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European Action Plan for Strengthening Public Health Capacities and Services

DRAFT

ABSTRACT

Abstract text (the space is limited, you have space for ca. 160 words)

Keywords

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Background

1. By resolution EUR/RC61/R2 on strengthening public health capacities and services in Europe: a framework for action (1), the WHO Regional Committee for Europe endorsed the development of a European action plan (EAP), led by the WHO Regional Office for Europe, for strengthening public health capacities and services, to be submitted to the Regional Committee for consideration at its sixty-second session in September 2012, together with the new European health policy framework, Health 2020.

2. The renewed focus on, and commitment to, strengthening public health capacities and services calls for a comprehensive EAP, integrating the 10 essential public health operations (EPHOs) into national health systems and across other sectors and levels of society, and strengthening human resource capacities in public health. The EAP provides an opportunity to renew the WHO European Region's commitment to public health and to tackle the social determinants of health and equity; to integrate interrelated policy areas in a coherent way; and to further strengthen public health in all health and social care services, in particular primary health care, as foreseen in the holistic approach to health systems articulated in the Tallinn Charter: Health Systems for Health and Wealth (2).

3. At its sixty-first session, the Regional Committee also endorsed the eight "avenues for action" identified in resolution EUR/RC61/R2 as a basis for formulating an EAP (3,4). It requested that, before it considered the final action plan at its sixty-second session, there should be a further process of examining and developing the EPHOs to ensure full consistency with Health 2020, particularly in relation to a "whole-of-government" approach to improving health and tackling health inequalities. Member States are requested to collaborate in development (led by the Regional Office) of the EAP for strengthening public health capacities and services.

Goal

4. The goal of the EAP is to support WHO's 53 European Member States in improving health, tackling inequalities and securing the delivery of a core set of accessible, high-quality, efficient and effective individual, community and population-based public health services, and to strengthen public health capacities, as specified through the ten EPHOs approved by the Regional Committee in September 2011.

Objective

5. The objective of the EAP is to develop, implement, monitor, evaluate and continuously update actions to strengthen public health capacities and services through a broad participatory and consultative process involving all WHO's 53 European Member States and main international partners. The EAP is to be presented to the Regional Committee for approval in Malta in September 2012, in order to secure and sustain the delivery of the EPHOs.

Guiding principles

6. The EAP is not simply a technical document: it is a framework for action, and its development and implementation reflect the values and principles enshrined in Health 2020, which sets out the vision and policy focus for health in the 21st century. Both Health 2020 and the EAP call for a commitment to improving health and addressing health inequalities; this commitment permeates governance arrangements, where decision-making reflects the core underlying principles of human rights, social justice, participation, partnership and sustainability. These guiding principles are reflected in documents underpinning Health 2020, including *Governance for health in the 21st century* (EUR/RC61/Inf.Doc./6) and *Interim second report on social determinants of health and the health divide in the WHO European Region* (EUR/RC61/Inf.Doc./5).

7. The EAP provides one of the routes for putting the above-mentioned guiding principles and policies of Health 2020 into practice. Key areas for action are addressed in relation to strengthening, further developing and sustaining existing public health capacities and services to improve health and tackle health inequalities through action on the social determinants of health. Public health capacities and services are underpinned by the Acheson definition of public health (5):

Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society.

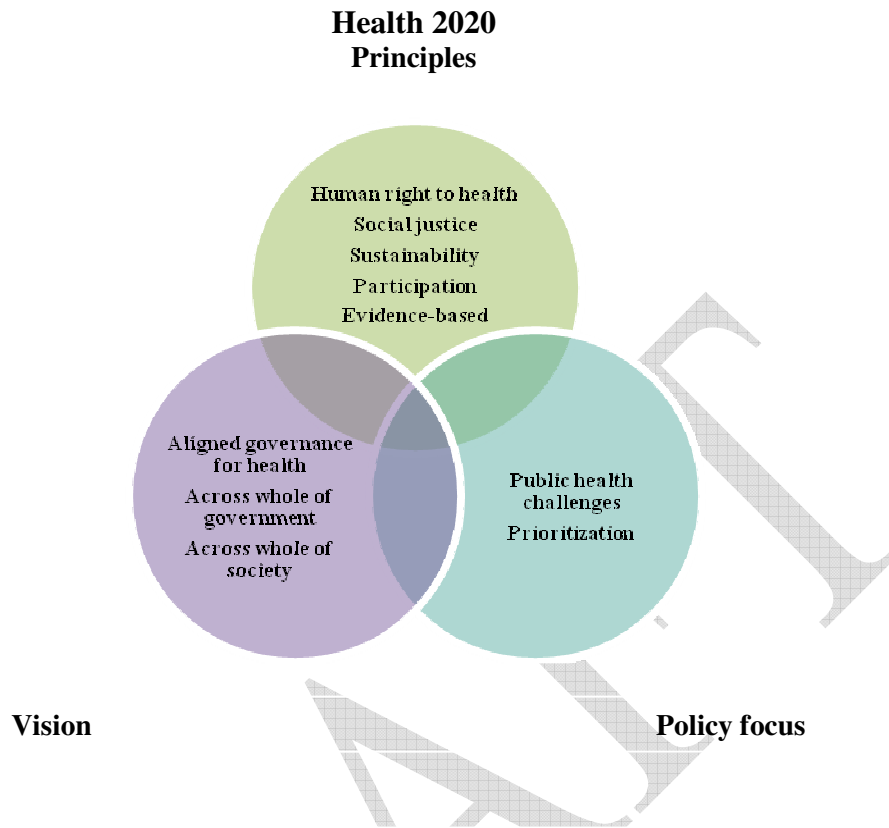
8. A unifying principle of public health is its essentially “public” nature and the fact that it is mainly focused on the health of the whole population. It is proposed that the definition of a health system adopted in the Tallinn Charter in 2008 (2) is retained:

Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

9. The health system (led by the Ministry of Health) is central to public health leadership and services. Thus, public health is also about health systems, and reciprocally, health systems can only be effective if they include a strong public health services component.

10. The eight “avenues for action” outlined below provide a link between the overall policy framework of Health 2020 and the ten EPHOs, which take the form of a detailed checklist for assessing public health capacities and services and the actions required to strengthen them. The EPHOs have been developed in consultation with Member States and are continually being reassessed for their relevance to public health challenges. Fig. 1 illustrates the links between Health 2020, the EAP and the EPHOs. Action points related to the eight avenues of the EAP broadly apply across all the separate EPHOs, but avenues 3, 4 and 5 are topic-based and reflect a widely accepted categorization of public health functions and services into health protection, disease prevention and health promotion. The EAP and the EPHOs should be considered in tandem.

Fig. 1. Links between Health 2020 (vision, principles and policy focus), the EAP (avenues for strengthening public health capacities and services) and the EPHOs



The European Action Plan: eight avenues for action

<i>Avenues for action</i>	<i>EPHOs</i>
Implement EPHOs	• EPHOs 1 – 10
Strengthen regulatory frameworks	• 1 – 10 (EPHO 8 refers)
Health protection	• 1 – 4
Disease prevention	• 4 – 5
Health promotion	• 1 (EPHO 6 refers)
Public health workforce	• 1 – 10 (EPHO 7 refers)
Research and knowledge for policy and practice	• 1 – 10 (EPHO 10 refers)
Organizational structures	• 1 – 10

Ten essential public health operations (EPHOs)

1. Surveillance of diseases and assessment of the population's health and well-being
2. Identification of priority health problems and health hazards in the community
3. Preparedness for and planning for public health emergencies
4. Health protection operations (environment, occupational, food safety and others)
5. Disease prevention
6. Health promotion
7. Assuring a competent public health and personal health care workforce
8. Core governance, financing and quality assurance for public health
9. Core communication for public health
10. Health-related research.

11. There is inevitably room for debate over the parameters and boundaries of public health services, especially given the importance of “governance for health” across the whole of government and the whole of society: the boundaries of public health and of what is considered to fall within “public health capacity and services” may therefore change over time and be described differently in different Member States. This is further discussed in a concept note on strengthening public health capacities and services (6). As part of their continuous reassessment, EPHOs should, where necessary, be modified in the light of new evidence and emerging public health challenges.

Current state of public health capacities and services in Europe: strengths, weaknesses and the need for action

12. Over the past four years, extensive evidence has been accumulated across the WHO European Region on public health status, performance, capacities and services. This has been achieved in two ways.

- A process of evaluation of public health services based on the 10 EPHOs and using a web-based self-assessment tool has been carried out in 17 central and south-eastern European countries and some of the newly independent states of the former Soviet Union. A number of evaluation reports have been published and five more are in press (see Bibliography). This process will continue over the next two years in at least ten further countries.
- In 2010–2011 the European Commission's Directorate-General for Health and Consumers (DG SANCO) initiated a study on “Developing public health capacity in the EU”, which was conducted by a consortium of leading researchers and institutions, led by the Department of International Health at Maastricht University.. The preliminary findings of the study were reported during a European Union conference on public health held in Poznan, Poland on 7–8 November 2011. The final conclusions are expected to be published in the near future.

13. Based on recent studies and following a first round of discussions in Jerusalem on 28 November 2011, the EAP will analyse the main strengths, weaknesses, opportunities and threats for public health capacities and services in Europe and will identify how European countries can improve public health services. This analysis will be subject to substantial and continuous revision, in consultation with all international partners and European Member States' public health focal points, and will constitute a separate section of the EAP.

14. The EAP will be also underpinned by the findings and recommendations from four additional studies (currently being conducted, the findings of which are due to be presented as information documents at the Regional Committee's sixty-second session in Malta, 2012), namely (i) a review of policy tools and instruments for public health; (ii) a "snapshot" review of organizational models for delivering the EPHOs and public health services; (iii) a summary of country assessments of public health capacities and services, and (iv) Costing of the EAP (initially in terms of the secretariat provided by the WHO Regional Office for Europe).

European Action Plan: proposals for development

15. The ultimate objective of the EAP is to ensure delivery of the 10 EPHOs. Simultaneously, implementation of the EPHOs constitutes the first avenue for action in the framework document endorsed by the Regional Committee in September 2011 (3). The proposed EAP is based on it, both as an objective, as an avenue and as the overarching context for the other seven avenues for action, as described in more detail in the framework document. These seven avenues reflect the main ways in which public health can be improved:

- strengthening regulatory frameworks for protecting and improving health;
- improving health outcomes through health protection;
- improving health outcomes through disease prevention;
- improving health outcomes through health promotion;
- ensuring a competent public health workforce;
- developing research and knowledge for policy and practice; and
- organizational structures for public health services.

16. These avenues are not mutually exclusive. For example, ensuring a competent public health workforce emerges from actions related to the other seven avenues; in the same way, strengthening regulatory frameworks applies across the board. This document considers future development of the EAP from two perspectives.

- First, individual Member States can draw on the seven avenues to describe the current "state of play" with regard to their public health strengths and capacities, identify priorities and, where relevant, share with other Member States case studies which demonstrate how public health services are being strengthened in practice. This provides a structure for developing the EPHOs and the seven avenues for action as agreed by the Regional Committee into an EAP that is grounded in the actual experience of Member States.
- Second, while development of the EAP by the Regional Office reflects and builds on the experience of Member States, there is scope for constructing an overarching framework

and identifying resources and networking opportunities that will support and promote Europe-wide action to improve population health. For example, a web-based assessment tool based on the EPHOs can also act as a platform for providing relevant data, case studies and protocols. Government public health networks in Europe offer opportunities for piloting the web-based assessment tool at subregional level, with discussion and exchange of views across and with all 53 European countries and main partners, including patient organizations. Moreover, there may also be opportunities for the Regional Office to support Member States in prioritizing action related to gaps identified.

17. The EAP is being developed through an iterative and participatory process with the 53 Member States, jointly with the main partners, taking into account the rich diversity across the WHO European Region.

European Action Plan: eight avenues for action

18. The eight avenues for action constituting the EAP were endorsed at by the Regional Committee at its sixty-first session. Suggestions for further development are described below.

Implementing the Essential Public Health Operations (EPHOs)

19. The EPHOs form a vital component of the wider health system within society, offering a mechanism for giving expression to health across the whole political and administrative spectrum of policy-making. They serve to:

- specify the key conditions for public health practice;
- define the core set of public health interventions and services to be delivered on a population basis by society and the health system at all levels, including national, regional, community and individual levels; and
- offer a common framework for performance assessment and improvement while respecting the organizational structure of each Member State.

20. The Regional Director has been requested to assess public health capacities and services in Member States and identify any gaps, using WHO's web-based assessment tool, and to report back to the Regional Committee with conclusions and recommendations (resolution EUR/RC61/R2). The EAP is to be informed by the outcomes of these assessments as part of a participatory process for strengthening health systems that involves Member States and partners. It will also be able to draw on a recent assessment of public health capacity in the European Union (by the Executive Agency for Health and Consumers and the Directorate-General for Health and Consumers), as well as national assessments currently under way.

21. The EPHOs provide Member States with an opportunity to carry out a baseline assessment of their strengths and capacities, identify areas for development and action, and assess organizational, resource and workforce implications. Taken as a whole, they offer a framework for assessing priorities for public health development across the European Region. While Member States will differ in respect of the infrastructure and capacity required to act on the findings of such assessments, the more closely they adhere to the topics raised in the EPHOs, the more grounded the overarching EAP will be.

22. Medium-term actions in 2012-2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

23. Member States should:

- use EPHOs as a resource for assessing infrastructure, performance and capacity related to core public health activities. This will demonstrate where gaps exist between the specific public health challenges of Member States and the infrastructure and capacity required to address them;
- based on EPHO assessments, identify priorities and develop and implement strategies, action plans and programmes to strengthen public health capacities and further improve the quality and delivery of EPHOs. Clear timescales for implementation should be drawn up;
- At national and subnational levels, ensure that adequate resources are targeted to delivering EPHOs, including identification of emerging health hazards.

WHO Regional Office for Europe and partners

24. The Regional Office and its partners will:

- provide direct technical support to Member States in assessment of EPHOs at national level;
- support Member States by providing case studies of successful interventions to strengthen public health capacities and services for specific EPHOs;
- assess the effectiveness of the different models of institutional arrangement through which the EPHOs can be delivered;
- assess the effectiveness of the public health policy instruments in use throughout the Region;
- organize subregional knowledge-sharing and capacity-strengthening workshops on the EPHO approach;
- develop guidance on best practice for the process of assessing and monitoring the EPHOs;
- convene a dialogue process aiming to achieve consensus among Member States, the Regional Office and partners on a revised set of EPHOs for Europe;
- further develop the web-based interactive tool for self-assessment.

Strengthening regulatory frameworks for protecting and improving health

25. There is a wide spectrum of regulatory arrangements related to public health, as outlined in the framework document (3). While international regulations are non-negotiable, the degree and nature of regulation and legal enforcement related to population health will vary across Member States, as will associated policies, norms and standards, incentives, audit and performance management arrangements.

26. Issues of governance, performance management and regulation are cross-cutting issues within Health 2020 and the EPHO evaluation process, and they are further reflected in EPHO 8.

27. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

28. Member States should:

- have in place a plan for implementation of legally binding international treaties, conventions and regulations, including the International Health Regulations, as well as resolutions and standards related to protecting human rights and population health;
- assess national progress in complying with international and national agreements and standards related to public health, as part of the EPHO evaluation process and reflected in self-assessments. The EPHOs should, in turn, make explicit relevant regulations and standards;
- ensure that ministries of health review, in the light of best practice, their national regulatory frameworks related to licensing, accreditation and quality control of public health services, including laboratory facilities;
- draw up an implementation plan for national health strategies, including performance assessment measurements for delivery of the EPHOs and core public health services, standards and targets;
- ensure that ministries of health secure consistency in strategy and direction across different levels of organization using systems for monitoring performance and ensuring accountability. As part of the development of governance arrangements for health, a review should also include an assessment of standards and of audit and performance management arrangements from a public health perspective;
- in recognition of the impact of a wide range of public policies on health, consider the extent to which public health is embedded in public policy more generally, informing the development of legislation, policy, standards and audit arrangements in other policy areas;
- consider the balance between regulatory and other approaches to state intervention for improving the level and distribution of health within and across the population.

WHO Regional Office for Europe and partners

29. The Regional Office and its partners will:

- strengthen partnerships with all important international partners and stakeholders to revise, as appropriate and needed, all international policy tools and instruments for public health based on the results of studies (see paragraph 10 above);
- provide case studies of key lessons learnt in strengthening public health capacities and services; regulatory information relevant to public health, including international regulations and standards, can be made explicit and updated through the EPHOs and will be provided through a web-based link;

- where possible, make available to Member States evidence about the costs and benefits of regulatory and other approaches to specific public health topics and priorities, including the costs of not taking action.

Improving health outcomes through health protection

30. This avenue represents a set of core actions for strengthening the delivery of health protection services under EPHOs 2, 3 and 4 related to health needs assessment; surveillance; assessment of current and potential risks whatever their source; and the capacity to respond to emergencies and longer-term public health challenges. Topics are reflected in EPHOs 1–4.

31. Member States should clarify the “state of play” in relation to capacity and resources to carry out core assessment, surveillance and reporting activities as part of the EPHO evaluation process.

32. The financial and human resources needed to carry out key tasks related to collection of public health data, assessment and surveillance should be itemized, and risks to public health should be assessed in relation to gaps identified.

33. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

34. Member States should:

- establish or strengthen, as appropriate, health information systems generating vital statistics and routine information;
- identify priorities for infrastructure development while establishing guidelines and data requirements for carrying out basic disease surveillance and health risk assessment activities. Within this, consideration needs to be given (i) to making more or better use of data disaggregated by age and sex, and (ii) where possible, cross-linking with socioeconomic factors such as occupational status, place of residence, level of family income and/ or level of education;
- conduct health needs assessments on a regular basis, using mechanisms that secure citizen and stakeholder engagement, in order to: (i) determine the population’s health status and health needs; (ii) identify the social determinants of health and their distribution; (iii) map changing patterns of disease, including the differential burden across the population; and (iv) assess the implications for service provision;
- establish appropriate reporting mechanisms for disease outbreaks, with better coordination across public health, veterinary, occupational, food safety and other related agencies;
- put in place and regularly test emergency response plans;
- establish mechanisms to improve monitoring and enforcement of occupational safety, food safety and environmental protection norms;
- link regulatory aspects of health protection to other sectors when necessary, for example, the hospitality industry, food, labour, and road safety.

WHO Regional Office for Europe and partners

35. The Regional Office and its partners will:

- provide case studies, where relevant, of ‘lean approaches’ to information generation and exchange, and risk assessment procedures and protocols, as well as examples of emergency plans;
- provide, through the EPHOs, links to key data sets, protocols and case studies, including examples of disease surveillance and health risk assessment that focus on vulnerability, as well as a Region-wide summary of strengths and capacities for delivering key surveillance and assessment procedures. Close links will be maintained with the European Centre for Disease Prevention and Control.

Improving health outcomes through disease prevention

36. This avenue, which is reflected in EPHO 5 and aspects of EPHO 4, is concerned with creating conditions for effective delivery of services for prevention of communicable and noncommunicable diseases (CDs and NCDs), maternal and child health, and screening. This combines implementation of evidence-based disease prevention activities; issues of access and targeting; the provision of basic infrastructure (storage facilities), computerized data systems and laboratories. Improving health outcomes through prevention of CDs and NCDs involves concerted action across government and different organizations, as well as interventions related to behaviour change.

37. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

38. Member States should:

- ensure that ministries of finance and health allocate adequate resources to vaccination programmes, including for the purchase and storage of vaccines and the maintenance of effective call and recall systems;
- implement and regularly update evidence-based screening programmes in the light of best practice. Best practice includes consideration of accessibility, affordability and acceptability so that screening programmes provide more effective coverage and include the most vulnerable groups in the population;
- assess existing systems for involving communities and the primary and specialized levels of health care in disease prevention and identify appropriate measures for scaling up preventive health care services, taking into account the needs of vulnerable population groups;
- assess the mechanisms in place for coordinating care, to ensure that they foster the delivery of preventive services through a balanced system of community care, primary health care, outpatient care and secondary and tertiary hospital care;
- develop, implement and evaluate targeted programmes to reach populations at risk, including vulnerable groups. Such programmes need to be developed with the participation and engagement of the populations most vulnerable or at risk;

- take actions to ensure that maternal and child health services are accessible, affordable and acceptable, and that the reasons for low uptake of antenatal or postnatal care or for late enrolment are investigated;
- review uptake of vaccination, screening and maternal health programmes, including issues of responsiveness, access and programme design, with regard to vulnerable population groups, for example Roma and migrants, as part of the EPHO evaluation process. Any additional infrastructure required to implement screening programmes should be identified.

WHO Regional Office for Europe and partners

39. The Regional Office and its partners will:

- provide case studies of Member States' successes in improving access to, and uptake of, preventive services;
- make available protocols for evidence-based screening programmes, providing guidance on how to ensure effective outreach and more equitable and effective coverage of vulnerable and disadvantaged groups;
- provide support for decision-making with regard to prioritizing public health action; and
- provide supporting documentation, including examples of action to reorient public health policies, programmes and services and health system approaches towards more effective prevention and coverage of vulnerable population groups.

Improving health outcomes through health promotion

40. Health promotion is the focus of EPHO 6 which outlines key actions related to CDs and NCDs and a range of topics, including tobacco and alcohol, obesity, nutrition, physical exercise, drug abuse and sexual health. While there are different models for health promotion, improving health outcomes through lifestyle change involves concerted action across government and across different organizations, as well as interventions related to behavioural change.

41. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

42. Member States should:

- ensure that (i) the importance of health promotion for a sustainable health system and the wider economy is recognized across the political spectrum, and (ii) investment in health promotion moves beyond sporadic and one-off initiatives, if longer-term health outcomes are to be realized and sustained;
- promote and create conditions for intersectoral dialogue and cooperation between partners, in order to develop joint approaches to factors influencing health, well-being and healthy lifestyles;
- ensure that national, subnational and local governments and authorities establish formal and informal governance mechanisms to support and enable ministries of health to lead

intersectoral policy responses to health challenges and work effectively with other sectors to promote health;

- secure the involvement of communities in decision-making, so that the potential of community assets is realized;
- ensure that national, subnational and local health authorities critically assess the appropriateness of health promotion activities for targeted groups and those with the greatest health needs;
- make sure that investment in this area goes hand in hand with research tailored to addressing policy needs, such as emerging evidence in the field of behavioural economics about how and why people behave the way they do (7);
- where needed and appropriate, take special measures to ensure adequate health communication. The latter should be viewed as part of a larger portfolio of behaviour change strategies aimed at fostering healthy lifestyles, in accordance with the evidence that education and persuasion alone are not effective for sustained behaviour change. To be effective, public health messages related to the main behavioural risk factors (smoking, alcohol, poor diet and physical inactivity) must be tailored to different groups and media (including mass media, health education, social networks);
- where needed, develop and implement a portfolio of mutually reinforcing behaviour change strategies (including measures aimed at changing social norms, financial instruments that create an economic incentive to make healthy choices, as well as measures aimed at making healthy behaviour the convenient behaviour);
- ensure that ministries of health and ministries of finance review the current balance of spending across all levels of care, from preventive services through to acute care, and identify priorities for shifting and/or rebalancing spending towards health promotion and disease prevention;
- as part of the EPHO evaluation process, clarify the extent to which health promotion policies reflect and respond to the five domains of action in the Ottawa Charter (8), particularly reorienting health services.

WHO Regional Office for Europe and partners

43. The Regional Office and its partners will:

- identify case studies related to intersectoral action and government commitment to the “health in all policies” (HiAP) approach and system approaches to behaviour change, with a focus on understanding the differential impacts on groups within the population;
- provide links to data on preventable morbidity and mortality;
- make available supporting documentation, including examples of action to reorient public health policies, programmes and services and health system approaches towards greater investment in promoting health and reducing health inequalities;
- review the progress made in encouraging the adoption of an HiAP approach and use of health impact assessment (HIA), with emphasis on the distribution of potential health impacts;
- provide guidance on how to act on recommendations from relevant global, regional and/or subregional reviews of the social determinants of health and health inequalities;

- provide evidence to national governments on the economics of prevention.

Ensuring a competent public health workforce

44. Each of the EPHOs has workforce implications in terms of numbers, location, skills, training and resources required. Given the breadth of factors with an impact on health and the many different roles associated with implementation of the EPHOs, it is difficult to define the workforce precisely. In addition to a core workforce focused on public health work, the potential for people with many roles and responsibilities not typically associated with public health to carry out public health actions should also be clarified. Revitalizing core public health functions and reorganizing service delivery requires transformational education of health professionals, greatly involving nurses and midwives.

45. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

46. Member States should:

- secure the development of a multidisciplinary public health workforce;
- make sure that both basic, advanced and continuing training and education is offered to the public health workforce by high-quality institutions;
- conduct a public health skills audit in order to identify gaps;
- make efforts to ensure that the core competences for public health, revised recently by the Association of Schools of Public Health in the European Region (ASPHER), are being taken into account into national and subnational educational and training programmes for the public health workforce;
- advocate for medical training curricula to place more emphasis on challenges to population health, including health inequalities, and to include the relevant public health competencies, cooperating with appropriate bodies to achieve this;
- clarify the skills and nature of the current public health workforce in relation to each of the EPHOs and identify the workforce implications of implementing each of the EPHOs in the context of the infrastructure and skills base available;
- identify initiatives taken to expand the contribution to public health from outside the formal public health workforce, for example including public health topics in the degree curriculum of other disciplines such as medicine, nursing, dentistry, social work, education, urban design, agriculture, environmental protection, tourism and economics.

WHO Regional Office for Europe and partners

47. The Regional Office will strengthen its partnership with ASPHER and the European Public Health Association (EUPHA) to:

- help develop networks for continuing education, accreditation and professional development;

- identify examples in Member States of multidisciplinary approaches to workforce recruitment, training and retention initiatives, including training in public health, HiAP and whole-of-government working, tackling health inequalities and health promotion for those outside the core public health workforce;
- develop and provide data on human resources in public health (HRH) for Europe, as well as support for HRH in laboratories and subregional centres;
- support implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel;
- provide documentation on examples of public health programmes, workforce development initiatives and modules, and tools to support public health practitioners in addressing public health challenges (these will include addressing social determinants and health inequalities and ensuring HiAP);
- support the strengthening of public health training through research, monitoring and evaluation and the dissemination of evidence;
- invest in innovative and creative leadership programmes informed by systems thinking, complexity science and transformational change principles.

Developing research and knowledge for policy and practice

48. This avenue is specifically related to EPHO 10 but will also emerge from each of the other EPHOs.

49. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

50. Member States should:

- make a commitment to evidence-informed practice, adopting innovative knowledge exchange and co-production approaches. This should enable them to comprehend complex contexts and “wicked” problems (3,4).
- make sure that the importance of the “causes of causes” (such as the societal structure, socioeconomic inequities, and gender and ethical issues) is also acknowledged when studying the health of populations;
- support and put in place knowledge-sharing and management skills and processes for strengthening public health capacities and services, including encouraging public health practitioners to join a professional community of practice for sharing good practice, knowledge and experience;
- identify priority areas for research to address public health challenges through close collaboration between practitioners, academics and policy-makers across Europe. In particular, they should identify how to meet future public health challenges for Europe;
- identify, as part of the EPHO evaluation process, key gaps in knowledge and issues related to carrying out public health-related research, including tackling health inequalities, and to obtaining access to research evidence;

- create enabling conditions to strengthen links between practitioners and researchers and identify strategies, priorities and funding mechanisms for applied public health research;
- establish and/or strengthen, where needed, knowledge-brokering mechanisms whereby researchers and policy-makers collaborate to produce knowledge outputs that are easily translatable into policy.

WHO Regional Office for Europe and partners

51. The Regional Office and its partners will:

- provide examples of knowledge spreading and sharing, including case studies which demonstrate how research on public health has impacted on policy and practice and how the results have been disseminated;
- support high-level networks for research capacity-building and evidence-based policy development, for example between national governments, national institutes of public health and nongovernmental organizations (NGOs);
- create and maintain links between networks of national public health institutes and the WHO European Advisory Committee on Health Research and disseminate their findings;
- make available supporting documentation, including examples of how the findings from global, regional and subregional reviews of the social determinants of health and health inequalities are being, or have been, integrated into public health policy and practice.

Organizational structures for public health services

52. While the organization of public health services will vary across Member States, appropriate governance arrangements are needed.

53. Medium-term actions in 2012–2015, incorporating those previously put forward in the framework document (3), are set out below.

Member States

54. Member States should:

- with health ministries' leadership, management and coordination, put in place appropriate organizational structures to carry out the EPHOs and reflect the increasing emphasis on working with other sectors to achieve better health outcomes; the roles and responsibilities of different organizational structures for public health should be clearly delineated;
- make arrangements for ministers of health to take the lead, with an appropriate mandate, in ensuring that appropriate structures and resources are in place and/or sustained, and that their effectiveness is monitored. These structures must enable the public health function, EPHOs and services to be delivered in a cost-effective and timely manner;
- make sure that the structures are a combination of national, regional and local arrangements within and beyond the health system, depending on the size of the health system in question, the nature of the health tasks being delivered and the country-specific health challenges, such as the double burden of NCDs and emerging CDs. Ministries of health

should take steps to encourage learning from international experiences and those within the Region in order to maximize the use of effective practices;

- identify issues arising from the current balance of the national, regional and local organization of public health services, in particular issues of governance, collaboration and coordination across sectors;
- assess the links between public health services, primary and community-based health care and hospital services for improved intrasectoral action and integration. In so doing, they should assess the priority attached to primary care services in the light of the Declaration of Alma Ata.
- at national, regional and local levels, secure enabling conditions for working collaboratively across organizations and sectors, and put in place effective coordinating mechanisms across different structures.

WHO Regional Office for Europe and partners

55. The Regional Office and its partners will:

- provide Member States with examples of effective organization of public health services;
- support mechanisms for sharing best practice and peer learning, and facilitate and enable exchanges of knowledge about organizational structures for public health services through existing high-level networks such as the South-Eastern Europe Health Network (SEEHN);
- disseminate models that have proved successful and, equally important, why some models have not worked;
- make available supporting documentation in order to facilitate the development and exchange of case studies and examples of effective organization of public health services;
- provide guidance for developing, implementing and sustaining optimal organizational structures for public health services, drawing on examples from a range of different countries and contexts.

Conclusions

56. The EAP includes several key elements:

- Public health services will be strengthened by reviewing the effectiveness of existing support mechanisms and resources, in order to ensure their coherence and relevance to new and future challenges.
- Standards and indicators for delivering and monitoring core public health services will be developed, and a web-based assessment tool will be further developed and implemented.

57. The Regional Office will assist Member States in applying the web-based tool to assess public health capacities in countries, reporting with conclusions and recommendations. In addition, Member States will have the opportunity to use the tool to carry out self-assessments.

58. Public health training will also be strengthened through collaboration with ASPHER for continuing education and with EUPHA for maintaining professional standards and research. The potential for developing a European school of public health will be explored.

59. Supporting the development of international, regional, subregional, multinational, national and subnational networks of public health leaders is a further key area for action. This would form part of an ongoing dialogue to ensure that public health services continue to address the key challenges in improving health and tackling increasing inequalities in health.

60. The Regional Office aims to support Member States in their strategies to strengthen public health capacity and services in the context of the EAP.

61. The EAP is focused on improving the level and distribution of health among and within European populations. It is underpinned by the same set of values and principles that inform the work of the WHO European Region, as reflected in Health 2020 and the Tallinn Charter, and which have been agreed with Member States, governing bodies and other stakeholders. The EAP will be developed and expanded through a consultation process prior to its finalization and presentation to the WHO Regional Committee for Europe at its sixty-second session in Malta in September 2012.

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