World Health Organization

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Self-assessment tool for the evaluation of essential public health operations in the WHO European Region

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Abstract

Through a process of extensive and iterative consultation, the WHO Regional Office for Europe devised 10 essential public health operations (EPHOs) that define the field of modern public health for the Member States in the WHO European Region. Formally endorsed by all of the Member States in the Region,the EPHOs form a comprehensive package that all Member States should aim to provide to their populations.The public health self-assessment tool presented here provides a series of criteria with which national public health officials can evaluate the delivery of the EPHOs in their particular settings. These criteria have, wherever possible, been developed on the basisofexisting WHO guidance. The toolcan be used to foster dialogue on the strengths, weaknesses and gaps in EPHOs; generate policy options or recommendations for public health reforms; contribute to the development of public health policies, or be used for educational or training purposes.

Keywords

PUBLIC HEALTH
SELF-ASSESSMENT
DELIVERY OF HEALTH CARE
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Abbreviations

ASPHER	Association of Schools of Public Health in the European Region
COMBI	communication for behavioural impact
EAP	European Action Plan
EEA	European Economic Area
ENHIS	Environment and Health Information System
EPHO	essential public health operation
EU	European Union
EWARN	early warning alert and response network
FCTC	Framework Convention on Tobacco Control
HACCP	hazard analysis and critical control point
HIA	health impact assessment
HTA	health technology assessment
ICD	International Classification of Diseases
ICT	information and communication technology
IHR	International Health Regulation
NGO	non-governmental organization
NCD	noncommunicable diseases
IT	information technology
MDG	Millennium Development Goals
NICE	National Institute for Health and Care Excellence
OECD	Organization for Economic Co-operation and Development
SARA	Service Availability and Readiness Assessment
UN	United Nations

Introduction to the self-assessment tool

HISTORICAL DEVELOPMENT OF THE ESSENTIAL PUBLIC HEALTH FUNCTIONS AND OPERATIONS

Since WHO carried out the first Delphi study in 1998 on what were then known as the "essential public health functions", the WHO Regional Office for Europe has continued to refine, adapt and update the list of operations that define the field of modern public health for the 53 Member States in the WHO European Region.

The original list had a strong foundation in traditional public health services: disease prevention, surveillance and control; environmental protection; occupational health; and health promotion all featured prominently. In the 2000s the focus broadened as the influential *World health report 2000 (1)* initiated nearly a decade of work to link public health services with the supportive functions of the health system. The list was reorganized to take into account aspects of governance, financing and human resources, and some functions – such as occupational and environmental health – were grouped together under broader headings (in this case,"health protection"). The word "operation" replaced "function" in order to draw a clear distinction between the essential public health operations (EPHOs) and the health system framework functions. Moreover, a new operation – communication – was created in response to the growing relevance of the Internet and social media, ushered in by the information and communication technology(ICT) revolution of the 2000s.

When Zsuzsanna Jakab took office as WHO Regional Director for Europe in 2009, she shifted – and deepened – the focus of the EPHOs once again. In line with the new European health strategy, Health 2020, and the accompanying European action plan for strengthening public health capacities and services,(2) the Regional Office coined the terms"whole-of-government" and"whole-of-society" approaches to public health. Public health action could no longer be limited to the health system or even to the government; rather, Health 2020 and the European action plan laid the foundation to make population health a national and global priority for all Member States in the WHO European Region.

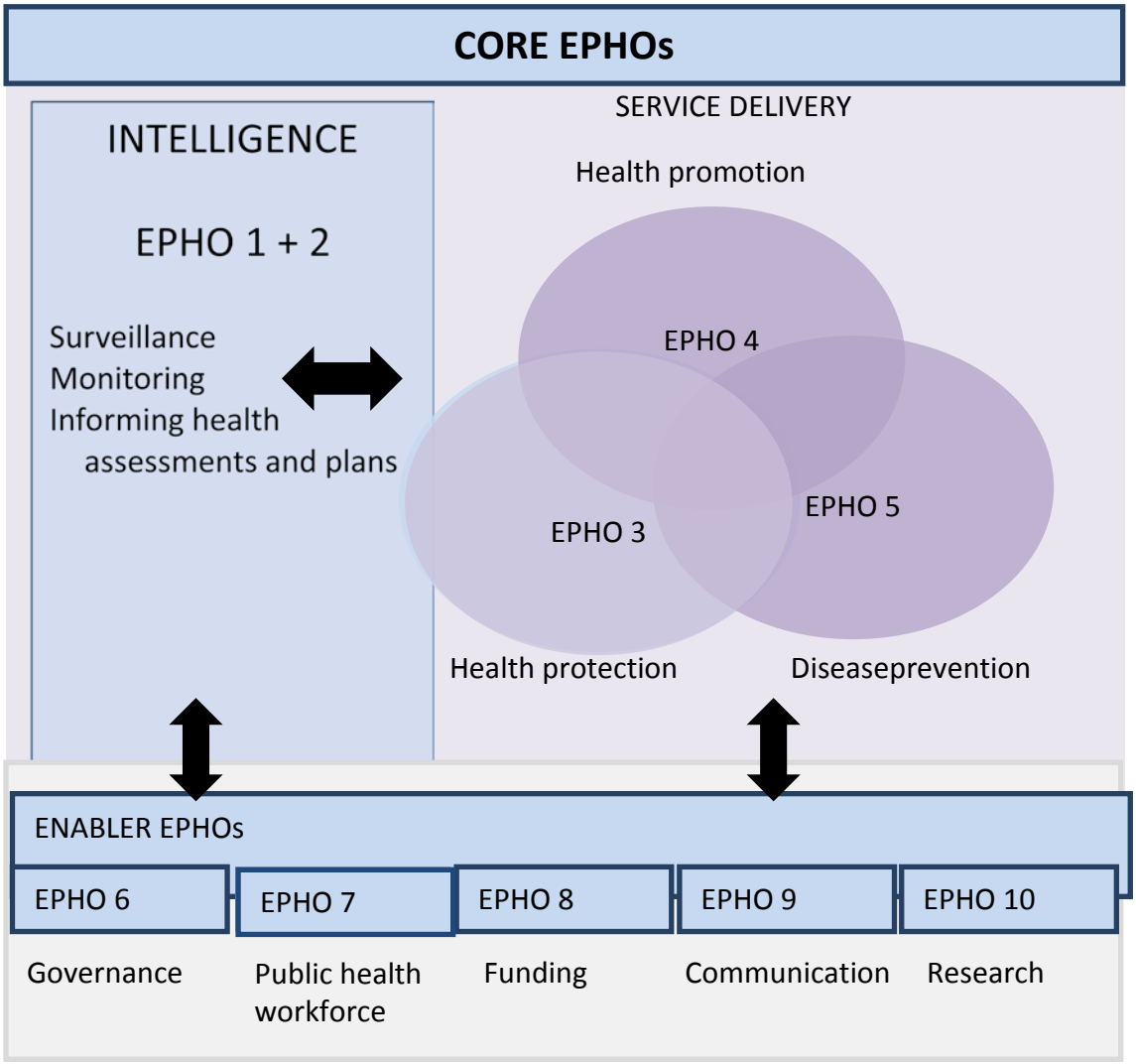
The list of 10 EPHOs approved by Member States at the 62nd session of the WHO Regional Committee in Malta in 2012 reflects all these historical currents:

- the core public health services related to disease prevention, health promotion and health protection;
- the supportive health system operations that enable services to be delivered properly;
- the focus on health equity, population engagement and intersectoral governance models that has defined the current administration of the WHO Regional Office for Europe within the overarching Health 2020 policy.

These elements work together in complex, multidimensional ways (see Fig. 1) to provide high-quality public health services to the population from both within and outside the confines of the health system. The core service delivery EPHOs constitute the main areas of work in public health: disease prevention, health promotion and health protection. The two intelligence EPHOs inform and shape the service delivery operations and monitor their effectiveness, while the enabler EPHOs, set firmly within the building

blocks of health systems, are responsible for generating the human, financial, material and knowledge resources needed to perform the EPHOs, and for overseeing their effective implementation.

Fig.1. Interaction between the EPHOs



The list of 10 EPHOs contained in this self-assessment tool is the same as that approved in Malta. The detailed list of subsections and suboperations, however, has been exhaustively reviewed to take into account existing policy guidance and tools produced by WHO headquarters, the Regional Office for Europe, the Regional Office for the Eastern Mediterranean and other organizations. This version of the tool has also been informed by specific comments from Member States and partners gathered during two rounds of technical consultation and through written comments sent to the Regional Office for Europe. Although some of the recommendations emerging from the consultation process (for example, proposals on the reorganization of the EPHOs) went beyond the scope of this review, the observations have enriched the final product and, the authors hope, the ultimate utility of the tool.

The expanded list constitutes a comprehensive package of public health services that all Member States should aim to provide to their populations.While the list of EPHOs itself should always be considered a work in progress, subject to periodic revisions and re-

finements, it currently constitutes the most systematic approach to defining and evaluating national public health services in the WHO European Region.

SCOPE AND PURPOSE OF THE SELF-ASSESSMENT TOOL

This tool is designed to guide a broad self-assessment of all public health operations within Member States in the WHO European Region. This comprehensive document is not meant to be completed by one person or even by one unit; rather, different sections of the questionnaire should be distributed to the professionals working in the areas under assessment, and then ideally reviewed in an integrated way by a team.

The EPHOs are separated into 10 broad categories:

1. surveillance of population health and well-being;
2. monitoring and response to health hazards and emergencies;
3. health protection, including environmental, occupational and 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;
7. assuring a competent public health workforce;
8. assuring organizational structures and financing;
9. information, communication and social mobilization for health;
10. advancing public health research to inform policy and practice.

The self-assessment tool provides a brief list of criteria for each item, which national public health officials can use to evaluate the quality and comprehensiveness of the service or operation. These criteria have, wherever possible, been synthesized from topic-specific WHO guidelines, assessment tools and policy recommendations in order to foster a coherent, evidence-based approach to public health challenges at a regional level. These references can also be used for follow-up work by Member States, either independently or in conjunction with WHO advisors (upon request).

In addition, the tool contains a scoring system to systematize the evaluation and a brief prompt on which health system functions need to be strengthened in order to improve performance of the operation (see the section on instructions for completing the self-assessmentfor more information on criteria and next steps). Because of the different variables that will influence the assessment results (such as availability of information, time allotted to carry out the evaluation, number of professionals forming part of the team) and the nature of the assessment itself (self-administered, with a strong qualitative aspect) this tool is not designed for benchmarking purposes or for cross-country comparisons.Nevertheless, the numeric score may provide both a crude measurement of broad trends over time within a single country and a solid startingpoint for identifying the technical improvements needed.

THE EPHO SELF-ASSESSMENT TOOL AT A GLANCE

EPHO 1. Surveillance of population health and well-being

The first EPHOcovers the tools and means used to monitor population health, as well as basic performance standards and reporting systems. Evaluators are not asked to provide values for specific indicators but rather to state whether this information is available.

Section A deals with health data sources and tools within and outside the health system. These include the civil registration and vital statistics system, health-related surveys, the health management information system and existing disease registries. Reviewers are asked to list the tools used and to provide information on the basic characteristics (such as what indicators are collected, how data are disseminated and what linking mechanisms are built in).

Section B covers the main areas of health information collected, according to the elements described in the rest of the tool. These cover broad areas such as cause-specific mortality and morbidity, as well as communicable diseases and noncommunicable diseases (NCDs). Other areas that require specific information systems are also included, such as maternal and child health, immunization coverage and health inequalities.

Section C looks into countries' surveillance of health system performance, including aspects of financing, workforce, user satisfaction, access to essential medicines and cross-border health trends (this is particularly relevant to European Union (EU) Member States).

Section D focuses on the treatment of health data: whether it is subject to global analysis and whether useful information is provided to decision-makers in a timely way. The section also contains questions on international reporting commitments; for example, on International Health Regulations (IHR) implementation, NCD monitoring reports and – for countries that are not members of the Organisation for Economic Co-operation and Development (OECD)–Millennium Development Goals (MDGs), post-2015 development agenda and universal health coverage.

EPHO 2. Monitoring and response to health hazards and emergencies

This EPHO is related to the systems and procedures that need to be in place to prepare for and respond to a public health emergency.

Section A focuses on the identification and monitoring of health hazards. It includes a list of the main hazards (natural, human-caused and technological) to include in a national risk assessment, as well as questions on supportive infrastructures (laboratories and temporary surveillance systems) and on national capacity to predict disasters before they occur.

Section B deals with the core capacities, systems and services needed to respond to an emergency, including the institutional framework, health sector emergency plan, coordination structures, warning systems and critical response services. It also asks evaluators to describe whether any long-term mitigation actions have been implemented to reduce the risk of an emergency event, including measures to increase community resilience.

Section C specifically coversIHR implementation. It is based on WHO's IHR implementation guidelines and is conceived as a rapid assessment to help health authorities understand what major gaps may exist with regard to the IHR.

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

EPHO 3 is the first of the service delivery operations. Although it shares certain characteristics and may overlap conceptually with operations described under EPHOs 4 and 5, the suboperations were chosen for their reliance on legal, regulatory and enforcement systems as the main driver of action.

Section A covers protection of environmental health, including air, water, soil and housing (specifically) and climate change mitigation and energy security (more generally). Evaluators are asked to state whether guideline values and targets exist on the main environmental contaminants, whether countries comply with international agreements and whether audits are carried out in a way that can give regulators an adequate picture of environmental health. Intersectoral capacities and the effectiveness of risk management and mitigation are also covered.

Section B deals with occupational health. On the regulatory side, the questions focus on the legal protections that exist for workers, as well as the effectiveness of the sanctioning and enforcement system. However, the section also contains suboperations relating to health promotion in the workplace, occupational health services and integrated policies on occupational health (for example, whether occupational health is considered in related policies such as those on the minimum wage, poverty reduction or others).

Sections C–F relate to food safety, patient safety, road safety and consumer product safety.Each section contains questions on the regulatory framework, technical capacity for risk assessment, enforcement procedures and risk management and mitigation. The questions have been specifically adapted to the suboperationsin question, although certain features (such as an emphasis on prevention and guidance, multistakeholder involvement and similar) are common to all the items.

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

The suboperations under the health promotion EPHO were chosen specifically for their intersectoral nature. They include some of the most important and complex threats to public health, including exposure to the main behavioural risk factors for disease and the underlying social determinants. These challenges require inputs from broad coalitions of different actors through a whole-of-government and whole-of-society approach. The health system should have a leading role in addressing the issues, but health authorities must also know how to foster horizontal leadership models and engage policymakers from other sectors, stakeholders with both complementary and competing roles and citizens. There is a particular emphasis on health equity and social determinants, with criteria inquiring into these aspects of most – if not all – of the suboperations.

Section A specifically deals with intersectoral and interdisciplinary capacity. The three suboperationsfocus on gauging the ministry of health’s ability to influence and work with different stakeholders in government, in communities and in the private sector.

Section B covers the government and health system responses to the main risk factors and determinants of health, whether these are behavioural, environmental, social or a mix. The section covers the four main risk factors for NCDs (tobacco, alcohol, nutrition and physical activity) through a synthesis of the main points of global WHO policies and guidelines. It also covers areas that require a strong approach both within the health

care system and also more broadly throughout society, such as mental health, sexual and reproductive health, substance abuse, injury prevention and prison health.

EPHO5. Disease prevention, including early detection of illness

While EPHO 3 focuses on actions based within the regulatory system and EPHO 4 deals with broad issues touching the whole of government and of society, EPHO 5 (for the sake of operational convenience) narrows in specifically on the public health services based within the health and health care systems that prevent disease, detect it as early as possible and ensure that patients can live with and manage morbidity, maintaining the highest possible quality of life.

Section A deals with primary prevention, including the provision of vaccinations and health counselling on key risk factors. It also deals with specific health services aimed at preventing illness, such as maternal and neonatal health programmes, smoking cessation services and other health services. There is also a specific suboperationrelated to ensuring health service coverage for some of the most vulnerable populations, including migrants, ethnic minority populations and homeless people.

Section B covers secondary prevention. It asks evaluators to list the population-based disease screening programmes in place, as well as a few basic quality criteria. Other suboperationsrelate to disease awareness programmes for early detection – for example, regarding melanoma or mental health disorders – and asks evaluators to describe the provision of chemoprophylactic agents to those presenting known risk factors for disease.

Section C focuses on what services are in place to foster good quality of life for those living with disease (tertiary and quaternary prevention), including support for patient groups and rehabilitation, survivorship and disease management programmes.

Section D relates to social support systems that create a supportive environment for behaviour change and assist caregivers at a psychosocial level.

EPHO 6. Assuring governance for health

The EPHOon governance is cross-cutting; it deals with issues such as leadership, management, accountability, planning, implementation, monitoring and evaluation: essential ingredients for the success of any vertically designed programme.

Section A is devoted to leadership for a whole-of-government and whole-of-society approach to public health. Suboperationsdeal with two aspects of leadership: the commitment the national government – and its executive branch – has shown to improving population health and the capacity of the ministry of health to lead public health efforts both within and outside the health system.

Section B focuses on the effectiveness of the health policy cycle, covering aspects including stakeholder participation, situational analysis, planning, implementation, monitoring and evaluation as they relate to health policy formulation. This section may be applied generically to understand whether the policy cycle is generally rigorous; it could also be applied to individual health strategies.

Section C deals with regulation and control. Specific areas of regulation and control are covered in detail in EPHO 3, so this section deals more with the ministry of health's capacity to influence government policy. It contains questions on the capacity to develop public health legislation, conduct a health impact assessment (HIA) and health technology assessment(HTA) and comply with an EU community health services system.

EPHO7. Assuring a competent public health workforce

The suboperations under EPHO 7 concernMember States' capacities to plan for, manage, educate and govern the public health workforce.

Section A follows the policy cycle for human resources planning. It evaluates the degree to which countries understand the make-up of their workforce and how well they can anticipate and plan for future needs, implement their human resources plan and monitor and evaluate the roll-out, adapting actions as needed.

Section B relates to the management of public health human resources, including organization and human resources policies, recruitment and retention strategies, human resources development and financing.

Section C covers three areas of public health education: institutional strength, rigour and innovation; the degree to which the educational system succeeds in preparing an adequate workforce to implement national health strategies; and the appropriateness of the curricula in public health at all levels of the educational sphere (undergraduate, graduate, postgraduate, continuing education and multidisciplinary curricula).

Section D deals with governance of human resources for public health, homing in on two essential aspects: leadership and partnerships.

EPHO 8. Assuring organizational structures and financing

This operation deals with the appropriateness of the main organizational structures needed to carry out the EPHOs and the coordination mechanisms linking them. It also covers the systematization and adequacy of financing structures that support implementation of the EPHOs.

Section A relates to the different organizational structures and mechanisms necessary for an effective health system. It contains criteria for evaluating the organization of the ministry of health, the quality assurance mechanisms of health care centres, the public health laboratory system, the national public health institute(s), the enforcement agencies responsible for health protection operations, the coordination mechanisms in place for services provided outside the government sector and oversight of all of the above.

Section B is concerned with financing public health services. It focuses on the budget for public health services in all areas needed to provide public health services, including outside the government, and asks the assessment team to describe the decision-making criteria used to allocate resources.

EPHO9. Information, communication and social mobilization for health

This EPHO concerns the manner in which public health communication campaigns are conducted in countries; it also has a brief section evaluating the evidence-based integration of innovative ICT tools within communication and information programmes.

Section A deals with the planning, implementation and evaluation of health communication programmes. Suboperations examine how health communication is fostered from within the ministry of health, as well as how programmes are organized, planned, implemented and evaluated.

Section B covers the use of ICT in the health system. Given the rapid pace of development in this field, as well as the limited evidence base available for many interventions proposed, suboperations are not concerned with implementation of any specific tools. Rather, the aim is to confirm that these developments are being gradually integrated into the health system in accordance with solid, evidence-based criteria.

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

This EPHO is concerned with the development of public health research as a means to improve health policy and public health practice.

Section A focuses on setting a national research agenda. It draws on key concepts from the WHO European Region's Health 2020 policy framework and checks whether countries are using solid criteria and a participatory approach when deciding on national research priorities in the field of public health.

Section B includes suboperationson capacity-building for public health research. These cover questions on data access for researchers, the integration of research in educational activities and public health practice, the capacity to foster innovation and the maintenance of scientific and ethical standards.
Section C has a single but important item relating to the coordination of research activities. It deals with how well countries are able to understand what research is taking place in their territory and how the ministry of health can shape the research agenda of other stakeholders through collaborations, partnerships and clear guidance on national priorities.

Section D has to do with dissemination of evidence and knowledge-brokering. Suboperationsfocus on the structures in place to strengthen research networks and disseminate evidence, mechanisms to translate evidence into policy and practice and arrangements to help policy-makers communicate their needs to the research community.

LIMITATIONS

This tool is unique in that it has been envisaged to frame a broad, system-wide assessment of public health functions in Member States and to identify general areas of weakness. Usersshould, however, keep in mind several important limitations of the tool as it is currently formulated.

The first consideration is the fact that tackling any major national public health problem calls for use of or contribution from most of these operations. For example, different aspects of communicable disease control are present inEPHO 1 (information systems), EPHO 2 (emergency preparedness and outbreak control), EPHO 3 (environmental,

chemical and food safety) EPHO 4 (sexual health, substance abuse), EPHO 5 (immunization, health care services), EPHO 6 (governance), EPHO 7 (human resources), EPHO 8 (financing and organizational structures), EPHO 9 (risk communication) and EPHO 10 (research). This fragmentation is largely inevitable, as the suboperations interact through complex, multiple avenues that are always related or articulated in a multidimensional way. This limitation can only be mitigated through the development of interactive instruments based on the EPHOs (for example, a web-based or computerized tool) that allow users to group suboperations according to the parameters of interest (diseases, exposures, life-cycle/population groups or system approach). Thus, it should be emphasized that the paper-based tool is not – and will never be –appropriate for assessing work on a single public health issue in an isolated way.

The second limitation of the current tool is the level of specificity used. An inherent problem in a system-wide assessment tool is that public health is an incredibly expansive and inclusive field, which touches upon many different areas. If the questionnaire is too long it will be too unwieldy to use. On the other hand, if it is too short important issues may be left out. The current list aims to balance comprehensiveness with utility and to cover all essential issues as concisely as possible. Complementary tools (including more detailed assessment tools covering specific areas) should be used on areas identified as weak in the initial evaluation.

A third important limitation has to do with the specificity of the enabling operations, particularly EPHOs 6 (governance), 7 (public health workforce) and 8 (organizational structures and financing). Assessment of these operations using the tool will provide a general picture of how well they are carried out, but it will not be specific enough to explore disparities in their execution between different units, departments and agencies. In some cases the criteria for suboperations in the core EPHOs (3–5) include space to provide a brief, qualitative evaluation of the supportive functions. These prompts are necessarily generic, however, as a more exhaustive approach would encumber the agility of the assessment process. One possible way to overcome this problem would be to develop a universal package of horizontal suboperations, based on the current list, which could be circulated to the different units responsible for answering the questionnaire. Comparison of their responses would enable identification of disparities (especially with regard to the adequacy of human and financial resources) between different areas of public health practice.

Finally, certain limitations are inherent to a self-assessment. The quality of the assessment will greatly depend on the rigour and the good faith of the team carrying it out. The working time allotted to team members for completing different sections, as well as the influence (or lack thereof) of political considerations in the process, will also be factors. Although specific criteria have been provided within the scoring system, some level of subjectivity will always be present and different professionals,whether within the same ministry of health team or in different Member States, will have different levels of expertise, sources of information and personal, professional and sometimes political biases. All these considerations will complicate cross-country comparisons of the results and, to a lesser degree, time-trend comparisons within countries.

Despite the limitations described above, the authors believe that the self-assessment is still of enormous utility. One of its greatest strengths, perhaps, lies in the comprehensive nature of the ground it covers. The complete list of EPHOs provides an inventory of

public health operations and services, helping policy-makers, public health professionals, students and the public to understand virtually all the direct pathways through which population health may be affected. The comprehensive results of the self-assessment should give policy-makers a concise idea of which areas are in most need of improvement, as well as a startingpoint to develop strategic policy measures in that pursuit. Likewise, the list can provide a basis for the development of educational curricula and other tools to strengthen professional competence in public health.

The self-assessment also has great value in terms of proactive research, spurring reflections from public health professionals and policy-makers on issues that may not be receiving the priority that objectively they deserve.

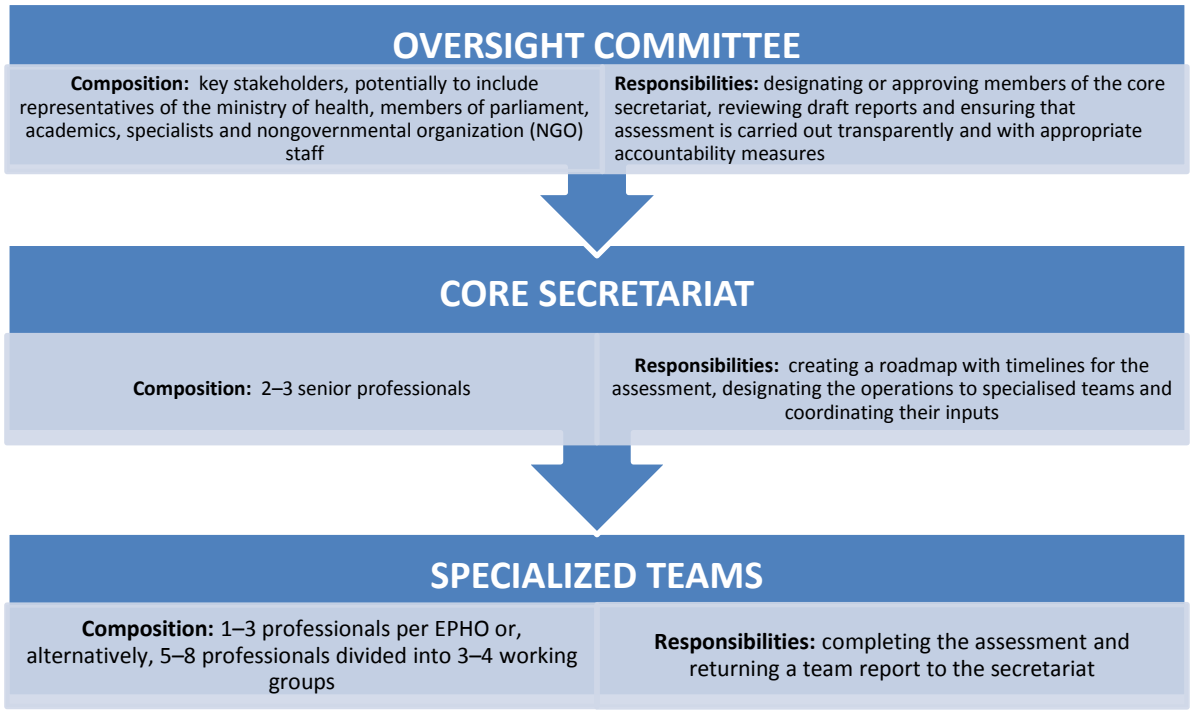
Lastly, the strong support for and commitment to integrating the EPHOs into Health 2020 and the European action plan will help to ensure a common, practical approach to improving public health services. If Health2020 helps to set overarching principles of public health excellence, the EPHOs provide the technical roadmap.

Instructions for completing the self-assessment

ORGANIZING THE SELF-ASSESSMENT

The following organizational structure and assessment methodology is proposed for the EPHO self-assessment (Fig. 2). An oversight committee could bring together the main stakeholders with an interest in improving public health in order to monitor the process and ensure accountability, while the core secretariat would be responsible for coordinating the work of specialized teams, who would be assigned different EPHOs for completion.

Fig.2. Organizational structure and methodology



Following the self-assessment, health authorities could also potentially organize a policy dialogue, with the support of WHO, in order to discuss findings, conclusions and practical recommendations.

COMPLETING THE QUESTIONNAIRE

Where a box (☐) exists the answer should be limited to a yes (☒) or no (☐) response. Otherwise, the answer should be a brief description of the item in question, with pertinent details as required. Whenever possible, quantitative data should be provided, but qualitative responses are also possible.Other ways to answer the questions are as follows:

- "IDU": I donot understand the question
- "IDK": I understand the question but donot know the answer
- "n/a": not applicable to the national context.

Scoring system

Each suboperation contained in the list of EPHOs contains one or more scoring fields, in which evaluators can note the score achieved and recommend areas for improvement; this appears as follows:

Score (0–10):	Areas for improvement: G, F, RG, SD

The scores should be assigned from 0 to 10 based on the following criteria.

0. We are unable to evaluate the performance of this operation based on the information currently available.
1. No activity: this operation/service is completely undeveloped at this time.
2. Rudimentary work has been performed to improve the effectiveness of this operation, but a stronger framework and/or mandate is necessary to develop the basic foundations and to implement the programme or activity effectively.
3. There is an explicit commitment in a formal strategy document expressing the will to further develop this operation, but no practical developments have been carried out yet.
4. There are some antecedents for actions to improve this operation but they have been inconsistent and require a better approach.
5. There is a conceptual framework to improve this operation, with some actions that can be considered adequate, but these are preliminary and still require development.
6. We have specific experience and evidence that allows us to identify a few strong points, as well as other areas in need of improvement.
7. The performance of this operation is reasonably acceptable, based on accumulated experience, but there are still some areas in need of particular work.
8. The performance of this operation is solid and well developed within the area of public health, although there are isolated areas that could still be improved.
9. A body of evidence shows that this operation is particularly effective; no significant problems need correction as performance is quite positive.
10. The development of this operation is excellent, based on independent and objective evidence. We believe that it could be a useful model for other countries; there may be international benchmarking studies that support its status to be proposed as a best practice for the WHO European Region.

The designated areas for improvement are based on the four health system framework functions, but may be further broken down into the following building blocks:

- "G": governance;
- "F": financing;
- "RG": resource generation, including human resources, medicines and technology and/or information and technological research;
- "SD": service delivery.

This field is included to spark a preliminary reflection on which areas are most in need of concerted action to improve performance of the operation. The item is systematically included under all suboperations, with the understanding that all these functions may play a role, even in operations that initially seem to be concentrated under only one function (for example, one challenge related to governance may be that the ministry of health does not receive enough funding to carry out its duties).

Prior to the assessment the core secretariat or evaluation team manager should establish a uniform way to mark the areas in need of improvement and specify whether more details should be provided and in what way. If no specific instructions in this regard are circulated prior to distribution of the questionnaire, evaluators should simply delete or cross through the abbreviations that do not apply. For example, if the areas in most need of improvement are human resources and governance, evaluators should mark:

Areas for improvement: G, RG

or

Areas for improvement: G, ~~F~~, RG, ~~SD~~

COMPLEMENTARY MATERIAL AND INSTRUMENTS

The EPHO self-assessment tool should be considered just one of several instruments used to evaluate public health services in Member States. An entry point into the body of WHO's work in public health, the tool contains references to a number of other WHO guidelines, assessment tools and policy papers, each of which can be downloaded for a more detailed evaluation of specific areas.

The WHO Regional Office for Europe envisions several other developments that will help to complement the current tool, including an interactive computer-based tool that will enable users to narrow the focus of the assessment, educational materials for public health students and professionals and a growing list of references to help policy-makers act on weaknesses identified in their self-assessments.

EPHO 1. Surveillance of population health and well-being

DESCRIPTION OF EPHO

EPHO 1 covers the establishment and operation of health surveillance, monitoring and information systems to monitor and map the incidence and prevalence of diseases,risk factors, health determinants, population health status and health system use and performance.

Other elements of this operation comprise community health diagnosis, data trend analysis, identification of gaps and inequalities in the health status of specific populations, identification of needs and planning of data-oriented interventions*(3)*.

1.A. HEALTH DATA SOURCES AND TOOLS

1.A.1. Civil registration and vital statistics system

Briefly describe the following elements*(4)*.

Legal framework for civil registration and vital statistics	
Registration infrastructure and resources	
Organization and functioning of the vital statistics system	
Completeness of registration of births and deaths	
Data storage and transmission	
Practices and certification compliant with International Classification of Diseases (ICD) within and outside hospitals	
Practices affecting the quality of cause-of-death data	
ICD coding practices (incorporation of ICD-10-CM)*(5)*	
Coder qualification and training; quality of coding	
Data quality[1]	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.A.2. Health-related surveys

List the surveys completed in your country and describe their basic characteristics in the columns on the right (add more rows if necessary).

Survey	**Number of surveys completed in the last five years or more**	**Interval (if two or more surveys were conducted)**	**Methodology/data quality**
Household surveys[a]			
1.			
2.			
3.			
Institution-based suveys[b]			
1.			
2.			
3.			
Facility-based surveys[c]			
1.			

[1] Data quality is defined throughout according to the following criteria: accuracy; relevance; timeliness; comparability; access, dissemination and use; and security and privacy.

2.			
3.			
Score (0–10):		Areas for improvement: G, F, RG, SD	

[a] Household surveys are population-based and may include demographic surveys (such as a census, demographic health survey, multiple indicator cluster survey or similar), health examination surveys, behavioural risk factor surveys, household health expenditure surveys, health performance surveys or others. Some survey modalities, such as the European health interview surveys, combine different elements of the above.

[b] Institution-based surveys are population-based and take place in public institutions to monitor aspects related to certain populations. For example, the Environment and Health Information System*(6)*includes surveys to evaluate pupils' exposure to indoor air contaminants in schools.

[c]"Facility" refers primarily to health care facilities; these surveys measure specific aspects of health services. Examples include the Service Availability and Readiness Assessment (SARA), exit interviews and human resource surveys in the health sector.

1.A.3. Health management information system

Briefly consider and describe the following elements (check box for affirmative answer), providing detail where appropriate.

Is the health management information system facility-based?	☐
Does it include the private sector as well as the public?	☐
Is an electronic system used?	☐
Are quality checks carried out to ensure: regularity? ☐ completeness? ☐ accuracy of information? ☐	
Is there a system for regular: reporting? ☐ analysis? ☐ feedback? ☐	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.A.4. Disease registries

List the functioning disease registries in the top row (add more columns if necessary) and describe their characteristics.

Disease(s):	1.	2.	3.
Indicators collected			
Population coverage (%)			
ICD compliance			
Use of unique patient identifiers			
Links with other disease registries			
Links with other population data			
Methodology/quality of data			
Score (0–10):	Areas for improvement: G, F, RG, SD		

1.B. SURVEILLANCE OF POPULATION HEALTH AND DISEASE PROGRAMMES

Evaluate the quality and availability of data in the following areas.

1.B.1. Cause-specific mortality

Cause	**Compliance with ICD-10/quality and comparabil-ity of data**	**Disaggregation of data (by gender, age, urban/rural, etc.)**	**Methodology/data quality**	**Population coverage (%)**
NCDs (cardiovascular disease, cancer, chronic respiratory diseases and diabetes) (mortality at age 30–70)				
Infectious diseases				
Maternal and child health				
Injuries and road accidents				
Score (0–10):	Areas for improvement: G, F, RG, SD			

1.B.2. Selected morbidity

Data collection method	**Compliance with ICD-10/quality and comparability of data**	**Disaggregation of data (by gender, age, migration, urban/rural, etc.)**	**Methodology/data quality**	**Population coverage (%)**
Infectious disease surveillance				
NCD STEPwise*(7)*surveillance				
Mental health screening				
Maternal and child health monitoring				
Hospital discharge data				
Score (0–10):	Areas for improvement: G, F, RG, SD			

1.B.3–1.B.17. Public health surveillance

Describe the quality of your country's public health surveillance in the following areas.

Element	**Indicators monitored**	**Disaggregation of data (gender, age, migration, etc.)**	**Methodology/quality of data**	**Population coverage (%)**
1.B.3. Risk factors and determinants				
Behavioural risk indicators				
Biological risk factors (blood pressure, body mass index, glucose, cholesterol)				
Environmental risk indicators				
Social determinants				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.4. Child health and nutrition				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.5. Maternal and reproductive health				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.6. Immunization				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.7. Communicable diseases				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.8. NCDs				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.9. Social and mental health				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.10. Environmental health				
Air				
Water				
Soil				
Housing				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.11. Occupational health				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.12.Road safety				

Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.13. Injuries and violence				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.14. Nosocomial infections				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.15. Antibiotic resistance				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.16. Migrant health				
Score (0–10):		Areas for improvement: G, F, RG, SD		
1.B.17. Health inequalities				
Score (0–10):		Areas for improvement: G, F, RG, SD		

1.C. SURVEILLANCE OF HEALTH SYSTEM PERFORMANCE

1.C.1. Monitoring of health system financing

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

National health accounts analysis, with data on:	☐general government expenditure on health as percentage of general government expenditure ☐total health expenditure per capita ☐share of out-of-pocket expenditure asapercentage of total health expenditure ☐population with catastrophic health expenditure ☐population that becomes impoverished as a result of health care expenses ☐human resources expenditure
Score (0–10):	Areas for improvement: G, F, RG, SD

1.C.2. Monitoring of the health workforce

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate*(8)*.

Existence of a health workforce observatory	☐
Data on stock and density of public health workers, including:	☐stock and density relative to population
	☐skills mix
	☐geographical distribution
	☐age distribution
	☐gender distribution
	☐number of training posts
Labour activity, including:	☐employment rate of public health workers in their field
	☐distribution of workers by agency, institution

	and/or activity
	☐occupational earnings
	☐public health workforce remuneration scale
Productivity, including:	☐absenteeism
	☐provider productivity (i.e. tasks performed by a given provider over a specific time period)
Renewal and loss, including:	☐workforce entry (ratio of graduates to workers)
	☐national self-sufficiency (nationally trained health workers)
	☐workforce loss ratio
	☐public health personnel mobility data
Score (0–10):	Areas for improvement: G, F, RG, SD

1.C.3. Monitoring of health care utilization, performance and user satisfaction

Briefly describe the data collected in the following areas (check box for affirmative answer).

Service delivery – access/availability/readiness, including:	☐density of primary health care facilities ☐density of inpatient beds (hospitals) ☐annual number of outpatient department visits, per capita ☐ number of public health service providers
Coverage of interventions, including:	☐contraceptive prevalence rate ☐antenatal care coverage (≥1 visit) ☐antenatal care coverage (≥4 visits) ☐ skilled birth attendance ☐DPT3-containing[a] vaccine coverage among children under 1 year of age ☐percentage of individuals who slept under an insecticide treated net the previous night ☐percentage of eligible adults and children currently receiving antiretroviral therapy ☐treatment success rate of new bacteriologically confirmed tuberculosis cases ☐oral rehydration therapy
User satisfaction	☐
Score (0–10):	Areas for improvement: G, F, RG, SD

[a] Containing three doses of diphtheria, pertussis and tetanus vaccine.

1.C.4. Monitoring of access to essential medicines

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Availability of essential medicines and biomedical technologies, with data on:	☐ average availability of 20 selected essential medicines and medical products[b] *(9)* in public and private health facilities ☐ proportion of laboratories participating in an external quality assurance system
Score (0–10):	Areas for improvement: G, F, RG, SD

[b] 20 essential medicines are proposed for monitoring. These includeamitriptylinetablet, amlodipinetablet oralternative calcium channel blocker, amoxicillin (syrup/suspension or dispersible tabletsAND tablet),ampicillinpowder for injection, beclometasoneinhaler, ceftriaxoneinjection,enalapriltablet or alternative ACE inhibitor,fluoxetine tablet,gentamicininjection,glibenclamidetablet, ibuprofentablet, insulinregularinjection, metformintablet,omeprazoletablet or alternative, oral rehydration solution, paracetamoltablet,salbutamolinhaler, simvastatintablet or other statinand zinc sulphate(tablet or syrup).

1.C.5. Monitoring of cross-border health

Considerand describe the following.

Are there mechanisms for monitoring medical tourism to and from your country?	
Are there data on the quantity of organized patient flows (i.e. through explicit cross-border collaborative arrangements)?	
If so, what quality and performance indicators are monitored?	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.D. DATA INTEGRATION, ANALYSIS AND REPORTING

1.D.1. Health sector analysis

Briefly describe the following elements.

Existence of a health system observatory	
Participation of health system analysts during planning processes	
Review of independent research or analysis on health system performance	
Consideration of epidemiologic, socioeconomic, demographic and other data related to population health needs during planning processes	
Situation analysis of the health sector in preparation for health sector planning	
Capacity to review major health and development policies, services and investments	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.D.2. Provision of updates on compliance with IHR

Briefly describe the following elements.

Generation of systematic and periodic reports on your country's implementation of IHR	
Use of these reports in adjusting or formulating plans for subsequent steps in the implementation process	
Notification and reporting of public health events that might be of international concern to WHO	
Collaboration with neighbouring countries to strengthen cross-border surveillance and response and with other countries to meet IHR obligations	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.D.3.Participation in and compliance with NCD monitoring reports

Briefly describe the following elements, based on WHO'sglobal action plan for the prevention and control of NCDs*(10)*.

Capacity to collect data on global action plan indicators	
Capacity to generate accurate, timely reports to monitor progress on the global action plan	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.D.4. Development of annual health statistical reports

Briefly describe the following elements.

Availability of qualified human resources to carry out assessments	
Dedication of specific financial and ICT resources for assessment	
Ease in accessing all sources of health indicator data for the purpose of drafting statistical reports	
Production of reports targeted at different audiences (policy-makers, health system managers, researchers, the public)	
Score (0–10):	Areas for improvement: G, F, RG, SD

1.D.5Monitoring and reporting on regional or global health and development movements, such as MDGs, Post-2015 development agenda and universal health coverage

Briefly describe the following elements.

Element	**MDGs**	**Post-2015 development agenda**	**Universal health coverage**	**Other regional or global movements, if any**
Clear responsibility for producing report				

Availability of necessary human and financial resources				
Accuracy and quality of report(s)				
Dissemination and use of reports for policy-making, research and public accountability				
Score (0–10):		Areas for improvement: G, F, RG, SD		

EPHO2. Monitoring and response to health hazards and emergencies

DESCRIPTION OF EPHO

EPHO2 covers monitoring, identifying and predicting priorities in biological, chemical and physical health risks in the workplace and the environment; risk assessment procedures and tools to measure environmental health risks; release of accessible information and issuance of public warnings; and planning and activation of interventions aimed at minimizing health risks.

It also comprises preparedness for management of emergency events, including formulation of suitable action plans; development of systems for data collection and prevention and control of morbidity; and application of an integrated and cooperative approach with various authorities involved in management.

2.A. IDENTIFICATION ANDMONITORING OF HEALTH HAZARDS

2.A.1. Risk and vulnerability assessments, in accordance with an all-hazard/whole-health approach

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate*(11)*.

HAZARD	**CONSIDERATIONS INCLUDED IN HEALTH RISK ASSESSMENT**					
	Periodicity of consultation (answer "n/a" if no consultation takes place)	**Generation of hazard maps at the national and regional levels**	**Likelihood of an event**	**Risk to human health (immediate, aftermath and long-term)**	**Risk to provision of essential health services**	**Risk to other sectors with an influence on health (environment, economy, industry, etc.)**
Natural hazards						
Biological hazards						

HAZARD	**CONSIDERATIONS INCLUDED IN HEALTH RISK ASSESSMENT**					
	Periodicity of consultation (answer "n/a" if no consultation takes place)	**Generation of hazard maps at the national and regional levels**	**Likelihood of an event**	**Risk to human health (immediate, aftermath and long-term)**	**Risk to provision of essential health services**	**Risk to other sectors with an influence on health (environment, economy, industry, etc.)**
Pandemic/epidemic		☐	☐	☐	☐	☐
Food- or waterborne disease		☐	☐	☐	☐	☐
Other (specify)		☐	☐	☐	☐	☐
Meteorological hazards						
Drought		☐	☐	☐	☐	☐
Heat wave		☐	☐	☐	☐	☐
Flood		☐	☐	☐	☐	☐
Storm system		☐	☐	☐	☐	☐
Other (specify)		☐	☐	☐	☐	☐
Geological hazards						
Earthquake		☐	☐	☐	☐	☐
Landslide		☐	☐	☐	☐	☐
Other (specify)		☐	☐	☐	☐	☐
Human-caused hazards						
Accidents						
Chemical		☐	☐	☐	☐	☐
Transportation		☐	☐	☐	☐	☐
Structural		☐	☐	☐	☐	☐
Private industry (mines, oil fields, energy plants, etc.)		☐	☐	☐	☐	☐
Societal hazards						
Civil disturbance		☐	☐	☐	☐	☐
Strike in essential services		☐	☐	☐	☐	☐
Massive influx of migrants/refugees		☐	☐	☐	☐	☐
Hostage incident		☐	☐	☐	☐	☐
Terrorism		☐	☐	☐	☐	☐
Mass gathering		☐	☐	☐	☐	☐

HAZARD	CONSIDERATIONS INCLUDED IN HEALTH RISK ASSESSMENT					
	Periodicity of consultation (answer "n/a" if no consultation takes place)	**Generation of hazard maps at the national and regional levels**	**Likelihood of an event**	**Risk to human health (immediate, aftermath and long-term)**	**Risk to provision of essential health services**	**Risk to other sectors with an influence on health (environment, economy, industry, etc.)**
or event (sporting, religious, etc.)						
Other (specify)		☐	☐	☐	☐	☐
Technological hazards (with a focus on mass-casualty events)						
Utility outage		☐	☐	☐	☐	☐
Fire		☐	☐	☐	☐	☐
Explosion		☐	☐	☐	☐	☐
Hazardous material spill or release		☐	☐	☐	☐	☐
Threat related to nuclear power plant safety		☐	☐	☐	☐	☐
Transportation interruption		☐	☐	☐	☐	☐
Other (specify)		☐	☐	☐	☐	☐
Score (0–10):			Areas for improvement: G, F, RG, SD			

2.A.2.Capacity to set up an early warning alert and response network (EWARN) to deal with challenges associated with displaced populations

Briefly describe the following elements*(12)*.

Structure: existence of a network of people and facilities to perform immediate alert functions and periodic reporting of health data	
Management: a designated coordinator and focal point(s) for defined geographical regions	
Priority diseases: capacity to conduct risk assessment in order to define group of priority diseases to be included in EWARN	
Data collection, reporting, analysis and transmission: asystem to collect and aggregate standardized data quickly, report results frequently, analyse public health implications and transmit data to relevant stakeholdersclearly	

Outbreak preparedness: existence of a multisectoral outbreak control team, outbreak response plan, standard line-list forms for data collection and standard treatment protocols for key diseases	
Alert verification and outbreak investigation: existence of standard operating procedures (SOPs) in case of an alert to verify and investigate outbreak	
Laboratory support: identification of reference laboratory for potential performance of complex tests	
Implementation: existence of an implementation team, with tools, resources and training to set up an EWARN quickly (within three weeks)	
Evaluation: preparation of a formal evaluation of EWARN activities, following the acute phase of a crisis	
Exit strategy: existence or protocols to integrate EWARN activities into existing surveillance networks prior to dissolution	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.A.3. Laboratory support for investigation of health threats

(See8.A.3 to evaluate basic quality criteria for public health laboratories; this section deals specifically with laboratory support during a public health emergency.)

Consider and describe the following elements, providing details where appropriate.

What is the designated regional or international reference laboratory in the event of an emergency?	
Are there ready-to-use forms for informed consent of sampling and analysis?	
Do communication protocols exist between laboratories, health services and decision-makers pertaining to emergency situations?	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.A.4. Ability to predict public health emergencies

Briefly describe the following elements.

Participation in the Global Outbreak Alert and Response Network	
Use of ICT to predict and identify potential public health emergencies	
Existence of a national weather service with links to public health agencies and decision-makers	
Performance of intelligence-gathering exercises, with participation of public health professionals, to predict societal hazards	
Capacity to predict which populations may be at higher risk	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B. PREPAREDNESS AND RESPONSE TO PUBLIC HEALTHEMERGENCIES

2.B.1.Institutional framework for emergency preparedness

Briefly describe the following elements, providing details where appropriate*(13).*

A national policy or strategy on preparedness for emergencies, including for the health sector	(If none exists, proceed to 2.B.2.)
How health security is explicitly reflected in relevant areas of foreign policy	
Involvement in the Global Outbreak Alert and Response Network and/or other international surveillance network(s)	
How emergency preparedness and response policy is implemented in your country/*For countries in the European Economic Area (EEA)* How emergency preparedness and response policy is implemented, taking into account Decision 1082/2013/EU on serious cross-border threats to health*(14)*	
A multisectoral committee on emergency preparedness and response, which includes a representative from the ministry of health, with clearly defined roles and responsibilities	
A well-defined, full-time emergency preparedness and response unit within the ministry of health (see also 2.B.3)	
Other comments or considerations	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.2. Health sector emergency plan

Consider the following and check appropriate box.

Elements	**Yes**	**No**
Existence of a law, ministerial decree or explicit plan detail-	☐	☐

ing the health sector response to an emergency situation (if none exists, proceed to 2.B.3)		
Is the plan:		
• developed and maintained by a specific health sector planning committee (e.g. emergency preparedness team)?	☐	☐
• based on results of vulnerability assessment?	☐	☐
• explicitly linked to a national, multisectoral plan?	☐	☐
Does the plan describe:		
• SOPs for all hazards identified in the risk and vulnerability assessment?	☐	☐
• sector command and control arrangements?	☐	☐
• roles and responsibilities of all health sector actors (primary care, hospitals, laboratories, etc.)?	☐	☐
• logistic platforms and emergency information systems?	☐	☐
• measures to protect and prepare health care facilities?	☐	☐
• resources necessary to respond to each type of emergency?	☐	☐
Does the plan include sections related to different stages of an emergency:		
• prevention and protection?	☐	☐
• mitigation?	☐	☐
• response?	☐	☐
• recovery?	☐	☐
• alternative conceptualization of emergency preparedness (please specify)?		
Score (0–10):	Areas for improvement: G, F, RG, SD	

2.B.3. Ministry of healthemergency preparedness and response unit

(If none exists, proceed to 2.B.4.)Does the unit carry out the following activities? Please specify wherever possible.

Risk and vulnerability assessments	**(see 2.A.1)**
Public awareness programmes on general risks and emergencies, planned and executed in cooperation with all relevant stakeholders	
Simulation exercises and/or drills	
Analysis of and research into past events, at both the national and international levels	
Formulation of hazard-specific SOPs	
Development of hazard-specific training materials	
Cross-sectoral collaboration	
Performance of programmes to foster community leadership and resilience in the event of an emergency	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.4. Coordination structure in the event of a public health emergency

Consider and describe the following elements, providing details where appropriate.

Are any national, regional and/or international surge mechanism(s) and focal point(s) in place to coordinate support in the case of an emergency?	
Is there a regularly updated roster of technical specialists to advise in specific situations?	
What alert systems for specific disease outbreaks and emergenciesare in place?	
How fluid is the coordination between the health sector and other civil services?	
What is your country's capacity to coordinate action through the Inter-Agency Standing Committee?	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.5. Public information, alert and communication system

Briefly describe the following elements.

Designation of a public relations and communication focal point for public health emergencies	
Existence of specific and trustworthy contacts in the broadcast and print media industries	
Ministry of health (or equivalent) presence on social media, including microblogging (e.g. Twitter) to provide real-time updates	
Availability of hazard-specific guidance and resources for first responders and the affected population	
Capacity to produce real-time data on public health threats (see also 2.A.2 on use of EWARN) in public information and alert systems	
Capacity to provide actionable information to the population throughout all stages of an emergency, including its aftermath	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.6. Protection, maintenanceand restoration of key systems and services in the event of a public health emergency

Describethe system(s) in place to protect, maintain and restore services in the following areas.

Food and water safety	
Health services	
Supply chain (energy, food, water, essential medicines, etc.)	

Transportation	
Critical infrastructures (e.g. dams, bridges, communication services, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.7. Critical response services

Describe the capacity of services in the following areas.

Implementation of early response plan and mobilization of necessary resources	
Provision of critical transportation to and from an emergency zone (evacuation of people and animals; delivery of response personnel and equipment)	
Fatality management resources, including body recovery and victim identification; temporary mortuary solutions; interaction with mass care services to reunite families and transfer remains of fatal victims; and bereavement support	
Stabilization of critical infrastructure and management of health and safety threats	
Provision of mass care services to hydrate, feed, shelter and protect populations most affected by emergency, and to reunite families	
Search and rescue capabilities (personnel, services, animals and assets) to save as many endangered lives as possible	
Capacity to make the emergency area safe for responders and the affected population quickly	
Existence of hospital administration protocols for emergency response and evacuation*(15)*	
Provision of emergency health and medical services to affected population (includingpharmaceuticals, blood, medical supplies, etc.), with the aim of avoiding additional disease and injury	
Access to regional and global diagnostic and curative health services that are not available at the national level	
Maintenance of routine essential medical services for people suffering chronic conditions (e.g. dialysis, medication, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.8. Mitigation actions to reduce long-term vulnerability to public health emergencies

Briefly describe the following elements.

Any research activities undertaken with the object of developing strategies to reduce vulnerability to public health emergencies	
All specific threats identified in the risk and vulnerability assessment (see 2.A.1), as well as any measures taken to reduce long-term vulnerability to them:	1.
	2.
	3.
	4. (add more rows if necessary)
The ministry of health's leadership of, or participation in, public or private efforts within local communities to increase resilience	
Inclusion of a population component in mitigation actions, with an emphasis on vulnerable populations and promotion of health equity	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.B.9.Capacity for recovery and restoration of essential health services

Briefly describe the following elements.

Capacity to mobilize resources needed in recovery efforts, including specific resources to restore health services	
Capacity to restore health and social services and to provide for lingering health and social needs (including psychological) after the emergency event	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.C. IMPLEMENTATION OF IHR

Please note that this section may overlap with other sections in EPHO 2, but it has been conceived as a rapid assessment of IHR implementation*(16)*.In case of repetition, provide a brief, qualitative assessment summarizing your answers elsewhere, referring to them if necessary.

2.C.1. Fostering of global partnershipsfor implementation of IHR

Briefly describe the following elements.

Training and implementation activities	
Activeness of the government's role in IHR implementation	
Engagement in resource mobilization activities at the national level	
Provision or management of international funds for the implementation of IHR	
Score (0–10):	Areas for improvement: G, F, RG, SD

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

Briefly describe the following elements.

Capacity to alert, investigate and respond; performance of gap analysis; development and implementation of national action plans to prevent, detect and respond to public health threats, taking into account the most likely events	
Coordination structure in the country among the different IHR stakeholders and with the national IHR focal point, with an established mechanism for the sharing of information	
Mapping of potential hazards in the country and development of a public health preparedness and response plan, based on the potential hazards identified	(See also 2.A.1.)
Past, ongoing or planned work with WHO to conduct in-country joint assessments for the development and implementation ofaction plans	
Performance of training activities to strengthen capacity for disease prevention, surveillance, risk assessment, control and response	
Score (0–10):	Areas for improvement: G, F, RG, SD

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

Briefly describe the following elements.

Designation of points of entry for the implementation of the IHR and sharing of the list with WHO	
Sanitation and hygiene at facilities used by travellers at designated points of entry, including in vectors and reservoirs	
Establishment of measures at designated points of entry in compliance with IHR for travellers, conveyances, cargo, goods and postal parcels	
Availability of operational contingency plan for public health emergencies at all designated points of entry,which is integrated with the national public health plan for preparedness and response to all hazards	
Capacity of designated points of entry to rapidly implement international public health recommendations	
Coordination between the competent authority at the designated points of entry and the national IHR focal points	
Integration of surveillance activities at the designated points of entry with national surveillance	
Identification of list of ports authorized to issue ship sanitation certificates and sharing of the list with	

WHO,with annual updates on this list	
Coordination with neighbouring countries through bilateral ormultilateral agreements on cross-border surveillance and response activities	
Joint designation of ground crossings for joint implementation of IHR	
Existence of coordination between WHO and other relevant United Nations and intergovernmentalorganizations, industry associations and travel-related professional associations	
Score (0–10):	Areas for improvement: G, F, RG, SD

2.C.4. Management of specific risks

Briefly describe the following elements.

Surveillance and early warning: identification and prioritization of specific risks at the national and international levels; appropriateness of mechanisms for surveillance and early warning implemented and maintained	
Risk reduction: opportunities for risk reduction identified and implemented (e.g. exposure reduction, health communication, vaccination, safe clinical management) and collaborative cross-cutting mechanisms for risk reduction initiatives established and maintained (e.g. zoonosis and the animal–human interface)	
Preparedness and readiness: implementation of international and national preparedness and readiness measures for response to and containment of specific threats (e.g. pandemic influenza, yellow fever, epidemic meningococcal disease, severe acute respiratory syndrome, accidental or deliberate release); response readiness reinforced and improved through practice in exercises and real events	
Stockpiling: coordination with international mechanisms for stockpiling critical supplies (vaccines, drugs, personal protective equipment) for priority threats	
Research: coordination of upstream and operational research to characterize and assess risk and to develop and test new interventions implemented	
Maintenance of international programmes for key threats	
Score (0–10):	Areas for improvement: G, F, RG, SD

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

Briefly describe the following elements.

Familiarity among national public health officials and other stakeholders with the legal provisions laid out in IHR and capacity to ensure their full and effective implementation	
Designation of the national IHR focal point, with annual confirmation of the designation to WHO	
Adaptation of national public health legislation to facilitate the implementation ofIHR, including the roles and functions of the national IHR focal point	
Capacity of the national IHR focal point for immediate notification of public health events of potential international concern to the WHO IHR contact point and continuous reporting of comprehensive information about such events	
Access of the country to the Event Information Site to share information on public health events of potential international concern	
Existence of knowledge and understanding of the legal provisions in IHR among all relevant national staff	
Coordination with WHO through national IHR focal points and assembly of a pool of experts for rapid constitution of an IHR emergency committee and/or IHR review committee	
Score (0–10):	Areas for improvement: G, F, RG, SD

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

Briefly describe the following elements.

Performance of regular assessments on progress made and/or difficulties encountered during IHR implementation using the IHR monitoring framework	
Cooperation with WHO to receive technical support and guidance on an ongoing basis according to the strengths and weaknesses identified in these assessments	
Existence of studies or adaptive policies to improve the implementation of IHR	
Score (0–10):	Areas for improvement: G, F, RG, SD

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

DESCRIPTION OF EPHO

EPHO3 covers risk assessments and actions needed for environmental, occupational and food safety and others. Public health authorities supervise enforcement and control of activities with health implications.

This operation also includes the institutional capacity to develop regulatory and enforcement mechanisms to protect public health and monitor compliance with accepted norms, as well as the capacity to generate new laws and regulations aimed at improving public health and promoting healthy environments.

3.A. ENVIRONMENTAL HEALTH PROTECTION

3.A.1. Legislative framework for environmental health protection in the areas of air, water and soil quality

Briefly describe how the country regulates and monitors the levels of key contaminants in the following areas (check box for affirmative answer). Then refer to 1.B.10 to verify whetherthe relevant indicators are being monitored.

Regulatory requirements for the performance of environmental impact assessments(in what cases are they mandatory and what areas must they cover?)		**Geographical distribution (urban versus rural; industrial areas versus wilderness, etc.) and periodicity of audits on relevant indicators**
Indoor air		
Guideline values and health-based targets for key indoor contaminants*(17)*		
Development of product standards, building codes and ventilation guidelines, covering source control and pollutant dispersion		
Outdoor air		
Guideline values and health-based targets for key outdoor contaminants, including airborne allergens such as pollen*(18)*		
Regulations or bans on the production, import, export anduse of certain chemicals, in line with United Nations standards*(19)*:	☐ratification and compliance with Montreal Protocol	
	☐ratification and compliance with Stockholm Convention	
	☐ratification and compliance with Rotterdam Convention	
	☐signing of Minamata Convention	
Stationarysources of emis-	☐pollution prevention and	

sions regulations, including provisions for:	control	
	☐ regulation of conventional pollutants, radiation and radioactive substances	
Mobile sources/vehicle emissions:	☐performance standards for onroad and offroad vehicles	
	☐ efficiency incentives	
Water		
Drinking-water:	☐existence of guideline values and health-based targets for a list of chemical, biological and radiological contaminants*(20)*	
	☐existence of a periodic review of contaminants by an independent (not the service provider) agency or unit dedicated to protecting human health	
Wastewater:	☐regulation and control of industrial wastewater treatment and release	
	☐regulation and control of reuse of treated wastewater in agriculture*(21)*	
	☐municipal wastewater treatment standards	
	☐standards and controls for effluents	
Freshwater:	☐standards protecting the quality of surface water	
	☐standards protecting the quality of groundwater	
Coastal water (if applicable):	☐ standards protecting wetlands, estuaries and drainage basins	
	☐ standards protecting coastal ecosystems from pollution	
Soil		
Guidelines:	☐list of soil contaminants and permissible levels	
Contamination:	☐regulations covering release of industrial contaminants to terrestrialenvironment	
	☐regulations covering release of agricultural contam-	

	inants to terrestrialenvironment	
	☐regulations covering integrated management of solid waste (municipal, hazardous, medical)	
	☐regulations covering pharmacological contamination	
Development:	☐regulations covering remediation and development of contaminated land for human use	
Score (0–10):	Areas for improvement: G, F, RG, SD	

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

Briefly describe the following elements.

Adequacy of human resources to carry out audits	
Adequacy of physical and administrative resources (equipment, information technology (IT) capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Coordination with other government agencies	
Accessible data on risk factors from existing reliable data flows	
Access to and familiarity with relevant scientific research as part of a developing knowledge base; risk assessment exercises to formulate consistent policy recommendations	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.A.3. National legislation and international cooperation in the area of climate change mitigation and energy security

Briefly describe the following points, elaborating where appropriate.

Explicit commitment to environmental protection from all major political parties	
Carbon emissions standards for industries and automobiles	
Climate change mitigation as an explicit consideration of your country's transportation policy	
Ratification and compliance with the Kyoto Convention:	☐ratification ☐ compliance
Strength of economic influences when setting climate policy	
Any international cooperation in the area of climate change mitigation	

Public investments in renewable energy sources, including wind, solar and water	
Economic incentives or disincentives that have been implemented with the object of promoting the use of renewable energy	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.A.4. Environmental health protection in the area of housing

Briefly describe the following elements.

Existence of updated regulations for minimum standard housing conditions, covering the following areas	**Number/periodicity and geographical distribution of audits on relevant indicators**
Temperature and insulation	
Presence of harmful agents (mould, lead, radon/other sources of radiation, asbestos, carbon monoxide, etc.)	
Protection from intruders	
Crowding	
Lighting	
Protection from falls and other accidents	
Domestic hygiene	
Water supply	
Noise	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.A.5. Capacity to communicate and collaborate with key stakeholders in the area of environmental protection

Describe the existing mechanism(s) for collaboration and communication between the ministry of health and other stakeholders.

Stakeholder	**Air**	**Water**	**Soil**	**Housing**
Other government ministries				
Laboratories and information systems				
Civil services				
Community stakeholders (industry, labour, agriculture, urban development, etc.)				
General population				
Score (0–10):	Areas for improvement: G, F, RG, SD			

3.A.6. Effectiveness of sanctions and measures implemented to prevent environmental harm

Briefly describe the following elements.

Element	**Air**	**Water**	**Soil**	**Housing**
Guidelines, technical assistance and quality assurance systems provided to help key stake-				

holders				
Whether sanctions are scaled, based on recurrence and severity of offence				
Whether knowledge on risk is promoted among stakeholders				
Use of fiscal incentives or disincentives				
Score (0–10):	Areas for improvement: G, F, RG, SD			

3.A.7. Institutional capacity to respond to hazards

Briefly describe the following elements.

Element	Air	Water	Soil	Housing
Existence of independent mandate and authority by lead enforcement agency to halt dangerous practices				
Capacity to develop national strategies to improve indicator-based outcomes				
Capacity to implement said strategies				
Overall effectiveness of enforcement and sanctioning system in controlling risks to public health				
Score (0–10):	Areas for improvement: G, F, RG, SD			

3.B. OCCUPATIONAL HEALTH PROTECTION

3.B.1. Occupational health and safety protections

Briefly describe the existence of a national policy document on protection of workers' health meeting the following criteria*(22)*.

Developed with the participation of different ministries and key stakeholders, including industry and worker representatives	
Includes mechanisms for intersectoral coordination of activities	
Includes provisions for resource mobilization and funding	
Integrates objectives and actions for workers' health	

into national health strategies	
Includes specific programmes or measures aimed at promoting occupational health equity, including for workers in high-risk sectors (including healthcare workers) and for vulnerable populations (migrants, women, disabled people, young workers and elderly workers)	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.2. Health promotion and protection in the workplace

Briefly describe the following elements.

General and sector-specific regulations setting minimum standards for worker health and safety	
Definition of essential interventions for prevention and control of mechanical, physical, chemical, biological, ergonomic and psychosocial risks in the working environment	
Capacity-building for primary prevention of occupational hazards	
Workplace health promotion programmes	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.3. Occupational health services for workers

Briefly describe the following elements.

How the occupational health services package is integrated into national health strategy and health care delivery system	
Availability of occupational health services to all workers, including specific programmes targeting workers in the informal economy, agriculture and small enterprises	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.4. Cross-sectoral integration of occupational health into other national policies

Briefly describe the following elements.

Specific ways in which workers' health is integrated in economic development, poverty reduction, immigration and trade policies, through specific policies or measures mentioning worker health	
How workers' health is considered in employment policies, including through calculations on a minimum wage, environmental protections and others	
How workers' health is considered in sector-specific	

policies	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.5. Occupational hazards reporting system and workplace inspections(See also 1.B.11.)

Briefly describe the following elements.

National information system on occupational hazards (does it have capacity to estimate burden of occupational diseases and injuries?)	
Existing registries for major occupational risks, including diseases, accidents and injuries	
Existing strategy to improve early detection and reporting	
Coordination of resources and strategies with related ministries (e.g. industry, labour), major stakeholders (unions, guilds, professional associations and societies), industry representatives and civil enforcement/inspection services	
Workplace auditsin terms of quantity and quality; diligent follow-up of offenders	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.6. Technical capacity for risk assessment in the area of occupational health and safety

Briefly describe the following elements.

Adequacy of trained human resources to carry out audits	
Adequacy of physical and administrative resources (equipment, IT capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Coordination with other government agencies	
Accessibility of data on risk factors from existing reliable data flows	
Access to relevant scientific research as part of a developing knowledge base; risk assessment exercises to formulate consistent policy recommendations	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.B.7. Management and mitigation of risks related to occupational health

Briefly describe the following elements.

Collaboration and communica-	• other government ministries	
	• laboratories or other information	

tion with key stakeholders:	systems	
	• civil services	
	• community stakeholders (industry, labour)	
	• general population	
To what degree prevention is built into system for compliance:	• guidelines, technical assistance and quality assurance systems provided to help key stakeholders	
	• how sanctions are scaled, based on recurrence and severity of offence	
	• how knowledge on risk is promoted among stakeholders	
	• use of fiscal incentives or disincentives	
Institutional capacity to respond to hazards:	• existence of independent mandate and authority by lead enforcement agency to halt dangerous practices	
	• capacity to develop national strategies to improve indicator-based outcomes	
	• capacity to implement said strategies	
	• overall effectiveness of enforcement and sanctioning system in controlling risks to public health	
Score (0–10):		Areas for improvement: G, F, RG, SD

3.C. FOOD SAFETY

3.C.1. Food safety regulatory framework

Briefly describe the following elements*(23)*.

Institutional framework for food protection	
Existence of a single food agency (or a network of co-ordinated food control agencies) with the legal mandate and authority to act at all stages of food production	
Existence of a national food safety policy, with specific objectives and measurable targets using the Hazard Analysis Critical Control Point system*(24)*	
Food safety regulations in line with current Codex*(25)*standards in the following areas:	
• production	
• transport	
• storage	
• labelling	
• marketing	
• sales	

Score (0–10):	Areas for improvement: G, F, RG, SD

3.C.2. Technical capacity for risk assessment in the area of food safety

Briefly describe the following elements.

Adequacy of trained human resources to carry out audits	
Adequacy of physical and administrative resources (equipment, IT capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Accessible data on risk factors from existing reliable data flows	
Access to relevant scientific research as part of a developing knowledge base; risk assessment exercises to formulate consistent policy recommendations	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.C.3.Monitoring and enforcement of food safety protections

Briefly describe the following elements.

Process-basedmonitoring of food safety; audits conducted at every step of food production (harvest, processing, transport, storage and sales)	
Appropriateness of training and professional standards for food inspectors	
Performance of risk-based audits	
Assessment of public health impact of food safety hazards and risks, based on prevalence of biological and chemical contaminants in the food chain	
Coordinationwith other government agencies	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.C.4. Management and mitigation of risks with regard to food safety

Briefly describe the following elements.

Collaboration and communication with key stakeholders:	• other government ministries	
	• laboratories or other information systems	
	• civil services	
	• community stakeholders (industry, labour)	
	• general population	
To what degree prevention is built into system	• guidelines, technical assistance and quality assurance systems provided to help key stakeholders	

for compliance:	• how sanctions are scaled, based on recurrence and severity of offence	
	• how knowledge on risk is promoted among stakeholders	
	• use of fiscal incentives or disincentives	
Institutional capacity to respond to hazards:	• existence of independent mandate and authority by lead enforcement agency to halt dangerous practices	
	• capacity to develop national strategies to improve indicator-based outcomes	
	• capacity to implement said strategies	
	• overall effectiveness of enforcement and sanctioning system in controlling risks to public health	
Score (0–10):		Areas for improvement: G, F, RG, SD

3.D. PATIENT SAFETY

3.D.1. Laws and institutional framework for protecting patient/provider safety

Briefly describe the following elements (provide details whenever possible).

Existence of practice standards to guarantee patient safety in a clinical setting	
Existence of licensing, accreditation and safety standards for health care facilities, covering hygiene, ventilation and equipment repair	
Existence of specific regulations to ensure the safe collection, transport, storage and use of blood, tissue and organs	
Regulations on blood, tissues and organs in your country *[For EEA countries]* Regulations on blood, tissues and organs in line with relevant European norms*(26)*	
Established system for reporting and monitoring adverse events	
Existence of specific regulations, protocols or standards to address the safety and quality assessment of health care facilities and programmes	
Specific control systems to ensure the safety of pharmaceutical and non-pharmaceutical medical products and medical devices	

Systems compliant with the legal framework governing medicinal products for human/*[For EEA countries]* Systems compliant with the legal framework governing medicinal products for human use in the EU*(27)*	
Existence of safety standards for traditional/alternative medicine	
Existence of patient rights and responsibilities statement	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.D.2. Consumer protection with regard to health services

Briefly describe the following elements.

Handling of medical malpractice suits (speed with which indemnification is awarded, fairness of compensation, system to hold clinician accountable in case of grievous offences)	
Existence of system to report complaints in clinical settings	
Opportunity for patients to receive a second opinion in their diagnosis or treatment	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.D.3. Technical capacity for risk assessment in the area of patient and provider safety

Briefly describe the following elements.

Adequacy of trained human resources to carry out audits	
Adequacy of physical and administrative resources (equipment, IT capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Accessible data on risk factors from existing reliable data flows	
Access to relevant scientific research as part of a developing knowledge base; and risk assessment exercises to formulate consistent policy recommendations	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.D.4. Monitoring and supervision of patient safety

Briefly describe the following elements.

Existence of quality assurance units in every hospital; units to assist other primary and specialized health care facilities	
Performance of internal quality control procedures in all health care facilities	
Performance of external quality assessment procedures in	

all health care facilities (e.g. certification, accreditation)	
Rigour of re-accreditation procedures for health care facilities and professionals, based on performance, continuous training and compliance with quality and safety standards	
Existence of information system to track hospital-acquired infections and preventable adverse effects	
Monitoring activities to track the use of new health technology (drugs, diagnostic equipment and clinical procedures)	
Existence of activities to empower patients regarding patient safety problems	
Existence of activities directed towards promoting patient safety culture	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.D.5. Management and mitigation of risks with regard to patient and provider safety

Briefly describe the following elements.

Collaboration and communication with key stakeholders:	• regional and local health authorities	
	• laboratories or other information systems	
	• public and private health care providers	
	• scientific societies and health professional representatives	
	• patients	
To what degree prevention is built into system for compliance:	• guidelines, technical assistance and quality assurance systems provided to help key stakeholders	
	• how sanctions are scaled, based on recurrence and severity of offence	
	• how knowledge on risk is promoted among stakeholders	
	• use of fiscal incentives or disincentives	
Institutional capacity to respond to hazards:	• existence of independent mandate and authority by lead enforcement agency to halt dangerous practices	
	• capacity to develop national strategies to improve indicator-based outcomes	
	• capacity to implement said strat-	

	egies	
	• overall effectiveness of enforcement and sanctioning system in controlling risks to public health	
Score (0–10):		Areas for improvement: G, F, RG, SD

3.D.6. National contribution to minimum standards regulating cross-border health care

Briefly describe the following elements.

Actions or new legislation with regard to patient rights in cross-border health care *[For EU Member States]* Actions or new legislation in the wake of Directive 2011/24/EU*(28)*with regard to patient rights in cross-border health care	
Establishment of a national contact point for patients wishing to receive health care in another country to explain rules *[For EU Member States]* Establishment of a national contact point for patients wishing to receive health care in another EU country to explain rules and reimbursement procedures	
Support at an EU level for minimum standards in health care, if any	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.E. ROAD SAFETY

3.E.1. Road safety framework

Briefly describe the following elements*(29)*.

Atthemultisectorallevel	
National roadsafety policy	
Safety of road infrastructure (repair, signage, etc.)	
Safety of broader transport network (including availability of public transport)	
Safety of vehicle fleet relative to international crash test standards	
Licensing, permits and preventive incentives and/or sanctions (e.g. graduated license system, point system) for drivers	
Consideration of the needs of pedestrians, cyclists and motorcyclists	
Insurance requirements for drivers and/or motorized vehicles	
Current comprehensive road safety laws[a] to minimize key risk factors	
Speed limits	

Drinking and driving	
Motorcycle helmets	
Seatbelts	
Child restraints	
Other (specify)	
Withintheministryofhealth	
Injury prevention including road safety	
Existence of a programme	
Existence of a strategy/plan	
Dedicated human resources	
Specific funding	
Linkages with health information system and trauma care services	
Linkages with national multisectoral mechanism/structure	
Score (0–10):	Areas for improvement: G, F, RG, SD

[a]A series of WHO guidelines on road safety specify that urban speed limits should be ≤50 km/hour, while allowing local authorities to modify the national limits; mandatory seatbelt use covers all vehicle occupants; drink–driving law is based on a blood alcohol concentration limit for the general population of ≤0.05 g/dL); and helmets cover all riders, all types of roads and all engines, with the existence of national helmet standards.

3.E.2. Technical capacity for risk assessment in the area of road safety

Briefly describe the following elements.

Adequacy of trained human resources to carry out audits	
Adequacy of physical and administrative resources (equipment, IT capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Accessible data on risk factors from existing reliable data flows	
Access to relevant scientific research as part of a developing knowledge base; risk assessment exercises to formulate consistent policy recommendations	
Existing unit, independent from the construction company, to monitor road infrastructure safety and develop strategies to reduce risks	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.E.3. Supervision and enforcement of road safety legislation and controls

Briefly describe the following elements.

National multisectoral (integrated) information system on road safety, if it exists	
Existing system to ensure safety and operability of both new (prior to sale) and functioning (currently in use)	

vehicles	
Maintenance and/or increased enforcement of traffic laws, including proper coordination with police and other enforcement services	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.E.4. Management and mitigation of risks with regard to road safety

Briefly describe the following elements.

Collaboration and communication with key stakeholders:	• other government ministries (transportation, infrastructure)	
	• information systems	
	• civil services	
	• community stakeholders (local government, urban planners)	
	• general population	
To what degree prevention is built into system for compliance:	• guidelines, technical assistance and quality assurance systems provided to help key stakeholders	
	• how sanctions are scaled, based on recurrence and severity of offence	
	• how knowledge on risk is promoted among stakeholders	
	• use of fiscal incentives or disincentives	
Institutional capacity to respond to hazards:	• existence of independent mandate and authority by lead enforcement agency to halt dangerous practices	
	• capacity to develop national strategies to improve indicator-based outcomes	
	• capacity to implement said strategies	
	• overall effectiveness of enforcement and sanctioning system in controlling risks to public health	
Score (0–10):		Areas for improvement: G, F, RG, SD

3.F. CONSUMER PRODUCT SAFETY

3.F.1. Safety regulations with regard to consumer products

Briefly describe the following elements.

General product safety norms, applicable to all consumer products	

Legislation dealing with specific product areas:	☐ toys ☐ chemicals ☐ cosmetics ☐ machinery ☐ others (specify):
System for alert, market withdrawal or recall and sanction in case of non-compliance with product safety norms	
Operational knowledge of international safety norms for exports	
Reporting system for unsafe products, considering both imports and domestically produced goods	
Existence of a consumer protection law	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.F.2. Technical capacity for risk assessment in the area of consumer safety

Briefly describe the following elements.

Adequacy of trained human resources to carry out audits or inspections	
Adequacy of physical and administrative resources (equipment, IT capacity, laboratory capacity, etc.)	
Adequacy of financial resources	
Accessible data on risk factors from existing reliable data flows	
Access to relevant scientific research as part of a developing knowledge base; risk assessment exercises to formulate consistent policy recommendations	
Score (0–10):	Areas for improvement: G, F, RG, SD

3.F.3. Enforcement and risk mitigation with regard to consumer safety norms

Briefly describe the following elements.

Collaboration and communication with key stakeholders:	• other government ministries	
	• laboratories or other information systems	
	• civil services	
	• community stakeholders (industry, retailers, wholesalers)	
	• general population	
To what degree prevention is built into system	• guidelines, technical assistance and quality assurance systems provided to help key stakeholders	

for compliance:	• how sanctions are scaled, based on recurrence and severity of offence	
	• how knowledge on risk is promoted among stakeholders	
	• use of fiscal incentives or disincentives	
Institutional capacity to respond to hazards:	• existence of independent mandate and authority by lead enforcement agency to halt dangerous practices	
	• capacity to develop national strategies to improve indicator-based outcomes	
	• capacity to implement said strategies	
	• overall effectiveness of enforcement and sanctioning system in controlling risks to public health	
Score (0–10):		Areas for improvement: G, F, RG, SD

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

DESCRIPTION OF EPHO

EPHO 4 covers health promotion, which is the process of enabling people to increase control over their health and its determinants and thereby to improve it. It addresses determinants of both communicable diseases and NCDs and includes the promotion of changes in lifestyle, practices and environmental and social conditions to facilitate societal development among individuals and the community that promotes public health and reduces societal inequalities in health across the social gradient, promoting a "culture of health" among individuals and the community.

Health promotion may include:

- educational and social communication activities, adapted to specific socioeconomic groups, aimed at promoting healthy lifestyles, behaviours and environments;
- reorientation of health services to develop care models that encourage health promotion and ensure equal access to health care;
- analysis to understand the root causes of health inequities, including factors such as socialexclusion, low income and poor access to health and social services;
- design of interventions to address the socioeconomic determinants of health;
- intersectoral partnerships for more effective health promotion activities;
- assessment of the impact of public policies on health and risk communication.

The means of achieving this include conducting health promotion activities for the community at large or for populations at increased risk of negative health outcomes. These may be in areas such as sexual health, mental health, health behaviour related to HIV, drug abuse control, tobacco control, alcohol control, physical activity, obesity

prevention, nutrition, food safety, work-related health hazards, injury prevention and occupational and environmental health.

The broader role of health promotion includes advising policy-makers on health risks, health status and health needs, as well as designing strategies for different settings. It also includes taking account of the determinants of health, in particular the social or socioeconomic determinants that cause ill health.

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

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

4.A. INTERSECTORAL AND INTERDISCIPLINARY CAPACITY

4.A.1. Structures, mechanisms and processes within government to enable intersectoral decision-making and action, using a health in all policies approach

Briefly describe the following elements.

Explicit support for intersectoral working from the executive branch of government	
Existing mechanisms to promote intersectoral collaboration and leadership (e.g. ministerial tables, liaison staff between ministries, special protocols)	
Mixed methods of financing disease prevention and health promotion programmes, within and outside the health sector	
Performance of HIA on full range of national policies (see also 6.C.1)	
Structures or mechanisms for policy development on the social determinants of health and health equity across all programmes	
Technical support and guidance to other sectors for addressing social determinants of health within other government programmes	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.A.2. Ministry of health engagement and involvement of local communities and civil society in the area of health promotion

Briefly describe the following elements.

Identification of community resources that could be used in promotional activities	

Organization of community-based programmes for health promotion	
Promotion of horizontal leadership models to engage community leaders in population health	
Development of adhoc partnerships with community organizations (NGOs, religious institutions, schools, environmental organizations, etc.), with joint decision-making processes	
Specific community outreach programmes targeting vulnerable populations or communities (migrants, minority populations, lower socioeconomic groups, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.A.3. Intersectoral capacity with regard to key national stakeholders in the private sector (industry, agriculture, communications, construction,etc.)

Briefly describe the following elements.

Specific mechanisms through which the perspectives of other sectors are included in the planning of health promotion programmes	
Ground rules to ensure the integrity of health programmes (i.e. limiting the influence of vested interests)	
The degree to which publicly awarded contracts are in line with national health policies (e.g. occupational protection, environmental protection, gender equity, public housing conditions, etc.)	
Examples of adhoc public–private partnerships to promote health, with evidence of progress based on indicators and targets	
Specific communication or training initiatives aimed at increasing awareness of public health issues within the private sector	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.B. ADDRESSING BEHAVIOURAL, SOCIAL AND ENVIRONMENTALDETERMINANTS OF HEALTH THROUGH A WHOLE-OF-GOVERNMENT, WHOLE-OF-SOCIETY APPROACH

4.B.1. Tobacco policy, in line with the requirements of the WHO Framework Convention on Tobacco Control (FCTC)

Summarize measures implemented in your country in the following areas of the FCTC*(30)*.(You may refer to or attach the most recent report on the implementation of the convention.)

Existence of a national strategy for tobacco control, as a stand-alone policy and/or integrated within a broader health programme (i.e. for control of NCDs, cancer, etc.)	

National strategy includes the following elements (if no national strategy exists, evaluate any isolated programmes or measures separately).	
Measures relating to the reduction of demand for tobacco:	
• price and tax measures[a]	
• full protection from tobacco smoke in indoor work-places, public transport and other indoor public spaces[a]	
• regulation of the content of tobacco products	
• regulation of tobacco product disclosures	
• regulation of packaging and labelling of tobacco products, including health warnings that occupy at least 30% of principal display area[a]	
Education, communication, training and public awareness:	
• ensuring broad access to information on the harm done by tobacco consumption, exposure to second-hand smoke and the benefits of quitting	
• specific educational and awareness programmes based in the primary care setting	
• awareness and training programmes directed to a wide range of public employees, including – but not limited to – health workers, social workers, educators and public administration	
• development of intersectoral programmes with the participation of private and community interests not affiliated with the tobacco industry	
• consideration of the social gradient within policies, with specific measures to target vulnerable subpopulations in education and awareness	
• comprehensive bans on advertising, promotion and sponsorship*(31)*[a]	
• development of comprehensive national strategies to promote tobacco cessation	
• provision of direct support to smokers wishing to quit within the health care system, both in primary care and in specialized services	
• consideration of the social gradient within policies, with specific measures to target smokers in vulnerable subpopulations	
Measures relating to the reduction of the supply of tobacco:	
• measures to reduce or eliminate illicit trade of tobacco products, including through monitoring, legislation and enforcement	
• prohibition of sales to minors	
• support for economically viable alternatives for those whose livelihood depends on the cultivation, production, sale or distribution of tobacco products	
Scientific and technical collaboration and communication of information:	
• initiation, participation and cooperation in research, surveillance and information exchange with regard to	

tobacco use, at the national, regional and international levels	
• an implementation report submitted to the FCTC Secretariat within the last two years[b]	
• cooperation in providing or following technical expertise with regard to implementation of the FCTC[b]	
• *[for EEA countries]* compliance with relevant EU legislation governing tobacco products*(32)*	
Score (0–10):	Areas for improvement: G, F, RG, SD

[a] WHO "best buy" intervention.
[b]Except Andorra and the Republic of Moldova

4.B.2. Alcohol control policy, in line with the WHO global strategy to reduce harmful use of alcohol

Briefly describe the following elements (check box for affirmative answer), providing detail where appropriate*(33, 34).*

Existence of a national strategy for alcohol control, as a stand-alone policy and/or integrated within a broader health programme	
Strategy guided and formulated by public health interests and based on clear public health goalsandscientific evidence	☐
Operational involvement of other major sectors in planning and implementation of strategy, including industry, education and transport	☐
National strategy includes the following elements (if no national strategy exists, evaluate any isolated programmes or measures separately).	
Measures related to leadership, awareness and commitment:	
• designation of lead agency or unit responsible for implementing alcohol strategy	
• coordination with other relevant sectors, ministries and other health strategies	
• broad awareness and information campaigns	
Measures related to health services response:	
• increased capacity for prevention, treatment and care for all individuals and families affected by harmful use of alcohol	
• integration of prevention and treatment services into other health services or disease-related programmes (maternal and infant health, mental health, occupational health, etc.)	
• monitoring and reporting of alcohol-related morbidity and mortality and evaluation of related health services	
Community action, for example:	
• empowerment of communities through local capacity-building, education, training and community mobilization	
• community-based initiatives and partnerships	
• specific programmes targeted to vulnerable groups	

Drink–driving policies and countermeasures:	
• legal and enforcement measures to deter the use of alcohol among drivers	
• provision of alternative forms of transport at key places and times (e.g. after bars close, during holiday periods, etc.)	
• awareness campaigns	
Limitations on the availability of alcohol:	
• limiting retail sales through licensing and zoning requirements or by hours and days[a]	
• prohibition of sales to minors and/or to intoxicated people	
• policies regarding drinking in public places or at public events	
Regulating the marketing of alcohol:	
• regulatory frameworks limiting or prohibiting the marketing, sponsorship and advertising of alcoholic beverages[a]	
• designation of public agency to monitor and enforce marketing restrictions	
Pricing policies:	
• minimum pricing policies based on strength of alcoholic drinks	
• reduction or elimination of subsidies for economic operators in the area of alcohol	
• periodic increase of taxes on alcoholic drinks*(31)*[a]	
Reducing harm from alcoholic intoxication and drinking:	
• management of drinking contexts (e.g. serving to intoxicated people, training for establishments on dealing with intoxicated people, regulating containers to reduce harm from broken glass)	
• enhanced labelling and consumer awareness	
• care for the severely intoxicated	
• limitations on strength within beverage groups	
Reducing the public health impact of illicit alcohol and informally produced alcohol:	
• good regulation and quality control of informally produced alcohol	
• investigation and enforcement of laws prohibiting production of illicit alcohol	
• dissuasive warnings on consumption of illicit alcohol to public	
Monitoring and surveillance:	
• identification of indicators, linked to time-based objectives and measures	
• establishment of information system, defining responsibilities and methodologies for data collection, analysis and use	
Score (0–10):	Areas for improvement:

	G, F, RG, SD

[a] WHO "best buy" intervention.

4.B.3.Nutrition policy from a life-course perspective

Please note that some items (such as food fortification) may apply to more than one area but are only mentioned once to avoid repetition*(35)*.Briefly describe the following elements.

PART 1. NATIONAL NUTRITION POLICY FRAMEWORK	
Existence of a specific structure within the ministry of health that is responsible for food and nutrition policy	
Existence of a comprehensive strategy document, laying out national objectives, time-based targets and corresponding indicatorswith regard to nutrition	(if answer is no, proceed to part 2)
Participation of other sectors (especially agriculture, education and food industry) in formulating and implementing plan	
Coherence of nutrition strategy with other policies related to health, agriculture, food safety, food industry, etc.	
Specific component tackling inequities and the social determinants of health (e.g. to ensure access to and affordability of healthy food)	
Any fiscal or legislative measures supporting your country's nutrition strategy (e.g. taxes on unhealthy products, nutrition labelling requirements, targeted subsidies to make fruit and vegetables affordable, etc.)	
Supportive functions –the overall adequacy of health system capacity in the following areas, with regard to nutrition policy:	
• financial resources for health promotion	
• human resources	
• information systems	
• monitoring and evaluation	
Score (0–10):	Areas for improvement: G, F, RG, SD

Briefly describe the following elements (check box for affirmative answer), providing detail where appropriate.

PART 2. INFANT AND EARLY CHILDHOOD NUTRITION*(36)*		
Programme		**Notes**
Breastfeeding programmes:	☐facility- and community-level breastfeeding programmes/support	
	☐implementation of the baby-friendly hospital initiative*(37)*	
	☐implementation of International Code ofMarketing of Breast-milk Substitutes*(38)*	
	☐maternity protection	
	☐breastfeeding counselling and	in the case of low birth-

	support in special-needs situations	weight infants and HIV-positive mothers
Complementary feeding:	☐counselling and support to parents in the health care centre	
Supplementation and fortification, when advisable (see notes column for specific WHO recommendations):	☐ (or n/a)use of multiple micronutrient powders for home fortification of foods	in populations with high (>20%) prevalence of anaemia in children
	☐ (or n/a) vitamin A supplementation	in populations with high prevalence of night blindness (>1%) among children or high prevalence (>20%) of vitamin A deficiency and in case of measles
	☐iron fortification and/or supplementation	supplementation recommended where anaemia prevalence is >40% or when iron-fortified foods are not included in diet
	☐zinc supplementation	in children with diarrhoea
	☐iodization of salt or iodine supplementation	supplementation recommended when <20% of households have access to iodized salt
	☐wheat and maize flour fortification	possible nutrients include iron, folic acid, vitamin B12, vitamin A and zinc
Other nutrition programmes for infants and young children:	☐management of moderate and severe acute malnutrition	all countries, for children with moderate or severe acute malnutrition
	☐nutritional care and support for children living with HIV	
	☐nutrition for children in an emergency context	
For women in reproductive age:	☐ (or n/a)intermittent supplementation of folic acid and iron	where prevalence of anaemia among non-pregnant women of reproductive age is >20%
For pregnant women:	☐iron supplementation	
	☐folic acid supplementation	
	☐ (or n/a) vitamin A supplementation	for populations where the prevalence of night blindness is 5% or higher in pregnant women or 5% or higher in children aged 24–59 months
	☐calcium supplementation	
	☐ (or n/a) iodine supplementation	when <20% of households have access to iodized salt

	☐ nutritional support during emergencies	
Score (0–10):		Areas for improvement: G, F, RG, SD

Briefly describe the following elements.

PART 3. CHILDHOOD AND ADOLESCENT NUTRITION	
Existence of nutrition standards formulated by public health professionals for food served in community settings (daycare centres, kindergartens and schools)	
Nutrition education, including food safety and physical activity, included in curriculum	
Limitations or bans on marketing of unhealthy food to children	
Specific food programmes for vulnerable populations (e.g.school lunch programme, food subsidies, etc.)	

Briefly describe the following elements.

PART 4. NUTRITION FOR HEALTHY AGEING*(10)*	
Existence of national dietary guidelines	
Limitations on salt in processed food*(31)*[a]	
Replacement oftransfats with polyunsaturated fats*(31)*[a]	
Measures to reduce sugar consumption	
Programmes to increaseintake of fruit and vegetables	
Communication and educational programmes in community settings (health centres, workplaces, etc.)	
Measures to identify and address malnutrition in adult and elderly populations	
Score (0–10):	Areas for improvement: G, F, RG, SD

a WHO “best buy” intervention.

4.B.4. National policy(s) on physical activity

Briefly describe the following elements, providing details where appropriate.

Enabling functions within the health system	
Existence of clear leadership from the ministry of health on multisectoral initiatives promoting physical activity	
Participatory approach to policy formulation and implementation, with other government ministries, community leaders and other stakeholders	
Existence of a written strategy, with time-based targets and corresponding indicators	
Coherence of strategy on physical activity with related government strategies on sports, urban development, land use and transportation	
Adequacy of:	
• financial resources	

• human resources	
• information systems	
• monitoring and evaluation	
Policy components	
Existence of national guidelines on physical activity	
Health promotion programmes in community settings, including schools and workplaces	
"Active transport"and urban development policies to promote walking and cycling, at the local and national levels	
Creation and preservation of built and natural environments to promote physical activity	
Efforts at a municipal or national level to ensure access to green space in urban environments[b]	
Communication campaigns to reduce obesity, including elements of diet and physical activity*(31)*[a]	
Score (0–10):	Areas for improvement: G, F, RG, SD

[a] WHO "best buy" intervention.

[b]The WHO Regional Office for Europe is developing an indicator of urban green space and methodology to monitor it. Check the Regional Office website (http://www.euro.who.int/en/home) for updates.

4.B.5. Programmes and policies to promote sexual and reproductive health

(See also 5.A.4 on maternal and neonatal health programmes.)

Evaluateand describe activities or services directed at sexual and reproductive health in the following domains*(39)*.

Domain	**Check box to signify work in these specific areas**	**Indicators being monitored (if applicable)**
Laws, policies and human rights	☐ Legal protection against sexual exploitation	
	☐ Legal right of every person to obtain information and services (including purchasing over-the-counter contraceptives) without need for consent	
	☐ Antidiscrimination legislation	
Education and training	☐ Sexuality education in schools	
	☐ Training in sexual health for health workers, teachers, social workers and other key professionals	
	☐ Community-based strategies in sexual health education, including for vulnerable populations	
Society and culture	☐Culturally sensitivecommunication campaigns to positively change	

	social norms (on HIV, homosexuality, etc.)	
	☐ Engagement with cultural and religious leaders to positively influence attitudes on sexual health	
Economics	☐ Equal education and employment opportunities for women	
	☐ Economic levers addressed to offering sex workers wider economic opportunities	
Health systems	☐Access to sexual and reproductive health counselling	
	☐ Screening and treatment of sexually transmitted infections	
	☐Youth-friendly sexual health services	
	☐ Access to fertility treatments	
	☐Family planning services	
	☐Access to safe medical and surgical abortion*(40)*	
	☐ Operational integration between sexual health and protection against sexual violence	
Supportive functions (describe the overall adequacy of health system capacity in the following areas, with regard to sexual and reproductive health policy):		
• financial resources for health promotion		
• human resources		
• information systems		
• monitoring and evaluation		
Score (0–10):		Areas for improvement: G, F, RG, SD

4.B.6. Activities to address substance abuse

Briefly describe the following elements, providing detail where feasible.

Performance of needs assessment research; generation of policy reports to obtain a comprehensive picture of substance abuse patterns in the country, including illegal substances as well as pharmaceuticals	
Existence of a national, multisectoral strategy addressing substance abuse, including elements of leadership and accountability	
Performance of brief interventions in primary health care setting	
Information campaigns for the prevention of substance abuse	
Existence of harm reduction programmes*(41)*(e.g. needle and syringe programmes, opioid substitution therapy)	

Linkage with related health programmes(e.g. mental health, HIV, alcohol)	
Supportive functions (describe the overall adequacy of health system capacity in the following areas, with regard to substance abuse policy):	
• financial resources for health promotion	
• human resources	
• information systems	
• monitoring and evaluation	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.B.7. Policies and practices related to mental health

Briefly describe the following elements, providing detail where appropriate*(42)*.

Performance of needs assessment research; generation of policy reports to obtain a comprehensive picture of mental health needs in the country	
Existence of a national, multisectoral strategy addressing mental health, including elements of leadership and accountability	
Existence of specific legislation to protect human rights and foster the inclusion of persons with mental illness	
Existence of dedicated post(s) in charge of mental health policy and implementationwithin the ministry of health	
List of mental health services available within public health care system	
Linkage with health and social services for prevention, detection, promotion and rehabilitation (including screening and prevention programmes for suicide and suicide risk)	
Supportive functions (describe the overall adequacy of health system capacity in the following areas, with regard to mental health):	
• financial resources for health promotion and health services	
• human resources	
• information systems	
• monitoring and evaluation	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.B.8. Policies to control domestic violence and violence against children and women

Briefly describe the following elements, providing details where appropriate (43).

Existence of explicit political commitment to protecting women's human rights	
Equal legal rights with regard to owning property, access to divorce and custody rights after separation	
Existence of a national, multisectoral plan to address	

violence against women	
Engagement with male political, social and religious leaders to denounce violence against women	
Information system to monitor domestic violence and violence against women	
Primary prevention interventions to address domestic and/or sexual violence	
Public awareness campaigns to undermine population acceptance	
Prioritization of the prevention of child abuse	
Integration of programmes against abuse into related programmes (e.g. HIV/AIDS, adolescent health, sexual and reproductive health, maternal and child health, etc.)	
Safety of physical environments for women	
Involvement with the education sector	
Safe school environment for girls; skills-based education covering gender issues; promotion of girls' education and empowerment	
Health sector response	
Existence of specific, sensitized protocols within all areas of health services to respond to women suspected of being the victims of domestic or sexual violence	
Use of reproductive/family planning services as entry points to support for victims	
Social support for women living with violence	
Community-based strategies to identify and support victims, ensuring confidentiality and safety	
Sensitization of criminal justice system	
Comprehensive review of criminal justice system to identify areas in need of improvement; sensitization of professionals to increase understanding of crimes and their victims	
Research and collaboration	
Context-specific research on the causes of violence and effective prevention/protection strategies	
Collaboration with donors and international organizations to scale up or implement plans	
Score (0–10):	Areas for improvement: G, F, RG, SD

4.B.9. Policies and programmes related to injury prevention.

Briefly describe the following elements, providing details where appropriate*(44)*.

Organization	Existence of a dedicated focal point within the ministry of health	
	Violence and injury prevention systematically included in other health sector plans	
	Adequacy of budget and other resources	

Policies and planning	Existence of an action plan for the health sector	
	Multisectoral plans of action	
	Supportive legislation (road safety, housing safety, occupational safety, etc.)	
Data collection	Existence of injury information system	
	Research, analysis and dissemination	
Services	Existing guidelines to strengthen pre-hospital care (informal and formal emergency services)	
	List of core set of essential trauma care services	
	Adequacy of training, quality assurance and service coordination	
	Minimum standards and access to rehabilitative care	
Prevention	Defined roles in health and other sectors for a range of injuries and violence (poisoning, fires, drowning, falls, road traffic accidents, violence, etc.)	
	Public health approach followed: (1) surveillance, (2) identification of risk factors, (3) development and evaluation, (4) implementation	
	Existence of a list of preventive interventions performed by the health system	
	Indicators and monitoring	
	Participatory approach with other sectors	
Capacity-building	Performance of systematic training in injury prevention for health workers	
	Existence of collaborative networks for exchange of information at the national or international levels	
Advocacy	Public awareness campaigns directed at prevention of injuries and violence	
	Advocacy and training exercises directed towards other ministries and sectors	
Score (0–10):		Areas for improvement: G, F, RG, SD

4.B.10. Addressing the social determinants of health

Briefly describe the following elements, providing detail where appropriate.

Existence of a written strategy (at national and/or subnational levels) to address the social determinants of health	

Policies adapted to local conditions (urban*(45)*versus rural, ethnic mix, gender issues, etc.) and developed in cooperation with local community leaders	
Strategy based on a critical analysis of the underlying causes for health inequities and identification of areas amenable to assessment	
Development of information systems to track relevant target-based indicators, including income inequality, educational quality, access to healthy environments, employment opportunities, etc.	
Potential measures in strategy:	
• measures to tackle social inequalities(e.g. by promoting equitable distribution of wealth; access to preschools, day care and adult education; cultural and social integration of immigrants and other excluded groups; or measures rooted in making the labour market more equitable)	
• reduction of inequalities related to health behaviour and health services(e.g. by analysing service use according to social determinants of health indicators, addressing inequities in environmental health and behavioural risk factors, etc.)	
• measures with a life-course approach(e.g. targeting childhood nutrition, physical activity and education, or improved alignment of government pension benefits with cost of living)	
• measures aimed at building community support for health equity (e.g. through communication campaigns and awareness raising)	
Score (0–10):	Areas for improvement: G, F, RG, SD

EPHO5. Disease prevention, including early detection of illness

DESCRIPTION OF EPHO

EPHO 5 covers disease prevention, which is aimed at both communicable diseases and NCDs, and has specific actions largely delivered to the individual. The term is sometimes used to complement health promotion and health protection operations. Although there is frequent overlap between the content and strategies, disease prevention is defined separately. In this context it is considered to be action that usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.

Primary prevention services include vaccination of children, adults and the elderly and vaccination or post-exposure prophylaxis for people exposed to a communicable disease. Primary prevention activities also include provision of information on behavioural and medical health risks and consultation and measures to decrease them at the personal

and community levels; maintenance of systems and procedures for involving primary health care and specialized care in diseaseprevention programmes; production and purchasing of childhood and adult vaccines; storage of stocks of vaccines where appropriate; and production and purchasing of nutrition and food supplements.

Secondary prevention includes activities such as evidence-based screening programmes for early detection of diseases; maternal and child health programmes, including screening and prevention of congenital malformations; production and purchasing of chemoprophylactic agents; production and purchasing of screening tests for the early detection of diseases; and ensuring capacity to meet current or potential needs.

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

Quarternary prevention has to do with avoiding overmedicalization of patients, protecting them from unnecessary interventions and suggesting ethical alternatives.

5.A. PRIMARY PREVENTION

5.A.1. Immunization programme

Briefly describe the following elements, providing details where appropriate.

Political commitment and legal basis	
Presence of law/decree making vaccinationmandatory	
Presence of national immunization policy	
Presence of comprehensive multiyear plan and annual workplan	
Provision of vaccines and vaccination free of charge	
Vaccination calendar for the following groups, according to evidence-based recommendations*(46)*:	
• children	
• adults	
• elderly	
• people exposed to a communicable disease	
Related information programmes (linked to EPHOs 1 and 10):	
• vaccination register and reporting system	
• links with other information systems	
• information/communication campaigns for policy-makers, parents, educators and the general population	
Appropriateness of resources:	
• budget line and adequate budget according to objectives	
• adequate number and distribution of qualified professionals to implement the programme at different levels (national/provincial/district/health facility)	

• adequate supply ofWHO-prequalified vaccines and injection equipment	
Access:	
• easy, free access to vaccinations for all target populations	
• national/district-level vaccination coverage of different antigens	
• concordance between administrative vaccination coverage and results of coverage surveys	
• strategies for special groups/hard-to-reach populations	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.A.2. Provision of information on behavioural and medical health risks in health care settings

Briefly describe the following elements, providing details where appropriate.

Explicit collaboration between public health institutions and health care facilities (especially primary care) with regard to population-based information campaigns	
Existing protocols or incentives that support the provision of health information at the primary care and hospital levels	
Availability of actionable information within the health care services sector on behavioural health risks in the general population	
Capacity and tools for health professionals to provide tailored health advice to patients, informing them of medical and behavioural risks associated with their particular condition	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.A.3. Disease prevention programmes at primary andspecialized health care levels

Briefly describe the following elements, providing details where appropriate.

Availability of specific health counselling services at primary and specialized health care levels in the following areas:	
• smoking cessation	
• alcohol dependence interventions	
• other addiction services	
• nutrition and diet	
• oral health	
• reproductive health	
• cardiovascular health	

• hygiene and sanitation	
Testing and other clinical preventive services:	
• performance of routine physical examinations, including blood testing, blood pressure readings, eye and hearing exams, etc., for defined populations	
• counselling and multidrug therapy for people with a high risk of developing heart attacks and strokes (including those with established cardiovascular disease)[a]	
• prevention of heart attacks with aspirin*(31)* [a]	
Score (0–10):	Areas for improvement: G, F, RG, SD

[a] WHO "best buy" intervention.

5.A.4. Provision of maternal and neonatal care programmes

See also 4.B.3 part 2 (on nutrition) and 4.B.5 (on sexual and reproductive health). Briefly describe the following elements, providing details where appropriate.

Availability and access to prenatal and postnatal care for all pregnant women	
Quality of childbirth facilities, services and professionals	
Existence of a screening programme for congenital malformations	
Provision of early childhood care, including regular check-ups, preventive services and healthy child development services	
Strategic and operational coordination with other actors (international donors, educational system, women's health services, etc.)	
Existence of an information system on maternal and neonatal health	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.A.5. Evaluate your country's provision of health services to migrants, homeless-people and ethnic minority populations

Briefly describe the following elements*(47)*.

Legal framework protecting the right to universal health coverage, including for migrants	
Performance of HIAon policies regarding discrimination, education, employment, social protection, housing, immigration, citizenship and the criminal justice system	
Existence of administrative obstacles to receive health care for those who cannot present documentation or those without a legal address	

Information system (see 1.B.16) to monitor disease burden patterns, as well as access to and quality of health services for migrants, ethnic minority populations and homeless people	
Existence of "cultural facilitator" post(s) within the ministry of health to lead work on adapting health services to migrant and minority populations	
Development of interventions to strengthen health assets within the community	
Development of specific health services (including health promotion) targeting these groups	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.A.6. National approach to prison health

Briefly describe the following elements, providing detail where appropriate*(48)*.

Clarity of organization, rights and standards	
Settings approach to prison health, with tailored programmes related to:	
• primary health care	
• health promotion and disease prevention	
• communicable disease control	
• mental health	
• women's health	
• substance abuse	
• safety and violence prevention (including sexual violence)	
• human rights	
• dental health	
• stress management for prison workers	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.B. SECONDARY PREVENTION

5.B.1. Secondary prevention (screening) programmes for the early detection of disease

Briefly describe the following elements, providing details where appropriate.

Element	**List diseases for which screening is available (add additional columns if necessary).**		
	1.	**2.**	**3.**
Clarity of responsibilities for coordination and service provision			

Programme developed, based on written expert recommendations			
Integration into broader disease control programmes(e.g. cancer control)			
Population-based, not opportunistic			
Population coverage (%)			
Linked with disease registry and other information systems			
Monitoring and assessment			
Mean time between abnormal test result and medical diagnosis			
Existence of fluid or fast-track pathways to treatment programmes			
Score (0–10):	Areas for improvement: G, F, RG, SD		

5.B.2. Awareness programmes related to early detection of pathologies

Briefly describe the following elements, providing details where feasible.

Element	**List diseases/pathologies for which early detection and awareness programmes exist (e.g. melanoma, mental health disorders, infant and child development, cardiovascular disease, etc.)**		
	1.	**2.**	**3.**
Provision of information on early detection of symptoms in health centre settings			
Opportunistic screening for patients presenting high risk			
Awareness programmes in community settings (schools, workplaces, others)			
Media campaigns on early detection of symptoms			
Score (0–10):	Areas for improvement: G, F, RG, SD		

5.B.3. Provision of chemoprophylactic agents to control risk factors for disease

Briefly describe the following elements, providing details where appropriate.

Defined list of chemoprophylactic drugs and criteria used to determinecoverage by the public health care system	
Appropriate detection of risk factors and follow-up among patients who may benefit from such drugs	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.C. TERTIARY/QUATERNARY PREVENTION

5.C.1. Rehabilitation, survivorship and chronic pain management programmes

Briefly describe the following elements, providing detail where possible.

Inclusion of rehabilitation within personalized patient care plans	
Existence of pain clinics	
Explicit pathways to link health care with psychosocial services	
Explicit pathways to direct patients to related health services (e.g. nutritional counselling, smoking cessation therapies, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.C.2.Access to palliative and end-of-life care

Briefly describe the following elements (check box for affirmative answer), providing detail where appropriate.

Existence of national plan or strategy on palliative care	
Palliative care integrated in portfolio of health services offered or reimbursed by the national health system	
Existence of training in patient communication, psychological support and palliative care, for general medical degree and as a specialty	☐integrated in doctor of medicine (MD) programme ☐ offered as postgraduate certificate ☐ offered as graduate or postgraduate degree
Number of inpatient/hospice beds per population set aside for end-of-life care compared to estimated need	
Availability of services for home care, including for paediatric palliative care	
Availability of and access to opioids for patients (considering availability of drugs, bureaucratic	

restrictions for prescriptions, physicians' willingness to prescribe, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.C.3. Capacity to establish patient support groups

Briefly describe the following elements, providing detail where possible.

Explicit links and/or partnerships with patient associations at the ministerial level	
Designated resources for patient support groups	
Existence of materials (brochures, webpages, hotlines) to support recovering patients	
Existence of patient empowerment strategy	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.D. SOCIAL SUPPORT

5.D.1. Programmes aimed at creating and maintaining supportive environments for healthy behavioural change

Briefly describe to what degree the statements below are true throughout your country (taking into account geographical differences in programme implementation)*(49).*

Interventions and programmes are developedin cooperation with community groups	
Interventions are targeted to specific groups and take into account available evidence on effectiveness	
Interventions build on existing resources and strengths in the community (e.g. networks, community leadership)	
Interventions address obstacles that prevent people from behaving in healthy ways (e.g. access to fruit and vegetables, exercise facilities, etc.)	
Staff training, monitoring and evaluation are included in plan	
Score (0–10):	Areas for improvement: G, F, RG, SD

5.D.2. Support for caregivers

Briefly describe the following elements, providing detail where possible.

Legal framework for financial and social entitlement protection for informal caregivers	
Stress management and screening for distress for both informal and formal (i.e. health professionals) caregivers	
Existence of training programmes for volun-	

teers and family caregivers	
Score (0–10):	Areas for improvement: G, F, RG, SD

EPHO6. Assuring governance for health

DESCRIPTION OF EPHO

EPHO6 covers policy development – a process that informs decision-making on issues related to public health. It is a strategic planning process, which involves all internal and external stakeholders and defines the vision, mission, measurable health goals and public health activities at the national, regional and local levels. Moreover, in the past decade it has become more important to assess the repercussions of international health developments on national health status.

Quality assurance deals with developing standards for ensuring the quality of personal and community health services regarding disease prevention and health promotion, and evaluation of the services, based on these standards. Evaluations should identify weaknesses in governance and operation, resource provision and service delivery. The conclusions of evaluations should feed back into policy and management, organization and the provision of resources to improve service delivery.

To support the integration of a perspective on social determinants of health and equity, the authors strongly recommend use of a new WHO publication entitled *Governance for health equity* as a key reference*(50)*.

6.A. LEADERSHIP FOR A WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACH TO HEALTH AND WELL-BEING

6.A.1. National government's commitment to health and health equity as an explicit priority in national policy

Briefly describe the following elements, providing details where appropriate.

Existence of explicit political commitment to population health as a national priority, at a constitutional level or from the head of state or of government	
Detailed consideration of health on the developmental agenda	
Existence of specific national priorities related to improving the health of vulnerable populations, including women, children, ethnic minority populations, migrants and lower socioeconomic groups	
Existence of a clear national strategy to support universal access to primary care, in line with the Declaration of Alma-Ata*(51)*	
Leadership and support for a health in all policies approach from the executive branch of government	
Participation and/or leadership in European or international health initiatives at the highest levels of government	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.A.2. Governance for health

Briefly describe to what degree the statements below are true in your country (check box for affirmative answer)*(52)*.

Public health threats are addressed with a systems approach, through a strategy led or advocated by the ministry of health and engaging other sectors within and outside government.		
"Smart governance" strategies are systematically employed for public health challenges, including:	☐ collaborative governance mechanisms;	(give details or examples)
	☐ citizen participation and empowerment;	(give details or examples)
	☐ mix between regulation and persuasion;	(give details or examples)
	☐ exercising authority through independent agencies and expert bodies;	(give details or examples)
	☐ adaptive policies, resilient structures and foresight.	(give details or examples)
The ministry of health is actively involved or leads work on international health initiatives.		
The ministry of health is actively involved in international initiatives that affect health with regard to trade, the environment, foreign policy, agriculture, development or others.		
There is a national health strategy setting out long-term priorities for public health, which has been developed in consultation with all political parties, health sector leaders, regional and local authorities and other major stakeholders.		
Health equity is an explicit priority of the national health strategy.		
Score (0–10):	Areas for improvement: G, F, RG, SD	

6.B. HEALTH POLICY CYCLE

6.B.1. Mechanisms for stakeholder participation in the health policy cycle*(53)*

Briefly describe the following elements, providing details where appropriate.

Participatory, cross-sectoral structures in designing and implementing policies, including with nongovernmental stakeholders	
Existence of a list of all key stakeholders	
Clear terms of reference for all involved	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.B.2. Situational analyses prior to formulating plans or strategies

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Consideration of existing contextual factors related to health strategy implementation, including:	☐ current structures and systems in the ministry of health
	☐ national policies and national health policies
	☐ national health goals and priorities
	☐ health system performance and current interventions
Availability and quality of quantitative and qualitative information through research briefs, green papers, scientific advisors or other means	
Consideration of international health developments in line with broad global develops or objectives (MDGs, NCDs, etc.)	
*[For EEA countries]*Consideration of stipulations and recommendations from the Third Health Programme (2014–2020) on implementation of the EU Health Strategy*(54)*	
Confirmation of health goals after situational analysis is complete; aligning specific strategies with broader health goals	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.B.3. Planning of national, regional and local strategies, policies and plans for public health

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Existence of strategic planning process in relation to public health services, performed on a regular	

basis (every 1–3 years)	
Policy-making informed by evidence generated in situational analysis	
Development of goals related to six dimensions:	☐effectiveness ☐efficiency ☐accessibility ☐acceptability ☐quality ☐equity
Development of interventions across six domains of governance:	☐leadership ☐information ☐population and patient engagement ☐regulation and standards ☐organizational capacity ☐care models
Implementation considerations in plan, including:	☐definition of responsibilities ☐resources ☐timetable ☐operational steps ☐methods of communication and accountability ☐indicators ☐milestones ☐monitoring
Score (0–10):	Areas for improvement: G, F, RG, SD

6.B.4. Implementation of strategies, policies and plans for public health

Briefly describe the following elements, providing details where appropriate.

Oversight by stakeholder steering committee	
Capacity to adapt resources, timetable and interventions, based on progress and emerging evidence	
Collaborative leadership approaches	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.B.5. Monitoring and evaluation activities embedded in strategies and policies on public health

Briefly describe the following elements, providing details where appropriate.

Use of existing information systems	
Operability of any new information systems	
Information linkage and ongoing analysis	
Periodic reports on progress towards time-based indicators	
Explicit mechanisms for transparency and accountability	

Score (0–10):	Areas for improvement: G, F, RG, SD

6.C.REGULATION AND CONTROL

(See also relevant sections in EPHO 3.)

6.C.1. Ministry of health's capacity to develop, enact and implement appropriate national legislation to improve public health and promotion of healthy environments and behaviours, aligned with regional and global commitments

Briefly describe the execution of the following stages in the development of public health law*(55)*.

Formulation of law	
Adoption and transposition of international health laws (e.g. treaties), human rights laws (e.g. the International Bill of Human Rights) and current international developments in the field of health law	
Access to a complete collection of all primary and secondary law that affects health	
Articulation of how new public health law(s) will contribute to achieving broader policy goals	
Detailed knowledge, within the ministry of health, of the legislative process and the accepted drafting style of legislation	
Capacity to incorporate specific requirements for implementation and enforcement into draft legislation (e.g. reporting requirements, auditing requirements)	
Capacity to work with other ministries in the formulation of cross-cutting legislation	
Enactment stage	
Capacity to prepare explanatory notes or summaries to accompany the draft legislation, summarizing its intention, its policy context and its basic provisions	
Capacity to prepare translations (if necessary) or otherwise adapt draft to parliamentary language	
Capacity to expedite the discussion, debate and ratification of laws in legislative forums	
Operation/implementation	
Capacity to implement legislation in a timely manner, whether this is done in stages or at once	
Evaluation and follow-up	
Performance of impact assessments on new regulations and laws to ensure efficacy	
Capacity to amend or repeal public health legislation if necessary	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.C.2. Performance of HIA

Briefly describe the following elements, providing details where appropriate*(56)*.

All policies and programmes at national, regional and local levels screened by health authorities to identify whether HIA is necessary	
Existence of terms of reference and designation of dedicated staff to perform HIA	
Public engagement and dialogue led by the ministry of health	
Evaluation of HIA (quality control, review of feasibility of recommendations)	
Existence of mechanisms for intersectoral action	
Negotiation with ministry of finance regarding allocation of resources to safeguard health	
Monitoring of compliance with recommendations, based on relevant health indicators, with evaluation and follow-up	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.C.3. Performance of HTA

Briefly describe the following elements, providing details where appropriate.

Familiarity with HTA as a tool for evidence-informed decision-making on technology investments in health	
Explicit commitment from senior decision-makers on using HTA	
Presence of a function inside the ministry of health (unit, agency, etc.) (if none, proceed to 6.C.4)	
Adequacy of human resources to carry out HTA	
Adequacy of financial and physical resources	
Collaboration at national or international levels	
Organizational process for HTA	
Dissemination and data access of HTA products	
Score (0–10):	Areas for improvement: G, F, RG, SD

6.C.4. [For EU Member States]Short-, medium- and long-term strategies to comply with an EU community health services system

Briefly describe the following elements, providing details where appropriate.

Existence of systematic files identifying EU guidelines and standards	
Systematic attempt to identify gaps be-	

tween the current situation in your country and EU guidelines and standards	
Existence of a written strategy to fill these gaps	
Score (0–10):	Areas for improvement: G, F, RG, SD

EPHO 7. Assuring a competent public health workforce

DESCRIPTION OF EPHO

EPHO 7 covers the public health workforce. Investment in and development of a public health workforce is an essential prerequisite for adequate delivery and implementation of public health services and activities. Human resources constitute the most important resource in delivering public health services. The public health workforce includes public health practitioners, health professionals and other professionals with an impact on health. This operation includes the education, training, development and evaluation of the public health workforce to efficiently address priority public health problems and adequately evaluate public health activities.

Training does not stop at the university level. Continuous in-service training in economics, bioethics, management of human resources and leadership is needed to implement and improve the quality of public health services and to address new challenges in public health. The licensing procedures of public health professionals establish the requirements of the future workforce concerning relevant public health training and experience.

7.A. HUMAN RESOURCES DEVELOPMENT CYCLE

This section should ideally be used to analyse comprehensive human resources development, including all public health categories, in conjunction with the overall national health strategy. Alternatively, it may be used to analyse specific areas of human resources development as they apply specifically to the vertical EPHOs (1–5)*(57)*.

7.A.1. Situational analysis phase in human resources development strategy

Briefly describe the following elements of the planning process (check box for affirmative answer), providing details where appropriate.

Availability and quality of data related to the health workforce and the current and future demand for health services (see 1.C.2) – for example, in the following areas:	☐ workforce supply ☐ deployment ☐ staff retention and attrition ☐ staff productivity ☐ service needs and outputs ☐ private health sector data	
Availability of resources (human, financial and technical) for data processing and analysis		
Availability and utilization of tools to project future human resources needs*(58)*		
Performance of complementary studies or analyses on the health workforce		
Score (0–10):		Areas for improvement:

	G, F, RG, SD

7.A.2. Planning phase in human resources development strategy

Briefly describe the following elements, providing details where appropriate.

Leadership from senior ministry of health officials		
Agreement on strategic objectives and their alignment with broader health and development policies and plans		
Clearly defined involvement of key stakeholders, in addition to the ministry of health – for example:	• ministries of finance, education and labour • professional associations • public service commission • academic institutions • development partners and major NGOs participating in health service provision (if relevant)	
Existence of planning and implementation structures –for example:	• interministerial working group • annual health conference with all relevant stakeholders • task force or national coordinating mechanism dedicated to human resources development • steering committee in charge of oversight	
Planning time frame		
Score (0–10):	Areas for improvement: G, F, RG, SD	

7.A.3.Implementation phase in human resources development strategy

Briefly describe the following elements, providing details where appropriate.

Availability and distribution of resources	
Clearly defined responsibilities for each major actor	
Established baseline data, with set of indicators to work towards	
Mechanisms to adjust actions, based on new evidence or changing circumstances(e.g. periodic reviews of implementation, communication/information systems, oversight, discretionary funding mechanisms, implementation task force, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.A.4. Monitoring and evaluation phase in human resources development strategy

Briefly describe the following elements, providing details where appropriate.

Existence of routine monitoring process to track agreed indicators in each action domain	
Generation of periodic progress reports for the purpos-	

es of accountability and to identify areas in need of adjustment	
Database maintenance and improvement/adjustment, based on findings from evaluation reports	
Performance of impact evaluation to gauge effectiveness of different human resources strategy components	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.B. HUMAN RESOURCES MANAGEMENT

7.B.1. Human resources management systems in the field of public health

Briefly describe the following elements, providing details where appropriate*(57)*.

Organizational aspects of human resources systems	
Existence of explicit ground rules regarding staffing policies, including recruitment, hiring and deployment	
Work environment and conditions	
Employee relations	
Workplace safety	
Gender equity	
Job satisfaction and career development	
Human resources information system (see also 1.C.2)	
Integration of data sources to ensure timely availability of accurate data required for planning, training, appraising and supporting the workforce	
Performance management	
Existence of performance management system (giving consideration to public health roles and responsibilities)	
Workload and performance appraisal	
Supervision	
Productivity	
Existence of independent evaluation report(s) covering the aspects described above	☐ periodicity
Score (0–10):	Areas for improvement: G, F, RG, SD

7.B.2. Recruitment and retention practices with regard to human resources for public health

Briefly describe the following elements, providing details where appropriate.

Existence of clear recruitment and retention objectives, in line with human resources development strategy (see 7.A)	
Compliance with WHO's global code of practice on the international recruitment of health personnel*(59)*in	☐ ethical international recruitment practices
	☐ fair treatment of migrant health personnel
	☐ international cooperation

the following areas:	☐ support to developing countries
	☐ data gathering and exchange
Existence of specific strategy to retain health workers in underserved areas*(60)*(e.g. rural, remote or socioeconomically depressed areas; in the case of a countrywide shortage of health professionals), including the following components:	☐ public health education, targeted towards improving health personnel capacity in underserved settings
	☐regulatory framework, including requirements and incentives for public health practice in underserved settings
	☐financial incentives for public health workers in underserved areas
	☐ personal and professional support to improve working and living conditions and increase satisfaction
Score (0–10):	Areas for improvement: G, F, RG, SD

7.B.3.Policies pertaining to development of human resources in public health

Briefly describe the following elements, providing details where appropriate.

Existence of specific professional standards, licensing and accreditation systems	
Existence of authorized scopes of practice for public health cadres	
Existence of a national strategy for human resources in public health or inclusion of a public health component in a national strategy for human resources in health	
Adequacy of employment law and rules for civil service and other employers	
Existence of policies that encourage the involvement/engagement/employment of non-medical individuals as public health professionals	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.B.4. Financing of human resources for public health

Briefly describe the following elements, providing details where appropriate.

Competitiveness of salaries and allowances for public health professionals in local labour market	
Inclusion of respective budget lines for salaries, allowances, education, incentive packages and other compensation for public health professionals	
Specific processes under way to mobilize funding for public health human resources (government, international organizations, donors, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.C. PUBLIC HEALTH EDUCATION

7.C.1.Educational institutions for public health (including epidemiology, community or social medicine and other units with similar mandates)

Briefly describe the following elements (check box for affirmative answer).

Educational institutions and settings	**Number of institutions in country**	**Part of network with other public health educational institutes at the national, regional or international levels (describe)**	**Collaboration with health authorities with regard to matching future workforce (number, skill set) with population needs**	**Collaborative links with public health agencies or other potential employers of public health graduates**
National and/or regional institute(s) of public health				
Schools of public health				
University chairs				
University departments				
Do the current educational institutions have the capacity to meet public health workforce needs?			☐	
If not, has the establishment of any additional institution(s) or the allocation of additional resources been planned?			☐	
Is there an operational accreditation and licensing system for educational institutions?			☐	
Innovative initiatives and their adoption in public health education – for example:				
• strategic use of fellowships, based on national health priorities				
• opportunities for training abroad				
• student-led research or institutional partnerships				
• internships in public health agencies, private businesses, community centres, schools or other settings				
• other				
Score (0–10):			Areas for improvement: G, F, RG, SD	

7.C.2. General educational issues, as they pertain to core public health professionals

Briefly describe the following elements, providing details where appropriate.

Ratio of graduates of pre-service training programmes to projected demand by type of health worker	
Attrition of students in pre-service training programmes	
Periodic updates of pre-service curricula	
In-service training coordination and evaluation mechanisms	
Student/teacher ratios by pre-service institutions and cadres	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.C.3. Public health curricula

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Existence of a standard curriculum covering detailed knowledge, skills and values for public health specialists:	☐ undergraduate level (bachelor's degree in public health) ☐ graduate level (master's degree in public health) ☐ postgraduate level (doctorate in public health) ☐ continuing education
Existence of a core public health component covering basic public health functions within medical curricula for doctors, nurses and other key health care professionals	
Existence of a public health component, covering basic public health functions, within multidisciplinary curricula for other undergraduate or graduate studies (e.g. journalism, public policy, education, environment, etc.)	
Public health curriculum that uses a competence-based approach, in line with recommendations by the Association of Schools of Public Health in the European Region (ASPHER)*(61)*	☐

Curriculum content: check box if the core competences of public health are included as part of the corresponding degree programmes.

Competency	Bachelor's degree in public health	Master's degree in public health	Doctorate in public health	Continuing education	MD	Other degree
Methods in public health	☐	☐	☐	☐	☐	☐
Population health	☐	☐	☐	☐	☐	☐

and its social and economic determinants						
Population health and its material – physical, radiological, chemical and biological – environmental determinants	☐	☐	☐	☐	☐	☐
Heath policy, economics, organizational theory and management	☐	☐	☐	☐	☐	☐
Health promotion: heath education, health protection and disease prevention	☐	☐	☐	☐	☐	☐
Ethics	☐	☐	☐	☐	☐	☐
Alternative/additional curriculum content: check the box if the following components are included in your country's public health curricula. *[Do not fill in this section if the ASPHER programme is followed.]*						
Component	Bachelor's degree in public health	Master's degree in public health	Doctorate in public health	Continuing education	MD	Other degree
Biostatistics	☐	☐	☐	☐	☐	☐
Epidemiology	☐	☐	☐	☐	☐	☐
Environmental health	☐	☐	☐	☐	☐	☐
Health policy and administration	☐	☐	☐	☐	☐	☐
Social and behavioural sciences	☐	☐	☐	☐	☐	☐
Social determinants of health and health inequities	☐	☐	☐	☐	☐	☐
Intersectoral working and teamwork	☐	☐	☐	☐	☐	☐
Health technology	☐	☐	☐	☐	☐	☐
EPHOs	☐	☐	☐	☐	☐	☐
Mental health concepts	☐	☐	☐	☐	☐	☐
Community health promotion	☐	☐	☐	☐	☐	☐
Public health biology	☐	☐	☐	☐	☐	☐
Leadership in public health	☐	☐	☐	☐	☐	☐

Independent research requirements	☐	☐	☐	☐	☐	☐
Practical experience (internships)	☐	☐	☐	☐	☐	☐
Other (list)						
Score (0–10):	Areas for improvement: G, F, RG, SD					

7.D. GOVERNANCE OF PUBLIC HEALTH HUMAN RESOURCES

7.D.1. Leadership and management of human resources for public health

Briefly describe the following elements, providing details where appropriate.

Existence of explicit, high-level support for human resources advocates	
Existence of leadership development programme for managers at all levels	
Clarification of public health roles and responsibilities for health care workers	
Existence of effective multisector and sector-wide collaborations	
Capacity of public health institutions and professional associations to provide leadership amongst their constituencies	
Score (0–10):	Areas for improvement: G, F, RG, SD

7.D.2.Structures and agreements for strategic partnerships in the development of human resources for public health

Briefly describe the following elements, providing details where appropriate.

Existence of mechanisms, structures and processes for multi-stakeholder cooperation (interministerial committees, health worker advisory groups, observatories, donor coordination groups)	
Existence of explicit collaboration between academic institutions and government in the generation and research of human resources for public health	
Existence of public–private sector agreements to support public health programmes and research	
Existence of specific mechanisms to promote community involvement in the governance and provision of public health services	
Ongoing work at an EU or international level with regard to human resources development (please describe or list relevant initiatives)	
Score (0–10):	Areas for improvement: G, F, RG, SD

EPHO 8. Assuring organizational structures and financing

DESCRIPTION OF EPHO

EPHO8 covers assuring sustainable organizational structures and financing; this means developing services that are efficient and integrated, have minimal environmental impact with maximal health gain and have sufficient funding for long-term planning to ensure that health is protected and promoted now and in the future. A systems approach is needed to recognize the system-level properties that result from dynamic interactions between human and social systems and how they affect the relationships among individuals, groups, organizations, communities and environments.

In addition, financing is concerned with the mobilization, accumulation and allocation of resources to cover population health needs, individually and collectively. Comprehensive public financing should be the norm for proven cost-effective population-based services and personal services with broad effects beyond the person receiving the intervention. Health financing arrangements for public health should set the right financial incentives for providers to ensure efficient service delivery and availability of access to these services by all individuals. At the same time, appropriate incentives for individuals should be put in place to ensure appropriate levels of utilization of public health services.

8.A. ENSURE APPROPRIATE ORGANIZATIONAL STRUCTURES TO DELIVER EPHOS

8.A.1. Clarity and coherence of the organizational structure of the ministry of health (or equivalent) and its linkage to all independent public agencies on health

Briefly describe the following elements, providing details where appropriate.

Clear organigram with lines of designated responsibilities and accountability	
If relevant, existence of structures/mechanisms to coordinate local, subnational and national levels of action	
Designated structures to manage and plan primary health care and specialized health care, with adequate coordination between them	
Explicit public health care perspective, with functions clearly integrated into health care and social systems	
Score (0–10):	Areas for improvement: G, F, RG, SD

8.A.2. Basic quality criteria forhealth carecentres that deliver EPHOs(primary health care, specialized health centres and hospitals)

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Designated responsibility for coordination of services at the national and local levels	
Maximum distance to nearest	• primary health centre

health centre:	• specialized health centre	
	• hospital	
Services available in primary care:	☐ family physician	☐ disease screening
	☐ paediatrics	☐ community health
	☐ nursing	☐ disease prevention counselling services (see 5.A.3 for details)
	☐ gynaecology	
Occupancy rate of hospitals		
Average waiting time for specialized services		
Access to electronic patient records between different services, within and outside patient's health department, between public and private service providers, etc.		
Specific collaborative mechanisms for integration of health care services		
Score (0–10):	Areas for improvement: G, F, RG, SD	

8.A.3. Public health laboratory system for routine diagnostic services

(See also 2.A.3 for specific questions related to laboratory support during an emergency.)

Briefly describe the following elements, providing details where appropriate.

Element	**General public health laboratories**	**Environmental public health laboratories**	**Other types of laboratory (hospitals, universities, private centres, etc.)**
Existence of different types and levels of public health laboratories:	☐	☐	☐
Existence of national laboratory policy that defines the roles and responsibilities of laboratories at different levels			
Licensing, registration, accreditation and monitoring system			
Adequacy of infrastructure and human resources			
Standardized protocols and SOPs for collecting, transporting, receiving,			

storing, labelling, testing and reporting sample data			
Existence of a reliable domestic sample collection and transport system for collection, packaging, storage and transport of specimens			
Appropriateness of diagnostic tests and methods used at different levels of the laboratory network, based on the list of priority public health risks			
Capability to conduct rapid screening and high-volume testing for routine diagnostic and surveillance needs			
Capacity to support diagnosis and confirm and report timely and reliable results in response to potential health threats, hazards and emergencies			
Score (0–10):	Areas for improvement: G, F, RG, SD		

8.A.4. National public health institutes and/or schools of public health

If your country has a national public health instituteand/or school of public health, evaluate the development of their core attributes and describetheactivities carried out in fulfilment of their core functions*(62)*.[2]
If your country does not have a national public health institute or school of public health, describe which agency, institution or organization takes the lead in carrying out the core functions.

Briefly describe the following elements, providing details where appropriate.

Core attributes	**Competent institution[a]**	**Attributes and performance of functions**
National scope of influence		
National recognition		
Limitations on political influence (scientific basis for programmes and poli-		

[2]IANPHI (2007). Framework for the creation and development of national public health institutes (http://www.ianphi.org/resources/publications/framework.html, accessed 26 August 2014).

cies)		
Focus on the major public health problems affecting the country		
Adequate human and financial resources		
Adequate infrastructure support		
Linkages and networks		
Built-in accountability mechanisms		
Core functions		
Evaluation and analysis of health status		
Public health surveillance, problem investigation and control of risks and threats to public health		
Prevention programmes and health promotion		
Social participation in health		
Planning and management		
Regulation and enforcement		
Evaluation and promotion of coverage and access to health services		
Human resources development and training		
Quality assurance in personal and population-based health services		
Public health research		
Reduction of the impact of emergencies and disasters on health		
Score (0–10):	Areas for improvement: G, F, RG, SD	

[a] National public health institute, school of public health or other.

8.A.5.Enforcement structures in place to ensure proper public health protection

(See also EPHO 3 on specific areas of health protection.)

Briefly describe the following elements, providing details where appropriate.

Defined list of agencies responsible for enforcing public health regulations (by EPHO or through another explicit methodology)	
Functional linkage between these agencies and the ministry of health when drafting strategies to improve health indicators through enhanced enforcement	
Existence of independent mandate to impose sanctions or halt dangerous practices	
Adequacy of human resources (quantity and training)	
Adequacy of financial resources	

Adequacy of information systems for monitoring and evaluation purposes	
Built-in accountability mechanisms	
Score (0–10):	Areas for improvement: G, F, RG, SD

8.A.6.Coordination of services delivered outside government bodies

Briefly describe the following elements, providing details where appropriate.

Defined list of actors delivering EPHOs outside the government (NGOs, private health care facilities, international organizations, etc.)	
Focal point within the ministry of health responsible for coordinating services	
Existence of white paper or other technical document laying out principles and ground rules for collaboration between government and other actors	
Existence of adhoc partnerships on an issue-by-issue basis	
Existence of specific legal or financial provisions supporting the work of NGOs and other social actors in the community	
Adequacy of oversight for health services delivered outside government bodies (accreditation, evaluation, etc.)	
Score (0–10):	Areas for improvement: G, F, RG, SD

8.A.7. Oversight of the systems and organizational structures that perform EPHOs

Briefly describe the following elements, providing details where appropriate.

Use of systems approach to understand the interaction between different public health institutes, agencies and health care structures	
Explicitly defined characteristics of the public health system (how different actors work together and interact)	
Consideration of contexts of gender, race, poverty, history, migration and culture in the design of interventions within public health systems	
Identification of unintended consequences to changes in the system	
Use of measurable (ideally SMART – specific, measurable, achievable, relevant and time-bound) and structural process and outcomes indicators to monitor systems effects of the public health system	

Performance of independent assessments on the effectiveness of national public health structures	
Existence of indicators in order to monitor implementation, roll-out and outcomes of programmes	
Score (0–10):	Areas for improvement: G, F, RG, SD

8.B. FINANCING PUBLIC HEALTH SERVICES

8.B.1. Public health budget within the health system

Briefly describe the following elements, providing details where appropriate.

Element	**Existence of budget line dedicated to public health in this area**	**Existence of contingency clauses or flexible budget lines in case of changing circumstances**	**How closely resource allocation is paired with service delivery strategies**
Primary care			
Specialized/hospital care			
Health technology procurement			
Enforcement agencies			
Emergency services			
Laboratories			
National institute of public health			
Other sectors (e.g. education)			
Score (0–10):	Areas for improvement: G, F, RG, SD		

8.B.2. Mechanisms to fund public health services delivered outside the health system

Describe the financing mechanisms in place (if any) for the following.

Public health expenditure in the national budget, independent of the health system budget	
Mixed methods for funding public health programmes between two or more sectors	
Fundraising carried out by the ministry of health directed towards securing international aid	
Score (0–10):	Areas for improvement: G, F, RG, SD

8.B.3. Decision-making criteria on resource allocation for public health

Briefly describe the following elements, providing details where appropriate.

Alignment of resource allocation with service planning	
Consideration of health equity as a key criterion (allocation based on estimated need rather than current use)	
Consideration of the burden of disease as a key criterion	
Performance of cost–effectiveness and budget impact analyses; capacity to deliver analyses before selecting interventions	
Allocation of resources for training and salaries in line with strategies to retain staff	
Score (0–10):	Areas for improvement: G, F, RG, SD

EPHO9.Information, communication and socialmobilization for health

DESCRIPTION OF EPHO

EPHO 9 covers communication for public health, which is aimed at improving the health literacy and status of individuals and populations. It is the art and technique of informing, influencing and motivating individuals, institutions and public audiences about important health issues and determinants. Communication must also enhance capacities to access, understand and use information to reduce risk, prevent disease, promote health, navigate and utilize health services, advocate for health policies and enhance the well-being, quality of life and health of individuals within the community.

Health communication encompasses several areas including health journalism, entertainment, education, interpersonal communication, media advocacy, organizational communication, risk and crisis communication, social communication and social marketing. It can take many forms, from mass multimedia and interactive communications (including mobile and Internet) to traditional and culture-specific communication, encompassing different channels such as interpersonal communication; mass, organizational and small-group media; radio; television; newspapers; blogs; message boards; podcasts; video-sharing; mobile phone messaging; and online tools and forums.

New media and communication tools have also opened the door to enhanced ICT for health. These tools may include e-health records, online training tools for continuing education, mobile applications that help patients keep track of medications and wearables (such as bracelets) that track personal indicators like blood pressure, physical activity or sleep patterns. While many of these innovations are too recent to have solid research evidence backing their effectiveness, they promise important technological advances that could complement traditional approaches to health care and patient empowerment.

9.A. STRATEGIC AND SYSTEMATIC APPROACH TO PUBLIC HEALTH COMMUNICATION

9.A.1. Communication concepts within theministry of health

Briefly describe the following elements, providing details where appropriate.

Explicit consideration of communication as a strategic tool for public health, from within the ministry of health	
Existence of specific staffor unit within the ministry of health dedicated to health communication, including a press liaison officer or department	
Generation of periodic health reports targeted at the public and the media	
Score (0–10):	Areas for improvement: G, F, RG, SD

9.A.2. Organization of health communication

Briefly describe the following elements, providing details where appropriate.

Definition of responsibilities, among ministry of health staff, health system actors and external partners	
Existence of public–private partnerships in the design and implementation of a marketing strategy	
Involvement with community leaders and local issue-driven groups	
Interaction with international organizations for benchmarking, integration with international communication campaigns and sector-wide approaches	
Score (0–10):	Areas for improvement: G, F, RG, SD

9.A.3. Integration of communication strategies within priority public health programmes

Briefly describe the following elements, providing details where appropriate.

Element	**Priority public health programme (add more columns if necessary)**		
	1.	2.	3.
Inclusion of communication strategy within programme planning			
Existence of pilot phase to test communication messages, materials and concepts with different target audiences			
Adaptation of messages, materials, concepts and media, based on target			

audiences			
Consideration of multidirectional communication (to consumers, from consumers, among consumers, among health system actors, etc.)			
Existence of tactics to counter unhealthy marketing campaigns			
Use of different media (traditional, broadcast, mobile, online, etc.)			
Integration of campaign into broader programmes (e.g. poverty reduction, environment, etc.)			
Score (0–10):		Areas for improvement: G, F, RG, SD	

9.A.4. Implementation of risk communication activities

Briefly describe coherence with the seven-step communication for behavioural impact (COMBI) approach*(63)*.

1.Explicitly defining preliminary behavioural objectives	
2. Carrying out situational market analysis for various target audiences and media channels	
3. Refining objectives, based on step 2	
4. Defining an overall strategy is defined	
5. Preparing a detailed plan of action and budget	
6. Monitoring of implementation according to plan	
7. Evaluation and reporting	
Score (0–10):	Areas for improvement: G, F, RG, SD

9.A.5. Use of resources in communication and social mobilization efforts

Briefly describe the following elements, providing details where appropriate.

Generation of resources and service agreements both within the health system and without (private sector, communications industry, aid organizations, etc.)	
Utilization of low-cost media (e.g. mobile technology, radio, Internet) to optimize resource use	
Properly adapting scope and target audience of communication programme to resource availability	
Score (0–10):	Areas for improvement: G, F, RG, SD

9.A.6. Capacity to monitor and evaluate public health communication campaigns

Briefly describe the following elements, providing details where appropriate.

Existence of clear vision, measurable objectives, clearance procedures, target audience(s) and methods of evaluation	
Performance of periodic evaluations and subsequent refinement of communication strategy	
Use of quantitative and qualitative measurements to assess campaign(s)	
Score (0–10):	Areas for improvement: G, F, RG, SD

9.B. ICT FOR HEALTH

9.B.1. Ministry of health's approach to ICT for health

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Describe any specific staff or unit in the ministry of health, dedicated to the area of ICT		
Performance of research – or periodic generation of policy briefs or reports – describing advances or existing evidence on the use of ICT in health, considering the following:	☐ electronic health records	☐ e-prescribing
	☐ telehealth services (consultations, diagnostics, monitoring)	☐ remote training
	☐ use of ICT in disease networks	☐ mobile applications for patients
List recent (within five years) or ongoing pilot projects in ICT for health		
Integration of evidence-based ICT advances in the following areas:	☐ health care delivery	☐ health promotion campaigns
	☐ human resourcestraining and capacity-building	☐ patient empowerment
Score (0–10):	Areas for improvement: G, F, RG, SD	

EPHO10. Advancing public health research to inform policy and practice

DESCRIPTION OF EPHO

EPHO 10 covers research; this is fundamental to informing policy development and service delivery. It can take a number of forms: descriptive, analytical or experimental.

This operation includes:

- research to enlarge the knowledge base that supports evidence-based policy-making at all levels;

- development of new research methods, innovative technologies and solutions in public health;
- establishment of partnerships with research centres and academic institutions to conduct timely studies that support decision-making at all levels of public health.

10.A. SETTING A NATIONAL RESEARCH AGENDA

10.A.1. Identification of national public health research priorities

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Existence of a prioritization process with regard to public health objectives, considering explicit criteria, as well as resource andcapacity limitations	
Transparent and participatory prioritization process, including the following stakeholders:	☐ national public health institute ☐ school(s) of public health ☐ academic researchers ☐ scientific societies ☐ patient representatives ☐ ministerial representatives from outside the ministry of health ☐ industry representatives ☐ consultation from regional or international networks or organizations
Use of existing evidence (epidemiologic and health system data) for decision-making regarding health system priorities	
Consideration of information systemsas a foundation for planning health system activities	
Review of available international evidence when identifying knowledge gaps	
Explicit health services research component as a national health research priority	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.A.2. Alignment of public health research agenda with Health 2020

Briefly describe the following elements, providing details where appropriate.

Existence of specific research programmes on the social determinants of health	
Health systems research targeted towards increasing citizen participation, equity and performance	
Existence of strong investments in research programmes to tackle NCDs holistically, with a life-course approach	
Existence of joint research programmes between health sector and other sectors (education, environment, agriculture, etc.)	
Existence of community health promotion pilot projects,	

with generation of publications and reports	
Existing line(s) of research onprotective factors, not just risk factors	
Existence of a periodic health in all policies review	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.B. CAPACITY-BUILDING

10.B.1. Data access to health indicators for researchers

Briefly describe the following elements, providing details where appropriate.

Appropriateness of confidentiality/data protection legislation (balancing privacy and protection of intellectual property with access to data for researchers)	
Support for cross-border exchange of data and evidence	
Administrative requirements/fees for accessing health indicators data	
Physical ease of accessing data (online versus physical platforms)	
Comparability of health indicators data (global and disaggregated) at the subnational, national, regional and international levels (see also EPHO 1)	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.B.2. Integration of research activities in public health education and continuous training

Briefly describe the following elements, providing details where appropriate.

Existence of written strategy for developing public health research in an academic context	
Availability of funding for research in schools of public health	
Integration of research skills and practice into public health curricula (lab work requirements, master's theses, research papers, etc.)	
Requirements and/or promotion of research activities for public health workforce, in the context of continuing education	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.B.3. Performance of research in public health practice

Briefly describe the following elements, providing details where appropriate.

Measures to foster or maintain work culture that enables the inclusion of research tasks in usual work	
Collaborative agreement(s) between professionals working	

within the public health services system and researchers in academic institutes or research centres to conduct research	
Contractual stipulations and additional resources that enable staff to identify new solutions to health problems in the community and to pilot test or conduct experiments to determine the feasibility of implementing new ideas	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.B.4. Capacity for innovation in public health

Briefly describe the following elements, providing details where appropriate*(64)*.

Capacity-building in areas essential to the delivery of innovative health products:	
• investment in human resources and training in public health	
• support for research and development individuals, groups and institutions	
• strategies and investments to strengthen health information systems	
Supporting policies for capacity-building:	
• support for WHO'sglobal code of practice for the international recruitment of health personnel*(64)*,with the objective of retaining health workers	
• measures to strengthen regulatory capacity (see EPHO 3)	
Strengthening collaboration:	
• specific programmes to intensify international collaborations (north–south, regional, south–south, etc.)	
• existence of public–private partnerships for research, including clinical trials	
Innovation based on traditional medicine:	
• specific policies to support traditional medicine, including through development of standards, evidence-based research and practice	
Incentives for innovation:	
• existence of awards for innovative discoveries	
• specific recognition or opportunities for career advancement, based on innovation criteria	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.B.5. Maintenance of scientific and ethical standards in research

Briefly describe the following elements, providing details where appropriate.

Existence of a specific code of conduct applicable to research activity, to ensure the integrity and accuracy of research	
Existence of structures or mechanisms (e.g. institutional	

review boards, hospital ethics committees) dedicated to enforcing ethical standards	
Clear ground rules for industry-led research	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.C. COORDINATION OF RESEARCH ACTIVITIES

10.C.1. Research coordination

Briefly describe the following elements (check box for affirmative answer), providing details where appropriate.

Existence of a centralized source of data estimating/quantifying health research activity or funding from the following sources:	☐international health/aid organizations (International Agency for Research on Cancer, WHO, World Bank, etc.) ☐public and private universities or other national research centres ☐government ministries (health, science, research and development, industry, etc.) ☐scientific and professional societies (such as European Organisation for Research and Treatment of Cancer, European Society for Medical Oncology, etc.) ☐health technology industry ☐charities and NGOs
Establishment of call for proposals for commissioned research, including independent research on the effectiveness of EPHO activities, in parallel with principal investigator-initiated research (universities, etc.)	
Existence of general, multidisciplinary partnerships with health research centres and academic institutions	
Existence of ad hoc, collaborative research programmes in priority fields	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.D. DISSEMINATION AND KNOWLEDGE-BROKERING

10.D.1. Mechanisms and structures to disseminate research findings to public health colleagues

Briefly describe the following elements, providing details where appropriate.

Promotion of exchange and transfer of results between different research institutions	
Establishment of research networks (national or international)	
Direct or indirect support for nationally published journals of public health	

Support for translation of research findings into English	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.D.2. Mechanisms to translate evidence into policy and practice

Briefly describe the following elements, providing details where appropriate.

Participation of researchers in health policy planning, particularly in the development of indicators	
Generation of written materials for policy-makers – such as policy briefs – intended to increase understanding of current research evidence and the range of policy options	
Generation of written materials for health professionals (in continuing education or other), intended to disseminate innovative practices	
Convening of meetings, policy dialogues and similar, with the participation of researchers and policy-makers, aiming to shape evidence-based policy on a given issue and foster relationships between research and policy-making communities	
Existence of concise, periodic reports evaluating the effectiveness of ongoing programmes	
Score (0–10):	Areas for improvement: G, F, RG, SD

10.D.3. Effectiveness of policy-makers in communicating their needs to the research community, including health technology firms

Briefly describe the following elements, providing details where appropriate.

Correspondence between national health priorities and national funding for research	
Interaction with international organizations conducting research on policy needs	
Existence of documents setting out strategic areas for health policy development	
Existence of clear ground rules regarding health technology, including criteria for inclusion within public health system	
Score (0–10):	Areas for improvement: G, F, RG, SD

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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