



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



126th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 26-30 June 2000

Provisional Agenda Item 4.10

CE126/17 (Eng.)

27 April 2000

ORIGINAL: SPANISH

ESSENTIAL PUBLIC HEALTH FUNCTIONS

Sectoral reforms face the challenge of strengthening the steering role of the health authority, and an important part of that role is exercising the essential public health functions (EPHF) that correspond to the State at the central, intermediate, and local level. It is therefore critical to improve practice in public health and the instruments for assessing the situation and identifying the areas that require strengthening.

In light of this, PAHO has launched the Public Health in the Americas Initiative, aimed at defining and measuring performance of the EPHF, as the basis for improving practice in public health and strengthening the leadership of the health authority at all levels of the State.

The present document summarizes conceptual and methodological aspects of the definition and measurement of the EPHF, discusses the implications of measuring the performance of these functions for improving public health practice in the Americas, and presents the hemispheric plan for the application of the EPHF performance measurement instrument.

This matter is submitted for consideration by the Executive Committee in order to elicit its comments on the Public Health in the Americas Initiative; obtain its input for the definition of the EPHF and the methodology developed to measure them; identify aspects to consider when preparing plans to improve public health practice; and receive its comments on the role of the Secretariat in this exercise.

CONTENTS

	<i>Page</i>
1. The Public Health in the Americas Initiative.....	4
2. The Concept of Essential Public Health Functions and Strengthening of the Steering Role of the Health Authority	5
2.1 Definition.....	5
2.2 Background.....	6
2.3 Progress in Defining the EPHF for the Region of the Americas	9
3. The Essential Public Health Functions whose Performance Should be Measured in the Countries of the Americas	10
3.1 Essential Function No. 1: Health Situation Monitoring and Analysis.....	11
3.2 Essential Function No. 2: Public Health Surveillance, Research, and Control of Risks and Damages in Public Health.....	11
3.3 Essential Function No. 3: Health Promotion	12
3.4 Essential Function No. 4: Social Participation and Empowerment of Citizens in Health	12
3.5 Essential Function No. 5: Development of Policy and Planning to Support Individual and Collective Efforts in Public Health and the Steering Role of the National Health Authority (NHA).....	13
3.6 Essential Function No. 6: Public Health Regulation and Enforcement.....	13
3.7 Essential Function No. 7: Evaluation and Promotion of Equitable Access to Necessary Health Services.....	14
3.8 Essential Function No. 8: Human Resources Development and Training in Public Health.....	14
3.9 Essential Function No. 9: Ensuring the Quality of Personal and Population-based Health Services.....	15
3.10 Essential Function No. 10: Research, Development, and Implementation of Innovative Public Health Solutions.....	15
3.11 Essential Function No. 11: Management Capacity to Organize Public Health Systems and Services	16
3.12 Essential Function No. 12: Reducing the Impact of Emergencies and Disasters on Health	16

CONTENTS (*cont.*)

	<i>Page</i>
4. Performance Measurement with Respect to the Essential Public Health Functions	16
4.1 Definition of “Reasonable Optimum” Standards versus Minimum Acceptable Standards of Operation	17
4.2 Initial Development of the Measurement Instruments.....	17
5. Pilot Studies for Validating the Instrument and Plan for its Application in the Region	18
6. Use of the Performance Measurement Results to Generate a Plan of Action for Improving Public Health Practice in the Americas	18
7. What is Expected of the Governing Bodies of PAHO?	20

1. The Public Health in the Americas Initiative

Health sector reform processes (SR) have concentrated primarily on structural, financial, and organizational changes in the health systems and on adjustments in the delivery of health services to people. Public health as a social and institutional responsibility has been neglected, precisely at a time when the demand for care is higher and more government support is needed to modernize the infrastructure necessary for its practice.

Reinserting public health into the agenda for transforming the sector requires a clear definition of its role, as well as the operationalization of its underlying concepts, among them the essential public health functions (EPHF). Likewise, to ensure the recovery of public health and put it at the center of processes aimed at transforming the system, it is important that operational categories such as the EPHF be defined and measured to determine the degree to which they are actually being fulfilled by both the State and civil society.

Sectoral reforms face the challenge of strengthening the steering role of the health authority, and an important part of that role is exercising the EPHF that correspond the State at the central, intermediate, and local level. It is therefore critical to improve practice in public health and the instruments for assessing its situation and identifying the areas that require strengthening.

In light of this, PAHO has taken the initial step of launching a hemispheric initiative, known as the Public Health in the Americas Initiative, aimed at defining and measuring the performance of the EPHF, as the basis for improving the public health practice and strengthening the leadership of the health authority at all levels of the State. This initiative, which is being coordinated by the Division of Health Systems and Services Development (HSP), involves all the technical units at Headquarters, together with the PAHO/WHO Representative Offices in the countries. It has benefited from the collaboration of Dr. Carlyle Guerra de Macedo, Director Emeritus of the Organization, who has served as Adviser to the project, and it has developed performance measurement instruments for the EPHF in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) and the Latin American Center for Health Research (CLAISS). The project contemplates a wide range of institutions for interaction with experts from academia, scientific societies, health services, and international organizations, linked in a network that provides continuous feedback for their development and represents a valuable opportunity to review the current status of public health practice in the Region.

The scope of the Public Health in the Americas Initiative can be summarized as follows:

- to promote a common understanding of public health and the essential functions in the Americas;
- to develop a framework for evaluating the performance of the essential public health functions, applicable to all the countries in the Hemisphere;
- to evaluate public health practice in every country by measuring the degree to which the EPHF are being carried out;
- to develop a hemispheric plan of action for strengthening the public health infrastructure and improving public health practice;
- to publish “The State of Public Health in the Americas” in the first half of 2001; this book will summarize the different products generated by the project and provide an overview of the degree to which the essential public health functions are being carried out in the Americas.

Some of the conceptual and methodological aspects formulated as part of the Public Health in the Americas Initiative are presented below, with special emphasis on defining and measuring the performance of the EPHF that are the work and responsibility of the health authorities of the countries of the Hemisphere. Also analyzed are the implications of measuring the performance of the EPHF for improving public health practice in the Hemisphere.

2. The Concept of Essential Public Health Functions and Strengthening of the Steering Role of the Health Authority

2.1 *Definition*

The EPHF have been defined as conditions that permit better public health practice.

One of the most important decisions of the project has to do with the need to adapt the definition of indicators and standards in order to strengthen public health practice by strengthening the necessary capacities. This approach appears to be better than a methodology that encompasses both functions and spheres of public health action. If the functions are well-defined to include all the capacities required for good public health practice, good functioning will be assured in each sphere of action or work area of public health. Figure 1 illustrates this concept.

Figure 1. Essential Functions and Spheres of Action in Public Health

Areas of application for EPHF					
EPHF	Environmental Health	Occupational Health	Maternal and Child Health (MCH)	Chronic Diseases	Others
Examples					
Monitoring of the health situation	Monitoring of environmental risks	Monitoring of risks in the workplace	Monitoring of the risks in MCH problems	Monitoring of the risks of chronic diseases	
Monitoring and regulation	Monitoring of compliance with environmental regulations	Monitoring of the laws to protect workers	Monitoring of compliance with the laws protecting mothers and children	Monitoring and regulation to promote healthy behaviors that prevent major damage to health.	

2.2 Background

In recent years great strides have been made in improving the definition of the EPHF and in measuring their performance. Important among these achievements are the Delphi Study, headed by the World Health Organization (WHO), and the National Public Health Performance Standards Program (NPHSP) of the United States. These initiatives are outlined briefly below.

2.2.1 *The WHO Delphi Study on Essential Public Health Functions*¹

In January 1997, the WHO Executive Board recommended promoting the conceptual development of the EPHF to support renewal of the policy of Health for All by the Year 2000. To this end, the decision was made to conduct the Delphi Study, whose purpose was to redefine the concept of EPHF and develop an international consensus regarding the central characteristics of these functions. In this study 145 public health experts of different nationalities were consulted in three consecutive rounds. The result was nine EPHF, namely:

1. Prevention, surveillance, and control of communicable and noncommunicable diseases.

¹ The term “essential public health service,” coined by the U.S. project, is homologous to that of “essential public health function.”

2. Monitoring of the health situation.
3. Health promotion.
4. Occupational health.
5. Environmental protection.
6. Legislation and regulation in public health.
7. Management in public health.
8. Specific public health services.
9. Health care for vulnerable groups and high-risk populations.

The authors urgently recommended that new studies be conducted at the national and international level. Some controversial topics were also emphasized—for example, the relationship between health services and essential public health functions, an area where there was no consensus on the degree to which individual health care for patients can be considered a basic and essential public health function.

2.2.2 The National Public Health Performance Standards Program (NPHPSP) of the United States

The report issued by the U.S. Institute of Medicine in 1988, after over 60 years of efforts to define and measure the performance of public health functions and evaluate the operations of public health agencies, identified three groups of functions for public health organizations (evaluation, policy development, and insurance) and offered a rational framework for many of the efforts of the previous decade to evaluate public health services in that country.

In 1994, a working group on the principal public health functions, co-directed by the Director of the CDC and the Deputy Secretary for Disease Control and Health Promotion and made up of representatives from public health services agencies and the country's principal public health organizations, noted the confusion caused by the existence of different versions of the "principal functions." They put a subgroup, headed by the Public Health Practice Program Office and the Office of Disease Prevention and Health Promotion of the CDC, in charge of developing a consensus on the definition of "essential public health services." This group issued a declaration of consensus aimed at:

(1) explaining what is meant by the term “public health;” (2) clarifying the essential role of public health in the health system as a whole; and (3) making clear the linkage between public health operations and health outcomes.

In 1994, the Steering Committee on Essential Public Health Functions approved the document “Public Health in the Americas.” In this document, the vision of healthy people in healthy communities and the mission to promote physical and mental health and prevent disease, impairments, and disabilities are supported by the following main objectives of public health:

- Prevention of epidemics and the spread of disease
- Protection against harm caused by environmental factors
- Prevention of impairments
- Promotion of healthy behaviors
- Response to disasters and assistance to affected communities
- Quality assurance and access to health services

This same document defined 10 essential public health services:

1. Monitoring health status to identify health problems in the community
2. Diagnosing and investigating health problems and risks in the community
3. Providing information and education on health topics and empowering people.
4. Mobilizing community associations to identify and solve health problems
5. Developing policies and plans to support individual and collective health
6. Compliance with laws and regulations that protect health and ensure safety
7. Linking people with health services and guaranteeing health service delivery in areas where it is not available

8. Guaranteeing competent human resources for public health and individual health care
9. Evaluating the effectiveness, access to, and quality of personal and public health services
10. Research on new approaches and innovative solutions for health problems

As can be seen, these services can be grouped under each of the previously defined principal functions: services 1 and 2, under evaluation; services 3, 4, and 5, under policy development; and services 6, 7, 8, and 9, under insurance. Service 10 (research) is considered to be related to all the principal functions as the foundation for action by the public health system.

The National Public Health Performance Standards Program of the CDC is currently spearheading a joint effort to develop standards for public health practice. The measurement tools for evaluating public health practice at both the local and state level have been designed in conjunction with other public health organizations. These instruments consist of detailed questionnaires with sections on each of the 10 essential services. Each service is defined in detail, with indicators representing local and state standards, and with measurements and submeasurements for each indicator included. After a three-year design phase, the instruments are being tested in the different state and local situations of the United States.

2.3 *Progress in Defining the EPHF for the Region of the Americas*

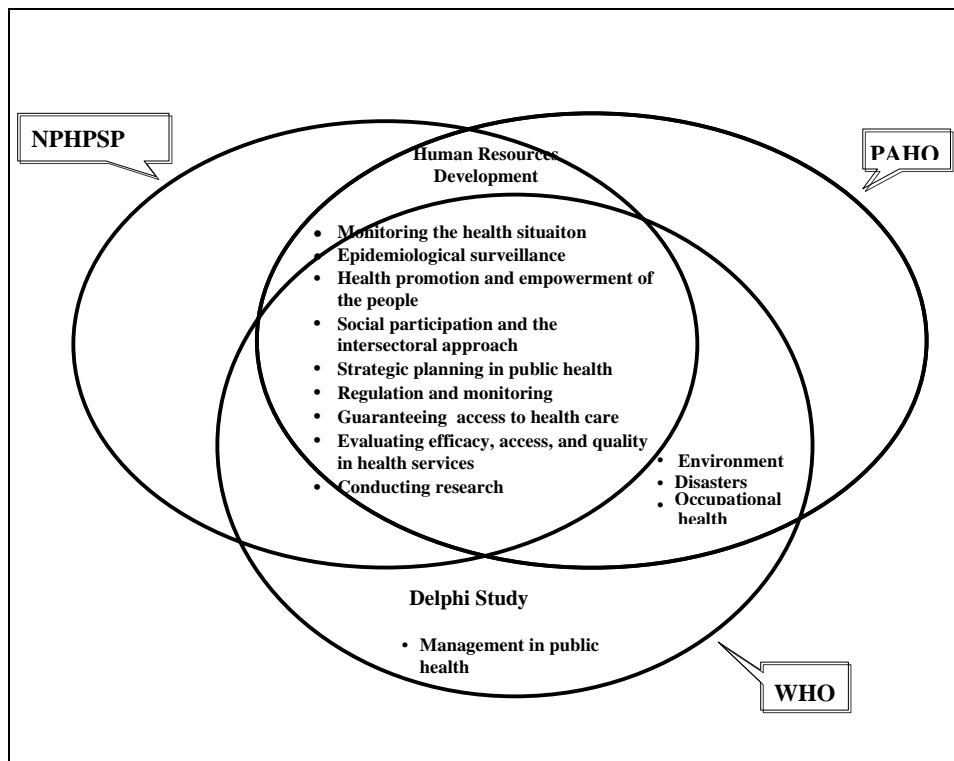
The project initially focused on examining the progress made in the definition of the EPHF developed previously, searching for areas where the different approaches coincide. The results are presented in Figure 2.

As observed in the intersection of the three approaches, there is significant coincidence in the progress made by the NPHPSP, the WHO study, and PAHO.

There are two functions in the WHO study and in the initial reflections of PAHO that represent important spheres of action in public health. Using a functional approach instead of a “sphere-of-action” approach, these two functions (environmental health and occupational health) could be treated as work areas in public health in which all the essential public health functions located at the intersection of the three approaches should be applied in order to improve public health operations in these spheres of action. The disaster preparedness function requires very specific actions that are not necessarily common to the rest of the essential functions and can be included as a separate function.

The WHO study defined a specific function for management in public health, which will be important for measurement in the Region. Something similar happens with human resources development in public health, included in the NPHPSP.

Figure 2. Areas where the EPHF Coincide, Proposed Conceptual Mechanism, NPHPSP, and the WHO Delphi Study



3. The Essential Public Health Functions whose Performance Should be Measured in the Countries of the Americas

The following is a description of each of the 12 EPHF identified as critical for public health practice in the countries of the Americas and contained in the performance measurement instrument developed by PAHO in collaboration with the CDC and CLAISS. The list under the heading for each of them corresponds to the components of that function, which are the basis for defining the standards, indicators, measurements, and submeasurements currently being developed.

3.1 *Essential Function No. 1: Health Situation Monitoring and Analysis*

- Up-to-date evaluation of the country's health situation and trends and their determinants, with special emphasis on identifying inequities in risks, threats, and access to services.
- Identification of the population's health needs, including assessment of health risks and the demand for health services.
- Management of the vital statistics and the specific situation of groups of special interest or at greater risk.
- Generation of useful information to evaluate the performance of the health services.
- Identification of extrasectoral resources to support health promotion and improvements in the quality of life.
- Development of technology, experience, and methodologies for the management, interpretation, and communication of information to those responsible for public health (including actors from outside the sector, health care providers, and citizens).
- Creation and development of agencies to evaluate the quality of the data collected and analyze it correctly.

3.2 *Essential Function No. 2: Public Health Surveillance, Research, and Control of Risks and Damages in Public Health*

- The capacity to conduct research and surveillance on epidemic outbreaks and patterns of communicable and noncommunicable diseases, accidents, and exposure to toxic substances or environmental agents harmful to health.
- A public health services infrastructure designed to conduct population screenings, investigate cases, and perform epidemiological research in general.
- Public health laboratories with the capacity to conduct rapid screening and process a high volume of tests needed to identify and control emerging threats to health.
- The development of active programs for epidemiological surveillance and control of infectious diseases.

- The capacity to develop links with international networks that permit better management of relevant health problems.
- Preparedness of the NHA to mount a rapid response to control health problems or specific risks.

3.3 *Essential Function No. 3: Health Promotion*

- Community health promotion activities and development of programs to reduce risks and threats to health with active citizen participation.
- Strengthening of the intersectoral approach to make promotion activities more effective, especially those designed for the formal education of young people and children.
- Empowerment of citizens to change their own lifestyles and become actively involved in changing community habits and demand that the responsible authorities improve environmental conditions to facilitate the development of a “culture of health.”
- The implementation of activities aimed at making citizens aware of their rights in health.
- The active participation of health services personnel in the development of educational programs in schools, churches, workplaces, and any other organizational setting where information can be conveyed.

3.4 *Essential Function No. 4: Social Participation and Empowerment of Citizens in Health*

- Facilitation of participation by the organized community in programs for the prevention, diagnosis, treatment, and rehabilitation of health.
- Strengthening of intersectoral partnerships with civil society that make it possible to utilize all the human capital and material resources available to improve the health status of the population and promote environments that foster healthy lives.
- Support through technology and experience for developing networks and partnerships with organized society for health promotion.

- Identification of community resources that collaborate in promotional activities and in improving the quality of life, enhancing their power and capacity to influence the decisions that affect their health and their access to adequate public health services.
- Reporting and lobbying government authorities concerning health priorities, particularly those that depend on improvements in other aspects of the standard of living.

3.5 *Essential Function No. 5: Development of Policy and Planning to Support Individual and Collective Efforts in Public Health and the Steering Role of the National Health Authority (NHA)*

- The development of political decisions in public health through a participatory process at all levels that is consistent with the political and economic context in which the decisions develop.
- Strategic planning on a national scale and support for planning at the subnational levels.
- Definition and refinement of public health objectives, which should be measurable, as part of the strategies for continuous quality improvement.
- Evaluation of the health care system to develop a national policy that protects health services delivery with a public health approach.
- Development of codes, regulations, and laws to guide public health practice.
- Definition of national public health objectives to support the steering role of the Ministry of Health or its equivalent, in terms of setting objectives and priorities for the health system as a whole.

3.6 *Essential Function No. 6: Public Health Regulation and Enforcement*

- Development and enforcement of sanitary codes and/or standards to control of health risks related to the quality of the environment; accreditation and quality control of medical services; certification of the quality of new drugs and biologicals for medical use, equipment, or other technologies; and any other activity that involves compliance with laws and regulations geared to protecting public health.

- The creation of new laws and regulations aimed at improving health and promoting healthy environments.
- Consumer protection as it relates to the health services.
- Carrying out all these regulatory activities properly, consistently, fully, and in a timely manner.

3.7 *Essential Function No. 7: Evaluation and Promotion of Equitable Access to Necessary Health Services*

- The promotion of equitable access to health care. This includes the evaluation and promotion of effective access by all citizens to the health services they need.
- The evaluation and promotion of access to the necessary health services through public and/or private providers, adopting a multisectoral approach that makes it possible to work with other agencies and institutions to resolve inequities in the utilization of services.
- The execution of activities aimed at overcoming barriers in access to public health interventions.
- Facilitating the linkage of vulnerable groups to the health services (without including the financing for this care) and to health education, health promotion, and disease prevention services.
- Close collaboration with governmental and nongovernmental agencies to promote equitable access to the necessary health services.

3.8 *Essential Function No. 8: Human Resources Development and Training in Public Health*

- The education, training, and evaluation of the public health workforce to identify the need for public health services and health care, efficiently address priority public health problems, and adequately evaluate public health actions.
- The definition of licensure requirements for health professionals in general and the adoption of programs for continuous quality improvement in the public health services.

- The formation of active partnerships with programs for professional development to ensure that all students have relevant public health experience and receive continuing education in management and leadership development in public health.
- Capacity-building for interdisciplinary work in public health.

3.9 *Essential Function No. 9: Ensuring the Quality of Personal and Population-based Health Services*

- Promoting permanent systems for quality assurance and the development of a system for monitoring the results of evaluations made through those systems.
- Facilitating the development of the basic standards required for a quality assurance system and supervising the compliance of service providers with this obligation.
- A health technology assessment system that supports the decision-making process for the entire health system.
- Use of the scientific method to evaluate health interventions of varying degrees of complexity.
- Use of this system to improve the quality of the direct delivery of health services.

3.10 *Essential Function No. 10: Research, Development, and Implementation of Innovative Public Health Solutions*

- The continuum of innovation, which ranges from the efforts of applied research to promote changes in public health practice to formal scientific research.
- Development of the health authority's own research capacity at its different levels.
- Establishment of partnerships with research centers and academic institutions to conduct timely studies that support the decision-making of the NHA at all its levels and in as broad a sphere of action as possible.

3.11 *Essential Function No. 11: Management Capacity to Organize Public Health Systems and Services*

- Management of public health in terms of the process of constructing, implementing, and evaluating organized initiatives to address public health problems.
- Development of competencies in evidence-based decision-making that incorporate resource management, leadership capacity, and effective communication.
- Quality performance of the public health system resulting from successful management that can be demonstrated to providers and users of such services.

3.12 *Essential Function No. 12: Reducing the Impact of Emergencies and Disasters on Health*²

- The action planning and implementation of prevention, mitigation, preparedness, response, and early response and rehabilitation activities related to public health.
- A multiple focus that addresses the origins and threats of any and all possible emergencies or disasters that can affect a country.
- Participation of the entire health system and the broadest possible intersectoral cooperation.

4. Performance Measurement with Respect to the Essential Public Health Functions

The idea of performance measurement is to identify the overall strengths and weaknesses of public health practice and permit an operational diagnosis of the work areas requiring greater support. The goal is to strengthen the public health services infrastructure, understood in its broadest sense to include human capacities and the facilities and equipment necessary for good performance.

In order to move forward in the achievement of this objective, it is important that the decision to measure performance be followed by the development of instruments that can be constantly upgraded until they reach that “reasonable optimum” that will permit their routine utilization at the various levels where public health is exercised in the Region. Developing instruments to measure performance of the EPHF implies a long

² Reducing emergencies and disasters in health includes prevention, mitigation, preparedness, response, and post-disaster rehabilitation.

process to define the function whose performance is to be measured, the performance indicators and standards, and the measurements and submeasurements that will serve as verifiers.

4.1 *Definition of “Reasonable Optimum” Standards versus Minimum Acceptable Standards of Operation*

As in other performance measurement processes, a choice must be made between acceptable standards and optimum standards. Defining acceptable levels is difficult and necessarily arbitrary, whether the choice is a level comparable to the hypothetical average reality of the Region or a definition of the very minimum necessary for exercising a function, based on the judgment of some expert or group of experts. Obviously, a decision in favor of optimum standards must be relative to the general situation of the Region. Given the heterogeneity of this picture, the standards will be optimum for the best conditions that can be demanded in the longer term from all the countries of the Region; this implies the need to rely on “expert opinion” to determine what those conditions are. Notwithstanding, opting for these reasonable optimums appears to be more appropriate and consistent with the objective of upgrading the public health services infrastructure within the shortest possible time frame.

4.2 *Initial Development of the Measurement Instruments*

A first draft of the instrument, including the definition of the functions whose performance is to be measured, was disseminated by the project team to different groups of public health experts and professionals, a process that formally culminated in the meeting of the network of institutions and experts convened by PAHO to this end.³

In order to minimize biases, the validation and subsequent application of the instrument will avail itself of the experience of a group of decisionmakers from various areas of public health practice, as well as different levels of the health system in several countries.

A list of EPHF such as the one presented here is obviously subject to errors and cannot represent each and every vision of this area in the world of public health. Decisions to include empowerment or incentives to adopt an intersectoral approach in the promotion or social participation functions are to a certain degree arbitrary; this makes it impossible to avoid the repetition of areas common to more than one function, although with different emphasis, in the most related function. Obviously, the reality of daily

³ Expert Consultation. Essential Public Health Functions and Performance Measurement in Public Health Practice. Washington, D.C., 9-10 September 1999.

practice in public health makes it impossible to distinguish absolutely between one function and another at a given moment, not even in the work of a single individual.

Measurement of the degree to which the EPHF are being fulfilled is not just an interesting methodological exercise but should lead to an improvement in public health practice, establishing good operating standards and reference points for continuous quality improvement. The process also promotes greater transparency in public health practice and services, while lending greater clarity to the generation of knowledge and evidence-based public health practice. Finally, measurement should lay the foundations for better and greater allocation of resources for public health actions.

5. *Pilot Studies for Validating the Instrument and Plan for its Application in the Region*

In April and May 1999 an exercise to validate the performance measurement instrument for the EPHF was conducted in three countries: Bolivia, Colombia, and Jamaica. This was done with a group of key informants that included staff from the different levels of health authority (central, intermediate, and local), academicians, and representatives of public health professional associations.

Adjustments are being made to the instrument as a result of the pilot studies, and an updated version will be available in early August 2000. Thereafter, it will be widely disseminated in all the member countries to permit the development of mechanisms for application of the instrument between September and December 2000.

The basic objective is for each country to utilize the instrument as a tool for evaluating the status of its public health practice, as a diagnostic tool comparable in all the countries, and as a vehicle to spur the development of national plans for improving public health practice.

6. *Use of the Performance Measurement Results to Generate a Plan of Action for Improving Public Health Practice in the Americas*

Defining and measuring performance of the EPHF are conceived as a way of contributing to the institutional development of public health practice and of improving the dialogue between public health and the other disciplines involved in health. Furthermore, better definition of what is essential should help to improve the quality of the services and lead to more detailed definitions of the institutional responsibilities present in the delivery of these interventions.

In this regard, it seems logical to expect that public health's accountability to citizens for its performance should start with the areas for which it is exclusively responsible, rather than with those that it shares with approaches or disciplines involved in general decision-making on health policy or the fate of the health systems. Public health's legitimacy and capacity to bring other sectors together for intersectoral action will be heightened by more precise measurement of the essence of its work.

Better measurement of the performance of the EPHF should also permit better quantification of the resources required to ensure an adequate public health services infrastructure—information essential to governments, decision makers, and international cooperation agencies.

Finally, defining the EPHF and measuring the degree to which they have been fulfilled are fundamental for strengthening public health education in the Region, an activity whose crisis today has much to do with the failure to define the aforementioned functions.

It is important to refer here to the frequent confusion between the role of the State in health, normally exercised by the ministry of health or its equivalent as the health authority, and the State's responsibility as guarantor of the proper exercise of the EPHF. Although the State has a nondelegable role in the direct delivery or guarantee of the EPHF, these represent only a fraction of its responsibilities in health. It is a very important fraction, of course. The proper exercise of these responsibilities is not only fundamental for raising the levels of health and the quality of life of the population but a prerequisite for improving the credibility of the State in its exercise of the steering role, regulation, modulation of the financing of the sector and oversight, and expansion of social security coverage in health.

To emphasize this with an example, a public health agency without a comprehensive, reliable surveillance system for health events can hardly expect to be credible when it issues an opinion or takes action to allocate resources to the various components or sectors that make up the health system.

Here, it is also important to mention the difficulty of drawing a clear distinction between the responsibilities of public health in the management of disease prevention and health promotion services for specific population groups and those related to the organization of services for individual curative care.

The emphases here are undoubtedly different. It is essential that public health (and no one else) devote itself to the first of the functions indicated above. As for the second, its essential responsibilities are geared more to concern about equitable access to services,

quality assurance, and the incorporation of a public health perspective in national health policy. This does not prevent public health professionals from receiving training to offer personal health services to individuals. On the contrary, it is desirable that they do so, precisely to incorporate the public health vision into the work of such organizations. This latter activity, however, utilizes disciplines that go beyond the social practice that we call “public health.”

The usual understanding of public health as synonymous with the work of health contributes to a dilution of responsibilities among areas that differ from this latter activity and can lead to the inefficient use of health resources. Measuring the degree to which the essential public health functions are being fulfilled and evaluating the health authority’s performance in this area should help to avoid this risk.

7. What is Expected of the Governing Bodies of PAHO?

This document is presented for the consideration of the Governing Bodies of PAHO, with the following objectives:

- to elicit its comments on the Public Health in the Americas Initiative;
- to obtain its input for the definition of the EPHF and for the methodology developed to measure them;
- to elicit its suggestions on the best way to apply the instrument in the countries;
- to identify elements to consider when preparing plans to improve public health practice;
- to receive its comments on the role of the Secretariat in this exercise.