



European Public Health Week (EUPHW) 2022

Key messages, facts & figures, resources

Key messages, facts and figures and resources for each theme of the European Public Health Week (EUPHW) 2021 are based on evidence from a variety of sources, including the World Health Organization (WHO) Regional Office for Europe and the European Public Health Association (EUPHA).

The contents were carefully selected, refined, and reviewed by the EUPHW Coordination Team, EUPHW Steering Committee, EUPHA Sections, EUPHW Partners as listed on each theme page, and WHO Regional Office for Europe.

Unless stated otherwise, messages refer to all 53 Member States of the WHO Regional Office for Europe.

Please refer to the media toolkit for guidance on how to best use the key messages.

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For more information about EUPHW, please visit www.eupha.org/EUPHW

For any questions, please contact euphacommunications@eupha.org.

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The European Public Health Week (EUPHW) is an initiative by the European Public Health Association (EUPHA) supported by the WHO Regional Office for Europe.

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Monday 16 May 2022



Healthy and health literate youth

DESCRIPTION:

Having a healthy and health literate youth is a challenge and a priority for all countries across the world, and the European Region is no exception. The European Youth Year is an opportunity to shed light on the projects, joint actions, and activities that are being developed by citizens, researchers and policy makers alike, in order to achieve our goal to have a healthy and health literate youth across all the Region.

SUBTHEMES:

These are subthemes to give you ideas and to stimulate your imagination. They do not limit the scope of the day themes. If you are having doubts on which day you should organise your event, email us at euphacommunications@eupha.org and our team will be happy to help you.

- Peers-to-peers education and prevention
- Nutrition and physical activity
- Health literacy skills and curricular development across (sexual) education
- Digitalisation and wellbeing: social media and apps as supports to health literacy and adoption of healthy practices
- Educational approach: making health media sources credible
- Building healthy lifestyles in a healthy environment
- Social connections in times of remote education
- A preventive approach to psychoactive substances
- Health literate health systems: young people as co-creators of their own health / taking young people as equal partners
- Meaningful youth engagement and leadership
- Adolescents taking the lead: priorities for adolescent well-being
- Infodemics and adolescents health and wellbeing
- Curricular development in the European Region - embedding health literacy

KEY MESSAGES:

- **“Young people are not only tomorrow’s leaders, they are leaders of today. It is essential that young people be provided with a seat at every table and that they are actively engaged and listened to.”** ([Source: WHO/Europe Regional Director Hans Kluge](#))
- **“Young people need to be engaged meaningfully to be involved, not only in decisions that will impact their future, but also recognized and acknowledged for the knowledge and**

leadership they bring to make the decisions of today.” ([Source: WHO/Europe Regional Director Hans Kluge](#))

- **Meaningful youth participation and leadership cannot be solely driven from the students’ perspective. Opportunities need to be provided to give young people and youth organisations the chance to meaningfully engage in policy making at all levels. An enabling environment and relevant evidence-based programs need to be established for youth to benefit.** ([Source: YPYP Forum](#))
- **Education must be seen as a protective factor. Schools provide a setting where more than 95% of children and adolescents in the European Region can be reached.** ([Source: WHO](#))
- **To acknowledge the unique needs of adolescents and to ensure they can access comprehensive sexuality education and adolescent friendly SRHRs services, ensuring health literacy is improved to avoid negative health and social consequences in young people.** ([Source: EUPHA](#))
- A vision for digital transformation of societies, especially as it relates to adolescents, and safety regulations for the digital world are needed. The vision should be of a digital world that is focused on responsible use, does not present opposition to adolescents being involved in physical activity and includes all generations. *Citizens of the 21st century need to have digital literacy. This means children and adolescents should learn digital literacy in schools as part of the curriculum. Schools therefore need adequate technology to support learning and teachers need appropriate competencies to teach.* ([Source: WHO](#))
- **Mental health:** Adolescence is a critical period in the development of human beings. What happens during those years will have a long-term impact on the future of individuals and societies. Mental health problems throughout the life-course have economic impacts. There is also a need to act now to address the short- and long-term mental health impacts on adolescents of the COVID-19 pandemic. ([Source: WHO](#))
- **Relationship and connectedness:** Connectedness, positive relationships, values, and contribution to society are among the key factors that contribute to emotional and social well-being of adolescents. Factors that encourage connectedness and positive relationships include: positive parenting and supervision; safe and enabling learning environments; positive values and norms in families, schools, communities and societies; and opportunities to be socially, culturally and civically active. ([Source: WHO](#))
- **Sexual and reproductive health:** Stigma around sexual and reproductive health and sexually transmitted infections presents a big barrier. These topics should be normalized to allow appropriate planning and provision of services and adequate sexuality education for young people to be in place. Education should also have a focus on issues such as consent and sexual abuse. It was very difficult during the COVID-19 school closures to provide this kind of education, which is suitable not only for adolescents and young people, but also for children – it is about much more than sex, and also features issues like family relationships and gender equality in which even young children need education. ([Source: WHO](#))
- **Health literacy (...)** entails people's knowledge, motivation, and competencies to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life. ([Source: Consortium Health Literacy Project European](#))
- **To acknowledge the unique needs of adolescents and to ensure they can access comprehensive sexuality education and adolescent friendly SRHRs services, ensuring health literacy is improved to avoid negative health and social consequences in young people.** ([Source: EUPHA](#))
- **Statement by YPYP, read out at RC71 by Bram Wagner, Chairperson of the International Pharmaceutical Students’ Federation European Regional Office 2020 – 2021.** We are eager to move beyond tokenistic approaches to youth engagement and to meaningfully engage in policy-making at all levels. The Roundtable candid conversation hosted by WHO Cancer

Ambassador Aron Anderson and launch of Cancer Screening Guide also provides some key messages from youth, see the video below. (Source: [WHO](#))

RESOURCES:

- Adolescents taking the lead. Multistakeholder consultation to promote adolescent well-being in the WHO European Region, 2021
[WHO-EURO-2021-4649-44412-62765-eng.pdf](#)
- Making their voices heard: WHO/Europe hosts first Young People and Young Professionals forum. WHO Europe, 2021
<https://www.euro.who.int/en/about-us/partners/news/news/2021/9/making-their-voices-heard-who-europe-hosts-first-young-people-and-young-professionals-forum>
- EUPHA Statement on sexual and reproductive health rights. EUPHA, 2021.
<https://eupha.org/repository/advocacy/EUPHA%20Statement%20on%20sexual%20and%20reproductive%20health%20rights.pdf>
- Health literacy and public health: A systematic review and integration of definitions and models. Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, et al. BMC Public Health, 2012.
<https://bmcpublikealth.biomedcentral.com/articles/10.1186/1471-2458-12-80>
- Public Mental Health. EUPHA. EJPH e-collection on public mental health, 2017
https://academic.oup.com/eurpub/article/27/suppl_4/32/4430520?searchresult=1

Tuesday 17 May 2022



Vaccination as a key prevention strategy

DESCRIPTION:

The pandemic made clear there's a big difference in vaccination equity throughout the world and the European Region. Trust in the government, health literacy and health care professionals affect vaccination uptake during the life course. What can be done to improve its success?

SUBTHEMES:

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- Vaccination success is in everyone's hands
- Vaccination campaigns: involving the community (e.g. prevention to increase trust)
- Reunite the society: building bridges
- Immunisation equity: solidarity and protecting the vulnerable
- Exchanging best practices and knowledge among health care professionals
- Vaccination during the life course: what is recommended and for whom?
- Vaccination: recent perspectives on its role in public health
- Public and personal benefits of vaccination: not mutually exclusive
- Education of health care workers
- Health literacy in relation to vaccines: access to trustworthy evidence-informed information

KEY MESSAGES:

- **COVID-19 vaccination coverage has also been uneven: as of 8 Feb, 71% of the total population in high-income countries has received a complete primary dose series, compared to 34% in lower-middle -income countries. (Source: [WHO](#))**
- **Health literacy, including access to evidence-informed information is key to achieving and sustaining high population demand for and acceptance of vaccination. WHO/Europe Behavioural Insights studies related to COVID-19 vaccination uptake confirm a link between low health literacy and lower intentions to vaccinate. (Source: [WHO/Europe](#))**
- Inequities in immunisation coverage exist within and between countries. Routine immunisation coverage in middle-income countries without any donor support has declined in recent years while coverage in high-income countries remained stable. Already before the pandemic, in the WHO European Region, refugees and migrants faced socioeconomic, sociocultural and educational barriers when accessing immunisation services in host

countries, resulting in lower vaccination coverage among these groups compared to the host population average. (Source: [WHO](#))

- The full impact of COVID-19 on routine immunisation programmes is still unknown. However we know that many Member States have seen a decline in coverage for a variety of COVID-19 related reasons; catch-up efforts must be tailored to address inequities that may have been amplified by the pandemic. (Source: [WHO](#))
- Understanding the barriers and drivers to vaccination is key to addressing gaps in immunisation coverage. Questions and concerns expressed by the public should not be seen as 'vaccine hesitancy' but as health-seeking behaviour. (Source: [WHO/Europe](#))
- Health literacy, including access to evidence-informed information is key to achieving and sustaining high population demand for and acceptance of vaccination. WHO/Europe Behavioural Insights studies related to COVID-19 vaccination uptake confirm a link between low health literacy and lower intentions to vaccinate. (Source: [WHO/Europe](#))
- Many studies point to the role of health workers as the most trusted source of information on vaccines and vaccination. (Source: [WHO/Europe](#))
- Vaccine education of health workers, both in standard and continuing education curricula, is therefore vital to ensure they can accurately advise their patients. (Source: [WHO/Europe](#))
- Capacity building should focus in part on how to communicate about vaccines (e.g. WHO/Europe training package: Communicating with patients about COVID-19 vaccination) (Source: [WHO/Europe](#))
- How did small countries manage their vaccination campaigns and community led action. Lessons learned 2020 and 2021. How can we improve coordination, when there is a large dependency on neighbouring countries? (Source: article on lessons learnt in small countries.)
- Stronger advocacy is needed to make sure that pharmaceutical companies will start sharing their intellectual property rights, know-how and technology through C-TAP or other mechanisms, most urgently for vaccines but for other COVID-19 products as well. (Source: [EUPHA](#))

RESOURCES:

- Call to EUPHA members and the wider public health community: advocate sharing of rights, know-how and technology to maximise COVID-19 vaccine production (Wemos + EUPHA) <https://eupha.org/repository/advocacy/EUPHA%20-%20Wemos%20statement.pdf>
- COVID-19 vaccination coverage: https://worldhealthorg.shinyapps.io/EURO_COVID-19_vaccine_monitor
- Survey tool and guidance: behavioural insights on COVID-19, 29 July 2020 (produced by the WHO European Region) <https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health/tools-and-resources/who-tool-for-behavioural-insights-on-covid-19/survey-tool-and-guidance-behavioural-insights-on-covid-19-produced-by-the-who-european-region>
- Article on lessons learnt in small countries
To be published by WHO/Europe.
- Communication with patients about COVID-19 vaccination - training package <https://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/communication-and-advocacy/communicating-with-patients-about-covid-19-vaccination-training-package>

Wednesday 18 May 2022



Climate change affects your health

DESCRIPTION:

Climate change is affecting all of us, while different groups experience this disruption in different ways. It's urgent to take action on a European, national, local and even individual level to avoid disparities, or cause an increase of, for example, infectious and chronic diseases. What can we do to be the motor of change?

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- Climate change impact over one's health in urban regions
- Climate-related infectious diseases - a growing problem in the European Region
- Be the motor of change: sharing solutions on climate change mitigation and adaptation for health
- Socioeconomic disparities
- The role of the health sector and local authorities
- Small things count
- Community based climate risk management (building resilient cities)
- Climate change impacts chronic diseases and conditions
- Climate-resilient housing
- Similarities and synergies between health promotion and climate protection (e.g. active mobility, one health diet, etc.)
- Our health affects the climate / Making healthcare climate friendly
- Role of climate change on your perception of the future (for younger people)

KEY MESSAGES:

- **We need to strengthen the position of the health argument for urgent action on climate change and to advocate for a healthy, green and just recovery from COVID-19 – both in the health sector and beyond. (Source: [WHO](#))**
- **Climate change will affect everybody, but vulnerability to weather and climate change depends on people's level of exposure, their personal characteristics (such as age, education, income and health status) and their access to health services. Elderly people,**

children, outdoor workers and homeless people are particularly susceptible population groups ([Source: WHO](#))

- **Climate change is a public health crisis calling for urgent coordinated transformative efforts.** (Source: [WHO](#))
- **Climate hazards that are the most frequently covered in national adaptation and health policy documents are heatwaves and drought; heavy precipitation and flooding; general temperature rise; increasing risk of pathogens and infectious diseases; and more intense and frequent storms.** (Source: [European Climate and Health Observatory](#))
- Extreme weather events are directly linked to the changing climate and all of which have direct and indirect impacts on our health. This includes heatwaves, floods and wildfires. The climate-related health emergencies in the European Region are expected to become even more frequent and intense as a result of climate change. (Source: WHO)
- Heat stress is the leading cause of weather-related death. It can exacerbate underlying and increase the risk of accidents and infectious diseases. With a little preparation and understanding it is possible to largely prevent the adverse health effects of hot weather if we #KeepCool in the heat. (Source: [WHO](#))
- We have a unique opportunity to build forward greener, more equitably and inclusively – integrating action on climate change within COVID-19 recovery plans and placing health, decarbonization and adaptation at the centre. (Source: [WHO](#))
- Improving air quality can enhance climate change mitigation efforts, while reducing emissions will in turn improve air quality. By striving to achieve these guideline levels, countries will be both protecting health as well as mitigating global climate change. (Source: [WHO](#))
- Implementing climate adaptation and mitigation is local. What has been done at the local level to green health services and to aim for co-benefit in cross sectoral action? (Source: WHO)
- “Putting health and equity at the centre of climate action is essential, as set out in the WHO’s COP26 Special Report on Climate Change and Health. If the transition to a greener, healthier future is not equitable, it will not be successful. We recognise that the effects of climate change are experienced differently by different groups” – Dr Maria Neira, Director, Environment, Climate Change and Health, World Health Organisation (Source: [EUPHA](#))
- In the European Region, the number of heat-related deaths has increased by more than 30% in the past 20 years (Source: [WHO](#))
- Patient care and safety must remain the main priority, but environmental health advocacy, ecologically sustainable healthcare and high standards in energy efficiency should be put on the table when planning and implementing projects, programmes and systems. (Source: [EUPHA](#))
- Addressing climate change impacts on health in an effective manner requires actionable national policies. The emphasis on health in national climate change adaptation policies, and the consideration of climate change impacts in the national health strategy are key. (Source: [European Climate and Health Observatory](#))
- The review of national policies of 38 EEA member and cooperating countries suggests that climate change impacts on health are commonly addressed in national adaptation strategies, but less frequently in national health strategies. (Source: [European Climate and Health Observatory](#))
- Both adaptation and health policies largely focus on the current and projected impacts on physical health, the most frequent being infectious and vector-borne diseases; increased air pollution; heat impacts on cardiovascular and respiratory systems; and injuries from extreme weather events. Mental health impacts are less frequently covered, and only a small proportion of the reviewed documents considered social health impacts. (Source: [European Climate and Health Observatory](#))

- The most frequently planned interventions to address climate change impacts on health are monitoring and surveillance, including early-warning systems; awareness-raising campaigns for the general public; and continued research into climate change impacts on health. (Source: [European Climate and Health Observatory](#))

RESOURCES:

- Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region. Key messages from the Working Group on Health in Climate Change (2021)
<https://www.euro.who.int/en/health-topics/environment-and-health/Climate-change/publications/2021/zero-regrets-scaling-up-action-on-climate-change-mitigation-and-adaptation-for-health-in-the-who-european-region.-key-messages-from-the-working-group-on-health-in-climate-change-2021>
- COP26 Health Programme
<https://www.who.int/initiatives/cop26-health-programme>
- COP26 Special Report on Climate Change and Health
<https://www.who.int/publications/i/item/cop26-special-report>
- WHO Global Air Quality Guidelines
<https://www.euro.who.int/en/media-centre/sections/press-releases/2021/new-who-global-air-quality-guidelines-aim-to-save-millions-of-lives-from-air-pollution>
- Heat and health in the WHO European Region: updated evidence for effective prevention (2021)
<https://www.euro.who.int/en/health-topics/environment-and-health/Climate-change/publications/2021/heat-and-health-in-the-who-european-region-updated-evidence-for-effective-prevention-2021>
- #KeepCool in the heat
<https://www.euro.who.int/en/health-topics/environment-and-health/Climate-change/news/news/2021/5/keep-cool-this-summer-to-protect-your-health>
- #HealthyClimate Prescription letter signed by EUPHA
<https://healthyclimateletter.net/>
- Priorities for protecting health from climate change in the WHO European Region: recent regional activities. Kendrovski, V. & Schmoll, O. National Library of Medicine, 2019.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6507478/>
- Statement by the European Public Health Association (EUPHA) and Portuguese Association of Public Health Doctors (ANMSP) on Health systems need to adapt to climate change.
<https://eupha.org/repository/advocacy/Climate%20change%20and%20healthcare%2020-05-2021.pdf>

- Climate change and health: overview of national policies in Europe. European Climate and Health Observatory & Climate ADAPT, 2022.
<https://climate-adapt.eea.europa.eu/observatory/policy-context/national-policy-analysis-2022>

Thursday 19 May 2022



No health without mental health

DESCRIPTION:

Mental health is as important as physical health and can influence one another. As it includes psychological, social and emotional well-being, it can be influenced by a variety of things, ranging from adversity over the life-course, stress at work, grief, and many more. How can we improve our mental health in the long-term?

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- Public mental health interventions: prevention, promotion and resilience
- The pervasive impacts of mental health-related stigma
- Caring for the carers
- Physical and mental health: working actively on one can improve the other
- Lived experiences: young people and depression treatments
- Digitalisation and mental health – Online and interrelated risks in the European region

KEY MESSAGES:

- **Mental health conditions begin early, with 50% of lifetime mental health conditions occurring by 14 years of age (Source: [The Lancet](#)).**
- **There is no health without mental health. Mental health needs our daily attention just as much as physical health. (Source: EUPHAW 2020 key messages)**
- **Childhood is a key opportunity for prevention of mental health conditions, such as through parenting and family-based education, school-based interventions such as socioemotional learning and life skills training, and societal efforts to reduce economic inequities. (Source: [The Lancet](#))**
- **Look after yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper. (Source: EUPHW 2020 key messages)**
- **Social adversities over the life course have not only short term but also long-term effects on mental health and social adversities in adolescence predict trajectories of internalised mental ill-health symptoms. (Source: [European journal of public health](#))**

- Interventions to promote mental well-being exist for all stages of life, such as parenting programmes for prospective parents, lifestyle interventions like increased access to green spaces, workplace interventions like flexible work schedules, and social support for senior citizens. (Source: [The Lancet](#))
- At least 18% of the global burden of disease is due to mental health conditions and self-harm (Source: [The Lancet](#)).
- Between 1990 and 2019, the global number of days of life lost due to disability (disability-adjusted life years) for mental health conditions increased from 80.8 million to 125.3 million (Source: [The Lancet](#)).
- Mental ill health has diffuse impacts across the life course, making it more likely for individuals to experience economic hardship, poor physical health, premature mortality, and more. All these factors also increase the risk of mental ill health. (Source: [The Lancet](#))
- Mental health conditions in childhood and adolescence are associated with increased risk of such conditions in adulthood. (Source: [The Lancet](#))
- Mental ill health and mental well-being are opposite points on a spectrum of mental health, and both require attention in public health policy. (Source: [The Lancet](#))
- Mental well-being and the absence of mental ill health are public goods that should be accessible to everyone. (Source: [The Lancet](#))
- Public mental health interventions exist to protect mental health, including by preventing mental health conditions from arising in the first place, preventing or reducing their impacts, and promoting well-being and resilience. (Source: [The Lancet](#))
- Prevention of mental ill health and promotion of mental well-being are interrelated – interventions that promote well-being can prevent mental ill health. (Source: [The Lancet](#))
- Prevention involves targeting risk factors of mental ill health (primary), early identification and treatment of mental health conditions (secondary), and taking measures to prevent relapse or worsening conditions in people with mental health conditions (tertiary). (Source: [The Lancet](#))
- Primary prevention of mental health conditions is essential because even provision of the best available treatment can only avert 28% of the disease burden of mental health conditions. (Source: [The Lancet](#))
- Interventions to promote mental well-being exist for all stages of life, such as parenting programmes for prospective parents, lifestyle interventions like increased access to green spaces, workplace interventions like flexible work schedules, and social support for senior citizens. (Source: [The Lancet](#))
- Implementing public mental health interventions has clear economic returns: the estimated savings from scaling up depression and anxiety treatments across 36 countries from 2016 to 2030 amounts to 310 billion USD and 399 billion USD in terms of health benefits and improved productivity, respectively. (Source: [The Lancet](#))
- Public mental health interventions can be delivered at all levels of society, from settings-based approaches (e.g. school-based interventions or workplaces) to digital technologies. (Source: [The Lancet](#))
- Public mental health interventions require investing more for mental health, such as investing in community services and primary care, training and recruiting further human resources, and involving users of mental health services in service planning and policymaking. (Source: [The Lancet](#))
- Some interventions have higher returns, making them more cost-effective, such as actions to prevent childhood adversity. Treating parental mental ill health can prevent 40% of mental health conditions in children. (Source: [The Lancet](#))

- Stigma and discrimination towards people with mental health conditions and suicide remains widespread: according to one survey, across the OECD countries, only 60% of respondents considered mental illness to be an illness like any other and 25% thought that people with mental health conditions should be excluded from holding public office (Source: [OECD](#))
- Stigma not only includes the experience of discrimination such as denial of service or violence but also internalized beliefs about the self, all of which can prevent people from talking and taking action about their ill health. (Source: [BMC Medicine](#))
- Stigma also includes the perception or anticipation of discrimination in particular contexts, such as when applying to jobs or visiting the hospital (Source: [BMC Medicine](#))
- Stigma can also be perpetuated by myths about mental health conditions, such as that they are contagious. (Source: [PubMed](#))
- Stigma towards mental health conditions and suicide has significant negative impacts, such as preventing people from seeking help and putting them at marked disadvantages in access to housing, employment, education and health care (Source: [Folkhälsomyndigheten](#))
- Mental health-related stigma can also lead to social exclusion and the worsening of both physical and mental health conditions and potentially the worsening of both physical and mental health conditions by preventing people from getting help. (Source: [Folkhälsomyndigheten](#))
- Globally, only 10% of people with anxiety disorders, 17% with major depressive disorder, and 29% with psychosis receive potentially adequate treatment – the lack of treatment is partly explained by stigma and discrimination. (Source: [the Lancet](#))
- Mental health-related stigma is grounded in limited knowledge and understanding of mental health and well-being. Therefore, anti-stigma efforts primarily center on improving mental health literacy and awareness. (Source: [Frontiers in Public Health](#))
- Organized anti-stigma campaigns can offer opportunities for both individual and collective stigma resistance, including personal empowerment to challenge internalized stigma, group support, and opportunities to safely educate the public. (Source: [Science Direct](#))
- Myths and facts campaigns tend to be ineffective and may actually reinforce stigmatizing beliefs, as people may misremember myths as fact (Source: [American Psychological Association](#))
- Attributing the causes of mental health conditions exclusively to biological factors can reinforce stigma, particularly that people with mental health conditions are dangerous or unpredictable and cannot recover. (Source: [Sage Journals](#))
- Indirect or direct social contact with people with mental health conditions, such as videos sharing their stories or organizing shared activities, can be effective in improving attitudes and desire for social distance (Source: [Frontiers in Public Health](#))
- Sharing lived experiences of stigma can boost confidence and empower others in stigma resistance. (Source: [Science Direct](#))
- Anti-stigma efforts should embrace explanations that explain mental ill health as caused by a complex range of biological, social, and psychological factors. (Source: [Frontiers in Public Health](#))
- The general public can hold multiple beliefs about mental illness at any one time – public anti-stigma efforts should mirror that complexity by challenging multiple harmful beliefs (Source: [Sage journals](#)).

RESOURCES:

- EUPHW 2020 key messages
https://eupha.org/general_page.php?p=230
- Public mental health: required actions to address implementation failure in the context of COVID-19, The Lancet Psychiatry, Campion, J., et al., 2022.
[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(21\)00199-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00199-1/fulltext)
- Public Mental Health, EJPH E-collection from 2017:
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<https://journals.sagepub.com/doi/abs/10.1177/2156869317733514>
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- “Myths and facts” campaigns are at best ineffective and may increase mental illness stigma. Dobson, K. and Wolf, S. 2021.
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- GBD 2019 Mental Disorders Collaborators. 2022.
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https://www.oecd-ilibrary.org/sites/a0815d0f-en/1/3/1/index.html?itemId=/content/publication/a0815d0f-en&_csp=fe4f5bb759b8e18551cbfb86eddc4c7a&itemIGO=oecd&itemContentType=book#section-d1e595
- A scoping review of health-related stigma outcomes for high-burden diseases in low- and middle-income countries. Kane et al. 2019, BMC Medicine.
<https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-019-1250-8>
- Interventions to reduce public stigma of mental illness and suicide – are they effective? Folkhälsomyndigheten, 2019.
<https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/i/interventions-to-reduce-public-stigma-of-mental-illness-and-suicide--are-they-effective/>
- A Call to Action. A Critical Review of Mental Health Related Anti-stigma Campaigns: Walsh, D. and Foster, J. 2021.
<https://www.frontiersin.org/articles/10.3389/fpubh.2020.569539/full>
- A Contagious Other? Exploring the Public's Appraisals of Contact with 'Mental Illness': Walsh D, Foster J. A. Int J Environ Res Public Health. 2020.
<https://pubmed.ncbi.nlm.nih.gov/32197437/>
- A Call to Action. A Critical Review of Mental Health Related Anti-stigma Campaigns: Walsh D. & Foster J. Frontiers in Public Health, 2021

<https://www.frontiersin.org/articles/10.3389/fpubh.2020.569539/full>

- Talking back to mental health stigma: An exploration of YouTube comments on anti-stigma videos: McLellan, A., Schmidt-Waselenchuk, K., Duerksen, K. & Woodin, E.. Science Direct, 2022. <https://www.sciencedirect.com/science/article/abs/pii/S074756322200036X>
- When Do Biological Attributions of Mental Illness Reduce Stigma? Using Qualitative Comparative Analysis to Contextualize Attributions: Andersson, M.A. & Harkness, S.K.. Sage Journals, 2017. <https://journals.sagepub.com/doi/abs/10.1177/2156869317733514>

Friday 20 May 2022



Building resilient health systems

DESCRIPTION: Health care workers are one of the key pillars of building resilient health systems. Data, health promotion, appreciation for health professionals and having attention for the local communities all play an important role in building stronger and more resilient health systems. How can we improve the health systems in the European Region?

SUBTHEMES:

These are subthemes to give you ideas and to stimulate your imagination. They do not limit the scope of the day themes. If you are having doubts on which day you should organise your event, email us at euphacommunications@eupha.org and our team will be happy to help you.

- Health and care workers are a key pillar for building resilient health systems
- Continuation of chronic care in difficult times
- Resilient health workforce: perspectives of the health workforce
- Local engagement of communities
- Importance of data (e.g. EHDS)
- Health promotion for health professionals
- Enhancing public appreciation for health professionals
- Person centered care: the needs of the person involved
- Health care setting as a setting for climate protection
- Public health and resilient health systems in small territories, countries or regions.
- Patient engagement and quality of care
- Behavioral and cultural insights

KEY MESSAGES:

- **Investments in the health and care workforce and in the improvement of health service coverage and health emergency preparedness, builds societies' health resilience and security.** (Source: [Wiley Online Library](#))
- **COVID-19 has reinforced the centrality of health workers at the core of a well performing and resilient health system and exposed the risks of any staffing and skills shortages.** (Source: [Wiley Online Library](#))
- **The new normal for many health workers implies a higher workload, higher exposure to COVID infection, that have contributed to increased mental stress, staff absenteeism and burnout, suffering long COVID and the appearance of psychological conditions.** (Source: [WHO](#))
- Health workers have played a critical role in testing, contact tracing, diagnosing, treating, accompanying COVID patients, in vaccinating patients, while also trying to provide other essential health services (Source: [Wiley Online Library](#))

- The pandemic has underlined the importance of valuing, protecting and caring for our health workforce. (Source: [Wiley Online Library](#))
- Some of the main challenges that lie ahead of us include the imperative for better investment, the need to improve recruitment and retraining whilst better retaining health workers, a focus on domestic sustainability, redeploying and developing new skills and competences among health workers, enabling more effective multi-professional collaboration and team work, improving the quality of education and training, increasing the public health focus and promoting ethical and sustainable international recruitment of health workers. (Source: [Wiley Online Library](#))
- In some situations, especially during the beginning of the outbreak, health workers have worked without adequate protection against the virus, putting their lives and the lives of those they live with at risk. The increased workload, the increased mortality rates as a result of COVID, and the lack of protection have contributed to increased mental stress, staff absenteeism and burnout, and the appearance of psychological conditions. (Source: [WHO](#))
- COVID-19 has further accelerated new ways of working and the effective use of technology. Investment in appropriate digital health can support overworked health workers and can also provide safer and more flexible ways of working, including for women who form the majority of the health workforce. (Source: [WHO](#))
- Young health professionals may have been exposed to high levels of stress and may have the risk of abandoning the health profession. At the same time, young professionals have played a critical role in responding to the pandemic and have been supported and valued by the society. (Source: [WHO](#))

RESOURCES:

- The health workforce: Central to an effective response to the COVID-19 pandemic in the European Region. Zapata, T., Buchan, J. and Azzopardi-Muscat, N.. Wiley Online Library <https://doi.org/10.1002/hpm.3150>
- Governing health workforce responses during COVID-19. Buchan, J, Williams, G.A. and Zapata T. Eurohealth: 2021. [Eurohealth-27-1-41-48-eng.pdf \(who.int\)](https://eurohealth.who.int/eurohealth-27-1-41-48-eng.pdf)
- Supporting the mental health and well-being of the health and care workforce. WHO (2021) <https://apps.who.int/iris/bitstream/handle/10665/340220/WHO-EURO-2021-2150-41905-57496-eng.pdf>