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Public health in the eye of the storm: what can we learn from the COVID-19 pandemic experience to strengthen public health services in Europe?

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Some months ago, a simple, yet powerful campaign known as 'This is Public Health' was launched.[1] The campaign had the aim to brand public health and raise awareness of how public health affects individuals, families, communities and populations. It was a call to place public health under the spotlight. This campaign was strongly endorsed by the European Public Health Association. The need to refocus on public health was partly a response to the emerging evidence on the erosion of public health services subjected to budget cuts in several countries as part of the implementation of austerity measures.[2] It was also a clarion call by the public health community, reinforcing earlier concerns about a growing health gap within and between countries and a need for a renewed commitment to the principles of the Ottawa Charter[3] to make progress in achieving the Sustainable Development Goals.[4]

Fast forward to early 2020 and public health was truly caught in the eye of the storm as the harsh reality of the COVID-19 pandemic rapidly swept worldwide. This pandemic has an enormous impact on the health and wellbeing of entire communities, overstretching even the best health services and crippling powerful economies.

What is beginning to emerge rather clearly is that countries which were better equipped from a classical epidemiological disease control perspective and had the mechanisms to surge their capacity to test, isolate, contact trace and quarantine, were better able to manage the epidemic particularly at the cluster stage. Yet, in practically every country's public health services were overwhelmed and traditional approaches to outbreak control could not cope with the high intensity of transmission. All countries resorted to greater or lesser extents to the implementation of non-pharmacologic interventions in an attempt to break transmission chains. Strong public health leadership embedded at the heart of policy making was critical to garner support for, and institute appropriate non-pharmacologic interventions in a timely manner in a quest to delay and 'flatten' the epidemic curve.

As countries enter the Transition Phase of the pandemic, a skilled public health workforce supported by effective digital technology and capable of fulfilling a comprehensive real-time effective surveillance function is a clear pre-requisite to safe shifting of physical distancing restrictions. Strong and integrated management of the public health services, primary care services and management of hospitals and long-term care facilities is critical to manage this delicate phase. COVID-19 has underscored the importance of tight collaboration between the public health and clinical health care services. In a time of crisis, pre-existing networks based on trust and common understanding of the roles of the respective functions is a critical factor for success. Yet this alone will not suffice unless we are able to obtain the full support of people in society to adhere to a gradual and incremental loosening up of physical distancing measures. We need to leverage behavioural insights as part of the solution.

COVID-19 has made a strong case for anyone asking the question 'Why should we strengthen public health services?'. Yet the rationale for investing in public health services actually goes far beyond strengthening preparedness to counter the next COVID-19 wave or the next unknown infectious health threat.

COVID-19 has highlighted health inequities. Persons with pre-existing chronic diseases often associated with lower socio-economic status were more likely to suffer serious complications or die from COVID-19. The mental, social and economic impacts linked to being under extended periods of 'cocooning' (Cocooning is a term being used in the context of COVID-19 to refer to measures being put in place to safeguard the elderly and other vulnerable persons by keeping them indoors and physically distant from other members of society.) should also be considered.

The 10 Essential Public Health Operations described in the European Action Plan for Strengthening Public Health Capacities and Services[5] adopted by the WHO Regional Committee for the European Region in 2012 still provide a robust framework for the functions that public health services seek to cover. It is however timely to revisit the bigger picture, learn lessons from COVID-19 and use this experience to answer questions, such as 'Where should public health services be anchored to be most effective? How can we build better bridges between public health services and clinical services, particularly primary care? How can we modernise public health services to exploit digital technology in a way that respects privacy and ethics? Finally, how can we ensure that we harness the effective and efficient practices put in place to deal with the COVID-19 crisis and how do we recover stronger and better?' These are important issues which will be considered within the European Programme of Work[6] that is being developed for the WHO Regional Office for Europe in the coming years. Action on the wider determinants of health and bridging between the health services and the broader political, economic and social agenda is a key component of a highly performing public health service and needs to be bolstered going forward.

Conflicts of interest: N.A.-M. is Past President of the European Public Health Association and a Senior Advisor to the Regional Director WHO Europe. H.H.P.K. is the Regional Director of the WHO Regional Office for Europe.

References

1 Association of Schools and Programs of Public Health, Washington DC. This is Public Health. Available at: https://thisispublichealth.org/ (11 April 2020, date last accessed).

2 Rechel B, editor. *Organization and Financing of Public Health Services in Europe: Country Reports*. Copenhagen: World Health Organization (29 June 2018, date last accessed).

3 World Health Organization. The Ottawa Charter for Health Promotion. Geneva, Switzerland: WHO; 1986. Available at: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html

4 McKee M, Stuckler D, Zeegers Paget D, Dorner T. The Vienna declaration on public health. *Eur J Public Health* 2016;26:897–8.

5 World Health Organization. *European Action plan for Strengthening Public Health Capacities and Services*. Copenhagen: Regional Committee for Europe. Available at: http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services (28 April 2020, date last accessed).

6 Kluge H. A new vision for WHO's European Region: united action for better health. *Lancet Public Health* 2020;5:e133–4.