



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**Coalition of Partners Expert Meeting  
on Strengthening Public Health Capacities  
and Services in Europe**

**Report of a WHO Meeting  
Copenhagen, Denmark, 30–31 January 2017**

## ABSTRACT

A recent review of the implementation of the European Action Plan for Strengthening Public Health Capacities and Services showed that, despite robust action in Member States, its potential remained largely unrealized. To accelerate progress, the WHO Regional Office for Europe, champion countries and organizations from the international public health community are joining forces to form a Coalition of Partners to develop and implement a joint Agenda for Action focusing on the enabling functions of public health services. Acting as the secretariat to this initiative, the WHO Regional Office for Europe convened a two-day meeting to start the process of co-creating the contents of the Agenda for Action that the Coalition of Partners would take forward. During the meeting, the participants reached consensus on the agenda's objectives and the actions required to achieve them, commenced the development of practical project proposals and concrete next steps, and laid the foundation for the further refinement of the Agenda for Action and development of the Coalition.

### Keywords

PUBLIC HEALTH  
COOPERATIVE BEHAVIOR  
INTERNATIONAL COOPERATION  
CAPACITY BUILDING  
EUROPE

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## Introduction

### Need for strong comprehensive public health services

The health of the people in the WHO European Region has greatly improved over the last 25 years. Unfortunately, these improvements have not been shared uniformly, and large health-related inequities still exist between and within countries (1). Noncommunicable diseases (NCDs) have superseded communicable diseases as the most important contributors to the burden of disease in Europe (2); five major NCDs now account for 86% of all deaths in the Region (3). This creates increasing and shifting demands on health care and public health services, a trend exacerbated by an aging population and persisting inequities. The Organisation for Economic Co-operation and Development (OECD) estimates that, if nothing is done, the cost of health care will double by 2050 (4), a cost that will be unsustainable for many governments. Shifting investment to different types of interventions that address the underlying causes of ill health (disease prevention and health promotion) can mitigate many health costs. (5,6).

Unfortunately, spending on public health services represents a small, and declining in some countries (7), fraction of total government spending on health (3% on average in OECD countries), despite compelling evidence that they are highly cost effective in addressing NCDs (8). Meanwhile, recent outbreaks and health emergencies – such as the outbreaks of Ebola virus disease in West Africa and Zika virus disease in the Americas, and flooding in the European Region – have highlighted deficiencies in health systems' ability to prepare for and respond to public health emergencies, in accordance with the International Health Regulations (IHR) (9,10). Strong, comprehensive public health services, based at the heart of, and as an integral part of the health system at large, continue to be needed. The World Health Assembly recognized, in resolution WHA69.1, the need for these services to support the achievement of universal health coverage in the context of the United Nations 2030 Agenda for Sustainable Development (11,12).

In 2012, Member States endorsed a new policy framework for health in the European Region, Health 2020 – aiming to “significantly improve the health and well-being of populations, reduce health inequalities [and] strengthen public health ...” – and adopted the European Action Plan for Strengthening Public Health Capacities and Services as a key pillar for implementing Health 2020 (13,14). Central to the Action Plan are the 10 essential public health operations (EPHOs), which provide a conceptual framework to support the delivery of comprehensive public health services. A mid-term review of progress in implementing the Action Plan noted that its potential has remained largely unrealized (15). The review highlighted the need to focus action on four enabling functions – human and financial resources for public health, organization and governance of public health services, and public health legislation (EPHOs 6–8) – to strengthen the services more quickly.

## **An Agenda for Action and Coalition of Partners to strengthen public health services**

To accelerate progress, the WHO Regional Office for Europe, champion countries and organizations from the international public health community are joining forces to form a Coalition of Partners, which will develop a joint Agenda for Action focusing on the enablers of public health services. The agenda sets out the joint objectives and actions that the Coalition of Partners will implement. The WHO Regional Office for Europe acts as the secretariat to this initiative. Champion countries either have already reformed their public health services or are on the verge of embarking on such reforms. It is envisaged that, in addition to shaping the agenda, champion countries will have a special role in overseeing the implementation of the actions.

The Agenda for Action will be demand-driven, shaped by Member States' needs and experiences. The WHO Regional Office for Europe, champion countries and partner organizations will develop and own it jointly. Collaboration between members of the coalition will enable the pooling of resources and expertise to take the agreed actions. Partners within the Coalition will take joint responsibility for mobilizing the resources needed to implement the Agenda for Action.

### **Expert Meeting: aim and objectives**

Against this backdrop, the WHO Regional Office for Europe convened a two-day meeting to start the process of jointly defining the shared Agenda for Action, building the Coalition of Partners and agreeing on concrete action to strengthen public health services.

The Meeting aimed to co-create the contents of the Agenda for Action that the Coalition of Partners would take forward, and to establish shared responsibility for its implementation. Its objectives were to develop:

- a shared understanding of the need to which the coalition and its Agenda responds;
- a shared sense of purpose for the agenda for action and consensus on the objectives;
- shared principles for collaboration (postponed to the next meeting); and
- ideas for practical actions and concrete next steps.

The programme and participants of the Expert Meeting are given in annexes 1 and 2.

The WHO Regional Director for Europe and the Director of the Division of Health Systems and Public Health, WHO Regional Office for Europe welcomed the participants, noting that the mid-term progress report on the Action Plan (15) had found that more needed to be done to implement it, despite robust action in countries. Member States had reported much progress: making plans for stronger public health services, passing supportive legislation, establishing new public health bodies and strengthening existing ones, improving core services and taking intersectoral action. Nevertheless, the Action Plan's visibility had remained low, even in the public health community, and gaps remained between countries' stated commitment to public health and the resources dedicated to it, and in strengthening the enabler functions. Despite the information generated by WHO and its dialogue with finance ministries (16), evidence on the high cost-effectiveness of public health action was not well known. The Expert Meeting was the start of a process to take the Agenda for Action forward to 2020 and beyond.

## Discussion

The Expert Meeting was intended to unite the supply of expertise and support for public health services –represented by members of international organizations, such as the Association of Schools of Public Health in the European Region (ASPHER), the International Association of National Public Health Institutes (IANPHI), the European Public Health Association (EUPHA), EuroHealthNet, the European Commission and WHO – with the demand – represented by a variety of senior country experts – to take joint action to strengthen the enabler functions of public health services.

The participants pursued the objectives of the Meeting through activities that enabled them to share their experience and to hold specific discussions of concrete action in small groups. They began by considering the reforms in three countries in the European Region (Georgia, Greece and Ukraine) to strengthen public health services and capacities; these showed the importance of the enabling functions to each country's public health system.

The participants were asked what response was needed to address the needs identified in the stories and how the Coalition of Partners could contribute to it. The responses identified fell into several categories: advocacy and financing, public health champions and relationship building. Advocacy was needed to secure political commitment and financing; this included making the case for investment in public health by such means as showing what society would look like if investment were not made. Public health leadership by champions was needed for continuous advocacy and to build alliances. Human resources were also deemed important: training of the public health workforce needed reform and redesign, and information and tools needed to be developed for this purpose and for accreditation. Whatever the problem and the levels on which it occurred, broad- and human-rights-based approaches were needed to address it, along with a clear vision of the immediate and long-term results desired. The Coalition of Partners could assist the response by:

1. pooling expertise and resources together towards a common goal;
2. helping to determine common terminology and definitions, aims, framing of the issues (including human-rights aspects) and targets;
3. providing peer-to-peer sharing of experience, expertise, good practice and innovation;
4. making knowledge visible and accessible;
5. providing advocacy, to support countries in making the case for public health and national action, and to publicize public health successes;
6. broadening the dialogue within the health sector (with medical schools, primary and community health care) but also more widely (social care and education);
7. empowering public health professionals by connecting them to the wider community of public health professionals and practitioners;
8. investing in innovative public health services and career pathways to make the discipline more attractive to the new generation;
9. recognizing the responsibilities of public health professionals, and improving their education and training.

The participants suggested specific actions that could be taken under these headings.

The participants also considered success stories in public health reform from Finland and Slovenia, with comments from staff of international organizations. They drew lessons from the stories on leadership, interconnectedness and cross-system thinking, co-creation and empowerment:

1. Leadership is important both within the public health system and in making alliances, and in taking action with other sectors and stakeholders.
2. Change is a long-term process, requiring forward-looking leadership and persistence, in which a well-functioning bottom-up approach is effective.
3. Cross-sectoral work, especially with health care workers, is essential.
4. Innovation is essential in devising solutions to problems, and innovation in partnerships helps secure more funds and expand partnerships at new levels.
5. The prestige of the public health workforce is a recurring issue. Countries such as Belgium and the Republic of Moldova have increased the prestige of general practitioners and the public health workforce by: recognizing the disciplines as specialties, and increasing pay, the independence of work and collegiality. These help to ensure high-quality services, and contribute to greater recognition by society.

## **Outcomes and next steps**

The participants examined the draft Agenda for Action for the Coalition of Partners, which included a mission statement and six objectives with a total of 36 deliverables.

### **Agenda for Action: objectives**

The draft objectives were the following.

1. The public health workforce is recognized and valued as a profession.
2. There is alignment between the allocation of human resources for public health and the priorities determined by the burden of disease.
3. Public health leaders have the knowledge and skills required to function as effective change agents.
4. Member States have strong public health legislation enabling effective service delivery.
5. Member States effectively advocate investment in public health services and apply strategic financial management practices.
6. Public health services are organized and governed effectively and efficiently.

The participants considered the content of the objectives, to determine what elements needed to be added. They raised a number of questions, such as how to define the public health community (whether it comprises specialists only or everyone who assists the public health agenda) and what parts of the public health workforce to upgrade and how much (objective 1). Who was meant by public health leadership: people working in public health in the health ministry, education or other sectors (objective 3)? The definition would change the

understanding of objective, and a broad definition could be an advantage in the specific context of this initiative. Participants commented that securing strong legislation (objective 4) required a significant improvement of WHO and partners' relationships with parliaments, to build new framework for public health; and questioned whether Member States or public health leaders advocate investment in public health (objective 5); and noted both the idea of global leadership values being translated for public health purposes and WHO's efforts to provide technical assistance to wide range of countries.

A discussion of the elements that needed to be added to the current objectives, in order to meet Member States' needs in improving public health services, identified a range of items collected under several headings:

1. appropriate structures for public health are defined and established;
2. public health services are evidence based, ethically sound and feasible;
3. public health services are scaled up, multisectoral and accountable; and
4. there is public health leadership for effective public health systems.

The participants also identified a group of cross-cutting issues affecting all the objectives: the need for the Agenda for Action to reflect EPHOs 1–4 (as they are about action) and to include technology and its impact on public health systems, a multidisciplinary and multisectoral perspective, guidance, and monitoring and evaluation, including of quality.

Next, the participants assessed the six objectives and the missing elements, to identify both the importance of each in meeting countries' needs and the areas in which where they or their organizations or countries could contribute most effectively. Those needing immediate attention proved to be objective 1 (The public health workforce is recognized and valued as a profession) and objective 4 (Member States have strong public health legislation enabling effective service delivery), as well as one of the new headlines (appropriate structures for public health are defined and established), and they agreed that the Coalition of Partners had the knowledge and experience to contribute most to objectives 1, 3 and 4 (the public health workforce is recognized and valued as a profession, public health leaders have the knowledge and skills required to function as effective change agents, Member States have strong public health legislation enabling effective service delivery).

This discussion led to the conclusion that the draft objectives were a good start, and showed a welcome overlap between countries' needs and the available expertise in the Coalition of Partners for all the objectives but the fifth. This in turn indicated a relatively close alignment of demand and supply. The relative lack of discussion and expertise in objective 5 (investment in public health services) seemed to indicate the need for consideration of the recruitment of health economists and other public health finance experts into the Coalition of Partners. Objective 6 (the organization and governance of public health services) could be revised to reflect a focus on the need for appropriate structures. The expertise in this area offered opportunities for peer-to-peer learning and provided a good platform for the ensuing discussion of deliverables.

### **Agenda for Action: deliverables**

As the discussion so far had indicated that the participants were eager to begin work as partners of the Coalition, they agreed to postpone to a future meeting the planned discussion of the coalition's mission statement and principles for collaboration. Instead, they focused on co-creating the way forward by determining what actions they would undertake together to strengthen public health services.

The draft deliverables under the six objectives were relatively numerous, to ensure that each would have a specific and measurable result to fill needs in countries. Participants could plan actions to address more than one or devise new deliverables, but the need for specific outcomes remained. The participants formed small groups to explore joint practical action on the deliverables that interested them most (Table 1). When they had devised project plans for these, a person from each group explained its work to other participants, in order to attract others to take part and to discover opportunities for implementation.

**Table 1.**

**Actions explored by the Coalition of Partners using deliverables from the draft Agenda for Action**

<b>Deliverables</b>	<b>Content</b>
1.2 and 3.2	Core competencies for public health professionals (list) Leading change for public health: continuing professional development (CPD) curriculum (curriculum for short course)
1.5 and 1.6	Country assessments of the professionalization of the public health workforce (including four country pilot-tests to validate and refine tool) Roadmap towards professionalization of the public health workforce (for countries to use)
1.7 and 2.5	Compendium of case studies on the added value of the public health professional workforce Establishment of new WHO collaborating centres for human resources for public health (to increase capacity for research and resources)
1.8 and 2.4	Compendium of case studies of licensing and accreditation systems (complementing 1.6) Template public health workforce development plan (to help countries develop plans using international experience)
2.2 and 2.3	Country assessments of public health workforce (including four countries to pilot-test and refine the tool) Template human resources for public health strategy (to help countries develop strategies)
3.1	High-level dialogue on transformational change in public health services delivery (peer-to-peer retreat focusing on the 'how')
3.3	Intercountry capacity-building seminars and CPD events: "leading change for public health services" (three short courses using the material developed under 3.2)
3.5	Capacity-building workshop(s): storytelling for public health
4.1 and 4.2	Legislation assessment tool (to assess quality) Country assessments of legislation for public health (in four countries)
5.1	Assessment tool for financing of public health services
6.4	Sub-regional capacity building workshop(s): creating and developing national public health institutes (setting out options)
6.5	Sub-regional capacity-building workshop(s): creating and developing national public health associations (to set out options)
6.3	Guidance document on public health services in health care (on basket of services to integrate with health care services)
6.6	Compendium on the organization of health-promotion services (case studies from three countries to support reform)
6.8	Intercountry study tours (at least two, to share ideas and learn from differences)
6.9	Supporting resources for EPHO self-assessment
NEW	Collaboration in public health: "Global Charter for the Public's Health"

For example, the group tackling deliverables 4.1 and 4.2 (assessment of legislation) started by defining their purpose: to review countries' legislation on public health to identify gaps and determine whether national legislation is aligned with the 10 EPHOs. Needs were identified: to review best practices in the field, to review and map legal frameworks, and to pilot-test methodology in countries with different public health structures. The group defined the scope of project and the major challenge (fragmentation of public health legislation between different authorities), and made a start on defining an action plan for the project: to map the tools available, choose one, identify pilot countries and carry out the project.

The group addressing deliverable 3.5 noted that effective storytelling for public health required defining the story to tell and the audiences to reach, and tailoring messages to the audiences, using a participatory process and giving optimistic messages. The next steps would be to discover whether this topic could be included in the agendas of forthcoming European Public Health conferences (Stockholm 2017, Ljubljana 2018). For 2017, the European Centre for Disease Prevention and Control (ECDC), European Public Health Association (EUPHA) and the WHO Regional Office for Europe offered to hold a workshop on this topic.

The groups proposed 16 projects to take forward as a starting point. Two of those were volunteered under the '*100-days challenge*' (to complete a project in the 100-days after the meeting within existing resources): participants committed to develop a tool to allow countries who have completed an EPHO self-assessment previously to systematically evaluate the progress of the implementation of the recommendations to ensure appropriate action has been taken, and to hold a joint WHO/IANPHI capacity building seminar back-to-back with the IANPHI European annual meeting in spring 2017 in Ukraine.

### **Next steps**

The Expert Meeting was just the start of a long-term process. The WHO Regional Office for Europe considered the 16 project proposals as expressions of interest. It was hoped that the participants would work towards making the Coalition of Partners a cohesive initiative by advocating that their organizations express a commitment towards active contribution to the Coalition of Partners. The next milestone of the initiative would be the Coalition's next meeting, to be hosted by the Ministry of Health in Finland.

The focus for the initiative and the next meeting will center around three goals i) enabling further cohesion of the Coalition, while remaining open for new partners and champion countries to join; ii) development of the core package of actions by the Coalition in support of Member States; c) working with partners of the Coalition, including donors, to mobilize resources in support of the implementation of the Agenda for Action activities. Naturally throughout the process sharing our experiences and learning will be paramount. Further resources related to the meeting are available on the Regional Office website (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/news/news/2017/02/expert-meeting-lays-foundation-for-scaled-up-action-on-strengthening-public-health-services-in-europe>).

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## Annex 1: Programme

### PROGRAMME

Monday, 30 January 2017	
09:00–09:45	Registration
09:45–10:45	<p><b>Session 1. Welcome, introduction and framing</b></p> <ul style="list-style-type: none"> <li>– Welcome by Dr Zsuzsanna Jakab, Regional Director</li> <li>– Address by Dr Hans Kluge, Director of Health Systems and Public Health</li> <li>– Introduction to the Agenda for Action and the Coalition of Partners, Dr Anna Cichowska and Dr Martin Kraye von Krauss, Public Health Services Programme</li> <li>– Meeting process and format, Anne Madsen and Nanna Frank, Status Flow</li> <li>– Who is who in the room?</li> </ul>
10:45–11:20	<p><b>Session 2. Setting the scene: challenges in on-going reforms of public health services</b></p> <ul style="list-style-type: none"> <li>– Three country experts relate some of the challenges they have encountered in their work to reform public health services.</li> <li>– Greece: Secretary General Baskozos</li> <li>– Ukraine: Deputy Minister Syvak</li> <li>– Georgia: Dr Amiran Gamkrelidze</li> </ul>
11:20–11:30	<b>Break</b>
11:30–12:55	<p><b>Session 3. Responding to the challenge</b></p> <p>- World café dialogue -</p> <p>Facilitated group work on the response required to address the challenge, and the potential role of the Coalition of Partners.</p>
12:55–13:45	<b>Lunch</b>
13:45–14:10:	<p><b>Session 4. Responding to the challenge – report back from group work</b></p> <p>Facilitated plenary session.</p>
14:10 –14:30	<p><b>Session 5. What could we strive to achieve together?</b></p> <ul style="list-style-type: none"> <li>– Introduction to the six tentative objectives proposed in the Agenda for Action Dr Anna Cichowska and Dr Martin Kraye von Krauss, Public Health Services Programme</li> </ul>

14:30–16:00	<p><b>Session 6. What do we want to achieve together?</b></p> <p>- Group conversations -</p> <p>Facilitated group work on the collective objectives of the Coalition of Partners.</p>
16:00–16:30	<p><b>Break / Reflection on objectives by country experts.</b></p>
16:30–16:45	<p><b>Session 7. Towards common objectives for the Coalition of Partners</b></p> <p>Facilitated plenary session.</p>
16:45–17:35	<p><b>Session 8. Stories of success in reforming public health services</b></p> <p>– Two country experts relate stories of some of the successes they have encountered in their work to reform public health services.</p> <p>1. Finland – Director Taru Koivisto</p> <p>Panellists:</p> <ul style="list-style-type: none"> <li>• ASPHER – Dr Kasia Czabanowska</li> <li>• ECDC – Professor Karl Ekdahl</li> </ul> <p>2. Slovenia – Dr Vesna Kerstin-Petric</p> <p>Panellists:</p> <ul style="list-style-type: none"> <li>• IANPHI –Dr Tek-Ang Lim</li> <li>• EuroHealthNet – Dr Caroline Costongs</li> </ul>
17:35-17:55	<p><b>Wrap up of day 1</b></p>

<b>Tuesday, 31 January 2017</b>	
09:30–10:00	<p><b>Session 9. Summary of day 1 and introduction to day 2</b></p>
10:00–11:15	<p><b>Session 10. Towards shared principles of collaboration</b></p> <p>Facilitated group work to co-create the principles of collaboration for the Coalition of Partners.</p>
11:15–11:45	<p><b>Session 11. Agreeing on principles of collaboration</b></p> <p>Facilitated group work to co-create the principles of collaboration for the Coalition of Partners.</p>
11:45–12:30	<p><b>Lunch</b></p>
12:30-12:50	<p><b>Session 12: Reflection on principles of collaboration: report back from group work</b></p>

	Facilitated plenary session.
12:50–14:40	<p><b>Session 13. Towards activities and deliverables</b></p> <p>- Market place -</p> <p>Facilitated group work to co-create the activities and deliverables of the Coalition of Partners.</p>
14:40–15:00	<b>Break / Group Photo</b>
15:00–15:25	<p><b>Session 14. Emerging activities and deliverables: report back from group work</b></p> <p>Facilitated plenary session.</p>
15:25-15:45	<p><b>Session 15. Towards a mission statement</b></p> <p>Facilitated plenary session.</p>
15:45-16:05	<p><b>Session 16. Reflections on next steps</b></p> <ul style="list-style-type: none"> <li>- Reflections on global developments, by Dr Ruediger Krech, Director of Health Systems and Innovation</li> <li>- Reflections on next steps for the Coalition of Partners, by Dr Anna Cichowska and Dr Martin Kraye von Krauss, Public Health Services Programme</li> </ul>
16:05-16:25	<b>Session 17. Evaluation activity</b>
16:25-16:30	<p><b>Closing remarks</b></p> <p>Dr Hans Kluge, Director of Health Systems and Public Health</p>

## **Annex 2. Participants**

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