

# The History and National Application of Essential Public Health Functions (EPHF)

Dr. Steve Sapirie  
Management Sciences for Health

# Agenda

- Share the origins of EPHF within the World Health Organization
- Discuss the nature of EPHF as defined internationally
- Case Study of defining and applying EPHF in Indonesia

## Origins of EPHF at WHO, Geneva

- The EPHF concept emerged during the collapse of health systems in NIS countries, resulting in the deterioration of public health
- Concurrently, donors pushed for health systems reform, e.g. downsizing, decentralizing and privatizing health services
- EPHF was an attempt to help identify public health priorities for governments in the midst of rapid reform

## Consequences of inadequate health performance

- Diphtheria epidemic in NIS countries due to decline in routine immunization; *Result: 125,000 cases and 4,000 deaths*
- Collapse of the immunization services in Nigeria in '96; *Result: 9,000 cases and 900 deaths*
- Poor maintenance of water and sanitation systems in Tajikistan in '96; *Result: 10-fold increase in Typhoid cases*
- E. Coli outbreak due to food poisoning in Japan in '96; *Result: 9,000 cases and 7 deaths*

## Pursuing a global consensus on EPHFs

- Technical EPHF working group established in WHO
- Defined the problem, an hypothesis, and a working definition of EPHF (criteria)
- Identified an initial list of cost-effective public health services and functions
- Designed and conducted an international Delphic survey on EPHF

## The EPHF Hypothesis

- Certain public health work is essential because it provides cost-effective protection against preventable and controllable diseases and hazards;
- It is possible to define such functions specifically enough to enable each country to decide for itself how these functions are to be performed in its system.

## Criteria for identifying EPHFs

1. prevents epidemics and the spread of disease
2. protects the population against environmental hazards
3. prevents injuries
4. encourages healthy behaviour
5. responds to disasters
6. assures quality and accessibility of health services
7. supports health care management, planning, development and evaluation
8. supports and manages resources including finance, human resources and technology

## The top ten EPHFs (as prioritized by the Delphic Panel)

1. Immunization
2. Monitoring morbidity and mortality
3. Disease outbreak control
4. Disease surveillance
5. Promotion of community involvement in health
6. Monitoring determinants of health
7. Production and protection of safe water
8. Control of food quality and safety
9. Provide health information and education
10. Evaluate the effectiveness of health programs and services

## Other EPHFs of note

11. Enact health legislation and regulations
12. Sewerage, drainage and waste disposal
13. Vector control
14. Occupational health and safety
15. Prevention of injury and accidents
16. Health inspection and licensing
17. School health services
18. Maternal health care and family planning
19. Emergency and disaster services
20. Infant and child care
21. Prevention and control of atmospheric pollution
22. Controlling radiation

## Initial implementation strategy for EPHF (WHO)

- WHO programs were to develop, test and apply rapid assessment tools for EPHFs for which they were responsible
- WHO programs were expected to create practical approaches for strengthening the performance and monitoring of EPHFs for which they were responsible
- However, due to changing WHO leadership, the EPHF promotion effort did not continue in HQ after mid-1998

## Parallel and related efforts to promote EPHF

- National efforts such as the US Institute of Medicine study on “the Future of Public Health” and the HHS Essential PH Functions Steering Committee and Working Group, supported by the CDC PHP Program
- WHO Regional Office Interest: PAHO and WPRO, followed by AFRO and SEARO continued with their own efforts to define EPHF and design assessment tools
- In 2000, the World Federation of PH Associations placed EPHF within its global plan of action

# Ten Essential Public Health Services

(as defined by the HHS EPHF Steering Committee)

1. Identify community health problems
2. Diagnose health problems and hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual/community health
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to critical health services, and ensure the provision of health care
8. Ensure a competent public health workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research new solutions to health problems

## Case Study: Indonesia

- MSH helped the MoH apply the WHO concept of EPHF for defining minimum responsibilities of the government services at the district level.
- **Result:**
  - Identified “Obligatory Public Health Functions”, national targets and performance standards
  - Provided guidance to districts in the context of decentralization



## Case Study: Indonesia

- **Further Result:**
  - These OPHF standards were applied within the “Performance Assessment and Improvement” (PAI) process by district health teams



# Categories of Obligatory Health Functions in Indonesia

- Basic Health Services (MCH)
- Community Nutrition
- Referral and Supporting Services
- Communicable Disease Control
- Environmental Health and Sanitation
- Health Promotion
- Prevention and Management of Narcotics and Substance Abuse

## Essential Public Health Services Related to Environmental Health and Sanitation

- Monitoring water supply and sanitation
- Monitoring sanitation in community markets and restaurants
- Inspecting food establishments
- Vector control activities (house spraying, larvaciding, promoting and providing ITNs)

## Case Study: Indonesia

- **Result:**
  - The Government of Indonesia's MoH developed and implemented a process for performance assessment and improvement at district and municipality levels
  
- **Result:**
  - Participating districts made dramatic improvements in the performance and monitoring of selected essential services and related health problems

## Lessons Learned

- For ideas whose “time has come”, it is relatively easy to mobilize support and involvement, even within international agencies
- Changes in leadership can result in shifting priorities
- The ideas can take on varying shapes, definitions, products and strategies for implementation from organization to organization
- Essential Public Health Functions, must ultimately be assessed in terms of improved health and service performance

# Thank You

For more information please contact:

Steve Sapirie

Management Sciences for Health

617 250 9186

[ssapirie@msh.org](mailto:ssapirie@msh.org)