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Report on results of European Action Plan for Strengthening Public Health Capacities and Services surveys

The European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS) was endorsed by the 62nd session of the Regional Committee for Europe in resolution EUR/RC62/R5 in September 2012.

This information document is part of the Midterm review of progress in implementing the European Action Plan for Strengthening Public Health Capacities and Services (document EUR/Rc66/19). It presents the results of two surveys – a survey of Member States of the European Region and a survey of WHO partner organizations – designed to collect information on important developments on the implementation of the EAP-PHS from 2012–2015.

The survey of Member States identifies examples of significant changes that have taken place since 2012, important success factors and barriers that have arisen, good practices that have emerged in different contexts, and how the technical assistance provided by the WHO Regional Office for Europe has influenced developments at the national level. The survey of WHO partner organizations identifies novel developments and initiatives that have occurred since 2012, examples of good practices in public health, and how the technical assistance provided by the Regional Office for Europe has influenced developments.

The results of the surveys show that while Member States and partner organizations have found the EAP-PHS useful in promoting positive developments in public health policy and practice, it lacks visibility in Member States, particularly in those organizations and bodies charged with overseeing its implementation. These factors hindered its impact, particularly at the political level.

While respondents welcomed the technical assistance provided by the Regional Office, they pointed out that it could do more to assist Member States to strengthen public health services and capacities. Additional support could include the production and dissemination of case studies of good practices, and the coordination of a network of organizations that would be tasked with implementing the EAP-PHS.

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Introduction and summary

1. The European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS) (1) was endorsed by the 62nd session of the Regional Committee for Europe in resolution EUR/RC62/R5 in September 2012.

2. Two surveys, one of Member States and one of selected WHO partner organizations, were conducted as part of the Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services (2). A thematic analysis of survey responses has yielded the findings presented in this report. Both survey questionnaires are reproduced in Annex 1 and lists of participating Member States and partner organizations are presented in Annex 2.

3. The first survey, sent to all Member States in the WHO European Region, posed 10 questions that sought to identify:

- significant changes that have taken place since 2012;
- important success factors and barriers that Member States encountered while attempting to strengthen public health services;
- good practices that have emerged in different contexts; and
- how the technical assistance provided by the WHO Regional Office for Europe has influenced developments at the national level.

4. Twenty-three Member States submitted a total of 26 completed surveys (Bosnia and Herzegovina, Croatia and Romania returned two each). Fourteen of the participating Member States are located in central and eastern Europe, and nine are in the rest of the Region; this resulted in a slight bias towards findings from central and eastern Europe.

5. The second survey was sent to key WHO partner organizations as well as to technical divisions of the Regional Office, which were included with partner organizations to reflect the range of views on diverse public health issues within the Region, and to clarify how these linked to, or impacted, the implementation of the EAP-PHS. This survey posed nine questions that sought to identify:

- novel developments or initiatives that had occurred since 2012;
- examples of good practices in public health that could be adopted by other Member States; and
- how the technical assistance provided by the Regional Office had influenced developments.

6. Out of a total of 22 completed surveys, representatives of partner organizations submitted 17 and representatives of Regional Office divisions submitted five.

7. In addition, eight key respondents identified from the two surveys were interviewed. The structure of these interviews covered three themes – knowledge, enablers and barriers – and used questions similar to those of the surveys. A list of interviewees is available in Annex 3, and an interview guide is presented in Annex 4. While responses from these interviews are not presented separately in this report, important findings have been

incorporated in the Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services (2).

Summary of themes and findings from the survey of Member States

8. Question 1 asked Member States to describe the three most significant developments in their respective countries that aligned with the 10 avenues for action set out in the EAP-PHS. Four themes were evident in the responses: monitoring and evaluation, framework development, public health bodies, and improvements in health outcomes.

9. Question 2 asked Member States for examples of the most important success factors that had helped or promoted positive developments in public health. Five themes were evident in the responses: research and evaluation, resources, frameworks, collaboration, and support.

10. Question 3 asked Member States for examples of barriers to strengthening public health that they most often encountered. Four themes were evident in the responses: lack of resources, political issues, lack of collaboration, and lack of evidence.

11. Question 4 asked Member States to describe the level of political commitment and leadership for strengthening public health in their respective countries. Eighty per cent of respondents reported progressive actions for improving public health within politics. These actions fell under five themes: intersectoral working, strategy development, policy development, reform and initiatives.

12. Questions 5 asked Member States to what extent key public health actors and organizations were familiar with the EAP-PHS. Responses revealed that the EAP-PHS was not as well-known as Member States believed it should be.

13. Question 6 asked Member States whether a specific government body or department had been designated to oversee the implementation of the EAP-PHS. Two thirds of respondents were uncertain.

14. Question 7 asked Member States if one or more assessments of public health capacities and services had been undertaken in their country since 2012. Respondents provided many examples, the themes of which have been grouped with those of Question 8.

15. Question 8 asked Member States for examples of situations where the EAP-PHS and/or the essential public health operations (EPHOs) had been put to use by the public health stakeholders in their respective countries. The many examples offered by respondents – in both Question 7 and Question 8 – suggest that the EAP-PHS is being used. Four themes were evident in these examples: completing national strategies, developing policies, using checklists, and developing priorities.

16. Question 9 asked Member States for examples of situations where technical assistance provided by the Regional Office directly contributed to overcoming barriers, strengthening success factors or otherwise improving the delivery of services in the areas covered by the 10 avenues for action. Six themes were evident in the responses:

developing policies, developing strategies, making collaborative agreements, facilitating research, providing evidence, and supporting public health reform.

17. Question 10 asked Member States to share ways in which they felt the Regional Office could support them in the future to strengthen public health services and capacities. Data analysis revealed five themes in the responses: provide resources, continue coordination, share best practice, stimulate research, and provide political support.

Summary of themes and findings from the survey of partner organizations

18. The survey of partner organizations consisted of nine questions, seven of which (questions 2–4 and 6–9) aligned with questions in the survey of Member States. For the purpose of this report, responses to identical questions have been integrated with the analysis of the survey of Member States. Questions 1 and 5 have been analysed separately and detailed accordingly.

Findings

Question 1 (survey of Member States)

19. Question 1 asked Member States to describe the three most significant developments in their respective countries that aligned with the 10 avenues for action set out in the EAP-PHS. Four themes were evident in the responses: monitoring and evaluation, framework development, public health bodies, and improvements in health outcomes.

Theme 1: Monitoring and evaluation

20. Many respondents described positive developments in the monitoring and evaluation of public health data. Analysis revealed two subthemes in the examples provided: population health and well-being, and crisis situations.

Population health and well-being

21. Many respondents reported that the general surveillance of health and well-being in their country had recently improved. A representative of Bosnia and Herzegovina stated that “surveillance has been supported by continual monitoring of healthy lifestyle and behavioural risk factors through periodic, internationally standardized population surveys”.

Crisis situations

22. Respondents also noted that recent public health emergencies, such as flooding and outbreaks of the Ebola and Zika viruses, have led to more successful monitoring of public health issues. A representative of Belgium reported that, since the Ebola virus outbreak, the country has “significantly improved its general organizational preparedness for health events, for example, by adopting a protocol for Ebola by starting the development of a generic preparedness plan”. Respondents from Spain pointed to their nomination of focal points with capacity to manage a public health emergency of international concern. This was achieved through an agreement of the Council of Ministers to designate ports and

airports as “points of entry with attention to important international public health emergencies”.

Theme 2: Framework development

23. Respondents frequently pointed to significant progress in the development, direction and purpose of health strategies, policies and public health legislation. Further analysis revealed three subthemes in the examples provided: strategies, policies and legal reform.

Strategies

24. Respondents shared numerous examples of recent national strategy development. These include: the development of a national health strategy for 2014–2020 in Bulgaria, Latvia and Romania; a healthy living programme in Croatia; a five-year forward view for the United Kingdom’s national health service in England; a strategic plan for e-health in Estonia; and a strategy on health in Spain.

Policies

25. Respondents from many Member States described the development of policy-planning documents to address challenges in specific areas of public health. These include: alcohol consumption (Estonia, Romania); antimicrobial resistance (Austria); cancer (Turkey); diabetes (Malta); drug prevention (Estonia); tobacco use (Estonia, Turkey); tuberculosis (Romania); and water and health (Serbia).

Legal reform

26. Respondents also pointed to positive changes in national public health legislation. One described these changes as “an assurance of governance for health protection and well-being”. For example: Armenia has developed a comprehensive draft of public health law; Bulgaria, following in the footsteps of many other Member States, has introduced a full tobacco-smoking ban for indoor locations and a partial ban for outdoor locations; the Czech Republic has amended their public health protection act to strengthen the role of regional public health authorities; Malta has published the Healthy Lifestyle Promotion and Care of Noncommunicable Diseases Act (3); Switzerland has reformed their federal epidemics law, adding a new article on primary care and other reforms in the regulation of health professions; and the United Kingdom (England only) has passed the Health and Social Care Act 2012 (4).

Theme 3: Public health bodies

27. Respondents also noted positive developments related to public health bodies. Further analysis of the responses revealed three subthemes: newly established, reformed, and working together.

Newly established

28. Teams from several Member States reported the establishment of new bodies. For example: the Belgian government has announced its intention to create an institute of the future, described as “an institute for public health and the health system in Belgium”; Latvia established its centre for disease prevention and control as part of a government

reorganization process in 2012; Romania has established a national council for the coordination of activities aimed at reducing harmful consumption of alcohol; Sweden has established a new national public health agency; and the United Kingdom has established Public Health England, a single national public health body for England (separate from the United Kingdom Department of Health).

Restructured

29. Public health institutes have been widely restructured in many Member States. For example: Armenia has restructured the sanitary-epidemiological stations inherited from the former Soviet system; the Czech Republic has restructured its institute of health information and statistics; Lithuania has further developed the public health bureaus network (45 bureaus have been established); and Slovenia has strengthened its public health structure by establishing health promoting centres.

Working together

30. One respondent stated that there had been a “clear movement towards more international cooperation in public health”. This was echoed in many survey responses, as were reports of increased cooperation within countries.

Theme 4: Improvements in health outcomes

31. The final theme identified in responses to Question 1 was improvements in health outcomes. Further analysis revealed three subthemes: population health indicators, staff, and health promotion.

Population health indicators

32. Respondents from Bosnia and Herzegovina, Montenegro and the Netherlands related improvements in population health indicators and included reports confirming them. The team from the Netherlands described some of these advances:

“Other significant developments concern improvements that have been achieved in population health outcomes ... Life expectancy has increased by three years over the last 10 years. We have also witnessed declines in the prevalence rates of risk factors. The percentage of Dutch smokers is now slightly lower as compared to the OECD [Organisation for Economic Co-operation and Development] average ... The same goes for alcohol consumption, while adult and child obesity is among the lowest in the OECD area.”

Staff

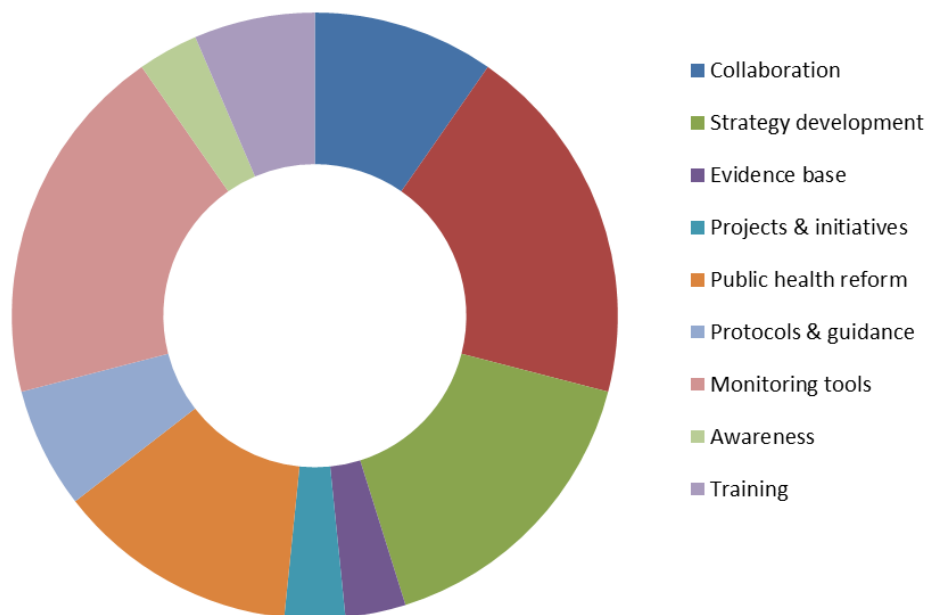
33. A number of respondents pointed to improvements in opportunities for employees, such as “community nurses and health mediators”, and others commented on improvements in the workplace. One respondent noted that “there has been a strengthening of health protection, occupational health and safety in the workplace, simplification and facilitation of procedure for employers within the framework for health protection”.

Health promotion

34. Health promotion has increased within a number of Member States. One respondent noted “a rise in health promotion, including action to address social determinants and health inequity”.

35. Question 2 of the survey of partner organizations also asked respondents to describe the top three achievements, novel initiatives or significant developments in strengthening public health capacities that had taken place in 2012–2015. Responses from partner organizations reflected and reinforced those from Member States, and indicated good progress in a number of areas. Data analysis identified 10 themes: collaboration, knowledge exchange, strategy development, evidence base, projects and initiatives, public health reform, protocols and guidance, monitoring tools, awareness, and training. The prevalence of each theme is illustrated in Fig. 1 below.

Fig. 1. Significant developments in public health strengthening identified by partner organizations for the period 2012–2015



36. An example of increased collaboration came from the German National Academy of Sciences Leopoldina. The team reported the launch of an initiative for gathering together institutions and individuals in the fields of public and global health in Germany to explore concepts and opportunities for achieving their goals together. The team from the Bavarian Health and Food Safety Authority (LGL) and the Ludwig-Maximilians-University (LMU) of Munich pointed to an increase in knowledge exchange through their more rapid and robust system for transferring academic research into the public health service through bridging professorships (joint LGL–LMU appointments).

37. Highlighting advances in strategy development, respondents from the National Research Center for Preventative Medicine of the Ministry of Healthcare of the Russian Federation reported that the development of their 2015 action plan on the prevention of cardiovascular diseases (developed in all regions) had been supported by the EAP-PHS. In terms of public health reform, respondents from the Ministry of Health of Poland referred to their act on public health, passed in September 2015, as one of their biggest achievements in strengthening public health capacities.

38. Respondents from several partner organizations also offered examples of significant progress in training. Team members from the International Health Partnership Association in Bulgaria commented that the EPHOs self-assessment had served as an excellent training tool, providing material for increasing the capacities of public health professionals in some of the newly independent states. Representatives of the National School of Public Health, Management and Professional Development in Romania reported the development of a new training programme in hospital quality management for both hospital staff and the evaluators who pay accreditation visits to hospitals.

Question 2 (survey of Member States)

39. Question 2 asked Member States to describe the three most important success factors that had helped or promoted positive developments within their countries. Five primary themes, some with additional subthemes, emerged from the data analysis: research and evaluation, resources, frameworks, collaboration, and support.

Theme 1: Research and evaluation

40. A number of respondents referred to the use of evidence-based research to back policy formation as an important success factor. One described this as “professional and scientific excellence in health”. Another noted that important scientific reviews such as the final report of the WHO Commission on Social Determinants of Health (5) (which had preceded both the EAP-PHS (1) and Health 2020, the European policy framework (6)) and the Review of social determinants and the health divide in the WHO European Region (7) were both essential for “identifying effective interventions and good practices”.

Theme 2: Resources

41. Respondents emphasized the importance of resources in the development and implementation of priority actions. Further analysis of the responses revealed two subthemes: finances and good practice.

Finances

42. Respondents consistently identified funding for programmes as pivotal to their success. The team from Lithuania offered their National Public Health Promotion Fund as an example, which was set up to support “health promotion and healthy well-being activities, prevention projects, social advertising and scientific research”.

Good practice

43. Respondents also recognized the importance of using international good practice in the development of national strategies and policy documents. They pointed out that referring to European Commission policy documents, as well as global policies and strategies, helps to ensure that policy-makers modernize public health systems according to evidence and in line with international standards.

Theme 3: Frameworks

44. Respondents noted that the presence of frameworks was key to positive development. Further analysis of the responses revealed two subthemes: strategies and policies.

Strategies

45. Respondents from different Member States described their national health strategies as success factors. One commented that their strategy “is an opportunity to integrate and coordinate ongoing efforts in health promotion and prevention among all levels and with all stakeholders”.

Policies

46. Respondents also expressed that the development and implementation of individual policies was important. Examples included Croatia’s strategic plan for the reduction of excessive salt intake for 2015–2019, the European Union Action Plan on Childhood Obesity 2014–2020 (8) and Montenegro’s national tuberculosis control programme for 2013–2017.

Theme 4: Collaboration

47. Another important factor in Member States’ success was a high level of collaboration, both domestic and international.

National collaboration

48. Respondents commonly referred to intersectoral cooperation and multisectoral collaboration when identifying success factors. They pointed out instances when relevant stakeholders were approached to participate in the development of policy documents and legislation. One respondent summarized the value of this collaboration:

“Long tradition in the field of health promotion and established capacities at different levels facilitated successful cooperation between the national level, the federal countries, partners in other policy areas, social insurance, experts and user representatives.”

International collaboration

49. Respondents emphasized the importance of lessons learned through collaboration with international agencies. They also reported that cooperation and coordination among Member States was essential to improving prevention and control of the spread of serious human diseases. Examples included the strengthening of national communicable disease

preparedness and response planning necessitated by cross-border threats to health, notably the Ebola virus outbreak.

Theme 5: Support

50. Respondents frequently articulated the importance of support from four different sources: government, the Regional Office, society, and individuals.

Government

51. A number of respondents noted that their ministries of health supported health promotion and disease prevention by working to ensure that these were given political priority in government. This support manifested in positive national programmes as well as an overall commitment to reform.

Regional Office

52. Respondents credited the Regional Office with helping to ensure their success by providing technical support and signing cooperation agreements with Member States.

Society

53. Respondents drew attention to the impact of nongovernmental organizations in pushing forward the public health agenda. Many emphasized that this involvement of civil society was critical to successful collaborative work.

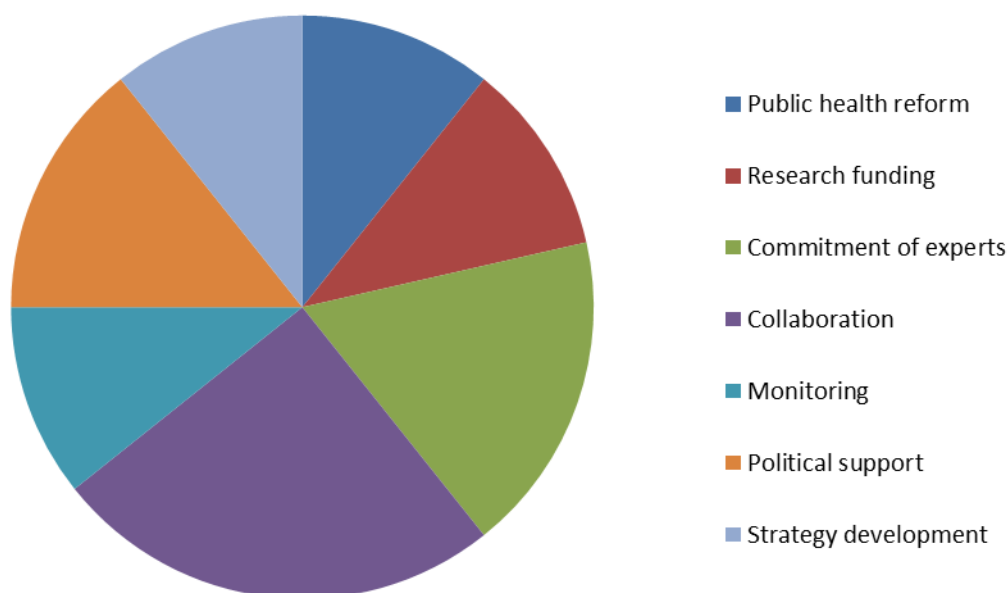
Individuals

54. Respondents pointed out that the political will of individual ministers helped to accelerate developments in the public health agenda.

55. Question 6 of the survey for WHO partner organizations also asked about the most important factors that have supported and strengthened public health services since 2012. Data analysis of the responses identified seven primary themes: public health reform, research funding, commitment of experts in the field, collaboration, monitoring, political support, and strategy development. The prevalence of each theme is illustrated in Fig. 2 below.

56. Although a number of these themes were highlighted in the survey of Member States, one stood out in the survey of partner organizations: the commitment of experts in the field. Respondents emphasized that the dedication of public health experts and practitioners was crucial to strengthening public health services and capacities. They noted that the “motivation of researchers and public health practitioners” was crucial to efforts needed to sustain important work in the face of low economic investment.

Fig. 2. Factors supporting and strengthening public health services since 2012



Question 3 (survey of Member States)

57. Question 3 asked Member States to describe the three most significant barriers they encountered while attempting to develop or strengthen public health services. Four primary themes, some with additional subthemes, were evident in the responses: lack of resources, political issues, lack of collaboration, and lack of evidence.

Theme 1: Lack of resources

58. Many respondents identified a lack of resources at various levels as a major barrier to positive development. Two subthemes became apparent in the responses: staffing and finances.

Staffing

59. Respondents repeatedly pointed to understaffing, an ageing health care workforce, and a lack of qualified personnel as impediments to strengthening public health capacities and services. Several reported a basic lack of staff to cover public health demands. One explained: “the number of doctors and nurses ... that we have in health is still well below the [European Union] average”. Others flagged workforce demographics as a concern, noting that an “unfavourable age structure” could soon cause problems. And finally, some respondents reported inconsistent competency in the workforce, stemming from the “differences in education programmes and competencies with international public health equivalence”.

Finances

60. A number of respondents identified a persistent disparity between public health budget allocations and actual public health needs. They pointed out that many projects, activities, and even institutes of public health are currently underfinanced, and that declines in available public funds are frequently set against growing expenditures. Some acknowledged that the global financial crisis has impacted public health funding. One of the biggest increases in public health expenditure, however, has resulted from the “risk of emergencies and spread of new communicable diseases related to increased migration”. Once again, participants brought up the recent outbreaks of Ebola and Zika viruses, both of which have required emergency attention from public health bodies across the world.

Theme 2: Political issues

61. A number of respondents explained that political issues often block or delay the development of public health capacities and services. Two subthemes became clear within the responses: ministerial changes and reform challenges.

Ministerial changes

62. Several respondents pointed to the detrimental effect of frequent ministerial changes. They emphasized that constant changes in government have a knock-on effect on other political barriers, namely delays with regard to public health reform. One respondent explained that the role of minister of health “was the most insecure position in government ... since 2012 there had been six ministers”.

Reform challenges

63. Certain respondents suggested that the problems caused by frequent ministerial changes have led to slow and poor coordination of secondary legislation. One observed an “insufficient legal basis” to obtain the surveillance necessary to positively impact population health. Another stressed that the “institutional and organizational complexity” of various health systems requires attention, but that legislative proposals may be a way to address this. Some respondents shared scenarios in which a recently introduced reform functioned as a barrier. One observed that there was still a “need to navigate the transition to new local government public health responsibilities”.

Theme 3: Lack of collaboration

64. Respondents commonly identified a lack of coordination among the various levels (national, regional, local) of government and organizations as a significant barrier to positive change. They recognized a critical need to strengthen intersectoral cooperation to address competing priorities. As one respondent noted, “intersectoral cooperation is one of the barriers as well, because it is ongoing work to convince the other stakeholders and ministries that health is their responsibility as well”.

Theme 4: Lack of evidence

65. Several respondents expressed that a lack of evidence is impeding progress. They pointed out that there is currently “no common criteria for evidence” and that there is a

“lack of real world evidence on issues such as cost–effectiveness of prevention measures which in turn makes public health a low-visibility issue”.

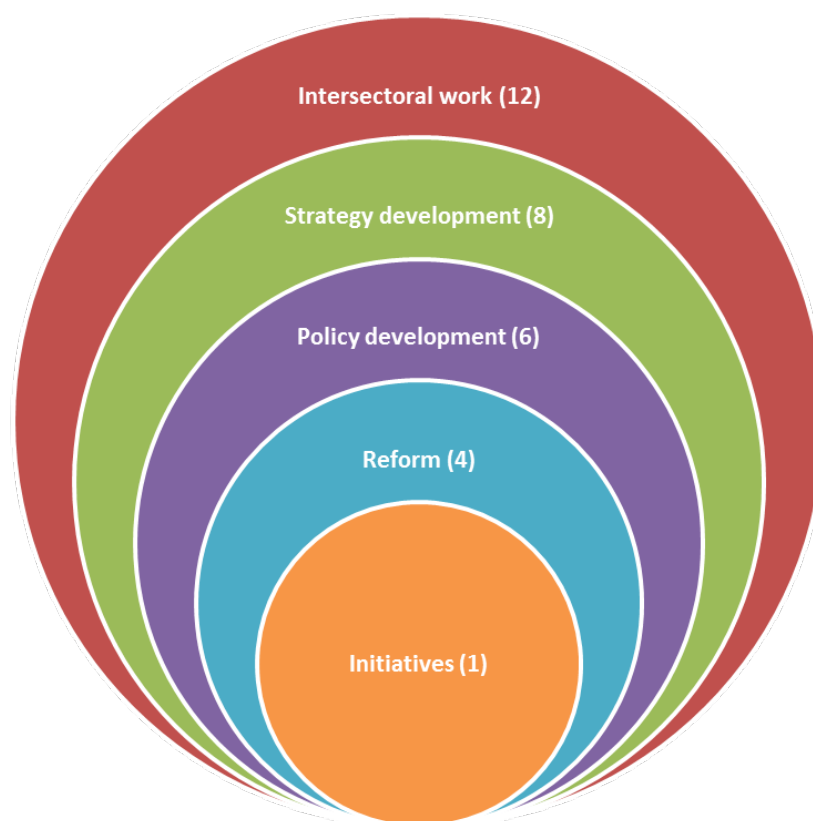
66. Question 7 of the survey for WHO partner organizations also asked for examples of the most significant barriers to strengthening public healthy capacities and services since 2012. Data analysis revealed six themes in the responses: lack of investment in human resources, poor communication, lack of financial investment, insufficient evidence base, political instability and weak public health legislation. These barriers reflect and reinforce those already reported by Member States.

Question 4 (survey of Member States)

67. Question 4 asked participants to describe the level of political commitment and leadership for strengthening public health in their respective countries. Their responses were overwhelmingly positive: out of 26 responses, 21 declared that positive actions had taken place at the political level. Four declined to comment and one suggested that further work on public health law was required.

68. Further analysis of the scope of this leadership and commitment revealed five areas that require political commitment and leadership: intersectoral work, strategy development, policy development, reform, and initiatives. As illustrated in Fig. 3 below, intersectoral work appeared most frequently in survey responses, followed by strategy and policy development.

Fig. 3. Areas of action requiring political commitment and leadership



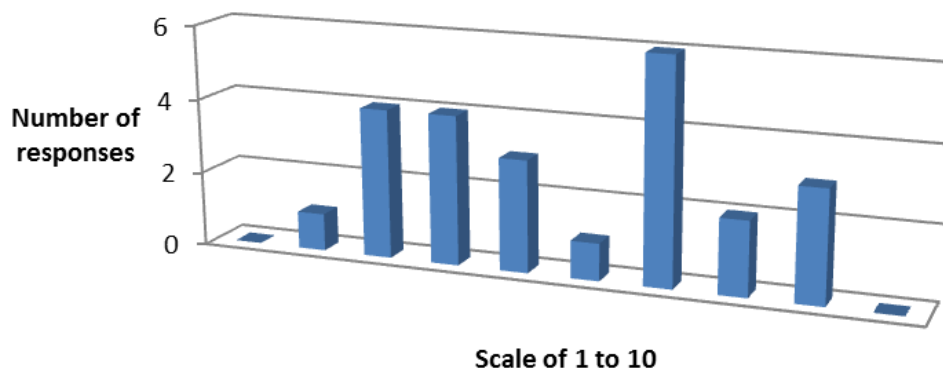
69. Question 4 of the survey for partner organizations also respondents to describe the level of political commitment to strengthening public health capacities and services in the Region. The responses were mixed: out of a total of 22 responses, three declined to comment, six affirmed that there was good commitment in the Region and 13 expressed that not enough had been done so far. Comments such as “we are only at the start” and “there is a lack of national political commitment” were common. This sentiment was summed up in one respondent’s statement: “There is a gap between declarative commitment and actual means, tools and resources available to strengthen capacities and improve services”.

Question 5 (survey of Member States)

70. Question 5 asked to what extent respondents thought key public health actors in their country were familiar with the EAP-PHS and the EPHOs. Respondents answered using a scale of 1 to 10, where 1 indicated that all key public health actors were completely familiar with the EAP-PHS and EPHOs, and 10 indicated that all key public health actors were unaware of the EAP-PHS and EPHOs.

71. As Fig. 4 below shows, none of the respondents confirmed that all appropriate public health actors were familiar with the EAP-PHS and the EPHOs; a high number indicated that many key bodies and organizations were unaware of these initiatives.

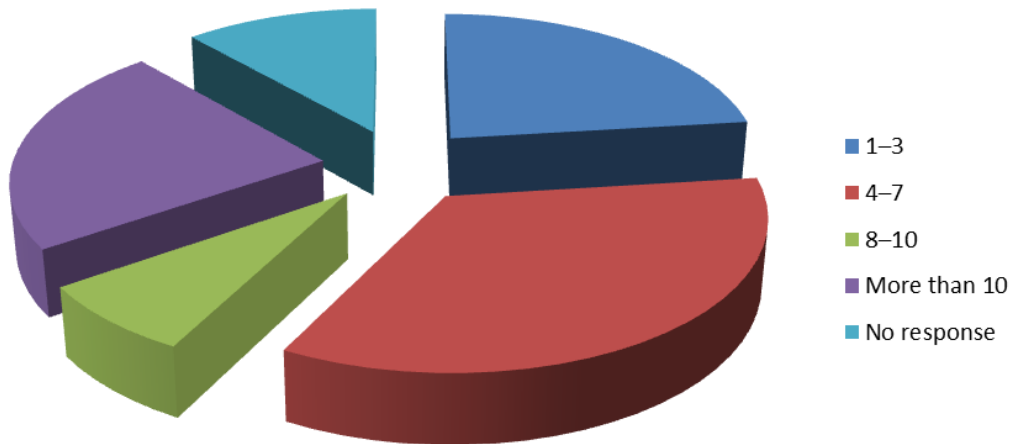
Fig. 4. Number of key public health actors aware of the EAP-PHS



72. Question 5 also gave respondents the opportunity to explain their answer. Out of 26 responses, 19 gave no answer and the remaining seven suggested that – due to the strong health policies currently in place – the EAP-PHS and the EPHOs were not seen as priorities, but the respondents felt that they merited greater visibility.

73. Question 5 also asked how many organizations in a Member State could be expected to be familiar with the EAP-PHS as a result of having been involved in discussions about it or being otherwise exposed to it. Fig. 5 shows that the most common response was four to seven organizations.

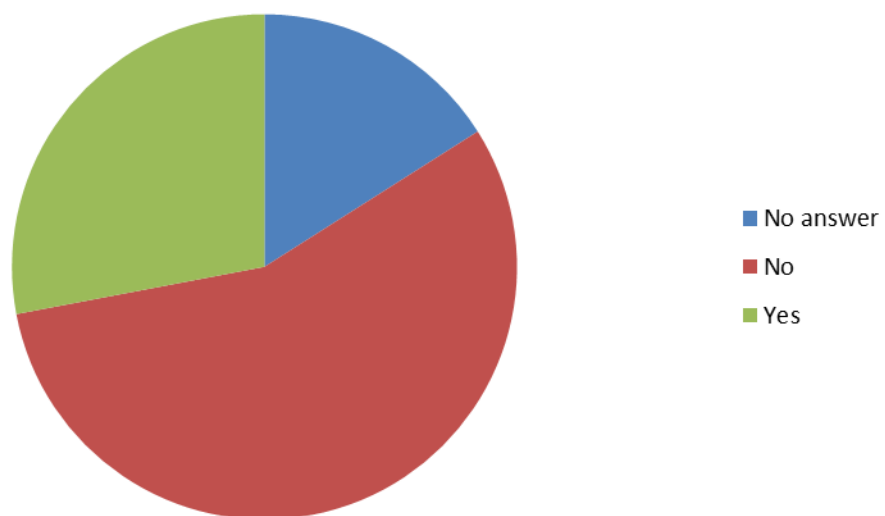
Fig. 5. Number of organizations aware of the EAP-PHS



Question 6 (survey of Member States)

74. Question 6 asked respondents if a specific government department or body had been designated to oversee, coordinate, or monitor follow-up on the EAP-PHS in their respective countries. As shown in Fig. 6, seven stated that a specific body or organization had been set up, 15 acknowledged that there was no specific body assigned with this task and four declined to comment.

Fig. 6. Existence of a specific body designated to oversee EAP-PHS implementation

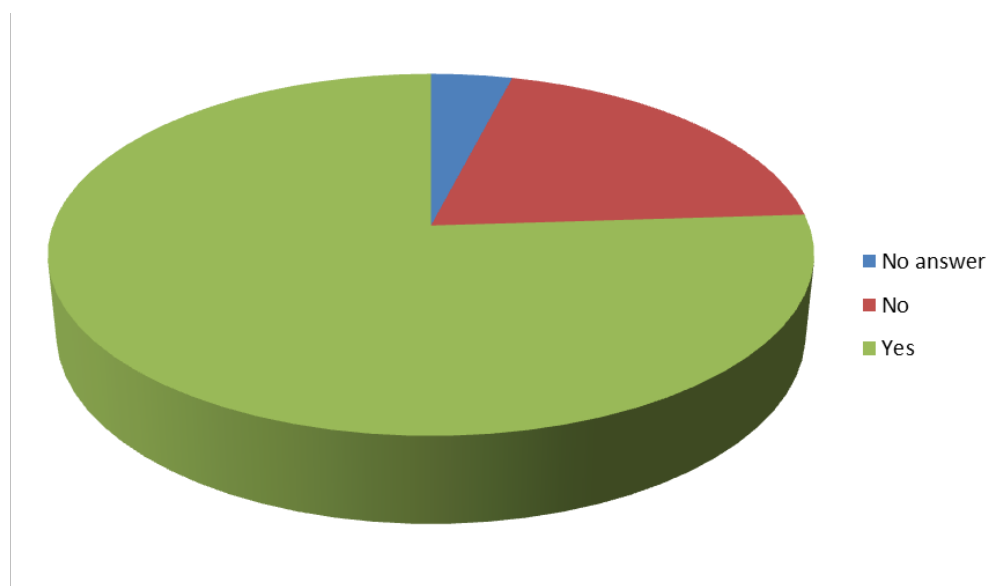


Question 7 (survey of Member States)

75. Question 7 asked if Member States had undertaken one or more assessments of public health capacities and services since 2012. Fig. 7 below clearly shows that the majority of Member States involved in the survey have carried out assessments. Examples include:

- Croatia's strategic development plan for public health for 2013–2015;
- Latvia's study to help develop the public health strategy for 2014–2020 (carried out by the University of Latvia);
- Sweden's evaluation of the monitoring system of the 2013 national public health policy (prepared by the Swedish Agency for Public Management); and
- an assessment of the United Kingdom's performance against the Global Health Security Agenda in June 2015.

Fig. 7. Public health capacities and services assessment since 2012



Question 8 (survey of Member States)

76. Question 8 asked respondents to describe, if applicable, a situation where the EAP-PHS and/or the EPHOs were used by public health stakeholders. Twelve gave no answer; the remaining 14 offered examples in which four general themes were evident: completing national strategies, developing policies, using checklists, and developing priorities. These themes and corresponding examples can be seen in Fig. 8 below.

77. Question 3 of the survey of partner organizations also asked respondents to explain the extent to which the EAP-PHS had been influential in advancing public health capacities and services. Analysis of the responses yielded four themes: raising awareness, increasing influence, developing policies, and establishing bodies.

Fig. 8. Themes and examples of how the EAP-PHS and EPHOs have been used



Theme 1: Raising awareness

78. The theme of raising awareness was common; partners felt that the EAP-PHS had “played an important role in raising awareness on key areas for intervention in public health”. Certain respondents suggested that, through its framing under Health 2020 (6), the EAP-PHS was helping to keep public health on the agenda. As one partner put it: “the EAP-PHS [is] supporting a common understanding of public health requirements and of the necessity of adequate capacities for both ‘old’ and ‘new’ public health services”.

Theme 2: Increasing influence

79. Many respondents highlighted the influence of the EAP-PHS on public health developments, including “models and developments of local health plans” and “the implementation of activities in public health”.

Theme 3: Developing policies

80. Respondents frequently noted that the EAP-PHS had supported policy development by allowing organizations to focus on key areas and to start developing relevant action plans.

Theme 4: Establishing bodies

81. Respondents from partner organizations acknowledged the impact of the EAP-PHS on the establishment of new bodies. For example, the EPHO No. 7 Working Group, led by the Association of Schools of Public Health in the European Region, was established to support the development of each of the EPHOs outlined in the EAP-PHS. As one respondent explained, “the main purpose of the working group is to take forward the implementation of the proposals within the EAP-PHS”.

Question 9 (survey of Member States)

82. Question 9 gave Member States an opportunity to describe situations where the Regional Office had provided technical assistance that directly contributed to overcoming barriers, strengthening success factors or improving service delivery. Eight declined to comment; the remaining 18 provided examples of support covering six general themes: developing policies, developing strategies, assisting with collaborative agreements, facilitating research, providing an evidence base, and supporting public health reform. Fig. 9 illustrates the six themes and Fig. 10 provides examples of their applications.

Fig. 9. Types of technical assistance provided to Member States by the Regional Office



Fig. 10. Applications of technical assistance from the Regional Office



83. Question 8 of the survey of partner organizations also gave respondents an opportunity to describe situations where the Regional Office had provided technical assistance that directly contributed to overcoming barriers, strengthening success factors or improving service delivery. Eight out of 22 declined to comment; the remaining 14 provided examples that revealed two general themes: supporting policy development and assisting collaborative work. Examples are outlined in Fig. 11.

Fig. 11. Types and applications of technical assistance provided to partner organizations by the Regional Office



Question 10 (survey of Member States)

84. The final question of the survey asked Member States how the Regional Office could support them in strengthening their public health institutions. Five themes, some with additional subthemes, were evident in the responses: provide resources, continue coordination, share best practices, stimulate research, and provide political support.

Theme 1: Provide resources

85. Analysis revealed four subthemes within respondents' suggestions for ongoing or additional resource support: human resources, protocols and guidance, capacity-building opportunities, and financial support.

Human resources

86. Respondents' suggestions for support with human resources generally referred to increasing the presence of Regional Office representatives in their respective countries. They expressed that this presence was positive, and advocated for the continuation of such "direct support to the professionals" and "ongoing technical expertise".

Protocols and guidance

87. A number of respondents recommended that the Regional Office provide technical materials and case studies of success to Member States.

Capacity-building opportunities

88. Several respondents suggested that the Regional Office support Member States by providing them with more opportunities to build capacities and skills. Suggestions included “short-term training sessions and workshops” and support for building a “skilled and competent workforce”. One respondent outlined how this could be achieved:

“Identify opportunities for organizations to support the work of WHO internationally, which will expose more of our staff to WHO’s international experience, helping to build the competence and capacity of individuals who return to strengthen ... institutions.”

Financial support

89. Respondents in just two of the 26 surveys suggested that the Regional Office provide financial support.

Theme 2: Continue coordination

90. Respondents from many Member States requested that the Regional Office continue its advocacy and support for partnerships, emphasizing that this ensures regular dialogue and the exchange of ideas. Several pointed to responses to refugee/migrant crises and international health hazards as examples of how coordination “allows our organizations to work together and learn from each other”.

Theme 3: Share best practices

91. Some respondents requested more coordination among international agencies for sharing best practices related to existing and newly developed public health policies and strategies. One respondent wrote that “it would be useful if WHO could initiate a discussion with Member States that already have the core content and functions overlapping with the 10 avenues for action in the EAP-PHS in place”. Another suggested that the upcoming Nordic Baltic subregional meeting and policy dialogue on the implementation of Health 2020 (planned for Stockholm, Sweden, in October 2015) would be an ideal opportunity for this.

Theme 4: Stimulate research

92. Respondents commended the Regional Office for “stimulating scientific research” and often suggested that this continue. They expressed that further collation and synthesis of different public health models and approaches would contribute to the evidence base informing policy and practice.

Theme 5: Provide political support

93. Many respondents expressed the need for more support at the political level from the Regional Office and provided suggestions of how this could be done. For example, the Regional Office could act as an advocate for health at a high political level, or it could offer political support to Member States implementing action plans within the Health 2020 policy framework (6). One respondent stated that the Regional Office could be “including more health issues in the agenda of [United Nations] meetings”.

Question 10 (survey of partner organizations)

94. Question 10 in the survey of WHO partner organizations also asked respondents to suggest ways that the Regional Office could support the strengthening of public health capacities and services in the future. Six out of 22 declined to give an answer; the remaining 16 provided responses that revealed five general themes: increase collaboration, monitor implementation, share best practices, skill up the work force, and develop tools.

Theme 1: Increase collaboration

95. Respondents from partner organizations repeatedly suggested that the Regional Office work to increase collaborative efforts within the Region. Many felt that organizations were currently working in isolation, and that working in a more joined-up manner would allow for sharing knowledge, building capacity and exchanging experiences. Another common proposal was for the Regional Office to increase its own cooperation and alignment with other organizations. As one respondent wrote, “closer cooperation and strategic alignment between WHO and [the European Union] would enhance opportunities for financial and policy support to increase public health capacities and resources available”.

Theme 2: Monitor implementation

96. Several respondents suggested that the Regional Office could monitor the implementation of whole-of-government strategies linked to health, well-being, social equity and environmental sustainability. One respondent offered the Well-being of Future Generations Act (2015) of Wales (11) as an example.

Theme 3: Share best practices

97. Respondents also pointed out that the Regional Office could do more to facilitate the sharing of best practices with other countries and organizations, especially in regard to “capacities, capabilities and competencies”. One stated that “existing experiences and ongoing examples of good practice of EAP-PHS implementation at the European level and within each country could perhaps be more widely available and actively disseminated throughout the Region”.

Theme 4: Skill up the work force

98. Respondents brought up the necessity of skilling up the health care workforce in order to improve health outcomes. Although they acknowledged that many organizations were facing resource constraints, they emphasized a need for “ongoing training and capacity building” in public health.

Theme 5: Develop tools

99. Various respondents called attention to the need for protocols and standards for basic public health services that could be applied across the Region. They suggested, for example, that the Regional Office provide “indicators and criteria for public health service performance assessment monitoring” and increase the visibility of “objective instruments such as the [EPHOs self-assessment tool]” in their communications with organizations and Member States.

100. Questions 1 and 5 in the survey of partner organizations were unique. The results of the response analysis for these questions are outlined below.

Question 1 (survey of partner organizations)

101. Question 1 asked partner organizations to describe the capacity in which they had been involved with implementing activities aligned with the EAP-PHS. Six types of involvement were identified: public health services, not-for-profit partnerships, ministry of health services, training, advice and guidance, and external consultation.

Question 5 (survey of partner organizations)

102. Question 5 asked partner organizations for examples of what they felt were good practices in the strengthening of public health capacities and services. Out of 22 responses, two declined to comment, three reported that they could not think of any and the remaining 17 offered examples. Data analysis of these examples revealed five primary themes: collaboration, strategy, initiatives, reform, and the establishment of health bodies. Fig. 12 highlights the themes and Fig. 13 provides examples of good practice.

Fig. 12. Themes of good practice identified by partner organizations

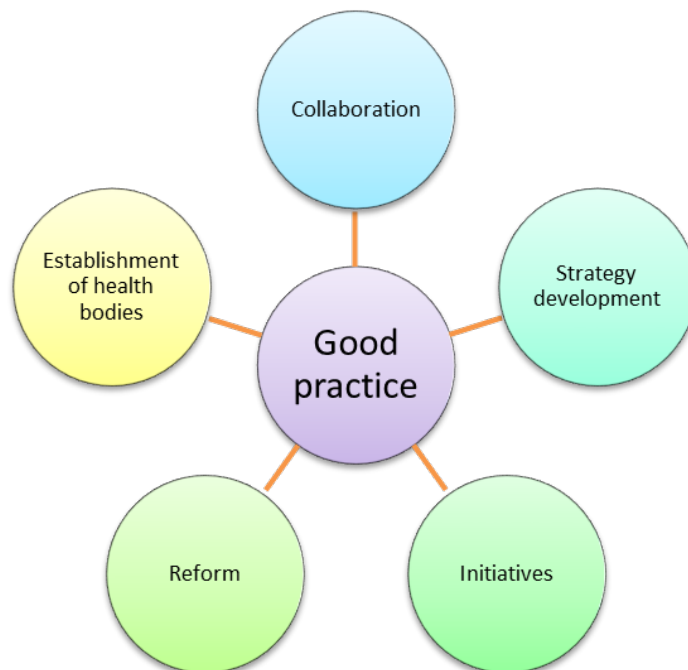
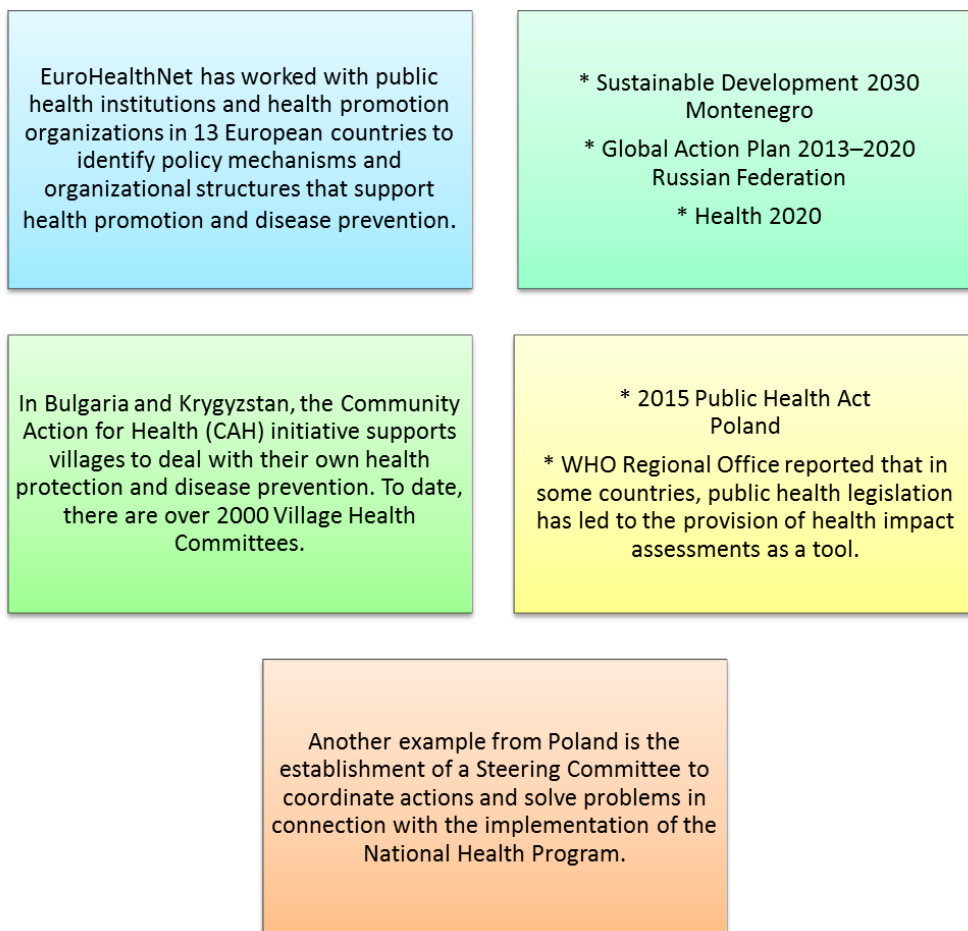


Fig. 13. Examples of good practice grouped by theme



References

1. European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe; 2012 (document EUR/RC62/12 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/working-documents/eurrc6212-rev.1-european-action-plan-for-strengthening-public-health-capacities-and-services>).
2. Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/19; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc6619-midterm-progress-report-on-implementation-of-the-european-action-plan-for-strengthening-public-health-capacities-and-services>).
3. Healthy Lifestyle Promotion and Care of Noncommunicable Diseases Act. Valletta: Ministry for Justice, Culture, and Local Government; 2015 (<http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12449&l=1>).
4. Health and Social Care Act 2012, c. 7 [website]. City of Westminster: Parliament of the United Kingdom; 2012 (<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>).
5. Commission on Social Determinants of Health, World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2008 (http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf).
6. Health 2020: the European policy for health and well-being [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>).
7. UCL Institute of Health Equity. Review of Social Determinants and the Health Divide in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2013.
8. European Union Action Plan on Childhood Obesity 2014–2020. Brussels: European Union; 2014 (http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_action_plan_2014_2020_en.pdf).
9. International Health Regulations (2005). Second edition. Geneva: World Health Organization; 2008 (<http://www.who.int/ihr/publications/9789241596664/en/>).
10. WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/fctc/en>).

11. Well-being of Future Generations (Wales) Act [website]. Cardiff: Welsh Government; 2015 (<http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>).
12. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1).

Annex 1. European Action Plan for Strengthening Public Health Capacities and Services: surveys of Member States and partner organizations

Member States survey questionnaire

Scope and purpose of survey

The objective of the European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS) is to develop, implement, monitor and evaluate actions to strengthen public health capacities and services across all of the Member States of the European Region. It is a main pillar of the implementation of Health 2020, the European Region's health policy framework.

In September 2012 at RC62, all 53 Member States adopted both Health 2020 and the EAP-PHS. In relation to the EAP-PHS the RC passed a resolution which required WHO to report back on the EAP-PHS at RC66 in September 2016. Specifically, the Resolution requests the Regional Director to report 'on the implementation of the EAP and the development of the EPHOs and to propose for consideration, as appropriate, further actions to be carried out in the period until 2020'. This survey is being undertaken as a key part of that requirement.

At the halfway mark between 2012 and 2020, we are interested in identifying developments in the ten avenues for action identified in the EAP-PHS (see box 1), and improving the effectiveness of the technical assistance provided to Member States in view of strengthening their public health services.

Box 1: Ten avenues for action in the EAP-PHS

1. Surveillance of population health and well-being
2. Monitoring and response to health hazards and emergencies
3. Health protection including environmental and occupational health, 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

With a focus on the ten avenues for action identified in the EAP-PHS, the purpose of this survey is therefore to identify examples of:

1. Significant changes that have taken place since 2012
2. Important success factors and/or barriers encountered while attempting to strengthen public health services
3. Good practices that have emerged in different contexts
4. How technical assistance provided by WHO influenced developments at the national scale

We are only interested in **developments** in the ten avenues for action **since September 2012** when the EAP-PHS was adopted. Where the survey requires a free text response, you are requested to please provide links to relevant documents or include them as attachments to your response.

Please provide your contact details here:

Name and title:

Institutional affiliation:

Email address:

Please also provide the contact details of a key informant who could provide additional information (if different from yourself).

Name and title:

Institutional affiliation:

Email address:

We kindly ask you to arrange completion of the survey on behalf of your country by 8 February 2016. The completed questionnaire should be returned to the consultation administrator, Lisa Monkhouse, at the following address: public_health@euro.who.int. Additionally, Ms Monkhouse is the contact person for any queries you may have concerning the questionnaire during the consultation process.

Please describe briefly (i.e., max. 150 words) the three most significant developments in your country within the areas covered by the ten avenues for action identified in the EAP-PHS.

Developments can, for example, include restructuring of institutions, changes in volumes and/or sources of funding, staffing changes, important new partnerships that have been formed, initiatives that have been launched, new public health legislation put forth or adopted, etc. Developments can be positive or negative.

Significant development 1:

- Relevant documents to consult:
 -
 -
 -
- :

Significant development 2:

- Relevant documents to consult:
 -
 -
 -

Significant development 3:

- Relevant documents to consult:
 -
 -
 -

1. Please describe briefly the three most important success factors that have helped or promoted positive developments in your country.

Success factor 1:

- Relevant documents to consult:
 -
 -
 -
-

Success factor 2:

- Relevant documents to consult:
 -
 -
 -

Success factor 3:

- Relevant documents to consult:
 -
 -
 -

2. Please describe briefly the three most significant barriers encountered while attempting to develop or strengthen public health services.

Barrier 1:

- Relevant documents to consult:

-
-
-

Barrier 2:

- Relevant documents to consult:

-
-
-

Barrier 3:

- Relevant documents to consult:

-
-
-

3. Please describe briefly the level of political commitment and leadership in strengthening public health. For example, have there been any explicit and organized initiatives led by the government/ parliament/ head of state or prominent politician to further institutionalize public health or strengthen public health institutions?

4. (a) To what extent do you think key public health actors in your country are familiar with the EAP-PHS and the Essential Public Health Operations (EPHOs)? Please indicate on a scale of 1 to 10 where
 1 = All key public health actors are completely familiar with the EAP/PHS and EPHOs
 10 = Key public health actors are unaware of the EAP/PHS and EPHOs

1	2	3	4	5	6	7	8	9	10

(b) Please explain your answer further if you wish:

(c) How many organizations in your country could be expected to be familiar with EAP-PHS, for having been involved in discussions about it, or being otherwise exposed to it?

1-3	
4-7	
8-10	
More than 10	

5. Has a specific government department/body been designated to oversee, coordinate, or monitor follow-up on the EAP-PHS in your country?

No	
Yes	

If yes:

- Contact details for key informant(s):

6. Have there been one or more assessments of Public Health capacities and services in your country since 2012?

No	
Yes	

If yes:

- Relevant documents to consult:
 -
 -
 -
- Contact details for key informant(s):

7. If applicable, briefly (i.e., max. 150 words) describe an example of a situation where the EAP-PHS and/or EPHOs were put to use by public health stakeholders in your country.

Examples of different uses could include using the EAP-PHS and/or the EPHOs as input to policy development processes, as advocacy tools, as part of performance assessment exercises, to shape organizational development plans, to inform the development of educational curriculum or research agendas, etc.

- Example:
- Relevant documents to consult:
 -
 -
 -
- Contact details for key informant:

8. If applicable, briefly (i.e., max. 150 words) describe an example of a situation where technical assistance by the WHO directly contributed to overcoming barriers, strengthening success factors, or otherwise improving the delivery of services in the areas covered by the ten avenues for action identified in the EAP-PHS.

- Example:
- Relevant documents to consult:
 -
 -
 -
- Contact details for key informant:

9. Do you have any suggestions for ways in which the WHO could support the strengthening of public health institutions in your country?

Thank you for taking the time to complete this survey.

WHO partner organizations survey questionnaire

Scope and purpose of survey

The objective of the European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS) is to develop, implement, monitor and evaluate actions to strengthen public health capacities and services across all of the Member States of the European Region. It is a main pillar of the implementation of Health 2020, the European Region's health policy framework.

In September 2012 at RC62, all 53 Member States adopted both Health 2020 and the EAP-PHS. In relation to the EAP-PHS the RC passed a resolution which required WHO to report back on the EAP-PHS at RC66 in September 2016. Specifically, the Resolution requests the Regional Director to report 'on the implementation of the EAP and the development of the EPHOs and to propose for consideration, as appropriate, further actions to be carried out in the period until 2020'. This survey is being undertaken as a key part of that requirement.

At the halfway mark between 2012 and 2020, we are interested in identifying developments in the ten avenues for action identified in the EAP-PHS (see box 1), and improving the effectiveness of the technical assistance provided to Member States in view of strengthening their public health services.

Box 1: Ten avenues for action in the EAP-PHS

1. Surveillance of population health and well-being
2. Monitoring and response to health hazards and emergencies
3. Health protection including environmental and occupational health, 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

With a focus on the ten avenues for action identified in the EAP (see Box 1), the purpose of this survey is to identify:

Novel developments or initiatives that have occurred since 2012

Examples of good practice in public health that could be rolled out to other Member States

How the technical assistance provided by WHO has influenced developments.

We are only interested in **developments** in the ten avenues for action **since September 2012** when the EAP-PHS was adopted. Where the survey requires a free text response, you are requested to please provide links to relevant documents or include them as attachments to your response.

Please provide your contact details here:

Name and title:

Institutional affiliation:

Email address:

Please also provide the contact details of a key informant who you think could provide additional information (if different from yourself).

Name and title:

Institutional affiliation:

Email address:

We kindly ask you to complete the survey by 8 February 2016. The completed questionnaire should be returned to the consultation administrator, Lisa Monkhouse, at the following address: public_health@euro.who.int. Additionally, Ms Monkhouse is the contact person for any queries you may have concerning the questionnaire during the consultation process.

1. Briefly describe in what capacity you and/or your organization have been involved in implementing activities aligned with the EAP-PHS (if you do not feel that your title and institutional affiliation make this self-evident).
2. In your opinion, what have been the three top achievements, novel initiatives or significant developments in strengthening public health capacities and services in 2012–2015?
3. In your opinion, to what extent has the EAP-PHS been influential in progressing public health developments in the European Region?
4. Do you believe there is sufficient policy commitment in the European Region to strengthening public health capacities and services?
5. Are you aware of any examples of what you would consider good practices that have emerged since 2012? If so, please briefly describe the top three.
6. What do you consider to be the three factors that have most aided/supported the strengthening of public health capacities and services since 2012?
7. What do you consider to be the three biggest barriers to strengthening of public health capacities and services since 2012?
8. Are you aware of situations where technical assistance from WHO directly contributed to overcoming barriers, strengthening success factors, or otherwise improving the delivery of services in the areas covered by the 10 avenues for action identified in the EAP-PHS? Please briefly describe any examples you think deserve to be highlighted.
9. Do you have any suggestions for ways in which the strengthening of public health capacities and services could be better supported in the future? Resources to be developed? Studies to be commissioned? Collaborations to establish? Opportunities or synergies to capitalize on?

Thank you for taking the time to complete this survey.

Annex 2. Survey respondents

Member State respondents

1. Armenia
2. Austria
3. Belgium
4. Bosnia and Herzegovina *
5. Bulgaria
6. Croatia *
7. Czech Republic
8. Estonia
9. Hungary
10. Latvia
11. Lithuania
12. Malta
13. Montenegro
14. Netherlands
15. Romania *
16. Serbia
17. Slovakia
18. Slovenia
19. Spain
20. Sweden
21. Switzerland
22. Turkey
23. United Kingdom of Great Britain and Northern Ireland

* These countries submitted two responses each, resulting in a total of 26 responses from 23 Member States.

WHO partner organization respondents

1. Bavarian Health and Food Safety Authority–Ludwig-Maximilians-University of Munich, Germany
2. EuroHealthNet, Brussels, Belgium
3. European Centre for Disease Prevention and Control, Sweden
4. European Forum for Primary Care, Netherlands
5. Federal State Institution’s National Research Center for Preventative Medicine of the Ministry of Healthcare of the Russian Federation
6. German National Academy of Sciences Leopoldina–Charité Universitätsmedizin Berlin, Germany
7. International Health Partnership Association–Medical University Varna, Bulgaria
8. Ministry of Health–National Institute of Public Health - National Institute of Hygiene, Poland
9. Ministry of Health Republican Centre for Hygiene, Epidemiology and Public Health, Belarus
10. Ministry of Social Affairs and Health, Finland
11. National Health Institute Doutor Ricardo Jorge–University of Lisbon, Portugal
12. National School of Public Health, Management and Professional Development Bucharest, Romania
13. Norwegian Directorate of Health, Norway
14. Republic of Srpska Department for Public Health, International Relations and European Integrations, Bosnia and Herzegovina
15. Standing Committee of European Doctors, Belgium
16. University of Bielefeld (Faculty of Health Sciences, Department of International Health), Germany
17. University of Southern Denmark

Regional Office respondents

1. European Centre for Environment and Health (ECEH), Germany
2. ECEH Environmental Exposures and Risks Programme, Germany
3. Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, Denmark
4. Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, Denmark

Annex 3. List of key interviewees

1. Dr Hrayr Aslanyan, Head of Public Health Department, Ministry of Healthcare, Armenia
2. Dr Cristina Chiotan, Senior Policy Coordinator (Platform for Health and Social Equity), EuroHealthNet, Brussels
3. Dr Alexandra Cucu, General Director, National Institute of Public Health, Romania
4. Professor Detlev Ganten, Founding President, World Health Summit, Germany
5. Dr Claudia Kaufhold, Executive Director, Association of Public Health Service Physicians, Senior Advisor to the Academy of Public Health Services, Germany
6. Professor Todorka Kostadinova, Vice Rector for International Cooperation, Accreditation and Quality, Medical University of Varna, Bulgaria
7. Dr Audrius Sceponavicius, Director, Public Health Department, Ministry of Health, Lithuania
8. Dr Alen Serenic, Senior Technical Officer, Public Health, Ministry of Health and Social Welfare of the Republic of Srpska, Sector for Public Health, International Relations and European Integration, Bosnia and Herzegovina

Annex 4. Interview topic guide

<ul style="list-style-type: none"> Welcome – thank you, name, description of what the interview will cover. Explanation of the interview, recording, data protection, no right or wrong, confidentiality. Aims of the interview- to obtain feedback in relation to key themes. 	
Did not complete earlier questionnaire	Did complete questionnaire
(1) Describe in what capacity you and/or your organization have been involved in implementing activities aligned with the EAP-PHS.	Knowledge of EAP How familiar are you with the EAP? <ul style="list-style-type: none"> How familiar do you think key organizations are with the EAP If you think that there are organizations that are unaware, who are they? Has any organization taken a lead on ensuring that the EAP is well known? If not, why is this the case? Has this caused any problems? Barriers? In the states that have assigned a body, what body has been selected and why? Has this been the right decision?
(2) What have been the three top achievements, or significant developments in strengthening public health capacities and services in the period 2010–2015?	
(3) To what extent has the EAP-PHS been influential in progressing public health developments in your country?	Enablers <ul style="list-style-type: none"> In your opinion, what significant developments have occurred because of the EAP? Can you think of any success stories that can be attributed to the EAP and its influence on improving public health in your country?
(4) To what extent has the EAP-PHS been influential in progressing public health developments in Europe?	
(5) Are you aware of any examples of “good practice”, which have emerged since 2012?	
(6) What do you consider to be the three factors that have most aided/supported the strengthening of public health capacities and services since 2012?	Barriers <ul style="list-style-type: none"> What have been the barriers encountered while attempting to improve public health services? Has the EAP been a help? A hindrance? How can these barriers be overcome?
(7) What do you consider to be the three biggest barriers to strengthening of public health capacities and services since 2012?	
(8) Are you aware of situations where technical assistance by WHO contributed to overcoming barriers, strengthening success factors, or otherwise improving the delivery of services in the areas covered by the EAP? Please briefly describe any examples.	Probes to use throughout <ul style="list-style-type: none"> Any ideas of how to best do that? Do you want to add or clarify an opinion on this? That’s interesting, tell me more about that.
(9) Do you have any suggestions for ways in which the strengthening of public health capacities and services could be better supported in the future?	Closure <ul style="list-style-type: none"> Any questions for the research team? Reassure confidentiality. Thank participants for their time.