

# European Public Health Conference: 1 to 4 November 2017; Stockholm

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The first day of the conference was a pre-conference on the topic “Application of a human rights based approach to health policy planning and practice: will it improve access and quality of care? From the 2nd to 4<sup>th</sup> was the main conference titled “Sustaining resilient and healthy communities”.

## **Pre-conference**

The speakers in the prelaunch sessions brought out different aspects of the right based discourse. Gorik Ooms, while talking about rights, brought in a distinction between freedoms and entitlements in his talk in the morning session. According to him rights in the sense of freedoms could be the same in all the countries (so more universal), but entitlements could be different, for example, depending on the resources available. Catarina de Albuquerque, in her talk, gave an important message that investment in WASH (Water and sanitation) would have a positive impact on health. The other important messages include: “the human rights framework provides a more useful approach for analysis as well as responding to modern health challenges than any other frameworks”; “the *raison d’être* of the rights based approach is accountability”.

In the afternoon there were different bee-hives that engaged with the issue of how the human rights based approach to health or human rights have been used to advance the health agenda. I chose the beehive on water and sanitation that was moderated by Catarina de Albuquerque. On the issue of cases where the rights based approach was used successfully, participants from different countries narrated examples from their respective countries. From India, the case of Mumbai was cited where the High Court gave a verdict a couple of years back saying the Mumbai Municipal Corporation cannot deny water to people living in slums though technically they are “unauthorised”, and the Court interpreted right to life to include right to water. On the issue of constraints/problems it was pointed out that sometimes this can be misused by the state or other agencies to punish people. For example in India under the name of total sanitation and open defecation free villages there are cases of people who do not have toilets at home being denied government schemes. Another example is the use of “naming and shaming” to promote sanitation which could be against human dignity.



## Main conference

The main conference had primarily parallel sessions and plenaries apart from the opening and closing sessions. Also, there were stalls and poster exhibitions.

The plenaries were on important topics related to public health, they were anchored well and speakers were also very sharp. Some of the important plenaries included: 1) Sharing our common wealth: the need to strengthen the social dimension of the EU, 2) Winds of Change: from public to private, from collective to individual. How can public health systems adapt to a changing world? 3) A paradox of public health leadership: towards resilience in the context of vulnerability, and 4) Successful health innovation: from the 'what' to the 'how'.

In the parallel session on social determinants of health there were presentations like 'Income inequality and mental health', 'Exposing the health impacts of welfare advice in an age of austerity', 'Child health and place: how does neighbourhood social capital impact', 'Social differences in receiving questions and advice on smoking habits, health literacy, health status and social support', 'Genetically modified organisms: do agricultural engineers and veterinarians think different, and so on'. As these titles of the presentations show that the sub-topics dealt under the theme were very varied. Also coming from developing country context I had expected that under social determinants there would be presentations around poverty, access to safe drinking water and sanitation, education, etc., which I call the first generation social determinants. But the presentations indicate that the Europe has moved to the second generation issues related to social determinants of health. For example in another parallel session there was a presentation that explored the relationship between green space and health; or there was talk of the need to evolve an ecological public health model.

Chris Buse talked about a pilot project on integrated (cumulative) impact assessment in Northern British Columbia, Canada. Cumulative impact assessments is gradually gaining grounding India especially around infrastructure projects like hydro-power projects. The methodology he presented

(that talked of three phases, namely, Phase 1: values identification and prioritisation, Phase 2: data collection and consolidation, Phase 3: data driven story telling) could be useful in the Indian context for both environment impact assessment as well as cumulative impact assessments. Very often health impacts of infrastructural projects are not considered under such assessments in India.

Overall it was a well organised and participated conference. It did provide me with many new insights into public health especially about the broader rights based approach to public health and the emerging dimensions/areas (second generation issues) of social determinants of health. I am thankful to Fresh Water Action Network South Asia (FANSA) for nominating me to the conference on its behalf and SIDA for making it possible to participate in it.