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THE GLOBAL CHARTER FOR THE PUBLIC'S HEALTH

Charter Context

Resilient public health systems are needed both on a local and global scale and within every country. However, the current situation consists of fragmented, variable and incomplete public health services and functions, with little common understanding of what a good public health service should look like.
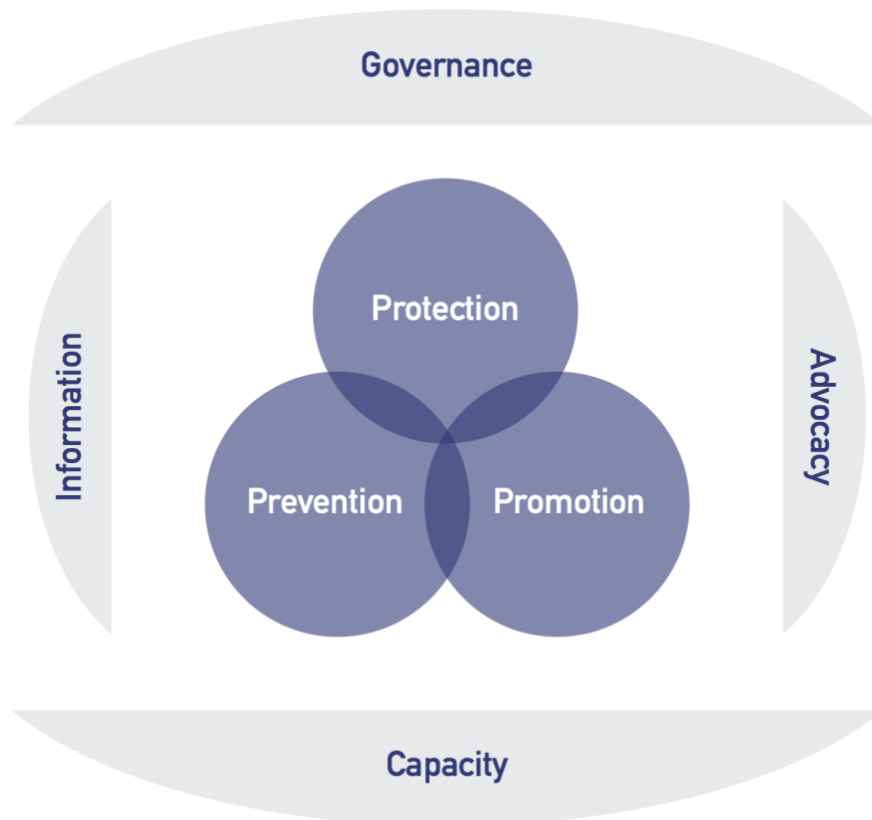
Charter Vision

The Declaration of Alma-Ata on Primary Health Care in 1978 and the Ottawa Charter for Health Promotion in 1986 had a major influence on improving health throughout the world. To continue furthering the development of global public health, the World Federation of Public Health Associations (WFPHA) drafted The Global Charter for the Public's Health (herein Charter). The intention of the Charter is to take the next step in providing a succinct and practical implementation guideline to public health associations. It is a document that ought to be taught in public health faculties and used to develop strategic approaches by public health associations around the world.

Charter Objectives

- Encourage work between non-governmental organizations (NGOs), universities, civil society members, governments and corporations
- Strengthen health systems' ability to implement universal health coverage through promoting global health security and sustainable, fair health outcomes
- Plan and implement strategies for better health outcomes globally
- Support economic growth and the post-2015 Sustainable Development Goals (SDGs)
- Provide a flexible framework for tools that can be applied in different health and income settings
- Reinforce effective leadership and governance to encourage public health capacity building and improve the quality of health systems
- Ensure a comprehensive approach to tackling the threats to health everywhere

Charter Components

Scheme of the Charter's core services and enabler functions

The Global Charter for the Public's Health provides new insights into the direction of public health and provides guidance for both 'services' (a group of core services - Protection, Prevention and Promotion) and 'functions' (a group of enabler functions - Governance, Advocacy, Capacity and Information).

Protection: international health regulation and coordination; health impact assessment; communicable disease control; emergency preparedness; occupational health; environmental health; climate change and sustainability.

Prevention: primary prevention: vaccination; secondary prevention: screening; tertiary prevention: evidence-based, community-based, integrated, person-centred quality healthcare and rehabilitation; healthcare management and planning.

Promotion: inequalities; environmental determinants; social and economic determinants; resilience; behaviour and health literacy; life-course; healthy settings.

Governance: public health legislation; health and cross-sector policy; strategy; financing; organisation; assurance: transparency, accountability and audit.

Advocacy: leadership and ethics; health equity; social-mobilization and solidarity; education of the public; people-centred approach; voluntary community sector engagement; communications; sustainable development.

Capacity: workforce development for public health, health workers and wider workforce; workforce planning: numbers, resources, infrastructure; standards, curriculum, accreditation; capabilities, teaching and training.

Information: surveillance, monitoring and evaluation; monitoring of health determinants; research and evidence; risk and innovation; dissemination and uptake.

Implementation of the Charter

Since 2016, the Charter has been implemented in several different contexts across all sectors. Globally, the framework presented within the Charter has been consulted with and incorporated into advocacy work, policy development, and educational curricula. Moreover, awareness surrounding the Charter and the importance of its implementation have been presented at international conferences and in discussions with key stakeholders in global and public health.

Regional and International Implementation

On both national and international scales, health organizations have adopted the framework offered by the Charter. In 2016, the Commonwealth of Nations developed their Charter implementation toolkit in A Systems Framework for Health Policy.[1] This document builds on the World Health Organization (WHO) Health Systems Framework to further emphasize issues of sustainability, non-communicable diseases, health protection, and public health. Several organizations, including the European Public Health Association, adopted the Vienna Declaration, built upon the United Nations' SDGs and the Charter, which reiterates their commitment to the Ottawa Charter. In their report on Essential Public Health Functions, the WHO adopted the Charter's framework to perform a systematic review and analysis of similar guidelines across several regions and countries. In 2018, the European Public Health Alliance released a joint paper with the WFPHA that expands upon the Charter's framework to tackle antimicrobial resistance (AMR).[2] In this context, the Charter can be adapted to develop multisectoral strategies that manage AMR through capacity education, training, and advocacy to build government and health systems' capacity. A similar approach has been applied to vaccination policies through a dedicated workshop with key opinion leaders, policy paper and scientific publications.

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Public Health Associations Implementation

Across the world, public health associations have also utilized the Charter in their teaching, advocacy work, and policy development.

West African Institute of Public Health

- In April 2020, the Institute finalized their formal version of the Charter, offering the first regional adaptation of the framework.
- The *West African Regional Charter for Public Health* expands on the Charter's original core services and functions with core values, which establish ethics in public health and guide meaningful action.

Public Health Association of Australia

- Used the Charter as a guide for improving public health across the country, to influence its organization, other public health organizations, schools of public health, and several levels of Australian government.
- Developed a Strategic Plan based on the Charter that is being incorporated into its action plans.
- Creating toolkits to implement the Charter's principles in public health work.

Brazilian Public Health Association

- Developed a position statement with the WFPHA, based on the Charter, on the Brazilian Government's decision to cut health funding

Norwegian Public Health Association

- Published the Charter online and distributed it to the Norwegian Network for Research and Education in Health Promotion Research and individuals in the Ministry of Health and Care
- Distributed the Charter to all political parties and detailed how they need to modify their campaigns to improve health, with consideration of the SDGs

Panamanian Public Health Society

- Launched the initiative "Generation Healthy Panama 2030", which aligned with the goals of the Charter, AASPA's Declaration of Panama, and the SDGs

Global Health Centre at the Graduate Institute

- Working on enabler functions of the Charter, with greater emphasis on global health governance, determinants of health, and cross-sectoral policies

Mongolian Public Health Professionals' Association
- Developed a Health Charter in conjunction with Transparency International Mongolia that was based on the Charter

Cameroon Public Health Association
- Shared the Charter with the Ministry of Health unit that designs and evaluates health sectoral strategies, civil society, and other professional associations
- Organized the "International Public Health Forum on the Global Charter for the Public's Health"
- Participants from twelve African countries committed to work individually, collectively, and at an institutional level to adopt and apply the Global Charter in Africa

The Charter in Curricula

A critical function of the Charter involves capacity building. This can be partially accomplished through the planning and implementation of appropriate teaching and training opportunities. The WFPHA Public Health Professionals' Education and Training Working Group (PETWG) was assembled in 2010 to develop strategies to standardize public health performance standards across public health education and training. The PETWG has played a pivotal role in the development of the Charter as a framework in public health education to support the establishment of key competencies and of an accreditation framework for schools of public health. Most recently, the PETWG evaluated how the Charter could be used for international benchmarking of public health education and training curricula.[3] In their research, Coombe *et al*. compared elements of the Charter with the components of other existing public health competency frameworks. Their group suggests that competency guidelines for public health education be adapted for local use, be consulted in its entirety, and that it fits within the Charter's framework.

Several well-renewed higher education institutions have already implemented the Charter guidelines into their programming and a collaboration is ongoing with the Association of Public Health Schools in the European Region (ASPHER).

Some of these institutions include:

- Maastricht University
- The University of Geneva
- Universidad Miguel Hernández of Spain
- The Graduate Institute of Geneva
- The University of New Hampshire

Making Advocacy Through the Charter

Charter implementation has also involved initiatives that encourage advocacy in public health. At the European Public Health Conference in 2016, the European Public Health Association and the Austrian Public Health Association met to restate their commitment to the Ottawa Charter on Health Promotion. Together, they introduced the Vienna Declaration to account for new and emerging public health threats, while also renewing global commitment to health as outlined in the SDGs and in the WFPHA's Charter. Similarly, at the International Conference on Public Health of Panama, the Alliance of Public Health Associations of the Americas (APHAA) adopted the "Declaration of Panama". In this declaration, the APHAA demonstrated their support for the principles, concepts, and goals outlined in several documents, including the Charter. Most recently, the WFPHA organized the "International Vaccination and Capacity Workshop", where Professor Walter Ricciardi, WFPHA president (2020-2022), spoke on the Italian Case. In his lecture, he emphasized the importance of vaccination as a good practice and its alignment with the Charter's core service of prevention.

The Charter at Conferences

The WFPHA is working on several awareness raising activities around the Charter. Delegates from the WFPHA have attended various conferences around the world in order to present the Charter and its key message. The Charter is also the main focus of the World Congresses of Public Health.

Main conferences:

16th World Congress on Public Health 2020 – Online, October 2020

12th European Public Health Conference – November 2019, Marseille (France)

11th European Public Health Conference – November 2018, Ljubljana (Slovenia)

International Public Health Forum on the Global Charter for the Public's Health – March 2018, Yaoundé (Cameroon)

5th Public Health Foundation Day – December 2017, Mohakhali (Bangladesh)

Coalition of Partners Meeting – November 2017, Helsinki (Finland)

International Top-Level Forum on Engineering Science & the 30 Anniversary of CPMA – November 2017, Beijing (China)

10th European Public Health Conference – November 2017, Stockholm (Sweden)

Public Health Conference – October 2017, Moscow (Russia)

European Public Health Alliance Annual Conference – September 2017, Brussels (Belgium)

Symposium on "Un Mondo Saludable" – September 2017, Panama City (Panama)

International Conference on Public Health – September 2017, Solo (Indonesia)

Public Health Association of South Africa Annual Conference – September 2017, Johannesburg (South Africa)

1st Congress of the Colombian Society of Public Health – September 2017, Bogota (Columbia)

Farewell to Margaret Chan – June 2017, Geneva (Switzerland)

Association of School of Public Health in the European Region Conference – June 2017, Rennes (France)

Alliance for Health Promotion Conference – May 2017, Geneva (Switzerland)

15th World Congress on Public Health – April 2017, Melbourne (Australia)

9th European Public Health Conference – November 2016, Vienna (Austria)

The Charter in Publication

The Charter's development was prompted by the WHO, who encouraged the WFPHA to debate public health in today's global settings. To prepare the Charter, the WFPHA conducted a qualitative study, which involved consultation with high-level stakeholders, and a literature review as a response to the WHO's call-to-action. In the qualitative study, stakeholders emphasized the need for genuine political engagement, the need to address different determinants of health, and the need to establish common implementation tools and public health leadership through the WHO.[4] Moreover, a shared framework that could be tailored to context-specific issues was well-received and evaluated as useful. In their literature review, Jenkins and colleagues searched articles between 1990 and 2014 that included the phrase 'global public health'.[5] The authors found that articles on this topic are framed in a manner that emphasizes medical and technical determinants of health over those that are political or economic in nature. Following this preliminary research, the first, peer-reviewed publication of the Charter was featured in the European Journal of Public Health. In

this article, the Federation formally introduces the framework offered by the Charter and its applicability in adapting public health to its globalized context, in conjunction with the SDGs.[6] Altogether, the WFPHA offers six key recommendations to help organizations foster commitment, leadership, and consensus in their public health efforts.

Since then, several research articles have shed light on the implementation of the Charter across several sectors. For instance, the 2017 WFPHA paper on "The Public Health Impact of Modern Trade Agreements" was published in the Journal of Public Health Policy.[7] This article discusses how restricted health products regulation, limited modern medicine access, ineffective governance, and healthcare inequity are reinforced in modern trade agreements. As such, the WFPHA advocates for the full consideration of public health in trade negotiations and demands that a Health Impact Assessment be carried out as part of all trade negotiations during treaty development and ratification. The Charter's principles were key to emphasizing the role of the WHO in protecting health during trade agreement negotiations and monitoring health effects of existing and proposed agreements.

The article "The digital technology revolution and its impact on the public's health" offers another example of the Charter's implementation.[8] A main goal of the Charter is to reduce health-related inequalities and to develop resilient and secure health systems. For these reasons, the WFPHA explored the use of digital health technology for population health and health equity gains. Through their work, the WFPHA was better able to understand how digital technology can be used to promote the functions and core services of the Charter through enhanced advocacy, leadership, and operational capacities.

In their WHO Bulletin update, Borisch and colleagues reaffirm the importance of the Charter in scaling public health to its new, globalized context.[9] Likewise, they offer a comprehensive description of Charter implementation across all sectors. In it, the Charter serves as a tool to renew and expand global commitment to health. The article also provides comprehensive insights into the Charter's functions of information and governance. With regards to the former, the authors describe how information must encompass innovative surveillance and monitoring approaches. Health information systems in many countries do not use reliable information; enhanced data acquisition and integration is necessary to implement the SDGs and inform future public health actions.

With regards to better governance, the authors also draw attention to the Melbourne Demand for Action, which was delivered by the WFPHA, the PHAA, congress partner organizations, and almost 3000 delegates attending the 15th World Congress on Public Health.[10] This call-to-action is consistent with the Charter and urges governments and public health associations to remain

accountable for their SDG commitments through the implementation of legislation, regulation, and taxation on unhealthy commodities. The Melbourne Demand for Action also reaffirms the notion that health systems and public health functions do not belong in private ownership; this call opposes international treaties that exacerbate health inequities and poverty, or that work against reducing poverty.

The Charter in the Oral Health Sector

One key area of Charter implementation has been in the oral health sector. In the article "The sugar tax – An opportunity to advance oral health", authors explain the components needed for successful promotion of oral health following the creation of a sugar tax in the UK.[11] The authors suggest that the proceeds from the sugar tax be used to make fluoridated toothpaste more affordable and that it also be used for investment in innovative oral health education. In line with the Charter's principles, they emphasize uniting healthcare professionals, teachers, and nurses to take responsibility for educating parents and children on the effects of sugar and importance of fluoride toothpaste.

Moreover, following the World Congress on Public Health in 2017, the WFPHA adopted the policy resolution "Exempt Tax on Dental Supplies and Equipment for Infection Control and Prevention".[12] This article on universal oral health care provision emphasizes the need for financing policies to support the procurement of dental supplies and equipment for infection control and prevention. Likewise, tax exemptions or subsidization are suggested as new investments to promote oral health, and a financing model of this resolution was presented at the 70th World Health Assembly.

In 2018, this issue was further discussed in the article "Global oral health in the framework of the Global Charter for the Public's Health".[13] In their publication, authors calls on public health leaders to advocate for oral health as an essential part of public health policy. Moreover, they encourage leaders to align oral health-related initiatives with the guidelines laid out by the Charter. Specifically, they suggest the need to integrate oral health into policy, training, and service planning to increase health systems' capacity. They also recommend increasing the availability and affordability of oral prevention and dentistry, while continuing to advocate for evidence-based messages and campaigns that are distributed in partnership with local and national governments and organizations.

Additional recommendations for promoting oral health are described in "Integrating oral health with public health systems under the framework of the Global Charter for the Public's Health".[14] In particular, the WFPHA highlights their work with public health researchers, policymakers, and advocates to help integrate oral health into public health systems under the Charter's framework.

Their work suggests that communication and advocacy amongst stakeholders are needed to overcome barriers that prevent effective and coordinated implementation approaches.

Highlighted Publications About Charter Implementation

[Practical competencies for public health education: a global analysis](#)
Coombe L, Severinsen C, Robinson P
Int J Public Health, 2020 Sep
DOI:10.1007/s00038-020-01459-3

[Universal health coverage: contestations and the role of public health associations](#)
Rispel L
J Public Health Pol, 2019 Jul
DOI:10.1057/s41271-019-00176-3

[Antimicrobial resistance – moving forward?](#)
Lomazzi M, Moore M, Johnson A, Balasegaram M, Borisch B
BMC Public Health, 2019 Jul
DOI: 10.1186/s12889-019-7173-7

[Political determinants of health and vaccination](#)
Ricciardi W, Siliquini R
J Public Health Pol, 2019 Apr
DOI: 10.1057/s41271-019-00167-4

[A Call to Ban the Mining, Transformation, Export, and Use of Asbestos and Asbestos-Containing Materials](#)
Linares Gil C, Chauvin J, Hernández Aguado I
J Public Health Pol, 2018 Dec
DOI: 10.1057/s41271-018-0157-5

[Integrating Oral Health with Public Health Systems under the Framework of Global Charter for the Public's Health](#)
Lee A, Lomazzi M, Lee H, Bedi R
Int Dent J, 2018 Oct
DOI:10.1111/idj.12448

[The Future of Public Health: Engaging Students and Young Professionals](#)
Borisch B, Lomazzi M
Federation's Pages Editors, 2018
DOI: 10.1057/s41271-018-0143-y

Essential public health functions, health systems and health security: developing conceptual clarity and a WHO roadmap for action
WHO
2018 Jun

Update on the Global Charter for the Public's Health
Borisch B, Lomazzi M, Moore M and Krech R
Bulletin World Health Organization, 2018 Jun
DOI: 10.2471/BLT.17.19882

Global oral health in the framework of the Global Charter for the Public's Health
Lee H, Lomazzi M, Lee A, Bedi R
J Public Health Pol, 2018 May
DOI: 10.1056/s41271-018-0121-4

The Melbourne Demand For Action: it's time to make a difference
Lomazzi M, Boutefah M, and Moore M
J Public Health Pol, 2018 Feb
DOI: 10.1057/s41271-017-0092-x

Strengthening the public health case against HIV-related travel restrictions
Keralis M J, Klein Walker D
J Public Health Pol, 2018 Jan
DOI: 10.1057/s41271-017-0113-9

The digital technology revolution and its impact on the public's health.
Chauvin J, Lomazzi M
Eur J Public Health, 2017 Dec
DOI: 10.1093/eurpub/ckx134

Call for Global Public Health Leaders: Provision of Safe Dentistry for All
Lee H, Lomazzi M and Bedi R
J Public Health Pol, 2017 Jul
DOI:10.1057/s41271-017-0082-z

50 years of international leadership for a healthy global society
Chauvin J, Hilson M, Morgan E R Jr.
J Public Health Pol, 2017 Feb
DOI: 10.1057/s41271-017-0065-0

The Public Health Impact of Modern Trade Agreements
Moore M, Dalla D
J Public Health Pol, 2017 Feb
DOI: 10.1057/s41271-016-0036-x

[The sugar tax - An opportunity to advance oral health.](#)
Wordley V, Lee H, Lomazzi M, Bedi R
Br Dent J, 2017 Jul
DOI: 10.1038/sj.bdj.2017.572.

Charter Diplomats

Diplomats of the Global Charter for the Public's Health

The Diplomats of the Charter are a group of high-level, international public health leaders who recognize the value of the Charter. Diplomats of the Charter work together to sustain the Charter revolution and perform effective advocacy. Most recently, Charter Diplomats, including Walter Ricciardi, Rüdiger Krech, Bettina Borisch, Bronwyn King, Luis Eugenio de Souza, Deborah Walker, Claude Betts, Yves Charpak, and Ildefonso Hernández-Aguado, met to discuss next steps for implementing the Charter during COVID-19 and beyond.

Diplomats can also sustain the Global Charter revolution by:

- Introducing the Charter in their lectures explaining why it is important in public health
- Citing the Charter in their publications
- Introducing the Charter in their teaching activities
- Discussing the Charter with their colleagues
- Suggesting new Diplomats of the Charter
- Keeping others updated on Charter implementation activities and participating in implementation of the Charter themselves

Public health professionals are encouraged to join the Charter Diplomats. If interested, please email the WFPHA secretariat (secretariat@wfpha.org).

Conclusion

The Global Charter for the Public's Health is clearly an invaluable tool for developing health systems' capacity, advocacy, information, and governance functions across all regions. Moreover, the Charter serves as an important framework for addressing health inequity within many different contexts and circumstances. Moving forward, continued implementation of the Charter will be critical to promoting public health, increasing health security, and preventing the increase of health disparities and inequities worldwide.

Additional Resources

For more information on the Charter, please refer to our website. Introductory videos and updates on the WFPHA's activities and the Charter are also available on Youtube.

The Charter Translated

Copies of the Charter are available in several languages, including:

- English
- Portuguese
- Spanish
- French
- Kiswahili
- Mandarin
- Finnish

Each version can be found on our website, and we encourage you to read and share the Charter amongst your colleagues.

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4. Lomazzi M, Jenkins C, Borisch B. Global public health today: connecting the dots. *Glob Health Action*. 2016;9:28772. doi:10.3402/gha.v9.28772

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10. Borisch B, Lomazzi M. The Melbourne Demand For Action: it's time to make a difference. *J Public Health Policy*. 2018;39(1):125-128. doi:10.1057/s41271-017-0092-x

11. Wordley V, Lee H, Lomazzi M, Bedi R. The sugar tax - An opportunity to advance oral health. *Br Dent J*. 2017;223(1):11-12. doi:10.1038/sj.bdj.2017.572

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