

HEALTH SYSTEMS, INTERNATIONAL HEALTH REGULATIONS, AND ESSENTIAL PUBLIC HEALTH FUNCTIONS



Report of the WHO Interregional Internal Working Meeting Copenhagen, Denmark 15-16 March 2016

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Contents

Executive Summary	3
Background.....	5
Synopsis of proceedings.....	8
A. Introduction to Essential Public Health Functions and Regional Perspectives.....	8
B. Working groups discussion on Essential Public Health Functions	8
C. Introduction to IHR, core capacities, and current WHO work streams	9
D. Options for linking IHR, EPHF and HSS in WHO work streams	10
Key points of agreement.....	11
Taking the agenda forward.....	12
Next steps (May – December 2016).....	14
WHA May 2016 - Response to EPHF resolution.....	14
Establish WHO Interdepartmental Working Group on IHR and EPHF	14
Provide conceptual clarity on interrelatedness between HSS, EPHF and health security.....	14
Annex 1: Meeting agenda	15
Annex 2: List of Participants.....	18
Annex 3: Background presentation, Prof. Martin-Moreno	20

Executive Summary

Essential Public Health Functions (EPHF) have been part of the foundation of the World Health Organization's work for several decades and several WHO regions have developed EPHF frameworks and comprehensive programmes of country support. However, at present there is currently no unified WHO narrative on EPHF, and work is required to harmonise and progress across three tiers of WHO and with its relevant stakeholders. The current focus on health security and member states' robust IHR compliance provides an opportunity to highlight how resilience can be built through strengthening public health systems, but there is a need to clarify and operationalize the linkages between EPHF, health security, and health systems strengthening. This need was reaffirmed at a Category 4 retreat of WHO health systems directors in January 2016, which called for a dedicated meeting to discuss further the regional experiences of EPHF and linkages with health security and health systems. Furthermore, EPHF has a renewed focus within WHO in light of a January 2016 Executive Board resolution (EB138.R5) which endorsed the need to support public health capacity building. In this context, a meeting was held in Copenhagen on 15th and 16th March 2016, with participation from all three levels of WHO. The meeting had the following objectives:

- Review recent progress on essential public health in WHO including regional frameworks on EPHF and recent reviews conducted at different levels of the organization
- Review conceptual linkages between health systems strengthening, essential public health functions and IHR core capacities strengthening
- Set out key priorities for joint action between HSS and IHR teams within WHO in the immediate and medium term for further discussion with a wider WHO audience and eventually with external stakeholders

The meeting acknowledged that there is a basic interrelatedness between HSS, EPHF and health security both conceptually and operationally. It also acknowledged, however, that these strategic and conceptual frameworks also have distinct goals and tools and that there is value in clarifying and demonstrating both the linkages and distinctions within a wider integrated health systems approach. There was also recognition that this work takes place within the SDG agenda, which requires action at country level to advance UHC and improve health security including adopting an inter-sectoral approach. Key conclusions of the meeting included:

- There is a need for a concerted and coordinated effort focusing on EPHFs within the WHO in the form of a horizontal approach across both health systems and health emergencies
- WHO should produce a report summarising regional approaches on EPHF and the links with IHR and HSS, and proposing a unified set of EPHFs along with a glossary for use in framing discussions on "resilient" health systems and UHC

- Strengthening EPHF is both an important component of the UHC agenda (to assure public health preparedness and strengthen promotion, protection, and prevention services, amongst other contributions), and a sound approach for institutional analysis and development to support IHR.
- There are concrete opportunities in 2017 and within the Programme Budget 2018-19 for shaping joint work in IHR, EPHF and UHC, with immediate opportunities such as work in countries on JEE assessments

As an immediate outcome, participants produced a short outcomes summary to inform the upcoming Global Policy Group meeting (18th March 2016) of the key discussion points and suggested next steps for the EPHF agenda.

There was widespread support at the meeting to take the EPHF work forward across the three tiers of WHO, and initial efforts will focus on establishing conceptual clarity, responding to the recent resolution in preparation for the sixty-ninth World Health Assembly, and outlining options for progressing the EPHF agenda, including immediate integration with the IHR Joint External Evaluation process.

Background

The concept of Essential Public Health Functions (EPHF) has been in wide use for at least thirty years, however no broad consensus exists as to its exact meaning or the concepts it encompasses¹. Broadly, the EPHF concept is understood “to indicate the services and operations included under the public health remit”¹, that is to say those aspects of national health and wider societal systems that relate to the professional and academic field of public health. In 1996, Yach described Essential Public Health Functions as “...a set of fundamental activities that address the determinants of health, protect a population’s health, and treat disease. These public health functions represent public goods, and in this respect governments would need to ensure the provision of these essential functions, but would not necessarily have to implement and finance them. They prevent and manage the major contributors to the burden of disease by using effective technical, legislative, administrative, and behavior-modifying interventions or deterrents, and thereby provide an approach for intersectoral action for health...”².

In practice EPHFs have been outlined in series of frameworks or assessment tools created by a number of WHO regional offices and non-WHO entities. Across these many different frameworks and tools there are various definitions and collections of functions, however there is significant overlap between many of the most widely used. Regions including EURO, PAHO, and WPRO have previously adopted their own resolutions on EPHF, and these were referenced in a new 2016 WHO resolution passed at the Executive Board in January 2016. Some regions have initiated programmes of assessment to determine member state capacity relating to EPHFs, however this appears to have been sporadic and not universal. To support the “Health for All” by the Year 2000 initiative, the WHO in 1997 performed a Delphi study to refine the EPHF concept, consulting 145 public health experts from around the world. This resulted in a set of nine functions that have helped inform subsequent frameworks at WHO regional level. However, there remains no settled central WHO definition of EPHF and its constituent functions, nor any position on whether a unified approach is appropriate, desirable or necessary.

Resolution EB138.R5 was passed by the WHO Executive Board on 27th January 2016, to be recommended for adoption by the sixty-ninth World Health Assembly in May 2016. It outlines a proposal for WHO and its member states to work to strengthen essential public health functions to support attainment of universal health coverage, and places the following requests on the Director General:

“(1) to develop and disseminate technical guidance on the application of essential public health functions, taking into account WHO regional definitions, in the strengthening of health systems and for the achievement of universal health coverage;

¹ Martin-Moreno et al. Defining and Assessing Public Health Functions: A Global Analysis. Annual Review of Public Health. Volume 37. 2016.

² Yach, D. Redefining the scope of public health beyond the year 2000. Current Issues in Public Health, Volume 2. 1996. As reported in WRPO 2003. Essential Public Health Functions: A three-country study in the Western Pacific Region. World Health Organisation Regional Office for the Western Pacific, Manila, 2003.

- (2) to facilitate international cooperation and to continue and enhance support to Member States upon request in their efforts to build the necessary institutional administrative and scientific capacity, providing technical support in relation to essential public health functions, for health systems strengthening, including to prevent, detect, assess and respond to public health events, and integrated and multi sectoral approaches towards universal health coverage; and to develop facilitating tools in this regard;
- (3) to take the leading role, facilitate international cooperation and foster coordination in global health at all levels, particularly in relation to health system strengthening, including essential public health functions, supportive to the achievement of the health related sustainable development goals and targets;
- (4) to report to the World Health Assembly on the implementation of this resolution as a contribution to the achievement of health related targets in the 2030 Agenda for Sustainable Development.”

The EB resolution provides a renewed focus and momentum to capitalize, streamline, and further the EPHF agenda across different WHO offices and functions by taking an integrated approach. Furthermore, the resolution builds on the momentum around strengthening public health capacity that has emerged in light of the recent outbreak of Ebola Virus Disease in West Africa.

As countries have moved to shore up their preparedness against public health hazards, the role of the International Health Regulations (IHR) has come into sharp focus. The regulations, first adopted in 1969 and updated to their latest form in 2005, provide a legal framework for the preparation, identification, alert and response activities required to protect against a range of global health threats. The regulations state that “Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party (i.e. by 2012), the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1”³ and “the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1”. A framework of core capacities required by countries to meet the terms of the regulations was subsequently developed, and is in wide use within WHO and member states. Subsequently, recent work has moved to incorporate the core capacities into a “Joint External Evaluation” (JEE) tool, which outlines nineteen technical areas for health security structured around the requirements to prevent, detect and respond to threats.

On preliminary review of the IHR core capacities and the JEE technical areas, there is clear overlap with many of the Essential Public Health Functions frameworks and, as supported by various practical examples of major public health events, clear significance for health systems planning.

³ WHO. International health regulations (2005) -- 2nd ed. World Health Organisation, Geneva, 2008. (available at http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf)

The concept of EPHF and its linkages with health security and health systems was discussed at the Category 4 retreat of WHO Health Systems Directors in January 2016. At this meeting, commitments were made to organise a further meeting to harness WHO experience on EPHF across the regions, and to initiate further work to define the linkages between EPHF and the IHR.

Building on initial discussions at the Category 4 retreat, and in the context of the January 2016 resolution and renewed focus on public health as part of the health security agenda, a meeting was hosted by WHO EURO in Copenhagen, on 15th and 16th March 2016. The meeting invited colleagues working on health systems and IHR from the three tiers of WHO, and had the following objectives:

- Review recent progress on essential public health in WHO including regional frameworks on EPHF and recent reviews conducted at different levels of the organization
- Review conceptual linkages between health systems strengthening, essential public health functions and IHR core capacities strengthening
- Set out key priorities for joint action between HSS and IHR teams within WHO in the immediate and medium term for further discussion with a wider WHO audience and eventually with external stakeholders

This report summarises the presentations, discussions and priorities came out of the meeting. Its objective is to provide an information source and way forward for the meeting delegates, and relevant wider audiences who might have an involvement or interest in HSS, IHR and EPHF.

Synopsis of proceedings

A. Introduction to Essential Public Health Functions and Regional Perspectives

Prof. Jose Martin-Moreno of University of Valencia presented an overview of the EPHF concept and its history, noting that efforts to develop a core list began in the 1990s in the United States, followed by a number of WHO regions developing distinct but similar frameworks and associated assessment tools. Prof. Martin-Moreno outlined the WHO EURO assessment tool in more detail, and concluded that assessments can be a useful tool that fosters synergies across the health system. He also stressed that EPHF should be coherent with the overarching SDG and UHC agendas.

Representatives from PAHO indicated that EPHF, IHR and health security all fit under the universal health platform rather than running as vertical programmes, but questioned why many countries still perform poorly on assessment of IHR core capacities, many of which are within the EPHF framework. It was also suggested that a subregional rather than national approach could be taken, which is being explored in PAHO in relation to IHR core capacities.

The meeting discussed a two-tier assessment process for EPHF in EMRO, in which country self-assessments are followed up with validation from a WHO expert team. This process is funded by the country itself to promote ownership, and facilitates the transition from evaluation to action to improve the public health system.

It was highlighted that, in WHO AFRO, no formalised EPHF programme has been implemented at the regional level. The experience of WPRO reflected that their region had relied on disease outbreaks to release funding that could be used for wider EPHF capacity building work.

B. Working groups discussion on Essential Public Health Functions

Three parallel groups were requested to discuss i) whether a unified list of WHO EPHFs is required, ii) what such a list should consist of and iii) what WHO's role, more generally, should be in the EPHF agenda.

Group 1 expressed a common view that a core set of functions was required, but with scope for adaptation as required by countries, regions or certain situations. A core list is expected to reduce ambiguity in terms, facilitate link-up with partners, identify common approach of WHO. In coming up with the core list, there is a need to harness prior experience and partner with other organisations and departments, for example to link with the wider UHC agenda. WHO should also develop a glossary of key terms related to EPHF and health systems strengthening. The core list should include defining enabling factors and process to achieve the function. A stakeholder consultation could be undertaken as a route to engaging them in delivery. The group recognized four roles for WHO in the EPHF agenda: first, lead in providing clear understanding of EPHFs; second, support Member States understanding of concept and linkages with other complimentary work streams; third, coordinate EPHF activities including secure buy-in of partners; and finally, help Member States to contextualize the core set of functions.

Group 2 made the case for WHO to have a unified conceptual hierarchy for its public health work at all levels, and suggested that this should be seen in the following format:

Level I – Global Cross Governmental: SDGs

Level II – Health system goals: health improvement

Level III - Health system objectives: Universal Health Coverage

Level IV – Implementation tools/instruments

- EPHFs
- Health Systems Strengthening
- IHR

Group 2 also said that a harmonized list of EPHFs should be developed, but that it should serve as a framework and not be prescriptive, building on existing work done at regional level. WHO should develop a policy paper containing definitions and key elements of EPHF, and should act to ensure public health work moves beyond assessments, building on existing in-country networks and advocating for governmental engagement.

Group 3 also agreed that a unified list of essential functions was necessary, being cognisant of previous investment of time and effort in EPHF in the regions. There is an urgent need for a unified narrative on public health from the WHO, as this is core business and the gap will be filled by others if WHO do not take the lead. For the list of core functions, Group 3 suggested that it was necessary at the very least to develop a group of “meta-functions” alongside a unified narrative. WHO should consider a phased approach to introducing a more comprehensive set of functions. The WHO role should encompass both the normative and the conceptual, ensuring it looks across the organisation to make the most of related work already in progress.

The plenary session following the parallel group discussions reflected that there was clear agreement on the need for a unified list, that a paper outlining agreed definitions would be useful, and that it was essential to clarify how this work is positioned within wider WHO, country level and political agendas. The plenary session also discussed the possibility of producing a paper outlining the various options for WHO action, from full financial support through to no additional resource, given the clear increased resource implications of the proposed WHO roles that emerged from the group sessions.

C. Introduction to IHR, core capacities, and current WHO work streams

To open this session, Dr Guénaél Rodier, Director, Global Capacities and Response at WHO HQ, presented an overview of the International Health Regulations (IHR), current work to assess and strengthen core capacities, and discussion of how health security, EPHF, and health systems are linked and complementary. IHR core capacities have implications both within the health system, as well as across other domains such as agriculture, transport, and

environment. Current work to strengthen these capacities takes place in a complex global landscape of multiple donors and a range of related policies and strategy. Current efforts in health security and IHR are focussed on the 19 technical areas of the Joint External Evaluation (JEE) process, a new tool that will facilitate assessment and country support. Cross-check of 19 technical priorities under JEE identified at least 12 areas common between EPHF and IHR.

It was stressed that WHO needs to show leadership on this agenda. The G7 has committed to support 76 countries to strengthen capacity for IHR compliance, and WHO needs to be present in this work.

Among meeting participants, there was recognition that the current donor focus on health security provided an opportunity to strengthen health systems more broadly, and it was suggested that within WHO the strong conceptual links between health security, EPHF, and health systems should be strengthened operationally and that opportunities should be sought to leverage investment in health security for wider, complementary health systems gain.

This session was concluded with brief reflections on regional perspectives on the interface between health systems and health security. PAHO representatives asserted that, when required to mount an acute response to strengthen health systems in emergencies, the WHO approach work well, but that questions remain over how to translate this into effective health systems strengthening when there is no emergency. This concept was supported by the WPRO delegation, who also reflected on the frequent need to respond to emergencies in that region, and the opportunity to use these to catalyse longer term health systems strengthening. WHO EURO, reflecting on recent experience during the Balkan flooding emergency, said that public health personnel may not be positioned to take part in emergency response, and acknowledged a need for a greater health systems focus on prevention and preparedness.

D. Options for linking IHR, EPHF and HSS in WHO work streams

This session aimed to identify clear operational links between health security, health systems and EPHF, while setting out priority areas for action required by WHO on this agenda. Dr Florence Fuchs, Coordinator of Support to IHR Capacity Assessment, Development and Maintenance at WHO HQ, presented an overview of options for linking health security and health systems strengthening in WHO work streams, identifying of particular importance the emerging JEE process. There are clear linkages between the JEE, health systems and EPHF, with many of the same functions reflected in each framework and related tools. There is a need for a holistic approach to health system and institutional strengthening, to which health security, EPHF, and health systems all contribute.

The current focus on the JEE provides an opportunity, as health systems colleagues at three levels of WHO could have direct involvement in the JEE process, for example in guiding the aims of JEE missions, assisting in mobilising resources, ensuring JEE action plans are

consistent with wider proposals for health systems strengthening, advising on workforce components of JEE documentation and joining efforts to ensure surveillance data is embedded in the health system.

Meeting participants expressed broad support for immediate and meaningful collaboration to incorporate health systems support into the JEE process, and also reiterated the need for early engagement of WHO country offices in these efforts.

Key points of agreement

The following key action points received broad support at the meeting:

- The meeting report should be followed by the subsequent development of an initial policy paper to include a review of frameworks, unified presentation of EPHFs, common HSS/health security/EPHF glossary, options for action, and a crosswalk with IHR action areas
- An operational plan should be developed for input into JEE revisions
- A roadmap of key milestones and additional consultations needed for 2016-17 and 2018-19 should be proposed
- A rapid summary should be produced to inform the Global Policy Group of the proposed action on the EPHF agenda
- Country ownership of the EPHF, health systems, and health security agenda should be emphasised in future work
- Although EPHF is incorporated into existing WHO work at a conceptual level, operationally there is a significant agenda of work and a timely opportunity to progress this. However, to do this may require significant resource
- There is a pressing need to align and integrate WHO work on health security and health systems strengthening, particularly in relation to upcoming work on the Joint External Evaluation process
- All proposed work on EPHF, health security, and health systems at all three levels of the organization should be explicitly acknowledged as sitting within the wider SDG and UHC agenda. Further work is required to clarify the conceptual mapping of the various agendas that underpin this work.

Taking the agenda forward

Priority Areas for Action

Adopting a systematic approach to integrate HSS, EPHF, and health security under a flexible framework

Discussion identified considerable experiences on EPHF and HSS concepts and practices at regional to local levels. Linkages of EPHF with IHR capacities are also obvious and likely to be synergistic. However, an organisational nest to harness the experiences and drive the EPHF work forward is currently absent and current practices are also not joined-up within and outside of the WHO.

Adoption of a systematic overarching approach would help the three tiers of WHO understand and take the steps needed at an organisational, process level which will improve and connect with relevant wider stakeholders to make promote integration on HSS, EPHF, and health security. The framework could also ensure a common approach to facilitate partnership and encourage all to capture the opportunities to promote the vital integration and cost effectiveness, for example, between HSS and IHR programmes. This will establish benefits of integration into the wider SDG agenda, which requires action at country level to advance UHC and improve health security.

Setting and dealing with priorities

The discussion identified a number of priorities related to HSS, EPHF and linkages with IHR capacities. Of these, the following emerged as common and important:

- Prioritisation of countries from both HSS and IHR perspective to undertake integrated planning and workings starting with application of the IHR JEE tool. Indicate milestones to review the operation of joint approach
- Clear emphasis to identify core set of EPHF functions or meta-functions, including their enabling attributes and support systems for their realisation, capitalising on the work done in EURO. This will cater for adaptation and sensitivity needed for specific regions and countries
- Ascertain big gaps in countries on IHR and EPHF that they are unable to comply with.
- Adaptation of HSS tool developed in PAHO for cost assessment of IHR capacity development. This could be extended to appraise cost-benefit analyses of joint IHR and EPHF service delivery
- Provide conceptual clarity on interrelatedness between HSS, EPHF and health security which could include a Glossary defining EPHF function and services as live document, capitalising on the work undertaken in EMRO

For dealing with priorities, participants discussed options for adopting a dedicated programme on EPHF, piggy backing with ongoing work-streams, and appointing HSS focal points at ROs.

Identifying responsibility and measuring progress

While this meeting was viewed as a successful bringing together of regional and HQ perspectives along with key country participation, it is clear that on an ongoing basis there is no clarity on central focal points at different levels of the institution on EPHF. This hampers better coordination on EPHF work and leaves open the question of responsibilities for implementation on priorities and suggested actions coming from the Copenhagen meeting and EPHF resolution (EB138.R5). There is the possibility that ongoing heightened interest to support a HSS approach will not last long unless a strong case for integrated work programme on HSS, EPHF, and health security is put forward as a matter of urgency.

A particular team should be assigned and adequately resourced to facilitate this work in partnership with regional office teams and develop a work plan for implementing aforementioned priorities. The assigned team can also coordinate drawing of lessons learned from region/country-specific engagement initially on those proposed with IHR work streams. The coordinating department should have the authority to link up with relevant departments and teams across three tiers of WHO and relevant partner agencies outside.

It is also clear that a monitoring and evaluation framework will be needed as a tool for organizing and reporting on activities supporting EPHF work across the levels of the organization. This would need to be linked to existing mechanisms of the biennial programme budget reporting and to other broad M&E efforts at the global level.

Next steps (May – December 2016)

WHA May 2016 - Response to EPHF resolution

In response to this EB resolution, the WHO SDS Department has progressed on initial steps to define the scope of the required response to meet the demands on the Director General. In summary, this scope of work could fall under four categories:

- Provision of Technical guidance – primarily defining concepts, principles, scope based on existing knowledge and practices within and outside of the WHO, which will lead to develop need-based technical guidance in the application of EPHF
- Ascertain Member States Support – includes inventory of needs in priority member states and develop a road-map to strengthen EPHF in prioritized countries and regions
- Develop global network for EPHF to share experiences and lessons identified from practices and service delivery – tiered network to facilitate collaboration, good practices and knowledge
- Development performance indicators and reporting mechanism for EPHF – this could enable standard and simplified system to evaluate EPHF up to service delivery-points

Establish WHO Interdepartmental Working Group on IHR and EPHF

To enable urgent support and coordination, it may be necessary to establish a small WHO Interdepartmental Working Group on IHR and EPHF. The ToR of this Group could include:

- Delivery of urgent priorities including those identified from WHA 2016
- Operationalise joint workings between HSS and IHR groups starting with implementation of JEE tool in selected countries
- Coordinate and contribute to proposed WHO document summarising regional approaches on EPHF and the links with IHR and HSS, along with a glossary for use in framing discussions on “resilient” health systems and UHC
- Convene meetings to review the overall progress in taking forward relevant priorities and recommendations

Provide conceptual clarity on interrelatedness between HSS, EPHF and health security

This will be a reference document of WHO policy and operational perspectives of regional approaches on EPHF and the links with IHR and HSS, along with a glossary for use in framing discussions on “resilient” health systems and UHC

Annex 1: Meeting agenda

Health systems, IHR and Essential Public Health WHO Interregional Internal Working Meeting 15-16 March 2016 – Copenhagen, Denmark

This working meeting will involve participation from the 6 regions of WHO with the aim of reviewing progress in essential public health work and examining specific linkages between health systems strengthening, the International Health Regulations core capacities strengthening and essential public health functions (EPHF). This initial meeting is a working meeting with primarily participation from health systems colleagues from the six regions, but staff from the IHR leadership will also participate. It is envisioned only as a first meeting aimed at creating clarity on progress and priorities for joint action in the near future. A follow up meeting involving wider participation from key WHO departments and teams is envisioned following this meeting.

Meeting objectives:

- Review recent progress on essential public health in WHO including regional frameworks on EPHF and recent reviews conducted at different levels of the organization
- Review conceptual linkages between health systems strengthening, essential public health functions and IHR core capacities strengthening
- Set out key priorities for joint action between HSS and IHR teams within WHO in the immediate and medium term for further discussion with a wider WHO audience and eventually with external stakeholders

Day1: EPHF and IHR across WHO and the links with HSS

09:00-09:20	Opening, welcome, and introductions <i>Hans Kluge, Director, Division of Health Systems and Public Health, acting RD, WHO EURO (host)</i>
09:20-09:40	Meeting objectives: The WHO roadmap for EPHF/IHR/HSS <i>Ed Kelley, Director SDS, WHO HQ and Ruediger Krech, Director ADGO HIS</i>
09:40-10:30	Session 1: Essential Public Health Functions – conceptual clarity Introduction to EPHF and review of EPHF Frameworks and evaluation tools in use across WHO and beyond <i>Jose Martin-Moreno, Department of Preventive Medicine and Public Health, University of Valencia Medical School</i>
10:30-11:00	Break
11:00-12:00	Session 1 continued: Small group discussions (2-3 groups) Each discussion to cover: <ol style="list-style-type: none">1. Is a unified WHO list of EPHFs required?2. If so, what should this list be (full list of essential functions, 3 or 4 overarching “meta-functions”, essential plus recommended etc.)3. What should be WHO’s role in EPHF agenda Facilitators: Martin Kraye Von Krauss, Sohel Saikat, Elke Jakubowski
12:00-12:30	Plenary session to feedback and to agree approach to EPHF <i>Facilitator: Jose Martin-Moreno</i>
12:30-13:30	Lunch break
13:30-14:00	Session 2: IHR core capacities, health security and health systems Introduction to IHR, core capacities, and current WHO work streams

14:00-14:30	<i>Guénaël Rodier, Director IHR coordination, WHO HQ</i> Regional perspectives: EURO: 2014 Balkan flooding - Health system impact - Response of regional health systems team - Role of IHR - Lessons learned
14:30-15:00	Regional perspectives: PAHO: 2016 Zika Virus Outbreak - Health system impact - Response of regional health systems team - Role of IHR - Lessons learned
15:00-15:30	Break
15:30-17:00	Open session: 1. Discussion on regional perspectives of IHR and Health systems 2. Development of parallel workshop sessions for session 3 (day 2) <i>Facilitator: Ed Kelley</i>
17:00	Close
18:30	Dinner

Day2: Country experience and priorities for action

09:00	Opening and summary of Day 1 <i>Jose Martin-Moreno, Department of Preventive Medicine and Public Health, University of Valencia Medical School</i>
09.20-09:50	Session 3: Priority Areas for Linkage on IHR and HSS From concept to action: Options for linking IHR and HSS in WHO work streams <i>Dr Florence Fuchs, Coordinator " Support to IHR Capacity Assessment, Development and Maintenance", Global Capacities, Alert and Response (GCR), WHO</i>
09:50-10:45	Small group discussion (x2) on clarifying the IHR and health systems interface 1. Core capacities 1-4 2. Core capacities 4-8
10:45-11:15	Break
11:15-12:30	Session 3 Continued: Parallel Sessions x2 (topics and numbers of parallel sessions are flexible and can be amended to reflect priority discussion topics identified on day 1) A: Setting priorities for IHR compliant, resilient health systems, specifying role of three tiers of WHO <i>Facilitator: Guénaël Rodier</i> B: Measuring progress – Efficient evaluation in the face of multiple frameworks (IHR, EPHF, HSS, UHC, and SDGs) <i>Facilitator: Dr Olla Shideed</i>
12:30-13:30	Lunch break

	Session 3 continued:
13:30-14:30	Plenary session on priority setting for HS/IHR/EPHF work streams, including brief feedback from each parallel session
14:30-15:15	Agreeing the roadmap – what is needed across three levels of WHO to progress the work on health systems, IHR, and EPHF. <i>Dr Ed Kelley, Director, Service Delivery and Safety, WHO HQ</i>
	Concluding comments (10 mins) <i>Dr James Fitzgerald, Director, Health Systems and Services, PAHO</i>
15:30	Close. Dr Hans Kluge

Annex 2: List of Participants

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

WHO Meeting on Health Systems, IHR and Essential Public Health Functions

Division of Health Systems and Public Health
WHO Regional Office for Europe
UN City
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/2

15-16 March 2016
Meeting room 0.9.34, finger 9

List of participants

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WHO EMRO

Dr Olla Shideed, Technical Officer, EM/RDO, Office of the Regional Director

WHO EURO

Dr Hans Kluge, Health Systems and Public Health, Director

Dr Elke Jakubowski, Health Systems and Public Health, Senior Advisor

Dr Govin Permanand, Health Systems and Public Health, Senior Policy Analyst

Dr Martin Kraye von Krauss, Health Systems and Public Health, Technical Officer

Dr Caroline Brown, Communicable Diseases and Health Security, Program Manager

Dr Dina Pfeifer, Communicable Diseases and Health Security, Medical Officer

Dr Bettina Menne, Policy and Governance for Health and Well-being, Program Manager

Dr Marija Kishman, Office of Regional Director, Strategic Relations with Countries,
Technical Officer

Ms Varduhi Boyakhchyan, Health Systems and Public Health, Secretary

WHO Headquarters

Dr Edward Talbott Kelley, HQ/SDS, Service Delivery and Safety, Director

Dr Guenaël R.M. Rodier, HQ/GCR, Global Capacities, Alert and Response, Director

Dr Sohel Saikat, Technical Officer, EVO Ebola Virus Outbreak Response

Dr Matthew Neilson, SDS Service Delivery and Safety, Consultant

Dr Florence Fuchs, IHR Capacity Assessment, Development & Maintenance, Coordinator

Dr Alex Ross, WHO Centre for Health Development (Kobe), Director, via WebEx

WHO PAHO

Dr James Fitzgerald, Health Systems and Services, Director

Dr. Analía Porrás, Unit Chief Medicines and Health Technologies

Dr Amalia del Riego, Unit Chief Access and Services

WHO WPRO

Dr Vivian Lin, DHS Division of Health Systems, Director

WR India

Dr Hendrik Jan Bekedam, WHO Representative, via WebEx

WR Kazakhstan

Dr Melita Vujnovic, WHO Country Office, Kazakhstan, Head of WHO Office

Temporary Advisors

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Annex 3: Background presentation, Prof. Martin-Moreno



Introduction to EPHF and review of EPHF Frameworks and evaluation tools

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This presentation

- Historical development of Essential Public Health Functions/Operations (EPHF/EPHO)
- Comparison of WHO formulations worldwide
- The EURO assessment tool and Regional experience, incl. links with IHR and HSS
- Lessons learned
- Conclusions

Historical development of Essential Public Health Functions (EPHF) and Operations (EPHO)

First attempts to create an inventory of public health services and capacities in the United States

- 10 organizational practices of public health (Dyal 1995)
- Miller/Turnock 20 (Turnock 1998)
- Essential Public Health Services (EPHS) (CDC 1994, 2013)



Parallel developments in Europe

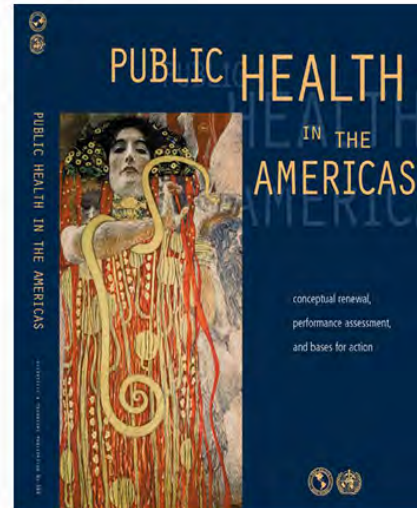
WHO-led effort to create EPHFs in the wake of the dissolution of the USSR and the disarray of public health services



- Delphi study in 1998 (Bettcher 1998)
- Meant to assist new health system planners in achieving a minimal level of public health services
- Understood as fundamental and indispensable for meeting Public Health goals and defining Public Health.

PAHO-CDC-CLAISS: Public Health in the Americas (2001-2002)

- First operational tool created and applied in 41 countries of the region
- Intense activity up to 2007
- A few off-shoots at national level:
 - Continued work in Argentina through World Bank (2015)
 - Continued development of National Public Health Performance Standards in USA (CDC, 2014)



Continued development worldwide

WHO-led efforts:

- 2003-2004: Western Pacific (Vietnam, Fiji, and Malaysia)
- 2007-2008: South-Eastern Europe and Central Asia
- 2012, 2014-present: European Region
- 2013-present: Eastern Mediterranean

Other countries and organizations:

- World Bank
- ASPHER
- European Union
- World Federation of Public Health Associations
- Australia, Sri Lanka, British Columbia, Israel: all have developed their own formulations to understand public health

Essential Public Health Functions across WHO Regions

EPHFs according to Delphi study (1998)

1. Immunization
2. Monitoring morbidity and mortality
3. Disease outbreak control
4. Disease surveillance
5. Promotion of community involvement in health
6. Monitoring determinants of health
7. Production and protection of safe water
8. Control of food quality and safety
9. Provide health information and education
10. Evaluate the effectiveness of health programmes and services

No initial attempts to transform this list into an operational tool

Pan-American Health Organization (2002)

1. Health situation monitoring and analysis
2. Surveillance, research, and control of the risks and threats to public health
- 3. Health promotion**
4. Social participation in health
5. Development of policies and institutional capacity for public health planning and management
6. Strengthening of public health regulation and enforcement capacity
7. Evaluation and promotion of equitable access to necessary health services
8. Human resources development and training in public health
9. Quality assurance in personal and population-based health services
10. Research in public health
- 11. Reduction of the impact of emergencies and disasters on health**

Western Pacific (2003)



1. Health situation monitoring and analysis

2. Epidemiological surveillance/disease prevention and control

3. Development of policies and planning in public health

4. Strategic management of health systems and services for population health gain

5. Regulation and enforcement to protect public health

6. Human resources development and planning in public health

7. Health promotion, social participation, and empowerment

8. Quality assurance in personal and population-based health services

9. Research, development, and implementation of innovative public health solutions

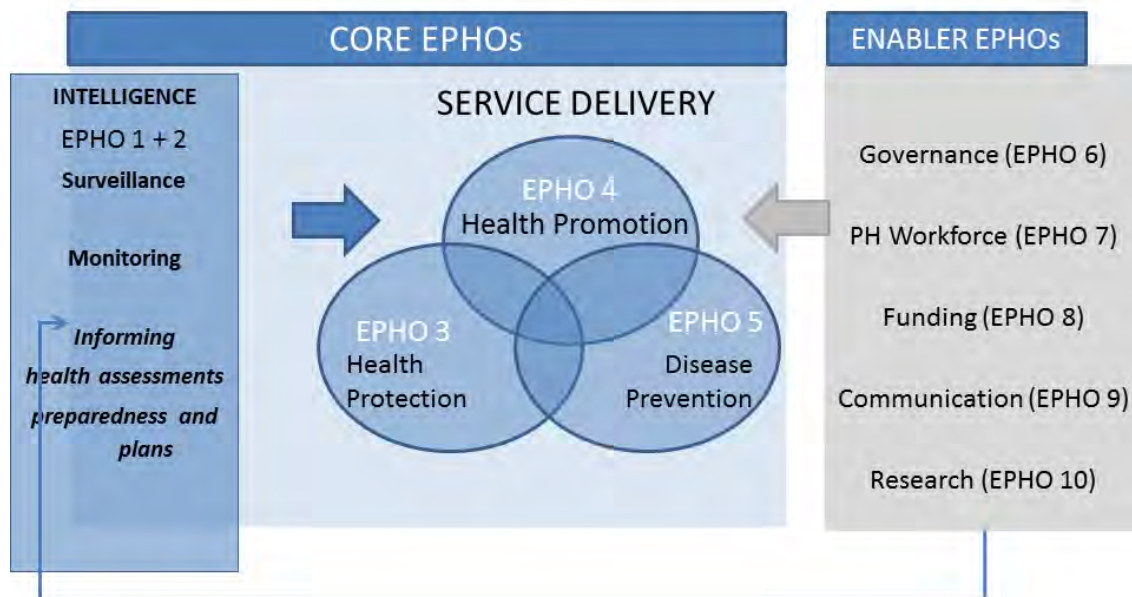
■ Countries and islands in WHO's Western Pacific Region

European Region (2007-2014)

1. Monitoring, evaluation, and analysis of health status
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. Governance for health and well-being
7. Sufficient and competent public health workforce
8. Sustainable organizational structures and financing
9. **Information, communication, and social mobilization for health**
10. Public health research to inform policy and practice

The 10 Essential Public Health Operations (EPHOs)
for strengthening Public Health service delivery

VISION: Sustainable Health & Well-Being



Eastern Mediterranean (2013)

1. Surveillance of population health and well-being
2. Preparedness and public health response to disease outbreaks, natural disasters, and other emergencies
3. Health protection, including management of environmental, food, toxicological, and occupational safety
4. **Health promotion and disease prevention** through population-based interventions, including action to address social determinants and health inequity
5. **Effective health governance, public health legislation, financing, and institutional support**
6. Sufficient and competent workforce for effective public health delivery
7. Communication and social mobilization for health
8. Public health research to inform and influence policy and practice

**EURO Experience: 2007-
present**

Piloting self-assessment tool through the Southeastern Europe Health Network (SEEHN)

Tool piloted in SEE countries and others (Estonia, Kyrgyzstan and others)



WEB-BASED ASSESSMENT TOOL



Successive versions in 2007, 2012 and 2014

Recurrent challenges:

- Length and level of detail
- Insufficient integration of other WHO initiatives, e.g. Health 2020; other areas overlooked
- Debate on how to organize operations



Latest iteration: 2014

- Cornerstone of regional initiative: EAP/PHS
- Cosmetic improvements: check boxes + open response
- More detail
- Greater concentration on some issues
- Formulation of scoring criteria (00-10) to systematise evaluation



Regional Committee for Europe
Sixty-second session
Malta, 10-13 September 2012



European Action Plan
for Strengthening Public Health
Capacities and Services



Clearing house for guidance on public health

- WHO guidance documents form the basis of EPHO criteria
 - Sub-heading (2.C) with 6 sub-operations on implementation of IHR
 - Explicit links with HSS
 - Reference to development of UHC
- Clear organization of EPHOs to aid coordination of assessment and facilitate tailored configurations of sub-operations, depending on area(s) of interest
 - Will be facilitated by development of new e-tool.

Example: International Health Regulations

2.C. IMPLEMENTATION OF IHR

Please note that this section may overlap with the section on IHR, which is conceived as a rapid assessment of IHR implementation. This qualitative assessment summarizing your

2.C.1. Fostering of global partnership

Briefly describe the following elements

Training and implementation activities

Activeness of the government's role in implementation

Engagement in resource mobilization at national level

Provision or management of international implementation of IHR

Score (0–10):

2.C.2 - Strengthening of national public health capacities for surveillance and response

2.C.3 - Public health security in travel and transport

2.C.4 - Management of specific risks

2.C.5 - Preservation of rights, procedures and obligations

2.C.6 - Performance of studies to track progress in the implementation of IHR

¹⁸ International Health Regulations (2005): areas of work for implementation. Geneva: World Health Organization; 2007 (http://www.who.int/ihr/publications/areas_of_work/en/, accessed 26 August 2014).

Links to Health Systems Strengthening

Leadership/governance	EPHO 6: Governance for health
Healthcare financing	EPHO 8: Organizational structures and financing
Health workforce	EPHO 7: Public health workforce
Medical products & technology	1.C.4 Monitoring access to essential medicines
Information & research	EPHO 1: Surveillance EPHO 9: Information and communication EPHO 10: Research
Service delivery	EPHO 3: Health protection EPHO 4: Health promotion EPHO 5: Disease prevention

Above all . . .

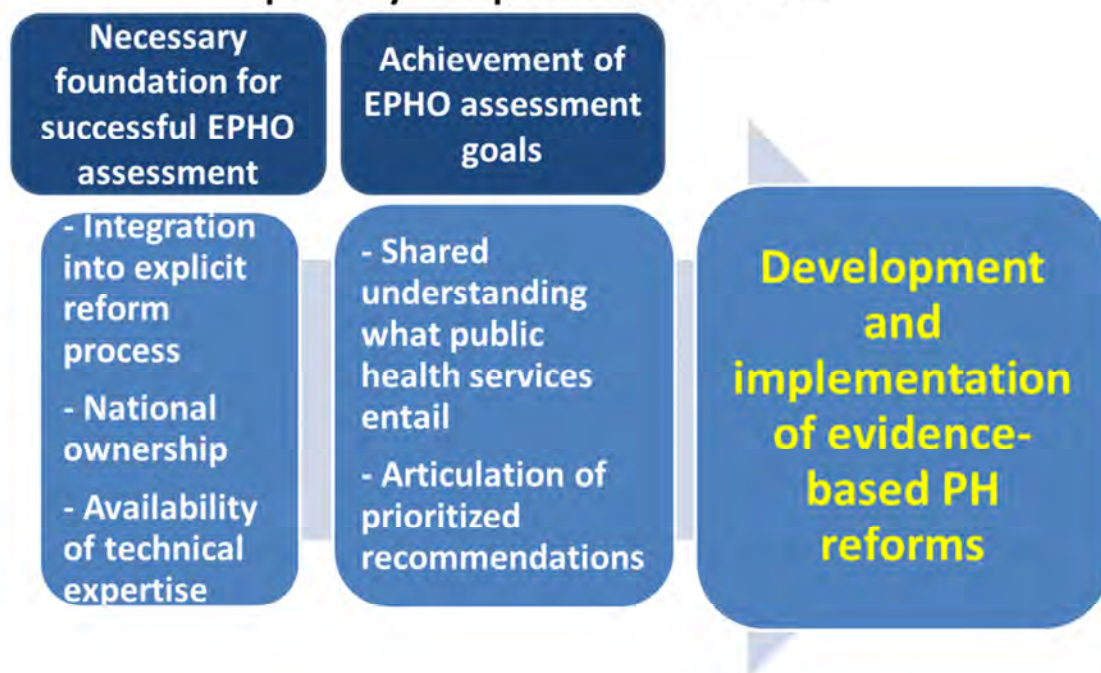
... The tool gives an overview of the whole range of public health services within the health system

enabling their delivery in a strategic and integrated way...
healthcare (primary and specialized care)
and traditional public health...

Country self-assessments using the 2014 tool

- Macedonia (2014), Cyprus (2015), Poland (2015), Armenia (2015-2016)
- Assessments take 3-6 months, involve \approx 50-60 professionals, 10-20 institutions
- Generally positive feedback
 - Formed the basis for strategic PH reforms in Macedonia
 - EPHOs included in first major public health act in Poland

Keys to turning EPHO assessment into policy implementation



Added value of EPHO assessment

- Empowered leadership
- Improved personal relationships and professional networks
- Increased institutionalization of public health
- Integrated capacity building



Lessons from the EURO experience

- Final list must be adapted to specific settings and up-to-date evidence
- Glossary of terms is necessary to ensure understanding across diverse regions
- The “health system vs. public health” debate is counterproductive to the aims of both areas

Lessons, cont.

- Self-assessment tools should be user-friendly, with translations and adaptations whenever possible
- Useful at a country level, but should not constitute the basis for international comparisons
- Overarching programmes should be coherent with EPHOs.

Conclusions

- **ASSESSMENT ≠ REFORM:** Leadership and political will are still the decisive ingredients, but . . .
- EPHOs/EPHFs help policymakers understand what public health is
- Assessments enable an accurate diagnosis of public health services and capacities (i.e., excellent baseline assessment)
- Collaborative learning experiences for all involved, fostering greater synergies across the health system

Thank you!

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