21st CENTURY HEALTH CHALLENGES Can the essential public health functions make a difference?

Discussion Paper





21st century health challenges: can the essential public health functions make a difference?

ISBN 978-92-4-003892-9 (electronic version)

ISBN 978-92-4-003893-6 (print version)

© World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).

Suggested citation. 21st century health challenges: can the essential public health functions make a difference? Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see https://www.who.int/copyright.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover photo: credit © 2017 Magali Rochat/VectorWorks, Courtesy of Photoshare

Contents

Acknowledgements	v
Acronyms	vi
Glossary	vii
Executive summary	xi
1. Background	1
1.1. Objectives	2
1.2. Target audience	2
2. The concept of essential public health functions	3
2.1 Public health and the essential public health functions	3
2.2 Fundamental understandings of the essential public health functions	4
2.3 A common list of essential public health functions	4
2.4 The essential public health functions and primary health care	7
2.5 Linkages between the essential public health functions and other key relevant global health concepts	8
2.5.1 The essential public health functions and the Sustainable Development Goals	8
2.5.2 The essential public health functions and health security agendas	8
2.5.3 The essential public health functions and typical health systems strengthening interventions	9
2.5.4 The essential public health functions and common goods for health	9
2.5.5 The essential public health functions and disease-specific and life-course-specific programmes	9
3. Essential public health functions in health systems strengthening?	10
3.1 Overview of essential public health functions in health systems strengthening	10
3.2 What is an essential public health functions lens?	11
3.3 Value of the essential public health functions lens in health systems strengthening	12
3.3.1 Advocacy for prioritizing public health	12
3.3.2 Recognition of public health in a holistic and integrated view	12
3.3.3 Alignment of agendas and interventions for public health goals	12
3.3.4 Improvement in multisectoral collaboration	13
3.3.5 Recognition of public health services in service delivery	13
3.3.6 Recognition of public health workforce	13
3.4 Key enablers for operationalizing the essential public health functions	13

3.4.1 Political commitment to public health agendas	14
3.4.2 Institutional arrangements to lead and coordinate the essential public health functions	14
3.4.3 Population needs assessment and risk profiling	14
3.4.4 Multisectoral accountability for public health goals	14
3.4.5 Assessment of provision of the essential public health functions	15
3.4.6 Workforce to deliver the essential public health functions	15
4. Stakeholders participation in advancing the EPHF agenda	16
4.1 National governments	16
4.2 Global actors	16
5. Conclusion	17
References	18
Annex 1. WHO resolutions on the essential public health functions	
Annex 2. Health care and public health services	
Annex 3. Commonalities and differences in lists of essential public health functions by different authorities	
Annex 4. A comprehensive list of public health functions and description of the functions	
Annex 5. Overlapping areas between the common list of essential public health functions and other key global health concepts	

Acknowledgements

The discussion paper is developed by Yu Zhang and Geraldine McDarby, under the supervision and coordination by Sohel Saikat. Matthew Neilson, Redda Seifeldin, Saqif Mustafa and Zandile Zibwowa provided valuable inputs throughout the whole development process. This paper is built on a previous WHO publication *Essential public health function, health systems and health security: developing conceptual clarity and a WHO roadmap for action,* developed by Jose M. Martin-Moreno and Meggan Harris, also supervised by Sohel Saikat.

Sincere appreciation goes to these colleagues from the WHO headquarters and regional offices for helpful discussions, their support, review and constructive feedbacks: Hala Abou Taleb, Ali Ardalan, Natasha Azzopardi-Muscat, Sepideh Bagheri Nejad, Shannon Barkley, Ernesto Bascolo, Marie-Charlotte Bouesseau, James Campbell, Suraya Dalil, Amalia del Riego, Khassoum Diallo, Rudi Eggers, James Fitzgerald, Melitta Jakab, Humphrey Karamagi, Rania Kawar, Erin Kenney, Ruediger Krech, Teena Kunjumen, Joseph Kutzin, Awad Mataria, Anna Cichowska Myrup, Tapas Nair, Asiya Odugleh-Kolev, Betina Petry Nectoux, Denis Porignon, Nina Putnis, Anna Ray, Gerard Schmets, Susan Sparkes, Shams Syed, and Pascal Zurn.

The findings of this discussion paper were discussed in a Santé publique France webinar on "21st century health system challenges in the context of the COVID-19 pandemic: can the essential public health functions make a difference in public health at country level?" with International Association of National Public Health Institutes (IANPHI) leaderships and authorities of public health in France. Similar discussion was also held with Robert Koch Institute (RKI) and Norwegian Institute of Public Health (NIPH) in a meeting on the essential public health functions and the development of a code of practice for the national public health institutes (NPHIs). WHO sincerely acknowledges their input and continuing request for WHO's role in promoting public health in global to regional and country level health systems strengthening works.

Special thanks also go to colleagues from the WHO headquarters Deputy Director-General's office, Universal Health Coverage and Life course (UHL) Executive Director's office, and Integrated Health Services (IHS) Department management team.

Acronyms

AMR	antimicrobial resistance
COVID-19	coronavirus disease
EPHF	essential public health function
EPHO	essential public health operation
EPHS	essential public health service
FCV	fragile, conflict-affected and vulnerable
GPW 13	WHO's Thirteenth General Programme of Work, 2019–2023
IANPHI	International Association of National Public Health Institutes
IHR (2005)	International Health Regulations (2005)
M&E	monitoring and evaluation
NPHI	national public health institute
PHC	Primary Health Care
SDG	Sustainable Development Goal
UHC	universal health coverage
WFPHA	World Federation of Public Health Associations
WHO	World Health Organization

Glossary

The use of terms in this paper follows the description defined in this section. It is acknowledged that there are usually no widely agreed definitions of these terms and no unified way of applying them in the public health remit. The descriptions below are adapted from various sources, which are listed following each term. The definition of other terms can be found in the WHO publication Essential public health functions, health systems and health security – developing conceptual clarity and a WHO roadmap for action (1).

Clinical care

Clinical care refers to efforts to examine, maintain and restore patients' physical and mental well-being. Clinical care usually involves, among other elements, examination, medical treatment and palliative care. Clinical care is usually provided in health facilities by professionals.

Community health worker

Community health workers are persons who provide health and medical care for members of their local community, often in partnership with health professionals; alternatively known as village health worker, community health aide or promoter, health educator, lay health adviser, expert patient, community volunteer or some other term (2).

Essential public health functions

Essential public health functions are usually seen as a list of minimum requirements for countries to ensure public health.

Health

Health refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (3).

Health inequities

Health inequities refer to systematic and avoidable differences in health outcomes between population groups.

Health services

Health services refer to activities – any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people (4).

Health system

The health system comprises all the organizations, institutions, people, resources and actions whose primary purpose is to improve, restore or maintain health. The goals of a health system are improving health and health equity in ways that are responsive, financially fair and make the best or most efficient use of available resources. Six health system building blocks together constitute a complete health system – health service delivery; health workforce; health information; medical technologies; health financing; leadership and governance (5, 6, 7, 8).

Health systems strengthening

Health systems strengthening refers to (i) the process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges; and (ii) any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality or efficiency. Health systems strengthening interventions refer to the activities improving six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes (4, 8).

Health workforce

Health workforce refers to all people engaged in actions whose primary intent is to enhance health. Health workforce includes those front-line health professionals who provide health services (such as doctors, nurses, physicians, midwives, pharmacists, lay health workers and community health workers) and those who support the health services (such as hospital managers, ambulance drivers and allied health professionals) (9, 10, 11).

Integrated health services

Integrated health services refer to the management and delivery of health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services through the different functions, activities and sites of care within the health system (2).

Personal health services/Individual-based health services

Personal health services refer to health services targeted at the individual. These include, among others, promotion of individual health, timely disease prevention, diagnosis and treatment, rehabilitation, palliative care, acute care and long-term care services (4).

Population health

Population health refers to health outcomes distributed within a defined group of individuals.

Population health services/population-based health services

Population health services refer to health services targeted at the population as a whole with the aim to improve health and well-being on a large scale (2).

Public health

预览已结束, 完整报告链接和二维码如下:



https://www.yunbaogao.cn/report/index/report?reportId=5 23369