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Advancing public health for sustainable development in the WHO European Region

How does public health contribute to sustainable development and better health and well-being for all in the WHO European Region? This document makes the case for investing in public health, highlighting how it involves the whole of society and the whole of government, promotes a human-rights and people-centred approach and addresses inequalities in health outcomes. The document considers longstanding and emerging challenges for public health, including population ageing, migration, infectious and noncommunicable diseases, the environment and climate change, increasing risks of misinformation and chronic underinvestment. It reviews new insights, including on the linkages between public health and the Sustainable Development Goals, legal and regulatory instruments and institutional arrangements for responding to the challenges identified, including the cultural and commercial determinants of health. It also takes stock of comprehensive approaches, such as planetary health and promoting a culture of health. Finally, it sets out a 10-point priority action plan, including actions such as upgrading the public health workforce and making health systems environmentally sustainable.

The background for this action plan is provided in a longer document on advancing public health for sustainable development in the European Region (available at: http://www.euro.who.int/__data/assets/pdf_file/0004/380218/public-health-paper-eng.pdf?ua=1). This formed the basis for an online consultation with Member States and stakeholders, which was carried out between May and July 2018. In addition, the background document was reviewed by an advisory group of independent experts, who participated in a meeting held in Copenhagen, Denmark, in June 2018. The experts recommended that a succinct, policy-maker-oriented document be extracted from the longer one to accompany a draft resolution proposing urgent actions to be undertaken by Member States and the WHO Secretariat to advance the public health agenda for sustainable development in the European Region.

The present document is submitted for discussion at the 68th session of the WHO Regional Committee for Europe, together with a draft resolution.

Contents

Public health is the leading contributor to health and well-being in the WHO European Region and a major contributor to sustainable development	3
Emerging challenges to public health	4
Pressure on government spending from population ageing.....	4
The need to curb the epidemic of NCDs.....	4
The (re-)emergence of communicable diseases.....	5
Increasing migration between and within countries	5
The spread of misinformation about health interventions on social media	5
Increasing risks of health emergencies, in part from climate change.....	5
Chronic underinvestment in public health.....	6
New opportunities for public health.....	6
Better understanding of the benefits of acting early and acting upstream.....	6
Creating “cultures of health and well-being”	6
Engaging planetary health to ensure survival of the human species	7
Managing commercial interests through good governance	7
Providing political leadership and developing strong governance mechanisms across all levels of government	8
Developing intersectoral mechanisms for public health.....	8
Ensuring public health representation at all levels of government.....	8
Making health systems environmentally sustainable.....	8
Investing in public health can be cost effective and save costs	8
Developing public health and a fit-for-purpose public health workforce.....	9
10-point priority action plan.....	9

Public health is the leading contributor to health and well-being in the WHO European Region and a major contributor to sustainable development

1. This document makes the case for investing in public health, highlighting how it involves the whole of society and the whole of government, promotes a human-rights and people-centred approach and addresses inequalities in health outcomes. Good health starts in the communities and environments in which people live, grow, study, work and play. Where and how people live is one of the most powerful determinants of health.
2. Historically, public health has been the biggest driver of improved health in Europe. Examples include the introduction of better systems for safe drinking water, sanitation and hygiene; life-saving policies such as speed limits and road safety belts; actions to lessen the impact of heat-waves, and to reduce outdoor air pollution and exposure to dangerous chemicals and tobacco smoke; vaccinations to curb the spread of infectious diseases; and screening programmes to prevent mortality from certain cancers. The combination of these actions, undertaken by different actors during the 19th and 20th centuries, has boosted people's life expectancy by over 30 years in Europe, as well as bringing improvements to their quality of life.
3. The job is not yet done. Today, public health faces immense challenges, including emerging infectious diseases and climate-change-related threats; population ageing placing pressure on health systems, notably through an increase in noncommunicable diseases (NCDs); the re-emergence of communicable diseases; health emergencies; and powerful commercial and other interests that may seek to block effective interventions against risk factors, such as tobacco smoking and consumption of unhealthy food.
4. New opportunities are on the horizon too, arising from greater awareness of the links between population health and sustainable development, understanding of the multisectoral policies that shape health, and appreciation of the economic value of prevention and early "upstream" action. Investing in public health not only benefits health and health systems goals, such as universal health coverage, but is also crucial for achieving all of the Sustainable Development Goals (SDGs).
5. Political leadership, good governance and adequate resources are vital if the European Region is to respond to the challenges and seize the opportunities that result from investing in public health. Actions that produce gains in public health are led and enacted by different government sectors, including and going beyond health, as well as by other actors within societies and communities. This is central to promoting a human-rights and people-centred approach, as well as to responding to unfair social and health-outcome inequalities.
6. This document outlines the benefits of increased investment in public health for achieving health, wealth and the SDGs, as foreseen in WHO's Thirteenth General Programme of Work 2019–2023, and the urgent steps to be taken to reap these benefits.
7. It shows that public health can provide an overarching and unifying platform for increasing policy coherence and ensuring a more consistent approach by Member States in the implementation of the SDGs, Health 2020, the European health policy for health and well-being, and the roadmap to implement the 2030 Agenda for Sustainable Development. It also builds on the European Action Plan for the Strengthening of Public Health Capacities and

Services 2012–2020, and takes into account the numerous United Nations multilateral agreements with relevance for public health.¹

Emerging challenges to public health

8. The European Region faces a series of health challenges – some that develop slowly, such as population ageing, and others that are difficult to predict but occur rapidly and acutely, such as health emergencies.

9. Public health provides the means for engaging all of society to respond to these challenges. It is a societal function, which can be defined as “the art and science of preventing disease, prolonging life and promoting human health through the organized efforts of society”.

10. A few of the highest priorities demanding an effective public health response in the coming years are highlighted below.

11. Failing to act would be costly. The Organisation for Economic Co-operation and Development predicts that, according to current trends, and if nothing is done, the cost of health care will double by 2050. Yet the evidence shows that a wide range of preventive approaches are cost-effective in both the short and the longer term. These include interventions that address the environmental and social determinants of health, build the resilience of individuals, communities and society, and promote healthy behaviours, as well as vaccination and screening. In addition, investing in public health and generating cost-effective health outcomes can contribute to wider sustainability, with economic, social and environmental benefits.

Pressure on government spending from population ageing

12. The population of the Region is ageing, and by 2050 more than 25% will be over the age of 65 years. This creates an increasing degree of “old-age dependency” in the population. As a result, the working population will have to generate more revenue to provide support and health care for the growing number of older people. This is already creating budgetary and political problems. All nations face these challenges and will struggle to structure and deliver long-term care for ageing populations effectively.

The need to curb the epidemic of NCDs

13. In Europe more than nine out of 10 people will die from NCDs. This marks a major shift from previous years, when infectious diseases were more prominent. Just four major NCDs (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) account for two thirds of all premature deaths (at ages 30–69 years) in the European Region.

14. Chronic diseases require active prevention to reduce incidence, and management to prevent further degeneration in those already suffering from these conditions. This includes

¹ A non-exhaustive list of United Nations landmark agreements includes the Sendai Framework for Disaster Risk Reduction, the Framework Convention on Climate Change and its Paris Agreement, the World Humanitarian Summit 2016, the New Urban Agenda and many other multilateral environmental agreements.

primary prevention of their root causes and understanding of the links to their genetic, environmental and social determinants. For example, WHO estimates that 8.2 million deaths due to NCDs per year globally are caused by exposure to environmental risk factors, such as air pollution and hazardous chemicals. Reducing exposure to environmental risk factors should therefore be an integral component of strategies addressing NCDs. The rising tide of chronic diseases, which often require lifelong care, places further pressure on health-care systems.

The (re-)emergence of communicable diseases

15. The re-emergence of infectious diseases such as tuberculosis, and the risks arising from growing antimicrobial resistance and responses to recent outbreaks of diseases, such as severe acute respiratory syndrome in South-East Asia and Ebola in West Africa, have underlined the need to preserve and strengthen public health capacity to respond to these challenges. Public health services in many countries in the European Region need to upgrade their capacity for emergency preparedness and response.

Increasing migration between and within countries

16. At the end of 2017, 78 million international migrants were estimated to be living in the European Region, accounting for nearly 8% of the total population. Against a background of high unemployment levels experienced by some European countries and pressures on government spending, concerns and perceptions have developed that may place the blame on migrants for the spread of diseases and rising welfare spending in some nations. However, despite the common perception of an association between migration and the importation of infectious diseases, there is no systematic evidence of this. Moreover, the disproportionate incidence of some communicable diseases among migrants is mainly the result of the poor hygienic and working conditions in which many migrants are obliged to live in the Region. These misconceptions can create political cleavages within populations, making universal public health policies more difficult to achieve.

The spread of misinformation about health interventions on social media

17. Misinformation about public health spreads like a virus on social media. False information about vaccines and the risks of autism, for example, have led directly to declining levels of measles vaccination and re-emerging outbreaks in the Region. The response to these worrying trends requires a multifaceted social and political strategy. New training and tools may help, including upgrading the social media capacity of the public health workforce.

Increasing risks of health emergencies, in part from climate change

18. Health emergencies are rare in any one country and may arise from a variety of causes. However, across the entirety of the European Region they occur every few years. Recent examples range from wildfires in Greece to devastating earthquakes in Italy. Whether due to disease outbreaks, natural disasters, conflicts or the effects of climate change, these pose serious threats to population health and well-being, as well as international and national security risks, and require resilience, preparedness and response capacities across several government sectors.

Chronic underinvestment in public health

19. Public health tends to be neglected in the Region. It is estimated that, on average, for each euro spent on health, less than €0.03 is allocated to prevention. The figure differs across countries, ranging from €0.006 to €0.08, reflecting the variety of choices political leaders make. There are many reasons for this low priority accorded to public health preventive activities. An important one is that prevention is a “non-event”: silent and often hidden from the public’s view. Public health prevention, when successful, operates behind the scenes, stopping the spread of disease before it starts.

20. In a climate of pressure on government spending, public health has been a “soft target” for budgetary reductions across the Region. In the most extreme case, reductions have totalled as much as 50% of public health budgets, and many nations have experienced substantial reductions in public health investment.

New opportunities for public health

21. Over the past 20 years, many new conceptual frameworks have been developed in the public health arena. Science has increased our understanding of the ways in which human health is affected by genetic, epigenetic and intrauterine legacies, environmental exposures, family and social relationships, behaviours, political and cultural contexts, social norms and opportunities, gender roles and health system interventions, which all operate throughout the life course and are carried into future generations. In turn, these factors are shaped or modified by policies, environments, opportunities and norms created by society.

Better understanding of the benefits of acting early and acting upstream

22. Public health is not a “silver bullet” for health and well-being; it is organized societal action for preventing disease, prolonging life and promoting human health throughout society. Effective public health engages partners working in a variety of sectors, such as education, urban planning, agriculture, transport, energy and welfare.

23. Actions undertaken by health systems are estimated to contribute to about 30% of the health of a given population. To maximize their population health benefits, there is a need to orient health systems better towards early detection and prevention of illness and health promotion, through integrated and people-centred primary and community care, which follows a life-course approach and aims to reach the most vulnerable and deprived groups of the population. Achieving universal health coverage, addressing health emergencies and promoting healthier populations are core functions of health systems, but these require action in partnership and coordination with other sectors.

Creating “cultures of health and well-being”

24. It is now possible to place new emphasis on measuring health and well-being instead of merely focusing on the measurement of death, disease and disability. This new public health perspective aspires to promote a “culture of health and well-being” in which healthy behaviours are the norm, supported by the institutional, social and physical environment. Here “opportunities to be healthy and stay healthy are valued and accessible to everyone across the

entire society”. This perspective acknowledges the value-driven nature of, for instance, health equity and the complex cultural contexts that often enhance and sometimes interfere with efforts to improve public health – such as the low value placed on education in some contemporary societies.

Engaging planetary health to ensure survival of the human species

25. New perspectives have also emerged in the process of defining the root causes of health and ill health along with the concepts of planetary and ecological public health. For several decades research has been revealing a much more subtle and complex contribution from environments to many contemporary health and well-being challenges (such as obesity, diminished mental health and well-being, NCDs and, of course, inequality). An important new realization is that environments can be salutogenic and health-enhancing as well as pathogenic.

26. The health sector can play a leading role by recognizing and advocating policies and interventions that promote health while delivering additional societal and environmental benefits. Examples include urban policies that result in compact and mixed land use or that promote cycling and walking in combination with public transport. In turn, such policies may support more physically active lifestyles, while at the same time reducing emissions of greenhouse gases, air pollutants, noise and congestion, and resulting overall in improved quality of urban life, and increased competitiveness and attraction of investments.

Managing commercial interests through good governance

27. Much has been learned about the range of tactics multinational tobacco companies employ to undermine effective public health interventions. Similar evidence has emerged from the agro-chemical, food and alcohol industries. A struggle ensues when these powerful commercial interests, supported by lobbying and political connections, are pitted against public health.

28. There are new opportunities to learn from robust models for aligning vested interests with shared public health goals. Instruments such as legislation and codes of conduct can be effective tools to explicitly regulate vested interests and transparently address conflicts of interest. At the international level, Article 5.3 of the WHO Framework Convention on Tobacco Control is a major example of preventing undue influence of groups with commercial interests. Lessons from these successes could be spread to many countries in the European Region that have yet to take advantage fully of good governance practices for addressing vested interests.

29. To achieve these benefits, several action points can be considered by governments – across different levels and sectoral domains – including, for instance, obtaining more information on the cost–benefit ratio for countries of active policies addressing alcohol or sugar consumption.

Providing political leadership and developing strong governance mechanisms across all levels of government

Developing intersectoral mechanisms for public health

30. A governmental intersectoral committee on health bolted onto SDG-related development work at the level of head of government (e.g. presidential or prime ministerial level) would help to strengthen coherent national public health strategies and policies. One option is to establish a council for sustainable development to serve as an advisory body to the government. This would consist of representatives of all ministries, legislative bodies, municipalities, nongovernmental organizations, trade unions, academia, industry, agriculture and research institutions.

Ensuring public health representation at all levels of government

31. To ensure that public health thinking is represented in policy-making, it is important for it to have a seat at the table. Many countries in the European Region have an opportunity to develop high-level public health representation within the ministry of health – for example, by creating a deputy minister of health or chief medical officer role. Since many important decisions are also made at local levels, this high-level representation should be complemented by a public health voice at subnational levels. As each country has a different starting-point, it may be helpful to perform a review of existing institutional frameworks and capacity to guide this process.

Making health systems environmentally sustainable

32. Change starts from within. The health sector can play a leading role by “walking the talk” on becoming environmentally sustainable, particularly by contributing to efforts to mitigate the effects of climate change.

33. A starting-point would be to monitor the fossil fuel consumption of hospitals, which are often situated in city centres. The energy and resource inefficiencies of health care facilities contribute to climate change as well as respiratory and other illnesses. Procurement, resource use, wastewater treatment (notably with regard to discharges of endocrine disruptors), excessive use of antimicrobials, management of health care facilities’ waste, transportation and other policies and practices contribute to the health sector’s significant climate footprint.

34. “Greening” the health sector and moving towards carbon neutrality are steps towards leading by example. They show a path forward in response to climate change and environmental threats, enabling the health sector to play a leadership role in advocating a healthy and sustainable future.

Investing in public health can be cost effective and save costs

35. Many public health interventions are highly cost-effective in their own right and/or can save costs. Some are delivered within the health system, while others are delivered in partnership with other sectors or actors. For example, preventive approaches are responsible for between 50% and 75% of recent reductions in cardiovascular mortality in high-income

countries and 78% globally. Meanwhile, in 2016 the cost of physical inactivity globally was estimated at US\$ 67.5 billion in health care expenditure and lost productivity.

36. Cost-effective preventive approaches can contribute to improvements in health outcomes at a lower and more sustainable cost, while supporting universal health coverage and mitigating the environmental footprint of health care. For example, a new WHO global report on returns on investment from financing NCD prevention estimates that every US dollar invested in the WHO “best buys” for NCDs (the most cost-effective interventions) will yield a return of at least US\$ 7 by 2030, and that implementing the WHO “best buys” could generate US\$ 350 billion in economic growth between now and 2030.

37. Similar findings are available at the country level, indicating for example that economic losses from NCDs are equivalent to 3.9% of gross domestic product in Kyrgyzstan and 5.4% in Belarus. In the United Kingdom, a highly cost-effective intervention is the screening programme for older women at high risk of hip fractures, as it suggests a cost per quality-adjusted life year (QALY) gained of US\$ 4111. A return-on-investment analysis of a cost-saving initiative in Italy suggests that universal hepatitis B vaccination would return US\$ 2.78 for every US dollar invested from the health system, with the programme breaking even within 20 years.

Developing public health and a fit-for-purpose public health workforce

38. Public health should be developed and extended to include both education and practice; for example, by establishing an institute of public health, school(s) of public health, university departments of public health in medical schools and similar. Accredited masters’ programmes for public health specialists should be established to ensure inputs to public health from other health professionals and other actors in society.

39. Public health problems are characterized by complexity, ambiguity and uncertainty. Some, such as obesity, have been characterized as “wicked” problems. In response, public health practitioners need to possess, in addition to robust modern public health knowledge, the ability to work in complex political and social environments and to understand and be able to respond to complexity using systems approaches.

40. Public health practitioners also need strong interpersonal and communication skills, the ability to engage all relevant actors (including communities, nongovernmental organizations and social enterprises, for instance) and sectors other than health in the design and execution of public health services and actions. Skills such as relationship-building, influencing and negotiating will be important, although they are often the hardest to acquire and deploy effectively. Leadership will need to be not only individual or positional but also institutional, distributed, engaged, collective, community-centred, place-based and collaborative, within supportive national and international networks.

10-point priority action plan

41. Countries may wish to review their public health governance, infrastructures, capacities and services in the light of the concepts and directions for action highlighted in this document, taking into account the national context.

42. Urgent actions to be considered by Member States include the following 10 points.
- 1) Establish clear leadership and accountability for public health at the political level, with the engagement of the head of government (e.g. president or prime minister) and with parliamentary legitimacy. This should aim to develop strong, well-resourced and fit-for-purpose public-health frameworks, supported by clear institutional bases and adequate human resources and capacities.
 - 2) Ensure coherence across national public health strategies and policies, and their alignment with national policies for sustainable development and achievement of the SDGs. This should address the determinants of health across all policy sectors, and aim to reduce inequalities in health, particularly in vulnerable groups, following gender-sensitive and participatory approaches.
 - 3) Review the institutional frameworks for public health action and provide the necessary resources to strengthen the capacity of public health actors, both within health systems and across other relevant sectors.
 - 4) Establish or strengthen effective intersectoral mechanisms for addressing all health determinants – particularly the environmental, social, economic, cultural, commercial and behavioural determinants – across policy sectors. This should include local multisectoral collaboration; for example, at city or community levels. In urban areas, this means making cities more liveable and health-promoting, including by providing safe and clean public transport, opportunities for active mobility and good building regulation, as well as accessible and high-quality green and blue spaces.
 - 5) Engage effectively with all relevant sectors, civil society, local actors and stakeholders, including – where appropriate – the general public and private sector, and empower communities to take effective action to protect and promote health. This requires affirming the supremacy of public interest when engaging with the private sector, addressing potential conflicts of interest.
 - 6) Step up investments in effective public health interventions, addressing inefficiencies and increasing the value achieved for the money invested. This should include using financial instruments to correct distortions in the market and to promote and protect health, such as through fiscal incentives that promote health and disincentives that prevent or reduce health risks, such as taxes and subsidies on consumer products.
 - 7) Support and strengthen institutional capacities for the generation of evidence, health data, information, tools and methods to support evidence-informed policy-making and decision-making, implementation of policies and monitoring of results. This entails putting in place a transparent accountability system for measuring efficiency and effectiveness of actions and progress through relevant indicators. It also requires prioritizing public-health policies for which strong scientific and practical evidence of cost-effectiveness exists. Examples include environmental protection; imposing restrictions on the marketing of tobacco, unhealthy food and drink products; urban planning; and improvements to the environmental sustainability of health systems.
 - 8) Develop a new fit-for-purpose public health workforce, within and beyond health systems, by investing in training and continuous development of human resources. This should result in the strengthening of capacities in areas such as policy,

political and strategic analysis, capacity to undertake health and health equity impact assessment, political astuteness and influencing and negotiating skills.

- 9) Empower people to make healthy decisions for themselves and their families, by promoting knowledge, health literacy and social values, ensuring availability of resources through social and welfare provision and providing physical, societal and commercial environments that facilitate healthy choices.
- 10) Work in collaboration with international, intergovernmental and nongovernmental organizations, including United Nations agencies, user associations, family associations and professional associations, to support the implementation of these action points. This includes strengthening the use of existing regulations and policy frameworks, at both the national and international levels. Examples include the WHO Framework Convention on Tobacco Control and the many multilateral environmental agreements, such as relevant United Nations Conventions, to which most WHO Member States are party.

43. WHO stands ready to support Member States' efforts in this regard by providing leadership, supporting advocacy efforts and offering technical advice and support at the national and subnational levels as needed, including by developing tools and guidance; producing evidence and facilitating exchanges of knowledge, experiences and good practices; and working in partnership with United Nations agencies and other organizations and relevant stakeholders.

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