European Action Plan for Strengthening Public Health Capacities and Services
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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, centred on actions that are strategic, that reflect modern public health practice (including a focus on both structural determinants and individual actions) and which are fully integrated with the main conclusions and messages of Health 2020.

3. Accordingly, the EAP has been based around a series of eight integrative “avenues for action”, reflecting practical steps that can by taken by Member States, as well as by WHO and its partners, to advance and strengthen public health capacities and services across the European Region. In developing these avenues for action, cognizance has been taken of the 10 essential public health operations (EPHOs) that have previously been developed (Annex 1).

4. The EAP provides an opportunity to:
   • renew the European Region’s commitment to and capacities in public health;
   • tackle the social determinants of health and inequities in health experience;
   • develop public health within national health systems and across other sectors and levels of society;
   • strengthen human resource capacities in public health;
   • integrate interrelated health-related policy areas in a coherent way; and
   • 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).

5. At its sixty-first session, the Regional Committee endorsed the eight avenues for action identified in resolution EUR/RC61/R2 as a basis for formulating an EAP (3,4). It also requested that, prior to consideration of 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, acting on the structural and social determinants of health and tackling health inequalities. Accordingly, Member States are requested to collaborate in development and strengthening of the EAP, and in reviewing and strengthening the EPHOs.
Goal

6. 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 in resolution EUR/RC61/R2 adopted by the Regional Committee in Baku in September 2011.

Objective

7. 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, to be presented as the EAP to the Regional Committee for approval at its sixty-second session in Malta in September 2012, in order to secure and sustain the delivery of the EPHOs.

Guiding principles

8. The EAP for strengthening public health capacities and services across Europe 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 at whole-of-society and whole-of-government levels, in which health improvement permeates arrangements for governance for health and where decision-making reflects the core underlying principles of human rights, social justice, participation, partnership and sustainability. These guiding principles are reflected in publications 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). These principles are reflected in Fig. 1.

9. 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 with the aims of improving health and tackling health inequalities through action on the social determinants of health.
10. 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.”

11. 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.”

12. 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.

13. The ten EPHOs 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. The ten EPHOs are shown in summary form in Table 1.
Table 1

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.

14. 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

15. 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 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 are in press (see Bibliography). This process will continue over the next two years in at least ten additional 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.
16. Based on the studies mentioned above and following first-round discussions in Jerusalem on 28 November 2011, the EAP will summarize the main strengths, weaknesses, threats and opportunities for public health capacities and services in Europe and will identify how European countries can improve public health services. The analysis will be subject to substantial and continuous revision with all international partners and via the European Member States’ public health focal points and will constitute a separate section of the EAP.

17. The EAP will be also underpinned by the findings and recommendations of three additional studies (currently in the process of development and to be ready 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; and (iii) a costing of the EAP (initially for the WHO Regional Office for Europe Secretariat).

**European Action Plan: proposals for development**

18. The ultimate objective of the EAP is to implement and secure delivery of the 10 EPHOs. However, the EPHOs are detailed and in the form of a checklist. The eight avenues for action have accordingly been developed in such a way that their sustained implementation would see the EPHOs fully achieved. In this sense, the EPHOs represent the end points of the EAP, while the avenues for action represent the means by which these end points will be attained.

19. Overall responsibility for implementing the EPHOs represents the first of the avenues for action. Below are listed the main ways in which public health may be strengthened:

- 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.

20. The eight 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 the future development of the EAP from two perspectives.

- First, individual Member States can draw on the seven remaining avenues to describe the current “state of play” with regard to public health strengths and capacities, identify priorities and, where relevant, share with other Member States case studies that demonstrate how public health services are being strengthened in practice. This provides a structure for developing an EAP that is grounded in the actual experience of Member States.

- Second, while development of the EAP by the WHO Regional Office for Europe reflects and builds on the experience of Member States, there is scope for developing an
overarching framework, together with resources and networking opportunities, in order to support and promote Europe-wide action to improve population health. For example, the web-based assessment tool that has been used based on the EPHOs can also act as a platform for providing relevant data, case studies and protocols. Governmental 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.

21. 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

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

Implementing the Essential Public Health Operations (EPHOs)

23. The EPHOs are a vital set of operational expectations, offering a mechanism for giving expression to health across the whole political and administrative spectrum of policy-making. They serve to:

- itemize the key conditions for public health practice;
- provide 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.

24. The Regional Director has been requested to assess public health capacities and services in Member States and identify any gaps, with the WHO 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 EU (by the Executive Agency for Health and Consumers – EAHC – and DG-SANCO), as well as national assessments currently under way.

25. The web-based tool based on the EPHOs provides Member States with the opportunity to carry out a baseline assessment of their strengths and capacities; identify areas for development and action; assess organizational, resource and workforce implications; and make an assessment of priorities for public health development across the European Region.

Member States

27. Member States should take the following actions.

- Member States should use the web-based tool 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 these assessments, Member States should identify priorities and develop and implement strategies, action plans and programmes to strengthen public health capacities. Clear timescales for implementation should be drawn up.
- National and subnational governments should ensure that adequate resources are targeted to strengthening public health capacities, including identification of emerging health hazards.

WHO Regional Office for Europe and partners

28. The Regional Office and its partners will:

- provide direct technical support to Member States in the assessment of public health capacities and services at national level;
- support Member States by providing case studies of successful interventions to strengthen public health capacities and services;
- assess the effectiveness of different models of institutional arrangements and public health policy instruments in use throughout the Region;
- organize subregional knowledge-sharing and capacity-strengthening workshops;
- further develop the web-based interactive tool for self-assessment, including developing 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.

Strengthening regulatory frameworks for protecting and improving health

29. There is a wide spectrum of regulatory arrangements related to public health, as outlined in the framework for action (4). 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.

30. Issues of governance, performance management and regulation are cross-cutting issues within Health 2020 and the EPHO evaluation process.

31. Medium-term actions in 2012–2015, incorporating those previously put forward in the “framework for action” document (4), are set out below.
**Member States**

32. Member States should take the following actions.

- National governments should have in place an implementation plan for 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.

- Assessments of national progress in complying with international and national agreements and standards related to public health should be carried out, as part of the public health evaluation process, and be reflected in self-assessments.

- Ministries of health should 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.

- An implementation plan for national health strategies should be drawn up, including performance assessment measures for the delivery of core public health services, standards and targets, and the EPHOs.

- Ministries of health should secure consistency in strategy and direction across different levels of organization, using systems for monitoring performance and ensuring accountability. As part of developing 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, Member States should 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.

- Member States should 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**

33. 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 the studies referred to in paragraph 15 above);

- provide case studies of key lessons 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, the Regional Office will make available to Member States evidence on the costs and benefits of regulatory and other approaches in relation to specific public health topics and priorities, including the costs of not taking action.
Improving health outcomes through health protection

34. This avenue represents a set of core actions for strengthening the delivery of health-protecting services 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.

35. Member States should clarify the “state of play” in relation to capacity and resources to carry out core assessment, surveillance and reporting activities.

36. 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.

37. **Medium-term actions in 2012–2015**, incorporating those previously put forward in the “framework for action” document (4), are set out below.

**Member States**

38. Member States should take the following actions.

- Ministries of health should establish or strengthen, as appropriate, health information systems reporting on vital statistics and routine information.
- Ministries of health should identify priorities for infrastructure development while establishing guidelines and data requirements for carrying out basic surveillance and risk assessment activities. Within this, consideration needs to be given to (i) 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.
- Ministries of health should conduct health needs assessments on a regular basis, including mechanisms for citizen and stakeholder engagement, 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.
- Ministries of health should establish appropriate reporting mechanisms for disease outbreaks, with better coordination across public health, veterinary, occupational, food safety and other related agencies.
- Ministries of health should put in place and regularly test emergency response plans.
- Ministries of health should establish mechanisms to improve monitoring and enforcement of occupational safety, food safety and environmental protection norms.
- Ministries of health should link regulatory aspects of health protection to other sectors when necessary, for example, smoking bans and the hospitality industry, food, labour, alcohol and/or road safety.
WHO Regional Office for Europe and partners

39. The Regional Office and its partners will:
   - provide case studies, where relevant, of ‘lean approaches’ to information generation and exchange, risk assessment procedures and protocols, and examples of emergency plans;
   - provide links to key data sets, protocols and case studies, including examples of surveillance and assessment that focus on vulnerability, and a summary of strengths and capacities across the European Region 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

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

41. **Medium-term actions in 2012–2015**, incorporating those previously put forward in the “framework for action” document (4), are set out below.

Member States

42. Member States should take the following actions.
   - Ministries of finance and health should allocate adequate resources to vaccination programmes, including for the purchase and storage of vaccines and the maintenance of effective call and recall systems.
   - Ministries of health should 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.
   - Ministries of health should assess existing systems for involving communities, primary health care and specialized care in disease prevention and should identify appropriate measures for scaling up preventive health care services, taking into account the needs of vulnerable population groups.
   - Ministries of health should assess the mechanisms in place to coordinate 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.
   - Ministries of health should 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.

- Ministries of health should 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.
- Ministries of health should review uptake of vaccination programmes, screening and maternal health, including responsiveness, access and programme design, with regard to vulnerable groups within the population, for example Roma and migrants. Additional infrastructure required to implement screening programmes should be identified.

**WHO Regional Office for Europe and partners**

43. The Regional Office and its partners will:
- provide case studies of successes in Member States with 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, to include 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**

44. Health promotion consists of a series of key actions related to the prevention and control of communicable diseases and NCDs and to 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.

45. **Medium-term actions in 2012–2015**, incorporating those previously put forward in the “framework for action” document (4), are set out below.

**Member States**

46. Member States should take the following actions.
- National governments 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.
- National governments should 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.
• National, subnational and local governments and authorities should establish formal and informal governance mechanisms to support and enable ministries of health in leading intersectoral policy responses to health challenges and in working effectively with other sectors to promote health.

• National governments should secure the involvement of communities in decision-making, so that the potential of community assets is realized.

• National, subnational and local health authorities should critically assess the appropriateness of health promotion activities for targeted groups and those with the greatest health needs.

• Investment in this area needs to go hand in hand with research tailored to addressing policy needs, such as emerging evidence on behavioural economics about how and why people behave the way they do (7).

• Where needed and appropriate, ministries of health should 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, and social networks).

• In addition to health communication, ministries of health should, where needed, develop and implement a portfolio of mutually reinforcing behaviour change strategies (that can include measures aimed at changing social norms, the use of financial instruments to create an economic incentive to make healthy choices, as well as measures aimed at making healthy behaviour the convenient behaviour).

• Ministries of health and ministries of finance should review the current balance of spending across all levels of care, from preventive services through to acute care, and should identify priorities for shifting and/or rebalancing spending towards health promotion and disease prevention.

• Member States should 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

47. The Regional Office and its partners will:

• identify case studies related to intersectoral action, 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, through web-based links to the EPHOs;

• 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 processes and progress made in encouraging an HiAP approach and health impact assessment (HIA), to include a focus on the distribution of potential health impacts;
• provide guidance on how to incorporate 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.

Assuring a competent public health workforce

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

49. Medium-term actions in 2012–2015, incorporating those previously put forward in the “framework for action” document (4), are set out below.

Member States

50. Member States should take the following actions.

• National governments should secure the development of a multidisciplinary public health workforce.
• National governments should make sure that both basic, advanced and continuing training and education is offered to the public health workforce by high-quality institutions.
• Ministries of health should conduct a public health skills audit in order to identify gaps.
• National governments should 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 in national and subnational educational and training programmes for the public health workforce.
• National governments should advocate for medical training curricula to include 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.
• National governments should clarify the skills and nature of the current public health workforce in relation to each of the EPHOs and identify workforce implications in the context of the infrastructure and skills base available.
• National governments should identify initiatives for expanding the contribution to public health from outside a formal public health workforce, for example including public health teaching in the degree curriculum of other sectors such as medicine,
nursing, dentistry, social work, education, urban design, agriculture, environmental protection, tourism and economics, as appropriate.

WHO Regional Office for Europe and partners

51. 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, to develop and provide data on human resources in public health (HRH) for Europe, and to provide support on HRH for laboratories and subregional centres;
- identify examples in Member States of multidisciplinary approaches; workforce recruitment and development initiatives; retention of the public health workforce; implementation of training initiatives to include training in public health, HiAP and whole-of-government working, and tackling health inequalities; and health promotion for those outside the core public health workforce;
- 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

52. While this avenue is specifically related to EPHO 10, research and knowledge development will also emerge from the whole process of strengthening public health capacities and services.

53. **Medium-term actions in 2012–2015**, incorporating those previously put forward in the “framework for action” document (4), are set out below.

Member States

54. Member States should take the following actions.

- National governments should make a commitment to evidence-informed practice, adopting innovative knowledge exchange and co-production approaches. This should enhance evidence-informed actions in order to comprehend complex contexts and “wicked” problems (3, 4).
- National governments should make sure that the importance of the “causes of causes” (such as the societal structure, socioeconomic inequities, and gender and ethical issues) is also addressed when studying the health of populations.
• National governments should support and put in place knowledge-sharing and management skills and processes for strengthening public health capacities and services, including by encouraging public health practitioners to join a professional community of practice for sharing good practice, knowledge and experience.

• National governments should 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.

• National governments should identify key gaps in knowledge and issues related to carrying out public health-related research, including tackling health inequalities, and in obtaining access to research evidence.

• National governments should create enabling conditions to strengthen links across practitioners and researchers and should identify strategies, priorities and funding mechanisms for applied public health research.

• Ministries of health should 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**

55. 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 liaison of the networks of national public health institutes with 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**

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

57. **Medium-term actions in 2012–2015**, incorporating those previously put forward in the “framework for action” document (4), are set out below.
Member States

58. Member States should take the following actions.

- National governments, through health ministries’ leadership, management and coordination, should put in place appropriate organizational structures to discharge the essential public health operations and services 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.

- Ministers of health should take the lead, with an appropriate mandate, in ensuring that appropriate structures and resources are in place and sustained, and that their effectiveness is monitored; these structures must enable the public health function and public health services to be delivered in a cost-effective and timely manner.

- The structures should be 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 communicable diseases and emerging NCDs. Ministries of health should take measures to encourage learning from international and within-Region experiences, in order to maximize the use of effective practices.

- Member States should 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.

- Member States should assess the links across public health services, primary and community-based health care and hospital services for improved intrasectoral action and integration. In so doing, Member States should assess the priority attached to primary care services in the light of the Declaration of Alma Ata.

- National, regional and local governments should secure enabling conditions for working collaboratively across organizations and sectors, and should put in place effective coordinating mechanisms across different structures.

WHO Regional Office for Europe and partners

59. 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.

Next steps

60. The implementation period for the EAP will be 2012–2015. Over the course of this timescale, and in the light of progress made and lessons learnt in implementing the present EAP, a subsequent action plan will be developed for the period 2016–2020.

61. It is proposed that a final report on implementation of the EAP by all Member States and the WHO Regional Office for Europe and partners is prepared by the Secretariat for presentation to the Regional Committee at its sixty-fifth session in 2015.

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Annex 1. Definitions of Essential Public Health Operations (EPHOs) and Services in Europe

EPHO 1: Surveillance of diseases and assessment of the population’s health

Definition of operation: Establishment and operation of surveillance systems to monitor the incidence and prevalence of diseases and of health information systems to measure morbidity and population health indexes. Other elements of this operation comprise community health diagnosis, data trend analysis, identification of gaps and inequalities in the health status of specific populations, identification of needs, and planning of data-oriented interventions.

1.1 Surveillance in the area of civil registration² (births, deaths)
1.2 Surveillance system and disease registries in the areas of communicable diseases, noncommunicable diseases and foodborne diseases
1.3 Ongoing surveys of health status and health behaviour, including health and nutrition surveys to address issues such as obesity and dietary intake
1.4 Surveillance system and disease registries in the area of maternal and child Health
1.5 Surveillance system and disease registries in the area of environmental health
1.6 Surveillance system and disease registries in the area of social and mental health
1.7 Surveillance system and disease registries in the areas of occupational health and injury surveillance
1.8 Data integration and analysis (including community health diagnosis) in order to identify population needs and risk groups and monitor progress towards health-related objectives (in areas 1.1–1.7)
1.9 Publication of data in multiple formats for diverse audiences (in areas 1.1–1.7)

¹ The full version of these definitions, including detailed specifications, is contained in Annex 1 to document EUR/RC61/Inf.Doc./1. The term “operations” was chosen to dispel a certain amount of confusion that had been voiced owing to the repetition of the word “function” in the context both of the previously iterated Essential Public Health Functions and of the four health systems framework functions (i.e. governance, resource generation, financing and service delivery). The underlying aim was to facilitate understanding among policymakers of the difference between the descriptive framework functions and the prescriptive EPHO. The word “operation” also underlines the action-oriented nature of these core services. The process of developing the proposed definitions of public health and of the ten EPHO has been informed by and has taken into account the concepts, experience and publications of high-level public heath institutions, agencies and the other WHO regions.

² The civil registration system refers to governmental machinery set up in the country, state, province or any other territorial subdivision of the country for the purpose of recording of vital events related to the civil status of the population on a continuous basis, as provided by the laws and regulations of the country, state, province, etc. (Source Publication: Handbook of Vital Statistics Systems and Methods, Volume 1: Legal, Organisational and Technical Aspects, United Nations Studies in Methods, Glossary, Series F, No. 35, United Nations, New York 1991).
**EPHO 2: Identification of priority health problems and health hazards in the community**

**Definition of operation**: Monitoring, identifying and predicting priorities in biological, chemical and physical health risks in the workplace and the environment; risk assessment procedures and tools to measure environmental health risks; release of accessible information and issuance of public warnings; planning and activation of interventions aimed at minimizing health risks.

**A. Control of communicable disease**

2.A.1 System and procedures for the detection and control of communicable disease outbreaks
2.A.2 System and procedures for outbreak investigation and cause identification
2.A.3 System and procedures for controlling zoonotic and vector-borne diseases
2.A.4 System and procedures for the surveillance of nosocomial infections
2.A.5 System and procedures for the surveillance of antibiotic resistance

**B. Control of environmental health hazards**

2.B.1 System with capacities, facilities and procedures for assessing actual or expected health impact due to environmental factors
2.B.2 Arrangements and procedures for identifying possible hazardous exposures
2.B.3 System and procedures for occupational health assessment and control
2.B.4 System and procedures for assessment of air quality and robustness of clean air standards
2.B.5 System and procedures for assessment of water quality and robustness of clean water standards
2.B.6 System and procedures for identification of chemical and physical health hazards through analysis of surveillance data or epidemiological research
2.B.7 System and procedures for food safety risk assessment
2.B.8 System and procedures for risk assessment regarding consumer goods, cosmetics and toys
2.B.9 Arrangements and procedures for monitoring progress towards implementation of the International Health Regulations (IHR)

**C. Laboratory support for investigation of health threats**

2.C.1 Readily accessible laboratories capable of supporting research into public health problems, hazards and emergencies
2.C.2 Readily accessible laboratories capable of meeting routine diagnostic and surveillance needs
2.C.3 Ability to confirm that laboratories comply with regulations and standards through credentialing and licensing agencies
2.C.4 Ability to address the handling of laboratory samples through guidelines or protocols
2.C.5 Adequacy of the public health laboratory system and its capability to conduct rapid screening and high-volume testing for routine diagnostic and surveillance needs

2.C.6 Capacity to produce timely and accurate laboratory results for diagnosis and research of public health threats

**EPHO 3: Preparedness and planning for public health emergencies**

**Definition of operation**: Preparedness for management of emergency events, including formulation of suitable action plans; development of systems for data collection and prevention and control of morbidity; and application of an integrative and cooperative approach with various authorities involved in management.

3.1 Ability to define and describe public health disasters and emergencies that might trigger implementation of an emergency response plan

3.2 Development of a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols

3.3 Periodic assessment of the capacity for rapid response, including testing of the emergency plan through tabletop exercises and large-scale drills

3.4 Development of written epidemiological case investigation protocols for immediate investigation

3.5 Assessment of the effectiveness of evaluation of past incidents and identification of opportunities for improvement

3.6 Maintenance of written protocols to implement a programme of source and contact tracing for communicable diseases or toxic exposures

3.7 Maintenance of a roster of personnel with the technical expertise to respond to all natural and man-made emergencies

3.8 Implementation of the International Health Regulations (IHR) in the area of emergency planning

**EPHO 4: Health protection operations (environmental, occupational, food safety and others)**

**Definition of operation**: Risk assessments and actions needed for environmental, occupational and food safety. Public health authorities supervise enforcement and control of activities with health implications.

This operation includes the institutional capacity to develop regulatory and enforcement mechanisms to protect public health and monitor compliance with accepted norms, as well as the capacity to generate new laws and regulations aimed at improving public health and promoting healthy environments.

4.1 Technical capacity for risk assessment in the area of occupational health

4.2 Technical capacity for risk assessment in the area of health-related behaviour
4.3 Technical capacity for risk assessment in the area of health care Facilities and programmes

4.4 Inspection, monitoring and enforcement of laws and regulations by public health authorities

4.5 Cooperation between the ministry of health and other ministries for law enforcement in issues related to public health.

**EPHO 5: Disease prevention**

**Definition of operation:** Disease prevention is aimed at both communicable and noncommunicable diseases and has specific actions largely delivered to the individual. The term is sometimes used to complement health promotion and health protection operations. Although there is a frequent overlap between the content and strategies, disease prevention is defined separately.

Primary prevention services include vaccination of children, adults and the elderly, as well as vaccination or post-exposure prophylaxis for people exposed to a communicable disease. Primary prevention activities also include the provision of information on behavioural and medical health risks, as well as consultation and measures to decrease them at the personal and community level; the maintenance of systems and procedures for involving primary health care and specialized care in disease prevention programmes; the production and purchasing of childhood and adult vaccines; the storage of stocks of vaccines where appropriate; and the production and purchasing of nutrition and food supplements.

Secondary prevention includes activities such as evidence-based screening programmes for early detection of diseases; maternal and child health programmes, including screening and prevention of congenital malformations; the production and purchasing of chemoprophylactic agents; the production and purchasing of screening tests for the early detection of diseases, and capacity to meet current or potential needs.

Disease prevention in this context is considered to be action that usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.

**A. Primary prevention**

5.A.1 Vaccination programmes for the following groups
   i) Children
   ii) Adults
   iii) The elderly
   iv) Vaccination or post-exposure prophylaxis of people exposed to a communicable disease

5.A.2 Provision of information on behavioural and medical health risks

5.A.3 Systems and procedures for involving primary health care and specialized care in disease prevention programmes.

5.A.4 Adequacy of production and purchasing capacity for childhood and adult vaccines, as well as for iron, vitamins and food supplements
B. Secondary prevention

5.B.1 Evidence-based screening programmes for early detection of diseases, including screening and prevention of congenital malformations

5.B.2 Adequacy of production and purchasing capacity for screening tests

EPHO 6: Health promotion

Definition of operation: Health promotion is the process of enabling people to increase control over their health and its determinants and thereby improve it. It addresses determinants of both communicable and noncommunicable diseases and includes the following activities:

- The promotion of changes in lifestyle, practices and environmental conditions to facilitate the development of a “culture of health” among individuals and the community
- Educational and social communication activities aimed at promoting healthy conditions, lifestyles, behaviour and environments
- Reorientation of health services to develop care models that encourage health promotion
- Intersectoral partnerships for more effective health promotion activities
- Assessment of the impact of public policies on health
- Risk communication

The means of achieving this include conducting health promotion activities for the community at large or for populations at increased risk of negative health outcomes, in areas such as sexual health, mental health, health behaviour related to HIV, drug abuse control, tobacco control, alcohol control, physical activity, obesity prevention, nutrition, food safety, work-related health hazards, injury prevention, occupational and environmental health.

The broader role of health promotion includes advising policy-makers on health risks, health status and health needs, as well as designing strategies for different settings. It also includes taking account of the determinants of health, in particular the social or socioeconomic determinants that cause ill health.

A. Health promotion activities for the community at large or for populations at increased risk of negative health outcomes.

6.A.1 Activities and services directed at healthy diet and nutrition, physical activity and obesity prevention and control

6.A.2 Activities and services directed at tobacco control

6.A.3 Activities and services directed at alcohol control

6.A.4 Activities and services directed at prevention and control of drug abuse

6.A.5 Prevention of infectious diseases (e.g. HIV, tuberculosis) related to health behaviours

6.A.6 Activities and services directed at sexual and reproductive health

6.A.7 Prevention and control of occupational and work-related health hazards, including workplace health promotion
6.A.8 Activities and services directed at environmental health
6.A.9 Mental health activities and services
6.A.10 Dental hygiene education and oral health activities and services

B. Capacity for intersectoral action

6.B.1 Policies, strategies and interventions aimed at making healthy choices easy
6.B.2 Structures, mechanisms and processes to enable intersectoral action
6.B.3 Intersectoral activities, including the leadership role of the ministry of health in ensuring a “Health in all policies” approach regarding the following ministries
   i) Ministry of education
   ii) Ministries of transport and the environment
   iii) Ministry of industry
   iv) Ministry of labour
   v) Other relevant ministries

EPHO 7: Assuring a competent public health and personal health care workforce

Definition of operation: Investment in and development of a public health workforce is an essential prerequisite for adequate delivery and implementation of public health services and activities. Human resources constitute the most important resource in delivering public health services. This operation includes the education, training, development and evaluation of the public health workforce, to efficiently address priority public health problems and to adequately evaluate public health activities.

Training does not stop at the university level. There is a need for continuous in-service training in economics, bioethics, management of human resources and leadership, in order to implement and improve the quality of public health services and to address new challenges in public health.

The licensing procedures of public health professionals establish the requirements of the future workforce concerning relevant public health training and experience.

A. Human resources planning
7.A.1 Planning of human resources for public health
7.A.2 Effectiveness of human resources planning
7.A.3 Current provision of human resources for public health

B. Public health workforce standards
7.B.1 Mechanisms for maintaining public health workforce standards
7.B.2 Mechanisms for evaluating the public health workforce, including continuous quality improvement, continuing education and training programmes
7.B.3 Systems for improving teamwork abilities and communication skills
7.B.4 System for supporting capacity development of intersectoral teams and professionals from across policy areas

C. Education and accreditation

7.C.1 Structure of training in public health management

7.C.2 Undergraduate programmes in health professions (medicine, veterinary medicine, nursing, pharmacy, dentistry) relevant to public health

7.C.3 Adequacy of schools of public health

7.C.4 Master of Public Health programmes

7.C.5 Master of Health Services Administration and/or Policy, Leadership, or Management

7.C.6 Other relevant academic programmes related to health protection, promotion or disease prevention (specify)

7.C.7 Quality control and accreditation programmes

EPHO 8: Core governance, financing and quality assurance for public health

Definition of operation: Policy development is a process that informs decision-making on issues related to public health. It is a strategic planning process that involves all the internal and external stakeholders and defines the vision, mission, measurable health goals and public health activities at national, regional and local levels. Moreover, in the past decade, it has become more important to assess the repercussions of international health developments on national health status.

Financing is concerned with the mobilization, accumulation and allocation of money to meet the population’s health needs, individually and collectively. The purpose of health financing is to make funding available, as well as to set the right financial incentives for providers, so as to ensure that all individuals have access to effective public health and personal health care.

Quality assurance deals with developing standards for ensuring the quality of personal and community health services regarding disease prevention and health promotion, and evaluation of the services based on these standards. Evaluations should identify weaknesses in governance and operation, resource provision and service delivery. The conclusions of evaluations should feed back into policy and management, organization, and the provision of resources to improve service delivery.

A. Health policy planning and implementation

8.A.1 Process of strategic planning in relation to public health services

8.A.2 Policy planning process at regional and local levels

8.A.3 Appropriateness and effectiveness of public health policy (health impact assessment)

8.A.4 System or programme for monitoring the implementation of policy and programmes in public health or related areas
8.A.5 Short-, medium- and long-term strategies to comply with a European Union community health services system

8.A.6 Appropriateness and effectiveness of how the repercussions of international health developments are taken into account in public health planning (e.g. preparing for avian and pandemic influenza, West Nile fever and severe acute respiratory syndrome (SARS))

8.A.7 Role of public health operations within the ministry of health

8.A.8 Appropriateness/effectiveness of any mechanisms or processes through which poverty, inequalities and the social determinants of health are taken into account in decision-making.

8.A.9 Comprehensiveness and effectiveness of public health and other health-related policy decisions, through a multidisciplinary and multisectoral approach

B. Evaluation of quality and effectiveness of personal and community health services

8.B.1 Processes and mechanisms to define needs for personal and population health services from a public health perspective

8.B.2 Processes and mechanisms to identify the health service needs of populations that may encounter barriers to receiving health services

8.B.3 Comprehensiveness and effectiveness of procedures and practices designed to evaluate the delivery of personal and community public health services

8.B.4 Processes and mechanisms for conducting an analysis of participation in preventive services

8.B.5 Assessment and analysis regarding the integration of services in a coherent community health services system

8.B.6 Adequacy of evaluation of the human resources structure and financial support to community health services

8.B.7 Implementation, control and quality assurance actions on health systems that supply personal and community health services

8.B.8 Health technology assessment centres or programmes

C. Financing of public health services

8.C.1 Alignment of financing mechanisms for public health services (including personal services with broad effects beyond the person receiving the intervention) with desired service delivery strategies

8.C.2 Decisions on public financing for services, taking into consideration the extent to which their benefits are distributed in the population

EPHO 9: Core communication for public health

Definition of operation: Communication for public health is aimed at improving the health literacy and status of individuals and populations. It is the art and technique of informing,
influencing, and motivating individuals, institutions and public audiences about important health issues and determinants. Communication must also enhance capacities to access, understand and use information to reduce risk, prevent disease, promote health, navigate and utilize health services, advocate for health policies and enhance the well-being, quality of life and health of individuals within the community.

Health communication encompasses several areas including health journalism, entertainment, education, interpersonal communication, media advocacy, organizational communication, risk and crisis communication, social communication and social marketing. It can take many forms from mass, multi-media and interactive (including mobile and internet) communications to traditional and culture-specific communication, encompassing different channels such as interpersonal communication, mass, organizational and small group media, radio, television, newspapers, blogs, message boards, podcasts, and video-sharing, mobile phone messaging and online forums.

Public health communication offers the public a way to counter the active promotion of hazardous products and lifestyles (e.g. tobacco). It is a two-way information exchange activity which requires listening, intelligence-gathering and learning about how people perceive and frame messages on health, so that information can be transmitted in more accessible and persuasive formats. Public health communication is also about transparency, so that the public can be aware of what is being said and done in their name.

9.1 Strategic and systematic nature of public health communication developed, with an understanding of the perceptions and needs of different audiences

9.2 Dissemination to different audiences in formats and through channels that are accessible, understandable and usable

9.3 Advocacy for the development and implementation of healthy policies and environments across all government sectors (health in all policies)

9.4 Public health communication training and capacity development

9.5 Public health communication evaluation

**EPHO 10: Health-related research**

**Definition of operation:** Research is fundamental to informing policy development and service delivery. This operation includes:

- research to enlarge the knowledge base that supports evidence-based policy-making at all levels;
- development of new research methods, innovative technologies and solutions in public health;
- establishment of partnerships with research centres and academic institutions to conduct timely studies that support decision-making at all levels of public health.

10.1 Country’s capacity to initiate or participate in epidemiological and public health research

10.2 Adequacy of available resources (e.g. databases, information technology, human resources) to promote research
10.3 Planning for the dissemination of research findings to public health colleagues (e.g. publication in journals, websites)

10.4 Country’s evaluation of the development, implementation, and impact of public health (and public health service) research efforts

10.5 Fostering innovation among staff

10.6 Ministry of health’s research into and monitoring of best practices

10.7 Active use of research evidence in designing and supporting policy in the field of public health

10.8 Capacity for the collection, analysis and dissemination of health information

10.9 Capacity to carry out research on the social determinants of health (and their influence on health) in order to shape and target policy

10.10 Mechanisms for ensuring that policies, priorities and decision-making are consistent with evidence of the effectiveness of their impact on the broader determinants of health