development of routine European public health surveillance capacities.
References


