# The Association of Schools of Public Health in the European Region (ASPHER) Statement on the Erosion of Public Health Systems

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Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society.[1] Public health systems are required to improve and protect the health of the people they serve, be it at international, national, regional, or local levels. Over the past few decades, public health systems have been eroded to the point where they are unable to properly develop their four health systems framework functions, as defined by the World Health Organization (financing, provision, stewardship, and resource generation)[2] which allow essential public health functions and operations to be carried out.[3]

Public health has suffered from major cuts in funding in part due to the economic crisis as well as the government austerity policies. Due to the financial crisis of 2008-9 and a rapidly ageing global population, governments have had to search for solutions to reduce expenses and increase cost-effectiveness; the health sector in particular was an unfortunate target for such cuts. While in the 2000s, there had been a steady increase in public health expenditure across the EU, the reverse occurred when many governments began to decrease their health spending; this resulted in an increase in out-of-pocket (OOP) healthcare expenditures and weakening of public health services, further widening health inequalities globally.[4-6]

Another key contributing factor to the erosion of public health is the decreasing ability of governments to generate sufficient human, physical, and knowledge resources. Health systems respond to limited budgets, which inherently means they function with limited human resource capacity. Decreasing capacity in a context of growing demand, however, inevitably triggers a downward cycle of increased health risks coupled with decreased access to and quality of care, which in turns leads to a higher burden of disease. This is not a sustainable functioning, and long-term investment in more and better adapted resources for health is crucial for meeting the growing demands on public health services and increasing their potential for prevention and new challenges.

Furthermore, the lack of resources has a direct impact on the ability of health systems to effectively deliver services. This is particularly worrying as the resilience of health systems is crucial to

successfully facing frequent crises and emergency situations. Moreover, the emergence of such events in underprepared and already strained systems inevitably result in the disruption of the services which they usually deliver.

Deficiencies in the three aforementioned functions arise from a lack of vision, stewardship, and effective governance. Despite public health experts raising their voices, governments have either proven to be slow to listen or have disregarded advice, even blaming the scientific community for failed responses in some instances. Not only is this approach dangerous as it contributes to the decreasing credibility of public health institutions, but it also leads to a lack of public trust in politicians, impeding the success of measures taken which require buy-in from the entire population (e.g. compliance with vaccination, social distancing, and mask wearing).

**The structural erosion of our public health systems has led to a lack of preparedness and resulted in ineffective responses to present crises**

The extent to which public health systems have been eroded, in many countries is particularly evident in the lack of swift and adequate response to the COVID-19 pandemic. The global response has highlighted gaps in public health across a myriad of structures and a lack of adequate preparedness and response mechanisms worldwide; this appears to be a common thread in the failure to protect at-risk and vulnerable populations.[7-10]

As the COVID-19 pandemic progressed, countries with well-functioning governance frameworks, mainly with two levels of decision-making (national and local), were able to rapidly increase and mobilise resources and capacity to test, isolate, trace, and quarantine. Larger countries with three levels of governance were less agile in crisis management, probably because of tensions between central and regional action, which often led to mixed messaging. Key features observed throughout these successes have been:

- Improved preparedness and adaptability of public health systems following past experience (with SARS, MERS, Ebola) with prevention trainings and protocols in place;[11,12]
- Strong collaboration between the government and the scientific community (e.g. Canada's National Advisory Committee on SARS and Public Health;[13]
- Strong public health leadership embedded at the heart of policymaking, characterised by quick and decisive actions following the WHO guidance.[14]

On the other hand, less effective national performance has resulted from:

- Failure to learn from training and evaluation reports, many of which brought to light the lack of preparedness and appropriate response frameworks;[15]
- Lack of resources due to shrinking of regular public funding allocated to public health, which hindered the quick and transparent deployment of additional funds and resources for crisis response;
- Failure to multi-agency network (e.g. with care homes, medical industry, media, etc.);
- Failure to listen to recommendations of scientific experts and, more generally, a lack of dialogue between academia and policy-makers;[16,17]
- Governments falling into populist logics, encouraging scepticism in science and supremacy of personal freedoms over collective responsibilities thinking;[18]

- Lack of international leadership and collaboration in the context and spirit of the International Health Regulations (IHR, 2006) and past experience (e.g, SARS, Ebola, and MERS).[19]

In reviewing the pandemic response worldwide, a pattern of systemic and structural erosion of public health expertise and services can be observed. Not only have susceptible communities been left unprotected, but the health and safety of the "frontline" healthcare workers has also been compromised.[20] Keeping health costs low, or inappropriately allocated has and continues to cost human lives. Beyond those lives directly lost due to COVID-19 infections, the hidden toll of the pandemic has and will continue to emerge, in economic chaos, social, and mental health stress. Delayed treatments, prolonged absence of preventive care, and lack of access to social and mental health services during the lockdowns will all contribute to increased morbidity and mortality as well as result in reduced quality-adjusted life years (QALYs) and life expectancy at the population level.[21,22]

Given these trends and weaknesses of public health actions taken in response to the COVID-19 pandemic, everything points to the fact that many governments failed to respond swiftly, to implement public health policies to combat the infection. Public health systems and services at the global, national, and local levels were in many cases under-prepared, undervalued and under-resourced, and occupied low priority and a low profile for many years. This was made apparent in the lack of well managed public health structures, clearly defined roles and responsibilities and funding cuts, all contributing to the decrease in the credibility and erosion of public health. Governments failed to recognise the crucial important interaction of the public health and health services systems and importance of the health workforce.

Amidst the horrific pandemic, the United Kingdom's (UK's) government proposed to dissolve Public Health England (PHE), replacing it with a National Institute for Health Protection, alleging dissatisfaction with the PHE response to the COVID-19 pandemic. This massive restructuring during the crisis has left the public health community in further disarray. There have been some criticisms of Public Health England from professionals, but only government were pushing through for wholesale reorganisation when all efforts should have been focussed on tackling the pandemic.[23] Additionally, the decision of EU national governments to reduce health funding from €9.4 billion to €1.7 billion drastically reduced the ability of the health system to properly protect population health, further placing public health on the backburner.[24]

In tandem, public health specialists and experts do not always receive the attention they should and in many instances their added value has been unappreciated. This has also led to an increase of identity crisis amongst young public health workforce as they struggle to navigate career paths in the field.[25]

**We have a responsibility to learn from experience and bring public health back to the centre stage of political priorities, globally and nationally**

Moving forward, it is of utmost importance that public health is strengthened at its core, in order to ensure that it is well-prepared and resilient to respond to pandemics and potential health challenges in the future. Countries are advised to consider resilience strategies and policies that enable adaptable public health systems.[26]

Countries should ensure they have public health professionals who are thoroughly trained in the full range of public health skills.[27] But skilled individual public health professionals need to function as part of a comprehensive public health system and service. This requires a full range of skills

throughout the public health workforce.[28] The COVID-19 pandemic has provided an opportunity, as many politicians have now discovered what public health is, why it matters and should be an integral part of policy-making. For a discipline of public health, being at the crossroads of science and policy, it offers evidence-based information for better decision making in the matters of health. Therefore, continuous exchanges between decision makers and public health experts are always required to improve and protect the health of the public, in the health system.

The public health organisations and workforce remain the backbone of all actions against pandemics and future health threats and they must be empowered to enact effective, agile and responsive measures. Health systems need to ensure proper professionalisation through continuous training and development of an adequate capacity of highly skilled, diverse, and interdisciplinary workforce, backed with strong public health policies and structures.

COVID-19 has brought to light many weaknesses of international and national health systems and as countries navigate building back better,[29] defining public health system needs, research agendas and reinforcing international collaboration should be at the forefront of all actions. Public health must be a key priority moving forward and governments need to be prepared with long-term strategies aimed at strengthening health promotion and emergency preparedness measures to ensure sustainable health systems and support health for all.

Earlier on in the COVID-19 pandemic, the Association of Schools for Public Health in the European Region (ASPHER), as Europe's representative organisation for Schools of Public Health, issued a statement to reinforce the public health mandate.[30] Since then, the important role that public health systems play in preparing for and responding to crises has become evident. Therefore, ASPHER, calls upon:

1. National Governments to:
    a. Recognise public health as vital for national security;
    b. Allocate more resources towards strengthening national health systems (e.g. financial support, allocating dedicated budgets for public health);
    c. Regularly organise governmental emergency preparedness training events and simulations according to the WHO guidelines, followed by evaluation reports with SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goals, in order to improve preparedness protocols;
    d. Prioritise transparent and clear communication for the general public. Measures taken should be detailed, harmonised, time-bound, and easily understandable as well as equitably enforced nationally and updated regularly;
    e. Listen to scientific advice through regular meetings with scientific experts and make decisions/recommendations based on the best evidence available;
    f. Include public health experts in key national and regional health decision-making committees;
2. State and local authorities and many non-governmental organisations have responsibilities and public health structures; they should be enabled to:
    a. Advocate for national governments to commit more resources and efforts towards health systems strengthening and emergency preparedness;
3. Associations, Institutions, and Schools of Public Health to:

   a. Include issues such as health communication, stakeholder collaboration, and emergency preparedness in global and public health degrees;
   b. Insert basic public health teaching into public administration and international affairs higher education degrees;
   c. Continue to develop public health professionals, while at the same time training key healthcare personnel in infectious disease epidemiology competences;
   d. Advocate for appropriate investment in research into new health threats, including pandemics, and for research into developing effective responses;
4. International bodies and multilateral organisations to:
   a. Further support the strengthening of health systems (providing tools for continuous system planning and evaluation), with particular attention to emergency preparedness. In addition, strongly encourage compliance with national and international guidelines;
   b. Reinforce international collaboration towards health systems strengthening, particularly through sharing best practices with national governments.

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