

PUBLIC HEALTH 2020 – INTERNATIONAL STRATEGIC BACKGROUND

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Abstract: The year 2012 was a strategic one for the public health in the WHO European region due to the adoption of the European Action Plan for Strengthening Public Health Capacities and Services and the future framework strategy for the next decade: “Health 2020”. The Action Plan, adopted by the representatives of the Member States at the 62nd WHO Regional Committee for Europe, represents an essential document for clarification and commitment at political level for further decisions and intervention on essential functions of public health, as a key pillar of growth capacity of health systems in the region. The Plan also represents an important technical document, by identifying the 10 essential functions of public health system and the associated 10 priority actions to be improved in order to ensure a coordinated and responsible public health response, both nationally and internationally.

Cuvinte cheie: Organizația Mondială a Sănătății, plan acțiune, sănătate publică

Rezumat: Anul 2012 a fost unul strategic pentru sănătatea publică la nivelul regiunii OMS Europa ca urmare a adoptării Planului European de Acțiune pentru îmbunătățirea capacităților și serviciilor de sănătate publice și a Strategiei viitorului deceniu „Sănătate 2020”. Planul, adoptat de reprezentanții statelor membre cu prilejul celui de al 62-lea Comitet regional pentru Europa al OMS, reprezintă un document esențial pentru clarificarea și asumarea la nivel politic, decizional, a domeniilor de intervenție și funcțiilor esențiale ale sănătății publice, ca pilon esențial al creșterii capacităților sistemelor de sănătate în regiune. Planul reprezintă și un important document tehnic prin identificarea celor 10 funcții esențiale ale sistemului de sănătate publică și a celor 10 direcții prioritare de acțiune prin care acestea trebuie să fie îmbunătățite pentru a asigura un răspuns coordonat și responsabil în domeniul sănătății publice la nivel național și internațional.

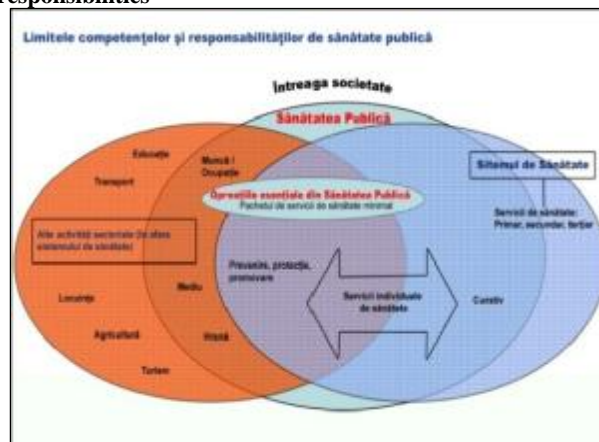
Almost yearly, an emerging public health event from communicable disease outbreaks such as avian, swine flu, severe acute respiratory syndrome (SARS) or radiological emergencies as the Fukushima events bring on the public agenda, from the normal cone of shadow, the public health service and professionals activities. Those subsystem structures, services and tools included and at the same time exceeding the boundaries of the health system as illustrated in figure no. 1, provide more than public health services and influence the convergence and integration of all policies and actors working the most valuable public good: public health.(1)

A complex subsystem coordinated by the health sector, ensuring integration and support for health in all policies, with different understandings and implementation mechanisms, even in European countries.

The analysis of organizational arrangements, areas of intervention, instruments, capacities and specific ways of ensuring public health activities under national jurisdiction, started since 2007, according to the WHO report, Review of Public Health Capacities and services in the European Region, highlighted different approaches, in accordance with national models for distribution of tasks between central and local administrative structures and political priority given to public health.(2) The same analysis emphasizes, however, common problems for most of public health services such as: poor funding, demotivating wages, unsystematic interinstitutional

collaboration, health inequalities and poor integration of health with other policies. Within this context, a common strategic approach at European level was ensured by the adoption of the European Action Plan (EAP) to improve public health capacities and services and the “Health 2020” framework strategy for the next decade. Both documents were adopted by the representatives of the Member States at the 62nd Regional Committee for Europe of WHO, of September 2012.

Figure no. 1. Limits of public health competencies and responsibilities



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Thus, adopted on the basis of documents and standardized assessment tools, for the current public health significance, developed jointly by WHO Europe region specialists and European Union, the new Action Plan is not only an opportunity for harmonization and systematization framework for defining and addressing the public health system but also a way of planning, acting and monitoring interventions in the field, both nationally and also internationally, making comparable the efforts of the countries in ensuring public health responsibilities.(3,4,5).

The stated goal of the plan adopted by the 62nd WHO Committee resolution is to assist the 53 member states of WHO Euro region in improving health, reducing inequalities and providing essential public health services at individual, community and population level by ensuring the accessibility, efficiency and effectiveness of services, establishing responsibilities for both member states and for WHO in coordinating this effort.(6)

The Action Plan objectives aimed at the development, implementation and monitoring of actions to strengthen public health capacity in member countries. Its fundamental principles, common to those of the "Health 2020" Strategy, oriented towards reducing inequalities and improving health in society, are based on the combined efforts of the entire government, social justice support, participation, partnerships and sustainability of interventions as main tools of implementation.(7)

The new document, expressing member countries' commitment to strength and develop the public health system and its interventions, defines and establishes the 10 functions/operations essential for public health services (EPHOs) as following:

- health surveillance of the population;
- monitoring and response to health threats in normal and emergency situations;
- protecting health from the risks of life and occupational environment, food safety etc;
- health promotion and social determinants and related health inequalities action;
- prevention and early detection of diseases;
- governance for health and welfare;
- ensuring sufficient and competent human resource;
- financing of public health service;
- advocacy, communication and social mobilization;
- public health research support for both policy and practice.

This way, the fundamental functions of public health system, in which Member States have the responsibility to provide essential services, are clarified and, at the same time, public health priority actions for their improvement are set. Briefly, the key words and strains for the future actions for the Member States, corresponding to the 10 core public health operations/functions include measures in the following areas:

1. **health surveillance of the population:** health ministries should provide human and financial resources for data collection systems allowing supervision and monitoring of health and its determinants, identifying at disaggregated level, the social, occupational and environmental risks to public health, in order to be analyzed and transmitted to the public and decision makers. Further assessment of population health, health needs, determinants and inequalities status and their distribution must be carried on a systematic, regular basis providing evidence for future strategies related to health services provision and development.

2. **monitoring and responding to health threats in normal and emergency situations:** Ministries of Health should provide adequate early warning analysis, response and reporting emergency situations systems. Transmissible diseases surveillance and control, food safety and environmental/occupational risks facilities that ensure diagnosis, control and treatment capacities based on laboratory and risk assessment instruments, response plans among different stakeholders in a coordinated manner.
3. **protecting health from environmental risks:** providing technical capacities for hazard identification, assessment, management and communication of risks related to general environmental factors (zoonoses control, salt intake and fatty acids, blood safety and biological products, medical devices, work, products and patient safety), also capacity building for regulating and implementation mechanisms, in collaboration with other institutions in the area, should be developed.
4. **health promotion, social determinants and related health inequalities, actions:** for all the five main areas identified by the Ottawa Charter, systematic health promotion activities must be developed, oriented towards: behavioural change, education and social communication, intersectoral partnership in order to create healthy environments and reduce inequalities, reorientation of health services towards disease prevention, risk communication, awareness and action on social determinants of health for vulnerable groups and society.(8) Governments and authorities should establish mechanisms to allow the Ministry of Health to coordinate, influence and evaluate intersectoral policies impact on health. The strategic approach of healthy social change should ensure coordination of all instruments from regulatory mechanisms, health education and economic measures such as cigarettes or alcohol taxation.
5. **prevention and early detection of diseases:** through measures targeting all levels of preventive activities, from primary prevention to quaternary prevention (those activities designed to reduce or avoid the consequences of unnecessary or excessive interventions of health care services), at national level, it is encouraged to develop and implement preventive measures in all chains of health services providers, from primary care up to the tertiary one. Evidence-based screening programmes, population and specific prevention programmes for vulnerable groups, adequate, accessible, and acceptable should, in this respect, be developed in the future.
6. **ensuring the health and welfare governance:** ensuring coherence, transparency and accountability in adopting health supportive policies must be granted at the level of government and society in order to provide public health response for the priority identified needs, in an integrated and convergent intervention. The evaluation of the national plans and strategies to implement international measures to protect public health and national measures, such as licensing, accreditation and quality control laboratories should be part of the performance evaluation process at national level. National plans for the implementation of national strategies for ensuring essential services of public health and reduce health inequalities, with targets and performance indicators should be developed at national level for systematization and integration with the international response.
7. **assuring adequate and competent staffing:** providing a body of experts sufficiently motivated and with appropriate competencies in order to cope with the multidisciplinary of public health activities, from public health traditional

experts (epidemiologists, hygiene specialists, public health and health promotion officers or dedicated personnel) to primary, community, school care services providers to non-medical professionals within the health care system and other systems that influence health, must be done at the national level in a planned and coherent manner. A strategic planning system, based on identified public health needs, evaluation, monitoring and accredited training institutions should underpin human resource management. Moreover, national governments should support updating curriculum so that public health concepts be part of the training and development of both doctors and nurses and other staff involved in the strategic planning of policies with impact on health, based on coherent training system and clearly defined competencies.(9)

8. **public health services organization and financing:** leadership, management and coordination of organizational structures necessary to provide essential public health services, together with the clarification of the functions of different structures and monitoring the effectiveness of their operation conditions, under the best arrangements between: different levels national/regional/local, among primary/community/secondary and tertiary assistance; providers, and among the regulation/incentives balance together with improved collaboration and coordination between sectors and institutions should be developed.
9. **advocacy, communication and social mobilization for health:** Health ministries should ensure leadership for effective communication aiming to inform, influence, motivate and support in accessing, understanding and using risk reduction, disease prevention, healthy behaviours adoption, use of available preventive health services and influencing policy through participation and partnerships in collaboration with media, social networks, communities and individuals.
10. **public health research support for both policy and practice:** governments and the Ministry of Health should support public health research to ensure response to current and future public health threats under the coordinated action between researchers, professionals and practitioners, aiming to identify and reduce the existing health inequalities.

Romania, a country where the public health services latest developments show a positive trend from the dedicated regulatory framework, represented by the First Title of the Health Reform Law, no. 95/2006, steadily growing funding, one of the highest among the European countries, 6.2% of health expenditure, according to the latest OECD report, Health at a Glance: Europe 2012, which is currently at the stage of defining its strategic priorities for 2014-2020 actions, for the entire health system can and should use the Plan strategic guidelines both for evaluation and design of its public health actions in order to ensure consistency and comparability with the international strategic framework and also to increase the national public health system capacity to provide services and to contribute to nation-wide public health.(10)

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