European Action Plan for Strengthening Public Health Capacities and Services

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European Action Plan for Strengthening Public Health Capacities and Services

The European Action Plan for Strengthening Public Health Capacities and Services has been drawn up in response to the WHO Regional Committee for Europe's resolution EUR/RC61/R2, through which the Regional Committee mandated the WHO Regional Office for Europe to lead the process of developing the Action Plan and to submit it to the Regional Committee for consideration at its 62nd session in September 2012, together with the new European health policy framework, Health 2020.

The Action Plan has been finalized based on a broad consultative process and feedback from discussions at the European High-Level Policy Forum meetings in Israel (November 2011) and Brussels (April 2012), two subregional technical consultations in Helsinki (January 2012) and Brussels (March 2012), a written consultation process with European ministers of health, a WHO expert meeting on revision of the essential public health operations (EPHOs) in March 2012, and the SCRC sessions in November 2011, March 2012 and May 2012.

This document outlines some of the major challenges facing health policies and systems in the WHO European Region, including consideration of public health services and infrastructures and the public health aspects of health care services. It is informed by the evidence gathered through the process of the WHO/Europe-led evaluation of public health services in over 20 European countries, the Review of Public Health Capacities in the European Union and additional studies on policy tools and instruments for public health, as well as a "snapshot analysis" of organizational models for delivering the EPHOs. These reports will be presented to the Regional Committee at its 62nd session as information documents.

In view of differences in the ways in which European health systems and public health services are organized, operated and governed, this paper is consistently based on a clear statement concerning public health and health systems, including definitions, boundaries and concepts as endorsed by the Regional Committee in resolution EUR/RC61/R2. The paper proposes a revised set of ten horizontal EPHOs, including the core public health services within each one of them, to become the unifying and guiding basis for any European health authority to set up, monitor and evaluate policies, strategies and actions for reforms and improvement in public health. It puts forward specific actions and measures to move towards attainment of the objectives along ten major "avenues" that European Member States and the Regional Office and its international partners intend to follow in order to strengthen public health capacities and services and secure the delivery of the ten EPHOs in an equitable way across the whole Region. An annex contains a list of the proposed revised EPHOs drawn up by WHO/Europe's Public Health Services Expert Group, piloted by 17 Member States since 2007 and consulted with all Member States and a number of external partners in 2011–2012 in line with the Regional Committee resolution. This Action Plan, together with Health 2020, is presented for final adoption by the Regional Committee at its sixty-second session. It is in line with the priorities proposed for WHO under the current WHO reform in the category "Health systems strengthening", which has

been the umbrella of the public health work in the WHO European Region, and with the Tallinn Charter: Health Systems for Health and Wealth.

A draft resolution is attached, for consideration by the Regional Committee.

Contents

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 at its 61st session in 2011 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 policy framework for health and well-being, Health 2020. The purpose of the EAP is to ensure that public health services are strengthened to respond to the public health challenges facing the WHO European Region today and in the future. The overall vision is to support the delivery of the European policy framework for health and well-being, Health 2020, in promoting population health and well-being in a sustainable way.

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. This renewed focus on public health also fits with one of the five priorities in WHO's global reform agenda, namely the category of "Health system strengthening". Public health work in WHO's European Region has been conducted under the health system strengthening approach, in line with the Tallinn Charter on Health Systems for Health and Wealth *(2)*.

3.   Accordingly, the EAP has been based around a series of ten integrative "avenues for action". These reflect practical steps that can be 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 and implement the ten 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 public health capacities and services;

- 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 on Health Systems for Health and Wealth *(2)*.

5.   At its sixty-first session, the Regional Committee endorsed eight avenues for action identified in resolution EUR/RC61/R2 as a basis for formulating an EAP *(3,4)*; these have subsequently been extended to 10 avenues, better to reflect the EPHOs. The Regional Committee also requested that, prior to consideration of the final action plan at its sixty-second session (RC62), 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 collaborated actively in the 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 the EPHOs and the 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 and evaluate 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 will be presented 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 an action-oriented initiative, 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 Europe 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, where health improvement permeates arrangements for governance for health and where decision-making reflects 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* (document EUR/RC61/Inf.Doc./6) and the *Interim second report on social determinants of health and the health divide in the WHO European Region* (document EUR/RC61/Inf.Doc./5).

9.   The EAP constitutes one of the main pillars of Health 2020. Key areas for action are addressed in relation to further developing, strengthening 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. Public health can be understood as a key aspect of the wider health system and can play an important role in improving the effectiveness and efficiency of health system delivery. 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 and revised in consultation with Member States and are continually being reassessed for their relevance to public health challenges. They refer to core public health services (EPHOs 1–5) and to overarching themes which apply across the board (EPHOs 6–10) and which enable the delivery of EPHOs 1–5. The EPHOs are not intended to be translated into 10 separate services. They can be adapted according to different settings, and delivered in a clustered way. For example, EPHOs 1 and 2 mainly relate to public health intelligence, which can be used to inform health protection, health promotion and disease prevention services (EPHOS 3–5), while EPHOs 6–10 can be seen as enablers that improve overall service delivery. The ten EPHOs are summarized in Box 1, and a list is included in Annex 1.

Box 1. Ten essential public health operations (EPHOs)

1.   Surveillance of population health and well-being

2.   Monitoring and response to health hazards and emergencies

3.   Health protection including environmental, occupational, food safety and others

4.   Health promotion including action to address social determinants and health inequity

5.   Disease prevention, including early detection of illness

6.   Assuring governance for health and well-being

7.   Assuring a sufficient and competent public health workforce

8.   Assuring sustainable organizational structures and financing

9.   Advocacy, communication and social mobilization for health

10.   Advancing public health research to inform policy and practice

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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. The EPHOs as described in Annex 1 therefore should not be seen as definitive, but rather as a dynamic list that may be built on and developed. This is discussed further 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 using a web-based self-assessment tool has been carried out in 17 central and south-eastern European countries and the Commonwealth of Independent States. A number of evaluation reports have been published and some are in press (see Bibliography). This process will continue over the next two years in at least ten further countries *(7,8,9)*.

- 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 *(10)*.

16.   Based on the studies mentioned above and following discussions at the First WHO European Conference on the New European Policy for Health (Israel, 28–29 November 2011), the EAP summarizes the main strengths, weaknesses, threats and opportunities for public health capacities and services and identifies the main areas for strengthening public health services.[1]

17.   Current public health capacities and arrangements of public health services vary considerably across the WHO European Region. These differences reflect variations in political prioritization and organizational models of public health services, as well as the distribution of functions and responsibilities across different administrative levels. However, there are many similarities across the European Region, mainly in basic needs for public health information, knowledge and competences. There are often continuing problems of under-resourcing, skill shortages, insufficient capacity, poor morale and low pay. Competency frameworks for a public health workforce, as well as career pathways, remain under-developed. Public health functions are fragmented and sections of the workforce may work in an isolated way. While research capacity is well established in some countries, effective facilitation of research capacities to support policy development and programmes still lags behind.

18.   Common strengths across the European Region are mainly related to the widespread use of legally binding arrangements to protect population health. More recently, there has been cost-effective action to reduce alcohol consumption through taxation and advertising bans, legislation to reduce trans-fats and salt content in food, tobacco control measures related to smoke-free environments, and road safety measures.

19.   EPHO assessments in several countries have revealed important deficits in the governance of public health, including a lack of inter-organizational collaboration on data collection, unclear decision-making processes, and variations in assessment and evaluation approaches. There is still a lack of comprehensive and systematic health needs assessments to identify the population's health status, well-being and health needs, inequalities in health and the implications for service provision. Policies across different sectors are poorly integrated. A common challenge for the European Region as a whole is to integrate the EPHOs systematically across all sectors of society through increased accountability, transparency and participation.

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[1] An information document containing a summary report on strengths, weaknesses, opportunities and threats for public health services will be presented to the Regional Committee at its 62nd session.

20.   To supplement current evidence, three additional studies are being conducted by the Regional Office: (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 summary of country assessments of public health capacities and services. These studies support the development of the EAP and are presented in information document EUR/RC62/Inf.Doc./5.

European Action Plan: proposals for development

21.   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. Accordingly, actions have been grouped into 10 avenues that parallel the 10 EPHOs (see Box 1) and provide the means for their implementation. The 10 avenues for action mirror the EPHOs and have 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.

22.   The 10 avenues for action are not mutually exclusive. For example, ensuring a sufficient and competent public health workforce emerges from actions related to each of the other avenues; in the same way, strengthening governance arrangements applies across the board. This document considers the future development of the EAP from two perspectives.

- First, individual Member States can draw on the EPHOs 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 Regional Office reflects and builds on the experience of Member States, there is scope for developing an overarching set of international actions 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 based on the EPHOs can also act as a platform for providing relevant data, case studies and protocols. 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.

23.   The EAP has been 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.

Baseline self-assessment of core public health capacities and services

24.   If the EAP is to succeed and fulfil its purpose, it needs to be informed by a baseline assessment of current strengths and weaknesses of public health capacities and services that would be carried out by each Member State. The EPHOs are designed to serve this purpose and offer detailed checklists to achieve the following three objectives:

- itemize the key conditions for effective public health practice;

- provide a 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 systematic approach for performance assessment and improvement of public health services while respecting the particular organizational structures found in each Member State.

25. The Regional Director has been tasked to assess public health capacities and services in Member States and identify any gaps, using this web-based assessment tool, and to report back to the Regional Committee with conclusions and recommendations (resolution EUR/RC61/R2). The EAP as a whole has been informed by the outcomes of these assessments as part of a participatory process for strengthening health systems that involves Member States and WHO partners (see paragraphs 15–20).

26. 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 assess priorities for public health development across the European Region. An assessment of current capacities and strengths is the first stage for developing an action plan that is grounded in the needs of specific Member States and/or regions.

27. **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in its resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

28. Member States could consider the following actions.

- Member States can 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 will be in a position to identify priorities and develop and implement strategies, action plans and programmes with clear timescales for implementation.

- Governments[2] should ensure that adequate resources are targeted to strengthening public health capacities, including identification of emerging health hazards, in the most cost-effective way.

WHO Regional Office for Europe and partners

29. 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;

- further develop the web-based interactive tool for self-assessment, including developing guidance on the process of assessing and monitoring the implementation of core public health activities and providing models of best practice, in order to suggest alternative solutions to address identified gaps;

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[2] Throughout this document the term "government" refers to governmental institutions at national, subnational or regional, and local levels.

- support Member States by providing case studies of successful interventions to strengthen public health capacities and services;

- organize subregional knowledge-sharing and capacity-strengthening workshops on public health service evaluation and reform; and

- offer a common model for performance assessment and improvement while respecting the organizational structure of each Member State.

Avenues for action

30.   Actions have been grouped into 10 avenues, which parallel the 10 EPHOs (see Box 1) and provide the means for their implementation. Each avenue incorporates an introduction to key themes and details the support and development activities to be carried out by Member States, the Regional Office Secretariat and partners.

Surveillance of population health and well-being

31.   Assessing the health status and disease burden of the population (both as a whole and among at-risk groups and in different settings), and the extent of health inequalities between different groups and areas, forms the cornerstone of public health strategy. Health needs assessments span factors influencing health status and health-related behaviour, including the influence of social, occupational and physical environments. They include an assessment of the needs of groups who are disadvantaged or socially excluded, and they can be informed by health equity audits which identify gaps between the need for services and services available.

32.   The results of health needs assessments guide core public health activities in relation to health protection, health promotion and disease prevention, as well as the development of national health strategies. Assessments require systems for data collection, surveillance and monitoring of trends in relation to health status, health-related behaviour, mortality rates, injuries and violence, and the incidence and prevalence of communicable and noncommunicable diseases, including mental health problems. Data should also be stratified by socioeconomic status and key variables (to identify health inequalities) and should include indicators of population health. The financial and human resources needed to carry out key tasks related to the systematic collection of public health data, and for assessment and surveillance activities should be itemized, and risks to public health assessed in relation to gaps identified. The results of health needs assessments should be made available to the public to ensure transparency and accountability.

33.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in its resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

34.   Member States could consider the following actions.

- Ministries of health should establish or strengthen, as appropriate, health information systems reporting on vital statistics and routinely collected indicators of population health and well-being.

- Ministries of health play a key role in identifying 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 will need to ensure health needs assessments are carried out on a regular basis, including mechanisms for citizen and stakeholder engagement, to: (i) determine the population's health status and health and well-being needs; (ii) identify the social determinants of health and their distribution; (iii) map changing patterns of disease, including inequalities (the differential burden across the population); and (iv) assess the implications for service provision.

WHO Regional Office and partners

35. The Regional Office and its partners will:

- provide links to key data sets such as the updated Health for All (HFA) database, the Health Information Network (HEN) and the European Environment and Health Information System (ENHIS), as well as 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 public health surveillance and assessment procedures. Close links will be maintained with the European Centre for Disease Prevention and Control;

- work to establish a conceptual approach and indicator(s) to support the estimation of well-being, which allows both health and well-being to be seen as interactive concepts influenced by structural and social determinants, as well as health systems; and

- publish the European Health Report 2012, as a vehicle to support policy-makers and public health professionals to set their own targets and strengthen strategic support for public health strengthening and the achievement of Health 2020.

Monitoring and response to health hazards and emergencies

36. The ability to respond to health hazards requires systems that enable rapid detection of, response to, prevention of and communication about health threats. Control of communicable diseases remains a core activity for the public health function, requiring vigilance with regard to existing diseases and antimicrobial resistance, rapid response to emerging pathogens and maintenance of an infrastructure for identification, control and treatment.

37. There should be an equivalent rapid alert and reporting system for food safety and environmental and occupational hazards, with an effective infrastructure for identification, control and treatment. Systems need to be in place for predicting and detecting and responding to biological, chemical and physical health risks in the food chain, the workplace and the wider environment; risk assessment procedures and tools to assess environmental health risks, including food safety risks, need to be in place; and laboratory capacity for surveillance, diagnosis and reporting of health threats needs to be maintained.

38. Capacity is needed to activate tried and tested emergency plans and mobilize emergency response teams in the event of public health emergencies, regardless of their nature or cause. There should be systems for data collection and prevention, and the adoption of an integrative and cooperative approach with the various sectors and authorities involved in management, including release of available information, issuance of public warnings, and planning and implementation of interventions aimed at reducing exposure to health hazards and minimizing health risks.

39. **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in resolution its EUR/RC61/R2 *(1)*, are set out below.

Member States

40. Member States could consider the following actions.

- Ministries of health will ensure appropriate alert and reporting mechanisms for emergency situations including disease outbreaks, with better coordination across public health, veterinary, agriculture, food safety, occupational, environment and other related agencies.

- Ministries of health have a responsibility to put in place and regularly test emergency preparedness plans according to guidance.

- Ministries of health will ensure to mechanisms for monitoring and enforcement of occupational safety, food safety and environmental protection norms, regulations and standards.

WHO Regional Office and partners

41.   The Regional Office and its partners will:

- continue to support the responsibilities of Member States to the International Health Regulations (IHR) as the global network for health security;

- work with Member States and international and national partners to help Member States and communities prepare for disasters, deal with the health consequences, and mitigate the long term effects;

- provide case studies for efficient approaches to information generation and exchange, risk assessment procedures, tools and protocols, and best practice models of emergency plans; and

- make available a toolkit to support public health preparedness and response in disasters and emergencies.

Health protection including environmental and occupational health, food safety and others

42.   Health protection requires technical capacity across the range of activities related to risk assessment, management and communication, including hazards identification. This spans threats to the environment, occupational hazards, and issues connected with the safety of food and water, as well as air quality. It involves the institutional capacity to develop regulatory and enforcement mechanisms that protect the public, to strengthen disease surveillance and to monitor compliance with accepted norms, regulations and standards, as well as the capacity to generate new laws and regulations aimed at improving public health and promoting healthy environments (including healthy workplaces), safe and healthy foods, supply chain safety and security regarding blood and other biological products, and safe consumer products in general.

43.   **Medium-term actions in 2012–2015**, incorporating those previously endorsed by the Regional Committee in resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

44.   Member States could consider the following actions.

- Ministries of health will need to work jointly with other sectors in order to make links across regulatory aspects of health protection, such as controlling zoonotic diseases in wildlife or food animals, smoking bans in the hospitality industry, alcohol restrictions among transport/road safety operators, regulation of salt and trans fats, fortification of food products, and health and safety at the workplace.

- Ministries of health will need to put in place patient quality and safety strategies in health care governance and delivery, ensuring safety and security regarding blood and other biological products, and medical devices in general.

- Member States will need to devise and implement effective regulatory and control measures and institutions to control all environmental hazards to human health.

WHO Regional Office and partners

45. The Regional Office and its partners will:

- provide guidance on the implementation of World Health Assembly resolution WHA60.26 on workers' health protection and the recommendations in the Parma Declaration on Environment and Health (e.g. on developing national programmes for the elimination of asbestos-related diseases);

- provide guidance and support in order to minimize unsafe health care, strengthening the capacity of health systems through stronger education of the workforce and ensuring more rigorous processes of care;

- continue to support the European Environment and Health Process, assisting Member States to implement effective environment and health policies, as well as protection and control measures;

- strengthen collaboration with partners and stakeholders at regional, subregional and national levels (e.g. the European Network for Workers' Health, the South-Eastern European Network for Workers' Health, the Baltic Sea Network for Occupational Health and Safety, and the Northern Dimension for Public Health and Social Well-being);

- promote the implementation of guidelines on, for instance, water quality and outdoor and indoor air quality;

- support the implementation of international legal instruments such as the United Nations Convention on Transboundary Air Quality; and

- promote health impact assessment (HIA) of the health consequences of environmental policy changes, through building capacity, developing methodology and carrying out assessments and reviews.

Health promotion, including action to address social determinants and health inequity

46. Health can be influenced by social and environmental determinants that interact across the life-course with genetics and behaviours. Health promotion takes a broad view of these determinants and builds on broad definitions of health and well-being. The Ottawa Charter *(7)* sets out five main strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services. These key strategies apply across a range of topic areas, including maternal and child health, sexual health, mental health, health behaviour related to multidrug-resistant tuberculosis (MDR-TB) and 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.

47. The conceptual boundaries between "health promotion" and "disease prevention" are, at times, ambiguous and subject to debate. In fact, health promotion activities have a positive influence on health-affecting behaviour and health-supportive environments, which will indeed prevent disease. In drafting this Action Plan, a choice was made to include preventive actions focussing on behavioural risk factors under the health promotion avenue. This choice was made on a pragmatic basis and to avoid redundancies, although we fully understand that primary disease prevention and health promotion are intertwined concepts.

48. Health promotion includes a wide range of activities, including:

- the promotion of changes in lifestyle and behaviours and in environmental and societal conditions, in order to facilitate the development of a "culture of health and well-being" among individuals and the community and to maintain health;

- 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; and

- awareness of and action on the social determinants of health and health equity.

49.   Recognition of the influence of political, social, economic and cultural factors on life chances and on behaviour at each stage of the life-course has led to an emphasis on equity and social justice, the distribution of social determinants of health, as well as intersectoral collaboration, in order to address the social and economic determinants of health. This approach is fundamental to addressing health inequities that arise from the conditions in which people are born, grow, live, work and age, including early years' experiences, education, economic status, employment, decent working conditions, housing and environment, and effective systems of preventing and treating ill-health. Action on these determinants of health, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies. Health equity is the subject of one of four underpinning studies for Health 2020 *(8)*.

50.   Effectively addressing social determinants requires multistakeholder and multisectoral action across government and society. This includes strengthening capacity to govern for better health across sectors and implementing multistakeholder policies, services and systems. These need to engage citizens, service providers, civil society, the media, planners, policy-makers and politicians.

51.   The importance of community resilience, the quality of social networks, and strengthened participation in decision-making for health and well-being is increasingly recognized. Effective local delivery to overcome challenging health inequalities requires local participatory decision-making and the involvement of civil society in policy-making. This builds on a long-standing appreciation of relationships between community development and health promotion, as reflected in the Declaration of Alma Ata *(9)*. Health promotion should not increase health inequalities through interventions that are inappropriate, culturally insensitive or fail to reach those most in need.

52.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in its resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

53.   Member States could consider the following actions.

- National governments may ensure that (i) the importance of health promotion for a sustainable health system and the wider economy is recognized across the political spectrum; (ii) investment in health promotion moves beyond sporadic and one-off initiatives, so that longer-term health outcomes can be realized and sustained; and (iii) health equity assessments are carried out to identify the impact of policies and services on health inequalities. National governments should promote and create conditions for intersectoral dialogue and cooperation between partners, in order to develop joint approaches to factors influencing social determinants of health and health equity, health and well-being and healthy lifestyles.

- Governments and authorities may establish 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 and to identify the health impact of policies.

- The involvement of communities in decision-making will need to be supported by national governments if the potential of community assets is to be realized.

- National, subnational and local health authorities have a role to play in critically assessing the appropriateness of health promotion activities for targeted groups and those with the greatest health needs. Policies will need to address the social gradient in health through "proportionate universalism".[3]

- Investment in this area needs to go hand-in-hand with research tailored to addressing policy needs, such as emerging evidence from behavioural economics about how and why people behave the way they do *(10)*.

- In addition to health communication, ministries of health should consider developing and implementing a portfolio of mutually reinforcing behaviour change strategies. These can include measures aimed at changing social norms, including legislation and regulation; the use of financial instruments to create an economic incentive to make healthy choices; and measures aimed at making healthy behaviour the convenient behaviour.

- Ministries of health and ministries of finance may wish to jointly 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 seek to clarify the extent to which health promotion policies reflect and respond to the five domains of action in the Ottawa Charter *(7)*, particularly reorienting health services.

WHO Regional Office and partners

54.   The Regional Office and its partners will:

- identify and share public health 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;

- provide good practice guidance for the health promotion activities in different settings for NCD prevention and control (e.g. "Healthy lifestyles in healthy working conditions");

- create a platform to 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;

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[3] *Fair society, healthy lives (The Marmot Review). Strategic review of health inequalities in England post-2010*. London, The Marmot Review, 2010 (www.ucl.ac.uk/marmotreview, accessed 21 April 2012).

- provide guidance on how to incorporate recommendations from relevant global, regional and/or subregional reviews of the social determinants of health and health inequalities into national policies; and

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

Disease prevention including early detection of illness

55.   Disease prevention is aimed at both communicable and noncommunicable diseases, with specific actions delivered to the individual from the health sector or through population-based prevention, aimed at shifting the risk factor distributions of the whole population. Primary prevention refers to actions aimed at avoiding the manifestation of a disease, while secondary prevention deals with early detection when this improves the chances for positive health outcomes. Tertiary prevention aims to re-establish health once the disease appears, applying care or treatment to cure or palliate a disease or its symptoms. Finally, quaternary prevention alludes to the group of health care activities carried out to lessen or avert the consequences of unnecessary or excessive health care interventions. Primary health care services can potentially play a much stronger role in disease prevention across all these areas of prevention.

56.   Primary prevention includes policies and activities to improve health through changing the impact of social and economic determinants on health and well-being and health inequalities; the provision of information on behavioural and medical health risks, alongside consultation and measures to decrease them at the personal and community level; clinical preventive services such as immunization and vaccination of children, adults and the elderly, as well as vaccination or post-exposure prophylaxis for people exposed to a communicable disease; the maintenance of systems and procedures for involving primary health care and specialized care in programmes on disease prevention, both for communicable and chronic noncommunicable diseases; the production and purchasing of childhood and adult vaccines; the storage of stocks of vaccines where appropriate; and the production and purchasing of nutritional and food supplementation.

57.   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; preventive drug therapies of proven effectiveness; the production and purchasing of screening tests for the early detection of diseases, and capacity to meet current or potential needs. A good system of primary health care with a registered population facilitates the optimal organization and delivery of accessible population-based screening programmes and should be vigorously promoted. Patient self-management is also a part of various levels of prevention. Flagging the role of the "consumer" (a concept which is increasingly used in the health service arena) could balance public expectations towards governments and increase the role of the individual and community in the process.

58.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in its resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

59.   Member States could consider the following actions:

- assessing 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, thus promoting a lifelong continuum of prevention and care;

- reviewing existing systems for involving communities, primary health care and specialized care services in preventing disease and identifying appropriate measures for

> scaling up preventive health care services, taking into account the needs of vulnerable population groups;

- promoting and implementing 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;

- developing, implementing and evaluating targeted programmes to reach populations at risk, including vulnerable groups. Such programmes should be developed with the participation and engagement of the most vulnerable populations or those most at risk;

- ensuring regular review of the uptake of vaccination programmes, screening and maternal health services, including an assessment of their responsiveness, accessibility and programme design with regard to vulnerable groups within the population, such as migrants and ethnic minorities. Any additional infrastructure required to implement screening programmes should be identified as part of this process;

- securing adequate resources for vaccination programmes, including the purchase and storage of vaccines and the maintenance of effective call and recall systems; and

- ensuring 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.

WHO Regional Office and partners

60. The Regional Office and its partners will:

- provide case studies of successes in Member States 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.

Assuring governance for health and well-being

61. As indicated in Health 2020, today's complex health challenges need to be addressed through whole-of-society and whole-of-government approaches that, in addition to state and public sector actors, include civil society and the private sector, as well as the media. These approaches should reflect the governance principles of participation and accountability. Governance includes policies, regulations, norms and standards, incentives, audit and performance management arrangements. These cross-cutting issues inform each avenue of the EAP and are the subject of one of four underpinning studies for Health 2020, *Governance for health in the 21st century* (EUR/RC61/Inf.Doc./6).

62. There is a wide spectrum of regulatory frameworks related to public health. While international regulations are non-negotiable, the degree and nature of governance arrangements, including regulation and legal enforcement, will vary across Member States.

63. Quality improvement for public health services involves developing standards for personal and community health services for preventing disease and promoting health, monitoring their delivery and evaluating their effectiveness. Effectiveness of governance

arrangements, implementation strategies and delivery mechanisms should be evaluated, as well as the adequacy of resource allocation. The results of these evaluations can be used to inform subsequent policy development, management, organization, and the allocation of resources to improve service delivery. Governance for health also involves ensuring that funding is available to enable access to cost-effective public health services and personal health care, and equipping providers with appropriate financial incentives.

64. **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in its resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

65. Member States could consider the following actions (further details of implementation are provided in part 3 of Health 2020).

- National governments may take actions to strengthen the coherence of policies, investment, services and action across sectors and stakeholders, as they have the ultimate responsibility for and commitment to protecting and promoting the health and well-being of the people they serve and the societies they represent.

- National governments are encouraged to use collaborative models of working to align priorities to needs, and resource flows; improve the distribution of determinants affecting the opportunity to be healthy; redress current patterns and magnitude of health inequities; and reduce the risk and the consequences of disease and premature mortality across the whole population.

- National governments could review implementation plans for legally binding international treaties, conventions and regulations, including the International Health Regulations, and for resolutions and standards related to social justice, protecting human rights and promoting population health, as well as to environmental and occupational health.

- Assessments of national progress in complying with international and national agreements and standards can form part of the process of self-assessment.

- Ministries of health could consider reviewing, 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 include performance assessment measures for the delivery of core public health services, standards and targets. Ministries of health are well placed to seek consistency in strategy and direction across different levels of organization, using systems for monitoring performance and ensuring accountability.

- As part of "governance for health", standards, audit and performance management arrangements should be reviewed from a public health perspective. In recognition of the impact of a wide range of public policies on health, Member States will wish to 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 need to 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 and partners

66.   The Regional Office and its partners will:

- act as a health conscience, advocating for the principle of health as a fundamental human right;

- ensure links and coherence with global WHO developments;

- at regional level, work with partners in the United Nations family in Europe to have a voice in transnational agreements affecting the social determinants of health in Europe;

- provide for the implementation of the EAP through partners and networks across the European Region;

- revise, as appropriate and needed, all international policy tools and instruments for public health based on the results of evaluations of public health services;

- provide technical cooperation and assistance, and up-to-date evidence-informed tools to Member States, to help them implement the EAP;

- propose internationally harmonized approaches to address emerging public health issues (e.g. work-related psychosocial risks);

- 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, will be provided through a web-based link; and

- 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.

Assuring a sufficient and competent public health workforce

67.   Investing in a multidisciplinary public health workforce is a prerequisite for a modern effective public health function. A sufficient and competent public health workforce constitutes the most important resource in delivering public health services.

68.   Given the complex challenges facing public health, a wide range of existing and new competences and expertise is called for, including social epidemiology, information systems, health promotion, environmental health, management and leadership, and collaborative working. Moreover, the particular type of leadership required needs to be attuned to contexts where there is considerable uncertainty and ambiguity, and the ability to convince others through influence rather than control.

69.   Many countries have moved from a medically dominated public health workforce to a multidisciplinary one. 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.

70.   For the purposes of the EAP, the public health workforce has been categorized according to three main groups of actors: (i) public health specialists, (ii) health professionals and (iii) non health-sector professionals.

- Public health specialists include traditional public health occupations such as food safety inspectors, environmental health officers, communicable disease control staff, etc. This group also includes the "new" practitioners working in the broad field of protection, prevention and promotion, such as those employed as municipality health promoters and those involved in projects and programmes in the Healthy Cities and Health-Promoting Schools movements and other such initiatives. The task with public health workers is to

enhance their knowledge and cement their skills and, crucially, to strengthen their credibility in the public arena and their sense of professional identity and responsibility.

- The group of health professionals includes personnel working in the health sector but without an explicit public health function, such as all those providing a personal service to users and other primary care physicians. Examples include general practitioners, family health nurses and other community-based nurses, social workers, psychologists and others in clinical roles. For health care workers, the task is to ensure they are able to provide relevant health promotion and disease prevention services in the health care setting, and enable them to collaborate across often rigid boundaries, whether these are sectoral, professional, organizational or institutional.

- The non-health sector group includes actors from other sectors whose activities and decisions have an impact on health, whether or not they themselves realize it. Examples include professionals at various levels of government (national, regional and local) who are implementing policies and managing programmes in non-health sectors, technical officers such as city planners, and housing, education, transport and other officials. For the non-health sector group, the task is to provide them with the understanding of how their activities and decisions have an impact on health, and how designing healthy policies can contribute to furthering the policy agendas in their own sectors.

71.   In many health systems, the public health function is fragmented and sections of the workforce may feel isolated. There are often continuing problems of under-resourcing, skill shortages, insufficient capacity, poor morale and low pay. In order to meet population health needs, significant efforts are required to scale up not only the number of public health professionals, but also their quality and relevance to public health.

72.   Education, training, professional development and evaluation of the public health workforce are considered to be crucial for efficiently addressing priority public health problems and adequately evaluating public health activities. There is a need to ensure sufficient capacity for public health education at an academic level which, in accordance with the Bologna process, includes qualifications at Bachelor, Master and PhD levels, as well as public health components in the educational curricula of health professionals.

73.   Revitalizing core public health functions and reorganizing service delivery requires multidisciplinary and interprofessional education of health professionals, to include a greater engagement of nurses, midwives and other professionals and recognition of their huge potential as the largest health workforce in the Region (as noted in the Munich Declaration). Of particularly importance is an increasing focus on continuous professional development (CPD), in order to maintain and update the competences required to address new challenges in public health. Regulation and accreditation mechanisms should be promoted.

74.   Traditional approaches to health workforce planning, production and management are no longer adequate, given the dynamics of health labour markets, which are characterized by increasing globalization and migration. Such trends result in increasingly inequitable access to public health services, within and between countries.

75.   Effective policy-making to respond to these challenges requires a well-functioning governance infrastructure with data and information for evidence-based policies. Health workforce assessment, forecasting public health needs, and planning and monitoring all require dialogue between stakeholders from government and non-government partners who contribute to creating a sufficient and competent public health workforce.

76.   **Actions in 2012-2020**, incorporating those previously endorsed by the Regional Committee in resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

77. Member States could consider the following actions.

- National governments can support the development of a multidisciplinary public health workforce and encourage relevant training for a wider workforce, which may not view public health as their main role.

- National governments will need to ensure that basic, advanced and continuing training and education are offered to the public health workforce by accredited institutions.

- Ministries of health could consider a public health skills audit in order to identify gaps, clarifying the skills and nature of the current public health workforce in relation to each of the areas for action and identifying workforce implications in the context of the infrastructure and skills base available

- National governments should make efforts to ensure that the core competences for public health, recently revised 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 can influence health professionals' 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.

- National governments can foster initiatives for expanding the contribution to public health from outside a formal public health workforce, for example including public health teaching in the degree curricula of other sectors such as social work, education, urban design, agriculture, environmental protection, tourism and economics, as appropriate.

- National governments should enhance implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel, including its monitoring.

WHO Regional Office and partners

78. The Regional Office will strengthen its partnership with ASPHER and the European Public Health Association (EUPHA), EuroHealthNet and the European Health Management Association (EHMA) 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;

- develop networks and consortia for education and training in public health, such as those involving institutions accredited or seeking accreditation by ASPHER;

- support the strengthening of public health training through research, monitoring and evaluation and the dissemination of evidence;

- support implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel;

- build capacity on HRH planning and management by developing learning opportunities, such as training national focal points, organizing knowledge exchange by peer review mechanisms on e.g. HRH retention practices and bilateral agreements;

- invest in innovative and creative leadership programmes informed by systems thinking, complexity science and transformational change principles;

- establish an expert working group to further the development of the public health workforce in the Region;

- provide technical support to Member States in the development of national schools of public health;

- identify examples in Member States of multidisciplinary approaches; workforce recruitment and development initiatives; retention of the public health workforce; implementation of training initiatives, including 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;

- 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);

- develop a short course to ensure basic public health literacy among high-level policy makers from non-health sectors;

- draw up Memoranda of Understanding with associations, organizations and institutions on the development of the public health workforce and any related matters, specifying what would be done by whom over a stated time period, and how it would be funded;

- commission creative leadership programmes informed by systems thinking, complexity science and transformational change principles; and

- establish a standing advisory group to support the development of the public health workforce in the Region according to the principles presented above.

Assuring sustainable organizational structures and financing

79.   Assuring sustainable organizational structures and financing means developing services that are efficient, integrated, minimizing any negative environmental impact while maximizing health gain, and having sufficient funding for long term planning in order to ensure health is protected and promoted today and in the future. The organization and provision of public health services occurs at different levels (national, subnational and local), with complex horizontal and vertical links. In addition, there are important contextual factors that determine how public health services are organized in Member States. Networks are also important, so that links can be established with agencies and services that are not part of the formal public health structure. Examples might include nongovernmental organizations, voluntary or tertiary sector organizations, public health associations and policy think tanks. While the organization of public health services will vary across Member States, appropriate governance and financing arrangements are needed.

80.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

81.   Member States could consider the following actions.

- National governments, through health ministries' leadership, management and coordination, need to ensure appropriate organizational structures to discharge essential public health operations and services and reflect the increasing emphasis on working with other sectors to achieve better health outcomes; as part of this, the roles and responsibilities of different organizational structures for public health should be clearly delineated.

- Ministers of health may 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 may identify issues and difficulties relating to governance, collaboration and coordination across sectors in relation to the current balance between national, subnational or regional and local organization of public health services; based on that, they can consider taking action to improve effectiveness and efficiency where necessary.

- Governments are expected to secure enabling conditions for working collaboratively across organizations and sectors, and should put in place effective coordinating mechanisms across different structures.

- Member States will need to review links across public health services, primary and community-based health care and hospital services for improved coordination and continuation of care and intrasectoral action. In so doing, the priority attached to primary care services in the light of the Declaration of Alma Ata should be assessed.

- Ministries of health and ministries of finance may wish to jointly review the current balance of spending across all levels of care, from preventive services through to acute care, and explore new ways of health financing in order to increase and/or rebalance spending towards health promotion and disease prevention. This requires improved tracking of all resources aimed at funding health promotion and disease prevention activities, including both population- and individual-level services and programmes.

- Member States may consider the use of taxation policy as a tool to deter unhealthy behaviours, particularly in relation to smoking and the harmful consumption of alcohol, trans-fats and salt. The revenue generated through these taxes may be used to supplement existing funding for services focused on preventing and treating the same conditions.

WHO Regional Office and partners

82. The Regional Office and its partners will:

- provide Member States with an analysis and a "snapshot review" of examples of organization of public health services, to deliver effective public health services and the EPHOs;

- 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 to countries for developing, implementing and sustaining optimal organizational structures for public health services, drawing on examples from a range of different countries and contexts; and

- provide guidance on how to improve tracking of health expenditures that are aimed at health promotion and disease prevention activities in the reporting of national health accounts.

Advocacy, communication and social mobilization for health

83.   Communication for public health is aimed at improving the health literacy and health status of individuals and populations. It is the art and technique of informing, influencing and motivating individuals, different sectors, 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.

84.   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. Target audiences, whether specific groups, decision-makers or the population as a whole have to be identified and messages tailored accordingly.

85.   Public health communication offers the public a way to counter the active promotion of unhealthy lifestyles and hazardous products, such as 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.

86.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

87.   Member States could consider the following actions.

- Where needed and appropriate, ministries of health should consider special measures to ensure adequate health communication. The latter should be viewed as part of a larger portfolio of both health literacy and 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).

WHO Regional Office and partners

88.   The Regional Office and its partners will:

- advocate and communicate for health, strengthening the power and capacity of new partnerships, technologies and media to coordinate and communicate key public health messages and information to Member States, their public health communities and people;

- provide support to Member States to improve the effectiveness of risk communication with the public over the real and potential risks of public health hazards (e.g. raising awareness of asbestos hazards);

- make reliable health information available to all, helping policy-makers in all sectors and their publics to make sense of information and act for health. Information needs to be translated into action, requiring motivation and often behavioural change;

- work to enhance peoples', systems' and policy-makers' health literacy and participation in designing and implementing appropriate and effective strategies and responses to health challenges and opportunities; and

- utilize the principles of social mobilization to develop programmes that are better able to accomplish behavioural change goals. Social mobilization takes the planning variables from marketing (product, price, promotion and place) and reinterprets these for health issues. Social marketing assumes that power over health status evolves from gaining greater control over individual health behaviours. It provides people with accurate information so that they can better participate in improving their own health. There is growing evidence of the effectiveness of the approach, and here WHO will facilitate the development of regional guidelines, exchange and training.

Advancing public health research to inform policy and practice

89.   Research is fundamental to informing policy development and service delivery. Member States will have very different research priorities depending on the public health challenges being faced, on the needs identified, and the resources available to tackle them. Research is required to enlarge the knowledge base that supports evidence-based policy-making at all levels and to develop innovative technologies and approaches to complex public health problems, as well as to ensure that robust methods for implementation, monitoring and evaluation are applied for effective outcomes. This requires partnerships with research centres and academic institutions to conduct timely studies that support decision-making at all levels of public health.

90.   There is, however, increasing recognition of the importance of understanding how research and knowledge are produced and used (or not used) in practice. New approaches are being pioneered in an effort to strengthen the evidence base for public health interventions and its take-up in practice, employing methods appropriate for complex public health problems and which can provide practical guidance to policy-makers on interventions most likely to work in the long term and be most cost-effective. In such circumstances, knowledge exchange occurs through building relationships and networks created in local contexts.

91.   **Actions in 2012–2020**, incorporating those previously endorsed by the Regional Committee in resolution EUR/RC61/R2 *(1)*, are set out below.

Member States

92.   Member States could consider the following actions.

- National governments play a crucial role in ensuring that the "causes of causes" (such as societal structure, socioeconomic inequities, and gender and ethical issues) are also addressed when studying the health and wellbeing of populations.

- National governments can reflect 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.

- National governments play a key role in identifying gaps in knowledge and priority areas for research to address public health, through encouraging close collaboration and stronger links across practitioners, researchers and policy-makers across Europe. In particular, they should identify how to meet future public health challenges, including tackling health inequalities, and identify strategies, priorities and funding mechanisms for applied public health research.

- Ministries of health could consider establishing and/or strengthening, where needed, knowledge-brokering mechanisms whereby researchers and policy-makers collaborate to produce knowledge outputs that are easily translatable into policy.

WHO Regional Office and partners

93.   The Regional Office and its partners will:

- identify and share examples of knowledge spreading and sharing, including case studies that 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; and

- 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.

Targets, monitoring and continuous performance assessment

94.   Health 2020 includes a minimum number of targets and indicators covering the main priority components of the policy framework. Once they are agreed to by the Regional Committee, they will apply across the whole of the Region. These targets will also inform implementation of the EAP.

95.   The key objective is to implement the EAP itself, including the EPHOs, and Member States may wish to consider introducing mechanisms to enable them to monitor and assess the progress towards attainment of this objective on a continuous basis.

Next steps

96.   The implementation period for the EAP will be 2012–2020.

97.   The WHO Regional Office for Europe will periodically consult Member States on experience and progress in implementing the EAP, in order to review progress and share learning and best practices.

98.   A progress report on implementation of the EAP will be presented annually to the Regional Committee. A series of working groups will be established to move action on the EPHOs forward. These working groups will report to an overarching expert public health group, which will be responsible for ensuring the implementation of the EAP.

99.   A mid-term report on progress will be presented to the Regional Committee in 2016. Based on the result, this might lead to the development of a subsequent action plan for the period 2016–2020.

100.   Progress in the implementation of the EAP in related areas, such as environmental health, occupational health and food safety will be reported to relevant governance bodies, such as the Ministerial Conference on Environment and Health in 2016.

101.   A final progress report on the implementation of the EAP and the lessons learnt by all Member States and the WHO Regional Office for Europe and its partners, will be drafted by the Secretariat for presentation to the regional Committee at its session in 2020.

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Annex 1. Essential Public Health Operations (EPHO) and Services in Europe[6]

EPHO 1: Surveillance of population health and well-being

Description 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 vital statistics

1.2   Surveillance of communicable diseases

1.3   Surveillance of noncommunicable diseases

1.4   Surveillance of social and mental health

1.5   Surveillance of maternal and child health

1.6   Surveillance of environmental health

1.7   Surveillance of occupational health

1.8   Surveillance of injuries and violence

1.9   Surveillance of nosocomial infections

1.10 Surveillance of antibiotic resistance

1.11 Surveys of health status and health behaviours

1.12 Mapping health inequalities

1.13 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 1.1–1.8)

1.14 Reporting and publication of data in multiple formats for diverse audiences (in areas 1.1–1.8)

EPHO 2: Monitoring and response to health hazards and emergencies

Description 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.

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[6] The description of EPHOs and services are intended to act as a guide, however, it is expected that they will be developed further and become part of a dynamic process of improving public health services.

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.

A. Monitoring and response to health hazards

2.A.1 Chemical hazards

2.A.2 Biological hazards (including communicable disease outbreaks)

2.A.3 Radiological hazards

2.A.4 Nuclear hazards

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, management and communication

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

D. Preparedness and response to PH emergencies

2.D.1 Ability to define and describe public health disasters and emergencies that might trigger implementation of an emergency response plan

2.D.2 Development of a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols

2.D.3 Periodic assessment of the capacity for rapid response, including testing of the emergency plan through tabletop exercises and large-scale drills

2.D.4 Development of written epidemiological case investigation protocols for immediate investigation

2.D.5 Assessment of the effectiveness of evaluation of past incidents and identification of opportunities for improvement

2.D.6 Maintenance of written protocols to implement a programme of source and contact tracing for communicable diseases or toxic exposures

2.D.7 Maintenance of a roster of personnel with the technical expertise to respond to all natural and man-made emergencies

2.D.8 Coordination with other sectors / Civil protection coordinated approach

2.D.9 Implementation of the International Health Regulations (IHR) in the area of emergency planning

EPHO 3: Health protection including environmental, occupational, food safety and others

Description of operation: Risk assessment, management and communication 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, surveillance of diseases and monitor compliance with accepted norms, regulations and standards as well as the capacity to generate new laws and regulations aimed at improving public health and promoting food and water safety and healthy environments.

A. Environmental safety

3.A.1 Technical capacity for risk assessment in the area of chemical safety

3.A.2 Technical capacity for risk assessment in the area of environmental noise

3.A.3 Technical capacity for risk assessment in the area of climate change

B. Occupational safety

3.B.1 Technical capacity for risk assessment in the area of occupational health

C. Food safety

3.C.1 Technical capacity for risk assessment, management and communication in the area of food safety

D. Others

3.D.1 Technical capacity for risk assessment in the area of health-related behaviour

3.D.2 Technical capacity for risk assessment in the area of health care facilities and programmes

3.D.3 Technical capacity for risk assessment of pharmaceuticals

3.D.4 Technical capacity for risk assessment of consumers' goods, cosmetics, toys and other products

3.D.5 Technical capacity for risk assessment of blood and blood products

3.D.6 Patient safety

EPHO 4: Health promotion, including action to address social determinants and health inequity

Description 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 and social conditions to facilitate the development of a societal development among individuals and the community that promotes public health and reduces social inequalities in health, across the social gradient;

- educational and social communication activities, adapted to specific socioeconomic groups, aimed at promoting healthy lifestyles, behaviours and environments;

- reorientation of health services to develop care models that encourage health promotion and ensure equal access to health care;

- analysis to understand the root causes of health inequities, including factors such as social exclusion, low income, and poor access to health and social services;

- design of interventions to address the socioeconomic determinants of health;

- intersectoral partnerships for more effective health promotion activities;

- assessment of the impact of public policies on health; and

- 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.

Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as the social determinants of health. These include early years' experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health. Actions on these determinants of health, both for vulnerable groups and the entire population, are essential to create inclusive, equitable, economically productive and healthy societies.

The conceptual boundaries between "health promotion" and "disease prevention" are at times ambiguous and subject to debate. In the preparation of this document, choices were made on a pragmatic basis, and readers may find deviations from categorizations made elsewhere.

A. Building and strengthening resilience of communities

4.A.1   Organized community in programs for health promotion

4.A.2   Development of intersectoral partnerships with civil society to utilize human capital and material resources available.

4.A.3   Identification of community resources that collaborate in promotional activities

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

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

4.B.2   Activities and services directed at tobacco control

4.B.3   Activities and services directed at alcohol control

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

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

4.B.6   Activities and services directed at sexual and reproductive health

4.B.7   Prevention and control of occupational and work-related health hazards, including workplace health promotion

4.B.8   Activities and services directed at environmental health

4.B.9   Mental health activities and services

4.B.10 Dental hygiene education and oral health activities and services

C. Action to address social determinants of health

4.C.1 Development of comprehensive, cross-sectoral public health strategies which addresses the social, economic, environmental and behavioural determinants of health

4.C.2 Strategies to reduce social inequalities in health through action on social determinants

4.C.3 Monitoring and evaluation of social determinants and their distribution

4.C.4 Production of knowledge on associations between social determinants and health outcomes, including evidence of effective interventions

4.C.5 Development of capacity and competence on social inequities in health in public health units

D. Intersectoral action

4.D.1 Policies, strategies and interventions aimed at making healthy choices easy

4.D.2 Structures, mechanisms and processes to enable intersectoral action

4.D.3 Assessment of the impact of all sector's policies on health to engage other sectors and make them take into account their contribution to health and health equity; and impact of all policies on health

4.D.4 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)   Ministry of finance

    vi)   Ministry of Agriculture

    vii) Other relevant ministries

EPHO 5: Disease prevention, including early detection of illness

Description 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.

Tertiary prevention includes to the rehabilitation of patients with an established disease to minimise residual disabilities and complications and maximize potential years of enjoyable life, thereby improving the quality of life even if the disease itself cannot be cured

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[7]

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

5.A.5 Behavioural changes campaigns and social marketing

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

C. Tertiary prevention

5.C.1 Implementation of rehabilitation and chronic pain management programs

5.C.2 Capacity of establishment of patient support groups

EPHO 6: Assuring governance for health and well-being

Description 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.

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[7] Primary prevention related to dealing with lifestyle factors and socioeconomic determinants of health is dealt with under EPHO 4, Health promotion, including action to address social determinants and health inequity.

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. Ensuring a whole-of-government and whole-of-society approach to health and well being

6.A.1 Structures and functions (for whole-of-government and whole-of-society approach)

6.A.2 Capacity for intersectoral action for health and HiAP

6.A.3 MOH role in leadership

6.A.4 Partnership in health

B. Health policy planning and implementation

6.B.1 Process of strategic planning in relation to public health services

6.B.2 Policy planning process at regional and local levels

6.B.3 Appropriateness and effectiveness of public health policy (health impact assessment)

6.B.4 System or programme for monitoring the implementation of policy and programmes in public health or related areas

6.B.5 Short-, medium- and long-term strategies to comply with a European Union community health services system

6.B.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))

6.B.7 Role of public health operations within the ministry of health

6.B.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

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

C. Regulation and control

6.C.1 The creation of new laws and regulations aimed at improving health and promoting healthy environments

6.C.2 Consumer protection as it relates to the health services

6.C.3 Carrying regulatory activities properly, consistently, fully, and in a timely manner

D. Accreditation and licensing of service providers

6.D.1 Accreditation and quality control of health service providers

E. Evaluation of quality of individual and community public health services delivered across the social gradient

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

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

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

6.E.4 Processes and mechanisms for conducting an analysis of participation in preventive services

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

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

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

6.E.8 Health technology assessment centres or programmes

EPHO 7: Assuring a sufficient and competent public health workforce

Description 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. The public health workforce includes public health practitioners, health professionals and other professionals with impact on health.

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

7.A.4 Migration of health professionals

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   Bachelor of Public Health

7.C.5   Master of Public Health programmes

7.C.6   Master of Health Services Administration and/or Policy, Leadership, or Management

7. C.7   PhD of Public Health

7.C.8   Specialization on Public Health

7.C.9   CPD (Continuing professional development)

7.C.10 Other relevant academic programmes related to health protection, promotion or disease prevention

7.C.11 Quality control and accreditation programmes

D. Training of other actors with impact

7.D.1 Undergraduate programmes in other sectors with impact on health (economics, sociology, psychology)

7.D.2 Master programmes in other sectors with impact on health (economics, sociology, psychology)

EPHO 8: Assuring sustainable organizational structures and financing

Description of operation: Assuring sustainable organizational structures and financing means developing services that are efficient, integrated, have minimal environmental impact with maximal health gain, have sufficient funding for long term planning, in order to ensure health is protected and promoted today and in the future. Financing is concerned with the mobilization, accumulation and allocation of resources to cover population health needs, individually and collectively. Comprehensive public financing should be the norm for proven cost-effective population-based services as well as personal services with broad effects beyond the person receiving the intervention. Health financing arrangements for public health shall set the right financial incentives for providers to ensure efficient service delivery and access to these services

by all individuals. At the same time, appropriate incentives for the individuals should be put in place to ensure appropriate levels of utilization of public health services.

A. Ensure appropriate organizational structures to deliver EPHOs:

8.A.1 In the health system including: Primary health care, public health institutions and laboratory services

8.A.2 Services delivered by other ministries, sectors, local government etc.

8.A.3 Relevant NGOs

8.A.4 Private providers

8.A.5 For education, training and research in PH

B. Coordination of organizational structures

8.B.1 Organizational structures to discharge the essential public health operations and services

8.B.2 Definition of roles and responsibilities of different organizational structures for public health

8.B.3 Mechanisms to coordination across different structures

C. Performance assessment

8.C.1 Assessment and analysis regarding the effectiveness of public health structures

D. Investment in public health

8.D.1 Processes and mechanisms for working collaboratively across organizations and sectors

8.D.2 Learning mechanisms from international and within-Region experiences, in order to maximize the use of cost-effective practices

E. Financing public health services

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

EPHO 9: Advocacy, communication and social mobilization for health

Description 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 across the social gradient

9.2 Risk communication

9.3 Informed dialogue among different audiences in formats and through channels that are accessible

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

9.5 Public health communication training and capacity development

9.6 Public health communication evaluation

9.7 Inter-country exchange of experiences

9.8 Evidence for advocacy

9.9 Communication for policy options

EPHO 10: Advancing public health research to inform policy and practice

Description of operation: Research is fundamental to informing policy development and service delivery. Research can take a number of forms: descriptive, analytical or experimental. 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 develop PH research

10.2   Adequacy of available resources (e.g. databases, information technology, human resources) to implement 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 implementation.

Clustering of EPHOs to deliver public health services