

ASPHER's position paper concerning:
The new European policy for health – Health 2020 (Draft 2), and
The European Action Plan for Strengthening Public Health Capacities and Services (17.02.2012)

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Executive summary

The Association of Schools of Public Health in the European Region (ASPHER) has during many years been an active stakeholder and advocate in the European public health setting, and ASPHER welcomes the change in strategy recently launched by WHO Europe towards a central public health perspective. We believe that a prerequisite for the Health in All Policies Strategy to be able to function are strong, well-structured, coherent and independent national public health systems, which shall be responsible for planning and carrying out the essential public health operations at all levels and meeting all challenges in population health and health systems development. The public health system shall be staffed by public health professionals with the best possible academic public health background, integrating competences in research, practice and education. Thus, a well-developed policy for public health education and capacity development necessarily is a crucial component of the Health 2020 strategy. Based on substantially increased investments in public health education and research, all member states shall establish schools of public health with curricula covering the lists of competences for public health professionals provided by ASPHER, so that the need for the necessary public health capacity building will be met. The educational programmes offered shall include all Bologna process levels – bachelor, master, Ph.D. and continued professional development/life long learning. In order to be able to offer comprehensive as well as specialised public health educational programmes, schools of public health shall be motivated to form national or regional and cross-border networks or consortia. For the continued development and adjustment of lists of public health competences to be in balance with population health and health systems, they shall be based on institutionalisation/organisation also at European level as shall testing of students' competences, providing the basis for European degrees sustaining cross-country mobility of the academic public health workforce. The schools of public health shall function as centres of public health strategic advice and knowledge brokering, supporting the timely dissemination of applied research results; they will constitute the academic environment of public health locally, nationally and in the European context, and, through continued consultations with public health decision makers, the schools shall ensure the connection between research, education and practice. Member states shall develop public health scientific research strategies and increase investments substantially to support the development of documented effective interventions. It is advised the Health 2020 strategy to include timelines for its developments in member states. ASPHER will function as an effective network in support of these developments.

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Introduction

The Association of Schools of Public Health in the European Region (ASPHER) has during many years been an active stakeholder and advocate in the European public health setting. ASPHER now wishes to express its congratulations with the change in strategy recently launched by WHO Europe. ASPHER welcomes the invitation to express ideas to support and accompany the production of the new European policy for health - Health 2020 (1) and the associated public health action plan (2) with a view to the list of Essential Public Health Operations (EPHO) (3).

The following comments have been produced in this light, the intention being to seek to contribute to the process in the spirit of good public health practice, research and education, striving to sustain the development of methods to promote health and prevent disease in European populations. Accordingly, the intention is not to comment on the particulars of the draft policy papers or on specific public health interventions but rather to sustain important principles and dimensions in the centre of ASPHER's mission – the academic professionalization of public health.

We realize that public health education is so far a nearby missing subject in the Health 2020 draft (1) but has some attention in the draft public health action plan (2). Professionalization – the main theme of our comments – includes education, research, and capacity building in interaction with systems development: they are all necessary components in the dynamics of planned development. We believe that the founding and development of strong, well-structured, coherent and independent national public health systems, responsible for planning and carrying out the essential public health operations at all levels and staffed by public health professionals with the best possible academic public health background, is a prerequisite for the Health in All Policies Strategy to be able to function – as contrasted to the risk of being split up in scattered responsibilities furnished with heterogenous competence levels. We hope that the following comments will be found of value for the completion of the new policy, and we look forward to the continued constructive collaboration also on these matters.

ASPHER

ASPHER was founded in 1966, partly as a WHO initiative, to sustain education in public health (4). As of 1 January 2012, ASPHER has 86 institutional members – schools and university departments of public health, situated all over Europe. It is represented in 39 European countries, with over 5000 academics and experts employed in its member institutions. Thus, ASPHER's body of members represents the continued development of the overall majority of European academic public health education, training and research.

ASPHER's main function is to support the professionalization of public health workforce and thus to help increase capacity building in public health, from points of view of education, scientific research

and practice. ASPHER has the mission of strengthening the role of public health by improving the training of public health professionals for both practice and research within the European Region, as defined by WHO. ASPHER assists schools and university departments of public health to achieve their missions of professional and graduate education, research and service; ASPHER builds coalitions with other programmes and public health organisations to increase public awareness, appreciation and support for public health. Thus, ASPHER functions in the public health part of the wider health systems education, research and practice integrated perspective, as also considered in, e.g., the work of Frenk et al. (5).

ASPHER's key activities are:

1. Development of lists of competences for public health professionals and to be achieved in public health educational programmes- and thus characterisation of the profession; the latest version of the lists was published in 2011 (6, 7, 8);
2. Development of an accreditation agency for public health educational programmes; the agency was started in 2011 (9);
3. Peer evaluation of educational programmes;
4. Sustaining the development of schools and university departments of public health and sustaining the development of public health educational programmes at all academic levels – bachelor, masters, doctoral, continuing professional development/life long learning;
5. Mentoring relatively young educational institutions;
6. Sustaining the European dimension in public health education and training;
7. Developing ethical principles in public health education, research and practice;
8. Taking other measures to develop human capacity and professionalization in the public health field, including mapping the educated public health workforce in Europe;
9. Collaboration with organisations active in European public health education, training, research and/or practice, besides the World Health Organization also the European Commission, the World Federation of Public Health Associations (WFPHA), other NGOs, and with sister organisations in other parts of the world;
10. Organising conferences on public health education and training; the Annual Conference in November, together with the European Public Health Association (EUPHA), and the ASPHER Deans' and Directors' Retreat in May/June are regular events.

Focussing specifically on ASPHER's activities, its publications illustrate various aspects, including the establishment of schools of public health in Central and Eastern Europe (10); the development of a European master of public health (MPH) programme (11); principles of quality improvement and accreditation of training programmes (12); ethics in public health (13); lists of core competences for public health professionals and competences to be achieved in educational programmes in public health (6, 7, 8, 14, 15), also supplied by manuscripts published in public health research journals (16, 17, 18). Moreover, in 2010, the Public Health Reviews was revitalised in association with ASPHER activities, as a scientific journal central to the acknowledgement of public health research progress (19), the latest issue being devoted to public health education and capacity building (20). Actually, one of the recent members of ASPHER's Executive Board is the first author of one of the central, large public health textbooks of our time (21).

Definition of public health

As also noted in the draft Health 2020 policy document (1), in many countries there is no clear comprehension of the identity of public health – of what public health is. In some countries, public health is considered to be limited to health sector structures and activities financed by the public, which is of course not in balance with the general comprehension of the concept. Moreover, definitions actually vary in academic textbooks. In ASPHER's latest publications on lists of core competences in public health (6, 7, 8) we have applied the classical method of defining a scientific discipline (and its associated practice) by its subject matter (as contrasted to its methods), and we thus have sustained the parsimonious definition that:

Public health is the science and art which focuses on:

- *Population health,*
- *Human systems and interventions made to improve health, and*
- *Interactions between these two systems.*

Thus, acting within a public health framework means taking responsibility for the health of populations and population segments – whether large (World, continents, parts of the World, countries) or small (e.g., specific age and gender groups; specific occupations; local municipal populations; etc.) populations – as contrasted to individually oriented health work in, e.g. hospitals and primary health services. Clearly, individually oriented health work also constitutes part of the public health toolbox, as do, e.g., health promotion mass campaigns, disease and disaster prevention, urban planning, management and financing of health systems, etc. Public health is comprehensive, and this is in balance with the growing production of public health scientific research and with public health practice. Accordingly, we recognise the Health 2020 policy as a public health policy. We hope that this complies also with WHO terminology. This comprehensiveness is mirrored in the chapter structure of the lists of core competences cited (6, 7, 8):

- Population health and its social and economic determinants;
- Population health and its material – physical, radiological, chemical and biological – environmental determinants;
- Health policy; economics; organizational theory and management;
- Health promotion: health education, health protection and disease prevention;

- besides:

- Methods

- which, as is easily understood, in the professional context are fundamentally different from, e.g., methods applied in individually oriented interventions in hospitals or in the primary health services and social services.

With minor variations, this structure is applied also in other parts of the world, e.g. in the structure of the lists of core competences put forward by the US Association of Schools of Public Health (ASPH) (22).

It should be noted that the above definition is well in balance with and includes Acheson's definition, which is applied in the draft Health 2020 document (1), but is not linked to the methods of health

promotion and prevention: human knowledge may develop beyond our present imagination (that is actually what science aims at), and new intervention methods may appear beyond these concepts and terms. Thus definitions themselves should be parsimonious and avoid putting up unnecessary barriers. Moreover, definitions may be accompanied by explanatory, exemplifying texts, like, e.g., health promotion and disease prevention, in the present context.

Academic public health professionalization

Becoming an academic public health professional demands specific education different from the education of, e.g., clinical workers and specialists, even if a medical background is one – among other – relevant backgrounds for the continued study to achieve, e.g., a master of public health (MPH) degree. Public health specialization of medical doctors, nurses and other personnel in the treatment and care sector should however be planned only to account for a marginal segment of the core academic public health workforce in the future. The core foci of the public health discipline being the health of populations and man-made interventions to improve populations' health, full-time educational curricula in public health must include – besides education in theoretical and empirical health – substantial components of the behavioural and social sciences, including various parts of sociology, systems and organisations theory, health economics, management and behavioural theory, as well as environmental science, all at a professional, internationally acknowledged, scientific level. Thus, epidemiological, statistical and sociological quantitative methods play central roles together with qualitative methodologies of various kinds.

Main developments in European public health professionalization and capacity and systems building

The MPH degree has been delivered since the start of the 20th Century. Especially during the 1980'ies and 1990'ies a series of public health master programmes were established in Europe. In the 1990'ies and onwards these have been supplemented by increasing numbers of bachelor programmes, doctoral programmes and continued professional training programmes. Professional associations have been established, such as the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA) and national associations of public health, e.g. the Faculty of Public Health, UK. Written scientific media – e.g., the European Journal of Public Health, national or regional (e.g., Scandinavian) journals of public health, the Public Health Reviews, and epidemiological journals – as well as oral platforms, whether national or European (e.g. since 2009 the European Public Health Conference, a common EUPHA and ASPHER enterprise). As mentioned, ASPHER has taken the initiative together with partners – EUPHA, the European Public Health Alliance (EPHA), the European Health Management Association (EHMA), and EuroHealthNet – and in consultation with WHO Europe and the EU Commission, to establish a European Agency for accreditation of public health educational programmes and schools of public health (9), and ASPHER has developed lists of core competences for public health professionals and for MPH education (6, 7, 8). Among other things, WHO Europe has developed programmes for municipal populations – the Healthy Cities' Programme and the Healthy Hospitals Programme – and implemented an instrument to map the existence of Essential Public Health Operations (EPHO's) (3) in European member states. In spite of these developments there still is no clear overview of the academic public health capacity

in Europe, but a capacity assessment study is under way at present, rooted in the University of Maastricht. One of the complexities is the lack of well-defined comprehensive public health systems in most European countries and thus the lack of professional licensing systems and formalised career ladders. As concerns public health specialists – i.e., medical doctors specialising in public health – licensing and defined career ladders exist within the framework of national medical systems.

During the last decades, a strong academic trend however is not only the increased MPH production (threatened in some countries, however) but the development of a public health workforce based on educations following the Bologna principles, i.e., including mutually adjusted bachelor, master and Ph.D. level educational levels with the needed strong social and behavioural science components as well as training in the scientific documentation methodology necessary not only for research but also crucial for the everyday taking responsibility of population health as such.

This all means that at present the development of public health in Europe includes strong challenges of circular nature, in the sense that all main components – education, capacity building, scientific research, systems building – are strongly interdependent, and thus a strong development does demand a comprehensive, yet coherent and consistent, policy approach. Moreover, if a comprehensive strategy will continue to be missing, the academic world, with its millennia-long history, can be expected to continue to develop the scientific research and education it finds relevant – as it already has done in this field for decennia - and over time this may be expected to change systems more gradually. Developments can however be sustained and made stronger and quicker, if organizations outside academia, like WHO, choose to interact with academia in supporting the development. There are strong signs that this is realistic by now, and the following suggestions are formulated based on this assumption.

Suggestions

Producing concrete, goal-oriented policies and strategies for the development of an entire field like public health inevitably raises a series of questions not only concerning the concepts and qualities included but also on quantities, sequence and time schedules as well as concretely observable indicators for policy and strategy progress. Only in Item 1 we have signalled a few deadlines, but timelines should of course be decided about in connection with all components mentioned. We propose the following pieces of text – or derivatives thereof – considered to be included in the Health 2020 document (1) and/or in the Public Health Action Plan (2):

1. *Public health education:*

Strategy development for professionalization and capacity development in public health

Member states shall develop strategies for public health professionalization and capacity development and monitoring, so that full (Bologna process) national educational strategies, programmes and systems are established in 2018. The establishment of master of public health (MPH) programmes not requiring a bachelor degree in public health shall have priority until 2015. The output of classical MPH graduates and, not least, bachelors, masters (based on bachelor degrees) and Ph.D.s as well as continued professional educational programmes shall be adjusted to equal full staffing of the country's public health system in 2020. Education programmes shall be sufficiently funded so that economy does not constitute a barrier to studying public health or to comply with the mission outlined.

2. *Public health education: Programmes*

Member states shall ensure sufficient capacity for general public health education at academic level, which, in accordance with the Bologna process, includes bachelor, master, Ph.D., and continued professional education programmes in public health, besides public health components in the educational curricula of medical and caretaking personnel. These programmes shall cover the main themes and disciplines of public health, as expressed in ASPHER's European lists of public health competences, and they shall live up to international standards as concerns socially balanced recruitment of students; quality and number of academic and technical-administrative staff; intellectual and practical competences aimed at in the programme; content of study programmes; teaching methods; potential for development of programmes in interaction with developments in population health and living conditions as well as health systems; study material; research component; social environment; facilities and technical equipment; and other aspects considered important in professional educational programmes at academic level. The programmes must be developed to be able to be accredited at European level and thus to live up to the criteria at the European Agency for the Accreditation of Public Health Education.

3. *Public health education: Schools of public health*

Schools of public health constitute the material, scientific, social and mental basis for public health education and thus for professionalization and capacity development in public health. Member states shall establish schools of public health and networks or consortia of schools of public health with a combined structure of departments, which as a minimum correspond to the main themes and disciplines of public health. Networks or consortia of schools may be structured nationally or in a cross border manner, e.g. from Eastern to Western Europe. The mission of individual schools and networks and consortia of schools of public health shall be:

- a. To deliver *public health education* at academic level, as outlined, living up to the demand for European competences as stated by ASPHER and as expressed in the criteria for European accreditation of public health educational programmes;
- b. To produce a relevant amount of *scientific public health research*, which can compete at international level and thus be published in high-rated international scientific public health journals. Constituting the academic environment of public health locally, nationally and in the European context, the schools of public health offer networks, especially so based on their association, ASPHER, for the development and carrying out of scientific research projects at various levels – whether European, national, sub-national or local; this also supports the timely dissemination of results and knowledge brokering in relevant environments, including scientific journals and conferences;
- c. To deliver *advice in public health questions*, including scientific evidence of intervention effectiveness, cost, acceptance and ethical acceptability, to national, sub-national and local public health authorities, e.g., to assist in analysing and setting priorities as concerns:
 - i. The identification of present and future national, sub-national and local challenges in population health and health systems situation and development;
 - ii. The implementation of public health best practices to meet challenges in population health and health systems;

- iii. The development of practice- and goal-oriented public health applied research strategies for implementation at national, sub-national or local level.
- d. In a wider sense to function as knowledge centres and thus communicate and offer public health related *information, knowledge, support and education* for politicians, other professionals (physicians, teachers, social workers, etc.) and the general public (stakeholders, co-producers, NGOs; health literacy). As an applied and practical sector, for public health to be effective, linkages between academia, public-private partnerships, and NGOs are essential in addressing the current and future public health challenges within Europe and globally;
- e. The schools of public health *themselves form networks*, at the European level in the Association of Schools of Public Health in the European Region (ASPHER), which thus forms a natural environment for the co-ordination of and support to the schools' transmission of knowledge and policies – including Health 2020 and its sub-strategies – to relevant target groups at and between various levels, whether European, national, sub-national or local.

Schools of public health shall be sufficiently funded so that economy does not constitute a barrier to complying with their mission, including the development of relevant structures, staffing and functioning. Schools of public health as well as their academic staff shall participate in the activities of European and other international networks crucial for academic development, e.g. ASPHER, EUPHA, the World Federation of Public Health Associations (WFPHA).

**4. *Public health education:
Special cross-border educational programmes***

Special European cross-border educational programmes shall be developed in collaboration with and organised by ASPHER and EUPHA, such as:

- a. One or more public health European educational centres of excellence, preferably in connection with major well-established public health environments with internationally highly recognised scientific staffs, in or close to European metropolis;
- b. 'Flag-ship course programmes' positioned at European centres of excellence as mentioned above, targeted at high-level public health decision makers at European, national and sub-national level;
- c. Specialised continued professional education and training delivered by networks of Schools of Public Health, coordinated by ASPHER;
- d. Summer courses on public health scientific research methodology, as well as current and well-established methodology as newly developed methods, organised by EUPHA and ASPHER and targeting doctoral candidates and scientific staff at Ph.D. level and above.

**5. *Public health research:
Development of strategies***

Member states shall develop public health scientific research strategies including priority setting of themes. There are vast shortcomings in our human knowledge about effective and cost-effective interventions in health promotion, health protection and disease prevention (e.g. screening), and these themes should have high priority together with themes on the best and most cost-effective and ethically acceptable functioning of the public health system and its services. National and European scientific research strategies should be developed to cover these themes. Member states are encouraged to establish cross-border collaboration to develop regional research strategies.

**6. *Public health research:
Organisation and financing***

Member states shall develop:

- a. Public health applied research environments, preferably in schools of public health but also in extra-mural institutes of public health;
- b. Research funding adequate for strategic planning for major population health and health systems challenges within a foreseeable future (i.e., WHO targets with time frameworks).

Relevant organisational structures in- and outside academia must be developed to ensure the relevance and cost-effectiveness of public health research investments. Decisions about public health research funding must be made by scientists holding an academic, professional public health background. There is strong experience that research boards dominated by medical scientists and other types of scientists will underfund public health research vastly.

**7. *Public health practice:
Development of strategies***

See Health 2020 (1), the Public Health Action Plan (2), the list of Essential Public health Operations (EPHO) (3), and other WHO Health 2020 related material. As ASPHER constitutes a European network of public health knowledge production, scrutinising and dissemination centres, it will of course sustain WHO's policy and strategy development.

**8. *Public health practice:
Organisation and financing***

Member states shall establish comprehensive public health systems at national, sub-national and local level with defined interaction routes between levels and collaborators and defined portfolios of tasks, professional public health staffing, career structures and competences profiles. The mission of the public health system shall be, at national, sub-national and local level:

- a. The identification, description and analysis of present and future challenges in population health – including the timely identification of high risk and target groups suitable for public health intervention – and health systems situation and development;
- b. The implementation of public health best practices – effectiveness, cost and ethical acceptability sustained by scientific public health evidence – to meet present and anticipated challenges in population health and health systems;
- c. The development and carrying out of practice- and goal-oriented public health applied scientific strategies, programmes and projects.

The public health system shall mainly be publicly financed to be able to fulfil its mission, i.e. member states shall make far larger investments in the future public health system than in their public health services and operations at present. Relevant functioning – including achievement of set targets – cannot be expected at the low level of costs spent for public health at present.

**9. *Public health education, research and practice:
Continued development of profiles of competences***

To support goal-oriented and cost-effective public health professionalization, the development by ASPHER of lists of core competences in public health education, research and practice shall be

continued and supported by institutionalisation/organisation at European level. The lists of competences:

- a. Shall be developed by estimated public health scientists and decision makers;
- b. Shall correspond to the handling of major challenges in population health and health systems and thus form the basis for the timely, cost-effective and ethically acceptable public health activity at European, national, sub-national and local level;
- c. Shall continue to be developed to cover general aspects of public health in Europe – including, as is the case for the present edition of ASPHER's lists of competences, the Essential Public Health Operations – and also more detailed aspects of public health, e.g. country- and time-specific competences; competences in health promotion, health protection and disease prevention; competences in more specific research methodologies; etc.;
- d. Shall be continuously tested in workshops considering how to meet challenges in population health and health systems, involving representatives of schools of public health and public health professionals working in the public health system at national, sub-national and local level; such workshops shall be organised at a regular, geographically covering basis in all member states;
- e. Shall form the basis for testing of:
 - i. Competences in students of public health; testing will happen at national level and also based on institutionalisation/organisation at European level, supporting mobility of graduates across borders;
 - ii. Competences in educational programmes, as accepted for accreditation;
 - iii. Competences in public health institutions and systems, whether regional, national, sub-national or local.

Member states shall develop licensing systems for public health professionals, based on recommendations as concerns competences, from international public health organisations like ASPHER and EUPHA.

10. *Public health education, research and practice: Mutual interaction between components*

To sustain public health development by the timely and cost-effective:

- a. Implementation of interventions;
- b. Production of sufficient numbers of adequately trained public health professionals;
- c. Production of relevant applied research results – member states shall ensure the interaction between public health (1) education, (2) research and (3) practice. Tools to enhance such interaction are:
 - i. The organisation of meetings, at regular intervals and at national, sub-national and local levels, between representatives of schools of public health and representatives of the public health system, for the discussion of current public health challenges (population health; health system), for analysing necessary interventions and the competences (as outlined), the staffing, surveillance and monitoring, and other resources needed to intervene; for follow-up, evaluation and concluding on interventions and strategies decided and possibly implemented previously; for adjustment of systems and their functioning; for knowledge-brokering;

- ii. Ensuring practical components in educational curricula, in terms of:
 - The students having trainee work as part of their education;
 - Public health workforce participating in delivering educational programmes;
 - Establishing positions at schools of public health combining public health research, teaching and practice.
- iii. Sustaining the development of collaborative public health applied research programmes including partnerships between school of public health departments and public health institutions, as represented by researcher-researcher collaboration or researcher-management institutional collaboration.

11. Public health education, research and practice:

Tools

Member states shall ensure the existence of population registers and surveillance and monitoring systems, of adequate quality, sufficient for the development of public health policies and strategies, i.e. for the completion of situation analysis as concerns population health and health systems; development of targets and selection of target groups; choice of intervention; implementation; follow-up. Applying modern statistical modelling, population registers shall be used for forecasting various outcomes in alternative strategic approaches at national, sub-national and local level. Tools should be continuously developed for improvement of the precision of population health needs assessment, capacity estimation, performance evaluation and health impact assessment at European, national, sub-national and local level, and to ensure the effective interaction between these levels.

12. Public health education, research and practice:

Monitoring progress

Member states shall develop strategies for, and annually monitor, the mutual and interacting development of the main components mentioned – public health education, research and practice and systems building. Like other strategies, this strategy shall also have concrete indicators of progress.

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