



PUBLIC HEALTH DIPLOMACY: What are we doing in Europe to train our public health professionals?

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After more than two centuries of acknowledging the importance of what is now commonly accepted as central in the role of public health, we still lack in Europe a truly shared, operational definition of the public health professional. However, we want them to no longer be just experts in their traditional fields, we expect them to increasingly become negotiators, leaders, and diplomats. To achieve this, we must consider a strong credentialing move while investing in training, leadership, and networks. We need to move towards integrating public health and diplomacy skills, in order to build a new generation of professionals capable of responding to today's challenges.

Europe is facing a severe crisis in its public health workforce. This crisis is often viewed from a narrow perspective—focused mainly on the quantitative shortage of professionals in the face of growing demand, difficulties in recruitment and retention, and persistent geographical imbalances. But the challenge is beyond mere numbers. It is about skills, preparedness, and relevance.

ASPHER is leading a major strategic response. It developed a roadmap to strengthen and standardize training across the region that includes a strong emphasis on continuous professional development, the integration of digital health and diplomatic competencies, a greater focus on emergencies and war contexts, and efforts to address the long-standing absence of professional credentialing in public health. Is this enough to get where we want to go? For long we have known that health challenges do not stop at borders and have

recognized that responding to crises requires coordination that goes far beyond the local—and even the national—level. In this context, public health has evolved. It is no longer confined to surveillance, prevention, or healthcare delivery. It now operates at the intersection of science, policy, and international relations. This is what we usually call public health diplomacy: it is about negotiating health in a complex global landscape. It means aligning countries, institutions, and sectors around common goals—often under conditions of uncertainty, urgency, and political pressure.

European public health seems to understand that strong systems require well-prepared people. So, what are we doing to train these professionals? First, we are investing in European-level programs that expose trainees to policy-making and international collaboration. Different European initiatives that aim to combine mentorship, networking, and hands-on experience with real policy processes, help to shape a new generation of experts. But technical skills alone are not enough. We need to invest in the so-called “soft skills”—which are, in reality, core skills. Communication, negotiation, and decision-making in complex environments are essential for effective public health action today and demand an accurate ability of leadership.

At the academic level, the *raison d’être* of ASPHER, we need to promote creative and stronger networks of schools that match interests and complement diversity, working to harmonize education and modernize curricula. The aim is clear: to ensure that professionals are not only technically competent, but also capable of navigating policy, governance, and international cooperation, speaking the common language of population health. Training is gradually becoming more practical and experience-based; mobility and exchange across countries are increasing; interdisciplinary learning is being prioritized; and there is a stronger focus on networking—because in diplomacy, connections matter. However, access to these opportunities is still unequal across countries and institutions with many traditional training programs not yet fully integrating diplomacy and leadership skills.

Challenges thus remain: we need to know ourselves better, engage in periodical surveys to address trends, barriers and best practices. The direction is clear: to move European public health towards a model where professionals are equipped not only to analyze data, but to

influence decisions... not only to respond to crises, but to prevent them through collaboration... and not only to work within systems, but to connect systems across borders.

If we are committed to guarantee the human right to health and strengthen health security, this transformation must move from the global—often distant—level back to the regional and local levels. Public health diplomacy should not be confined to international organizations or high-level negotiations. It should happen wherever professionals bring people together, build partnerships, and advocate for better health outcomes. In this sense, the future of public health and in particular public health diplomacy also depends on strengthening local capacity to understand risks, negotiate solutions, and act collectively.

After more than a century of international health diplomacy focused on global threats, perhaps it is time to rebalance the system—emphasizing bottom up, not only top-down approaches and decisions. Because relying exclusively on high-level multilateral arrangements—however important they are—can also reinforce inequalities and limit responsiveness. What we need is a more dynamic system. One that develops and rehearses responses to emerging threats through simulation, negotiation, and co-creation. One that strengthens health security while making space for civil society and non-state actors. And one that recognizes that effective public health diplomacy begins not only in global arenas—but also in communities.