



Statement on ‘The role and contribution of leadership in health policy and practice’ - agenda point 5(a) of the 69th session of the World Health Organization (WHO) Regional Committee for Europe

September 2019

The European Public Health Association (EUPHA) and the undersigned organisations welcome the decision to place the topic “The role and contribution of leadership in health policy and practice” on the agenda of the 69th session of the World Health Organization (WHO) Regional Committee for Europe. EUPHA and the undersigned organisations strongly support the central thesis of the accompanying document (EUR/RC69/17), that public health requires strong leadership.

We thank the Secretariat for presenting relevant examples of health leadership in the document. The examples are inspirational, but to achieve strong health leadership, we present additional key concepts that should guide public health leadership, both on institutional level and individual level.

The introduction of the document gives a definition of leadership, describing it as a skill to create a vision, win others over and drive change. This description assumes leadership with the best intentions. The concept that embraces this assumption is ethical leadership. **Ethical leadership** is the kind of leadership that takes into consideration the needs of all people, does justice to everyone, respects all those affected by the actions of the leadership, and is about taking responsibility for all people. We need courageous leaders who are willing to stand up for these health goals.

The leadership needed to implement Health 2020 is the kind that can engage in multistakeholder deliberations and supports intersectoral collaborations, as highlighted in the document. This is related to another key feature of public health leadership i.e. listening. Leadership is about **listening** to all the perspectives that partners bring to the table on a health-related issue and is a skill that is needed when working across sectors. In our globalised world health leadership requires entering into dialogue also with other regions of the world, including Africa¹.

After providing mechanisms and systems for hearing others (on organisational level) and listening to others (on individual level), there is an opportunity to **create a strong public health narrative**. Public health leadership needs such a narrative to convince that health is an investment (rather than a cost burden).

The document stresses the importance of technical evidence. In addition to this, we would like to highlight the importance of **scientific evidence**, too. It is the scientific rigor that brings quality and trustworthiness to the evidence and it is this factual information that health practice and policy should be shaped by. Health leaders should ensure that practice and policy is based on scientific evidence.

The quote of the American president John F Kennedy (listed under point 6) reminds us of a quote from another American president: “we cannot always build the future for our youth, but we can build our youth for the future” – Franklin Roosevelt (32nd president of USA at University of Pennsylvania on 20 September 1940). This quote highlights the importance of preparing the **future generation** for their leadership role. A practical example of achieving this is by having a seat for a youth representation at the Executive Board and promoting youth participation within the national delegations for the World Health Assembly.

¹ See point 5 in: Expert panel on effective ways of investing in health (EXPH). Expert Panel’s reflection on priorities for the future of healthcare in the EU, April 2019. Available at: https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/docsd/2019_brainstorming_healthcarefuture_en.pdf [last accessed 2 Sept 2019].

Reflecting on the multiple examples that the document presents, we particularly congratulate the Regional Office for the work on addressing a major public health threat i.e. tobacco. Having the Regional Office promoting the Framework Convention on Tobacco Control is of utmost importance and is much appreciated. A strong prominent force is needed to counterbalance the lobbying of the tobacco industry. Also for the new products of tobacco industry (heated tobacco products and Electronic Nicotine Delivery Systems) strong health leadership from WHO is required to, again, provide a counterforce that prioritises protection of human health, rather than profit.

The successful collaboration on providing summer schools on refugee and migrant health in 2017 and 2018 are well noted. EUPHA is looking forward to future collaborations to strengthen knowledge on this topic.

We highlight the added value of collaborating with non-state actors, for example engaging in official relations with these actors and by inviting them to the Regional Committee meetings. Governments have duties towards ensuring health of their citizens, however, many health duties can also be provided by or through collaboration with and support from civil society and other health-related organisations that are implementing health policy on the ground. EUPHA and the undersigned organisations express their willingness to collaborate with the WHO Regional Office for Europe to achieve health for all.

We have confidence that the above listed key concepts of health leadership are familiar to Member States, staff members of WHO regionally and globally and WHO's many partner organizations and institutions. In particular, we have confidence that the newly elected Regional Director of WHO Europe will incorporate the above listed key concepts for health leadership. EUPHA and the undersigned are ready to support the WHO Regional Office for Europe in their public health leadership role.

Co-signatories:

AGE Platform Europe; Council of Occupational Therapists for the European Countries (COTEC); European Alcohol Policy Alliance (Eurocare); European Federation of Allergy and Airways Diseases Patients' Associations (EFA); European Federation of the Associations of Dietitians (EFAD); European Forum for Primary Care (EFPC); European Public Health Alliance (EPHA); International Alliance of Patients' Organizations (IAPO); International Society of Physical and Rehabilitation Medicine (ISPRM); International Union of Toxicology (IUTOX); Medical Women's International Association (MWIA); Public Services International (PSI); Studiorum, Center for Regional Policy Research and Cooperation; Thalassaemia International Federation; World Federation of Occupational Therapists (WFOT); Worldwide Hospice and Palliative Care Alliance (WHPCA); EuroHealthNet.



eurocare
European Alcohol Policy Alliance



 **EFA**
European Federation of Allergy and Airways
Diseases Patients' Associations

 **PSI**
Public Services International
Internationale des Services Publics
Internacional de Servicios Públicos
Internationale der Öffentlichen Dienste
Internationell Facklig Organisation för Offentliga Tjänster
国際公務労連


*European forum
for primary care*

STUDIORUM
Center for Regional Policy Research and Cooperation

EFAD | The European Federation of
the Associations of Dietitians
THE VOICE OF EUROPEAN DIETETICS

 **THALASSAEMIA
INTERNATIONAL
FEDERATION**

epra european
public health
alliance

 **WFOT**
World Federation of
Occupational Therapists


International Alliance of
Patients' Organizations
A global voice for patients


EuroHealthNet

whpca
worldwide hospice
palliative care alliance



The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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