The Global Charter for the Public’s Health

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In September 2015, world leaders issued a challenge to the global public health community. Meeting in New York, they agreed on a programme of 17 Sustainable Development Goals that effectively places health at the centre of the global agenda between now and 2030. Goal 3 deals explicitly with health stating ‘ensure healthy lives and promote well-being for all at all ages’. Yet that is only the beginning. The classic determinants of health, such as poverty (Goal 1), food (Goal 2) or water (Goal 6) feature prominently, as do core public health concerns such as inequality (Goal 10). More recent thinking on planetary health is recognised too. For example in Goals 13–15, on climate and determinants of health, such as poverty (Goal 1), food (Goal 2) or water (Goal 6) feature prominently, as do core public health concerns such as inequality (Goal 10). More recent thinking on planetary health is recognised too. For example in Goals 13–15, on climate and

The World Federation of Public Health Associations (WFPHA) has risen to this challenge. Working with the World Health Organization, it has asked how the global public health community should position itself to influence all of the key actors across the entire spectrum of public health issues, whether in government, civil society or industry.

The result is the Global Charter for the Public’s Health (The Charter) published in this issue of the Journal. Recognising the need to adapt policies to differing circumstances, The Charter provides ‘a clear and flexible framework that can be applied globally and within individual countries’. It builds on a long tradition of public health thinking, from the time of The Declaration of Alma Ata through to The Ottawa Charter and the Commission into the Social Determinants of Health. Individually and collectively, these have long provided inspiration for measures to improve public health. There have been many successes. The Global Burden of Disease studies have demonstrated health gains that few thought possible. Yet there have also been many setbacks. Too often, the public health community remains fragmented, and many governments pay little more than lip service to the commitments that they have made. This recognition provided a catalyst for the development of The Charter.

By identifying the enabling functions of ‘Governance, Advocacy, Capacity and Information’ The Charter provides the groundwork necessary to deliver the most effective public health policy and outcomes locally, nationally and internationally. The focus of many of the previous declarations and charters has been on specific issues such as health promotion or the social determinants of health. The role of The Charter is to ensure a comprehensive approach to tackle the threats to health everywhere.

Of course, the production of The Charter is only the first step. The challenge that the WFPHA has set itself is to ensure that it becomes embedded in the work of as many as possible of its member public health associations around the world, who can use it to support and advance the ambition that their political leaders have signed up to in the Sustainable Development Goals, which The Charter should be read in conjunction with. Using both as an opportunity to influence their governments. Crucially, The Charter speaks to the entire public health community, whether in policy, practice, training or research. All have a role to play. There is an enormous need to build public health capacity in many countries, to foster and sustain the next generation of public health workers, and to undertake high quality multidisciplinary research to generate the knowledge needed to inform policy.

The process has commenced and needs to be extended. The Public Health Association of Australia is in the process of embedding The Charter into its strategic planning approach. By tying the Branches, Special Interest Groups and members into the policy approach there is an increasing opportunity to provide significant improvements in public health practice, advocacy and implementation. EUPHA is beginning a similar process, working through its sections with their in-depth knowledge of key issues.

There is no silver bullet to improving public health. However, the comprehensive approach identified by The Charter provides an opportunity for those approaches to public health that can make a difference.

The Charter provides a comprehensive, coordinating tool for ensuring that public health outcomes improve whether internationally, nationally or at the local government level. It recognises the need to challenge new threats to public health in a globalised world. These include the power of industries dealing in unhealthy commodities, the challenges to public health posed by international treaties, and an ideology, peddled by powerful forces, that attacks any sensible regulation as an infringement on individual freedom or the creation of a ‘nanny state’. Just as The Alma Ata Declaration provided a catalyst for comprehensive primary care and The Ottawa Charter provided a driving force for health promotion, the Charter has the potential to provide a driving force for widespread adoption of public health principles and practice. The challenge now for public health associations and professionals internationally is to ensure its visibility, use and implementation.

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References
1 Kickbusch I. Governance for health, wellbeing and sustainability—what is at stake. Global Health Promot 2014;21:183