Health Systems Respond to NCDS: Experience of the European Region
Sitges, Spain, 16 April, 2018

PLENARY SESSION: TOWARDS PEOPLE-CENTRED INTEGRATED SERVICES
Statement on Behalf of EUPHA

How do we implement strategies to accelerate making health services more people centred?

What are the challenges that need to be overcome?

Good afternoon,

I'm delighted to be here in Sitges at this necessary, timely and highly relevant meeting which seeks to give a renewed impetus to the actions health systems can take in tackling Non Communicable Diseases in order to work towards the achievement of the Sustainable Development Goals.

I represent the EUPHA, the European Public Health Association. We are an umbrella organisation for national public health associations and public health institutes (or academic institutions) in Europe. EUPHA now has 80 members from 46 countries.

I have been asked to reflect upon how we can enable regions/oblasts to positively influence population health outcomes.

Clearly, when it comes to tackling NCDs and making progress towards the SDGs, this can only be achieved if we ensure that appropriate action is taken at all levels. Global, European, national, regional and local actions must be aligned and complement each other. System level resilience is a priority within the Sustainable Development Goals. The public health challenges being faced today require that communities and systems develop the capacity to absorb, adapt, anticipate and transform when exposed to external threats as well as forecast 'shocks' and take pre-emptive actions.

Responsibility for health systems often lies at regional level and therefore regions necessarily play a key role in reorienting their health services to respond more effectively to NCDs. Health Services are as much a determinant of health as other factors such as clean water or road safety. Health services are large players in the regional political and economic sphere. Prominent members of the health workforce are sometimes politically engaged and can make a difference. Public health practitioners working at regional levels must engage with those delivering healthcare, not only in respect of collective action such as screening, but also in assessing the effectiveness of interventions, the equity with which they are provided, and the trade-offs that must be made in health systems with limited resources.

Crucially, they must also engage with practising clinicians to ensure that preventive measures, including medicines or vaccines that are shown to avert, delay disease or complications are given priority.

Practically speaking regions can be enabled by having the necessary information at their fingertips. Increased used of techniques such as geospatial mapping allows the identification of 'hot spots' and targeting of actions in what is being called 'precision public health'.

Public health associations and health workforce representatives have a responsibility to support regional administrations in advocating for health and holding national and international governmental organisations accountable for delivering on actions.

The greatest challenge often faced at regional level is that of capacity. Having sufficient numbers of people with the requisite skills has become particularly difficult due to the fact that periods of austerity have often meant cuts to public health services and institutions. Here, useful lessons can be learnt from smaller countries which often face significant capacity problems to implement and govern, yet they manage to make use of assets and opportunities such as networks and agility.

A second challenge is overcoming vested interests. These exist everywhere but are often magnified at regional and local level where implementing actions to tackle NCDs may mean specific negative effects on particular individuals and companies, often translating into effects on employment and the economy.

EUPHA has issued two declarations during its past annual public health conferences. In the Vienna declaration of 2016, we reflect on the achievements made since the Ottawa Charter but propose that incisive and urgent action is needed within Europe since NCDs (particularly mental health and risk factors like obesity and tobacco) are segregating societies and leaving people behind.

Further information about this can be found in our Vienna and Stockholm declarations which are both available on the EUPHA website.

Dr Natasha Azzopardi Muscat, President
EUPHA
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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 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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