

The future of public health practice in Europe

Natasha Azzopardi-Muscat

Department of Health Services Management, Faculty of Health Science University of Malta. Tal-Qroqq Msida MSD 2080 Malta

Correspondence: Natasha Azzopardi-Muscat, EUPHA President Elect, e-mail: natasha.azzopardi-muscat@um.edu.mt

The European Public Health Association (EUPHA) identifies research, training, policy and practice as the four pillars for all its work. At a conference organised by the Association of School of Public Health in the European Region (ASPHER) in May 2016, an interesting session setting out a vision for these four areas for the coming years was organised. Josep Figueras and John Middleton outlined the challenges facing training and policy respectively in this session. They invited us to think outside the box and in a sense to reinvent public health in the 21st century. In this contribution, I focus on public health practice. Public health practitioners, who constitute an important part of EUPHA's membership, are persons who typically work at the front line to translate research and policy into meaningful initiatives at local level. They are often barely present at European level meetings as their opportunities to network outside their region may be limited. We have little knowledge of the manner in which public health practice on the ground has actually been affected as a result of the financial and economic crisis which gripped several European countries over the past few years. What is certain is that the political, social and economic challenges facing European citizens call for an effective response from a professional and energised public health workforce. It is in this tough environment that an inspirational yet practical vision for public health practitioners needs to emerge. At the turn of the millennium, Brown, reflecting on the past and future of public health practice, emphasised the 'sense of calling' that should prevail within public health practitioners.¹ The core functions of public health remain those of monitoring population health, diagnosing problems, proposing solutions and taking effective action. Alone these however do not suffice. The consequences of holding an ideology to guide one's actions, using a framework of values to guide priorities and being fully committed to translate these values into daily activities such that one can expect to transform the world within which we live are of utmost importance. This is a tall order and for this to happen it is necessary to strengthening the public health workforce.

In 2011, the World Health Organisation published a document setting forth a framework for strengthening public health capacities and services and Europe.² This document sadly highlights the fact that public health skills and infrastructure across Europe are patchy and in a number of European countries the capacity to meet contemporary public health challenges remains limited. A review on the state of public health practice in the European Union found that there is a great diversity in public health practice. Several EU Member States are quite strong in the traditional public health competences and functions but considerable weaker when it comes to the newer areas of public health practice.³

Much of the preparatory work for these two documents took place either prior to or in the midst of the financial and economic crisis itself. Since then, Europe has witnessed important and significant changes. Growing inequalities, a reluctance to regulate, the rise of the social media, privatisation of health services, the growth of personalised medicine and health systems funding sustainability are just a few of the challenges being faced. The sustainable development goals (SDGs) adopted in 2015 are portrayed as the effective response that needs to be mounted to ensure, promote and safeguard the welling being of humankind. However implementation of the

SDGs from a public health perspective is a formidable challenge that requires a strong public health workforce that is both sufficient and appropriate to meet the challenges ahead.

An analysis of public health services in European is therefore necessary and timely to inform investment in public health services. This should serve as a spring board to map the new and emerging priorities for public health practice in Europe and be accompanied by the necessary funding and capacity building programmes. Such an analysis should seek to provide answers to the following questions: Where and how are public health practitioners are most effective in today's societal configurations? Which models of organisation and delivery of public health services work best and at which levels? What public health leadership is required to 'future proof' public health? There is also a need to consider the development of European public health practice as a distinct area within the discipline of public health. Clearly, when it comes to infectious disease control, tobacco, alcohol and food policy, single initiatives at country level will not suffice. However whilst evidence, advocacy and governance need to be established at supra regional levels, implementation is then a local matter in partnership with many other organisations.

Intelligence gathering, communication/dissemination (politicians, clinicians, general public, media) and appropriate governance (policies, structures, funding, services) will remain essential public health functions. Yet these must continuously evolve to adapt to the changing environment.

My plea is for public health to regain its place in society and return to being the authoritative voice it once was. Public health needs to re-establish its core identity in a manner that makes sense in line with the challenges we are facing. Our craft is one of persuasion based on scientific evidence, ethos and commitment to the cause. It is a craft that needs to be practised diligently and persistently but one that can yield great returns for society.

Acknowledgment

Based on a presentation delivered at the ASPHER 50th Anniversary Conference, Taking Stock: Moving Forward held in Athens on 25-27 May 2016. I would like to thank Helmut Brand, President of the European Health Forum Gastein for feedback and comments on the draft presentation.

Conflicts of interest: None declared.

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