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STRENGTHENING OF ESSENTIAL PUBLIC HEALTH FUNCTIONS: PROGRESS REPORT¹

1. As countries in the Americas are attempting to be more efficient with limited resources, better respond to the needs of the population, and improve health outcomes, the Essential Public Health Functions (EPHF) offer a concrete framework for assessing performance and strengthening public health systems. Monitoring countries' efforts to evaluate and develop the EPHF is essential to review the progress achieved thus far and to address remaining challenges. As part of this process, PAHO/WHO is following up on Resolutions CD42.R5 and CD42.R14 which urged Member States to participate in the regional EPHF measurement exercise and undertake efforts to assess health systems performance as a first step toward implementing strengthening strategies.

11 Essential Public Health Functions

- EPHF 1.** Monitoring, evaluation, and analysis of health status
- EPHF 2.** Surveillance, research, and control of the risks and threats to public health
- EPHF 3.** Health promotion
- EPHF 4.** Social participation in health
- EPHF 5.** Development of policies and institutional capacity for public health planning and management
- EPHF 6.** Strengthening of public health regulation and enforcement capacity
- EPHF 7.** Evaluation and promotion of equitable access to necessary health services
- EPHF 8.** Human resources development and training in public health
- EPHF 9.** Quality assurance in personal and population-based health services
- EPHF 10.** Research in public health
- EPHF 11.** Reduction of the impact of emergencies and disasters on health

¹ For detailed information and analysis of the subject refer to working document *The Essential Public Health Functions as a Strategy for Improving Overall Health Systems Performance: Trends and Challenges since the Public Health in the Americas Initiative, 2000-2007* available at www.lachealthsys.org.

2. PAHO/WHO defines the EPHF as the indispensable set of actions, under the primary responsibility of the state, that are fundamental for achieving the goal of public health, which is to improve, promote, protect, and restore the health of the population through collective action.² In 1999, PAHO/WHO, in partnership with the Latin American Center for Health Research (CLAISS) and the Centers for Disease Control and Prevention (CDC), launched the *Public Health in the Americas Initiative* with the purpose of establishing the basis for achieving a regional commitment to strengthen public health in the Region. This included reaching agreement on the concept of public health and its essential functions, developing a methodology to measure EPHF performance, and offering support for the self-assessment of each country's public health status.

3. During the 42nd Directing Council in 2000, PAHO/WHO adopted Resolution CD42.R14 urging Member States to participate in the regional EPHF measurement exercise and to use the results to implement strategies to develop their public health systems. During that same meeting, Resolution CD42.R5 was also adopted, prompting the monitoring and evaluation of health systems.³

4. Throughout 2001 and 2002, 41 countries and territories of the Region of the Americas applied the EPHF assessment tool at the national level. Based on the results of the application, countries were encouraged to go from measurement to action through the development of strengthening plans and concrete interventions. Annex I shows the framework on the "Relationship between diagnosis of the EPHF, planning, and intervention for the development of institutional capacity" that supported the *Public Health in the Americas Initiative*.

5. Although the 2001/2002 EPHF assessment identified areas for intervention, it lacked specificity in terms of which aspects of each EPHF needed particular attention and which steps should be taken once these aspects had been identified. In order to address this problem, PAHO/WHO has been focusing country cooperation efforts on the development of analytical frameworks, methodologies and instruments with an emphasis in: (a) strengthening public health practice; (b) developing public health infrastructure; and (c) improving the directive capacity of the National Health Authority (NHA) to execute the EPHF.

6. Regarding the strengthening of public health practice, efforts have been made to quantify and qualify the public health workforce; and to identify core competencies and capacities for the workforce. A methodology to characterize the public health workforce was developed and pilot tested in selected countries, and strategies to develop the

² Pan American Health Organization/World Health Organization (PAHO/WHO), *Public Health in the Americas: Conceptual Renewal, Performance Assessment, and Bases for Action*. Washington, DC: PAHO/WHO, 2002.

³ Both resolutions are available at: http://www.paho.org/english/gov/cd/cd42_fr-e.pdf.

workforce have been identified and are under implementation by the majority of the Member States.

7. As for the strengthening of the directive role, the *Methodological Guidelines for the Performance Assessment of the Steering Role of the National Health Authority* were developed, validated and applied in Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras and Puerto Rico, and include the identification of strengthening interventions for the six dimensions of the role in health: (a) Conduct/Lead; (b) Regulation; (c) Orientation of Financing; (d) Guarantee of Insurance; (e) Harmonization of Service Provision; and (f) Execution of the Essential Public Health Functions.

8. In regard to the development of public health infrastructure, PAHO/WHO has defined it and identified its core components as a first step towards improvement. As part of this process, a technical document *Public Health Capacity in Latin America and the Caribbean: Assessment and Strengthening* has been developed.⁴ The five elements that comprise public health capacity are identified and described: (a) public health workforce; (b) public health information systems; (c) public health technologies; (d) public health institutional and organizational capacity; and (e) public health financial resources.

9. Several years have elapsed since the first measurement exercise and Member States have embraced the strengthening of the EPHF as an imperative and institutional responsibility and accepted the concept and methods of the EPHF. The EPHF assessment instrument continue to be applied as a means to strengthen the performance of the public health system in general or for improving specific dimensions such as public health research, human resources, or surveillance. While some countries have conducted follow-up national assessments to assess progress, others have adapted the instrument to their local realities and decentralized scenarios and applied it at the sub-national level to generate results that can in turn enhance decision-making at the national level. Subsequent national measurements and/or sub-national adaptations and applications have been carried out in Argentina, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, the Eastern Caribbean Region, Guatemala, Honduras, Peru and Puerto Rico.

10. In *Brazil*, the EPHF underwent a process of thorough revision and the methodological instrument was adapted for application at the state level. From 2004 to date, self-assessments have been conducted in the states of Ceará, Goiás, Rondônia, Mato Grosso, Sergipe, Tocantins, Pernambuco, Maranhão, Santa Catarina and Mato Grosso do Sul. A methodology for the elaboration of an Agenda for Strengthening Essential Functions at the State Level was also developed. Strengthening workshops were

⁴ Available at www.lachealthsys.org.

conducted in four states (Goiás, Mato Grosso, Rondônia and Sergipe) and strengthening agendas were developed and are currently being implemented. Assessment results provided an important input for the revision of state budgets and State Health Plans through the identification of gaps and the reorientation of priority technical cooperation areas between states, municipalities, the Ministry of Health and the PAHO/WHO Country Office.⁵

11. Peru carried out EPHF performance assessments in the 24 regions of the country in addition to a follow-up national measurement in 2005-2006. The results provided a baseline for EPHF performance at the regional level and were used as an important input for the elaboration of the Regional Participatory Plan, the National Health Plan and other initiatives to strengthen the national and regional capacity to address health priorities. In order to perform the assessment, the measurement instrument was systematically reviewed and adapted, with the goal of maximizing its use for regional application. The gaps identified in the measurement were converted into proposals and strategies and adapted to the context of each region to strengthen the functions that obtained the lowest performance.⁶

12. In *Argentina*, the EPHF instrument was adapted to the sub-national level and evaluations were carried out in the provinces of Tucumán, Buenos Aires, La Rioja, Entre Ríos, and the municipality of La Plata, between 2004 and 2007. The application of the methodology helped strengthen intersectoral coordination and the steering role. It also resulted in the identification of priority areas of intervention for inclusion in Institutional Development Plans. In 2006, the World Bank approved the Project Essential Public Health Functions and Programs for the period 2007-2010. The main axis of the project is to improve the national and provincial capacity to perform the EPHF and strengthen national and provincial implementation of priority public health programs.⁷

13. The United States and Canada have also been involved in efforts to strengthen the EPHF, albeit utilizing their own frameworks for the definition of public health functions, with strong emphasis on the development of competencies for the workforce. *Canada* has been devoting a lot of attention after the SARS outbreak and other public health challenges to the development of public health systems. Five core public health functions were identified: Disease and Injury Prevention; Health Promotion; Health

⁵ OPS/OMS e CONASS. *A Gestão da Saúde nos Estados: Avaliação e Fortalecimento das Funções Essenciais*. Brasília: CONASS, 2007. Available at: http://www.conass.org.br/admin/arquivos/livro_fesp_final_completo.

⁶ Ministerio de Salud. *Evaluación del Desempeño de las Funciones Esenciales de Salud Pública a Nivel Regional en el Perú*. Lima, Perú: Ministerio de Salud, 2006. Available at: www.lachealthsys.org.

⁷ Karina Chierzi, "Fortalecimiento de la Rectoría Nacional y Programas de Salud Pública subnacionales: Fortalecimiento de las FESP"; Arnaldo Medina, "Evaluación de las Funciones Esenciales de Salud Pública - Buenos Aires, Argentina". *Workshop Findings and Perspectives on the Essential Public Health Functions in the Americas*. Lima, Peru. Available at: http://www.lachealthsys.org/index.php?option=com_content&task=view&id=214&Itemid=166.

Protection; Health Surveillance; and Population Health Assessment. In addition, the Public Health Agency of Canada (PHAC) started a process of defining the core competencies in public health, conceptualized as the knowledge, skills and abilities for all public health professionals.⁸

14. In the *United States*, the Essential Public Health Services Work Group of the Core Public Health Functions Steering Committee identified 10 essential public health services that provide the fundamental framework for the National Public Health Performance Standards Program (NPHPSP), by describing the public health activities that should be undertaken in all communities and identifying performance standards for their implementation.⁹ NPHPSP in collaboration with CDC developed three public health performance assessment instruments, the *State Public Health System Performance Assessment*, the *Local Public Health System Performance Assessment* and the *Local Public Health Governance Performance Assessment*. The development of the local public health system instrument has been linked to a community health improvement process, *Mobilizing for Action through Planning and Partnerships* (MAPP), which has been implemented with the support of the National Association of County & City Health Officials (NACCHO).

15. Countries have also focused on strengthening specific dimensions of their public health systems. In *Colombia*, for example, a strong emphasis has been placed on improving public health surveillance (EPHF 2) through the implementation of a National Public Health Surveillance System (SIVIGILA). In *Brazil*, efforts have been made to strengthen public health research (EPHF 10) through the development and implementation of a National Agenda of Priorities in Health Research. In *Bolivia*, steps have been taken to estimate the cost of implementing the EPHF using a methodology developed by PAHO/WHO for harmonizing the EPHF with the Functional Classification of the Government Finance Statistics Manual.¹⁰

16. A particular function that has received considerable attention in the Region is the public health workforce (EPHF 8). Among the countries working on the conceptualization and identification of core competencies for the public health workforce are Brazil, Canada, Costa Rica, Cuba, Jamaica, Mexico, and the United States.¹¹ In *Costa Rica*, the public health workforce (PHWF) has become typical at the national and

⁸ For more information, refer to the CPHA Web site: <http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.html>.

⁹ Additional information on the 10 essential public health services and assessment instruments can be found at: <http://www.cdc.gov/od/ocph/nphpsp/nphpspfactsheet.htm>.

¹⁰ PAHO/WHO Health Policies and Systems Unit (HSS/HP), *Harmonization of Essential Public Health Functions (EPHF) with the Functional Classification of Expenditure (FCM)*. Working Document. Washington, D.C.: PAHO/WHO, 2004.

¹¹ PAHO/WHO, "Strengthening the capacity of the Public Health Workforce in support of the Essential Public Health Functions and the Millennium Development Goals." *Series Human Resources for Health #45*. (Washington, D.C.: PAHO/WHO, 2006).

regional levels and in urban and rural areas. In addition, the workforce involved in the implementation of each EPHF was identified. This will permit more focused interventions for those functions that had a lower performance.¹² In *Mexico*, a major effort to improve *EPHF 8* has been made by the Veracruzana University through the implementation of a new curriculum for its Master of Public Health Program entirely based on the EPHF.¹³ In addition, PAHO/WHO has been involved in the drafting of a joint work agenda with public health associations, public health schools, and ministries of health for the development of the public health workforce. This effort has included, among other institutions, the World Federation of Public Health Associations (WFPHA), and the Latin American and Caribbean Association of Public Health Education (ALAESPE).

17. As part of the activities directed to create synergies and coordination among governments and with other institutions, PAHO/WHO has been sponsoring a series of knowledge sharing activities. Worthy of mention is the consultation on “Strengthening the Capacity of the Public Health Workforce in support of the Essential Public Health Functions and the Millennium Development Goals” held in Costa Rica in 2005¹⁴ and the regional workshop “Findings and Perspectives on the Essential Public Health Functions in the Americas” held in Peru in 2007. Another important source of information dissemination and sharing of experience is the Web site for *Strengthening Health Systems in Latin America and the Caribbean* (www.lachealthsys.org), which contains a section dedicated primarily to the EPHF.

18. Several countries outside the Region have also been involved in efforts to define, evaluate, and strengthen public health functions namely, Australia, India, Indonesia, Spain, the United Kingdom, among others.¹⁵ Interest in the topic of essential public health functions has also surfaced in other WHO regions and Annex II summarizes some of these experiences.

19. Finally, another important effort to generate and disseminate knowledge on the EPHF has been the virtual course on *Strengthening the Essential Public Health Functions* developed by PAHO/WHO, in partnership with The World Bank Institute. The course, which has been offered since 2006, seeks to develop leadership and competencies in the assessment and performance of the EPHF. The PAHO Virtual Campus in Public Health

¹² Alvaro Salas, “Caracterización de la Fuerza de Trabajo en Salud Pública.” *Workshop Findings and Perspectives on the Essential Public Health Functions in the Americas*. Lima, Peru. Available at: http://www.lachealthsys.org/index.php?option=com_content&task=view&id=214&Itemid=166.

¹³ Domingo Vázquez Martínez, et al. *De las funciones esenciales de la salud pública a la formación de maestros en Salud Pública*. In: Enrique Hernández Guerson (ed.). *Tópicos Selectos de Salud Pública*. Xalapa, Ver., Universidad Veracruzana, Instituto de Salud Pública, November, 2006: 169-191.

¹⁴ On October 2005 and May 2006, meetings on the characterization of the public health workforce from a gender and ethnic perspective were also carried out respectively in Peru and Costa Rica.

¹⁵ Additional information can be found at www.lachealthsys.org.

aims to make the Spanish version of the course available in 2008 for application at the regional level. The Portuguese version of the course is currently being developed.

20. As explicitly stated in the Health Agenda for the Americas 2008-2017 formulated by the Member States and approved in 2007, the Region continues to confront challenges in the process of strengthening the Steering Role of the Health Sector, which entails three specific dimensions that are the exclusive responsibility of the National Health Authority (NHA): leadership; regulation; and the execution of the EPHF.

21. Several countries in the Region have limited capacity to effectively lead the health sector and advocate for health, structural weaknesses in managerial capacity, and limited competencies to design and implement effective policies. Moreover, health systems in the Region are characterized by insufficient development of primary health care; high fragmentation and segmentation; and limited social and financial protection, all of which have an impact on the capacity of the NHA to effectively perform the EPHF.

22. Public health capacity faces significant obstacles in many countries: the public health workforce lacks appropriate training and reinforcements; laboratory capacity is antiquated; there is lack of real-time surveillance and epidemiological systems including ineffective and fragmented communications networks; domestic preparedness and emergency response capabilities are in many instances inadequate; financial resources are insufficient to confront existing and emerging public health challenges; and institutional and organization capacity is lacking in many countries.¹⁶

23. In order to address constraints and challenges as they refer to the evaluation and strengthening of the EPHF, the Pan American Sanitary Bureau 2008-2011 Strategic Plan defines Strategic Objective 11: *To strengthen leadership, governance and the evidence base of health systems with a Regional Expected Result Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.* These are reflected in the 2008-2009 Biannual Work Plan as *To Strengthen Leadership of NHA, particularly to improve EPHF performance and Public Health Capacities*, under the following lines of action and rationale:

¹⁶ The strengthening of public health capacities comes at an important time as PAHO/WHO member countries are being urged to implement the International Health Regulations (IHR). In preparation for implementing the IHR, PAHO/WHO has been providing Member States with technical cooperation to assess existing public health capacities and implement strengthening plans, particularly in the areas of surveillance and response, to better manage acute public health risks.

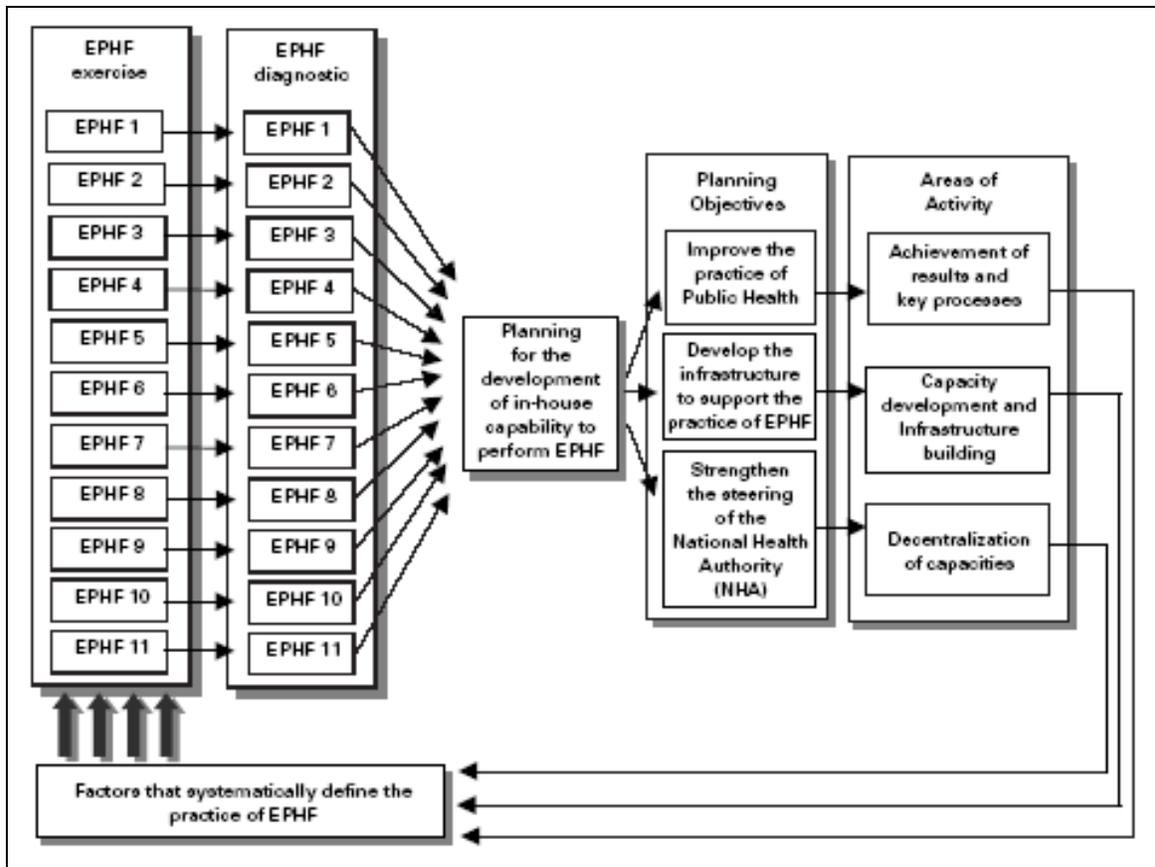
- *Promoting the EPHF framework and the LAC experience in evaluating and strengthening the EPHF.* Not only countries in the Region have carried out EPHF performance assessments, but they have adapted the methodology for use at the sub-national level, combined the EPHF assessment tool with other instruments, and have been actively involved in developing and implementing strengthening strategies based on the results. There is a richness of information that can be derived from these experiences which could be shared with other countries that are now taking steps to assess and evaluate their public health systems. While the EPHF offers a general framework for measuring EPHF performance, it can readily be adapted to the organizational structure of each country's health system, and can provide subsidies for the assessment of the public health systems as a subsystem of whole health system.
- *Advancing the EPHF as a strategy for supporting the institutional strengthening the NHA.* The EPHF can serve as a framework for reorganizing ministries as well as a guide for institutional development by: clarifying and disseminating the non-delegable functions of the NHA; strengthening specific areas that have revealed weaknesses in the measurement exercises; and helping to identify which functions should be decentralized and which should not be. The EPHF performance assessment can also allow countries to explore the links between public health, primary health care, and integration of services and systems. Thus, policies and interventions to improve the EPHF may have an impact on the other areas, and vice-versa.
- *Promoting the further characterization, assessment and strengthening of public health capacities.* This entails the identification and description of the capacities necessary for each of the 11 EPHF to be performed adequately, including the necessary infrastructure, public health workforce competencies, institutional and management mechanisms that can enable the operationalization of each function, technologies needed, and financial resources that can guarantee their sustainability.
- *Promoting research and analytical studies on the impact of EPHF strengthening initiatives.* Further examination regarding the actual implementation of the EPHF strengthening initiatives that have been designed and their real impact on the public health system is crucial to guide future cooperation efforts. In addition, further exploration of the links between the EPHF, primary health care and the integration of programs and services could strengthen cross-cutting and intersectoral interventions.

Action by the Executive Committee

24. The Executive Committee is invited to note this report and to continue supporting the Secretariat's activities aimed at strengthening the EPHF and public health systems.

Annexes

Relationship between diagnosis of the EPHF, planning, and intervention for the development of institutional capacity



EPHF Experience outside the WHO Regional Office for the Americas (AMRO)

One of the most noteworthy examples of initiatives to strengthen the EPHF in other WHO Regions comes from the **Regional Office for the Western Pacific (WPRO)**. During 2000-2003, WPRO embarked on a process of EPHF definition and assessment which consisted on the development of a framework for the characterization of the EPHF relevant for the Western Pacific Region, followed by the identification of an evaluation methodology and its application in Fiji, Malaysia and Vietnam.¹⁷ Nine EPHF were identified and a range of methods were used, which included, among others, document analysis, interviews, and surveys, adapted to the context of each country.

The **Regional Office for South-East Asia (SEARO)** has launched the “South-East Asia Public Health Initiative, 2004-2008” with five major goals: (i) position public health high on the regional and national agendas; (ii) support the strengthening of public health education; (iii) enhance technical cooperation to develop national public health training institutions; (iv) facilitate the establishment of a network of public health education institutions; and (v) help countries to define essential public health functions tailored to each country’s situation and needs and support them to implement these functions.¹⁸

Finally, the **Regional Office for Europe (EURO)** has started a process of defining and developing a performance evaluation methodology that can be applied to public health services. A Core Expert Group on the topic was created and was given the task of developing a Discussion Paper identifying essential public health functions and proposing a methodological framework for their assessment, in the context of European countries.¹⁹

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¹⁷ The results of the application as well as a description of the process can be found in the following document: WPRO. *Essential Public Health Functions - A three-country study in the Western Pacific Region*. WPRO, 2003. Available at: http://www.wpro.who.int/NR/rdonlyres/7472FD5D-BBD0-4640-8EB8-3EAC8A2276B9/0/Essential_public_health_functions.pdf.

¹⁸ SEARO. *South-East Asia Public Health Initiative 2004-2008*. SEARO, 2004. Available at: [www.searo.who.int/LinkFiles/Reports_HSD-278 .pdf](http://www.searo.who.int/LinkFiles/Reports_HSD-278.pdf).

¹⁹ For more information, see: http://www.euro.who.int/publichealth/20070525_1.