



## **The Berlin 2022 Statement**

### **31 August 2022**

The COVID-19 pandemic has revealed the strengths and the weaknesses of health care systems everywhere.<sup>1</sup> Between the 9th and 12th November 2022, the public health community will convene in Berlin, at the 15th European Public Health Conference, to ask how we can learn the lessons and ensure that our systems are prepared for whatever the future may hold.

Of course, we aren't the first to do this. In 2008 European governments met in Tallinn, Estonia, to agree the Tallinn Charter.<sup>2</sup> This set out the importance of policies that would create a virtuous circle in which progress in 'Health systems, Health and Wealth' mutually reinforced each other. Seven years later, in 2015 world leaders committed to the 2030 Agenda for Sustainable Development, a blueprint for peace and prosperity for people and the planet.<sup>3</sup> In 2018 European leaders were back in Tallinn where they committed to policies for health systems that would 'include, invest, and innovate'.<sup>4</sup> Moreover, in 2021, the Pan European Commission on Health and Sustainable Development, chaired by former Italian Prime Minister Mario Monti, set out a series of recommendations to enhance preparedness in the face of future threats to health.<sup>5</sup>

However, we need to do more to operationalize the recommendations ideas in these reports, designing, implementing, and evaluating health policies that respond to the many challenges we face. Here, in the Berlin Statement 2022, we set out a series of principles that should underpin our actions.

The EPH Conference and its partners, EUPHA, and national public health associations from across Europe call on European leaders to:

#### **B – build back better, bolder, and broader**

The people of Europe have suffered greatly, from the virus, from the measures taken to control its spread and from the uncertainty and, in some cases, mistakes associated with dealing with a novel and still incompletely understood threat. The slogan 'build back better' has rightly attracted widespread support.<sup>6</sup> But as we do so, we must be bold, challenging the complacency that so often emerges once a crisis is thought to be over. We must say loudly and clearly, 'never again', confronting those who oppose the measures needed to a safer, fairer, and thus more resilient society. And we must go forward broader, tackling the entire range of determinants of health, from the biological to the social, commercial, and political.

#### **E – equality, equity, efficiency**

Sustainable Development (SDG) target 3.8 calls on us to 'achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'. The virus exploited the many fractures that existed in our societies. We rediscovered the importance of 'essential workers',

groups that far too often were previously invisible but who we depended on for society to function. Their efforts were often unrewarded as they toiled in hazardous and precarious occupations.<sup>7</sup> Our efforts to rebuild must be fair, just, and efficient.

### R – resilient and robust

Our health systems were tested as never before. We were incredibly fortunate to have many courageous and dedicated health workers, some of whom sacrificed their lives to keep us safe. But too often we let them down. We had failed to invest in them, in their training, and in the tools they required. Our rushed, haphazard, and in some cases corrupt procurement systems left them unprotected. We owe them a debt. One way in which we can begin to discharge this is to ensure that we never again place them in the situation they experienced in early 2020. We need systems that are robust and resilient.<sup>8</sup>

### L – leadership for learning

We inhabit a knowledge economy. We know so much more now than we did even a year ago. But we need to ensure that those who are responsible for policy and practice have the scientific knowledge they need. This means ensuring that high quality, policy-relevant research is done, asking questions that are important, that it is synthesised and communicated, and that it is implemented in ways that are based in science. Moreover, we must ensure that the right lessons are learned, something that, sadly, requires that we tackle the disinformation that has flourished during the pandemic.

### I – invest, innovate

The word ‘unprecedented’ can be overused. Yet it is entirely appropriate for so much that happened in the pandemic, from decoding the genome of SARS-CoV-2 within days to developing new types of vaccines within months. We were able to track the spread of variants through genomic sequencing and track human behaviour through mobile phones. But we were only able to do these things because someone had the foresight to invest in research and innovate and researchers, in the public and private sectors who could work together to respond to the pandemic. The mRNA vaccines were not designed for viruses but for cancer. The tracking apps were not designed to pandemic responses but for marketing. However, we were able to take advantage of them. Innovation was, and will continue to be crucial in preparing for future threats but will only happen if we invest in them.

### N – network

Nobody has all the answers. Europe is a vast and rich natural laboratory and we, in the public health community, have much to learn from others, within and beyond our traditional networks. We need new, open ways of working, sharing insights across disciplines and topic areas, between research and policy, and above all between those in the health field and patients and their carers, co-designing solutions to our shared challenges.

### References

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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 25'000 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.

The European Public Health (EPH) Conference is an annually organised scientific conference on public health issues in Europe. Each year the conference is organised in a different country by the EPH Conference Foundation in close cooperation with one or more local partner(s). The conference actively seeks a larger partnership with other European NGOs and institutions.

EPH Conference Foundation was established in May 2013 as a non-governmental and not-for-profit organisation at the initiative of the European Public Health Association (EUPHA). The Foundation is managed by the Executive Board (EB). In organising the conference, the Executive Board is assisted by the Local Support Committee (LSC), International Conference Council (ICC), the International Scientific Committee (ISC) and EPH Conference Office (EPH-CO).

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## National associations and institutes



Bulgarian Public Health Association



Israel Association of Public health  
Physicians



Serbian Public Health Association



Finnish Institute for Health and Welfare



Finnish Society for Social Medicine



Federal Centre for Health Education  
(BZgA)



Spanish Association of Public Health and  
Healthcare



German Society of Medical Sociology



Portuguese Public Health Medical  
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## International organisations



## Supporting organisations



b a u a : Federal Institute for Occupational  
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Pettenkofer School of Public Health (PSPH)



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