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A Global Charter for the Public's Health—the public health system: role, functions, competencies and education requirements

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Viewpoint

A Global Charter for the Public's Health—the public health system: role, functions, competencies and education requirements*

Introduction

Growth, development, equity and stability

Political leaders increasingly perceive health as being crucial to achieving growth, development, equity and stability throughout the world. Health is now understood as a product of complex and dynamic relations generated by numerous determinants at different levels of governance. Governments need to take into account the impact of social, environmental and behavioural health determinants, including economic constraints, living conditions, demographic changes and unhealthy lifestyles in many of the World Health Organization (WHO) Member States. This understanding and increasing globalization means it is very timely to review the role of (global) public health in this changing societal and political environment.

Globalization

The positive and negative impacts of globalization need to be better understood by public health professionals and more widely acknowledged by policy makers. Globalization is marked by increased interconnectedness and interdependence of peoples and countries, based on the opening of borders to increasingly fast flows of goods, services, finance, people and ideas across international borders and the changes in institutional and policy regimes at the international and national levels that facilitate or promote such flows. It is recognized that globalization has both positive and negative impacts on health development. Increasingly trade agreements provide frameworks for intergovernmental relationships; however, possible impacts on human health are not routinely assessed prior to signing.

The proposal for a Global Charter for the Public's Health

In this context, the World Federation of Public Health Associations (WFPHA) has developed the *A Global Charter for the Public's Health* (GCPH) as the main output of its collaboration plan with the WHO to adapt today's public health to its global context in the light of and in conjunction with the Sustainable Development Goals (SDGs). GCPH brings together the best of all the existing models and provides a comprehensive, clear and flexible framework that can be applied globally and within individual countries, whether low, middle or high income.

The WFPHA has engaged with its over 100 national public health associations to discuss the new roles that global public health professionals have to assume and the needed changes with regard to education and recruitment of public health personnel. A literature review and widespread consultation formed part of this initiative.^{1,2}

Outcome of literature review and consultation

As part of the consultation process, several key points were raised:

- (1) The need for genuine political engagement was stressed, underlying that too often politicians only paid lip service to public health.

- (2) Commercial, social and environmental determinants of health, as well as social inequalities should be tackled and resources allocated in a sustainable and accountable way.
- (3) The impacts of underlying ideologies should be taken into consideration.
- (4) More comprehensive and reliable data are needed in many programmatic areas of the public's health.
- (5) The multisectoral and holistic approach should be reached, engaging public health in big dialogues and in the concerted decision-making processes.
- (6) Participants of the consultation stressed that WHO should provide leadership in this process.
- (7) New leaders for public health are required.
- (8) A flexible common framework of instruments to influence governments has been suggested.
- (9) New creative solutions are needed.
- (10) Specific projects of selected countries where public health has a strong voice and is integrated in government policies and initiatives might be possible models for other settings.

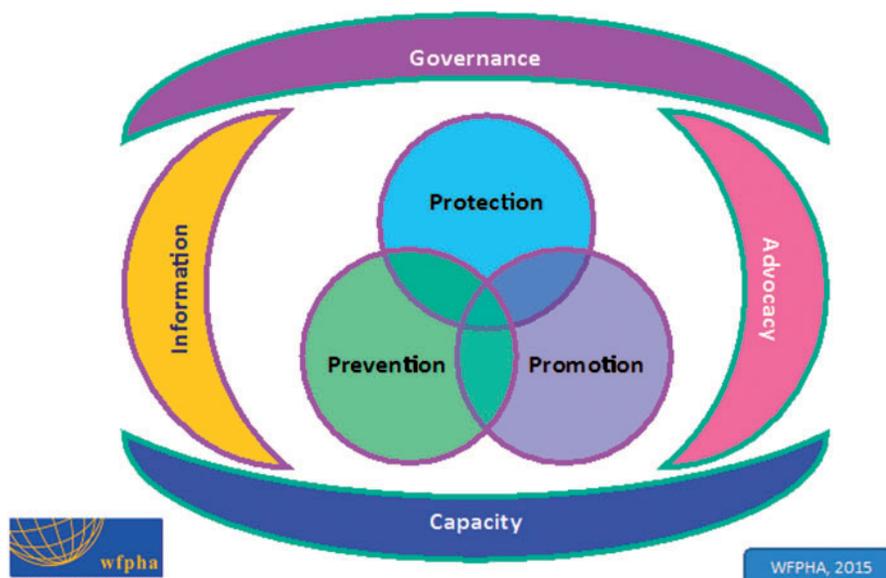
While publications on global public health are exponentially increasing in the literature, the term 'Global public health' itself remains ill defined. The term is frequently used though, but more in the context of a 'problem' or a 'challenge'. The framing of global public health is frequently medical and technical. This may be a result of the vertical technically oriented programs that are run throughout the world. Political and economic constraints found in the literature are important but there is not a large body of literature around this topic.

Despite the evidence that the different public health functions need to be much better integrated into health systems, a 'know-do-gap' is apparent. While multi-sectoral approaches in public health are increasingly chosen, they are by no means mainstream.

A Global Charter for the Public's Health

Resilient public health systems are needed locally to globally and within each country. However, the current reality consists of fragmented, variable and incomplete public health services and functions, with little common understanding of what a good public health service looks like.

Currently, there is no global agreement on what public health functions or services consist of, and the lack of a common vocabulary in public health adversely affects the efforts of public health systems, including security and workforce development and quality standards across the world. Many public health policies, especially those that look at disease specific topics, remain vertical, even if they outline some inter-sectoral components. Many are not well coordinated with other related societal fields and, therefore, have a huge impact on population health. A GCPH has the potential to become an established framework to allow public health systems to communicate globally, compare capacity and improve performance through systematic action.



Functions and services

The proposed GCPH consists of two groups of functions/services including:

- (1) Services: a group of core services—Protection, Prevention and Promotion
- (2) Functions: a group of enabler functions—Governance, Advocacy, Capacity and Information

Headings for the GCPH

There exists overlap between all these services and functions, especially between health promotion, primary prevention and environmental health, which benefit from a cross-sector approach. Specific public health topics require components drawn from across the range of services and functions. These include:

- (1) **Governance:** public health legislation; health and cross-sector policy; strategy; financing; organisation; assurance: transparency, accountability and audit.
- (2) **Information:** surveillance, monitoring and evaluation; monitoring of health determinants; research and evidence; risk and innovation; dissemination and uptake.
- (3) **Protection:** international health regulation and co-ordination; health impact assessment; communicable disease control; emergency preparedness; occupational health; environmental health; climate change and sustainability.
- (4) **Prevention:** primary prevention: vaccination; secondary prevention: screening; tertiary prevention: evidence-based, community-based, integrated, person-centred quality healthcare and rehabilitation; healthcare management and planning.
- (5) **Promotion:** inequalities; environmental determinants; social and economic determinants; resilience; behaviour and health literacy; life-course; healthy settings.
- (6) **Advocacy:** leadership and ethics; health equity; social-mobilization and solidarity; education of the public; people-centred approach; voluntary community sector engagement; communications; sustainable development.
- (7) **Capacity:** workforce development for public health, health workers and wider workforce; workforce planning: numbers, resources, infrastructure; standards, curriculum, accreditation; capabilities, teaching and training.

Recommendations

Recommendation 1—Consensus: A common conceptualization of global public health should be defined and adopted by the WFPHA and its members and used as a basis for public health education and training. It should be followed by a process of engagement with partners and Member States to adopt a WHO action plan on public health functions, based on the approved GCPH.

Recommendation 2—Co-ordination: WFPHA in association with partners supports and recognises WHO's leadership role to facilitate global public health in global multi-sectoral dialogues, co-ordination and decision making.

Recommendation 3—Leadership: Public health leadership to be strengthened to integrate the public health charter into cross-sector policy, health systems policy and governance mechanisms, building on and enhancing existing frameworks.

Recommendation 4—Workforce: Applying the GCPH encompassing functions, services and healthy public policy to scale up the public health workforce to ensure global health security and the sustainability of health systems.

Recommendation 5—Tools and application: Case studies, tools and standards to be developed to illustrate the application of the GCPH at the global, national and local levels and for use in public health education and training. Adoption of a GCPH will require skilful communication and practical application.

Recommendation 6—Resources: In order to strengthen Global Public Health, political commitment is needed, with co-ordinated roles and resources with partners and donors.

Conclusion

In the broadest sense, public health in our globalized world is multi-faceted, serving as a basis for everyday life, crucial for growth and development, equity and stability and is a function of numerous social, environmental and behavioural determinants, not least of

which are the impacts of globalization itself. To realize the potential of a healthy global citizenry to support economic growth and development, equity and stability, there is an urgent need for genuine political acknowledgement of, engagement with and leadership for the public's health supported by a global public health system.

Action on two levels is required. First, consensus on a conceptualization of global public health and on a framework for sustainable and secure health infrastructures and services are essential first steps to underpin health in everyday life and to minimize the negative economic, social and environmental impacts of globalization on health development and community stability. Additionally, new models and skill sets are needed to address new and re-emerging public health challenges within the different socio-economic realities around the world, varying political capacities and new political entities.

Second, development of global public health requires political engagement, use of social networks, identification of political leverage points and steering of public health agendas through the new societal and political environments. Importantly, global public health values should inform, be embedded within and be used to assess political and policy decisions.

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References

- 1 Jenkins, C., Lomazzi, M., Yeatman, H. and Borisch, B. (2016), Global Public Health: A Review and Discussion of the Concepts, Principles and Roles of Global Public Health in Today's Society. *Global Policy*. doi: 10.1111/1758-5899.12302.
- 2 Lomazzi M, Jenkins C, Borisch B. Global public health today: connecting the dots. 2016. 2016;9.

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*This Charter is to be read in conjunction with the Sustainable Development Goals.

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