



Written statement on ‘Advancing public health for sustainable development in the WHO European Region’ - agenda point of the 68th session of the World Health Organization (WHO) Regional Committee for Europe

September 2018

The European Public Health Association (EUPHA) and the undersigned organisations, European Forum for Primary Care (EFPC), European Forum of National Nursing and Midwifery Associations (EFNNMA), European Medical Students’ Association (EMSA), International Alliance of Patients Organisations (IAPO), International Association for Hospice and Palliative Care (IAHPC), International Pharmaceutical Students’ Federation (IPSF), International Union of Toxicology (IUTOX), Public Services International (PSI), Studiorum, The Association of Schools of Public Health in the European Region (ASPHER), and World Federation of Occupational Therapists/Council of Occupational Therapists in European Countries (WFTO/COTEC), welcome the decision to place the topic “Advancing public health for sustainable development in the WHO European Region” on the agenda of the 68th session of the World Health Organization (WHO) Regional Committee for Europe. EUPHA and the undersigned organisations strongly support the central thesis of the accompanying paper (EUR/RC68/17), that public health is at the heart of sustainable development.

We thank the Secretariat for including population aging, migration, and climate change in the report. Both are mega-trends that will compel governments to urgently retool public health policies. We also appreciate the emphasis on prevention and promotion as cost effective strategies to reduce the incidence of both communicable and non-communicable diseases. We submit, however, that robust public health systems must also include policies and budgets that include appropriate treatment and palliative care when promotion and prevention strategies fail to accomplish their goals. We now submit for consideration a series of comments on this important paper.

Health-related Sustainable Development Goals

In parallel process to WHO, EUPHA examined Europe’s overall progress towards the health-related Sustainable Development Goals (SDGs) – or what we might call – the Sustainable Health Goals. Some 2.5 years after the adoption of the SDGs we can see a risk of not achieving several goals by 2030. Health-related behaviours, including alcohol consumption and tobacco use, are among the main areas of concern in Europe. However, there is considerable regional variation, with some countries already close to achieving the targets, whereas other countries are far from making adequate progress towards them. Other public health targets that risk not being achieved in the European region include those set for deaths from suicide, child obesity and child sexual abuse. EUPHA’s further reflections on the health-related SDGs can be found here¹.

The WHO document (EUR/RC68/17) reflects on the main threats to public health. Major contributors to burden of disease are specified, i.e. non-communicable diseases and infectious diseases. WHO estimates that globally 8.2 million deaths per year due to non-communicable disease are caused by exposures to environmental risk factors, such as air pollution and hazardous chemicals. However, a third contributor to burden of disease is missing i.e. injuries. Injuries are responsible for over 10% of the disability adjusted life years (DALYs) worldwide in 2016 – with road injuries being the main contributor². In relation to non-communicable diseases, breastfeeding, as recommended by WHO, should be given higher prominence in interventions, as it is a cost effective prevention strategy.

¹ https://eupha.org/repository/advocacy/EUPHA_statement_on_health-related_SDGs.pdf

² <https://ourworldindata.org/burden-of-disease>

We also notice that mental health is only mentioned once in the document, i.e. under point 25, where mental health is listed as one of the health and wellbeing issues that the environment can have an impact on. Unavailability of quality affordable mental health services directly threatens public health, for youth, adults, and older persons. Two urgent mental health challenges are work-life-balance, resulting in stress related diseases, and loneliness. Furthermore, the burden caused by diseases related to ageing, including dementia, should not be left out. For an overview of threats to public health the coming decade, see an overview of the responses from public health professionals in Europe here³.

Investing in public health

Public health requires major rebranding. Policymakers falsely perceive public health as a cost, rather than an investment. This myth was discussed at length at the 2018 Tallinn Conference. EUPHA and the undersigned endorse the statement “Failing to act will be costly”, set out in the WHO document, point 11.

The most important public health investment question is *‘What are the costs of not investing in health systems and public health?’*

- We support the call for action to strengthen and invest in the public health workforce, as described in action point 8, and
- We recommend investing in the public health workforce according to the UN High-Level Commission on Health Employment and Economic Growth, and the Working for Health: Five-Year Action Plan.

The need for multi-sectoral approaches to tackle the complexity of public health

Public health requires practitioners to collaborate with various stakeholders from different sectors - instead of working in silos. Multi-sectoral approaches, drawing on the concept of Health in All Policies, are needed, though challenging to achieve. For example, involving dietitians and occupational therapists in developing public health policies, or toxicologists to improve awareness on the safe use synthetic chemicals and the risks associated with the use of natural-born toxins could improve public health. Public health professionals, including practitioners, planners, managers, and civil society organisations, need practical tools to make multi-sectoral approaches the easy choice.

The next generation of public health professionals must improve how it communicates with other sectors. It is important to include interprofessional education in public health and health care students’ curricula. For the largest group of health workers – nurses and midwives – courage and strong political will are needed today to ensure they are recognised for their key role in patient teaching, counselling, health promotion and prevention.

Again highlighting the message from the recent Tallinn Conference, there is a need to be able to work with decision-makers in the financial sector, explaining the win-win areas for investing in health prevention and promotion.

Civil society and advancing public health

We agree that health oriented that civil society organisations must take effective actions to protect and promote health (action point 5). EUPHA and the undersigned hope to contribute to this process, working with WHO, by providing evidence, engaging in advocacy, mobilising national public health associations, building consensus, and providing services related to the social determinants of health, standard setting, regulation and fostering social partnerships.

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https://eupha.org/repository/advocacy/Report_on_EUPHA_member_questionnaire_on_threats_to_public_health.pdf

Co-signatories:





The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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