

50 YEARS OF PROFESSIONAL PUBLIC HEALTH WORKFORCE DEVELOPMENT

ASPHER's 50th Anniversary Book

Edited by:

Anders Foldspang
Jacqueline Müller-Nordhorn
Vesna Bjegovic-Mikanovic
Robert Otok

50 years of professional public health workforce development

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Acknowledgement

The editors want to express their gratitude to all contributors of ASPHER's 50th Anniversary Book.

The Association of Schools of Public Health in the European Region (ASPHER) is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. ASPHER is a membership organisation of institutions, spread across EU and wider across WHO European Region, which are collectively concerned with the education and training, and professionalism, of those entering and working within the public health workforce.

First edition (May 2016)

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This book was printed at Aarhus University, paid by the Department of Public Health, Aarhus University, Denmark.

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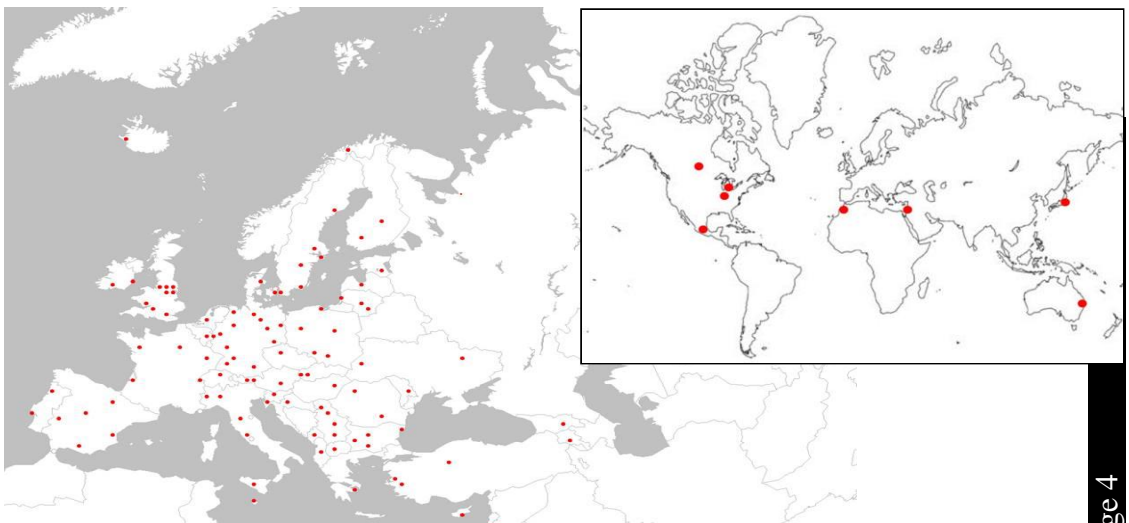
Map of ASPHER member locations

<http://aspher.org/members.html>

2006: 69 full members from 34 countries



2016: 112 full members from 43 European countries
14 associate members from the EMRO, PAHO and WPRO regions



Preface

ASPHER is celebrating its 50th anniversary with half a century of strong and enthusiastic commitment to public health from its members. It has developed from a small group of members in 1966 to a full-grown organisation with more than hundred institutional members situated all over Europe. ASPHER has been supporting public health and public health education throughout Europe, in particular by promoting cooperation between West and Central/East European countries.

At the core of ASPHER's mission is the development of high-quality public health education programmes, fulfilling all Bologna levels – bachelor, master, PhD, as well as continuing professional development. ASPHER developed a list of core competences to improve knowledge and skills in public health, which was endorsed by WHO Europe member states in 2012. Guidelines for doctoral programmes in public health followed. Throughout the last decades, ASPHER has strongly promoted the principles of quality assurance in education and training programmes, first with the Public Health Education European Review (PEER) process and, later, the European Agency for Public Health Education Accreditation (APHEA).

Together with its many partner organizations, ASPHER aims at strengthening the public health workforce in Europe. The collaboration with WHO Europe was intensified with the implementation of the European Action Plan for Strengthening Public Health Capacities and Services. Assuring a sufficient and competent public health workforce is one of the defined ten essential public health operations in the European Action Plan, with ASPHER being a key partner. Upcoming challenges include the mapping of the European public health workforce with existing competencies and needs, the assessment of public health employers' expectations, and the ability to adapt to a constantly changing and globalised world.

Public health is faced with increasing social inequalities, demographic changes with ageing populations, and new epidemics, such as the obesity epidemic. To provide evidence-based public health, training in research of the public health workforce is crucial not only for delivering excellent

research but also with regard to high-quality decision-making. The critical evaluation of existing evidence taking into account cultural differences in Europe is at the core of all public health recommendations as well as public health ethics. In 2015, the ASPHER 2020 strategic plan was adopted outlining major objectives for the upcoming years.

Based on an outstanding network of excellent schools of public health in Europe, ASPHER is perfectly suited to move further in strengthening public health and the public health workforce with the ultimate aim to improve the health of the population.

Jacqueline Müller-Nordhorn

President, ASPHER

Professor, The Berlin School of Public Health

Greetings from The World Health Organization, Regional Office for Europe

The Association of Schools of Public Health in the European Region (ASPHER) and the WHO Regional Office for Europe have a long history of collaboration. Together, they work to strengthen the education and management of the public health workforce, empowering practitioners and experts to tackle strategic health policy priorities.

These challenges require solutions that are capable to influence macro level policies and their political, economic and social drivers.

As highlighted by Health 2020, promoting and protecting population health and reducing health inequities across the life course is at the heart of public health in the 21st Century. This has never been more relevant than at this time where governments across the European Region are dealing with diverse and more complex health challenges. The data shows us that not everyone's health has improved at the same rate, and there are avoidable inequities across all our societies, and new vulnerabilities are emerging. These reflect changes in social and economic conditions, which impact on family, community and working lives. In parallel, the population is ageing, and as it does, the prevalence of non-communicable diseases is increasing. The Ebola virus in Africa, the widespread flooding in the European Region and most recently the Zika virus outbreak have all served to put a spotlight on emergencies and outbreaks and on the local as well as transboundary nature of public health.

In order to transform the delivery of public health services, the education and training of public health professionals needs to be aligned with the strategic health policy priorities dictated by the health needs of the population. New competencies are required in order to enable public health professionals to effectively empower communities, to foster collaboration across sectors, and to deliver interventions that systematically target the full spectrum of health determinants. These challenges place the public health workforce at the centre of a process of reframing and renewing public health organizations and the broader systems within which they are embedded.

The WHO Regional Office for Europe is proud to work in partnership with ASPHER to support our Member States in responding to the challenges facing the European public health workforce. ASPHER has been an important ally in the implementation of Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services. ASPHER has played an important role in strengthening the competencies of the Public Health workforce in the Region, in strengthening public health curricula at all levels of education, as well as advancing public health research to inform policy and practice. For fifty years now, ASPHER has provided a unique platform for joint learning and sharing of innovation and good practice among the Member States.

The public health workforce is at the heart of society's organized efforts to prevent disease, prolong life and promote health equity. Strengthening the public health workforce is a top priority for the WHO Regional Office for Europe, and I am therefore confident that ASPHER and the Regional Office will continue to further build the outstanding collaboration they have established over the years, to help develop a public health workforce that is both competent and sufficient.

Let me finish by congratulating ASPHER on the occasion of its 50th anniversary. On behalf of myself and of the staff of the Regional Office for Europe, please accept my warm appreciation for the many achievements of the association over the past 50 years, as well as our wishes for continuing success in your efforts to strengthen the public health workforce in Europe.

Zsuzsanna Jakab

Director, World Health Organization, Regional Office for Europe

Greetings from The European Commission, Directorate General for Health and Food Safety

Health and well-being are among the top concerns of our citizens. As a medical doctor, I know the suffering that diseases can cause. As the Health Commissioner and former Health Minister in Lithuania, I also know the pressure that diseases put on healthcare systems.

However, education and training of health professionals can never be seen as a cost. Investing in health is first and foremost investing in keeping people in good health for as long as possible. This is about investing in our human capital, to allow people to develop their potential, work and contribute to society into old age and prevent avoidable diseases and their costs.

Differences in lifestyles throughout the EU contribute to major discrepancies in life expectancy – from 74 years in Lithuania to 83.2 years in Spain. The silver lining is that these disparities can be reduced, quality of life can be improved and the number of year people live in good health – increased by addressing the risk factors: tobacco, alcohol, unhealthy nutrition, lack of physical exercise, and stress. Prevention, promotion and protection measures can truly improve people's health and wellbeing and save lives. Relying solely on remediation and treatment is not enough.

I am therefore particularly grateful for your 50 years of dedication in strengthening the role of public health and your achievements in training the future generation of women and men – champions of change in helping us to shift focus from cure to prevention.

The work of the Association of Schools of Public Health in the European Region is therefore key, and I would like to wholeheartedly thank you for our cooperation with the ultimate goal of keeping people healthy for as long as possible.

Vytenis Andriukaitis

Commissioner for Health and Food Safety, European Commission

Greetings from The World Federation of Public Health Associations

Fifty years of enhancing the teaching of public health is a great credit to so many people who have been involved with ASPHER over the decades. Member Associations of the World Federation of Public Health Associations have benefited from a workforce that is strong in its broad and growing understanding of public health. More importantly, through the work of ASPHER, so many lives have been enhanced in terms of improved morbidity, mortality and healthier living conditions not just in Europe – but internationally. However, there is still much work to be done.

The Governing Council and members of the World Federation of Public Health Associations look forward to working with ASPHER over the next five decades, and beyond, to improve the health of populations globally.

Michael Moore

President, World Federation of Public Health Associations

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History and Strategy

VOLUME I

Steps forward in half a century

1966 WHO Inter-Regional Conference of Directors of Schools of Public Health held in Geneva (August-September).

Symposium on the European Schools of Public Health held in Ankara (October). ASPHER founded as a WHO initiative under the name *Association des Institutions Responsables pour l'Enseignement Supérieur de la Santé Publique en Europe* (AIRESSPE). Jean-Simon Cayla, Ecole Nationale de la Santé Publique, Rennes, becomes the first president and Theodore Gjurgjevic, The Andrija Stampar School of Public Health, Zagreb, the first secretary general.

1967 Establishment of the World Federation of Public Health Associations (WFPHA) during the 20th World Health Assembly.

Meeting of Directors of Schools of Public Health held in Manila.

1968 The first General Assembly, thus, the more formal establishment of the Association, takes place at The Andrija Stampar School of Public Health, Zagreb.

1969 The Association's budget: \$ 1,500.

1972-3 The Association project close to failure, when the third General Assembly collapsed; delayed General Assembly at WHO Regional Office for Europe, Copenhagen. The General Assembly decides on the name: *Association of Schools of Public Health in the European Region*, leading to the acronym ASPHER.

1981 WHO launches the *Health for All by the Year 2000* strategy, as described in *Global Strategy for Health for All by the Year 2000*. Geneva: World Health Organization, 1981.

Establishment of the *European Collaborative Health Services Studies* (ECHSS) under the auspices of ASPHER.

- 1978 WHO launches the *Declaration of Alma Ata*.
- 1985 WHO-ASPHER task force set up to explore whether public health training could be reorganized around the *Health for All* targets.
- 1986 WHO launches the *Ottawa Charter on Health Promotion*.
- 1987 Jo Asvall, Director, WHO Regional Office for Europe, proposes, at ASPHER's tenth General Assembly, Gothenburg, the development of a European Master's Degree in Public Health, to be accredited jointly by ASPHER and WHO.
- 1988 WHO-ASPHER task force with teachers from 25 schools produces the first draft of a European MPH curriculum.
- 1989 The General Assembly in Budapest launches the new programme, in which the former private club character of ASPHER was restructured towards a modern vision of an association, which could actively influence European public health.
- Dutch artist Nicolas van Pallandt designs ASPHER's homunculus logo, depicting the heart and mind of public health.
- 1992 The first Balkan Forum on Public Health, held during the fourteenth General Assembly at the Athens School, in collaboration with the WHO Europe and the EU.
- 1992-3 The Maastricht Treaty introduces a public health mandate for the European Union for the first time.
- 1992-4 ASPHER's administration established in Saint-Maurice, close to Paris, thanks to Christian Rollet, Ecole Nationale de la Santé Publique, Rennes, with premises and the staff wages paid by the French government.
- 1993 ASPHER's Annual Conference in Bielefeld: (1) First meeting of ASPHER, EHMA, EUPHA (in the making), and EPHA. (2) Explicit research oriented conference programme; (3) Leo Kaprio, Director, WHO Regional Office for Europe, becoming the first Stampar Laureate.
- The Association's budget: \$ 30,000.
- 1993-4 *The PEER – Public Health Education European Review* devised.
- 1994 *The Athens memorandum on training and research in public health* – an ASPHER response to Article 129 of the Treaty of Maastricht and the Framework for Action in the Field of Public Health.
-

- 1995-7 First public health bachelor programmes launched in Europe.
- 1997 The Association's membership exceeds 50.
- 1998 WHO Europe launches its *Health21 Policy Framework*.
- 1999 *The Internet Journal of Public Health Education (I-JPHE)* started.
ASPHER's Annual Conference in Madrid: Strengthened collaboration with the US Association of Schools of Public Health (ASPH) and the Latin American Association (ALAESP).
- 2000 ASPHER's Annual Conference in Aarhus: Professionalization issue in focus for the first time; with the participation of Halfdan Mahler, WHO Director-General 1973-1988.
- 2000-1 ASPHER-Fondation Mérieux Joint Project and the publication of the "Blue Book": *Quality Improvement and Accreditation of training programmes in Public Health*".
- 2000-5 ASPHER-OSI Joint Programme: *Quality Development of Public Health Teaching Programmes in Central and Eastern Europe*, with multi-country participation.
- 2002 Collaboration Agreement between ASPHER and the European Public Health Association (EUPHA).
- 2005 Establishment of the forerunner of ASPHER's Honours Committee, consisting of Stampar Medallists and Past Presidents, representing ASPHER Ambassadors.
ASPHER's *European Master of Public Health (EMPH)* programme and network launched.
- 2005-7 Revision of the ASPHER's accreditation dossier through an EU funded project: *Accreditation of Public Health Training Programs in Europe (PH-ACCR)*.
- 2006 ASPHER's 40th Anniversary. The Anniversary Book summarizes the historical development as well as future perspectives in public health workforce education and training.
ASPHER's *European Public Health Core Competences Programme (EPHCCP)* launched, initially involving about 100 public health academics at member schools all over Europe.
- 2007 The EU Health Strategy *Together for Health* adopted (supporting the overall Europe 2020 strategy).
-

- 2007 ASPHER's Annual Conference in Valencia: Establishment of ASPHER's PhD working group and network.
- 2007-8 ASPHER's administration moves from Paris to Brussels.
- 2008 Two ASPHER Conferences – in Aarhus and Paris (the latter as an official part of France's EU Presidency), respectively – on Core Competences in Public Health.
- First *European Public Health Conference (EPH Conference)*, in Lisbon, in partnership with EUPHA.
- 2009 The first *Global Summit of Schools of Public Health* organised during the 41st APACPH conference in Taipei, Taiwan.
- 2010 *ASPHER's Roadmap 2015* launched with a comprehensive workgroup structure (including core competences, accreditation, innovation and good practice, doctoral programmes and research capacities, advocacy and communication, global health, and ethics and values in public health, as key areas of focus).
- Revival of *Public Health Reviews*, an open access journal, published under the leadership of ASPHER.
- 2011 *The Agency for Public Health Education Accreditation (APHEA)* launched, in partnership with the European Public Health Association (EUPHA), the European Public Health Alliance (EPHA), the European Health Management Association (EHMA) and the EuroHealthNet.
- 2012 WHO Europe launches the *Health 2020 Policy* at the sixty-second session of its Regional Committee in Malta, including the *European Action Plan for Strengthening Public Health Services and Capacities*, with the 10 Essential Public Health Operations (EPHOs).
- Endorsement and inclusion in the European Action Plan also of ASPHER's lists of European public health core competences for public health professionals and MPH education; member states are recommended to 'make efforts to ensure' that the lists 'are being taken into account in national and subnational educational and training programmes for the public health workforce'.
- 2013 The Association's membership exceeds 100.
-

- 2013 EPH Conference in Brussels: ASPHER adopts its *Charter on the global dimension of education and training for public health in the 21st century in Europe and in the world.*

ASPHER's Honours Committee formalised with statutes.

Establishment of WHO Europe's *Essential Public Health Operation (EPHO) No. 7 Working Group*, on the development of a sufficient and competent workforce in Europe; ASPHER shares the leadership of the working group with WHO.

- 2014 Establishment of ASPHER's *European Public Health Reference Framework (EPHRF) Repository and Council* for: the continued development of lists of core competences and their relationship to EPHOs and population health challenges; for development of an IT tool for individual career and workforce planning; for supporting the shaping of an authorised public health profession.

WHO Regional Office for Europe launches the self-assessment tool to evaluate the delivery of ten EPHOs in member states.

- 2015 *ASPHER's 2020 Strategy* launched with the five main strategic objectives: (1) Improving the quality of academic programmes and Continuing Professional Development (CPD) for public health; (2) Strengthening research capacity among all members; (3) Setting up a public health profession for public health services in Europe; (4) Developing the global dimension of education and training for public health; (5) Strengthening governance, management and sustainable development of ASPHER.

ASPHER takes over the coordination of the Human Rights in Patient Care programme from the Open Society Foundations.

The Association's budget from membership contributions exceeds: € 100,000.

- 2016 ASPHER's 50th Anniversary.

Collaboration Agreement between ASPHER and the European Centre of Disease Prevention and Control (ECDC).

The Directorate General for Health and Food Safety, European Commission, launches the EU Health Policy Platform: ASPHER to lead on the thematic network discussion regarding Public Health Workforce Development and Professionalization.

A short personal history of ASPHER's half century

Jeffrey Levett

Professor, The Hellenic School of Public Health, Athens
ASPHER President 1992-1993

History is an argument without end.
Pieter Geyl, Dutch historian.

This short tribute to ASPHER, on a *high tide and its 50th year to heaven* – is reflective, historical and personal. It touches upon ASPHER's prestigious Stampar medal, the contribution of some of its admirable recipients, the Association's early beginnings; French paternity, Balkan and international roots. Between 1963 and 1968, ASPHER-to-be was in a phase of ovulation-gestation and/or ferment-foment having been conceptualised as an entity similar to the American ASPH.

ASPHER was delivered with French forceps. Its official birth certificate was written in French (*Association des Institutions Responsables pour l'Enseignement Supérieur de la Santé Publique en Europe – AIRESSPE*) and registered as 1966. When it came out of the incubator it was much more a European baby, as a result of differences between the Schools on both continents. Of note, then, was a concern to develop international health. In America, one approach was ambassadorial, namely, to designate ambassadors of American science. In Europe today, the ASPHER Honorary Committee takes on a similar function.

As Medicare opened in the USA, as a B-52 bomber carrying four unarmed hydrogen bombs crashed in Spain, as China launched the Great Proletarian Cultural Revolution, the Association took its first steady steps. Human rights were subdivided into civil and political rights, further differentiated into economic, social, and cultural rights. The right of all to the highest attainable standard of health was paramount. Martin Luther King Jr. speaking before

the National Convention of the Medical Committee for Human Rights in Chicago proclaimed that “of all the forms of inequality, injustice in health care is the most shocking and the most inhumane”.

Leo Kaprio, Director-General of the WHO EURO, became the first Stampar Laureate (Bielefeld, 1993). Leo helped plan the Gothenburg School in the early 1950s. Later he argued that a European wide structure to support Schools would stimulate progress in public health and provide a sound basis for International Corporation. He hailed ASPHER's birth as an important milestone. This year's Stampar Laureate (Vienna, 2016) is the highly esteemed Richard Horton, Lancet Editor and an advocate for global health. Automatically, he becomes a member of the Honorary Committee and Ambassador at Large for ASPHER. It is of great importance that the Stampar Laureates are better mobilized and motivated in the service of ASPHER.

In the early to mid-1960's, European Schools of public health saw the need to improve advocacy. A Regional Association similar to the American ASPH was visualised as a mechanism to influence and respond to policy innovation, stimulate improvement in professional training and a means to better position public health within the framework of higher education. It led to a practical struggle to pin down both the definition of a School and ways to organize and govern them. One of ASPHER's able Secretary General's, Evelyne de Leeuw, provided a classification of schools.

Under the auspices of the World Health Organization and between 1963 and the emergence of AIRESSPE, many activities were precipitated that crisscrossed continents. Representatives of American Schools of Public Health and of PAHO visited European and Middle Eastern institutions, and visits were arranged to Latin America, for Europeans. In Europe, several landmark events took place in Ankara, Lisbon, Rennes, and Zagreb. A coincidental landmark meeting of Directors of Schools of Public Health (SEARO, Manila) lead to the emergence of several other Associations of Schools of Public Health (African, Eastern Mediterranean, South-East Asia, and Western Pacific Regions). James Seamus Gallagher, Officer for Education and Training at WHO EURO having participated in similar deliberations in SEARO provided interregional glue in Zagreb. In Geneva, the WFPHA was inaugurated. In 1973, Gallagher organised a delayed General Assembly in WHO EURO Headquarters, Copenhagen, when the original proposal failed and when AIRESSPE became ASPHER.

Many prestigious European Schools in countries with a colonial history had greater influence abroad than at home. The National School in Public Health in France (ENSP) got underway to rebuild the health care system after World War II (1945). It was re-established in Rennes by governmental decision after reorganization (1962). Its first director in Rennes was Jean Sénécal (1961-1966) who was active in Africa. A request from WHO (1964) resulted in a decision to establish a regional association. It was guided by Eugene Aujaleu while Sénécal and an advisor to the French Ministry of Health prepared plans and statutes. Indeed, ASPHER's statutes were approved, translated into several languages and deposited with WHO Copenhagen. Jean-Simon Cayla, Rennes, became first President.

Theodore Gjurgjevic, Zagreb, a career diplomat and personal secretary to Andrija Stampar became first Secretary General. He was committed to participation of Eastern European institutions. He even went to Moscow to gain support for their membership, but little was received¹. 25 years later his goal of infusing new blood from the East bore more fruit in Athens (1992), when a Balkan public health forum was convened. Ferenc Bojan (Stampar Laureate) and Andrzej Rys entered ASPHER, through the Athens gate. It led to a General Assembly in Krakow (1994) with its exceptional organization by Katarzyna Czabanowska.

In 1992, while our Schools were planning a response to Maastricht, new plans were set in motion in America for a radical recasting of American schools. An overlapping meeting was convened within the framework of ALAESP to discuss *democracy and equity: rethinking public health* by the Brazilian National School. It resulted in the Manguinhos Declaration also known as the Rio Declaration². Twenty years later the Stampar medal went to a candidate from Mexico, Julio Frenk (Malta, 2012), a major contributor to The Lancet Commission's report, *Health Professionals for a new century*³. I recall interactions with Michael Gemmell, Executive Director ASPH, and visits to Latin America (Argentina, Brazil, Cuba and Mexico).

The need for an ASPHER award was discussed in Rennes (1990) and in Valencia (1991). The two original criteria for the award were lifelong dedication to public health with demonstrated social values. Its recipients would be senior individuals, no longer able to meddle. This was an in-house joke in tribute to Stampar. I recall asking Ulrich Laaser who cut 10 medals whether we would run out of candidates before medals.

The approximately 25 Stampar recipients provide ASPHER with a collage of prestige: David Byrne (Valencia, 2007) a European Commissioner for

Health and Consumer Protection took on the tobacco industry as did Richard Doll (Madrid, 1999) who demonstrated the strongest of couplings between smoking and lung cancer; Ilona Kickbush (Debrecen, 2001) with a distinguished international career and with current interests in health diplomacy; Charles Merieux (Aarhus, 2000) who developed a high level security laboratory for research in virulent infectious diseases and helped facilitate a Mediterranean Network for public health; George Soros (Yerevan, 2005) with interests in systems theory and the creation of a global university system. Zsuzsanna Jakab (Copenhagen, 2011) spoke of Stampar's life as a source of *wonderful inspiration*.

Our Schools should examine the need to add health diplomacy, strengthen systems thinking, emphasize specific technologies and address the threat of radioactivity release within their curricula. Highlights of public health history can enliven our curricula. "Interdisciplinarity" and inter-professional health sciences should be stressed further.

Donald Acheson, the second Stampar Laureate (Krakow, 1994) served as Chief Medical Officer of the United Kingdom. He was author of the Acheson Report on Inequalities in Health and gave us a frequently used definition of public health as *the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society*. In a frantic search for Donald, Ulrich Laaser yanked-off his hotel room door. It was empty! When he was found, safe and sound in the hands of the WHO, even so anxiety was in the air with the lost Stampar-to-be medallist. As the disappearance infiltrated the General Assembly, it crossed minds that ASPHER's newly established award was dead on the ground before it could get airborne. One year later, Acheson received the prestigious Leon Bernard Prize.

Halfdan Mahler (London, 1995), designated architect of Primary Health Care (PHC), told us that unless we become partisans in the battle for social justice, we betray the future of our children and grandchildren. PHC is a good guide over the difficult terrain of global health development and a strong basis for a well-functioning health sector. In his 1983 address to WHO, Mahler made his famous "red herring" speech portraying the approach taken in the "child survival revolution" (CSR) as an act of dropping in from above (parachuting). Mahler saw a significant difference between his comprehensive approach to health in the deployment of PHC than in more restrictive ones, such as the CSR, led by John Grant's (UNICEF, 1982). Grant was an influential figure in the Rockefeller Foundation and with American Schools. It fell to Grant (1958) to tell the

ASPH that the Foundation no longer considered public health education a priority but that general medicine was. Mahler and Grant were close friends and both were defenders of people oriented health movements. Mahler was right in that his approach is more cost-efficient than more selective programmes. However, the latter do work, provided that a more comprehensive approach is in place and strongly working. PHC still has a lot to offer in the health sector but still requires reinforcement and as a bridge to public health. At some point during the General Assembly in Aarhus, 2000, Mahler briefly inspired our members.

Public health, though far from promise fulfilment, is on high ethical ground as a result of the passion, work and commitment of such giants as Andrija Stampar and others.

From small beginnings in Rennes, Lisbon, Ankara and Zagreb and over five decades, ASPHER has come a long way emerging as a unique success story. As a result of an ability to mould consensus and hold back dissonance its identity crisis was settled early. Many prestigious names are identified with it. Public health and ASPHER in public health have interesting histories. In 1992, I wrote that ASPHER needed to improve infrastructure, secure a more influential European niche (WHO and EU) and act globally. Now, in the year of its 50th birthday, ASPHER is undergoing a strategic revision that will enable it to take a firm step and write more history in its second half-century. ASPHER's original ideal has lost none of its luster or appeal over its first half century.

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A strategic roadmap based on ASPHER 2020: Overview

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The dynamic development of ASPHER is lasting for 50 years now, embedded in a vibrant European environment with many opportunities and threats. Founded in 1966, ASPHER is the key independent organisation in the European Region, dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. It also has strong links with similar associations in Europe and other regions of the world. As Europe is part of a rapidly integrating world and shares responsibility for sustainable development, ASPHER is also following this orientation by implementing a strategic roadmap – ASPHER 2020.

From where did we come?

Looking at the history of ASPHER, several milestones have become visible. After a preparatory meeting – initiated by the European Regional Office of WHO 1964 in Rennes – a first consultation of the European Schools of Public Health was held in 1966 together with WHO in Ankara at Hacettepe Medical School. A provisional committee with Prof. Jean Cayla from Rennes, France, as president was set up. The same year, this committee organized a founding conference in Athens hosted by the National School of Public Health. The framework for an official European organisation was agreed and the place of the next European Public Health Conference to be Zagreb, Croatia. There, in 1968, the statutes of the new organisation were formally adopted¹. The next turning point in ASPHER's development, regarding management as well as strategy, came about in the nineties. Through the mediation of Prof. Christian Rollet, Rennes, France, the French

government provided sufficient and sustainable funds to run the secretariat for more than a decade with Jacques Bury as Executive Director for most of that period. First PEER Reviews were organized 1993 and 1995². To promote the evidence base of Public Health ASPHER has introduced an explicitly scientific component at the conference in Bielefeld 1993 under the presidency of Prof. Ulrich Laaser³. At the same occasion, ASPHER has awarded the first Andrija Stampar Medal to Prof. Leo Kaprio for his invaluable contribution to the creation of the organization. The four major European Public Health Associations – partly still in the making – met in Bielefeld and established lasting cooperation (ASPHER, EHMA, EPHA, and EUPHA). The dynamic development of ASPHER has continued since the publication of the 38 European WHO targets of “Health for All” in 1985, through many memorable years. In the first decade of the 21st century, ASPHER had to face a challenging and difficult period of transition fortunately under strong leadership. It has managed to pass many threats, overcome weaknesses and increase own strengths, particularly during the presidency of Prof. Anders Foldspang and permanent lead of the Executive Office by Robert Otok during the significant movement from Paris to Brussels. As a result, another pivotal phase in ASPHER’s growing strength was 2012, when WHO’s European member-states approved of the 10 Essential Public Health Operations (EPHO) and ASPHER’s lists of public health core competences. Recognizing the work of ASPHER and Prof. Anders Foldspang, WHO has approached ASPHER to lead EPHO-7 on “Assuring a sufficient and competent public health workforce”.

The debate on a strategic road-map of ASPHER has started at the end of 2013 to follow up on ASPHER’s action plan for the establishment of working groups ending 2015, and to align with the WHO and EU Strategies for the rest of the 2nd decade of this century.

Intensive discussions have been organised during a Delphi process in January and May 2014 under the presidency of Prof. Vesna Bjegovic-Mikanovic agreeing on a framework of five strategic objectives specifying ASPHER’s core mission within “education for research and service”. Two new fields of growing importance in Europe were added to ASPHER’s work: “Setting up a public health profession” and “Developing the Global Dimension of Education and Training for Public Health”. Whereas the first links to ASPHER’s lead in implementing EPHO-7 in close collaboration with WHO EURO under the guidance of Prof. Anders Foldspang, the second underpins ASPHER’s new outreach beyond the European Region under the leadership of Prof. Ulrich Laaser⁴.

In a subsequent phase, the five strategic objectives were discussed in detail advancing the cohesion of the community of ASPHER and resulting in an operational action plan. The final comprehensive Strategic Plan has been adopted by the General Assembly 2015 in Jerusalem. This road-map is guiding ASPHER's community through the next five years.

Where are we now?

The membership of ASPHER increased considerably over the last years, up to 110 Schools and Departments of Public Health in Europe and 12 associate members, partly beyond Europe⁵. The PEER Review of the 1990'ies grew into the Agency for Public Health Education Accreditation (APHEA) in Brussels and projects like Human Rights in Patient Care or the European Public Health Reference Framework mark the present time, which requires all the available resources of the organisation. Therefore – inspired by the European Action Plan (EAP) for Strengthening Public Health Services and Capacity, related to the EPHOs – ASPHER has started an intensive dialogue between its members and started effective implementation of the Strategy 2020 adopted in May 2015.

Future tasks as outlined in ASPHER's strategy 2020 are tremendous given the still limited capacity of the Association despite its steady growth during the last years. Most member institutions are of limited size, and public health is not everywhere considered to be a political priority. Public health education across Europe has been disjointed. Consequently, the labour market for the public health workforce has been complicated by the absence of international standards for public health degrees. Challenges faced today by stakeholders within the European public health domain include non-comparability of national degrees especially concerning potential employers and lack of transparency/convergence between national accreditation systems, thus limiting possibilities for public health graduates to work across borders^{6,7}.

Where do we go from here?

Five strategic objectives have been agreed in the framework of ASPHER 2020 to mark the way forward and meet contemporary challenges.

Strategic objective 1: Improving quality of academic programmes and Continuing Professional Development (CPD) for public health

1.1. Promote harmonization of high-quality education and training for public health: develop and pilot model curricula, advocate and

implement as the standard for all European schools of public health, and evaluate public health education and training programmes at all three Bologna levels;

- 1.2. Enhance continuing professional development (CPD) through blended learning modules offered to all public health professionals by the European schools of public health (business model of excellence);
- 1.3. Increase mobility in the European Higher Education Area (EHEA) and develop common models for education and training together with the exchange of best practices.

Strategic objective 2: Strengthening research capacity among all members

- 2.1. Support joint research of the main public health problems and emerging challenges;
- 2.2. Develop platform of research expertise among members;
- 2.3. Encourage the open access interface and sharing of knowledge between academia and practice of public health.

Strategic objective 3: Setting up a public health profession for public health services in Europe

- 3.1. Shape a public health profession in European countries by developing a European Public Health Reference Framework (EPHRF) and its online repository for individual career as well as services planning;
- 3.2. Lead on the work of the WHO Europe's EPHO-7 – a key pillar of the overarching regional policy framework, Health 2020, to ensure a sufficient and competent public health workforce in the region;
- 3.3. Advocate the public health profession based on the code of conduct (professionalisation).

Strategic objective 4: Developing the global dimension of education and training for public health

- 4.1. Develop a model curriculum on global health at the MPH level and an adapted version for CPD, advocate and implement it as standard for all European schools of public health;
- 4.2. Establish a think tank on global and regional health governance focusing on the implementation and evaluation of interventions, within the capacity of the membership network and in partnerships;
- 4.3. Investigate the options for a Global ASPHER Alumni Association together with the support of alumni's mobility.

Strategic objective 5: Strengthening governance, management and sustainable development of ASPHER

- 5.1. Enlarge membership and promote engagement of members into association activities;
- 5.2. Develop capacity of ASPHER's secretariat;
- 5.3. Build up strategic partnerships with national, European and global associations/ institutions.

ASPHER's Strategic Plan 2016–2020 provides guidelines and defines direction, framework and content of ASPHER's activities in the coming years⁸. It highlights the priorities and strategies for collaborative activities and illustrates how strategic programmes and objectives will be achieved. At the same time, the Strategic Plan can be seen as a process, given that the identification of the key strategies also implies learning how to think strategically and creatively. All the members of ASPHER's community shall contribute to the implementation and improvement of the Strategic Plan, which will make ASPHER stronger and more widely recognised – in Europe and beyond. It is necessary to rely on the existing power of ASPHER (the only such organization in Europe) and use each opportunity (new partnerships, new projects, new forms of education, legislation) to facilitate change, overcome the existing deficiencies and implement ASPHER's Strategic Plan.

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Improving the quality of academic programmes and continuing professional development (CPD) for public health

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The aim of this chapter is to explain how and why ASPHER is planning to implement the Strategic Objective 1 of the Strategy 2020 on improving quality of academic programmes and CPD for public health.

Background

Today's public health professionals need to be able to lead in contexts where there is considerable uncertainty and ambiguity, and where there is often imperfect evidence and an absence of agreement about the precise nature of the problem and the solutions to it¹. Given the tough issues European societies face, there now appears to be a developing consensus that Schools and Departments of Public Health (SDPHs) should engage in building public health capacity at every level².

Everywhere in Europe, there is a need for well-trained public health professionals³ to cope with, among others, various socio-economic factors such as aging populations and workforce, increasing burden of chronic diseases, multi-morbidities, and mental health problems, technological and scientific progress, empowered patients with high expectations, migration, globalization, and insecurity.

Therefore the development of public health programmes and the rapid and prolific development of schools is a remarkable aspect of public health education in Europe³. In this difficult global environment, with the rapid changes in the graduate and postgraduate landscape of public health careers, there is a need for leadership in shaping and qualifying the tracks in public

health education⁴. Moreover, the leadership of higher education is needed to enable growth and adaptive change to help undergraduate and postgraduate students progress in their achievements to gain confidence and employment, to achieve the skills to mobilize, coordinate and direct broad, collaborative actions for health within the complex public health systems⁵. However, public health curricula are traditionally oriented around core educational disciplines, and there is little room for developing students' leadership capabilities within the context of public health⁶. Therefore, there is a need to identify, compare and harmonize high quality education, to find best examples. *"While public health education should be informed by rigorous research on what works, we also believe that it is possible to learn, and in many cases be inspired by lessons to be learned from the experiences of others"*⁷.

The leadership role of ASPHER

This raises a question of how ASPHER can motivate and inspire higher education institutions delivering public health education in Europe to:

1. Provide a content and context to help develop the competences necessary to be effective in the 21st century public health landscape;
2. Stimulate inter-professional collaboration, which transcends the confines of the classroom⁸;
3. Share and exchange best programme practices.

ASPHER has a long history of supporting the development, promoting and guarding the quality of public health education at different levels through various initiatives and activities with bigger or lesser success, such as: the European Public Health Core Competences Programme (EPHCCP)¹¹, the work of the Working Group on Innovation and Good Practice in Public Health Education^{9,10,12}, numerous publications and activities linked with the Agency for Public Health Education Accreditation (APHEA), to name a few. ASPHER has also initiated the European Public Health Master (EMPH) project, which *"was enthusiastically anticipated that it would raise the standards of education and training across the European region and would provide a "gold standard" of which other schools and programmes would eagerly follow alas attempts to realise the programme failed"*^{13,14}.

Strategic Objective 1 and implementation plan 2016-2020

The Strategy 2020 is a long-term plan of ASPHER to improve the quality of academic programmes on all levels.

Objective 1 corresponds to three areas presented in paragraphs: 1.1, 1.2, 1.3.

1.1 *Promote harmonization of high quality education and training for public health: develop and pilot model curricula, advocate and implement as standard for all European schools of public health, and evaluate public health education and training programmes at all three Bologna levels.*

In order to improve the quality of the academic programmes on the Bachelor, Master and Post-graduate levels, it is proposed to assume the identification of and exchange of good practices approaches.

What does it mean in practice?

A special platform will be developed on ASPHER's web page where the specific Bachelor and Master of Public Health programme curricula will be presented by the SDPHs affiliated with ASPHER. Specific criteria will be developed by ASPHER's Working Group on Innovation and Good Practice in Public Health Education together with APHEA to guide programme leaders in their expectations related to good practice exchange. We will look for the programmes, which, among other things, are fully taught in English or at least parts of them, comply with the Structural Indicators for Monitoring Education and Training Systems in Europe developed by the European Commission/EACEA/Eurydice data collection 2015, follow ASPHER's EPHCCP, include innovative student centered methodologies, and many other criteria developed by ASPHER's Working Group on Innovation and Good Practice in Public Health Education and by APHEA.

The interested SDPHs will be able to share and exchange practices. Every year or every two years, ASPHER will select good practice examples among the programmes at Bachelor and Master level. This will be displayed on the online platform, and an award will be presented during the annual Deans' and Directors' Retreat as a result of the selection process based on the sound criteria.

1.2 *Enhance continuing professional development (CPD) through blended learning modules offered to all public health professionals by the European schools of public health (business model of excellence).*

The need for a better-trained workforce through lifelong learning and Continuous Education (CE) in the fields of public health is clearly recognized by public health professionals in Europe and worldwide⁶. The SDPH survey pointed to the deficits still remaining in such efforts in

the European Region, as less than one third of all respondents offer CE in terms of short courses, modules or summer schools⁶.

The enhancement of the CPD modules will be achieved by encouraging the SDPH affiliated with ASPHER to share with ASPHER short courses, modules or training sessions, which are in English, and which can serve as independent products subject to open enrolment facilitated by ASPHER. These should be the so-called “star courses”, which would fill the gap at the public health CPD market. In this way ASPHER will be able to pool the best products and support business cases with relevant schools. Every 2-3 years the demand/need analysis can be performed based on the competency model, identifying gaps in knowledge and skills among public health professionals. Such an approach will contribute to building the public health CPD field as opposed to its current fragmentation and lack of integration.

1.3 *Increase mobility in the European Higher Education Area (EHEA) and develop joint models for education and training together with the exchange of best practices.*

Cross-border mobility of higher education including students and staff stimulates development, innovation and collaboration. With the use of various European instruments within the Erasmus+ scheme we can observe increasing trends of students' and teachers' mobility and growing diversity of educational programmes in terms of institutional autonomy, funding, and quality assurance. National and European governments need to intensify their efforts in supporting and enforcing faculty and student exchange. Schools of Public Health should also understand this activity as a long-term investment for internal quality improvement¹⁵. However, problems persist. “*Exchange of students and faculty mobility, although enshrined in legislation is, in many countries, poorly implemented and enforced*”¹⁵.

It is proposed that ASPHER, through the good practice exchange as mentioned in paragraph 1.1 will encourage and promote signing of Erasmus Mobility exchange contracts between the Schools and Departments of Public Health, thus facilitating the exchange of students and staff within the three educational cycles, depending on the programmes of interest and the need for mutual learning or development. The schools or institutes, which are affiliated with ASPHER, can also provide internship possibilities, which are also covered by the Erasmus+ mobility scheme.

If well implemented, Objective 1 of ASPHER's Strategy 2020 can contribute to educational good practice exchange among the schools of public health in the European region through collaboration, showcasing and not through competition.

Accreditation: ASPHER and APHEA's shared vision on quality

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ASPHER established the Agency for Public Health Education Accreditation (APHEA). This agency laid its roots in 1988 during the formation of the ASPHER European Master of Public Health (EMPH) which resulted in the establishment of the ASPHER PEER review. In 2001 the ASPHER Deans and Directors endorsed the establishment of an accreditation system based on the PEER which, with EU funds, resulted in the first complete set of accreditation criteria, structure and procedures of the agency. With the support of ASPHER and a range of European stakeholders APHEA formally began in 2011.

For the future, APHEA's values continue in line with ASPHER's and focus on the need to recognise and improve the varying quality of schools and programmes to ensure we continue to produce a competent and effective global public health workforce.

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The ethical challenge

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Ethics discernment and skills are needed by public health professionals, whose decisions have moral implications. However, ethical topics are often scarce in public health curricula in Europe and are not taught in a systematic way. European schools of public health expressed interest in improving the teaching of public health ethics and asked ASPHER for support.

In 2015, the ASPHER working group on ethics and values in public health, in collaboration with the EUPHA section on ethics, published a collection of papers on public health ethics training and developed a short course on public health ethics. In the future, we should develop and make available online learning supporting materials and resources to improve public health professionals' knowledge, sensitivity and discernment of ethical issues across Europe.

Strengthening the research capacity among all ASPHER members

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The aim of this chapter is to describe why and how ASPHER is planning to implement the Strategic Objective 2 of the Strategy 2020 on strengthening research capacity among all members. We expect that the appropriate implementation of this set of justified proposals will make Objective 2 of the Strategy 2020 a contribution to exchange experiences and strength collaborative efforts among the schools of public health in European region. The ultimate purpose is to promote a continued interest in understanding and practicing research as a base for action.

Background

In its Strategy on Research for Health¹, the World Health Organization emphasized the importance of each country commitment to develop its own agenda for research within its particular context in order to respond to the health needs of the population. The central role of a public health research program on which to base action follows as a logical consequence of this positioning so that best practices and evidence guide the national planned efforts. Ideally, the programs would gain if shared internationally in its global relevance and by the diverse national institutions concerned. Public health schools in the European region are particularly suited to have a leading role in identifying research needs, designing collaborative solutions, preparing the appropriate people to move the tasks forward and ultimately to evaluate the impact of actions.

There is a general question regarding when and to what extent academic research can benefit practice, and the debate needs to continue, engaging multiple stakeholders principally policy makers and academic researchers in

public health. Also, to solve the issue of translating academic knowledge into practice, to narrow a recognized gap with economical, a social and time dimensions, there is a need to devise new solutions towards a fair engagement with industry in progressively relevant areas such as information technology, diagnostic devices and prevention, envisaging e-health and m-health as today challenges. The impact of academic research on practice is not easily quantified, and this seems clearly an area for improvement, in which it the joint effort of Schools of public health and of the field institutions, putting forward new methods and testing them, will be of enormous relevance. Thus, researchers in public health and allied sciences could favour a judgement by the quality and number of their real scientific contributions, and their impact in people's life and not just by the quantity of papers they publish².

The structures and the practice of public health have a broad scope and cover different sectors. This well recognized complexity creates difficulties in defining the services that fall under the public health responsibility and in assessing their capacity and performance³. Research thus has a major role to play in periodically revisiting and evaluating public health functions and practice, in particular those considered the essential public health functions, services, and operations. As essential public health operations across Europe constitute a common ground for orienting action, and once the faced challenges are essentially shared across geographies and economic contexts, they constitute an excellent opportunity and an appropriate framework to trigger joint research, develop platforms of expertise and encourage partnerships bearing in mind the importance of emerging problems and the requirements of continued professional development.

The strength of research capacity asks for a clear vision and well-defined targets. It needs to consider a better prepared workforce, to define a larger role for scientific thinking in continued learning and in approaching daily solutions to public health problems. ASPHER, as a dynamic association of schools, conceived that vision and shall play a central role in setting the conditions for that vision to become reality. The network of Schools of Public Health in the European region brings together an extraordinary number of key individuals in their fields of expertise, for a long time arching academic affiliations with hands-on practical work in policy making or delivering services to the populations or to the individuals. In the Schools, public health teachers and professionals in-training have a unique preparation, are scientifically qualified, and in their daily work are confronted with the need to discover original solutions even when dealing

with old problems. This is clearly what science is about, and it is why building research capacity is a crucial element for professional success and to achieve better population health performances and indicators.

In defining strengthening research capacity as a strategic objective we also need to consider areas where we expected increased needs and emerging challenges. As examples we could list the applications of implementation science for health⁴, their tools and strategies to improve the success of implementation and to study how programmes and interventions are used; the procedures on how to accelerate the translation of research-tested interventions into policy and practice; the new systems approach to public health, and finally the fascinating questions raised by participatory research and all we need to do to put “people” in public health research and question.

In the European Region there has been a continued interest in advocating for research, asking for a common effort of national and European research agencies and sectorial programme calls with public health relevance. The Public Health Innovation and Research in Europe was an example of a project developed to engage collectively with the health research agenda in Europe and to collect data across 30 European countries looking at the influence of the European Union initiatives to fund research⁵. Similar surveys are essential to increase knowledge about public health innovation at the national and the European levels and to contribute to strengthening the public health research system, if we want to rise the number of countries that have public health research strategies. The Horizon 2020 European Union research and innovation programme is a financial instrument to develop the European Research Area, seen as a means to drive economic growth and create jobs and to build a single market for knowledge, research and innovation. A creative approach to these general concepts, that to a certain extent seems different from the traditional drivers of research oriented to solve more vulnerable people problems, combating inequalities and favouring access to essential health related goods, can constitute an extraordinary opportunity to booster public health research in the region, served by wise strategic objectives and firm actions.

Strategic Objective 2 and its implementation plan 2016-2020

The Strategy 2020 is a long-term plan of ASPHER with a large and ambitious scope that covers different broad fields with the ultimate goal of strengthening research capacity among all members.

Objective 2 corresponds to three areas presented in paragraphs: 2.1, 2.2, 2.3.

2.1 Support joint research of the main public health problems and emerging challenges.

We are living in a time, when we have to be prepared to face the old preventable health scourges, present in some regions or in socially more deprived human populations, and to find solutions for emerging problems. And we have to do it in complex, dynamic and adaptive systems with unique combinations of biologic and social determinants and nature. As this happens in rapidly moving contexts that do not allow for simple and easy answers, joint research projects within ASPHER and in partnership with other major European public health associations are expected to facilitate successful joint grant applications in a very competitive environment. As within Europe, organisation and size of schools of public health vary considerable⁶, and only a few schools offer expertise across the whole range of public health methods and cover all of the most relevant research topics, the strengths and weaknesses of schools in specific areas can be a source of inspiration for joint research and capacity building.

2.2. Develop platform of research expertise among members.

Isolated research groups or structures – though we have to recognize a dimension of competition and a traditional relation with intellectual property – cannot tackle the recognized challenges, and joint efforts are thus needed between governmental and non-governmental public health institutions, with specific domains of expertise or field influence in different regions, and the schools of public health.

The refereed varied dimension of the schools, their traditional areas of excellence and the need to open new venues, economic and financial constraints, the sudden dimension of some public health threats – as evidenced by the increasing number of newly recognized infectious agents or the dramatic migratory movements – all this makes it urgently needed to organize shared research structures and responsive networks, favouring the flux of people, information and knowledge. If these cooperation channels are opened, more efficient responses can be expected when in the usual short notices there is a need to enable joint research consortia.

To follow this path we need to enquire on the available research expertise, the areas of interest pursued in each school, their scientific outputs and the relation with advanced training, to evaluate under a qualitative perspective the willingness to cooperate and to quantitate the

potential number of individuals, laboratories and other research structures (e.g. cohorts, registries, routine data bases) available to be involved. The process can take both a bottom-up approach, with schools ideally networking and designing research platforms around their interests and perceived needs, or tackling a few agreed very relevant areas in need of a particular stimulus or in face of a favourable occasion to invest, then result of a top-down proposal. ASPHER's leadership can play an active role in bringing stakeholders together, in providing adequate settings for encounter and discussion, and finally campaign near the relevant institutions in favour of the development of these platforms of research expertise as very light and productive structures.

2.3. Encourage the open access interface and sharing of knowledge between academia and practice of public health.

The surveys available show that the dimension, the resources, and the scope of programmes and schools of public health span over a wide range of offer and interests. Some member institutions have access to the main public health and medical journals, to a sufficiently large number of books, copies of essential documents and "grey literature". However, others often face tremendous difficulties to access the needed sources of information and thought due to financial and other limitations. Although the emphasis often goes toward journals and books, the access to affordable appropriate data (as local, regional or national routine databases not provided for free) imposes major restrictions in producing information and making research. Open access to high-quality research findings is thus a key pre-requisite for excellent research and training, and the translation of research findings into public health practice. Although the number of open access journals is increasing and it is expected to become the norm in the future, access to most journals still requires paying subscription fees, and some industrial approaches to publication are source of concern.

An essential goal in the near future is to guarantee an exchange of information among institutions, facilitating the access to knowledge, a promotion of transparent mechanisms to fund open access publication, namely using public repertories, advocating for specific grants, and encouraging the sharing of documents with those engaged in the practice of public health, which often remained unknown.

As an example, and taking the lead, ASPHER decided to establish its own, open access journal – *Public Health Reviews*, providing up-to-date information on research in current public health topics.

The never-ending need for new knowledge: The Public Health Reviews revival

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Public Health Reviews (PHR) published in Israel for 30 years, in 2010 was transferred to the EHESP School of Public Health, Rennes, as an online open access journal. Since 2014, PHR is published on behalf of ASPHER by BioMed Central, available freely online at <http://www.publichealthreviews.net>. PHR promotes knowledge and practice, integrating current standards, innovations and emerging public health issues. Guest Editors conduct theme issues approved by the international Editorial Board.

Archived Issues 2010-2014: New Public Health, Ageing Societies, Public Health Education, Cardiovascular Disease, Ethics in Public Health, Mental Health as a Public Health Issue, Towards a Healthier 2020, Substance Use Issues: New Insights.

Theme Issues 2015-2017: Screening, Ethics in Public Health (#2), Minority and Migrant Health, Human Rights in Patient Care, Aboriginal Health, Maternal and Child Health, Climate Change and Health, Public Health Education (#2).

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Shaping a public health profession for public health services in Europe

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Public health today is characterized by an increasingly Babylonian number of kingdoms with each their language and indispensable self-identity and conceptuality¹. The numbers of partial educational programmes and vocations are high². So, who are we – and to whom shall then decision makers turn for advice?

These years, European public health still faces two main challenges in its own organisation. The first challenge is the need for the creation and authorisation of a public health professional. The second challenge is the need to develop coherent and comprehensive national, regional and local public health systems, which can shape the appropriate, cost-effective framework for the work of public health professionals and their staff. If these two challenges are not met, public health will continue to be weak and under-funded. It will remain a just too easy target for opponents, if you will allow me this association.

The shaping of a unified and authorised profession thus should have high priority among public health workers and their societies, academies and associations – e.g. EUPHA – and the WHO, as it has for ASPHER, whose institutional members are responsible for the graduation of future professionals. We should all work to ensure that, in the future, the public health workforce will include the following three, relatively well-defined main categories^{3,4}:

- Public health professionals, defined by their competences, with comprehensive public health responsibility for defined populations and their health systems and public health systems;

- Health professionals, who will have selected, more limited public health responsibilities;
- Other – with selected public health responsibilities – ranging from high-level decision makers – politicians and civil servants – to policemen in the street and teachers in the classroom.

The public health professional shall have a bachelor or master degree in comprehensive public health or be a medical doctor or a nurse, who has specialised in – comprehensive – public health, often including a Master of Public Health degree. In addition there will be seniors with broad backgrounds within public health theory and practice, however not necessarily with formal public health education or training.

The *theoretical basis* for recommending the shaping of an authorised public health professional lies in the recognition of health being a multi-dimensional phenomenon and, accordingly, public health is multi-disciplinary, as often stated. Moreover, this cannot be handled optimally *in practice* without minds trained to analyse – and to act on – the comprehensive public health coherence, with its mutually interacting components.

In clinical medicine it is a classical acknowledgement that the human body and mind altogether constitute a complicated, coherent and integrated *unified* system with mutually vigorously interacting components, as explained in the discipline of physiology – an integrated system, in which the individual parts and processes are mutually dependent. Disturbance in one part will therefore often lead to disturbances in other parts, and understanding disturbance in one part requires the understanding of dynamics of other parts. Pathophysiology is complicated. The comprehensive education of the “*basic doctor*”, who has got the potential to specialise after the basic academic and vocational education and training, is, in principle, more or less a just as classical concrete representation of this understanding of the human system.

Likewise, population health altogether constitutes a highly complicated, integrated system, with mutually, dynamically interacting dimensions and parts. The system cannot be understood just as the sum of its individual components. That would miss the acknowledgement of crucial inborn dynamics – typically strong health and social interactive dynamics, which can be penetrated and understood solely by use of complicated social and cultural theory – “public health physiology”, if we should like to continue parallelising with clinical medicine. Population health is as coherent as the individual patient’s health – disturbance in one part will affect other parts

and sub-systems. The term “holistic” is as adequate as in the case of the individual patient in medicine.

In general, concrete public health challenges thus should be met by a comprehensive approach in the first place and thereafter directed to specialised, selective approaches only when deemed necessary in more unique situations. The comprehensive public health professional should in this understanding be a gatekeeper.

In accordance with the nature of the population health challenges meeting public health, the principle of comprehensiveness must be reflected in the theoretical as well as the practical potential, the competences, of the public health professional. Moreover, at a composite and thus reality-based level he and she shall be able to perform in practice, what WHO Europe has developed as so-called Essential Public Health Operations, EPHOs⁵.

In order to be able to perform the EPHOs and in accordance with ASPHER's comprehensive list of public health core competences⁶ – endorsed by WHO Europe's member states in 2012 as the basis for the development of public health education in Europe⁷ – the public health professional shall possess competences within the following main categories:

- Public health methods,
- Population health and its:
 - Social and economic determinants,
 - Material environmental determinants;
- Man-made interventions and systems, namely:
 - Health policy, health economics, organisational theory, health legislation, and public health leadership and management;
 - Health promotion – health education, health protection, disease prevention; public health ethics.

This defines the public health professional in principle as well as the basis of the route from information over formation (of professionalism) and transformation⁸.

Specialisation and expertise in selected sub-disciplines can be further developed on this comprehensive basis – in, e.g., epidemiology and statistics; health promotion and disease prevention; health economics and leadership; health sociology; ethics; etc. – unified under the comprehensive public health umbrella, which will help prevent silo thinking and isolated, particularistic action.

Conversely, just thinking in and engaging so-called “specialists” or “experts” without the necessary coherent comprehensiveness in their backgrounds will only have a reduced potential to meet public health challenges adequately, sometimes with loss of lives as a consequence. Moreover, it will leave decisions to include various interactions to decision makers, who by definition from a public health point of view are non-professionals, when advice for such decisions should be promoted by professionals able to analyse the coherent comprehensiveness of challenges and identify the relevant specific actions – or patterns of action – to be taken. Crucial inborn interactive dynamics thus are left un-analysed and un-accounted for, and high level decision makers are left alone and not well advised.

The public health discipline and movement has got the historical tradition as well as the prerequisites for forming a unified public health profession⁹ – a long-lasting educational and training legend, exceptional achievements, flourishing research. In each country, we will have to agree about shaping an authorised profession – and about what that means in concrete terms, e.g. the development of public health professional standards and ethical rules. Furthermore, the creation of a system for authorisation as such depends on the authorities being willing to sustain such development. Finally, the creation of an authorised profession is a mere prerequisite for visibility in national and international statistics, where public health still today leads a rudimentary and mainly silent existence. Thus, in contrast to medicine and nursing, there is no statistical basis for human resources forecasting or planning in public health.

As mentioned by Professor Bjegovic-Mikanovic in her presentation of ASPHER's 2020 strategy¹⁰ in this 50th anniversary book, we are working to shape a public health profession in European countries, among other things by developing a European Public Health Reference Framework (EPhRF) and its online repository for individual career as well as human resources planning in public health systems. The IT tool is under development to include the lists of competences, the EPHOs, and population health challenges, so that it can meet these needs³.

The intention is to enlarge the EPhRF Council to form a matrix organisation in order to be able to perform its multi-dimensional tasks covering specific population health challenges, various educational levels in public health, and geographical variation in population health and public health services. The Council also shall collaborate with WHO Europe and advocate the public

health profession. The names of the members of the Council are found on page 141.

Besides the international and European discussion, colleagues in each country have to realise their own situation, conduct their own discussions, and make their own decisions about shaping an authorised public health profession in their country.

The collaboration with WHO Europe of course plays a crucial role in ASPHER's work related to workforce development. ASPHER shares the chair of WHO's EPHO 7 Working Group, focusing on ensuring a sufficient and competent public health workforce in WHO's European member states⁷, with Anders Foldspang as the ASPHER Co-Chair, since 2013, supported by Robert Otok and Vesna Bjegovic-Mikanovic. We appreciate the fine collaboration with WHO colleagues – Dr. Hans Kluge, Dr. Jo Nurse, Dr. Elke Jakubowski, Dr Martin Krayer von Krauss and Dr. Anna Cichowska.

Let us hope that, in a near future, the public health discipline has been acknowledged in itself, so that the mutually interacting dimensions – the human resources as well as the systems basis – is in place in terms of a well-established public health profession working in well-planned, comprehensive and coherent public health systems. International associations should collaborate to attain these goals. Delivering the manpower constitutes a central part of ASPHER's collaborative soul, and sustaining the development of models as well as concrete public health systems is an even more shared challenge. Workforce and workplace must correspond mutually. Population health demands it and will be the winner.

The fascination of the multi-disciplinary nature of public health should converge into a coherent whole. Public health is no more multi-disciplinary than medicine or nursing.

So, as previously called for¹: Let's bring our Babylonian voyage to an end now. Let's unite. We have got the challenges, the responsibility and accountability in front of the population and its leaders¹¹ – and the tools.

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The workplace of the public health workforce: mapping public health services in Europe – On the assessment of the Essential Public Health Operations (EPHOs) in the European Region

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Using the EPHOs as a framework, since 2007 my team and I at the University of Valencia have developed successive iterations of a self-assessment tool that European countries can use to comprehensively evaluate their public health capacities and services. After the initial pilot experiences in South-eastern Europe in 2007-08, this line of work has only deepened, and the EPHO self-assessments have now been adopted as a cornerstone of the WHO European Action Plan for Strengthening Public Health Capacities and Services. The latest version of the tool (2014) has been used successfully in several countries, and the forthcoming web-based application will facilitate its use elsewhere. In an example of its continuing commitment to link public health training and policy, ASPHER has also used the tool to inform its curricula development.

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Developing the global dimension of education and training for public health: Summarising the position of ASPHER

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Introduction

The Ebola outbreak was a – perhaps last – reminder to alert Europe to its global interdependence. In their open letter to the European Governments on Ebola Moreno et al. (2015)¹ write: *“If we aim for our action to be truly effective, Europe’s strategic approach to responding is just as important as its financial and material commitments... (comprising) ...ways that support complementary goals for human and economic development in the region”*. Latest since the nineties of the last century we face rapid globalisation sharpening our view on this one planet travelling through space – the Spaceship Earth. It is largely in our hands as a human race whether this journey is a safe one². Major global threats can be summarized as global warming with floods and deserts; global divides in terms of poverty and hunger; global security endangered by civil war and terrorism; and last not least global instability by financial imbalances. Global health is by far not yet a human right for all³. Those threats affect our health but cannot be controlled at the national level. They are the consequence of ineffective, failing, or even totally missing global governance. The analogy between Europe in the early 19th century and the situation of large populations in the South is striking.

History

The internationalisation of health can be dated to the second half of the 19th century related to colonial and commercial growth. The causes of cholera,

tuberculosis, rabies, typhoid etc. were identified, the first international regulations negotiated⁴.

The subsequent phase began after the Second World War, mandating the large international organizations like World Health Organization, World Bank and International Monetary Fund, all relevant to health. The present phase is characterized by the growing influence of health-relevant non-governmental organizations e.g. Medecins sans Frontiers or the World Federation of Public Health Associations (WFPHA)⁵.

Definitions

Currently there is no global agreement on what public health and public health functions or services consist of, and the lack of a common language in public health adversely affects the efforts of public health systems, including security and workforce development, and quality standards across the world⁵. Even the most basic so-called “Essential Public Health Functions” vary between WHO regions⁶ as do the definitions of public health or population health⁶ and even more so the understanding of global or planetary health⁷.

The role of schools of public health in local communities

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ASPHER Director since 2008

Schools of public health do not only deliver *public health education* at academic level and produce *scientific public health research*, which can compete at international level. The schools also offer scientific, educational and training networks at national and international levels, supported by ASPHER. The schools deliver *advice in public health questions*, including scientific evidence of intervention effectiveness, acceptance and ethical acceptability, to national, sub-national and local public health authorities, so that they assist in analysing and setting priorities as concerns: (i) present and future challenges in population health and health systems; (ii) the implementation of public health best practices; (iii) the development and implementation of goal-oriented public health strategies. In a wider sense, the schools function as knowledge centres and offer public health *information, knowledge, and support* for politicians, other professionals and the general public.

The Charter

In November 2013 ASPHER adopted its “Charter on the global dimension of education and training for public health in the 21st century in Europe and in the world”⁸, stating that the implementation of effective and sustainable interventions for health is a long-term endeavor⁹. Recognising this ASPHER set up a road map towards 2020 on global leadership covering the following steps: (1) Recognition of the global dimension of education and training for public health; (2) Leadership based on an agreed long-term globally oriented strategy; (3) Strengthening of the public health capacity in the European Region and beyond leading the workforce development towards shaping an education- and training-defined, authorised public health profession in all European countries as well as in other regions of the world; (4) Development of the European schools of public health towards multilateral global coordination and cooperation in multidisciplinary professional networks. Europe as a privileged region shares responsibility beyond its continental borders.

The Strategy

ASPHER emphasizes the global health dimension of education and training in its Strategy 2020¹⁰ by (1) Publishing a global public health curriculum for master and CPD programmes; (2) Developing a think tank focusing on global and regional public health education and training for interventions, and (3) Striving to create a strong alumni network.

Ad 1) Only about 25% of schools of public health in Europe have a global public health teaching programme/module¹¹. In order to support the member schools of public health in promoting the education and training on global public health, a curriculum is to be developed making use of international experience¹². The revised and tested curriculum should be available for all Schools and Departments of Public Health in 2017 and promoted by ASPHER in 2018.

Ad 2) The main challenges facing the global community appear to be threefold: (i) to identify and define precisely the threats that are undermining population health and well-being along with opportunities; (ii) to develop better global understanding and agreement about suitable strategies; and, (iii) while achieving adequate funding is difficult enough, the real problem is implementing effective and sustainable interventions. A pre-condition for success is the qualified education and training of the public health workforce for evidence-based public health interventions at the global and regional

level. A think tank approach should provide a first operational step to identify key issues. Consultations by senior experts taking form of ASPHER ambassadors' site visits will provide an essential element of enhancement. This part of the programme should be functional towards the end of 2017.

Ad 3) Only about 25% of schools of public health in Europe have an alumni programme although almost all have international students¹². In order to secure feedback from graduates and their employers, an alumni network should be established at each school of public health, and with a global focus at the level of ASPHER. The cooperation with other alumni organisations should be investigated. A consultation with ASPHER members will take place in 2016 aiming at the development of a framework to be adopted at a workshop in 2018.

The Future

In its meeting 25-27 September 2015 the UN Assembly approved the Sustainable Development Goals (SDGs)¹³ as a new guideline valid until 2030, among them SDG 3 being specifically related to health targets: Ensure healthy lives and promote well-being for all at all ages. The success depends on improved Good Global Governance, an essential requirement for all SDGs¹⁴. ASPHER will contribute by preparing the European Public Health Workforce for the global dimension of our future, teaching for practice and research.

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Strengthening governance, management and sustainable development of ASPHER

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Background and rationale

Since its foundation in 1966, ASPHER has made impressive progress advancing the agenda of public health education and training, and public health capacity building in Europe. With a fast-growing network and the increasing expectations of members, ASPHER is in the process of a necessary, continued, professionalization via strengthening its governance, management and sustainable development. This development is essential also in order to be able to cope with the ever-rising pressure and demand from outside of the member network, to augment ASPHER's reliability as a partner and to network effectively. The imperative process of further professionalization will enable the Association to respond to new challenges, and take on an even more active role in setting the agenda for the future of public health in Europe and globally.

The Association's constitution and bylaws, combined with the recent registration of the Association as a free-standing entity in Belgium, provide a solid basis for efficient governance and management which, thus far, has not been utilized to its full potential. The introduction of ASPHER 2020 strategic objective 5 gives the Association a framework to strive for sustainable development, with a focus on both the Association's administrative/internal structures and external relations.

The Association plans to strengthen itself by enlarging its member network, implementing well-defined member benefits linked to a clear fee scheme, fostering capacity building amongst members, expanding its secretariat,

devising more efficient financial policies and procedures, and building partnerships with national and international institutions.

Specific objectives under strategic/general objective 5

These objectives include:

5.1. Enlarge memberships and promote engagement of members in association activities.

ASPHER presently has a large, far-reaching and committed member network; this network will be enlarged and enhanced as time goes on. Given that ASPHER is a very large and comprehensive network, serving as the focal point/platform for education and training in public health, at least within the larger European context, it is advantageous for all entities offering public health training in Europe to eventually join the Association. Furthermore, the Association recognizes the importance of development of cooperation within and beyond the region through the associate membership.

In order to guarantee long-term stability of membership and cooperative structures, ASPHER has to scrutinize its financial procedures and reinforce its membership policy. The combination of revised membership fee policy and increased efforts to explore options for funding is essential to enable the implementation of all elements within the ASPHER 2020 strategy. Irrespective of any revisions to member policy, ASPHER will always remain very open and inclusive with regard to membership, so as to assure broad representation of the public health education/training community.

5.1.1. Enhance benefits of ASPHER membership

Because ASPHER encompasses such a variety of institutions offering public health education and training, it is necessary to map the variety of member institution models (structures), in order to assess similarities and differences between and needs of different institutions. The benefits of full and associate membership will be re-discussed, re-assessed and documented. The status of full vs. associate member will be carefully considered, paying special attention to the diversity of the member constituency and structures. The revised benefit framework must then be well translated into a simple fee scheme to ease the adherence of new members and strengthen the network.

Further consultation with members and relevant analyses and discussions will take place during the remainder of 2016, yielding a revised framework in 2017.

5.1.2. Invite and attract new members from inside and outside the region

The number of public health schools and programmes is increasing; ASPHER must establish focal points in strategic locations, thereby enlarging its network on a global scale and contributing to capacity building in given areas.

Outreach will also be conducted through links with platforms such as existing local and regional networks of schools and student societies. Special attention should be paid to alumni networks, identifying those remaining close to schools/programmes. The Association's established functions and roles, including the ambassador function, will complement the strategy described above.

5.1.3. Establish financial routine procedures with long-term perspective

The fee policy will be streamlined, with special emphasis on ensuring clear linkages to the benefit framework. Fund-raising and spending/investment strategies will also be re-assessed and re-formulated.

The linking of benefits to individual programmes will also ensure greater visibility and therefore greater incentive for current members to become more involved in them and for new members to join. As soon as the membership fee scheme is revised, a corresponding book keeping scheme will be devised.

5.2. Develop capacity of the ASPHER secretariat.

The ASPHER secretariat is the backbone of the Association and its capacity has to be strengthened on a long-term basis. The number of core staff at the headquarters in Brussels should always be in proportion to the workload. Options for outsourcing of activities should be explored. At its core, the Association will have a strong secretariat with strengthened capacity to serve the Association's members.

5.2.1. Strengthen the capacity of ASPHER's secretariat in Brussels

The number of Brussels-based ASPHER secretariat staff will be increased in proportion to the workload. The intention is to keep 2 – 2,5 EFT onsite in Brussels, with extra staff being engaged should new projects arise or should the workload increase. The aforementioned focal points in strategic locations within the Association's network

working closely with the Association, remunerated based on individual arrangements, shall be considered.

5.2.2. *Secure outsourcing of selected tasks to support regular operation*

The accounting/tax and legal services will be outsourced as usual. The number of consultants from selected member institutions engaged to support selected programmes and projects will be increased. A number of consultants will be involved in grant-writing and fundraising, based on need at any given time.

5.3. *Build up strategic partnerships with national, European and global associations/institutions.*

ASPHER has always emphasized and will enhance its efforts in fostering joint efforts for public health in Europe, acting in synergy with other key stakeholders.

ASPHER, as the founder of the *Agency for Public Health Education Accreditation (APHEA)*, maintains close ties with this entity, which seeks to raise the standard of higher education in public health in Europe through quality assurance mechanisms. ASPHER is at the core of the organizing group of the *European Public Health Conference (EPH Conference)*, the largest European annual forum/conference in academic public health and public health practice. *Public Health Reviews (PHR)* is an open access public health journal, founded and still administered by ASPHER, dedicated to promoting public health knowledge and practice, which places a special emphasis on the integration of state of the art knowledge and translational issues, interdisciplinary approaches, innovations, and emerging public health issues. Each of the three aforementioned entities plays an important role in the Association's overall mission and greater impact. Synergy between these three entities and links with other entities and stakeholders shall be assured, among other means, via the fee scheme and benefit framework.

Other partnerships will be created and fostered over time according to current national and international policies, as well as the interests of Association members.

5.3.1. *Mapping of possible partnerships*

Mapping of potential strategic partnerships will be carried out and reported upon.

5.3.2. Increase collaboration in existing partnership arrangements

Strategy for working with existing partners such as WHO Europe and ECDC, EUPHA, EPHA, and WFPHA, as well as key forums, such as EU Health Policy Platform, will be reassessed and redesigned, so as to strengthen these partnerships and have greater impact in the numerous on-going common efforts.

5.3.3. Improve contacts and build new partnerships

New partnership agreements will be signed based on current policy lines and projects. New key stakeholders will be brought in based on member interests as well.

ASPHER will also continue to strengthen its relations with public health students, trainees and young professionals, as they are at the heart of the ASPHER member school network and the greater public health professional development.

ASPHER's Role in Establishing and Developing Schools and Programmes of Public Health

Julien Goodman

APHEA Director since 2013

Between 2000 and 2006 ASPHER and its members, with support from the Open Society Institute, undertook an innovative and far-ranging cooperative program to establish and improve public health workforce education and training capacity in Central and Eastern Europe (CEE). The program involved 20 recipient countries in the CEE region and the majority of ASPHER's membership. The program impacted by establishing and defining new standards for curricula, organisation and faculty for both existing and nascent Schools and Programmes of Public Health. ASPHER's PEER review was instrumental in providing a framework for both reviewing existing situations and planning future interventions. The experiences learned in this program were recorded in an ASPHER publication but, more importantly, the acquired skills and knowledge remain within ASPHER's membership, which can, and should, be used for future development activities around the world.

ASPHER key membership forums

ASPHER organizes a yearly member event in May, the *Annual Deans' and Directors' Retreat*, which serves as the key happening, bringing members together for the General Assembly Meeting, and discussion on outstanding

issues concerning the Association as well as the greater public health academic environment.

The annual European Public Health Conference every November, of which ASPHER is one of the main partners, and which is attended by the large number of ASPHER members, will henceforth serve as the platform for an *annual forum event* where members can be divided up into smaller groups based on specific interests and activities, for discussion and planning. Given the growing number of members, such a forum ensures that those with specific needs/interests will have gatherings/debates focusing specifically on their interests. These forums have the potential to positively stimulate the development of working groups.

Finally, the Association presently has a very dynamic *online environment*, which has got huge potential to enhance networking and facilitate sharing of educational and training strategies as well as public health advocacy. This platform will become even more interactive, with multimedia material enabling increased learning about individual school contexts, best practice sharing, and communication, also linking with the Association's specific programmes, e.g. providing tools for individual career and systems capacity planning.

The experienced panel: The Honours Committee

Anders Foldspang

Professor, Department of Public Health, Aarhus University
ASPHER Past President 2006-2007

Chair, ASPHER's Honours Committee since 2013

In 2005, ASPHER's Executive Board decided to establish an Honours Committee consisting of past presidents and Stampar Medallists, as a "keep in touch" body, which would serve as a forum for experienced discussion. According to the statutes accepted in 2013, the mission is, by request, also to participate in ASPHER's projects and programmes and in the annual Deans' & Directors' Retreat and the General Assembly as well as Executive Board meetings (by specific invitation). The Honours Committee has developed an Ambassador Function led by Professor Ulrich Laaser, in support of member schools. The Honours Committee has had discussions about eligibility criteria for ASPHER presidents, and the committee has sustained the Executive Board in its work towards shaping a public health profession. The Committee is headed by a chair elected for two years by and among committee members and collaborating with the newest Past President.

The development of schools of public health Some examples

VOLUME II

AUSTRIA:

The School of Public Health, Graz

Martin Sprenger

Professor and Dean

The School of Public Health, Medical University of Graz

Short report on the short history of the Public Health School Graz

Postgraduate master programmes in public health do not have a long history in Austria. The first started in 2002 at the University of Graz. Before, only 30 to 40 Austrian health professionals have completed a postgraduate public health training abroad. About half of them were supported by a scholarship programme, which was initiated in 1996 by the regional government of Styria. This capacity building and the foundation of the Austrian Public Health Association in 1995 were crucial for implementing public health training in Austria. In 1998 Horst Noack – at that time head of the institute of social medicine and key driver of public health in Austria - undertook a needs assessment, which underpinned the necessity of postgraduate training in public health. Based on international standards, Horst Noack and Ursula Püringer, a physician trained in public health, developed the first public health curriculum at the University of Graz in the year 2000. In summer 2002 Dorli Kahr-Gottlieb, now secretary general of the European Health Forum Gastein, and Martin Sprenger, a physician trained in public health and since 2010 successor of Horst Noack as head of the Public Health School Graz, joined the team. In autumn 2002 the first Austrian public health master program was ready for take-off.

In 2003 a further programme started at the Johannes Kepler University in Linz (Upper Austria) but failed to succeed and was abolished in 2007. The same happened to a programme offered in Schloss Hofen (Vorarlberg), which started in the year 2006 and ended in 2011. In 2005 the Medical University of Vienna started - in collaboration with the University of Vienna - a postgraduate master programme in public health that is still running. Every attempt to link this public health programmes into an Austrian School of Public Health failed. In 2004 the Public Health School Graz became a member of ASPHER. With two full-time equivalent staff it was – and still is - one of the smallest schools in the European network. However, in the last 14 years this little team has not only organised and managed seven

postgraduate master programs with more than 120 graduates, it also organised six international summer schools, about thirty public lectures and several workshops with renowned international public health experts. In 2005 the small team was responsible for the organization of the EUPHA conference in Graz, which attracted more than 900 participants from all over the world.

Most students participating in our program work full time and study part time. Some receive support by their employers, some not. Based on Austrian legislation, universities do not support study programmes for public health financially. Therefore, the Public Health School Graz is largely funded through tuition fees and far away from being a stable and secured institution. As many other small schools of public health in the European region it is under permanent threat to vanish if recruiting of students is not successful. The objective of the multidisciplinary programme is to train participants in the basic concepts of public health, epidemiology and biostatistics, health management, and the planning, implementation and evaluation of health promotion programmes. The curriculum integrates both theoretical and methodological knowledge to enable graduates to work effectively with a variety of public health issues. According to a recent survey almost all of our graduates are happily employed and view the completion of the public health programme as job enrichment. The most frequently mentioned work contents are management tasks, health promotion and disease prevention as well as health policy. However, adequate and challenging job profiles and career paths for public health experts are still lacking in Austria.

The impact made by graduates of postgraduate public health programmes is gradually becoming noticeable in Austria. They were essential for the development and implementation of national health targets and are participating in many fields of the recent health reform. However, public health training in Austria is still in an early stage and a fragile endeavour. Therefore, the Public Health School Graz has a great interest in learning more from other small schools in the European region to gain more insight into the organisation, motives, strengths, weaknesses, opportunities and threats of these small schools. We hope that ASPHER will take a closer look at the small schools of public health in general and among its member institutions in particular, by creating a Network of Small Schools of Public Health in the European Region (NOSSPHER) in the near future.

CROATIA:

The Andrija Štampar School of Public Health, Zagreb

Jadranka Božikov

Professor and Director

The Andrija Štampar School of Public Health, School of Medicine, University of Zagreb

The Andrija Štampar School of Public Health has one of the longest and prolific traditions in public health research, education and international health collaboration.

The school's building was erected by funds of the Rockefeller Foundation and formally opened on October 3, 1927. In the beginning, the School was integrated with the Institute of Hygiene into one institution. At the time Institutes of Hygiene carried out very important tasks: they supervised and directed the work of the network of health institutions in their regions. The School was the top element of public hygienic service entrusted with the task to study conditions, which might have favourable or unfavourable impacts on people's health, and organize health education of the population. One of the principles, which later on gained in importance, was to consider medicine as one and an integrated discipline, in which prevention and treatment were different aspects of integrated health care. According to such views and practice, the hygienic service in the country was considered by many experts in the world as an original, progressive and successful form of health care.

Extensive field work on the investigation of health condition was organized as well as health campaigns, endemic disease control (malaria), rural sanitation as well as continuing education of physicians, nurses and other health workers including teachers, veterinarians, etc.

Since health improvement in the rural areas was one of the highest priorities, the School organized the so-called 'Countrymen's University'. Specially designed seminars for village dwellers - both men and women - were conducted, in which they were taught about health and the methods of improving health. In this programme, modern pedagogical views were developed, such as practicum, workshops and exercises dealing with agriculture, domestic economics and rural sanitation. Health was considered in line with Štampar's principles formulated as early as in 1926, in its broadest sense a part of life and development of the community. A rich

library and the School's own publishing services were developed as well as printing. The organized cinema laboratory is the one where the first artistic films in the country were made.

After the World War II, the School became an independent institution operating under the wings of the School of Medicine belonging to the University of Zagreb, taking over teaching for medical and nursing students in preventive subjects, and thus it is much more devoted to medical education, undergraduate and graduate programs as well as many postgraduate programs that were introduced during 1950-ties and early 1960-ties as a part of vocational training, including the organized postgraduate vocational training for general practitioners, the first of its kind in the world. At the same time the School organized, in collaboration with the World Health Organization, many international postgraduate courses in different public health disciplines (e.g. occupational medicine, environmental health, planning of primary health care, etc.) attended by students from more than 60 countries.

Dr. Andrija Štampar initiated the School's foundation and stirred its development, although at the time he was on duty in the Federal Ministry of Health, and only later, upon his return to Zagreb, he was elected as professor and became the School's director. In the same time, he played an important role in the foundation of the World Health Organization (WHO), chaired the First WHO Assembly held in Geneva in 1948, and was considered as one of the founding fathers of WHO. The School proudly took Andrija Štampar's name after he had passed away in June 1958.

Nowadays the Andrija Štampar School of Public Health comprises five departments (Department for Social Medicine and Organization of Health Care, Department for Family Medicine, Department for Environmental Health and Occupational Medicine, Department for Medical Statistics, Epidemiology and Medical Informatics, and Department for Medical Sociology and Health Economics) with some 50 faculty members affiliated with the School of Medicine and collaborating with colleagues from its other departments, institutes, hospitals and higher education institutions from Croatia, neighbouring and EU countries and worldwide.

Two departments of the Andrija Štampar School of Public Health are designated by WHO Regional Office for Europe as WHO Collaborating Centers: CC for Capacity Building in HIV/AIDS Surveillance and CC for Occupational Health.

Being a part of the School of Medicine but also the institution with its own tradition, the Andrija Štampar School of Public Health is still paying attention to population health education and community actions towards health. The School also supports, both scientifically and professionally, the planning, development and evaluation of public health programs and policies, regardless whether they are coming from the governmental or the nongovernmental sector. Research activities and international cooperation are both highly prioritized and considered as important sources for teaching and training.

DENMARK:

The Department of Public Health, Aarhus

Søren Kjærgaard, Professor and Head of Department
Anders Foldspang, Professor

The Department of Public Health, Aarhus University

The history of public health disciplines at Aarhus University – hygiene, social medicine, epidemiology, medical sociology, and forensic medicine – dates back to the middle and last half of the 20th Century. Established in 2005 by combining five independent departments and, later, including also sports science, the present-day Department of Public Health spans all the main disciplines of public health, in accordance with ASPHER's lists of competences for public health professionals: Quantitative and qualitative methods in public health; population health and its social and economic determinants; population health and its material – physical, radiological, chemical and biological – environmental determinants; health policy, health economics, organizational theory and management; health promotion: health education, health protection and disease prevention; ethics. Thus, the Department includes the following sections (in alphabetical order): Clinical social medicine and rehabilitation; biostatistics; environment, occupation and health; epidemiology; general practice; health promotion and health services; nursing; sports science. Sociology and health policy is based on collaboration with the Department of Political Science, and ethics by collaboration with the Department of Philosophy, both at Aarhus University. – The Department's academic staff includes 85 man-years and the auxiliary staff 34 man-years.

The Department's research has a high degree of interdisciplinarity and cooperation with national and international researchers. The Department's academic staff publishes internationally in high-impact journals. Among the themes are, for instance (in alphabetical order): Air pollution; arctic environment; biostatistical and epidemiological methodology; care and nursing; diabetes epidemiology and prevention; diet and health; environmental toxicology; health promotion and health literacy; health economics; health services in developing countries; humanistic, biomechanical and biological sport science; interaction between patient and nurse; international health; development and implementation of public health education and workforce standards in Europe; occupational medicine; physical activity and health; prevention of diseases seen in general practice; qualitative methods; register based lifelong epidemiology studies; rehabilitation and social medicine; reproduction; welfare and health in children and young people. – In 2014, the department published 450 manuscripts in international, peer reviewed journals.

The first education in comprehensive public health, the MPH programme, at the Faculty of Health, Aarhus University, was initiated in 1995 with Professor Anders Foldspang as lead and Professor Søren Kjærgaard as Deputee. – Today, the Department offers a number of public health degree programmes: Bachelor's and Master's Degree Programme in Public Health; Bachelor's and Master's Degree Programme in Sports Science; Master's Degree Programme in Health Science; Supplementary Subject Programme in Health Science. Furthermore, Master's Degree Programmes in Nursing and in Clinical Nursing; contribution to the education of medical doctors at the Faculty's degree programmes in Medicine; various courses of the PhD programme (for public health, clinical medicine, other disciplines) at the Faculty of Health, e.g., Postgraduate Course in Biostatistics and Postgraduate Courses in Research Methodology. – In 2014, the department had 179 bachelor students and 50 master students in public health, and 90 PhD students. The total annual production was about 1,000 student years.

The Department engages in various activities of benefit to public health and has got a long history of knowledge exchange, knowledge brokering and cooperation with public institutions, including municipalities, regions, hospitals, general practices and interest groups. In particular, the Department has got formalized collaboration with the Central Denmark Region, which is the authority responsible for the health services in Mid-Jutland. The responsibility for all public health research in the Central Denmark Regions lies with the Department. There also is close and formalized collaboration

with the independent Research Unit for General Practice at Aarhus University.

Staff members apply their academic knowledge to areas, through which they on a substantiated basis can influence the development of society in a healthy direction. Scientists from the Department are members of various national and international councils, boards, associations and committees. Staff members have governed/participated in leading international associations and institutions like the International Agency for Research on Cancer (IARC) and the International Union of Toxicologists (Professor Herman Autrup), the International Epidemiological Association (IEA) (Professor Jørn Olsen), and ASPHER (Professor Anders Foldspang). Professor Kim Overvad, Head of the Epidemiologic Section, holds a position of being one of the ten most cited health scientists globally.

FRANCE:

The EHESP School of Public Health, Rennes and Paris

Laurent Chambaud

Director

The EHESP School of Public Health, Rennes and Paris

The EHESP School of Public Health is both an old and a new school. The National School of Public Health (Ecole Nationale de Santé Publique, ENSP) was founded in 1945 and was at the beginning a department within a National Institute of Hygiene in Paris. In 1960, the ENSP became an autonomous structure, under the authority of the Ministry of Health, mainly dedicated to the training of managers of our health care system, but also to health specialists (physicians, pharmacists, inspectors...) with professional activities in State institutions. The decision to establish this school in Rennes (Brittany) was taken in 1962. In 2004, an important change was decided by law about this public health school. It was decided to change the name of the school to: EHESP, literally School of High Studies in Public Health. The change was far beyond the name, as EHESP acquired a new legal status as a higher education institution, equally to a university, with missions of academic training, research and international development. But the specificity of this model is that the training of high level managers of the health care system is remaining as one of the missions of the School, which

is now under the authority of both the ministry of health and of research and higher education. The new model is brand new, as it was formally established January the first of 2008. The school is still located in Rennes but with a satellite office in Paris.

The EHESP School of Public Health is now developing operational training of hospital managers and different civil servants in State's institutions. Since 2008, EHESP has created several masters: in public health, in health management, in environmental health. A unique phenomenon in France, a Master of Public Health in English, was developed in close collaboration with the Mailman School of Public Health, New York Columbia University. A network of ten French public health doctorates schools is coordinated by EHESP. An important activity of life-long learning is also a characteristic of this school. The use of new pedagogic interactive tools is also essential to meet the challenges of the digital revolution. As an example, a first MOOC was launched in 2015 on the theme "to understand public health and the health care system", with nearly 8000 inscriptions and more than 10%, who follow the full session.

The EHESP School of public health is also developing different areas of research in public health. The School is part of two important research teams in public policy (including prevention and health promotion) and environmental and work health. Aside, EHESP develops also two areas in health services research and big data in health. Even if research activities are quite new for this school, they take an increasing part, with participation in national as well as European projects.

The EHESP School of Public Health has developed also an important network at national and international level, with a specific role linked with the specificity of its double, professional and academic, competency. In France, there is a strong network with academic bodies, different national agencies in public health and health care management, but also with professionals associations. At the international level, EHESP is linked with many Schools of Public Health, but also develops collaborative programs in different countries, with a special interest in management of health care facilities.

At the European level, ENSP was very active in the creation of ASPHER. A former director of ENSP, Simon Cayla, became the first president of this new association during the first meeting in Zagreb. Then another director of ENSP, Christian Rollet, took over the presidency in 1989 and offered to host the secretariat of ASPHER in the satellite office of the School in Paris. And

the first Director of the new EHESP, Antoine Flahault, was also elected president of ASPHER in 2009. EHESP is also strongly involved in some activities of ASPHER like Public Health Review and support to young researchers. There are many exchanges with different Schools of Public Health belonging to ASPHER's network. EHESP has also volunteered to pass through the European APHEA accreditation process and is now the second ASPHER member school, which is fully accredited.

GERMANY:

The Berlin School of Public Health

Jacqueline Müller-Nordhorn

Professor and Head of Department
The Berlin School of Public Health

The Berlin School of Public Health was founded at the Charité – Universitätsmedizin Berlin in 2007. The Charité is one of the largest university hospitals in Europe encompassing 17 clinical and research centres (CharitéCentren) today. Established in 1710 as a quarantine facility for plague victims outside the city limits, it first expanded into a military hospital until it became the medical faculty of the Berlin University in 1810. During the Nazi Regime, many famous Jewish physicians and researchers had to leave the Charité and suffered from the terror of the Nazis. After the World War 2, the Charité was re-constructed and became the most well-known university hospital of the German Democratic Republic. In 1997/98 the medical faculty of the Humboldt Universität (East Berlin) merged with the Virchow-Klinikum of the Freie Universität (West Berlin) and finally with the Universitätsklinikum Benjamin Franklin to become the Charité – Universitätsmedizin in 2003.

The Berlin School of Public Health at the Charité (Founding Director: Prof. Ralph Brennecke) has initially focused on offering excellent education in public health. It has developed three postgraduate study programmes: the Master of Public Health, the Master of Science in Epidemiology, and the Master of Science in Applied Epidemiology (a joint programme with the Robert Koch-Institut, the National Institute of Public Health). The study programmes received national accreditation in 2009 and were re-accredited in 2015. The Berlin School of Public Health has cooperated with a number

of excellent institutions both in Berlin and on the national level: the German Institute of Human Nutrition, the Federal Institute for Occupational Safety and Health, the Max Delbrück Center for Molecular Medicine, the Berlin Social Science Center, the Berlin Chamber of Physicians, and many others.

In research, the Berlin School of Public Health has gradually increased capacities over the years. It has received grants from national institutions such as the Federal Ministry of Education and Research and the Federal Ministry of Health as well as from international bodies such as Directorate-General (DG) for Research and Innovation, DG for Education and Culture, and DG Health and Food Safety. The Berlin School of Public Health has a focus on epidemiology of chronic diseases such as cardiovascular diseases and cancer, health services research, and evidence-based prevention. It conducts large-scale cohort and intervention studies, for example a clinical cohort study on patients with coronary heart disease and potential comorbid depression or the evaluation of health-related quality of life in a diagnostic trial in patients with suspected coronary heart disease.

Early, from its beginning, the Berlin School of Public Health has been a dedicated member of the Association of Schools of Public Health in the European Region (ASPHER) and participated in many of its activities. Prof. Jacqueline Müller-Nordhorn has been a member of the ASPHER Executive Board since 2011, co-chaired the ASPHER working group on doctoral programmes and strengthening research capacities, and became ASPHER president in October 2015. Promoting exchange of students and researchers as well as cooperation in research and education on the European level is of utmost importance for the team at the Berlin School of Public Health.

In 2014, the Berlin School of Public Health was re-structured. It became an official cooperation between the Charité – Universitätsmedizin Berlin, the Technische Universität Berlin, and the Alice Salomon Hochschule Berlin. Expertise from different areas and disciplines such as epidemiology, biostatistics, health services research, health systems research, and social sciences can be combined in an interdisciplinary and trans-university approach. A joint 2-year master programme (Master of Science in Public Health) starting in autumn 2016 will complement the portfolio of the Berlin School of Public Health. A structured PhD in public health programme is being developed currently. The Berlin School of Public Health at the Charité was re-named into Institute of Public Health to assure structural symmetry with institutes such as the Department of Health Care Management (Technische Universität Berlin) and others. Each member university / faculty will represent the Berlin School of Public Health for three years on a rotating

base. Currently, Prof. Reinhard Busse from the Technische Universität Berlin is chairing the Berlin School of Public Health.

GREECE:

The (Hellenic) National School of Public Health, Athens

Jeffrey Levett, Professor
Agapi Karela, Researcher
Elpida Pavi, Senior Lecturer

The Hellenic School of Public Health, Athens

The Case for the (Hellenic) National School of Public Health

A School of Public Health for Greece was conceptualized and proposed circa 1900 by two eminent scholars, Constantinos Savas and John Cardamatis, front line fighters in the Anti-Malarial League (1905). They pioneered health education, drainage of wetlands, and quinine treatment for malaria while persistently urging the development of public health as an academic interdisciplinary science.

In 1929, the Athens School of Hygiene was considered redundant in the presence of a medical school. It survived medical establishment manipulation to halt public health, aided by politicians. It survived the Great Depression and Greek bankruptcy (1932). Of note, was the distinction between medicine and public health that the minister of health clearly gave to a belligerent press.

The School got off the ground after a bizarre pandemic of dengue fever hit Greece (1927-30) and panicked European capitals. Dengue facilitated an intervention in Greece lead by Ludwik Rajchman (League of Nations) who managed to gain support from the Rockefeller Foundation for the Athens School. It is of interest to note that the Foundation saw the need for a sanitary buffer zone in Europe to rein in an event worse than Spanish influenza. When the Foundation detected a readiness for self-help and a potential for change, it invested. This could be an explanation for a belated international response to official Greek requests. Local support was triggered by the fact that dengue sent the Prime Minister to hospital.

The School initially comprised of the Departments of Malaria, Public Hygiene and Social Medicine, Research, Pharmacology and Biochemistry,

Public Hygiene Engineering, and School Hygiene. Physicians and civil servants of the Ministry of Hygiene or in public health services were prospect students. The School was awarding the Diploma of Hygienist and the Certificate for Sanitary Inspector.

By 1950, malaria was eradicated. Over the following four decade's dramatic gains accrued for the Greek people; inequality lessened and life expectancy rose at a rate of one half year per year over four decades [1930-70].

In 1960, the School was relegated to the legal status of a decentralized ministerial unit while a rural School supported by the WHO was inaugurated in the north of Greece (1960-80). In 1974, Constantine Karamanlis having returned from exile in France effectively raised it from the darkness of the dictatorship.

According to the World Development Report, 1993, Greece had attained a reasonable cost-efficient health status; life expectancy gains with lower spending. In the 1994 "wise ones" report, so dubbed by the Greek press, graduate education in public health was rated satisfactory but insufficient. In 1992, Melina Mercouri congratulated the Athens School of Hygiene for its contribution to public health and to culture.

The Legislative Act 2194/1994 re-established the Athens School of Hygiene as the National School of Public Health, an administratively and financially independent higher education entity, under the jurisdiction of the Ministries of Education and Health.

The current mission of the School is to provide postgraduate education for health professionals, promote scientific research in public health and health management sciences and consult public and private organizations on public health policy. It comprises of the Departments of Epidemiology and Biostatistics, Parasitology, Entomology and Tropical Diseases, Public and Administrative Health, Public Health Microbiology, Nutrition and Biochemistry, Public Health Engineering and Environmental Health, Child Health, Occupational and Industrial Hygiene, Veterinary Public Health, Sociology, Health Economics, and Health Services Management.

To go forward, Greece must formulate a more productive and functional cocktail of political acumen [know what] with improved analytical and synthetic skills [know how] within a framework of meritocracy, institutional autonomy and academic freedom. Progress will depend on its scientific culture and a system with fewer restrictions and more incentives than those currently applied to public health.

As in the early days of the School, Greece is amidst a severe and intractable economic crisis, which has altered the country's socioeconomic landscape. Moreover, the geopolitical upheaval in the Middle East has brought a flood of humanitarian crisis, reminiscent of the Mid War era when Greece received and comforted 1.5 million repatriated refugees.

As a result of imposed austerity and disastrous events in the Balkan region, the School is now undertaking studies on the ongoing humanitarian disaster and on regional needs for human security; on health risks due to socioeconomic factors; on measures for the protection of mental health; on advocacy for planning and implementation of sustainable patient-centred health care system; on promoting prevention of chronic diseases. Regarding the refugee crisis, the School recently signed a Memorandum of Understanding with the International Organization for Migration (IOM) to undertake joint actions to protect the health of thousands of people who are in need of life-saving assistance.

Connectivity to the international community remains strong as indicated by both an evolving collaborative link between the Balkans and the USA and in ASPHER's choice to celebrate in Athens, 50 years of achievements on the European stage.

HUNGARY:

The Faculty of Public Health, Debrecen

Roza Adany, Professor and Head of Department of Preventive Medicine

Margit Balázs, Professor and Dean

The Faculty of Public Health, University of Debrecen

In the framework of Health Services and Management Program of the Hungarian Government by using a World Bank loan (1993-2000) as a subcomponent of the project the School of Public Health was established at the University of Debrecen in 1996, which served as a basis institute to the development of the first Faculty of Public Health in Hungary. The Faculty status was obtained by the decision of the Hungarian Government on 1st December 2005, by the unification of the School of Public Health, the Department of Preventive Medicine, the Department of Family Medicine and the Department of Behavioural Sciences of the University of Debrecen. In addition to the founding departments some new departments/units were

established including Department of Hospital Hygiene and Infection Control, Department of Physiotherapy and Department of Health Systems Management and Quality Management in Health Care.

Becoming an independent Faculty of the University of Debrecen (presently uniting 14 different faculties) was preceded by a 10-year period of development. Establishment and launching of 5 different postgraduate and one graduate training programmes as well as the establishment of a doctoral programme were carried out by the teaching staff of the faculty with the effective support of the University of Debrecen and its Medical and Health Science Centre. As a result of these efforts the Faculty became a unique, internationally recognised and competitive training centre in Hungary. The mission of the Faculty of Public Health of the University of Debrecen as the centre of public health education in Hungary is to improve health of the population by developing and maintaining high- and internationally recognised quality training programmes, complying with the training needs of the public health and health care institutions, both at graduate and postgraduate level; pursuing excellence in research; providing consultancy. The Faculty of Public Health organises and carries out its training activities by the professional guidelines of ASPHER.

According to the Bologna process the Faculty has established and from 2006 and 2007 launched its bachelor and master training programmes in the field of public health and health sciences. With its 2 bachelor (BSc in Public Health, BSc in Physiotherapy), 4 master training programmes (MSc in Public Health with 4 specialities: public health officer; epidemiology; environmental and occupational health; health promotion; MSc in Health Psychology; MSc in Health Policy, Planning and Financing and MSc in Complex Rehabilitation) and 6 postgraduate courses (in Public Health, Environmental Health, Health Promotion, Epidemiology, Health Care Quality assessment and Improvement, Hospital Hygiene and Infection Control), the Faculty of Public Health offers a rich variety of learning experience at present. In the framework of the Doctorial School on health sciences hosted by the Faculty two doctoral programmes are available since 2002 and 2009 (preventive medicine and public health, and prevention and control of metabolic diseases, respectively). Till now 57 researchers obtained PhD degree and presently 52 PhD students are registered in the Doctorial School.

The Department of Preventive Medicine (including the Divisions of Epidemiology and Biostatistics, Health Promotion, Biomarker Analysis) is the main organizational unit of the Faculty of Public Health. The Public

Health Research Group of the Hungarian Academy of Sciences operates within the Department, and it is appointed as Collaborating Centre on “Vulnerability and Health” by the World Health Organization.

Concerning the research activities of the Department the following main research areas can be specified:

- Health of the Roma population;
- Socio-economical determinants of health;
- Preventive interventions tackling inequalities and inequities;
- Genetic susceptibility to non-communicable diseases with high public health importance – the Department is in possession of the DNA sample banks representative for the general Hungarian and the Roma populations;
- Health impact assessment;
- Biomarkers of environmental exposures;
- Genetic background of tumor progression.

The researchers of the Department of Preventive Medicine published 64 papers in international journals, 34 papers in Hungarian, as well as edited 4 books and authored 40 book chapters in the past 5 years.

Consultancy work of the Department includes:

- Monitoring the morbidity of the Hungarian population based on primary care (General Practitioners' Morbidity Sentinel Stations Programme, established by the School of Public Health in 1998 and running continuously ever since);
- Running the North-Eastern Hungarian health observatory;
- Developing health plans for Hungarian cities, among them the capital, Budapest;
- Consultancy to ministries on the European Roma Strategy that is currently being drafted; health impact assessments of various policies; provision of background reports on the health status of the Hungarian population.

The Department has participated in twelve EU-financed projects (EUROCISS, HIA-NMAC, SPHERE, EUGATE, EUBIROD, RAPID, PHGENI and PHGENII, RUXMED, SPOTLIGHT, PreCedi) in the past 5 years; in 4 projects the Department is/was work package leader, in one was consortium-leader. In addition 20 national projects were completed in the past five years by the Department, these were funded by various national

science funds (OTKA: 4, NKFP: 2; ETT: 6, TÉT: 2, MeH-MTA: 1, TÁMOP: 4).

ISRAEL:

The Braun School of Public Health and Community Medicine, Jerusalem

Yehuda Neumark, Professor and Director

The Joseph H. and Belle R. Braun Hebrew University-Hadassah
School of Public Health and Community Medicine, Jerusalem

Introduction

In 1962, the Department of Social Medicine of the Hadassah Medical Organization opened the first academic training program in public health in Israel, which gained immediate recognition from the WHO as a Master of Public Health (MPH) degree. Twenty years later, the Hebrew University-Hadassah School of Public Health and Community Medicine was formally established with a mission to strive toward improving the physical, mental and social welfare of the global community, with a commitment towards excellence in multidisciplinary and interdisciplinary public health research, training and practice.

In recognition of our ongoing public health training efforts in Israel and abroad, the WHO designated the Braun School as a Collaborating Centre for Capacity Building in Public Health (2007-2014). In testimony to the School's high standard of academic education and research the Braun School received accreditation from the Agency for Public Health Education Accreditation (APHEA) in July 2015. These recognitions are "firsts" in Israel, continuing the pioneering tradition of the Braun School.

Our School maintains strong relationships with numerous governmental and non-governmental agencies in Israel and abroad, including *ASPHER* who we congratulate on 50 years of advancing public health education in Europe and beyond!

Research

Braun School researchers carry out a multifaceted research program that spans disciplines from the molecular/genetic to the macro-social and from

chronic conditions to communicable diseases, mental health and addictions. Our researchers employ a wide range of research tools including epidemiology and biostatistics, genomics, and behavioural science methodologies, all linked with laboratory and clinical medicine and with the wider fields of environment, nutrition and economics. Many of these research projects are collaborative ventures with scientists at local research and clinical institutions including the Palestinian Authority, and across the globe.

A relatively new hub of research activity at the Braun School is the *Hebrew University Center of Excellence in Agriculture and Environmental Health* (established in 2012) whose mandate is to explore the interface between modern agricultural activity, environmental quality and human health.

The School's research activity is reflected in our vibrant doctoral program for Israeli and international PhD students.

Teaching & Training

As the first school of public health in Israel, the Braun School has had a major impact on the training and practice of health care professionals in Israel, including the overwhelming majority of senior public health personnel of Israel who hold our MPH degree, or one of our other degrees - Master in Health Management, MSc in Clinical Epidemiology, and a Master of Veterinary Public Health, the first such program in Israel. We also offer MD-MPH and MD-PhD programs for medical students.

From Israel's earliest years, the country's foreign policy was committed to share the knowledge gained from Israel's own development experience. To facilitate this knowledge-sharing, and to fulfill the School's mission, our English-language International MPH (IMPH) Program was established in 1970 with support from MASHAV-Israel's Ministry of Foreign Affairs. This degree has since been awarded to over 800 graduates from 92 countries worldwide – mostly in developing and transition regions of Africa, Asia, Oceania, Central and South America, and Eastern Europe, as well as developed countries of North America and Western Europe. All students from low-income countries are accepted into the program with a scholarship that covers virtually all expenses associated with studying and living in Israel.

The IMPH training experience prepares graduates to take up key positions as public health leaders and teachers in their home countries and globally. Our IMPH alumni can be found in academia in leading universities, government

service, the non-governmental sector, clinical practice, and industry worldwide.

We also conduct training workshops on various health topics in countries in Africa, Eastern Europe, and Asia, and host short-training courses in Jerusalem for health-professionals from developing and transition countries.

Professional Service

Faculty members within the Braun School manage the National Program for Quality Indicators in Community Healthcare (QICH), which maintains continuous and dynamic measures of healthcare quality including preventive services, screening, treatment and disease management. The QICH program collates, analyses and reports on an extensive range of performance indicators collected from primary care facilities on nearly the entire population. This information is intended for use by policy-makers as well as the public, with the ultimate goal of enhancing healthcare services provided to the residents of Israel. In 2012, the OECD declared that Israel has developed '*one of the most sophisticated programmes to monitor the quality of care in primary care across OECD countries*'.

In sum, the Braun Hebrew University-Hadassah School of Public Health and Community Medicine continues to make substantial contributions to the field of public health both in Israel and abroad through advanced research, training and service. While maintaining its orientation to community medicine, we adapt our teaching and research foci to address emerging public health challenges, to maintain our commitment toward improving the physical, mental and social welfare of the global community.

THE NORDIC COUNTRIES:

The Nordic School of Public Health, Gothenburg

Anders Foldspang, Professor, Director and Dean 2010-11

NHV – The Nordic School of Public Health 1953-2014

The Nordic School of Public Health, Gothenburg, Sweden, was founded in 1953 as part of the collaboration of the Ministries of Health of the Nordic Countries. Originally it was an institution offering various types of courses for the staff of the health systems of the Nordic Countries, as reflected in its

original Swedish name, 'Nordiska Hälsovårdshögskolan' – 'The Nordic School for the Health Services'.

Located in beautiful 18th Century premises close to the river, the School especially in the last 1980's and the 90's developed into a small, independent public health university with international and Nordic research, education, and knowledge brokering. This first of all was a result of the intensive contributions of the two deans and directors Lennart Köhler and Gudjon Magnusson, investing time and efforts in Nordic as well as European collaboration. The school offered MPH and PhD programmes in general public health and courses in selected public health themes.

The school was based on an excellent idea of Nordic collaboration in public health research, education and consultancy. It was the largest institution owned by the Nordic Council of Ministers (NMR), representing all five Nordic Countries. Thus, in conjunction with concurrent international developments over decennia, the school became an inspiration for public health development in general, for public health research, and for the creation of public health education and training programmes in all of the five Nordic Countries.

In this latter respect the success could be said to be so outspoken that, at the beginning of the 00's, each of the Nordic Countries had established full or part of public health education programmes – at the same time paying also for the Nordic School. Consequently, already from the end of the 90's the question was, what direction the school should and could take and still yield added value to the Nordic Countries, in terms of public health education, research and knowledge brokering.

So the main development was that of the success story of an institution having reached its goals, however without being able to deliver the increasingly pressing clear and attainable visions for its future.

Having known the school and its leadership through more than a decade, I in February 2010 started in my job as Dean and Director of the school. As adopted in my thorough revision, spring 2010, of the School's contract with the NMR, the executive board and, subsequently, the Council of Ministers in Autumn 2010 endorsed my strategy to develop the school to span the whole public health curriculum, including also important sub-disciplines not hitherto represented, like, e.g., health economics and environmental health. Having completed this, the next step in my view should be the gradual development over the years of a Nordic centre of excellence, mainly focussing on knowledge brokering and PhD education, embedded in a

network of public health university departments of the Nordic Countries and under the auspices of the Nordic ministries of science and education while collaborating continuously with the ministries of health. In research, development of the joint potential of the effective population and health services delivery databases of the Nordic countries seemed a vision relevant to pursue. Moreover, among other things the Nordic School would be able to offer college-like premises for students, researchers and participants of meetings.

In the last half of the 00's the school however developed increasing challenges of economy, organisation, staffing, and the quality and the public health focussing of educations. In combination these challenges turned prohibitive to development. My personal decision consequently was to withdraw from the school already in May 2011.

In accordance with the secretariat of the Nordic Council of Ministers I delivered two reports – an evaluation of the functioning of the school and a network-based vision for the future. I discussed the situation with the permanent secretaries of the Nordic Ministries of Health at their meeting in Copenhagen in May 2011. Moreover, in December 2012 the Nordic ministries of health ordered an evaluation by the Swedish consultancy firm the Technopolis Group, which also focussed on:

- The creation of added value for the Nordic Countries as concerns public health education, research and knowledge brokering, in the light of the existing number of public health departments and education programmes in the Nordic Countries, and, furthermore,
- The possibilities of developing collaboration with Nordic Universities and other relevant knowledge institutions and with 'NordForsk' – the research fund of the Nordic Council – and other Nordic institutions and organizations.

Concluding, the possibilities for development presented in the three reports pointed to the necessity of a thorough re-organisation. Consequently, considerations ranged from change to a pure course-delivering institution, a pure research department, a conference centre, to closure – an unchanged continuation not being considered a realistic option. On this background, the permanent secretaries in April 2013 advised the ministers of health of the five Nordic Countries to close the school. In June 2013, the ministers followed the advice and made that decision. All activity was ended 31 December 2014.

PALESTINE:

The Al-Quds University School of Public Health

Motasem Hamdan, Professor and Head of School

The School of Public Health, Al-Quds University, Occupied Palestinian Territory

A Case of a Public Health School within Turmoil

With the inspiration of contributing to promoting the health status of the Palestinian population, in the early 1990s, Al-Quds University started the preparations to establish a national School of Public Health (SPH). A turning point took place in 1996 during the ASPHER meeting, which was attended by Palestinian public health professionals from different sectors and esteemed experts from ASPHER (i.e. Prof. Ulrich Laaser and Prof. Jeffrey Levett) who provided crucial support to establish a SPH in Palestine. The SPH at Al-Quds University is the first Palestinian public health forum that was created as professional joint entity in a close collaboration between the Ministry of Health (MOH) and Al-Quds University. The SPH was founded as a multidisciplinary and autonomous entity within the Health and Medical Science Complex at Al-Quds apart from the medical dominance.

In 1997, the Palestinian Ministry of Higher Education accredited the Master of Public Health (MPH) program. In the subsequent years, the Ministry accredited additional programs within the SPH namely, Master of Community Mental Health in 2000, Master of Health Policy and Management in 2008 and also the Bachelor program in Public Health and Nutrition in 2011. In 2000, with the help of ASPHER, the SPH decided to provide focused training in four different tracks within the MPH program namely, epidemiology, health management, environmental health, and population health .

The SPH operates in Jerusalem and in Gaza Strip in close cooperation with the key stakeholders particularly the MOH, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and local and international NGOs. The SPH has developed own educational and research resources, computer laboratories, and libraries connected to international electronic libraries and databases.

The mission of the SPH is contributing to promoting the health status and well-being of the Palestinian community through providing quality education, training and research in public health disciplines and fostering the

development of quality community oriented health services and effective health care system. The SPH adopts a comprehensive holistic paradigm for health that incorporate the biological, psychological and social aspects affecting health within the wider socio-political and economic ever-changing context. It also endorses adult learning principles and strategies, which focus on empowering learners and facilitate their learning.

The targeted candidates for the SPH programs are personnel working in the health and health related services and/or those who intend to work in this domain in the future. Typically, program participants include physicians, dentists, nurses, pharmacists, paramedical, and administrative staff working in different sectors and organisations such as MOH, UNRWA, NGOs, and INGOS, Ministry of Education, Ministry of Social Affairs and the private sector. Currently there are about 350 students at the SPH, about 250 in the graduate programs and about 100 students in the undergraduate bachelor degree of community nutrition program.

With regard to staff, currently, SPH employs 15 full-time faculty members with diverse backgrounds including medicine, medical laboratories, veterinary, nursing, nutrition, health management and others. Additionally, a pool of professionals and experts (more than 50) from different disciplines and organizations contribute to the teaching and researching on a part-time basis. The philosophy of the SPH is to bring people together and to enhance the collaborative thinking among the different actors, synergizing the academia with the field and practice. Beside the academic staff, SPH employs adequate number of supportive staff.

Within a comparably short period of time the SPH has significantly contributed to the training of a large number of public health professionals who have assumed many leadership positions in the Palestinian health care system. So far, more than 750 persons graduated from the graduate program. Mostly those graduates are young therefore investing in their education will have long-term impacts. Interestingly, most of the directors and leaders of health programs in the MOH, UNRWA, NGOs and international organizations are among graduates of the SPH. In fact, service providers are involved in selecting the candidates for the graduate programs. Many service providers such as the MOH and UNRWA have included having a master degree in public health as a part of the job specifications for managerial positions. Graduates played a crucial role in setting policies, plans and contributed significantly to health sector reforms.

The SPH provided a unique model for teaming up, inter-sectorial and interdisciplinary cooperation. Participants of the program are diverse and coming with different backgrounds/disciplines and from different sectors, and they learn together after joining the SPH. This is helping in bridging the gaps between professions and sectors and promoting the understanding among these diverse groups. One feature of this model is enhancing teamwork and systems thinking, which is needed to address the serious challenges the health system is facing.

At least, 500 research studies (theses) were completed throughout the program. The topics were selected from the national research priorities and carried out in close consultation with the service providers, which increased ownership and the use of these studies to inform decision-making. The focus of research studies was on the public health issues affecting Palestinians such as the non-communicable diseases including cancers and cardiovascular diseases, risk factors of country specific diseases, operation research and policy related research. Research also focused on health program evaluations and researching determinants of health, water, sewage and environmental hazards. Research findings have contributed to evidence based policy and practices. Moreover, many of the studies have been published in referred journals, thus contributed to the body of knowledge.

POLAND:

The Institute of Public Health, Krakow

Christoph Sowada, Professor and Deputy Head of School

The Institute of Public Health, Medical College, Jagiellonian University,
Krakow

The history of the Institute of Public Health (IPH) in Kraków, Poland, began in 1991 with the founding of the School of Public Health (SPH). Initially it was an inter-departmental unit of the Academy of Medicine and the Jagiellonian University, initiated in co-operation of the Polish Ministry of Health and Social Welfare and French Ministry of Health. The SPH was the first public health school in the country, which was established to answer urgent educational and research needs in area of public health in new post-communist Poland, especially to prepare workforce for managerial roles in Poland's changing national health service.

Already in 1993 the School of Public Health opened a two-year full-time post-graduate programme in hospital management and public administration, and a three-year post-graduate programme for managerial staff working in public healthcare. In 1997 one-year post-graduate studies were offered in the field of health promotion for people already involved in health programmes.

In 1992 the School became a member of the Association of Schools of Public Health in the European Region (ASPHER), and in 1995 went successfully through quality PEER review and gained the Association's acknowledgment for the courses it offered and its organizational structure. From the very beginning, several IPH academics have been involved in a number of different ASPHER initiatives and projects, being three times elected (and re-elected) members of Executive Board and once - a President of the Association.

In February of 1997 the School underwent reorganisation and became Institute of Public Health (IPH) of the Jagiellonian University Medical College, now being a part of a Faculty of Health Sciences. In the same year the institute opened a five-year full-time master degree programme in Public Health, which later evolved into a three-year bachelor programme followed by two years further study leading to a master's degree according to the Bologna scheme.

In 2002, for the first time in Poland, the first students with master's degree in Public Health graduated from the Institute, and in December 2004 the programme was awarded accreditation from the State Accreditation Committee, successfully renewed till today. In 2005, post-graduate studies in Hospital Management and Health Care Administration came to the top in the curricula rankings in Poland.

At present (2016) the Institute contains 9 departments (of Health Economics and Social Security, of Epidemiology and Population Studies, of Drug Management, of Information Science, of Medical Information Systems, of Health Policy and Management, of Health Promotion, of Health and Environment, of Human Nutrition), and in the area of education offers: full time and part time, under and postgraduate studies in Public Health, continuous education as a one year course in Hospital Management and Health Care Education, and internationally the EUROPUBHEALTH Erasmus Mundus Masters course. In the last one the IPH provides a one year specialization course in Health Economics and Governance of Health Systems.

The main aim of our programs is to give students a foundation in public health, along with working knowledge and problem-solving capabilities in the sphere of healthcare. Theory is combined with practice, and students are also expected to develop sense of responsibility for the health of the country's population and the quality of health services. A wide range of knowledge and skills is taught, ranging from epidemiology, through health policy and health promotion, to health economics, management and health information systems; this gives graduates chances to apply for various posts in the public health field and healthcare system institutions in general.

Since the IPH during many years has taken part in the Erasmus network, students and teaching staff have got opportunities to develop their competences at foreign educational institutions all over Europe. Especially, IPH has got close ties with the University of Maastricht (The Netherlands), the University of Sheffield (United Kingdom), and Ecole Nationale de Santé Publique (France).

Researchers at the IPH conduct a diversity of – both nationally and EU funded – research projects. Much of the research is geared towards practical developments in the field of health care, and researchers often serve as experts in domestic and foreign organisations. A regular in-house Forum, serves as information exchange and brain-storming site, where the results of carried-out research, forthcoming projects and key problems of the functioning of health care systems in Poland are discussed.

Since 2008 the Institute publishes a peer-reviewed journal – *The Scientific Bulletin of Healthcare. Public Health and Management (Zeszyty Naukowe Ochrony Zdrowia. Zdrowie Publiczne i Zarządzanie)*, with articles in Polish and English.

In 2016 IPH is proudly celebrating its 25th anniversary. After a quarter of a century, the IPH in Krakow is incessantly the leading public health education and research centre in Poland, which is confirmed by rankings, effects of evaluations and popularity among candidates as well as by a constant interest to cooperate from partners abroad. In contrast to other, more medicalized public health schools in Poland, IPH in Kraków is the only one that puts so much stress, both in training and in investigations, on economical and managerial aspects of public health.

More about Jagiellonian University IPH in Kraków, please see:
<http://www.izp.wnz.cm.uj.edu.pl/>

SERBIA:

The Centre -School of Public Health and Health Management, Belgrade

Vesna Bjegovic-Mikanovic

Professor and Head of Centre

The Centre-School of Public Health and Management,
School of Medicine, University of Belgrade

Short history and many challenges

The Centre-School of Public Health and Health Management was founded at the request of the Ministry of Health of the Republic of Serbia in 2004 as an organisational unit within the Faculty of Medicine, University of Belgrade. The European Union supported the establishment of the Unit in the framework of the project for overall public health development in Serbia. By now the School has organised three academic programmes: master of public health, master of health management and doctoral programme in public health, as well as intensive short courses – continuing education in the field of public health and health management.

Through its activities, the School strengthens professional training in the field of public health and provides a wide range of skills and a higher level of knowledge to ensure that the central issues in public health are dealt with faster and with more success. The School develops in line with contemporary trends in higher education in the Republic of Serbia and Europe, following the Bologna Declaration.

The Strategic Plan of the School identifies its main roles, working principles and its mission, elaborates strategic objectives and defines the key mid-term programme activities. The Strategic Plan is a document “on the top of the School’s legislation pyramid“. Part of the School’s strategic plan is widening its partnership network for addressing public health problems, which is a vital component contributing to the improvement of educational programmes and research quality. Along with the cooperation throughout Serbia, the School exchanges with regional networks of public health schools. Two networks are of particular importance for the life of the School: the Forum for Education and Research in the Field of Public Health in the South-Eastern Europe and the Association of Schools of Public Health in the European Region (ASPHER).

The mission of the School is to improve public health and health management by providing outstanding programmes of education, training, research and consultancy to a future generation of professionals and leaders. Its vision is to create professionals, capable of meeting challenges in public health and health management, by the provision of high-quality education and training to public health staff and health care managers. Accordingly three strategic objectives have been adopted and implemented.

The first, primary objective of the School is to prepare new generations of public health professionals able to analyse health problems in the 21st century, prioritise interventions, efficiently manage available resources, provide quality public health services to citizens and assist emergency actions in critical situations. In their efforts, teachers and associates rely on good practice of the Bologna Process. They consider and build on recently adopted documents, including the latest from Yerevan (2015) signed by the 47 Ministers responsible for higher education. Following new trends, teachers and associates respect specificities of public health services, aware that they create a synergy of public health functions, competences and performance in the process of education. They also contribute to developing the new job opportunities for graduates and promote the employability of public health professionals in Serbia.

Within the second objective, the School staff supports the health policy science contributing to health improvement and providing insight into and explanations of the relation between health and society. Together with students, they are exploring causes, appearance, incidence, prevalence and consequences of diseases in the population, as well as deal with priorities in organisation and functioning of the healthcare system. Public health research generates knowledge beneficial to the whole Serbian society. Therefore, research activity of the Centre-School of Public Health and Health Management includes the promotion of academic and applied knowledge to improve the health of the local community and use the existing resources more efficiently.

The third strategic objective reflects the School engagement in health promotion activities. It includes numerous concrete and effective actions of the School in cooperation with other public health institutions aimed at the improvement of the health of different communities in Serbia, particularly the Roma population and, recently, targeting migrants' crossing over the country.

The School's staff embraces the Strategic Plan as a process, with many challenges on the way requesting learning how to think strategically, creatively and work in multidisciplinary teams. All the members of our School's community contribute to the implementation and improvement of the Strategic Plan, which will make the School stronger and widely recognised. Our students, community and others who can relate themselves to the vision and mission of the School dedicate their efforts to responding to future challenges. On this way it is necessary to rely on the existing power of the School, the only such institution in Serbia, a centre within the Medical Faculty with highly qualified, motivated and experienced teaching staff and researchers with participation in European and international scientific projects

SPAIN:

The National School of Public Health Institute of Health Carlos III, Madrid

Miguel Ángel Royo Boronada

Professor and Associate Dean for Academic Affairs

The National School of Public Health, Institute of Health Carlos III, Madrid

Founded in 1924, the National School of Public Health (ENS for its acronym in Spain: *Escuela Nacional de Sanidad*) is the senior institution dedicated to training Public Health professionals in Spain. Throughout its nine decades of continued activity, the ENS has adapted to the new developments in the field, as well as to Spain's Health System, and it has extended its activities in response to the health needs of the Spanish population.

The ENS, currently integrated in the Institute of Health Carlos III, is defined as *'the technical centre of the Ministry of Health and Consumer Affairs contributing to the development and improvement of the National Health System through teaching programs and research in the field of Public Health and Health Services Policy and Management'* (Royal Decree RD 150/91). By law, the aim of the Institute of Health Carlos III and the ENS is to serve as the technical and scientific institution within the Ministry of Health responsible for teaching and research in Public Health and Health Services Administration.

The mission of the ENS is thus organized in three areas of activity in the field of Public Health and Health Services Administration: teaching, research, and scientific and technical consulting. Additionally, the ENS serves as an important academic forum in which health professionals can debate current topics and trends in Public Health and Health Services Administration.

The main activity of the ENS is postgraduate training. The ENS offers a variety of long and short-term programs oriented to current and future public health and health administrative professionals. Masters programs, diplomas and short courses are combined to cover basic and advanced skills, enabling students to cope with the current demands of professional practice. Teaching programs at the ENS are based on the research activities of the faculty and affiliated research fellows, facilitating interactive learning and the transfer of new developments to practice a public health action.

During the last three decades, the National School of Public Health of Spain, in collaboration with a number of international organizations, like the World Health Organization, the European Centre of Disease Control (ECDC), the European Associations of Schools of Public Health (ASPHER) and the John Hopkins Bloomberg School of Public Health, has participated in learning projects about public health, international health, and communicable diseases control.

The ENS is integrated by an Office of the Director/Dean, an Office for Academic Affairs, an Administrative Service and 5 Academic Departments (Epidemiology and Biostatistics, Health Programs, International Health, Health Economics and Planning and Health Services Management). The National Library of Health Sciences, and its associated Department of Health Science Documentation, are closely related to the ENS, sharing the same building, as well as the National Centre of Epidemiology and the National Centre of Tropical Medicine, both located in the same campus of the Institute of Health Carlos III.

The last development of the ENS has been the creation in 2013 of the Institute of Research *Escuela Nacional de Sanidad*, in association with the National University of Distance Learning. After 92 years of history, the ENS is providing training to Public Health and Health Management Professionals, and it is adapting its programs to respond to the challenges posed by the health related problems of the Spanish population.

SWITZERLAND:

The Swiss School of Public Health, Zürich

Nino Künzli, Professor and Director

Luca Crivelli, Professor and Deputy Director

Dominique Sprumont, Professor and Deputy Director

Sandra Nocera, Head of Administration

The Swiss School of Public Health, Zürich

Switzerland: The Swiss School of Public Health – model of the future?

An editorial published in 2015 celebrated the 10th anniversary of the Swiss School of Public Health (SSPH+) with the provocative title: *Does the Swiss School of Public Health exist?*¹.

If you expect a School of Public Health to welcome you with buildings, offices, auditoria, class rooms and libraries as in all other schools around the world, the answer is indeed “no” - there is no such school in Switzerland. However, SSPH+ does exist!

SSPH+ is not an assembly of buildings but of the academic public health expertise available all across eight Swiss universities (see the milestone list). The SSPH+ model is built on the vision that public health is a science and professional field shaped by a broad range of disciplines. In a small country like Switzerland, no single institution has the critical mass covering all public health relevant areas. SSPH+ is based on the model that *together* we are strong. The model is also the pragmatic response to the historic Swiss fact that public health stays on weak grounds given the highly federalistic political system with its 26 County-specific health systems and Ministries of health.

Together, SSPH+ unites the “critical mass” to fulfill the academic public health mission. No Swiss university has a public health faculty and the public health professor positions are dissipated in various faculties. With the legal form of a foundation, SSPH+ cannot recruit its own “faculty”. However, since 2016, SSPH+ assembles the public health faculty positions of its leading institutions – currently ten at the eight universities – as the “SSPH+ Fellows”. With some 120 academic positions, fully funded by the partner universities, SSPH+ unites a relevant interdisciplinary public health “faculty” all around Switzerland.

Does the SSPH+ model work? The list below shows main milestones and achievements of SSPH+ of its first 10 years. In the coming years, SSPH+ will strengthen its central services to support all partners in the domains where “critical mass” is advantageous (e.g. online learning platforms, annual conferences, strategic workshops, structured PhD programs). SSPH+ will instead not centralize domains where partners know that “small is beautiful”. The SSPH+ model, thus, promotes an administratively lean, effective and outcome-oriented network.

No matter how lean the organization: sustainable central funding is essential. The future success of SSPH+ will, thus, depend on the commitments of the eight universities and other funders. At times of increasing competition between universities fighting for positions in international rankings, investments into collaborative structures are not a given as it may jeopardize ownership and visibility of single partners. It remains essential for SSPH+ to demonstrate the added value of facilitating, promoting, and supporting relevant academic activities that would not take place without the structure of SSPH+. In that regard, the wide ranging educational offers of SSPH+ (see box) at the Master, PhD, and postgraduate level are key pillars and flagships for the strengthening of the academic public health work force.

To promote and maintain a skilled public health workforce at local, national and international level through high quality education and training is not only a central mission of SSPH+, but a high priority to close the gap in the public health workforce. Switzerland has not only a rather low density of that work force (~125/100'000 inhabitants), but only a third of this workforce has some formal public health education². To close the gap is both an opportunity and a challenge in light of the ever changing and globalized educational landscape. SSPH+ takes the leadership in shaping and qualifying the future educational tracks in public health to reach the goal that 100% of the Swiss public health workforce will have a formal training in public health³. Career tracks in public health need to be reassessed. The question whether a university Bachelor in Public Health – not yet existing in Switzerland - would contribute to the strengthening of the public health workforce needs to be answered.

In sum, SSPH+ is a highly promising though unusual model to assemble the interdisciplinary public health academia in a small country. The lack of a central building and infrastructure offers the opportunity to focus on content, common needs and strategies to strengthen public health in Switzerland – indeed a lean model to fostering multidisciplinary collaborative academia beyond university borders.

Milestones of SSPH+ during its first 10 years

- Initiated by six universities in July 2005 through funds from the Swiss University Conference (SUC);
- 2008: Transformed into a Foundation;
- Expansion from six to eight Swiss universities, including all universities with academic public health institutions: Basel, Bern, Geneva, Lausanne, Lucerne, Lugano, Neuchâtel, Zurich;
- Financial support from SUC reserved for first 12 years (CHF 1-3 Million per year);
- Funding of 14 Assistant Professor positions in public health and health economics (4 years each);
- 2 structured PhD Programs established (*Public Health and Health Economics and Policy*);
- 4 Seasonal Schools:
 - Spring School of Global Health (lead: Geneva);
 - Summer School in Public Health Policy, Economics and Management (lead: Lugano);
 - Summer School in Global Health and Human Rights (lead: Geneva);
 - Swiss Epidemiology Winter School Wengen (lead: Bern).
- Coordination and exchange between professional postgraduate programs (20 *Certificate of Advanced Studies*; 5 *Diploma of Advanced Studies*, 8 *Master of Advanced Studies* (including MPH); > 200 courses);
- ASPHER member since 2005; member of the Board since 2010;
- 10 sabbaticals for public health professionals fostering exchange between academic and non-academic institutions;
- Development of former “Sozial- und Präventivmedizin” to become *International Journal of Public Health*, owned by SSPH+, published by Springer.

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UNITED KINGDOM:

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The Department of Public Health and Policy, University of Liverpool

Liverpool was one of the first academic centres of public health in the UK. Liverpool had established the World's first post of Medical Officer of Health (MoH) in 1847, when Dr William Henry Duncan was appointed to this post. Dr Duncan was a native of Liverpool, but he had had to travel to Edinburgh to train as a medical practitioner, as there were at that time no university medical schools in England; after qualifying as a doctor he returned to practice in his native city. There he realised the associations between the dirt, squalor and poverty within which the local working class people lived and worked, and the infectious diseases, including cholera, which were then so prevalent. Eventually, after much campaigning to establish a city public health post, Dr Duncan was appointed as its first MoH. Later that century the University of Liverpool was established, a development with which the Corporation was closely associated, and in 1897 a Chair in Hygiene was established. Dr Hope, the then MoH, was appointed to this Chair, and it so happened that the holder of this Chair would be one and the same person as the MoH for the City for many years to come. Although the name of the Chair changed a few times (to "Public Health", then to "Community and Environmental Health", and subsequently to "Community Health"), it remained in practice a joint appointment with the post of MoH until 1977. Only three individuals held the Chair during this 80 year period: Edward Hope, William Frazer, and Andrew Semple.

Liverpool pioneered many of the developments in public health over the last two centuries. In the late nineteenth century the city was one of the first to provide both a health visiting service, and mother and infant welfare services, having first already accomplished a large programme of sanitary reform and built the country's first municipal housing scheme. In the twentieth century Liverpool continued to introduce new public health strategies, being one of the first cities to run a whole population screening programme for tuberculosis in 1959, and to establish some of the first urban smokeless zones in the 1960s. As the University's Professor was throughout the period until 1977 the same person as the MoH, it was inevitable that the academic department should play a major role in paving the way for and

implementing these various innovative developments. The city was also one of the front-runners in responding to the then new philosophy of re-integrating medical and environmental public health disciplines, when it set up a Joint Public Health Team in 1992. An outcome of this was the publication in 1996 of the seminal City Health Plan, which established Liverpool as one of the first cities in the UK to acknowledge explicitly the association between health inequalities and poverty.

The first Diploma in Public Health Course was not established until there was a Chair in Hygiene (from 1897), by which time the emerging University of Liverpool had obtained its own degree awarding powers (prior to this University of Edinburgh degrees had been awarded); this was one of the first such courses in the British Isles. The current Liverpool Masters in Public Health (MPH) programme was initiated in 1990 by John Ashton, when he was Professor of Public Health, based on Health for All (HFA) 2000. The previously excellent Manchester course was by then going into a decline, and attendance at the Liverpool MPH became a routine part of public health training for specialist registrars in public health across the North West Region. During this period the Liverpool model of new public health came to be accepted globally, and through John Ashton the Department played a significant part in the development of the WHO Healthy Cities Project; in addition, the UK's first Public Health Observatory was set up within the Department, later a model for other such Observatories. More recently, in addition to the "campus" MPH, the Department (now the University Department of Public Health and Policy) initiated and continues to provide an online MPH, for which over a thousand students are at present registered, world-wide.

In 1999 Margaret Whitehead (now Dame Margaret) became the first woman in its over 100 year history to be appointed to the W H Duncan Chair in Public Health, and she continues in this post to the present day. Her leadership has ensured that the Department is recognised as an academic leader in the study of health inequalities, the social determinants of health, and in social science-related aspects of public health. The appointment of Simon Capewell to the Chair in Epidemiology has similarly resulted in the Department becoming a pre-eminent leader in cardiovascular epidemiology, and in public health nutrition. Conversely, with the Liverpool School of Tropical Medicine so close geographically, the Department has in recent years not been much involved in the health protection components of public health.

It is noteworthy that, over the years, the Department has produced many public health leaders, including both the current Chief Medical Officer of Wales and the current President of the Faculty of Public Health.

UNITED KINGDOM:

The London School of Hygiene and Tropical Medicine

Baron Peter Piot, Professor and Director

Martin McKee, Professor and Medical Director

The London School of Hygiene and Tropical Medicine, University of London

The London School of Hygiene and Tropical Medicine was founded in 1899 by Sir Patrick Manson. Initially it was located in London's docklands, the main entry point to England. Manson had previously worked as a physician in the Far East, where he identified the aetiology of filariasis. Now back in London, he became the medical adviser to the colonial office, where he campaigned actively to enhance the training of doctors in tropical medicine, seeking to equip them for work in the British Empire. One of his early recruits was Ronald Ross, later to win the Nobel Prize for his discovery of the aetiology of malaria.

In 1920 the School moved to central London and, with support from the Rockefeller Foundation, moved into its current premises in 1929. Throughout the 20th century, the School played a leading role worldwide in training and research on tropical medicine. However, it has always had another role, in research and training on public health in high income countries, and in particular in Europe. A founder member of ASPHER, it hosted general assemblies in 1979 and 1995. During the 1970s, Professor Bob Logan and, subsequently, Professor Colin Sanderson, led one of ASPHER's major projects, the European collaborative health services study. This pioneering research was the first to demonstrate the potential for comparisons of health care organisations across Europe. The detailed documentation of the project is lodged in the Wellcome library in London, providing a fascinating account of the challenges of undertaking research across Europe in those days, a situation that has been changed beyond recognition by the policies of the European Union.

In 1989, the School launched an initiative to strengthen its presence throughout Europe, a decision that pre-empted, albeit unconsciously, the fall of the Berlin Wall and the incorporation of health into European Union policy in the Treaty of Maastricht. It appointed the first ever professor of European public health, Martin McKee, and initiated a major programme of research with two main components. The first was on the European Union itself, by now an important player in health policy. The second was on the health effects of the momentous political and economic changes taking place in central and Eastern Europe. Collaborations were established that continue to this day, with the School playing a major role in supporting the emergence of new institutions in countries such as Hungary and Romania. Some, such as that with the University of Debrecen, Hungary, have been extremely productive. By the mid-1990s, the School's work had extended further east, with the development of a major programme of research on the health effects of the collapse of the Soviet Union, with Professor David Leon playing a key role along with Martin McKee.

Reflecting its commitment to engagement with policy, the School was a founder member of the European Observatory on Health Systems and policies. This unique international collaboration, bringing together governments, universities, and international agencies, has been at the forefront of policy advice for almost two decades. During that time, it has worked closely with ASPHER, and three of its founding directors are Stampar medallists.

Today, the School is organised in three faculties, Epidemiology and Population Health, Infectious and Tropical Diseases, and Public Health and Policy. It also contains a number of research centres, such as the European Centre of Health of Societies in Transition, now led by Dr Bayard Roberts, which has led much of the Schools work in Europe, initially on the health impact of the collapse of communism. More recently, the insights gained from research on large scale social change have been applied to the recent global financial crisis, forcing the international financial institutions to recognise the toll of misery and death associated with their policies of austerity, as well as the needs of refugees fleeing conflict, especially in the Caucasus and Syria.

The School is now Europe's largest School of Public Health. It trains over 1,000 masters and doctoral students in London each year, with 3,000 studying postgraduate courses by distance learning and another thousand taking short courses. In 2015, the School launched a series of free online courses (MOOCs) but have so far been taken by approximately 25,000

participants worldwide. The School has been highly successful in raising research income, now totalling over €120 million annually, from funders such as the Wellcome trust, Gates foundation, European Union, and UK government. It consistently features in the top rank of global university league tables. In 2013, the School was listed as the world's leading research focused graduate School at the Times Higher Education Supplement and in 2015 it was placed third in the world for social sciences and public health in the US News Global Universities ranking. In 2009 the School was the first non-US winner of the Gates Global health Award.

Crucially, the School recognises that its responsibility goes beyond its core roles of research and teaching, to include actions indirect pursuit of its mission to improve health and health equity worldwide. Consequently, School staff have engaged actively, in many ways, in the fight against Ebola in West Africa. In this way, the School seeks to use its expertise to make a real difference to the lives of ordinary people.

In closing, we at LSHTM congratulate ASPHER on its many achievements over the past 50 years and look forward to our continuing collaboration with it and with our friends and colleagues in schools of public health across Europe.

UNITED STATES:

The Department of Public Health and Health Sciences, Michigan-Flint

Suzanne Selig, Professor and Director

The Department of Public Health and Health Sciences, University of Michigan-Flint

The University of Michigan-Flint has had an undergraduate (BS) public health program since 1980. It was developed to provide an educational opportunity to a large number of health care providers who lacked a bachelor's degree. Most of these professionals were registered nurses who had received a diploma from a hospital-based training program or an Associate's degree from a 2 year Community College. These students were seeking an alternative to providing bedside care. In addition to nurses there were equally large numbers of respiratory therapists, x-ray technologists and dental hygienists who had completed 2-3 year degree programs. Almost all of these students were fully employed in their respective professions;

however, they sought additional education to broaden their career options beyond their current clinical roles.

The University of Michigan-Flint is located in Flint, Michigan in the Midwest region of the United States. In 1980 it was home to the largest corporation in America, General Motors, which employed 80,000 workers in a Metropolitan area of less than one million. Flint is also the home of the 1936-1937 Sit Down Strike against General Motors, which changed the United Automobile Workers Union (UAW), into a major labor union and led to the unionization of the United States auto industry. Prior to this strike the working conditions and health benefits of this massive labor force were inadequate. Along with negotiating for better wages, retirement benefits and improved working conditions, the UAW won superlative health care coverage for the workers and their families.

This large and well-insured labor force created a demand for a large number of well-trained health care professionals, which, in turn saw an expansion in the number of health care facilities.

It was a booming post World War II economy that gave rise to an extensive health care system in the Flint Metropolitan area. The large number of health professionals seeking higher education was a direct reflection of these events.

Since its inception in 1980, the UM-Flint BS in Public Health has evolved to reflect the changing nature of the local economy and the characteristics of the student population. It has graduated nearly 1,000 students. As described the first “generation” of UM-Flint students were practicing health professionals seeking to broaden their career opportunities beyond direct patient care. Although an internship has always been a program requirement, approximately 50% were exempt based on their relevant work experience.

The next, or second generation of BS in Public Health student are largely adult students who were currently employed, but employed outside of the health care sector. The focus in our program shifted to accommodate students who required more exposure to the health care field during their academic program to prepare them to compete in a shrinking health care market characterized by hospital closures and mergers. To accommodate these students, we further developed a broad network of internship sites, which offers hands on experience in a health care setting. Unlike the first generation the majority of this generation do complete an internship, which often provides the essential experience to enable our students to obtain employment after graduation.

Since 2010, there has been an increasing number of younger students with little or no work experience, who are seeking careers in public health. These students are “value driven”; e.g. they embrace social justice and want to work with vulnerable populations to address the needs of their community. These students are also obtaining employment, but beyond traditional hospital settings including not-for-profit agencies which provide services to low income populations and vulnerable groups; e.g. children of incarcerated parents, veterans, homeless population.

As undergraduate public health education is being considered in Europe the question usually arises as to job opportunities for these graduates. Will they be employed, and if so, where? The answer to this question is complex. The University of Michigan-Flint experience in 1980 was unique in that the educational level of the general population was low, and those seeking higher education were already employed with available promotional opportunities within their current place of employment.

Although the number of available positions for those with BSPH is lower than it was in 1980 high performing graduates obtain employment in entry level positions with advancement opportunities. Students who excel in their internships, which give employers a chance to observe the qualities and knowledge of students, are often hired by those employers. This provides a ready recruitment pool of ready employees and further enhances the chances of employment.

The answer to employment opportunities for graduates of B.S. in Public Health programs rests with the local economy, the educational level of the existing labor force, the policies of the respective governmental entities that determine what services will be provided and by whom, and what services will be covered by insurance policies.

Public health workforce development in half a century Achievements and challenges

VOLUME III

Jeffrey Levett

Professor

ASPHER President 1992-1993

When I was President, the probability of ASPHER's survival was quite low, and for the second time. James Gallagher had single-handedly saved the day in the first crisis. He helped re-cement ASPHER's relationship to WHO. Jo Asvall supported the development of a European Masters in Public Health. It had a common interdisciplinary core, a European health component and reflected values evolving from the HFA concept and the new public health. This was some of its inspirational background as the Athens School made its bid to host the 14th GA "translated" to me by Michael Davis.

My ASPHER life began a decade earlier in Dusseldorf (1984), thanks to Eric Kroeger. It was then that I met Wolfgang Muller, Hans Bochter and Jean Paul Menu. Together with "the two Hans" we pondered "rubbish bin organizations", the future leadership of European public health and the concept of a healthy city. I also interacted with the late Luka Kovacic. In 1992 I was able to invite Luka and many others from east and west to Athens. Luka and I examined the sayings of Andrija Stampar in the search for an inscription suitable for an award in the making. Finally, and with Ulrich Laaser we settled on "investing in public health brings rich rewards".

ASPHER although problematic was an impressive entity with a good track record and showed great promise. However, an accurate record of its important events and accomplishments was difficult to come by. One of its best outputs was a book published in 1995¹. Even today, ASPHER at 50 still lacks an official history². This has been reflected in many discussions and in an ASPHER working document, which offers that *one of the most important conditions for a successful development of an organization is to reflect upon its past while building its future, taking into consideration, its accumulated experiences and the environment*³. Now that ASPHER's management log is much better kept as with a ship's passage on a daily basis, it can be followed better making such a task easier.

Each President should promote public health and its member schools in its widest, wisest and finest sense. Each one does it differently. My personal experience and interests caused me to reflect on ASPHER's past, push for accreditation but in an American sense, and worry about the 14th GA and a policy agenda. I was helped by colleagues inside and outside of ASPHER.

Within WHO and the Commission I can name George Gouvas and Jos Draijer who gave support to the 14th GA, making it possible for the above mentioned invitations as well as Barbera and Aris Sissouras who facilitated a WHO workshop within it (European Nervous System). The Rockefeller foundation provided support to Athens. Help from within ASPHER came from Frada Eskin and Patrick Vaughn as well as incoming colleagues Evelyne du Leeuw and Ulrich Laaser.

In Rennes and Valencia, 1990-1991, ASPHER was rattled with objective criticism. It was described as a get together during the annual GA, with little else going for it. Its still too small but rising voice may never be loud enough to be heard in the arena of politics. This is why ASPHER must present itself at higher levels in Brussels especially on the wave of its half-century. It will not divert ASPHER from what it is doing. It should however, shout louder to educate policy makers.

As President I worked for a stronger link to the European Union, and cultivated international relations. I enjoyed visits to Valencia and Innsbruck for deliberations with the local Board and to sign and present diplomas with the ASPHER logo to Austrian students, respectively. In Paris, I remember helpful Madame de Fromont, ASPHER's first secretary and recall Bernard Junot, ASPHER's violinist, who always got me a cost-cutting, back-breaking bed in a dismal hospital dormitory in Saint Maurice. ASPHER got a home, which Christian Rollet managed to attain. The president got a bed (in a rehabilitation facility).

I still don't know how Paco Bolumar prevented the incoming President of ASPHER, for heaven's sake, being thrown out of the hotel. What I do know is that the furniture industry was paying three times more for a room, any room, my room. More imposing and functional than public health, it seemed that furniture would win out. It didn't! Lennart Kohler had the best antidote; good Spanish food, wine and even more wine in a cozy and picturesque taverna in Valencia.

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Ulrich Laaser

Professor

ASPHER President 1994-1995¹

Andrija Stampar Medalist 2008

The Changing Patterns of Disciplines and Their Use in Public Health Research and Training

When ASPHER's development came to a turning point in the early nineties, one of the key debates focused on the role of research on the public's health. Many feared that if the research component – often cited as the health sciences – would be promoted too much that could be at the expense of the traditional almost exclusive priority on training. Most of the Schools of Public Health at that time were part of the government or closely linked, very different from the autonomous academic tradition of the American institutions (Johns Hopkins School of Public Health 1916). The first PEER reviews in the mid-nineties excluded by purpose the consideration of research activities and even the famous “Blue Book” published 2001 conceded only a marginal role for research (Bury & Giber, 2001¹). Similarly there was great reluctance to establish in 1999 the Internet Journal as a general forum for research hence the naming as Internet Journal of Public Health Education ((I-JPHE). Since then the panorama has changed considerably with the academisation of public health education, the internationalization and globalization of risks for the public health and the obvious financial constraints which limit increasingly the curative medical sector: We can observe a renaissance of public health and therefore also of the health sciences as the means for public health research. One indicative expression of this is the inauguration of a database for evidence based public health at the WHO-EURO website. Thus as a conclusion of the cited debates the slogan of “Training for Public Health Practice and Research” has been well chosen for the mission of ASPHER.

The health sciences stand for a hybrid field of research, merging the medical and the social paradigm, and grouping several disciplines around the big four namely epidemiology, public health management, health promotion, and environmental health. Public health genetics and emergency preparedness

¹ Partially a reprint from the Foldspang A, Louvet T, Normand C, Sitko SJ. *ASPHER 40th Anniversary. 1966-2006*. ASPHER Series No. 1. St. Maurice: ASPHER 2006.

may prove to be the fifth and the sixth in the near future. Public health research by principle is applied research and serves the essential public health functions (PAHO et al. 2002²) i.e.:

1. Monitoring, Evaluation, and Analysis of Health Status.
2. Public Health Surveillance, Research, and Control of Risks and Threats to Public Health.
3. Health Promotion.
4. Social Participation in Health.
5. Development of Policies and Institutional Capacity for Regulation and Enforcement in Public Health.
6. Strengthening of Institutional Capacity for Planning and Management in Public Health.
7. Valuation and Promotion of Equitable Access to Necessary Health Services.
8. Human Resources Development and Training in Public Health.
9. Quality Assurance in Personal and Population-based Health Services.
10. Research in Public Health.
11. Reduction of the Impact of the Emergencies and disasters on the Health.

If we analyse working methods in the various interdisciplinary research fields referred to, strictly speaking there is no deviation from the traditional biomedical model to be seen but, rather, an enrichment of this model by means of factors from research into psychology, social sciences, and environmental sciences. There has been no fundamental paradigmatic change, no departure from basic theoretical assumptions, but rather an extension in that mental, social, and ecological factors have been absorbed into the model as additional marginal conditions along with genetic, endocrinological, neurological, and physiological factors. This research mainly uses the risk factor concept as its orientating epistemological model, whereby the risks of the origins, development, and course of a disease and not those of health are the focal point of the research. If health research is to be in the foreground, instead of research into diseases, it will be necessary to construct an interdisciplinary, organizationally independent field of “health sciences” on equal footing between medicine, biology, psychology, sociology, economics, and possibly other fundamental sciences. For that a theoretical orientation point is required that is suitable for, and acceptable to, all participating disciplines. This could be a “bioecopsychosocial” model of the development of health and disease that comprises biomedical, ecological, psychological, and socio-structural components as equally valid constitutive elements (Hurrelmann, Laaser & Bury 1996³).

As much as public health research is population research the patient centered biomedical ethics have to be transcended towards population ethics. The simple utilitarian principles, seemingly in line with epidemiological reasoning based on probabilities, have been questioned in the European tradition of collective solidarity. Any interventive public health research needs an equivalent of the patients' consent in terms of a representative participation of the concerned population groups; it cannot remain a matter between scientists and professionals alone.

It is obvious that this research concept cannot be realized in an ivory tower, interdisciplinary, multi-professional, and multilateral institutional collaboration and coordination is required. The schools of public health therefore have to liaise with other research departments and faculties as well as with service institutions providing field experience. This may well take the format of a contractual consortium where thesis research can more easily be arranged and the funding of larger research programmes finds political support. Students who are going to become the leading professionals towards the middle of the century have to learn how evidence in public health is to be generated and evaluated in order to improve the essential public health functions cited above. Therefore teaching public health without providing opportunities for and developing skills in health research does not come up to the challenges of the 21st century.

The early nineties also mark a turning point in ASPHER's development, regarding management as well as strategy. The lack of a functional secretariat was the most serious bottleneck. To get *Jacques Bury* moved from *WHO-EURO* to ASPHER was the big achievement of the time. Through the mediation of *Christian Rollet* the French government provided sufficient and sustainable funds to run the office for more than a decade. New statutes were adopted and the association registered in France. The inefficient tradition to link the presidency to the parallel organization of the annual conference was dissolved and a newsletter created.

Concerning a corporate strategy the most difficult problem certainly was to give up the long pursued idea of a transnational European Master of Public Health (EMPH), e.g. to be issued by WHO. For legal reasons and to avoid undue competition with academic master programmes the EMPH had to be defined as an associate degree only. During these debates also preference emerged for the postgraduate academic model of public health training. First PEER Reviews were organized 1993 and 1995.

To promote the evidence base of Public Health an explicitly scientific component was introduced the first time at the conference in Bielefeld 1993 (Laaser et al.⁴). Also the first Andrija Stampar medal (coined in Munich) was awarded at this occasion (to *Leo Kaprio*). The four European Public Health Associations met and established lasting cooperation (ASPHER, EHMA, EPHA, and EUPHA).

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Franco Cavallo

Professor

ASPHER President 1996-1997

The years of my presidency were characterised by the transformation of ASPHER from an organisation mainly based on a voluntarily dedicated staff to a professional organisation. Due to the efforts of Ulrich Laaser during his former Presidency, an agreement was set with the ENSP, the national public health school of France, to have a formal location in its premises in Paris and a paid full-time Executive Director, position taken in 1995 by prof. Jacques Bury. The potentialities embedded in this new organisation constituted the basis for the development of the key position acquired by ASPHER in Europe within the Public Health scenario.

Besides increasingly representing an independent arena for debating public health problems, ASPHER started taking part in all major projects raised at the European level, and autonomously initiating 'ad hoc' activities. Just to list a few of them:

- ASPHER coordinated the inventory of Public Health courses in Europe, the aim being to know the existing situation in Europe and to create a database of Public Health curricula useful for all Public Health Schools;
- ASPHER coordinated the project on European degrees in Public Health, a European Union programme for promoting the development of European Union perspectives in the training programmes in Public Health. It developed new schemes for training Public Health professionals at the National and International level, in a flexible context, pushing for the integration and interconnection of existing programmes; this was the first initiative driving later on towards the development of a Master in European Public health.
- ASPHER promoted the involvement with UEMS (the union of medical specialists in Europe) discussing with the medical doctor's organisation the problem of mutual recognition of titles in Public Health and their relationship with the broader Public Health community. A key point in this discussion was that of clarifying the relationship of Public Health with the Medical field (and profession); was it supposed to be a component, usually marginal, of the medical profession or an independent field addressing the basic health needs of society? The answer to this question was the creation of several undergraduate Public health programmes in Faculties of Health Sciences, rather independent from Medical Schools.
- ASPHER promoted the collaboration with the other European organisations dealing with Public Health training (EPHA, EUPHA), strengthening its position on Public Health issues and creating with these associations a collaboration on a non-competitive basis. The development of this collaboration led later on to the development of the European Agency for Public health Accreditation and to the organisation of joint Congresses with EUPHA.
- ASPHER promoted the development of the PEER review activity, setting up an 'ad hoc' Committee, in charge of underlining and fostering formalised criteria for assessing quality training in Public Health and the way to develop curricula coping with the present training needs. The development of the PEER Review activity, which progressively involved a number of Schools in Europe, brought the association to develop and formalise a standard procedure for carrying out a Peer Review of a Program/School in Public Health.

From the organisational point of view, during this period a major innovation was set up, with the creation of an annual Dean's and Director's meeting, initially organised in conjunction with the annual Conference, but later on to become an independent annual meeting, crucial to the discussion of the main ASPHER issues. This initiative, set up to put together the main actors of the Association, i.e. the Directors of the School's/Programme's in Public Health around Europe, soon became the driving force accompanying and supporting the Executive Committee and the Executive Director in their decisions.

Richard Madeley

Professor

ASPHER President 1998-1999²

I enjoyed my time as a member of ASPHER's Executive Board (1996-2000) and President from 1997 to 1999 as much as anything I have done during my professional career. It was a fascinating time marked in particular by the increasing influence of Schools based in Central and Eastern Europe.

The importance of working together with other organizations dedicated to the improvement of public health was clear. The links with EUPHA, the Open Society Institute and the Merieux Foundation have been very valuable. The continued development of systems of accreditation and peer review seems to me to be of immense importance. This is where the specific role of ASPHER is clear, in order that educational programmes are of a high standard and constantly updated to take account of the new challenges, which we face.

While I was president we received excellent support from the French government and the hospital authorities at Saint-Maurice. The issue of core funding is always a challenge for associations like ASPHER and we should continue to seek ways to increase this, difficult though it is. ASPHER provides an excellent network. On many occasions I have been able to find out quickly from friends and colleagues things which might not have been easily accessible otherwise and which were relevant to my everyday work.

ASPHER can be proud of its achievements. I'm sure that it will continue to play an important role in the development of a well-educated workforce and ultimately in the improvement of the health of our continent.

² A reprint from the Foldspang A, Louvet T, Normand C, Sitko SJ. *ASPHER 40th Anniversary. 1966-2006*. ASPHER Series No. 1. St. Maurice: ASPHER 2006.

José M Martin-Moreno

Professor

ASPHER President 2000-2001

Andrija Stampar Medalist 2013

About my ASPHER Experience

At the beginning of 1998, I was serving as the Director of the National School of Public Health of Spain (NSPHS), part of the National Institute of Health Carlos III. Although an active member of ASPHER, I was very surprised when its then-president, Richard Madeley, approached me to explore my availability and willingness to succeed him as president of the Association. First of all, I was honoured by the offer and excited for the opportunity to give a new boost to the NSPHS, the oldest institution dedicated to training public health professionals in Spain. However, I saw the responsibility with some trepidation. After some thought, I accepted the invitation since I thought that it would be a synergistic prospect for my school and an opportunity to contribute to the European public health community, which was very much in need of a renovated workforce development. The role of SPHs was emerging as increasingly meaningful due to the forces of changes occurring in our society, which have continued to make health problems more challenging than ever. These include globalisation (facilitating the spread of disease, but also information sharing), technological advances (which pose cost concerns and ethical dilemmas, along with increased capabilities and improved health indicators), and new public health paradigms (with more informed, active citizens who demand a larger voice; a consequently larger, more explicit role for professionals and researchers; and evolving aims, goals and objectives for health policy). During the General Assembly of the XX Annual Conference in Torino, I was elected President-Elect, and I formally took over the Presidency from Richard Madeley in 1999, during the General Assembly of the XXI ASPHER Conference in Madrid. The Stampar Award was given to the great Sir Richard Doll during the conference, and we all enjoyed an exciting annual conference.

Eight years later, when I was working at the University of Valencia and the EVES-School of Public Health, I had the privilege of organising another ASPHER event, the XXIX Annual Conference. The occasion brought together many colleagues with a very collegial spirit. I kept conveying that

each change presents not only new challenges but new opportunities that need to be taken advantage of and tackled head on. And to face these challenges and turn them into the opportunities that they are, we public health professionals have to be prepared. We need a stronger, wider knowledge base along with more—and better—collaboration. Training and professionalism is really needed. Moreover, bearing in mind social marketing principles, it was important to consider training as another essential product for society and for the citizen, and because of this it should provide sufficient guarantee and satisfaction to the trainee/student. To make the field more attractive and influential, our European network of Schools of Public Health needed to use its collective strength to foster the ideal conditions for developing work for professionals within a renovated public health scenario, including adequate independence, accountability, credibility, and excellent competence.

Six years after the conference in Valencia, in 2013, I was delighted and at the same time overwhelmed to receive the Stampar award myself. The sense of gratitude was also mixed with the need to share with my team the merit for achievements. The experience highlighted, for me, the tendency we have in public health to work in silos; although we speak about intersectoral and transdisciplinary goals, sufficient training to foster effective teamwork is a pending challenge.

Since then I have had different opportunities to collaborate with ASPHER, but I would underline the work on the European Action Plan for Strengthening Public Health Capacities and Services, coordinated by the European Office of the World Health Organization, including the development and articulation of the Essential Public Health Operations (EPHOs). This has been a very gratifying endeavour, as the impact for countries may be significant, and the possibility of linking public health operations to training opportunities by the Schools of Public Health is potentially far-reaching.

Wrapping up, ASPHER is a young and dynamic 50-year old association, with significant accomplishments under its belt and exciting challenges ahead. ASPHER and its member schools have the noble mission of pursuing the highest, best, most appropriate training for public health professionals. This quest demands not only motivation and constant improvement for Schools of Public Health, but should also be part of our principal mission ASPHER. Congratulations on 50 years of service, and my sincerest desires that the best is yet to come.

Rozá Ádány

Professor

ASPHER President 2002-2003

As far as I consider, my presidency is started with hosting the 23rd meeting of ASPHER in the iconic Hortobágy National Park of Hungary (one of the UNESCO World Heritage Sites) in September 2001. In the series of ASPHER meetings it was absolutely exceptional – before and after this event all the other ASPHER meetings were organized in different cities of Europe. This was the only one, which was located in the nature, in a place with unbroken horizon (as Petőfi, the great Hungarian poet, wrote “*where the sky touches on the ground*”), and the starry night sky above Hortobágy was an unique experience for most of the participants.

It was a great pleasure for me to be the President of ASPHER as the representative of new, developing Schools of the Central-Eastern European Region and that of women working so hard and enthusiastically not only in public health science and practice, but also in education. At the time when I entered into position, the number of ASPHER member schools was a little bit more than 30, and I am really proud of facilitating the extension process by initiating the membership of numerous schools mainly from the Central Eastern European region. Today when ASPHER has over 80 institutional members from 39 European countries, with more than 5000 academics employed in its member institutions we may say that the beginning of exponential increase in its network started in the period of my presidency.

Activities during my presidency were continuation of projects initiated by my highly respected predecessors (especially Professor Jose Maria Martin-Moreno), while some of them were based on new initiatives and opened new vistas for development. The OSI (Open Society Institute)-sponsored ASPHER projects targeted building, strengthening and deepening public health education and training capacity of Schools of Public Health in Central-Eastern Europe operated very effectively and resulted in considerable change in the life of ASPHER by improving partnerships between Schools in the whole European area (supports by PEER Reviews to the developing Schools). The Agreement of Cooperation between the ASPHER and the European Public Health Association (EUPHA) undersigned at the end of 2002 was the declaration of common interest in collaboration for the establishment of the European Accreditation Agency of public health training program, but in addition strongly facilitated the

collaboration between ASPHER and EUPHA members in the areas of public health research and practice, too (EU granted projects were developed and launched together). This partnership is very valuable, it is based on shared understanding of values and vision in connection with further improvement of European public health policies and operations. Although at the time of my presidency I did not have the vision of such a fusion-like partnership between ASPHER and EUPHA (and today I believe that we have to make the ASPHER's operations more independent in the area of education), I am convinced that the benefits of this partnership far outweigh the risks of effacement for ASPHER. It is also nice to remember that in the period of my presidency, ASPHER awarded the Stampar Medal to two charismatic leaders for excellence in the field of not only the European, but the international public health, Sir Alexander Macara and Martin McKee.

Charles Normand

Professor

ASPHER President 2004-2005³

I was lucky to be elected to the ASPHER board at the meeting in Krakow, and to remain on it till 2006. I was therefore able to participate in making ASPHER more professional, with the appointment of an executive director, and a growing capacity to provide useful support and services for our members. With the hugely valuable support of the French Government we were able to grow and move towards financial independence. The changing face of ASPHER reflects the changing needs of the Schools and the growing importance of public health education, especially in the East of the Region. The most significant single way in which ASPHER worked to strengthen education programmes was through the OSI-ASPHER programme, but in many other ways ASPHER was instrumental in building partnerships and friendships across Europe.

There are many ways in which the changing nature of ASPHER over this period is manifest. The Executive Board has come to operate as an instrument of management, and the General Assembly has much greater focus. The key role of Deans and Directors has been recognised in the

³ A reprint from the Foldspang A, Louvet T, Normand C, Sitko SJ. *ASPHER 40th Anniversary. 1966-2006*. ASPHER Series No. 1. St. Maurice: ASPHER 2006.

annual retreat, and, perhaps most importantly, the vision and drive of the two executive directors has made the organisation work. It is also encouraging that people in leading positions in public health education from across the membership have been willing to give generously of their time to work on the Executive Board. In some ways ASPHER is now less exciting, but it is much more useful.

Anders Foldspang

Professor

ASPHER President 2006-2007

In 2005 we launched the European MPH Programme, which had been discussed and prepared for years. In the working group for the programme, we had to meet the challenge of the meaning of the concept 'European' – culture, coherence, policy...or? Finally, we decided to focus on workforce mobility. How could we then ensure that a MPH graduate from, say, Sweden, would be able to work in, say, Athens? This led to a series of meetings with discussions on competences – the fore-runner for the European competences programme. We produced a manual¹ for schools and students, including a series of theoretical and practical competences with a European focus – obviously the first of their sort. The programme was implemented in the EMPH network consisting of a few member schools but never became a huge success.

In 2006 I had the board's support to invite all member schools to contribute to the development of a European list of public health competences for public health professionals, thus suggesting main themes of education and training as well as outlining the whole discipline. About 100 colleagues all over Europe participated, and, while categorizing suggestions in six chapters of theoretical and practical competences, mainly respecting suggestions as they were phrased, the material was published in 2007². This list of competences – with its mutually overlapping concepts – was discussed by representatives of European Ministries of Health and ASPHER member schools, in total representing 27 countries, at the first European conference on core competences in public health, at Aarhus University, in April 2008. This formed the basis for the next list³, to be discussed at a conference on competences and infectious diseases in Paris, October 2008, organized by Antoine Flahault, and authorised by the French State as one of its EU

presidential activities that year. Later, ASPHER's membership in repeated Delfi rounds gave the development of lists of competences highest priority, and numerous presentations and workshops followed, including one-day practitioner-academic workshops arranged by Christopher Birt, ASPHER Executive Board Member. After thorough scrutiny together with Christopher Birt we were in 2011 able to publish concentrated lists^{4,5} with non-overlapping categories, for public health professionals and for MPH education, in 2012 endorsed by WHO's European member states for public health education⁶. Please see the section on shaping a professional for the development to follow, e.g., the establishment of ASPHER's European Public Health Reference Framework (EPHRF) and the close collaboration with WHO concerning EPHO7. Being chair and co-chair of successive working groups and now the EPHRF Council, I have since 2006 moved and followed-up on the competences development – now the connection of competences to EPHOs, the initiation of the development of an IT tool for public health human resources systems and individual career planning, and shaping a public health profession, all in close collaboration with Robert Otok, ASPHER's Director, and successive presidents.

Another important development was the launch of courses in infectious disease epidemiology offered by member schools based on a bid by the European Centre for Disease Control, Stockholm, at that time headed by Zsuzsanna Jakab, now Regional Director of the WHO Office for Europe, Copenhagen. This could pave the way for an educational cross-country perspective. – Also the intensified preparation of European Public Health annual conferences jointly with EUPHA was prepared 2006-7 and opened for the first joint conference to be held in autumn 2008.

A few months before my Presidency started in late 2005, the French Government withdrew its generous support in terms of free premises and paying the Director's salary. Thus, in 2007 we moved to available but rather expensive premises in Paris. In combination with the tax case described beneath, the economic situation was unbearable, and we decided to move to Brussels. Chris Birt identified nice, elderly and much less expensive premises in the heart of Brussels. Our Director did not want to follow to Brussels. So my final contributions during my Presidency were, managing the move to Brussels, identifying a new director and employing him – Robert Otok – finalizing the Soros grant report, and starting the associated tax court case against the French State:

In late December 2005 the French taxation administration suddenly demanded a huge part of our Soros bid from the early 00's to be taxed,

thousands of Euros. Numerous meetings followed with our accountant and lawyer and with tax commissions at successive levels. Finally, the highest commission fully accepted ASPHER's points of view, but – alas! – the local tax office could itself decide whether to accept this conclusion or not – and, expectedly, it didn't. Consequently, we followed our lawyer's advice and started a regular court case, which he estimated to take five years. In between, ASPHER had to deposit the large sum demanded by the tax authorities, and this emptied our savings and weakened our otherwise sound economy considerably. Five years later ASPHER actually won the court case, and the deposit was released.

In my view, some of the most important challenges today include:

- The development of coherent and comprehensive systems of public health, suitable for complex strategy making, rather than mutually independent services – and accordingly;
- Strengthening the professional discussion and implementation of agreed lists of competences, competences-EPHOs, and shaping an authorised public health profession defined by its comprehensive competences;
- Creating networks of SPHs to deliver full programmes and European education of excellence;
- Developing the EPHRF Council and its IT tool and make them permanent.
- Creating an independent public health examination committee to offer competency-based European degrees.

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Stojgniew Jacek Sitko

ASPHER President 2008-2009

My fully formal involvement in ASPHER as an Executive Board Member (EBM) began in 2001 and actually has spanned a decade. Being subsequently re-elected as an EBM and finally elected President of ASPHER, I have had several objectives of major importance, which I devoted special attention. Strengthening of European visibility and recognition of the role of ASPHER was one of them. Positive and reactive policy towards different EU health initiatives, as well as tightening the contacts with other European organizations and associations active in the public health field have definitely reinforced the position of ASPHER and led, among other things, to supporting the creation of the common European Public Health Conference. The relocation of ASPHER's office from France to Brussels and the resulting change of the Association's Director have contributed a great deal. The other concern was to increase a number of active member-SPHs, especially from the CEE region and beyond. This last task turned to be hard, typically because of lack of money to cover the annual membership fee and to participate in the Association's events, by the newly established SPH in those regions. Still another challenge was to assure the financial stability of the Association and collect the resources to develop activities. The successful application for operational support from EU allowed to stabilise the finances and help to trigger the gathering of other projects. Our major objective has been, however, to develop the quality education in public health. As a PEER reviewer for a few years, together with several other people, among whom there have been the founders of this scheme – we have been intensively working on the idea of the establishment of accreditation. Initiation of an Accreditation of Public Health Training Programs in Europe – a 3-year vital Tempus project, which started in 2005, did finally yield a solid foundation for the establishment of the Agency for Public Health Education Accreditation (APHEA), by elaborating the accreditation criteria and the institutional framework of an agency.

However, my first contact with ASPHER started far earlier, in 1994, when the Krakow School of Public Health (now: Institute of Public Health of the Jagiellonian University) hosted the Annual Conference. This was for the first time ASPHER's Conference organized by a SPH in a post-communist country in Central Eastern Europe – a School, which was only a 3 year old institution. It turned to be a great success with 300 participants from 25

nations. This was also the opportunity to come to know a number of persons, who were active at that time in ASPHER, with most of whom I have had the privilege and pleasure to work together through several of the years to come. A year after the conference, Krakow SPH successfully underwent an ASPHER PEER review. Several months of intensive preparation to this quality audit and numerous interactions with the review team – in which I was actively engaged as a deputy director of the School – have tightened the contacts.

Also, in 2000 a five-year, very effective ASPHER programme, funded by the Open Society Institute, started, aiming at the development of SPHs in the CEE region. It was based on an excellent idea of partnership of the already well-established European SPHs with the emerging ones, as well as improving the quality of the teaching programs of those SPH, which already were in existence. Personally, I was involved in such activities in Kiev in SPHs in Ukraine as well as in (additionally supported by OSI) Russian SPHs in Moscow, Chelyabinsk and Tver. This cooperation and several site visits there have been for me a very inspiring experience. The extraordinary effort and dedication of persons developing the public health education and organizing the SPHs in the difficult, non-encouraging organizational and systemic environment have been impressive, and reminded me of the initial trouble with the establishment and development of our Krakow SPH in the early 90's. The major problems have often been a lack of understanding of the value of public health as such, together with strong medical domination of all areas connected with health - this last difficulty still being present in some European countries.

During several years of my activity in ASPHER, I had the great pleasure and privilege to work together with a large number of excellent persons – professionals in education, research and organization of public health. Enthusiasts, engaged people, who scarified their own time and put considerable effort in supporting the progress of public health in Europe and beyond, and in developing the organization of ASPHER. I expect that they forgive me not mentioning them by name because of the limited framework of this text. However, I would like to thank them all very sincerely here, hoping that they share the satisfaction of having together contributed in the common effort to bring ASPHER to the stage, where it is now. Finally, I would like to address my heartfelt wishes to all the people currently involved in the increasing number of excellent activities, supportive to the Association's further development. All the best, and the next 50 years of the most prosperous development for ASPHER!

Antoine Flahault

Professor

ASPHER President 2010-2011

When I was Dean of the French School of Public Health (EHESP, Rennes, Université Sorbonne Paris Cité), I have been elected as president of ASPHER on November 2008 at Lisbon, Portugal for a one-year term starting next year, from November 2009. When President elect, I proposed to conduct a three round Delphi Survey among all the 66 ASPHER members. It is a method, which looks for reaching consensus from a group of experts through the circulation of iterative online questionnaires. We kept 94% response rate (62/66) after the third and final round, so this survey helped us setting priorities and providing ASPHER presidency with a roadmap for the following years. This extensive consultation led to create 7 working groups within ASPHER. A taskforce was initiated on Global Health, which led in a few months to the creation of the European Academic Global Health Alliance, still existing. A working group on Research capacity and PH doctoral programmes, which was in fact already existing prior to the survey, was reactivated. The third group was set up on Innovation and good practice in teaching. The fourth one on Public Health core competencies. The fifth on the creation of an Accreditation agency for public health education, which has eventually been created as APHEA after a long process initiated years before and supported by an EU project. The sixth group was set up on Advocacy and dissemination of information and communication tools. It led to the creation of an entirely new ASPHER website. We resuscitated Public Health Reviews as an online and open access journal with the financial support of EHESP. Last but not the least, our seventh working group was dedicated on Ethics and values. We organized in 2009 a couple of meetings with various stakeholders in Brussels, such as the European Commission, EUPHA, EPHA, EHMA, and eventually WHO Europe. We found strong support from all of them about our new roadmap and they expressed an urgent need for building a strong association of Schools of Public Health in Europe. Thanks to the fact that one of my predecessors had decided to move our headquarters from Paris to Brussels in October 2007, and thanks to the dynamism of Robert Otok as executive director of the Association, and enthusiasm and support from my colleagues, particularly at the Executive Board, it becomes a great momentum for ASPHER, with boiling activities and active participation of many members, even from Schools which were

not so committed to ASPHER activities in the past. Our Executive Board met monthly through vivid teleconferences. We had a lot to do in the same time, since some activities of ASPHER were a bit dormant in the past years. So we launched (or tried to resuscitate) all these seven taskforces/working groups, and what we can say is that most of these projects had actually bloomed. Although we may certainly have expected from them to have even a more active role in their corresponding field, we can appreciate the role of APHEA in proposing standards for public health education in Europe, with a clear attractiveness outside Europe. We certainly applaud the renewed Public Health Reviews as an available regular European source of updated published academic evidence in our field. And we can now count on the voice and influence of EAGHA in important meetings on global health issues at Brussels, Berlin or Geneva, to take only these three examples. Our social activities, such as our annual European Public Health Conference, together with EUPHA, went well, although I regret not to have set up even closer and deeper relationships with our Sister Association in Brussels. As Dean of EHESP and president of ASPHER, I organized the annual Deans and Directors Retreat in Rennes, and I keep a wonderful memory of these times, when so many members - who became excellent friends - were strongly dedicated and committed to make ASPHER the largest European academic voice in public and global health.

Helmut Brand

Professor

ASPHER President 2012-2013

I took the initiative to establish 10 theses on the work of ASPHER during the time of my presidency:

1. Secure the future of Schools of Public Health in times of economic crisis.
 2. Help the health systems in the European Region to integrate an educated Public Health workforce.
 3. Cooperate with international organisations like EU and WHO in capacity building of the Public Health workforce.
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4. Cooperate with the European Public Health Association in the development and advocacy of European Public Health.
5. Expand the educational basis of Schools of Public Health to Lifelong Learning.
6. Expand the organisational basis of ASPHER by integrating new Schools of Public Health.
7. Support the ASPHER's seven working groups to secure on-going developments.
8. Build and secure a high standard in public health education through exchange of best practice examples, integration of new educational methods and accreditation.
9. Promote research in Schools of Public Health through collaborative projects and networks.
10. Develop alumni networks of Schools of Public Health into social networks.

Reflecting on the priorities of my presidency, putting the financial crisis on the agenda of ASPHER was necessary - without this the Public Health Community would have ignored it even for longer. Securing Schools of Public Health in times of economic crisis was the focus of the 2012 Deans' and Directors' Retreat in Krakow. This major discussion forum was followed by a series of site visits to numerous locations of the membership network (1). ASPHER's active involvement in the EU review of Public Health capacities provided a strong reference for further support of the European Health Systems in integrating an educated Public Health Workforce (2). Collaboration with WHO, EU and other key stakeholders in Public Health capacity building increased (3), with ASPHER taking the lead on the Public Health Workforce development agenda under the framework of WHO Europe's Health 2020 policy. The European Public Health Conference was further developed jointly with EUPHA (4), while the ASPHER working groups further advanced with their respective agendas (7). The APHEA accreditation system developed steadily under the Association's leadership and support of its programmes (8). An important challenge was to consolidate ASPHER's work and finances, which had to be done in order to strengthen the Association's functioning and output. ASPHER was fortunate to move to the beautiful University of Maastricht Campus Brussels.

In 2013, we welcomed member no. 100 (6)!

Vesna Bjegovic-Mikanovic

Professor

ASPHER President 2014-2015

Herewith is an account of my time as the president of ASPHER during 2014 and 2015. Although I was a member of the Executive Board since 2006, the period of the presidency was much more demanding. However, there has been solid support of Robert Otok as ASPHER Director as well as from many other colleagues.

During the presidency, I had the pleasure to open the broad consultation process, supporting development and adoption of the ASPHER Strategy 2016-2020. Above all priorities, public health workforce (PHW) certainly has been the most important. We gave special attention, under the leadership of Professor Foldspang, to the close cooperation with WHO and to the responsibility ASPHER accepted for the Essential Public Health Operation No. 7 (EPHO 7). The small, but efficient, working group has created a vision that it is possible to contribute to the explicit recognition of PHW in the context of all ASPHER's activities. We have committed our strengths to the constant development of PHW and devoted days in promoting our vision^{1,2,3}.

To complement these activities, we also took the promotion of Continuing Professional Development (CPD) as one of the most relevant options. We established a vision that each school of public health should base educational efforts on blended learning in close collaboration with ASPHER⁴. These efforts resulted in developing the accreditation standards for CPD by the Agency for Public Health Education Accreditation (APHEA) to be available from 2015.

Exploring the expectations of the European employers of PHW has helped a lot in drafting what is possible⁵. We learnt that our members – schools and educational departments could do more to meet the most pressing needs of PHW. However, we also learnt that recognition of PHW should be a perennial topic in debates about workforce for health. We faced the lack of commitment from the main stakeholders, and we learnt that ASPHER can be a powerful organization, fighting on behalf of professionals for their recognition. Therefore, we started to build a supportive environment for all ASPHER's working groups to complement and enhance unity and close cooperation between all ASPHER's members, European and national stakeholders.

Within the lead of ASPHER on the EPHO7-PHW development in the European Region, we are grateful to Professor Foldspang⁶ having taken the responsibility for this work in support to WHO-EURO, represented by Elke Jakubowski⁷. Also, Professor Foldspang and ASPHER's Director, Robert Otok, have organized the coordination of the work on PHW through ASPHER's European Public Health Reference Framework Council and several projects.

ASPHER's further development for PHW globally was the establishment of dynamic Working Group on education for global public health. Merit goes to Professor Laaser, who coordinated the work of many colleagues to produce 25 modules on relevant topics of global health within the very short time of one year (2015)⁸. In this way, ASPHER's "Charter on the global dimension of education and training for public health in the 21st century in Europe and the world"⁹ continues to instruct good work for the PHW on the global level. Thanks also go to Professor Martin-Moreno, who is always spreading ASPHER's vision of the strong PHW across Europe and Globe¹⁰.

Other developments, rooted in the rich heritage of ASPHER, also supported the strong wave of PHW development. The reorganization of the Public Health Reviews as a Journal published by Springer has been one of those. Appreciation goes to Professor Chambaud and Professor Paccaud, who supported the transfer, and Professor Tulchinsky, who started the PHR and had continued under the new shape of the Journal. Furthermore, ASPHER has celebrated the release and growth of EAGHA (the European Academic Global Health Alliance), and APHEA. Both organizations derived from ASPHER's working groups and today support PHW development. Also, during 2014 and 2015, we observed vigorous activities, embraced by young public health professionals who contributed to ASPHER's Forum and to Young Researchers Forum. Both events are now well recognized by European Public Health Conference, each year. Professor Czabanowska accepted and is helping to build leadership capacities of this group.

Still, ASPHER has a high potential to support PHW progress with new energy and permanent fruitful collaboration with partners that is coming to official agreements, such as one with CDC to be signed in 2016. We should build on this legacy in the future being aware that we are growing into an organization with more than 110 members.

On ASPHER's way, in the past 50 years and the future, will be the light of many colleagues and their contributions devoted to PHW, being past presidents, Andrija Stampar medalists, members and friends of ASPHER.

Our capacities may be limited, but ASPHER engagement for PHW recognition and development is not less encouraging than ever!

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Theodor Abelin

Professor

Stampar Medallist 2004

Closing Borders, Abolishing Borders

When ASPHER was created in 1968, I had graduated from a School of Public Health in the United States and was serving on its faculty. I was

enthusiastic about the idea of applying an epidemiological approach to reach health objectives in populations, and determined to bring this approach back to my own country, Switzerland. To get from there to where Public Health stands today, required crossing and abolishing a number of borders.

Being located in Boston, I crossed borders geographically and between languages multiple times during one winter by participating in the teaching of Epidemiology at a French language graduate program at the Université de Montréal. And decades later, when I had long returned to Europe, and the Socialist governments of Eastern Europe had just collapsed, there was again a need to acquaint colleagues from across a border – that previously defined by the Iron Curtain – with the concepts and methods of modern epidemiology. With support from WHO-Europe and my country's government, a first such course in epidemiology could be organized still before we were able to start what has since become the Swiss School of Public Health.

In the 1960s, most students of public health were physicians, and for most of these, the normal career was to become a medical public health officer in a city or state health department. There were a few classmates from other professions such as sanitary engineers or behavioural scientists, but multidisciplinary really became an issue in the 1980s, when Health Promotion developed as a new and mainly non-medical field. For many pioneers in this field, this was *the* new Public Health, and a certain rivalry with the “old” Public Health could not be avoided. It took decades to reach a general understanding that the borders between the “new” and the “old” Public Health needed to be abolished, and that public health needs to be seen as one broad, multidisciplinary field.

With crucial causative factors of chronic diseases having become known, and preventive efforts having expanded from influencing personal health behaviour to also addressing the social and economic determinants of health, public health has come to be faced with a new challenge – that of being successful in the inter-sectorial arena. At the local level, friendly contacts with colleagues from other sectors may suffice to find solutions relating to the citizens' everyday needs, and this had already been included in role playing exercises during my public health training in the early 1960s. But today, many of the most momentous decisions related to health are taken in the political arenas nationally and internationally, where economic interest groups often oppose public health concerns, while public health advocates are unaware of how inter-sectorial decision making processes could be influenced, and what it takes to organize accordingly. Schools of Public

Health are challenged to address this problem. Should there be teaching offers in public health beyond the borders of Schools of Public Health, such as by joint teaching with other faculties, or through undergraduate programs in public health, as are offered in a number of colleges in the United States?

But as crucial decisions affecting public health are increasingly taken on the international arena, important challenges remain not only for the individual Schools but also for ASPHER and the other international umbrella organizations in the field of Public Health. Since the turn of the century, this has led to membership of ASPHER and other regional associations of Schools of Public Health in the World Federation of Public Health Associations. An excellent joint workshop of ASPHER and the WFPHA at the World Congress on Public Health in Kolkata in 2015, as well as the joint organization of the European Health Conferences between ASPHER and the European Public Health Association EUPHA show that in this respect as well, crossing and abolishing borders, not only geographically and between sub-disciplines, but also between organizations, has been to the benefit of all.

Josep Figueras

Professor

Stampar Medallist 2006⁴

Achievements and challenges in public health workforce development over the fifty years

Over the last fifty years, the public health workforce in Europe has undergone tremendous changes and developments. An illustration of the progress that has been achieved is that it was 50 years ago, in 1966, that warning labels on cigarette packs were introduced in the United States, in what was one of the first tobacco control initiatives. The progress in tobacco control measures we have witnessed in many industrialized countries since then is partly a reflection of changes in the public health workforce. The increase in their professional remit has been one of the key achievements in recent decades. Public health professionals have moved away from the traditional focus of public health on hygiene, sanitation and infection control

⁴ This contribution is co-authored by Dr. Bernd Rechel (LSHTM).

to the paradigm of “New Public Health” that recognizes the importance of lifestyle factors, social determinants of health and the need for improving health systems. With the declining burden of infectious diseases in the Western world after the Second World War, non-communicable diseases emerged as prime concerns of public health, including the associated lifestyle factors and more upstream determinants of health. This development found its expression in the 1978 Declaration of Alma-Ata and the 1986 Ottawa Charter for Health Promotion, acknowledging the need for intersectoral action for health. More recently, the concept of Health in All Policies (HiAP) has been put forward, building on work under the Finnish presidency of the European Union¹. The new European health policy framework, Health 2020, builds on this and calls for action across government and society². The focus of public health thus shifted to include health promotion, disease prevention and inter-sectorial action, and new disciplines entered public health education, such as the social sciences, health economics and health management.

There were also major improvements in the training of public health workers. Recent decades have seen education in public health embrace a broad curriculum and a multidisciplinary approach, as well as covering core competencies. This started in the United Kingdom and the Nordic countries, but has now increasingly spread to the rest of Europe. The break-up of the Eastern bloc in 1989 provided opportunities to advance public health education in these countries, by opening the traditional san-epid orientation towards a broader understanding of public health. Another key change was the shift away from medical training of public health specialists towards more multidisciplinary teams, with some countries (Finland, Ireland and the United Kingdom) opening the specialization of public health to non-medics³.

Major progress was also made in the political recognition of the importance of a sufficient and well-trained public health workforce to implement the new public health agenda. This constitutes a core component in the essential public health operations (EPHOs), and has been recognized as a precondition for strengthening public health capacities and services and implementing the European Policy for Health and Well-Being, Health 2020².

Despite this progress, major challenges remain. Still, in too many countries, the public health workforce continues to be preoccupied with infection control, and they are unwilling or unable to advocate for action on the main threats to population health, including the broader determinants. This limitation is related to continued shortcomings of public health education, which is still largely characterized by a traditional and limited public health

focus. In many countries, particularly but not exclusively in the former Soviet countries, a medical orientation of public health education still remains the norm⁴. Another area in need of further development is skills in communication, knowledge brokering and leadership. This has become particularly clear in the limited involvement of public health professionals in debates about the impact of the economic crisis on health and health policies in Europe.

All too often, the public health workforce is also beset by unclear boundaries and role delineations. As a consequence, we do not know enough about the public health workforce, such as its size, distribution, age, gender and educational background. While we have a fairly clear picture of how many nurses and physicians there are in the different countries in Europe, the size of the public health workforce remains rather nebulous, with few exceptions. What we do know is that public health workers still struggle in many countries with poor reputation, pay and career prospects. It is clear that often policy-makers and society at large still fail to see the value of public health, but public health professionals themselves also need to get better at making their profession more valued.

ASPHER, over its 50 years of existence, has been at the core of public health developments both through its leadership in public health training and by fostering advances in the role of the profession. In recent years, it has led seminal initiatives such as, for instance, the identification and widening of core competencies for public health professionals⁵; fostering the establishment of courses for public health leadership⁶; and supporting the implementation WHO's essential public health operations⁷, all aimed at strengthening the role for public health professionals that we so urgently need if we are to succeed in implementing a truly HiAP strategy in our societies.

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Martin McKee

Professor

Stampar Medallist 2003

The changing European public health workforce over the past half a century: some reflections

ASPHER is 50. I've been involved with it for just over half of that time, attending my first general assembly in Rennes in 1990. Like all anniversaries, this is an opportunity to reflect on the past, which for me meant thinking about the remarkable vision of those early pioneers of a European vision of public health, sadly no longer with us, such as Sandy Macara and Tom Landheer. But it is also an opportunity to reflect on just how far the European public health community has come and where it is going.

First, our understanding of public health has moved upstream. Initially, we were concerned with a series of invisible threats to health, such as germs and genes, as well as activities such as smoking, hazardous drinking, and poor nutrition. Our responses were simple. We believed that we could change people's behaviour by warning them of the hazards of their actions. Public health involved putting on a white coat and telling people, with great authority, why they should change their ways. And we wonder why they so often failed to do what we were telling them. In time, we realised that they were not acting out of ignorance or recklessness. Public health researchers such as Michael Marmot showed how these behaviours were socially patterned. To quote Marx, "people make choices but not always in the circumstances of their own choosing." We were beginning to understand

how the distribution of health and the population was determined largely by differences in access to material resources. We had moved from the immediate to the social determinants of health. But this understanding leads to further questions. Why are resources so unevenly distributed? This takes us to the political determinants of health, and to the distribution of power within society. These questions are not new; over 150 years ago they were being asked by Rudolf Virchow. However, we seem to have forgotten about them until another German, Ilona Kickbusch, reminded us. But some things have changed. When Virchow was studying the causes of typhus in Silesia, the power rested with the aristocracy, propped up by the church. Now, the power resides with global corporations and their client politicians within governments.

Second, and relating to this evolving understanding of the determinants of health, there's been a revolution in the skills required to promote the health of the population. When ASPHER was created it was dominated by physicians, often supported by laboratory scientists. This was consistent with the dominant understanding of public health. In time, advances in data collection, even though initially still very basic, highlighted the need for statisticians. Yet, the skills that these groups possess equipped them poorly to deal with the social determinants of health. Progressively, the public health workforce expanded to include experts from a wide range of social sciences, such as sociology, and later on, economics, anthropology, and social geography. With recognition of the political determinants of health, the need for political scientists, macroeconomists, and historians has become apparent. The early pioneers of academic public health would struggle to recognize the multidisciplinary team now present in the schools that they led 50 years ago.

A third change relates to the availability of data. Pictures of early reports from Schools of Public Health show researchers in the community counting, questioning and measuring people. Surveys remain fundamental tools for collection of public health data. However, the landscape has been transformed by the way in which all of us now use technology that tracks almost every aspect of our lives. In effect, we have become mobile data gatherers, constantly collecting, transmitting and sharing information about what we are thinking and doing. Apple watches monitor our physiology, Google Trends tracks what we are searching for online, and our mobile phones track where we go. Public health researchers are only just beginning to exploit these new sources of data, subject to suitable ethical and confidentiality safeguards, but looking ahead this will require new skills

more commonly found in employers such as the intelligence services or leading market research organisations.

The final change is one that ASPHER itself has played a key role in bringing about. Europe is a rich natural laboratory for public health. Back in the 1980s, ASPHER established the European Collaborative Hospitals/Health Service Study, comparing the management of common conditions in hospitals in eight countries. Since then, ASPHER has been a forum for exchanging ideas, developing collaborations, and mutual learning. Now, the value of international collaborations is beyond question, facilitated by the growth in European Union research funding, with ASPHER working in partnership with other organisations such as the European Public Health Association and European Health Management Association.

The public health workforce has changed beyond recognition in the past 50 years. It will continue to do so, as our understanding of the fundamental determinants of health and the tools available to us continue to evolve. ASPHER can now look forward to another exciting 50 years!

Theodore H Tulchinsky

Professor

Stampar Medallist 2008

Public Health Workforce Development in the European Region

Public health has achieved dramatic gains in longevity and declining rates of many diseases by a complex interaction of science, medicine and sanitation, preventive care and health promotion.

In 2006 the World Health Organization report highlighted a Human Resources for Health recognizing that the quantity, quality, training, migration, financing, licensure and accreditation of many health profession and their training environments are crucial factors for the achievement of global goals in health and economic development.

A well-trained and supported Public Health Work Force is essential to continue this work in developing, transition, and industrialized countries. Population health issues include a wide array of topics: food, water and drug quality and safety, environmental health, maternal and child health, health of the elderly and other vulnerable groups in the population. The challenges

include infectious and non-communicable diseases; mental health; violence and trauma, oral and occupational health; and others. The challenges include promotion of healthy life styles and reduction of health inequities. This requires policies and efficient management of organizations and health care resources.

Public health policy issues go beyond concerns relating to communicable diseases, to patterns of health and illness related to lifestyle, risk factors for preventable diseases, violence, trauma and food borne diseases, nutritional deficiencies and excesses. The public health infrastructure must be ready for known and unexpected pandemics, newly emerging infectious diseases, natural and man-made disasters and crises such as pollution, earthquakes, floods, heat waves, and accidents of chemical and nuclear industries as well as hurricanes, tsunamis, conflicts, genocide and terrorism. The emergence of HIV in the 1980s, Mad Cow Disease in the 1990s, SARS in 2003-04, Ebola and Zika viruses in 2013-16 all reinforced the need to strengthen public health structures, training and competencies.

Training is vital to develop and operate a well-prepared network of governmental and non-governmental institutions, services, laboratories, investigators and inspectors that provide the leadership and field forces of public health needed to address these challenges. Political and professional leadership at international, regional, national, state and local levels are vital to public health. Inter-sectoral coordination involves partnerships and cooperation between official agencies and non-governmental organizations, insurers, providers, and other service agencies.

New discoveries such as *Helicobacter pylori* as the cause of chronic peptic ulcer diseases led to cure by simple inexpensive therapy. This resulted in reducing costly hospitalizations for abdominal surgery common only twenty years ago, along with a continuing decline in gastric cancer.

Prevention of birth defects through prenatal supplements and flour fortification with folic acid reduced neural tube defects. European countries need policy level decisions to legislate mandatory flour fortification to meet current “best practices” and standards for the international food industry.

The continuing decline in stroke and coronary heart disease mortality are due to advances in standards of living, and improved medical treatments, but very largely to specific public health promotion interventions such as reduced smoking, exercise along with hypertension and lipid control.

All levels of government are involved in legislation, funding, organization and delivery of public health services and regulation. While public health is

primarily a governmental responsibility, clinical services, and other non-governmental agencies at national, international and community levels are all vital to the public health network.

A common core of knowledge and “culture” of public health is essential for health professionals as well as among political decision makers and the general public. This recognizes a “population approach” where health protection, health promotion and preventive care involve a nation, the community as well as individual patients and citizens.

European-wide standards of academic training in schools of public health is essential for preparation for managers of health programs including leadership positions in ministries of health and health care institutions, including clinical and non-clinical department heads. National, state and local authorities all benefit from skilled public health workforce.

Public health training occurs at bachelor, masters and PhD levels with core curricula and specialization in specific areas such as epidemiology, health promotion management and economics, environmental and occupational health, toxicology and others. Public health should be included in training programs of clinical doctors, economists, sociologists, psychologists, teachers and others working in fields associated with the health of populations and of individuals.

The Bologna Process inaugurated in 2010 identified accreditation as a vital instrument needed to support the system of European Higher Education System. The new European Agency for Public Health Education Accreditation (APHEA) provides an important mechanism to promote higher standards for public health education in Europe. Existing and new schools of public health have new standards to measure themselves.

Appendices

Appendix 1

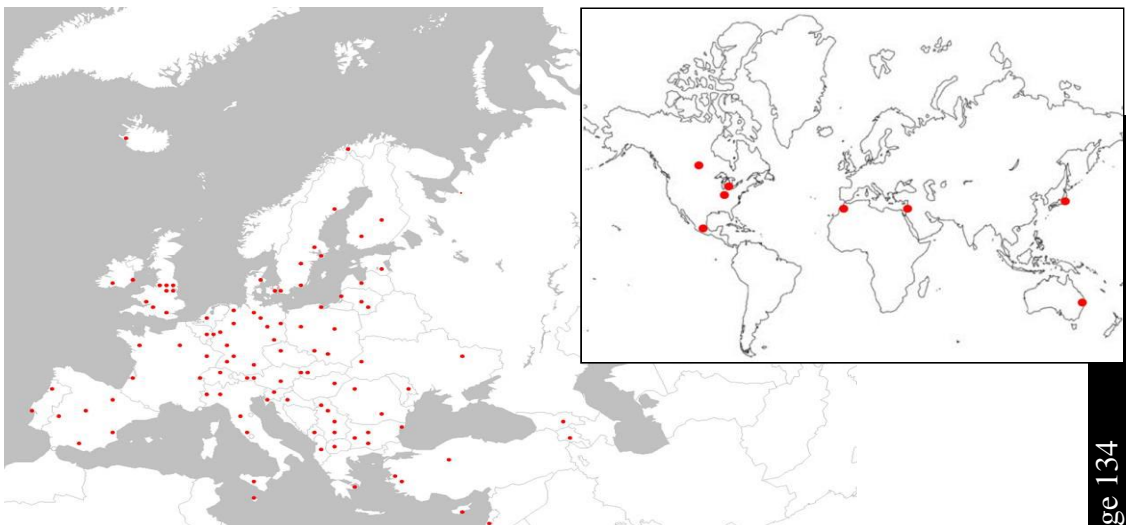
ASPHER Members

<http://aspher.org/members.html>

2006: 69 full members from 34 countries



2016: 112 full members from 43 European countries
14 associate members from the EMRO, PAHO and WPRO regions



Appendix 2

ASPHER General Assemblies, Deans' & Directors' Retreats and Annual Conferences

Deans' & Directors' Retreats

The Association's General Assembly meeting has taken place during the annual Retreat of Deans and Directors since 2014.

Athens (2016), Jerusalem (2015), Zagreb (2014), Maastricht (2013), Krakow (2012), Belgrade (2011), Rennes (2010), Jerusalem (2009), Liverpool (2008), Bucharest (2007), Innsbruck (2006), Bielefeld (2005), Lisbon (2004), Athens (2003), Saint-Maurice (2002), Magdeburg (2001), Caltanissetta (2000), London (1999), Madrid (1998), Gothenburg (1997).

Annual Conferences

The Annual Conference hosted the Association's General Assembly meeting until 2013; it has been integrated within the annual European Public Health Conference context since 2008.

Vienna (2016), Milan (2015), Glasgow (2014), Brussels (2013), Malta (2012), Copenhagen (2011), Amsterdam (2010), Lodz (2009), Lisbon (2008), Valencia (2007), Maastricht (2006), Yerevan (2005), Caltanissetta (2004), Granada (2003), Zagreb (2002), Debrecen (2001), Aarhus (2000), Madrid (1999), Torino (1998), Prague (1997), Utrecht (1996), London (1995), Krakow (1994), Bielefeld (1993), Athens (1992), Valencia (1991), Rennes (1990), Budapest (1989), Copenhagen and Gothenburg (1987), Jerusalem (1985), Lisbon (1983), Leiden (1981), London (1979), Düsseldorf (1977), Brussels (1975), Copenhagen (1973), Amsterdam (1970), Zagreb (1968).

Appendix 3

ASPHER Presidents

Jacqueline Müller-Nordhorn (2016-2017), **Vesna Bjegovic-Mikanovic** (2014-2015), **Helmut Brand** (2012-2013), **Antoine Flahault** (2010-2011), **Stojgniew Jacek Sitko** (2008-2009), **Anders Foldspang** (2006-2007), **Charles Normand** (2004-2005), **Roza Adany** (2002-2003), **Jose M Martin-Moreno** (2000-2001), **Richard Madeley** (1998-1999), **Franco Cavallo** (1996-1997), **Ulrich Laaser** (1994-1995), **Jeffrey Levett** (1992-1993), **Francisco Bolumar** (1991-1992), **Christian Rollet** (1990-1991), **Ivan Forgacs** (1989-1990), **Lennart Köhler** (1988-1989), **Michael Davies** (1986-1987), **Aloisio Moreira Coehlo** (1984-1985), **Frans Doeleman** (1982-1983), **Charles Edward Gordon Smith** (1980-1981), **Alfred Eberwein** (1978-1979), **Marcel Graffar** (1976-1977), **Bo Holma** (1974-1975), **Christine Lucasse** (1971-1973), **Jean-Simon Cayla** (1968-1970).

Appendix 4

Andrija Stampar Medallists

Jean Rochon (Milan 2015; laudatio by *Laurent Chambaud*), **Peter Piot** (Glasgow 2014; laudatio by *Yehuda Neumark*), **Jose M Martin-Moreno** (Brussels 2013; laudatio by *Ted Tulchinsky* and *Miguel Angel Royo Bordonada*), **Julio Frenk** (Malta 2012; laudatio by *Jeffrey Levett*), **Zsuzsanna Jakab** (Copenhagen 2011; laudatio by *Roza Adany*), **Elias Mossialos** (Amsterdam 2010; laudatio by *Helmut Brand*), **Gudjon Magnusson** (Lodz 2009; laudatio by *Stojgniew Jacek Sitko*), **Ulrich Laaser** and **Theodore H Tulchinsky** (Lisbon 2008; laudatio by *Anders Foldspang*), **David Byrne** (Valencia 2007; laudatio by *Jose M Martin-Moreno*), **Josep Figueras** (Maastricht 2006; laudatio by *Charles Normand*), **George Soros** (Yerevan 2005; laudatio by *Aislinn O'Dwyer*), **Theodore Abelin** (Caltanissetta 2004; laudatio by *Stojgniew Jacek Sitko*), **Martin McKee** (Granada 2003; laudatio by *Stipe Oreskovic*), **Alexander Macara** (Zagreb 2002; laudatio by *Jeffrey Levett*), **Iona Kickbusch** (Debrecen 2001; laudatio by *Andreas Geiger*), **Charles Merieux** (Aarhus 2000; laudatio by *Pascal Chevit*), **Richard Doll** (Madrid 1999; laudatio by *Richard Madeley*), **Lennart Köhler** (Torino 1998; laudatio by *Arja Rimpela*), **Ferenc Bojan** (Prague 1997; laudatio by *Martin McKee*), **Michel Manciaux** (Utrecht 1996; laudatio by *Lennart Köhler*), **Halfdan Mahler** (London 1995, laudatio by *Evelyne de Leeuw*), **Donald Acheson** (Krakow 1994; laudatio by *Jeffrey Levett*), **Léo Kaprio** (Bielefeld 1993; laudatio by *Jeffrey Levett*).

Appendix 5

ASPHER Executive Board Members since 1986

Henrique Barros (2014-2017), **Katarzyna Czabanowska** (2014-2017), **Laurent Chambaud** (2013-2016), **Yehuda Neumark** (2013-2016), **Maksut Kulzhanov** (2012-2015), **Jacqueline Müller-Nordhorn** (2012-2018), **Louise Stjernberg** (2012-2015), **Jadranka Bozиков** (2011-2014), **Miguel Angel Royo Bordonada** (2011-2014), **Carmen Aceijas** (2010-2013), **Fred Paccaud** (2009-2015), **Antoine Flahault** (2008-2012), **Ursula Schlipköter** (2008-2011), **Helmut Brand** (2007-2014), **Vesna Bjegovic-Mikanovic** (2006-2016), **Christopher Birt** (2006-2012), **André Meijer** (2005-2011), **Theodore H Tulchinsky** (2005-2011), **Ramune Kalediene** (2004-2010), **Pina Frazzica** (2004-2007), **Lidia Georgieva** (2003-2006), **Aislinn O'Dwyer** (2002-2005), **Stipe Oreskovic** (2002-2005), **Stojniew Jacek Sitko** (2001-2010), **Anders Foldspang** (2000-2008), **Roza Adany** (2000-2004), **Joanna Meulmeester** (2000-2003), **Andreas Geiger** (1998-2004), **Pascal Chevit** (1998-2003), **Jose M Martin-Moreno** (1998-2002), **Arja Rimpela** (1997-1999), **Philippe Chastonay** (1995-1998), **Serge Gottot** (1995-1998), **Richard Madeley** (1996-2000), **Alena Petrakova** (1996-1999), **Charles Normand** (1994-2006), **Franco Cavallo** (1994-2000), **Ferenc Bojan** (1993-1996), **Evelyne de Leeuw** (1992-1998), **Andrzej Rys** (1992-1995), **Alain Jourdain** (1992-1995), **Paul Rasch** (1992), **Bernard Junod** (1991-1992; 1995-1998), **Lennart Köhler** (1991-1997), **Ulrich Laaser** (1991-1996), **Jeffrey Levett** (1991-1994), **Patrick Vaughan** (1991-1994), **Carmen Martinez Garcia** (1991-1992), **Francisco Bolumar** (1990-1993), **Michael Davies** (1990-1992), **Henk Leliefeld** (1990-1992), **Tom Landheer** (1990-1991), **Felix Vartanian** (1990), **Pedro Saturno** (1990), **Christian Rollet** (1989-1992), **Maurice Beaver** (1988-1991), **Tom Fryers** (1988-1990), **Ivan Forgacs** (1988-1990), **Erik Kroger** (1987-1991), **Frada Eskin** (1986-1990), **Alexander Macara** (1986-1989).

Appendix 6

ASPHER Directors

Robert Otok (from 2008)

Thierry Louvet (2000-2007)

Jacques Bury (1995-1999)

Evelyne de Leeuw (1992-1998)

Bernard Junot (1991-1992)

Frada Eskin (1989-1991)

Alexander Macara (1976-1989)

Theodore Gjurgjevic (1966-1976)

Appendix 7

ASPHER Working Groups and Task Forces with current chairs (2016)

European Public Health Core Competences with European Public Health Reference Framework Council	Anders Foldspang
Innovation and Good Practice in Public Health Education	Katarzyna Czabanowska
Section on Education for Global Public Health	Ulrich Laaser
Section on Continuing Professional Development	Jeannette de Boer
Doctoral Programmes and Research Capacities	Henrique Barros
Undergraduate Programmes in Public Health	Nino Künzli
Ethics and Values in Public Health	Miguel Angel Royo
ASPHER's Honours' Committee (Past Presidents and Andrija Stampar Medalists)	Anders Foldspang Vesna Bjegovic-Mikanovic

Appendix 8

ASPHER's European Public Health Reference Framework Council

Roza Adany, Professor, Head of the Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Hungary; President of the Hungarian Training and Research Institutions.

Christopher A. Birt, Honorary Clinical Senior Lecturer, Department of Public Health and Policy, University of Liverpool, Liverpool, UK.

Vesna Bjegovic-Mikanovic, Professor, Head of the Centre-School of Public Health, University of Belgrade, Serbia; President of the Managerial Board of the National Institute of Public Health «Batut».

Katarzyna Czabanowska, Associate Professor, Department of International Health, Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands; Director of the Leadership for European Public Health Continuing Professional Development Programme.

Anders Foldspang, Professor, Section of Health Promotion and Health Services, Department of Public Health, Aarhus University, Denmark (*Chair*).

Soeren Kjergaard, Professor, Head of the Department of Public Health, Aarhus University, Aarhus, Denmark.

Jørn Olsen, Professor, Section of Epidemiology, Department of Public Health, Aarhus University, Aarhus, Denmark.

Robert Otok, Director, ASPHER, Brussels, Belgium.

Mala Rao, Professor, Senior Clinical Fellow, Department of Primary Care and Public Health, Imperial College London, UK.

Rodolfo Saracci, Professor, International Agency for Cancer Research, Lyon, France.

Carmen Varela, Senior Expert, European Centre for Disease Prevention and Control, Stockholm, Sweden.

Mirosław Wysocki, Professor, Director of the National Institute of Public Health – NIH, Warsaw, Poland.

Appendix 9

ASPHER Projects and Programmes over the years

Human Rights in Patient Care: Strengthening Teaching, Research, and Leadership
(Open Society Foundations: FOSI OR2013-10192 HRPC; lead)

European Public Health Reference Framework – EPHRF
(ASPHER: since 2014/2015; lead)

Operating Grant 2014
(EU HP: 20133303 ASPHER_FY2014; lead)

Leaders for European Public Health
(EU LLP: 510176-LLP-1-2010-1-NL-ERASMUS-ECDCE LEPHIE; partner)

Operating Grant 2012
(EU HP: 20113204 ASPHER_FY2012; lead)

Public Health Education Reform for Equity in Quality of Training
(EU LLP: 527903-LLP-1-2012-1-BE-ERASMUS-EAM PERFEQT; lead)

Set up of an Agency for Public Health Education Accreditation – APHEA
(ASPHER: 2011; lead)

Operating Grant 2011
(EU HP: 20103202 ASPHER_FY2011; lead)

Set up of a European Academic Global Health Alliance – EAGHA
(UK Department of Health: 2009; lead)

Public Health Reviews Journal – PHR
(EHESP: 2009-2014; co-lead – developing into ASPHER-led project from 2015)

Developing Public Health Capacity in the European Union
(EU HP: EAHC/2009/Health/05; partner)

European Programme on Public Health Core Competences – EPHCCP
(ASPHER: since 2006; lead – supporting the development of EPHRF from 2014/2015)

Public Health Training in the Context of an Enlarging Europe
(DG SANCO: 2005-2008; partner)

Short courses on technical aspects of outbreak investigation
(ECDC: 2007-2008; lead)

Accreditation of Public Health Training Programmes in Europe
(EU LLP: PL/05/B/F/PP/174049 PH-ACCR; partner)

European Master of Public Health
(DG SANCO: 2003-2005 EMPH; lead)

Improvement of the employability of health graduates in Europe
(EU LLP: PL/00/B/F/PP/140155 HealthGraduates.info; members' project)

Quality Development of Public Health Teaching Programmes in Central and Eastern Europe
(Open Society Institute: 2000-2005 Public Health Workforce Capacity Building; lead)

Quality Improvement and Accreditation of Training Programmes in Public Health
(Fondation Mérieux: 2000-2001; lead)

Evaluation (interim) of the "Programmes régionaux de Santé (PRS)"
(French Ministry of Health: 1998-1999; lead)

Internet Journal of Public Health Education – I-JPHE
(ASPHER: 1999-2007; lead)

Evaluation (1st phase) of the EU PHP Cancer, Drugs, AIDS and other communicable diseases
(EC DGV: 1998-1999 EVAL 1; lead)

Evaluation of the EU 2nd Action plan for the fight against cancer 1990-1995
(EC DGV: 1998; lead)


Summer schools on health promotion and public health policies in the EU
(EC DGV: 1997-1998; lead)

European Degrees in Public Health
(EC DGV: 1996-1998; lead)

Inventory of training programmes in public health and in health promotion in the EU
(EC DGV: 1996-1998; lead)

PHARE Evaluation Programme
(EU PHARE: 1991-1996; lead)

Public Health Education European Review – PEER
(ASPHER: since 1993; lead – developing into joint ASPHER-APHEA programme)



The Association of Schools of Public Health in the European Region (ASPHER) is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. ASPHER is a membership organisation of institutions, spread across EU and wider across WHO European Region, which are collectively concerned with the education and training, and professionalism, of those entering and working within the public health workforce.

www.aspher.org