

United action for better health in Europe Draft European Programme of Work, 2020–2025

EPHA statement

Introduction

The WHO Europe actions should aim to cover the widest possible range of people on the territory of the regions, actions shall include everyone and not only citizens of the member states.

Non-State actors in the wide public health narrative represent a tremendous added value. Grassroot organisations, working on the ground and providing services which would not have been provided by other actors and which can reach populations at health risk should be acknowledged. Those organisations need recognition, support and an inclusive approach from health policy decision makers.

National and European umbrella organisations are serving those grassroots organisations by collecting their voices and representing them to national level decision makers but also to regional organisations such as the European Union, the Organisation for Economic Cooperation and Development or WHO Europe. Those umbrella organisations are building bridges which are ideally two-ways bridges also allowing information and decision made at regional or national level to be translated to the local reality.

The three interconnected strategic priorities of the Thirteenth General Programme of Work (GPW 13) of WHO reflect the health need of people:

1. Moving towards universal health coverage;
2. Protecting people better against health emergencies; and
3. Ensuring healthy lives and well-being for all at all ages

In order to effectively implement those priorities into action, it is vital to stress from a public health perspective, the role of prevention and health promotion, to ensure appropriate health policy space both at national and regional level in the EU, and the public health friendly regulatory environment in other areas. Systematic health impact assessment of other national and regional policies in the EU is a useful tool to monitor progress. Assessing the impact of the most deprived and constantly aiming at health improvement together with decreased health inequalities is a must.

Leaving no one behind - EPHA welcomes the focus of the European Programme of Work (EPW) focus on tackling growing health inequalities across the European Region and the recognition that COVID-19 has exacerbated them and amplified the effects of social disinvestment. Providing a non-exhaustive list of the population groups most concerned may help to raise awareness and improve their potential for being actually included in relevant policies (in alphabetical order): children, drug users, homeless, LGBTQI+, minorities (including ethnic minorities and Roma), older people, especially those in need of supportive care, people living in poverty, prisoners, sex workers, undocumented migrants, women (especially pregnant women), etc.

Leadership and authority - WHO Europe shall continue to work in close collaboration with the EU which, apart from Health Commissioner Kyriakides, shall also include close collaboration with the Vice-President for Promoting the European Way of Life, Margaritis Schinas and other relevant Commissioners. Continuous dialogue is key to ensure good health governance and to implement a comprehensive public health approach according to “Health in All Policies” principles, involving relevant stakeholders at all levels (international, national, regional, subregional) including non-state actors. Strong leadership, transparency and inclusion are the prerequisites for rebuilding trust.

Regarding point 6, we would like to highlight the importance of transparency and independence, to ensure that commercial interests that go against the common interest of improving public health are limited and to ensure compliance with important texts such as Art. 5.3 of the WHO Framework Convention on Tobacco Control.

In addition to the seven points under this section, it could benefit from an explicit mention of the need to focus on the health workforce (which could also be integrated into point 7).

What the Regional Office will focus on: the three core priorities of the EPW

The draft EPW could be strengthened with an overarching theme: sufficient priority should be given to the far most relevant public health challenge of the WHO Europe region: the **Non-Communicable Disease epidemic. NCDs are the most significant cause of premature deaths, a large majority of which could be prevented.** Other public health challenges such as antimicrobial resistance, environmental risk factors including air pollution, communicable diseases - and not least COVID-19 itself - affect NCD patients most and indeed are also closely linked to NCDs. Many communicable diseases share the same nature of treatment due to improved therapies. Access to affordable medicines and care and the sustainability of healthcare systems are linked to the NCD epidemic. As NCDs are at the core focus of the wide EPHA membership, we would like to see action in that area and offer our expertise and ability to add value to WHO's work.

A reference to the wellbeing of the health workforce (regardless of whether they are working in public or privately funded parts of healthcare systems) could be added as part of point 10.

Core priority 1. Moving towards universal health coverage

EPHA welcomes this core priority and reiterates that more investment is needed to strengthen healthcare systems. Primary healthcare should include the entire spectrum from prevention to palliative care. The involvement of non-state actors could improve actual health outcomes in the implementation of the EPW. As a goal, UHC needs to be translated into concrete access policies at national level to ensure nobody is left behind. Non-State actors can offer precious help, especially to facilitate communication with hard-to-reach groups living in vulnerable situations. Sufficient capacity building and resource allocation would be helpful especially for the less well-funded health systems of the region to reduce inequalities and also contribute to prevent the brain drain of healthcare professionals.

Digitalisation can play an important role in moving towards UHC, which strongly depends on improving universal access to digital health in the European Region.

1. People centered services

Public health NSAs shall be considered as allies and partners in shaping policies and implementing decisions. For example, public health NSAs can offer their expertise, data, services and evidence they collect to better implement policies. Considering them as partners and inviting them to give meaningful input is crucial. Public health NSAs can also help to increase health prevention and promotion and improve the impact of primary prevention policies. Patients' groups should be more involved at early stages of clinical trials for example.

2. Financial protection

Health prevention and promotion expenditures should be considered as an investment: preventing later health costs. Appropriate financial allocations for primary health services as well as for the healthcare sector will be vital to prepare for future pandemics such as COVID-19.

3. Health Workforce

Sufficient support should be given for less resourced countries to tackle the migration of the health workforce, ultimately affecting the capacity of health systems.

The EPW should emphasise the importance of professional qualifications to empower the workforce (e.g. via improved status and pay), enable sustainable mobility and reduce shortages by upskilling and reorienting existing health workers towards people-centred care. Capacity should be built to design processes and train staff to enable effective communication in health emergencies, including countering mis- and disinformation.

The full range of health workers in contact with patients (public and privately funded) needs to be taken into account.

The “lessons learnt” assessment should include health worker dynamics during the COVID-19 pandemic, including the accelerated deployment of migrant health workers who were previously denied access to the health workforce in their countries of residence and the spontaneous “redistribution” of health workers between countries to ensure continuity of services. This could e.g. inform future WHO technical guidance on ensuring sustainable and ethical health workforce mobility in the European Region. The emotional and mental health strains of pandemic management and care should also not be overlooked.

4. Medicines and supplies

Medicines and medical supplies cannot help patients if people cannot afford them. A different model is needed to ensure a healthy market in medicines. The EPW can contribute to improving the current innovation model as urgent action is needed, for example in the area of antibiotics where innovation has not provided sufficient new antibiotics. Likewise, the EPW can facilitate dialogue to contribute more transparency in the area of clinical trials so that more generic medicines could reach the market, resulting in more affordable medicines.

On vaccination covering the whole population with targeted programmes to reach vulnerable populations, NSAs can give support to increase vaccine coverage.

Access to Personal Protective Equipment and life-saving supplies is an overriding public interest and they should be made available for those who are in need including social and care workers in health settings.

5. Governance

Point (a) could be clarified, e.g. by using a footnote, to clarify the types of models and mechanisms addressed.

Core priority 2. Protecting against health emergencies

EPHA welcomes this point, which would benefit from closer links to core priority 3: by lessening existing health vulnerabilities through prevention (e.g. through proven and effective tobacco control measures) and health promotion services and campaigns (encouraging healthy nutrition, regular exercise, quality sleep and relaxation, smoking cessation programmes, etc.), population health and well-being can be boosted proactively, which would mitigate the impacts of future pandemics and outbreaks of communicable diseases. The role of physical activity is crucial, boosting people's immunity and improving mental health and [NSAs actions in that area](#) could help implement the EPW.

Moreover, this priority could make reference to the need for ensuring continuity of care in terms of crisis, especially regarding countries' abilities to deliver crucial treatments and healthcare services, including screening programmes and prevention services. The abrupt closure and discontinuation of many healthcare services during the COVID-19 pandemic has had serious consequences for patients' health across Europe. Many patients were afraid to seek medical care or delayed consultations as they worried about contracting the coronavirus and/or overstressing limited health system capacities.

1. Expand the ongoing in-action review of the COVID-19 crisis into a formal critical lesson-learning review of the Region's response to this and other recent health emergencies,

Robust health prevention and promotion could improve the overall immunity and resilience of the population to be better protected against future health emergencies. Evaluating the wider impact of environmental determinants and the impact of [air pollution particularly on COVID-19](#) can offer valuable lessons.

2. Enhance country preparedness and response capacity

NSAs can and should be considered as partners in designing high-quality, adequately resourced and stress-tested preparedness plans as they have a unique perspective to offer. Likewise, involving NSAs in implementing such plans would also contribute to their efficiency and impact on the ground.

3. Regional preparedness and capacity to respond and production of public goods to manage crises

Mobilising partners in support can include NSAs.

Core priority 3. Promoting health and well-being

Overall, this priority could benefit from stronger language in support of prevention and health promotion services, not only in the context of tackling NCDs. Specific references could also be made to a number of particularly burdensome NCDs including cardiovascular, respiratory, diseases, cancer, diabetes, etc.

The detrimental role of commercial determinants of health should be explicitly recognised by the EPW which should be mobilised to allocate resources and actions to tackle them.

A reference could also be made to the prevalence and impact of other types of conditions that can lead to significant work absences and disability, such as musculoskeletal conditions, as well as those that often remain undetected (e.g. Peripheral Artery Disease), which would also benefit from early diagnosis and prevention.

Tackling communicable diseases including HIV/AIDS, TB, hepatitis, etc. should be another priority, especially in the context of improving the health of vulnerable groups and ensuring that no-one is left behind.

1. Local living environments that enable health and well-being

Recognising the role of air pollution is welcome. Further reference should be made to the role of reducing emissions helping both mitigating the negative effects of air pollution and reducing greenhouse gas emissions which could tackle the health impacts of the climate emergency.

Recognising the [healthcare costs of air pollution](#) is another way forward.

2. Safer, healthier and better lifestyles

Addressing 'healthy living environments' instead of 'lifestyle' in the language of the EPW would better describe the nature of the socio-physical environment which largely influences individual decisions.

The EPW can foster dialogue with country authorities to implement the WHO Health Governance for Health, mainstreaming health considerations in policies in other fields (transport, agriculture, social, fiscal, etc). Health impact assessments could be a useful tool towards more health governance and including NSAs in evaluating the health impacts of other policies could also bring additional policy benefits and improvements.

3. Safer health care

The EPW could contribute to reducing antibiotic resistance by facilitating the collection of good practices among the regions as well as allocating resources to country authorities to implement those examples in their national context. Involving NSAs in collecting good practices and implementing them would bring added value to the EPW.

4. Strategic intelligence on levels and inequalities of health and well-being

Sub-point (a) would benefit from highlighting the increased need for population-level research in support of public health policy.

More emphasis on the importance of early childhood development and the relevance of the early years for the health of the whole life should be stressed. NSAs working with children have insights they can share with national authorities.

5. Review well-established programmes, assessing their need for rejuvenation and improved efficiency through innovation in terms of digitalisation, technology and organisation

Regarding the proposed flagship initiatives it is important to mention that these are not only relevant in the context of individual core priorities, but they also play an important role in supporting the other core priorities. Grouping and presenting them separately would better reflect their horizontal nature.

Flagship Initiative 1. The Mental Health Coalition

EPHA welcomes this initiative which would benefit from highlighting more strongly the connection between mental and physical health.

Moreover, the links between mental health, social exclusion and commercial determinants of health and risk factors such as tobacco and alcohol consumption should be acknowledged. NSAs could offer to help authorities to move away from the institutionalised approach to deliver best services for people living with mental health conditions. Likewise, social connections could be facilitated by NSAs which also would help another public health benefit: moving away from a medicalised approach towards more social engagement with affected people.

Flagship Initiative 2. Empowering through Digital Health

EPHA welcomes this initiative and would like to highlight that empowerment can only be achieved if digital health literacy is drastically improved across the European Region, which will require a particularly strong effort among the most vulnerable populations who do not have access to online services and are not “digital natives”. Digital inclusion strategies must be developed to ensure that already excluded groups do not fall further behind. Moreover, ethical considerations related to privacy and data protection must be considered in the context of the increased use of data-driven smartphone applications and other solutions that rely on Artificial Intelligence and Big Data. the role of healthcare providers in managing digital health should be considered and digital health should not replace physical consultations and the societal and health effects of spending increased time online must also be considered.

Flagship Initiative 3. The Immunization 2030 agenda

Public health NSAs have a role to play to improve vaccination coverage by helping public authorities to reach and convince hard to reach groups about the benefits of vaccination. Public Health NSAs can also offer help via campaigns and their work to counter vaccine hesitancy.

Flagship Initiative 4. Healthier choices: incorporating behavioural insights

A shift of emphasis from ‘healthier choices: incorporating behavioural insights’ to ‘**Policies for healthy living environments**’ would better reflect the WHO ‘Best Buys’ and latest evidence about the impact of marketing and other commercial determinants of health. While enabling “healthier choices” is important, it is important to recognise that they depend on a number of complex factors and determinants, and that it is more effective to invest in evidence-based, population-level public health interventions rather than placing the responsibility on individuals to change their [behaviours](#). Reference could also be made to supporting governments in their implementation of the WHO “Best Buys” policy measures and statutory instruments around pricing, availability and marketing.

This is becoming even more important in increasingly digital health environments as individuals cannot be assumed to possess the required levels of digital health literacy to confidently navigate online environments and take the “right” decision based on the information they encounter - especially given the growing threat of mis- and disinformation and the online advertising of health-harmful products, including alcohol, which simultaneously seeks to downplay the serious health impacts of drinking.

Suggested new, additional Flagship initiative 5 - Tackling the Non-Communicable Disease epidemic

As explained earlier, one potential way to prioritize the NCD agenda is to dedicate a separate flagship initiative to that topic. That would ensure synergies and proper implementation of the core WHO priorities in the WHO Europe region, bearing in mind [the UN High Level meetings on NCDs](#) as well as the valuable work of the [WHO Independent High-level Commission on NCDs](#).

Such a flagship initiative could encompass strategic guidance in the form of a [Non-Communicable Disease framework](#), helping Member States’ action on health challenges - following and helping implementing the WHO Best Buys.

Work with the Regional office

Geographical balance and the respect of human right to health

Human rights, including the right to health, are core European values and the EPW can help to protect and promote the health of people living in the region. While reducing inequalities between the Eastern and Western parts of the Region is essential, the EPW should keep a geographical balance acknowledging that 27 Region members are members of the European Union and a majority of the countries in the region are located geographically in Europe. Given that most of the health challenges are similar, a balanced geographical approach can also help to share knowledge and resources among the various parts of the region.

Dialogue with Non State actors

Recognising the value added of NSAs by including a paragraph about the work of the Regional Office with NSAs would help. NSAs are not subject to decisions but they can be partners in designing effective policies as well as supporting their implementation. Civil society organizations (CSOs), as a specific form of NSAs can make a vital contribution to public health and health systems, but harnessing their potential is complex in a Europe where government-CSO relations vary so profoundly.

EPHA highlights the findings of the [WHO Europe study](#) which is intended to outline some of the challenges and assist policy-makers in furthering their understanding of the part CSOs can play in tandem and alongside government. To this end it analyses existing evidence and draws on a set of seven thematic chapters and six mini case studies. They examine experiences from Austria, Bosnia-Herzegovina, Belgium, Cyprus, Finland, Germany, Malta, the Netherlands, Poland, the Russian Federation, Slovenia, Turkey and the European Union and make use of a single assessment framework to understand the diverse contexts in which CSOs operate.

EPHA stresses that the evidence shows that CSOs are ubiquitous, varied and (typically) beneficial. The topics covered in this study reflect such diversity of aims and means: anti-tobacco advocacy, food banks, refugee health, HIV/AIDS prevention, and social partnership. CSOs make a substantial contribution to public health and health systems with regards to policy development, service delivery and governance. This includes evidence provision, advocacy, mobilization, consensus building, provision of medical services and of services related to the social determinants of health, standard setting, self-regulation and fostering social partnership.