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Perspective

The 10 Essential Public Health Services in the United States: Relevance for Sri Lanka

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Abstract

The 10 Essential Public Health Services (EPHS) framework, widely used in the United States, defines the core functions of public health with equity at its centre. Sri Lanka, while having historically strong health outcomes, now faces new and emerging challenges. This perspective examines the 10 EPHS with the aim of fostering dialogue among public health professionals on the potential usefulness of adopting such a framework for Sri Lanka.

Introduction

Public health serves as the foundation of collective well-being, encompassing organized efforts to prevent disease, prolong life and promote health through community and institutional action. One of the most influential tools developed to guide these efforts in the United States of America (USA) has been the 10 Essential Public Health Services (EPHS), a framework that clearly articulates the core functions of public health practice (1). Since its introduction in the USA, the EPHS has provided a common language for public health agencies, policymakers, practitioners, and educators, ensuring that critical activities necessary to protect and promote population health are addressed.

Sri Lanka, which has a strong history of public health achievements, now faces increasingly complex challenges, exploring the relevance of such frameworks offers an opportunity to strengthen both training and service delivery (2). This paper introduces the EPHS, reviews its historical development and 2020 revision, expands on the current list of services and reflects on how such an approach could benefit Sri Lanka.

The idea of clearly defining the functions of public health gained prominence in the USA in the early 1990s (3). In 1994, the Core Public Health Functions Steering Committee, consisting of representatives from U.S. Public Health Service agencies and major public health organizations, developed the original 10 EPHS framework (4). The framework sought to operationalize the three widely recognized core functions of public health: assessment, policy development and assurance (1).

The original framework was often depicted as a pinwheel, with *research* at the centre as the driver of continuous learning and innovation (4). Surrounding this hub, the ten essential services were grouped under three core functions:

- *Assessment:* Monitor health, diagnose and investigate
- *Policy development:* Inform, educate and empower; Mobilize community partnerships; Develop policies
- *Assurance:* Enforce laws; Link to/provide care; Assure competent workforce; Evaluate

This framework was highly influential for decades, guiding health departments, workforce training and national policy. Over time, however, the evolving landscape of public health, including chronic disease burdens, emerging infectious threats, and the imperative to address inequities, demanded a revision.

The 2020 Revision of the EPHS Framework

On 9 September 2020, the revised EPHS framework was released (1). This update was the product of a collaborative process led by the Public Health National Centre for Innovations (PHNCI), now the PHAB Centre for Innovation, in partnership with the de Beaumont Foundation and a task force of experts. Federal agencies such as the Centres for Disease Control and Prevention (CDC) played a key role, along with broad engagement of the public health community.

The revision placed equity at the centre of public health functions, reflecting a recognition of the systemic and structural barriers - poverty, racism, gender discrimination and other forms of oppression- that drive health inequities. The framework emphasized community engagement, trust-building and innovation, while retaining the three core functions of assessment, policy development and assurance.

Expanded 10 Essential Public Health Services

The revised 2020 framework situates equity at the core of all public health practice, recognizing that systemic barriers must be addressed for all communities to achieve optimal health (Figure 1) (1).

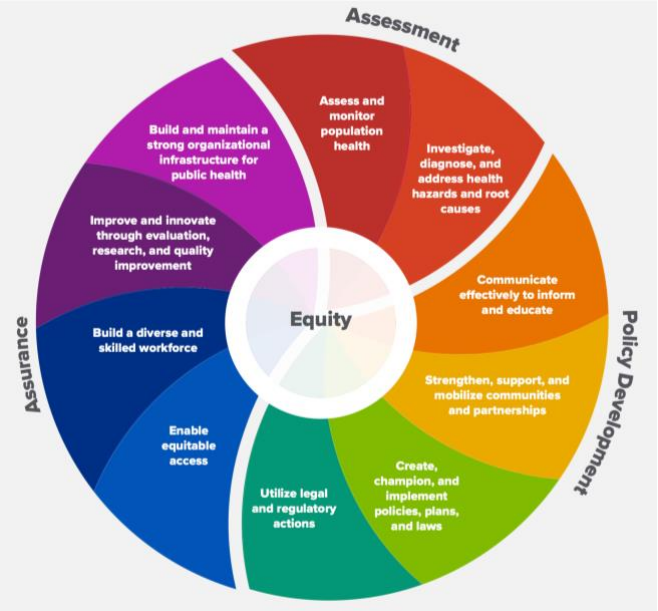

Figure 1: The 10 Essential Public Health Services

Source: https://www.cdc.gov/public-health-gateway/php/about/index.html#cdc_program_profile_program_impact-10-essential-public-health-services-revised-2020 (1)

The ten essential services can still be grouped under the traditional core functions of Assessment, Policy Development, and Assurance, but their scope has broadened and deepened compared to the 1994 version.

1. Assessment

Assessment involves systematically gathering, analysing, and communicating information about population health.

- ***EPHS 1:*** Assess and monitor population health status, factors that influence health and community needs and assets. It includes ongoing data collection, community engagement, disaggregated analysis to uncover inequities, and the use of innovative technologies for real-time monitoring.
- ***EPHS 2:*** Investigate, diagnose and address health problems and hazards affecting the population. It goes beyond outbreak control to include chronic diseases, injuries and root social determinants of health. Involves laboratory capacity, surveillance systems, and real-time data.
- ***EPHS 3:*** Communicate effectively to inform and educate people about health, factors that influence it and how to improve it. Reframed as two-way communication that builds trust, it uses culturally and linguistically appropriate materials and employs diverse channels from mass media to social networks.

2. Policy Development

Policy development turns evidence into collective action through partnerships, policy and law.

- ***EPHS 4:*** Strengthen, support, and mobilize communities and partnerships to improve health. It emphasizes authentic, strengths-based partnerships with multiple sectors such as housing, education, and transportation, with communities as co-creators of solutions.
- ***EPHS 5:*** Create, champion and implement policies, plans and laws that impact health. It includes developing new policies and revising existing ones to correct historical injustices, embed equity and promote resilience.
- ***EPHS 6:*** Utilize legal and regulatory actions designed to improve and protect the public's health. It covers equitable enforcement of health protections, licensing of facilities and professionals, occupational health regulations and integration of health into non-health laws such as zoning.

3. Assurance

Assurance ensures that the infrastructure, workforce, and systems are in place to deliver public health services equitably.

- ***EPHS 7:*** Assure an effective system that enables equitable access to individual services and care needed to be healthy. It focuses on connecting communities to preventive and clinical services, reducing barriers, integrating behavioural health and collaborating with providers and payers.
- ***EPHS 8:*** Build and support a diverse and skilled public health workforce. It highlights technical and leadership skills, cultural humility, partnerships with academia, lifelong learning and pipelines for future practitioners.
- ***EPHS 9:*** Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement. It promotes a

culture of quality improvement, links research with practice and values qualitative, quantitative and lived-experience data to inform action.

- ***EPHS 10:*** Build and maintain a strong organizational infrastructure for public health.
  It encompasses leadership, governance, financial and human resource management, IT systems and accountability mechanisms to sustain resilient public health institutions.

Why definition of EPHS are needed

Defining EPHS provides clarity on what public health must deliver to protect populations. The framework acts as a blueprint, ensures no core functions are overlooked, guides resource allocation and provides a common basis for training and accountability. Importantly, the revised 2020 EPHS embeds equity at its centre, addressing social and environmental determinants of health.

Comparing EPHS with Essential Public Health Functions (EPHF)

In 2006, WHO-SEAR identified EPHF in Sri Lanka, Thailand and Bangladesh (5). These included health status monitoring, surveillance, policy development, regulation, workforce development, health promotion, research, quality assurance and disaster preparedness. The EPHF reflected the operational needs of South Asian health systems, such as outbreak response, human resource shortages and disaster vulnerability.

The 2020 EPHS, developed in the USA, emphasizes equity, partnerships, and systems-level accountability. It overlaps with EPHF in areas like surveillance, workforce development, policy and research. However, disaster preparedness, distinct in the 2006 framework, is integrated more broadly into resilience in EPHS 2020. Using landslides as an example, the assessment core function would identify high-risk geographic areas and vulnerable populations, enabling prioritization of interventions to prevent injury, displacement and mortality. Policy development core function would focus on land-use planning and regulations that restrict settlements in high-risk zones while promoting safer, health-supportive settlement. Assurance core function would involve ensuring access to safe resettlement options, continuity of essential health services and enforcement of regulations through appropriate incentives and disincentives, thereby safeguarding communities and reducing disaster-related health risks. Similarly, health promotion is reframed under communication and partnerships. Equity -implicit in 2006 EPHF- is explicitly placed at the core in 2020 EPHS. Reflecting the growing recognition of health disparities within and between populations, this shift aligns with a transition from a welfare-based model to a rights-based approach, recognizing health as a fundamental human right rather than a privilege. In the South-East Asia Region, including Sri Lanka, this necessitates deliberate efforts to address the needs of vulnerable groups and ensure equitable access to public health services.

The Sri Lanka Essential Health Services Package (SLESP, 2019) provides an important framework for defining service entitlements within the health system (6). However, it has a different purpose than that of EPHS, which provides a framework to guide core public health functions, promote system-wide accountability, and place equity at the center of practice.

Relevance to Sri Lanka

Sri Lanka's strong record in maternal and child health, immunization, and infectious disease control now faces challenges from non-communicable diseases, climate change, aging and workforce strain.

A nationally adapted list of essential public health services could:

- define training priorities and competencies for universities and in-service programmes
- ensure policy, community mobilization and evaluation receive attention alongside disease control
- incorporate local priorities like climate resilience, disaster preparedness, and mental health
- serve as a tool for evaluation, guiding ministries and programmes to integrate community engagement, workforce development and legal frameworks

Public Health Implications

- The EPHS framework could support capacity building in Sri Lanka by defining core public health competencies and guiding workforce training and professional development.
- The EPHS framework could support evaluation of public health functions through a structured approach to assess system performance, service delivery, and gaps in public health practice.

Author Declarations

Competing interests: The author declares that they have no competing interests.

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