

GLOBAL HEALTH COMPETENCES

Revised Shortlist for a Global Public Health Curriculum (16 August 2018)

The ASPHER Working Group on Education for Global Public Health
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The 1st edition of the Global Public Health Curriculum has been published in the South Eastern European Journal of Public Health, end of 2016 as a special volume (editors Ulrich Laaser & Florida Beluli) at: <http://www.seejph.com/index.php/seejph/article/view/106/82>.

The curriculum targets the postgraduate education and training of public health professionals including their continued professional development (CPD). However, specific competences for the curricular modules remained to be identified in a more systematic approach. A first comprehensive draft version of related competences has been published in February 2018 (Laaser U, editor: THE GLOBAL PUBLIC HEALTH CURRICULUM: Specific Global Health Competences. SEEJPH 2018, Vol. 9. DOI [10.4119/UNIBI/SEEJPH-2018-180](https://doi.org/10.4119/UNIBI/SEEJPH-2018-180)).

The two main categories for the grouping of required competences have been adopted from A. Foldspang (Public Health Core Competences for Essential Public Health Operations, Volume 3, ASPHER 2016 at: <http://aspher.org/download/76/booklet-competencesephos-volume-3.pdf>):

- 1.0 The public health professional shall know and understand:
- 2.0 The public health professional shall be able to:

In this 2nd edition we aim at a more operational SHORTLIST of 15 most relevant competences extracted from the 1st edition and based on additional comments from authors of the modules of the Global Public Health Curriculum. The rationale behind this approach is that a minimum of 5 competences in each category can be expected to differentiate sufficiently and a maximum of 15 competences in total might have a realistic chance to be remembered and introduced into regular teaching. For relevant literature please refer to the 1st edition. As in the meantime the Sustainable Development Goals (SDG) are operational we included also an additional section (numbered as 2.9b).

Additional information on a pilot-survey:

In the context of preparing the 2nd edition we also run a pilot-survey on the use of the global health modules as published at: <http://www.seejph.com/index.php/seejph/article/view/106/82>. Eleven Schools and Departments of Public Health (SDPH) from 8 out of 19 European countries (42%) returned the questionnaire with the following results:

Out of the 11 participating SDPH 6 have a separate module on Global Health, 5 of them as obligatory module with teaching hours between 13 and 240 per year, mainly lectures and small group work. 7 SDPH have global health content in other modules (out of them 3 with no separate module); 6 institutions publish on Global Health, 7 participate in projects, mainly on education or research, 4 cooperate with other SDPH and 3 are member of a global health organisation. Although in no way representative it is of interest that the analytical modules (R 2.0 ff.) got in general considerably better rankings in terms of their relevance than the interventive modules (R 3.0 ff.).

Participants of the pilot study:

Genc Burazeri, Ansgar Gerhardus, Jouni J. K. Jaakkola & Timo Hugg, Mihail Kochubovski, Anneli Milen & Mikko Perkio, Elpida Pavi, Oliver Razum & Alexander Kraemer, Gabriela Scintee, Mindaugas Stankūnas, Vesna Velikj Stefanovska, Lijana Zaletel Kragelj.

Special thanks go to Assistant Professor Liang-Yin Hsu, Tzu Chi University, Hualien, Taiwan for providing global public health expertise.

R 2.1 DEMOGRAPHIC CHALLENGES (Charles Surjadi, Luka Kovacic¹, Muzaffar Malik)

There is growing interest in demography, among the public, politicians, and professionals: “demographic change” has become the subject of debates in many developed and developing countries. This is because it impacts on all aspects of people’s life, social relations, economy, and culture. The world population will continue to grow in the 21st century, but at a slower rate compared to the recent past. The annual growth rate reached its peak in the late 1960s, when it was at 2% and above. Better health, economic and social conditions resulted in longer life and an ageing population. It is projected that by 2025 more than 20% of Europeans will be 65 or over. Better living conditions in cities lead to higher urbanization, more than 55% of the world’s population residing in urban areas in 2015.

1.0 The public health professional shall know and understand:

- 1.1 The definitions of demography, aging, social status, and urbanisation.
- 1.2 The major determinants of population dynamics.
- 1.3 The five stages of the global transition model.
- 1.4 The global distribution of major diseases according to climate, gender and age, social status and culture.
- 1.5 Major environmental effects of urbanization.

2.0 The public health professional shall be able to:

- 2.1 Develop specific population projections and identify their determinants.
- 2.2 Identify the problems accruing from population growth, aging, and urbanisation.
- 2.3 Apply the six determinants of active aging according to the WHO policy framework to selected populations/countries.
- 2.4 Design realistic improvements of slums and informal settlements.
- 2.5 Develop interventions in interdisciplinary and multi-professional environments.

R 2.2 BURDEN OF DISEASE (Milena Santric-Milicevic, Zorica Terzic-Supic)

Health systems today face challenges in the management of available resources. The implemented set of interventions and the criteria used for resource allocation are publicly debated. During reforms and in particular due to tough squeezing of resources, it is crucial to understand a proposed health plan and to have it supported by the public, health professionals, policy makers from other relevant sectors and international community. However, data on health and mortality in populations are not as comprehensive and consistent nor relevant as professionals require, rather are fragmentary and sometimes heterogeneous. The framework of burden of disease and injury study provides information and tools for integration, validation, exploration, and distribution of consistent and comparative descriptors of the burden of diseases, injuries and attributed risk factors, over time and across different health systems. As of 1992, when the first Global Burden of

¹ See obituary at: <http://www.seejph.com/index.php/seejph/article/view/19/17>

Diseases Study was executed, many national burden of disease studies have been undertaken and this framework is currently refining and updating.

1.0 The public health professional shall know and understand:

- 1.1 Health data sources and tools; data integration analysis and reporting.
- 1.2 Surveillance of health system performance.
- 1.3 Identification and monitoring of health hazards; occupational health protection; food safety; road safety.
- 1.4 Primary prevention; secondary prevention; tertiary/quaternary prevention; social support.
- 1.5 Economic assessment (e.g. Cost-effectiveness analysis) of different healthcare procedures or programmes.
- 1.6 Setting a national research agenda.
- 1.7 Advocacy for public health improvement.

2.0 A public health student should be able to:

- 2.1 Explore global health data sources and understand the limitations of these data.
- 2.2 Identify the composite health measures and their use for health program monitoring, evaluation and priority setting.
- 2.3 Examine the major categories of morbidity and mortality used by the World Health Organization (WHO) and Institute of Health metrics and Evaluation IHME (Communicable and parasitic diseases, maternal, perinatal and childhood conditions, and nutritional deficiencies, Non-communicable conditions importance and Injuries).
- 2.4 Describe the concept of premature mortality including age, sex and cause specific mortality rates, life expectancy and years of life lost (YLL).
- 2.5 Demonstrate knowledge of the major global causes of morbidity and health risks, by describing the concepts of years lived with disability (YLD) and disability adjusted life-year (DALY).
- 2.6 Describe the relative importance of each Global burden of disease (GBD) category, how the leading GBD diagnoses (15 causes) within each category vary by age, gender and time, and explain potential contributors to the observed variations.
- 2.7 Explain how life expectancy, YLD, YLL and DALY may be used to make general health comparisons within and/or between countries and WHO regions, and between high, middle and low-income regions, and draw implications for policy and practice.

R 2.3 ENVIRONMENTAL HEALTH (Dragan Gjorgjev, Fimka Tozija)

The concept of limits of growth – how far we can go? The ecological concept of health, ecological public health – reshaping the conditions for good health. From demographic to democratic transitions to be addressed by public health; different DPSEEA models of environmental health assessment – conceptual framework of environmental health wellbeing. Environmental and Climate Change (CC), Burden of Diseases (DALY, YLL). Environment and health inequalities. Environment and health risk assessment studies. Environmental health indicators to assess health effects of Climate Change – threats to be reduced and opportunities to be adopted. Importance of the intersectoral work. Vulnerability, mitigation, and adaptation of the health sector.

1.0 The public health professional shall know and understand:

- 1.1 The basic concept of relationships between ecosystem, environmental degradation, pollution, and human health.
- 1.2 The dependence of human health on local and global ecological systems and the context of policies, practices and beliefs required to address global environmental changes (such as climate change, biodiversity loss and resource depletion).
- 1.3 The impact of major driving forces like industrialization, transport, rapid population growth and of unsustainable and inequitable consumption on important resources essential to human health including air, water, sanitation, food supply and living/housing and know how these resources vary across world regions.
- 1.4 The interactions between inadequate clean water supplies and good sanitation and diarrheal and parasitic diseases.
- 1.5 The effects of air pollution on acute and chronic lung, cardiovascular disease and other systems diseases.

2.0 The public health professional shall be able to:

- 2.1 Use an ecological public health model within a specific social-economic context to discuss how global forces impact health aiming to improve the promotion of health and management of environment and health risks and effects.
- 2.2 Applying the basic methods for Environment and Health Impact Assessment (EHIA)
- 2.3 Analyse the relationship between the availability of adequate nutrition, potable water, and sanitation and the risk of communicable and non-communicable diseases.
- 2.4 Analyse the relationship between environmental pollution and cancers (air pollution, Radon and lung cancer; benzene and leukaemia etc.).
- 2.5 Communicate the environment and health risks and inform the public how the driving forces like globalisation and others affects environment and health inequalities within and between countries.
- 2.6 Develop the skills to provide evidence based support to policy makers in order to mitigate the effects of global environmental change on health.

R 2.4 GLOBAL MIGRATION AND MIGRANT HEALTH (Muhammad Wasif Alam, Vesna Bjegovic-Mikanovic)

Nowadays, global migration is considered even more important than in the past. The main reason for that is the number of migrants, which is steadily increasing at the end of the 20th century and will continue to grow in the twenty-first. In general, migrants are supposed to have bad opportunities for health as a consequence of their migrant status. The most important issue in analytical models for the health effects of migration is the type of migration – whether it is voluntary, involuntary, or irregular migration. Usually, migration brings improvement in social well-being and health. The wide variety of health conditions and consequences is associated with the profile of the mobile population: “what migrants bring, what they find, and what they build in the host country”. Many authors stress three temporal and successive phases associated with individual movements: the pre-departure phase, the journey phase, and the post-journey phase. Though different in many ways they suffer from globally dominant health problems: Tuberculosis, trauma/rape/torture/PTSD, HIV/AIDS, cardiovascular disease etc. Prevention of the public health consequences is

particularly relevant and important among the migrant. A clear strategy at the local, regional, and international levels is needed for efficient interventions. There is a human right of migrants to be treated properly if necessary.

1.0 The public health professional shall know and understand:

1.1 The concept of a pandemic and how global commerce and travel contribute to the spread of pandemics.

1.2 The epidemiology of global migration.

1.3 The interplay between national and international conflict, interpersonal violence, and health as well as the direct and indirect threats to both individual and population.

1.4 Health threats posed by violent conflict and natural disaster, and ways in which such threats may extend beyond the borders of the country directly affected.

1.5 The health challenges (including accessing healthcare) that refugees, asylum seekers and other migrants are faced with during life in their country of origin.

2.0 The public health professional shall be able to:

2.1 Analyse the health risks related to migration, with emphasis on the potential risks and appropriate resources.

2.2 Consider the utility and limitations of common infection control and public health measures in dealing with local or global outbreaks.

2.3 Control outbreaks of communicable diseases such as measles in a context of local and international populations with varying levels of immunization.

2.4 Liaise with local or regional public health authorities and be aware of national and international public health organizations responsible for issuing health advisory recommendations.

2.5 Analyse general trends and influences in the global availability and movement of health workers.

2.6 Regard the impact on health of cross-border flows, including international trade, information and communications technology, and health worker migration.

R 2.5 SOCIAL DETERMINANTS OF HEALTH INEQUALITIES (Janko Jankovic)

The largest contribution to health inequalities both within and between countries around the world is attributable to the social circumstances in which people live and work, i.e. to the social determinants of health. Educational attainment, income, occupational category and social class are probably the most often used indicators of current socioeconomic status in studies on social inequalities in health which present differences in health that are unnecessary, avoidable, unfair and unjust. They are also systematic (not distributed randomly) and socially produced and therefore modifiable. The fairest way to combat against social inequalities in health is to improve the health of the most disadvantaged faster than that among the rich.

1.0 The public health professional shall know and understand:

1.1 That health is not only a medical, but also a social issue.

1.2 The major social determinants of health and their impact on differences in life expectancy, major causes of morbidity and mortality and access to healthcare between and within countries (topics include absolute and relative poverty, income, education, employment status, social gradient, gender, ethnicity and other social determinants).

1.3 The relationship between health and social determinants of health, and how social determinants vary across world regions.

1.4 How social determinants operates at different levels (individual, household, community, national and international).

1.5 The relationship between health, human rights, and global inequities.

2.0 The public health professional shall be able to:

2.1 Define health inequity and health inequalities.

2.2 Demonstrate how one can inform policy makers about the importance of addressing health inequalities, and advocate for strategies to address health inequalities at a local, national or international level.

2.3 Describe major public health efforts to reduce disparities in global health (such as Sustainable Development Goals, Europe 2020 and Health 2020).

2.4 Analyse local, national or international interventions to address health determinants such as strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being.

2.5 Analyse distribution of resources to meet the health needs of marginalized and vulnerable groups.

2.6 Advance strategic thinking on tackling health inequalities.

R 2.6 GENDER AND HEALTH (Bosiljka Djikanovic)

While sex is genetically and biologically determined, gender is socially constructed identity that shapes many aspects of person's functioning and has implications on health as well. There are historically present gender disparities that are related to the power, decision making, and different societal expectations of women and men. Although gender norms and values are deeply rooted in the culture, they are not fixed and unchangeable. They might evolve over time and may vary substantially in different environments. Gender analysis aims to identify gender differences that will inform actions to address gender inequality. Gender mainstreaming in medical education is important for eliminating gender biases in existing routines of health professionals.

1.0 The public health professional shall know and understand:

1.1 The basic differences between sex and gender and their overall importance on health.

1.2 How different levels of development of civil society and human rights affect identification and respect of gender differences.

1.3 The factors that influence construction of gender identity, and the impact of gender identity on achieving full potentials for health, including an access to health promotion and disease prevention.

1.4 The historical perspective of gender differences and their impact on social functioning and health

1.5 The relationship between sex and other mediating factors with different health outcomes.

- 1.6 How gender affects different risk-taking behaviours and other mediating factors of the importance for disease prevention, treatment and rehabilitation.
- 1.7 How transgender identity is associated with different health outcomes.

2.0 The public health professional shall be able to:

- 2.1 Elaborate on differences and interrelationship between sex, gender and health, and corresponding challenges that appear at primary, secondary and tertiary level of prevention.
- 2.2 Identify windows of opportunities in public health for addressing gender differences that have an impact on health.
- 2.3. Use different tools and mechanisms that better recognise, identify and articulate gender differences in health-related matters.
- 2.4. Conduct proper gender analysis in order to identify gender inequities and gender inequalities that exist in certain communities and societies, with the relevance for health.
- 2.5 Apply gender mainstreaming, as a process of assessing implications for women and men of any planned action, including legislation, policies or programs, in any area, and at all levels.
- 2.6 Apply gender mainstreaming as an integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres, so that women and men benefit equally.
- 2.7 Propose set of actions that would overcome gender gap in achieving the fullest potential for health.

R 2.7 STRUCTURAL AND SOCIAL VIOLENCE (Fimka Tozija)

Theoretical and conceptual basis is provided for understanding structural and social violence, collective violence and armed conflicts as a public health problem: definitions, typology, burden, context, root causes and risk factors, public health approach, structural interventions and multilevel prevention. General overview of public health approach, ecological model and human rights approach is presented. The Module also explains the impact of structural and social violence on health, human rights, the role of the health sector, and suggests a number of practical approaches for prevention and policy intervention.

1.0 The public health professional shall know and understand:

- 1.1 The theoretical and conceptual basis of structural and social violence, and armed conflicts as a public health problem: definitions, typology, burden and context.
- 1.2 Root causes and risk factors for structural and social violence.
- 1.3 The main analytical methods and tools for structural and social violence: public health approach, ecological model and human rights approach as defined by the WHO.
- 1.4 The impact of structural and social violence on health and human rights.
- 1.5 The role of the health sector for prevention of structural and social violence.
- 1.6 Health in all policies and evidence-based multilevel prevention programmes for structural and social violence.
- 1.7 Practical approaches for prevention and policy intervention for structural and social violence prevention and the impact of resilient factors on structural and social violence prevention.

2.0 The public health professional shall be able to:

- 2.1 Apply analytical tools for structural and social violence: public health approach and ecological method.
- 2.2 Determine the magnitude, burden and economic consequences of structural and social violence applying WHO methodology.
- 2.3 Identify root causes and risk factors for structural and social violence at different levels and compare in different countries.
- 2.4 Do case problem analysis and review of evidence-based multilevel prevention measures for structural and social violence.
- 2.5 Translate knowledge in practice - consider and apply successful practices from other countries for structural and social violence.
- 2.6 Develop sustainable multilevel prevention programs for structural and social violence.
- 2.7 Identify resilient factors to strengthen community capabilities, and contribute to reduction of structural and social violence.

R 2.8 DISASTER PREPAREDNESS (Elisaveta Stikova)

The Disaster and Emergency Preparedness and Response Core Competences were created to establish a common performance goal for the public health preparedness workforce. This goal is defined as the ability to proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems. Much of an individual's ability to meet this performance goal is based on competences acquired from three sources: foundational public health competences, generic health security or emergency core competences, and position-specific or professional competences.

1.0 The public health professional shall know and understand:

- 1.1 The main definitions of disaster and emergencies (similarities and differences); role of hazard and vulnerability in disaster occurrence.
- 1.2 The aim of the disaster/emergency management and main components of the disaster's management cycle.
- 1.3 The basic principles for development of disaster preparedness and importance of the appropriate risk assessment analysis.
- 1.4 The importance and the scope of the preparedness plan for the protection of the critical infrastructure, across the ten community's essential sectors.
- 1.5 The specificity of the public health emergency preparedness plan and importance of the early warning and surveillance systems as key elements for assessing of the state of emergency.
- 1.6 The opportunities for using a combined remote sensing technology, Geographic Information Systems (GIS), spatial statistical techniques and mathematical models which can help in modelling of the dispersion of the harmful agent and exposure of the population to the harmful agent.
- 1.7 Being familiar with the structure and components of the hospital preparedness plan and infrastructure safety.

2.0 The public health professional shall be able to:

- 2.1 Demonstrate operational skills to use administrative measures, to implement strategies, and to improve coping capacities in order to lessen the adverse impacts of hazards and to minimize the opportunity for development of disaster.
- 2.2 Apply analytical tools and to perform early and initial risk assessment.
- 2.3 Design a specific preparedness plan for the protection and strengthen the resilience of the critical infrastructure of the community, across the ten essential sectors.
- 2.4 Develop the government preparedness actions grouped into five general categories: planning, resources and equipment, exercise, training and statutory authority.
- 2.5 Identify the 15 public health and health-care preparedness capabilities as the basis for state and local public health and health-care preparedness.
- 2.6 Develop an emergency response plan (ERP) and associated early warning and surveillance functions, training and exercises using an “all-hazard/whole-health” approach applicable in public health emergency.
- 2.7 To communicate and manage the need for use of the public national/international network of public health laboratories for rapid detection and identification of unknown agents and/or confirmation of known agents.
- 2.8 Develop hospital preparedness plan taking into account such factors as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems.

R 2.9a MILLENNIUM AND SUSTAINABLE DEVELOPMENT GOALS (Marta Lomazzi)

The Millennium Development Goals (MDGs) are eight international development goals to be achieved by 2015 addressing extreme poverty, hunger, maternal and child mortality, communicable disease, education, gender equality and women empowerment, environmental sustainability and the global partnership. Most activities worldwide have focused on maternal and child health as well as communicable diseases, while less attention has been addressed to environmental sustainability and the development of a global partnership. In 2015, numerous targets have been at least partially attained. However, some goals have not been achieved, particularly in the poorest regions, due to different challenges. The post-2015 agenda is now set. The new goals, the Sustainable Development Goals (SDG), reflect today’s geopolitical, economic and social situation and adopt an all-inclusive, intersectoral and accountable approach.

1.0 The public health professionals shall know and understand:

- 1.1 What are the Millennium Development Goals, including targets and indicators?
- 1.2 Achievements and failures of MDGS at global, regional and national levels.
- 1.3 MDGs and inequalities: how and where the goals have or not reduced inequalities and disparities.
- 1.4 The impact of the MDGs in shaping the public health agenda 2000-2015, mobilizing the public health community and in revitalizing the development aid.
- 1.5 How progresses have been measured and evaluated. Availability and accountability of data on MDGs achievements and failures.
- 1.6 Whether and how MDGs have impacted local and global governance, policies set-up and education approaches.

1.7 The basic concepts underlying the subsequent SDGs.

2.0 *The public health professional shall be able to:*

- 2.1 Demonstrate a basic understanding of the relationship between MDGs, health, economic growth and governance.
- 2.2 Understand the tools and reports used to evaluate MDGs and make a critical reading of the results and articles. This should include also analysis and critical evaluation of the impact of donors in shaping the agenda and achieving the targets.
- 2.3 Compare the results of the MDGs to the intended achievements of the SDGs at local, regional and global level.
- 2.4 Identify root causes and facilitators that impacted most the failure or achievements of MDGs.
- 2.5 Translate knowledge in practice - consider and apply successful practices from effective MDGs and early SDGs activities that can be applied in other contexts.
- 2.6 Identify methods for assuring health sector programme sustainability and apply them to model implementation.

2.9b THE UN-2030 SUSTAINABLE DEVELOPMENT GOALS (George Lueddeke)

Following the Millennium Summit of the United Nations in 2000, the adoption of the United Nations (UN) Millennium Declaration by 189 nations, including the eight Millennium Development Goals (MDGs), was hailed as a unique achievement in international development.¹ Although the MDGs raised the profile of global health, particularly in low- and middle-income countries, underpinned by the urgent need to address poverty worldwide, progress was uneven both between and within countries.¹ With over one billion people, Africa is a case in point. Aside from children completing a full course in primary school and achieving gender equality in primary school, none of the twelve main targets set for SS Africa has been met. A key reason suggested for this lack of progress was that the MDGs fell far short in terms of addressing the broader concept of development encapsulated in the Millennium Declaration, which included human rights, equity, democracy, and governance.² On 25 September 2015, 193 Member States of the United Nations General Assembly ratified the UN 2030 Sustainable Development Goals (SDGs) or UN -2030 Global Goals, as they are also called.³

Extending the breadth and depth of the MDGs dramatically, the SDGs, as shown in Figure 2.9.1, are ‘a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.’³ Framing the SDGs involved the largest consultatory process within the history of the UN with contributions from more than a million people and an ‘expert group’ of over 3000 participants from over a hundred countries and six continents. The 17 SDGs are intended to be ‘integrated and indivisible, global in nature and universally applicable’ while ‘respecting national policies and priorities’³ and officially came into force in January 2016.

Figure 2.9.1: The UN -2030 sustainable development goals⁴



The SDGs provide a synthesis of major global issues and place collaborative partnerships (#17) at the centre of strategic implementation strategies. Given the state of the planet, their adoption could not come too soon as, according to Marco Lambertini, Director General of WWF International, transformative change is now imperative challenging global leaders to respond to three main questions⁵:

- ‘What kind of future are we heading toward?’
- ‘What kind of future do we want?’
- ‘Can we justify eroding our natural capital and allocating nature’s resources so inequitably?’

His concerns go beyond the immediate UN -2030 global goals and demand finding, first and foremost, a lasting ‘*unity around a common cause*.’^{5,6} His message is intended for the public, private and civil society sectors and implores these stakeholders to be proactive, to “pull together in a bold and coordinated effort,” for “Heads of State” to think globally; businesses and consumers, ‘to stop behaving as if live in a limitless world’ – before facing inevitable and potentially disastrous consequences.

The three UN historical milestones in 2015 - the Addis Ababa conference, the UN-2030 SDGs and the Paris Climate accord⁷ - represent major UN achievements although translating the vision and the goals into viable policies and enabling strategies, nationally and locally “on the ground”, presents considerable hurdles.^{6,7} Social, political and economic dichotomies remain and finding “middle ground,” without sacrificing basic values and principles, of all stakeholders will be key to their success.

The new goals, the Sustainable Development Goals (SDG), reflect today’s geopolitical, economic and social situation and adopt an all-inclusive, inter-sectoral and accountable approach.⁶

1.0 The public health professionals shall know and understand:

1.1 The achievements and failures of MDGS at global, regional and national levels.

1.2 MDGs and inequalities: how and where the goals have or not reduced inequalities and disparities.

1.3 The impact of the MDGs in shaping the public health agenda 2000-2015, mobilizing the public health community and in revitalizing the development aid.

1.4 Beginning with the Rio+20 Conference - [the Future We Want](#), describe the process (e.g., “global conversations, world survey) leading up to the UN 2030 Sustainable Development Goals and how it differed from the MDGs.

1.5 The 17 goals and targets agreed by the UN General Assembly in 2015 and the indicators⁸ identified to date.

2.0 *The public health professional shall be able to:*

2.1 Understand the tools and reports used to evaluate the SDGs and make a critical reading of the results and articles. This should include also analysis and critical evaluation of the impact of donors in shaping the agenda and achieving the targets.

2.2 Determine the impact to date of the SDGs at local, regional and global levels.

2.3 Identify the roles played by various UN groups responsible for implementing the SDGs- the UN General Assembly, the [Economic and Social Council](#), the United Nations High-level Political Forum on Sustainable Development (HLPF), Division for Sustainable Development Goals (UN-DESA), the United Nations Development Program (UNDP).⁹

2.4 Determine extent to which your country is involved with advancing the SDGs and progress to date.

2.5 Examine how the implementation of the SDGs could be informed and strengthened by the One Health and Well-Being concept and approach.⁶

2.6 Translate knowledge in practice - consider and apply successful practices from effective SDGs activities that can be applied in other contexts. Develop preventive programs on that basis.

2.7 Identify methods for assuring prevention program sustainability.

2.8 Explore how public health professionals might play a much more pivotal role –locally, regionally, nationally and globally in the implementation of the SDGs.^{6,7}

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R 2.10 HEALTH AND WELLBEING (Francesco Lietz)

“Teach a man to fish and you feed him for a lifetime” they say: promoting well-being is not so distant a concept from teaching how to fish, since high levels of well-being are correlated to a reduction of diseases and mental disorders, and vice versa. Well-being can be studied at two different levels: Internal/subjective, whose measures rely on how a respondent places him or herself on a scale; or external/objective, measured through demographics and material conditions. The promotion of well-being has been indicated by the United Nations as one of the 17 sustainable development global goals (SDG 3) to be achieved over the next 15 years. In order to face this workload public health professionals with the ability to think globally and act locally are needed.

1.0 The public health professional shall know and understand:

- 1.1 Main concepts of well-being, happiness, quality of life, wealth, and life satisfaction.
- 1.2 Main determinants of well-being: from the definitions to the potential applications in programs and interventions.
- 1.3 The optimal research tools for well-being in the different cultures and the different life stages.
- 1.4 The application of the theory in the context of the Sustainable Development Goals.
- 1.5 The different strategies of the health sector to implement well-being programs and initiatives.
- 1.6 How to predict future pathways of well-being at regional and national levels.

2.0 The public health professional shall be able to:

- 2.1 Choose the best measurement tools for well-being according to the environment’s requests.
- 2.2 Take into account the importance of cross-culturalism and different population groups in well-being assessment.
- 2.3 Optimize the process of communicating knowledge in the scientific environment.
- 2.4 Taking under consideration the multidimensional aspect of well-being when developing prevention programmes.
- 2.5 Anticipate future trends in order to assure programme sustainability.
- 2.6 Implement concepts to empower the stakeholder at all levels so that they can strengthen community capabilities.

R 2.11 THE GLOBAL FINANCIAL CRISIS AND HEALTH (Helmut Wenzel)

The economic situation influences the health status of a population in many ways. The financial crisis has now given greater weight on an old debate about the financial sustainability of health systems in Europe. Drivers of health expenditures will be critically analysed. The vulnerability of public budgets and its consequences for health budgets is depicted. The toolset of politics, and policies applied by policy-makers will be analysed. Managed care approaches are presented and evaluated.

1.0 The public health professional shall know and understand:

- 1.1 The interdependencies of health and national economies at times of global market and global competition.
- 1.2 The relationship between unemployment, unsecure living conditions and related health problems.
- 1.3 The constraints of financing and setting up health budgets and measures to cope with discrepancy between needs and financial power.
- 1.4 The main drivers of health care demand and the arguments of changing demand of health care by quantity and quality.
- 1.5 The operation and financing of health care systems with respect to their underlying national premises (Beveridge, Bismarck etc.).
- 1.6 Managed Care and Integrated Care approaches, their organisational structures and their opportunities to improve cooperation and increase efficiency of provision of care.

2.0 The public health professional shall be able to:

- 2.1 Critically analyse health care systems and their connected budgeting processes
- 2.2 Apply knowledge and skills needed for recommending a redesign of selected health care systems.
- 2.3 Apply analytical tools to identify particularly vulnerable areas of health care in a constrained environment such as neonatal medical care.
- 2.4 Identify imbalances in care delivery like the affordability of out-of-pocket purchased medicines among the elderly and retired citizens.
- 2.5 Identify imbalances in access to the most expensive medical technologies such as targeted biologicals indicated in cancer and autoimmune diseases, radiation therapy; various implant-based interventional radiology, orthopaedic and cardiovascular surgical procedures.
- 2.6 To understand the relevance of catastrophic household expenditure imposed by illness among the world's poor residing in low and middle income countries (increased vulnerability during crisis evidenced).
- 2.7 Review the literature and design a case study for analysing the impact of the crises on health outcomes, based on secondary statistics.

R 3.1 GLOBAL GOVERNANCE OF POPULATION HEALTH AND WELL-BEING (George Lueddeke)

Strengthening the health of populations and the health systems requires a “glocal” perspective being aware of the essential role of governments and to consider the adoption of a new mindset in meeting global challenges to planet health and well-being, applying, where appropriate and feasible, the ‘One World, One Health’ concept. Furthermore, there is the need for a new form of global governance that is ‘fit for the 21st century’ and is able to effectively respond to unprecedented environmental, societal, economic and geopolitical hurdles and lead the way to a safer, fairer and equitable future for all.

1.0 The public health professional shall know and understand:

- 1.1 How global trends in public health practice, in commerce and in culture contribute to health and the quality and availability of health services locally and internationally.
- 1.2 The role of key actors in global health including the World Health Organization, United

Nations, World Bank, multilateral and bilateral organisations, foundations, non-governmental organisations (NGOs); and their interactions, power, governance and different approaches to global health.

1.3 How global actors provide resources, funding and direction for health practice and research locally and globally, and the effects that this has on individual and population health.

1.4 How global funding mechanisms can influence the design and outcome of research strategies and policies, and how policies made at a global or national level can impact on health at a local level.

1.5 Different national models for public and/or private provision of health services and their impact on the health of the population and individuals.

1.6 How globalisation and trade including trade agreements affect availability of public health services and commodities such as patented or essential medicines.

1.7 The barriers to recruitment, training and retention of human resources in underserved areas such as rural, inner-city and indigenous communities within high- and low-income countries.

2.0 The public health professional shall be able to:

2.1 Promote the function/intention of the SDGs and identify health-related objectives, including: 1. Reduce child mortality; 2. Improve maternal health; 3. Eradicate extreme poverty and hunger; 4. Combat HIV/AIDS, malaria, tuberculosis and other diseases.

2.2 Critically comment on policies with respect to impact on health equity and social justice.

2.3 Explain the advantages of collaborating and partnering and to select, recruit, and work with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication.

2.4 Identify barriers to appropriate prevention and treatment in low-resource settings and publicise especially the effect of distance and inadequate infrastructure (roads, facilities) on the delivery of health services.

2.5 Develop health service delivery strategies in low-resource settings, especially the role of community-based health services and primary care models taking into consideration the benefits and disadvantages of horizontal and vertical implementation strategies.

2.6 Advise on the impact of trade regulations on health, for example through impact on access to clean water, taxation, tobacco use, alcohol and fast-food consumption, antibiotic use and health service provision.

2.7 Advocate for effective systems to facilitate global responses to international health emergencies, including timely, well-supported and appropriate movement of health professionals across borders during and after the event.

2.8 Participate in responsible social media use to promote health locally, nationally or globally, informed by an understanding of how telecommunications influence global and local health.

R 3.2 HEALTH PROGRAMME MANAGEMENT (Christopher Potter)

Health development interventions are described as falling under four modalities: personnel, projects, programmes and policy reform initiatives underpinned by new financial support mechanisms, particularly sector-wide approaches (SWAps). These modalities are briefly analysed to provide an introduction to readers about how and why such interventions are used, and their strengths and weaknesses. It is emphasised that the modalities are not hard

and fast entities but frequently overlap. Indeed one of the problems facing those designing and implementing interventions is the fuzzy nature of many management terms. Such issues as vertical and horizontal programme design and the transaction costs to governments who have to deal with many donors in an often relatively short-term and fragmentary manner are considered. SWAps are considered as one way of dealing with some of these issues but it is noted that as many other non-state stakeholders, including industrial and commercial interests, have entered the health development arena, the possible, although contended advantages, of SWAps have been compromised. Finally, it is recognised that the public health challenges and their socio-political and economic contexts facing poorer countries are ever changing, so finding effective ways to deliver health development to the world's most needy will also be an on-going challenge.

1.0 The public health professional shall know and understand:

- 1.1 To participate effectively in the world of actual global health care development.
- 1.2 The key expressions widely used within international health development activities such as “project” and “project management”, “programme,” including “vertical” and “horizontal” programmes, and “log-frame” among others.
- 1.3 Common management techniques related to project design, monitoring and evaluation, and different approaches for activities with which they are engaged.
- 1.4 The action and interaction of the various development agencies and other stakeholders active within applied health development activities.
- 1.5 The concerns that underpin attempts at health sector reform, and the importance socio-economic drivers that mean more nuanced approaches must be used in different locations.

2.0 The public health professional shall be able to:

- 2.1 Work efficiently within health development environments carrying out such activities as bidding for projects, designing project implementation and appreciating the needs of different stakeholders, including political and commercial actors.
- 2.2 Apply scientific evidence throughout program planning, implementation, and evaluation.
- 2.3 Design program work plans based on logic models.
- 2.4 Develop proposals to secure donor and stakeholder support.
- 2.5 Plan evidence-based interventions to meet internationally established health targets.
- 2.6 Develop monitoring and evaluation frameworks to assess programmes.
- 2.7 Develop context-specific implementation strategies for scaling up best-practice interventions.

R 3.3 CIVIL SOCIETY ORGANISATIONS IN HEALTH (Motasem Hamdan)

The role of the civil society for health is increasingly recognized, mainly due to the historical development of Non-Governmental Organizations. Their role in health and social development as well as in global scale is nowadays indispensable. There should be, however, a regulating framework or code of conduct.

1.0. The public health professional shall know and understand:

- 1.1 The concepts of civil society organizations.

- 1.2 The historical development and the roots of NGOs work.
- 1.3 The types, features of NGOs and area of activity in different countries.
- 1.4 The methods of funding NGOs.
- 1.5 The role of NGOs in health system development, health policy, and health research.
- 1.6 The challenges of regulating and coordinating the work of NGOs.

2.0 The public health professional shall be able to:

- 2.1 To analyze the impact of NGOs on health, and health care systems.
- 2.2 To identify measures to enhance accountability and regulate the work of NGOs.
- 2.3 To apply analytical tools to understand the coordination and harmonization of the work of the civil society organizations to national health priorities.
- 2.4 Help to assure the capacity of the government to control the work of NGOs based on regular full reporting.
- 2.5 Apply mechanisms to provide, prolong or deny the permission for NGOs to work in the country.

R 3.4 UNIVERSAL HEALTH COVERAGE (Jose M. Martin-Moreno, Meggan Harris)

Nearly half of all countries worldwide are pursuing policies to achieve Universal Health Coverage. This undertaking has the potential to improve health indicators dramatically, contributing to human development and more generally to global equity. However, the path towards UHC is often rocky, and every country must work to channel resources, adapt existing institutions and build health system capacity in order to accomplish its goals. Global health advocates must understand what elements contribute to the success of UHC strategies, as well as how to measure real progress, so that they will be prepared to substantially contribute to policies in their own country or worldwide.

1.0. The public health professional shall know and understand:

1.1 The concepts and the rationale of Universal Health Coverage (UHC) and its linkage with health financing and Public-Private Partnership for health.

1.2 The roles and contributions of the private sector, communities, and the traditional medicine in promoting and sustaining UHC.

1.3 The political, social, economic and technical aspects of the health financing transition.

1.4 Specific reasons for slow and stagnating progress in UHC.

1.5 The role of international cooperation in implementing UHC successfully.

2.0 The public health professional shall be able to:

2.1 Advocate in favour of UHC strategies in health policies and programmes at global, regional, and national levels.

2.2 Assess progress towards UHC employing a standardised methodology.

2.4 Bring national and international partners together to advance the implementation of UHC.

2.3 Enhance critical and strategic thinking when designing a UHC programme, both in a national context and as part of an external development strategy.

2.5 Secure the sustainability of UHC implementation by highest level political and legal approval.

R 3.5 PUBLIC HEALTH LEADERSHIP IN A GLOBALISED WORLD (Katarzyna Czabanowska, Tony Smith, Kenneth A. Rethmeier)

Leadership is a well-known concept within organisational science, public health leadership has still not been well-defined. A recent WHO report acknowledges that contemporary health improvement is more complex than ever before and requires leadership that is “*more fluid, multilevel, multi-stakeholder and adaptive*” rather than of a traditional command and control management variety. Today’s public health professionals therefore 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 both the precise nature of the problem and the solutions to it. The impact of the evolving growth of the EU and its impact on the potential mobility of healthcare professionals to re-locate across many geographic regions has left, in some communities, a gap in the resources of seasoned healthcare leaders. While this trend opens new opportunities for emerging young healthcare professionals to take on greater roles guiding their healthcare systems, it has also produced a significant need for high quality leadership development educational needs. There is a need to discuss and

provide professional development with a concentration on the vital role of leadership and governance play in public health globally. Indeed, the presence of competent leaders is crucial to achieve progress in the field. A number of studies have identified the capability of effective leaders in dealing with the complexity of introducing new innovations or evidence-based practice more successfully.

1.0 The public health professional shall know and understand:

- 1.1 To demonstrate diplomacy and build trust with community partners.
- 1.2 To communicate joint lessons learned to community partners and global constituencies.
- 1.3 To exhibit inter-professional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.
- 1.4 To apply leadership that support collaborative practice and team effectiveness.

2.0 The public health professional shall be able to³:

- 2.1 Communicate in a credible and effective way: Expresses oneself clearly in conversations and interactions with others; listens actively.
- 2.2 To produce effective written communications and ensures that information is shared.

Positive:

Speaks and writes clearly, adapting communication style and content so they are appropriate to the needs of the intended audience

Conveys information and opinions in a structured and credible way

Encourages others to share their views; takes time to understand and consider these views

Ensures that messages have been heard and understood

Keeps others informed of key and relevant issues

Negative:

Does not share useful information with others

Does little to facilitate open communication

Interrupts or argues with others rather than listening

Uses jargon inappropriately in interaction with others

Lacks coherence in structure of oral and written communications; overlooks key points

- 2.3 To produce and deliver quality results; is action oriented and committed to achieving outcomes.

Positive:

Demonstrates a systematic and efficient approach to work

Produces high-quality results and workable solutions that meet client needs

Monitors own progress against objectives and takes any corrective actions necessary

Acts without being prompted and makes things happen; handles problems effectively

Takes responsibility for own work

Sees tasks through to completion

Negative:

Focuses on the trivial at the expense of more important issues

Provides solutions that are inappropriate or in conflict with other needs.

³ For this section on public health leadership the positive/negative categorization otherwise not employed has been kept as an interesting example of future conceptual improvement of competence development.

Focuses on process rather than on outcomes
Delivers incomplete, incorrect or inaccurate work
Fails to monitor progress towards goals; fails to respect deadlines
Delays decisions and actions
2.4 To succeed as an effective and efficient health system manager

Positive:

Personal qualities (leadership):
Manages ambiguity and pressure in a self-reflective way.
Uses criticism as a development opportunity.
Seeks opportunities for continuous learning and professional growth.
Works productively in an environment where clear information or direction is not always available
Remains productive when under pressure
Stays positive in the face of challenges and recovers quickly from setbacks
Uses constructive criticism to improve performance
Shows willingness to learn from previous experience and mistakes, and applies lessons to improve performance
Seeks feedback to improve skills, knowledge and performance

Negative:

Demonstrates helplessness when confronted with ambiguous situations
Demonstrates a lack of emotional control during difficult situations
Reacts in a hostile and overly defensive way to constructive criticism
Fails to make use of opportunities to fill knowledge and skills gaps
Consistently demonstrates the same behaviour despite being given feedback to change
Transfers own stress or pressure to others

R 3.6 PUBLIC HEALTH ETHICS (Alexandra Jovic-Vranes)

The basic concept of public health ethics covers principles and values that support an ethical approach to public health practice and provide examples of some of the complex areas which those practicing, analysing, and planning the health of populations have to navigate; a code of ethics is the first explicit statement of ethical principles inherent to public health.

1.0 The public health professional shall know and understand:

- 1.1 How to identify an ethical issue and the principles of ethical decision-making.
- 1.2 The various conceptions of human rights, including those of the community.
- 1.3 Basic ethical concepts such as justice, virtue and human rights.
- 1.4 The tension between rights of individuals and community health, and the relevance of consent at the individual and group level.
- 1.6 The ethical value the public health community gives to prevention.
- 1.7 How to build and maintain public trust.

2.0 The public health professional shall be able to:

- 2.1 Consider the values of diverse stakeholders when conducting needs assessments and evaluations.
- 2.2 Recognise the ways that advocacy and empowerment can be done.

- 2.3 Represent the needs and perspectives of all relative stakeholders with particular attention to the disenfranchised
- 2.4 Identify the range of options for obtaining consent at the individual and group level
- 2.5 Discern the risks and benefits of not acting quickly or not acting at all.
- 2.6 Determine the range of appropriate actions for addressing unethical behaviour.
- 2.7 Identify interests and conflicts of interest between potential partners.

R 3.7 THE GLOBAL PUBLIC HEALTH WORKFORCE (Milena Santric-Milicevic, Vesna Bjegovic-Mikanovic, Muhammad Wasiful Alam)

The progress of health sciences and technological innovations including modern medicine and health care technologies has increased our expectations for quality of life and health care. That has influenced the public health vision, the scope of public health interventions, and the composition of public health workforce. The outline the text includes description of the current situation of the public health workforce globally; future needs assessment; public health workforce challenges and mitigation globally. It underscores the demand for valid, reliable data sources and tools for mobilization of capacities of skilled public health staff in order to appropriately address global health challenges.

1.0 The public health professional shall know and understand:

- 1.1 Health data sources and tools; data integration analysis and reporting;
- 1.2 Surveillance of health system performance;
- 1.3 Identification and monitoring of health hazards; occupational health protection; food safety; road safety;
- 1.4 Primary prevention; secondary prevention; tertiary/quaternary prevention; social support;
- 1.5 Economic assessment (e.g. Cost-effectiveness analysis) of different healthcare procedures or programmes.
- 1.6 Setting a national research agenda;
- 1.7 Advocacy for public health improvement

2.0 The public health professional should be able to:

- 2.1 Explore global health data sources and understand the limitations of these data.
- 2.2 Identify the composite health measures and their use for health program monitoring, evaluation and priority setting.
- 2.3 Examine the major categories of morbidity and mortality used by the World Health Organization (WHO) and Institute of Health metrics and Evaluation IHME (Communicable and parasitic diseases, maternal, perinatal and childhood conditions, and nutritional deficiencies, Non-communicable conditions importance and Injuries)
- 2.4 Describe the concept of premature mortality including age, sex and cause specific mortality rates, life expectancy and years of life lost (YLL).
- 2.5 Demonstrate knowledge of the major global causes of morbidity and health risks, by describing the concepts of years lived with disability (YLD) and disability adjusted life-year (DALY).
- 2.6 Describe the relative importance of each Global burden of disease (GBD) category, how the leading GBD diagnoses (15 causes) within each category vary by age, gender and time, and explain potential contributors to the observed variations.

2.7 Explain how life expectancy, YLD, YLL and DALY may be used to make general health comparisons within and/or between countries and WHO regions, and between high, middle and low-income regions, and draw implications for policy and practice.

R 3.8 EDUCATION AND TRAINING OF PROFESSIONALS FOR GLOBAL PUBLIC HEALTH (Suzanne Babich, Egil Marstein)

By addressing the critical need for public health education and training within the global health workforce, we have in this program an opportunity to contribute substantially to efforts to improve the health of people worldwide through improved project management and resource application. Topics introduced and discussed address the complexities of working with country specific agents, organizational representatives and formal and informal stakeholders who may influence the outcome of global health operations.

1.0 The public health professional shall know and understand:

1.1 Key concepts related to stakeholder theory: how political, organizational and socio-economic conditions affect critical operational premises in the governance of global health.

1.2 Complexities associated with working with country specific agents: appreciate the makeup and workings of context specific forces as these impact global health initiatives; e.g. (i) identify key stakeholders and their impacts on health governance and leadership; (ii) evaluate culture-specific traits relevant for the professions, teams and organizational processes; (iii) analyze institutional governance as it applies to fieldwork planning and program execution; and (iv) recognize the dynamics of the global health field and how this needs be incorporated in operational strategies and actions.

1.3 Principles of project management and resource application

1.4 How global health initiatives are financed through international aid

1.5 International standards for health program performance evaluation

2.0 The public health professional should be able to:

2.1 Critique policies with respect to impact on health equity and social justice

2.2 Describe the roles and relationships of the entities influencing global health

2.3 Analyze the impact of transnational movements on population health

2.4 Analyze context-specific policy making processes that impact health

2.5 Describe the interrelationship of foreign policy and health diplomacy

2.6 Conduct a situation analysis across a range of cultural, economic, and health contexts

R 3.9 BLENDED LEARNING (Željka Stamenkovic, Suzanne Babic)

Blended learning is an educational model with great potential to increase student learning outcomes and to create new roles for teachers. In its basic and simplest definition, blended learning is an instructional methodology, a teaching and learning approach that combines face-to-face classroom methods with online activities. As a cost-effective way to overcome the issue of overcrowded classrooms, blended learning adds flexibility for students and offers a convenient alternative to learning. But it has quickly become much more than that. Institutions with blended learning models may also choose to reallocate resources to boost

student achievement outcomes. The question of how to blend face-to-face and online instruction effectively is one of the most important we can consider as we move into the future.

1.0 The public health professional shall know and understand:

1.1 Main concept of blended learning and 4 basic blended learning models: (1) Rotation model, (2) Flex model, (3) A La Carte model and (4) Enriched Virtual model.

1.2 The differences between blended learning models and when each model should be applied.

1.3 How to integrate face-to-face and online learning in order to improve the learning outcomes.

1.4 How to implement and successfully accomplished blended learning process.

1.5 The main drivers of blended learning.

1.6 The advantages and disadvantages of blended learning for teachers.

1.7 The advantages and disadvantages of blended learning for students.

1.8 How global trends in technology may affect blended learning in public health.

2.0 The public health professional shall be able to:

2.1 Use the technology tools and resources in order to support blended learning.

2.2 Work in different environments and have the flexible time schedule.

2.3 Know when blended learning is the best choice for the particular course.

2.4 Design a successful blended learning strategy and identify methods for assuring successfully accomplished blended learning process.

2.5 Target learning opportunities and act as a learning facilitator.

2.6 Constantly support students who are learning different things, at different paces, through different approaches.

R 3.10 GLOBAL HEALTH LAW (Joaquin Cayon)

Transnational public health problems have been traditionally addressed through international health law whose proper implementation faces two important handicaps: the absence of an international authority that can enforce it, and the absence of a comprehensive concept. Despite this, international agreements and treaties are among the most important intermediate public health goods because they provide a legal foundation for many other intermediate products with global public health benefits. Nowadays, according to the emergence of the idea of global public health, a new concept -“Global Health Law”- has been born. There is an important distinction between international health law and Global Health Law. International health law connotes a more traditional approach derived from rules governing relations among states. On the other hand, Global Health Law is developing an international structure based on the world as a community, not just a collection of nations. There is also an important international trend led by some prestigious scholars who have urged adoption of a legally binding global health treaty: a framework convention on global health grounded in the right to health. In this context, an interdisciplinary approach to global public health inevitably requires the study of Global Health Law for any healthcare professional. It is undoubtedly necessary to study and analyse the emergence and development of Global Health Law just because it arises as an important tool to address the phenomenon of

globalization of health. In this regard, the future of global public health is directly dependent on the strength of Global Health Law understood in a comprehensive way.

1.0 The public health professional shall know and understand:

- 1.1 Theoretical and conceptual basis of Global Health Law.
- 1.2 The rationale of studying Global Health Law.
- 1.3 The increasingly interactive relationship between Global Health Law and Global Public Health.
- 1.4 The role of Global Health Law as an important tool to deal with the phenomenon of globalization of health.
- 1.5 Differences between International Health Law, Global Health Law and Global Health Jurisprudence.
- 1.6 How Global Health Diplomacy brings together the disciplines of public health, international law and economics and focuses on negotiations that manage the global policy environment for health.
- 1.7 How International Trade Law, International Labour Law and International Humanitarian Law impact on national health systems.

2.0 The public health professional shall be able to:

- 2.1 Demonstrate a basic understanding of the relationship between Global Health Law and Global Public Health.
- 2.2 Develop skills for critical analysis of legal data and health information.
- 2.3 Develop critical thinking skills and explore critically health systems from a legal-normative perspective.
- 2.4 Do literature review and critical reading for globalization of health and the role of law.
- 2.5 Identify the main international treaties on communicable disease control, world trade, environmental protection and working conditions that impact on public health.
- 2.6 Employ a comprehensive and multidisciplinary approach for the analysis of the role of global law as a determinant of health.
- 2.7 Compare differences between national and international legal framework on public health and develop proposals to improve health legislation both at national and international level.
- 2.8 Identify key points to be included in a future global framework on public health.

R 3.11 HUMAN RIGHTS AND HEALTH (Fiona Haigh)

Human Rights and Health are intrinsically linked. Health policies and practice can impact positively or negatively on rights and in turn human rights infringements and enhancements can influence health. Increasingly human rights based approaches are being used to strengthen public health policies and programmes and as a powerful tool to advocate for the action on the social determinants of health.

1.0 The public health professional shall know and understand:

- 1.1 The key human rights concepts and the UN treaty system.
- 1.2 The relationship between health and human rights.

1.3 How social, economic, political and cultural factors may affect an individual's or community's right to health services (e.g. availability, accessibility, affordability, and quality).

1.4 The rationale for using human rights based approaches to health.

1.5 The relevance of human rights to global public health.

1.6 The key values in population ethics and the limitations of the utilitarian principle. In the implementation of public health programmes.

The public health professional shall be able to:

2.1 Analyse the right to health and how this right is defined under international agreements such as the United Nations' Universal Declaration of Human Rights or the Declaration of Alma-Ata.

2.2 Introduce the main objective of policies and programmes with regard to the fulfilment of human rights.

2.3 To identify rights holders and duty bearers, and the capacities of rights holders to make claims on duty bearers to meet their obligations.

2.4 Operationalise in public health programmes the principles of population ethics as there are e.g. solidarity, equity, efficiency, respect for autonomy, and justice.

2.5 Initiate collaborative efforts of multiple disciplines working locally, nationally, and globally, to achieve the best health and well-being.

R 3.12 GLOBAL FINANCIAL MANAGEMENT FOR HEALTH (Ulrich Laaser)

World population growth takes place predominantly in the poor countries of the South whereas most of the resources are available in the North. The economic inequalities are related to key health indicators. Although Official Development Assistance (ODA) and Development Assistance for Health (DAH) grew considerable during the last decade the objective of 0.7% of the Northern GDP to be transferred to the South has not been reached by far. In order to correct the main weaknesses the international community agreed on the so-called Paris indicators but failed the set timelines. The underlying reasons may be sought in the fragmentation and incoherence of international financial assistance.

1.0 The public health professional shall know and understand:

1.1 The major social and economic determinants of health and their effects on the access to and quality of health services and on differences in morbidity and mortality between and within countries.

1.2 The deeper reasons for the gap in wealth between the South and the North corresponding to vast disparities in standards of living, health, and opportunities.

1.3 The structures of international financial management in the health sector and their terminology as for example ODA and DAH

1.4 The five principles of the Paris Declaration on Aid Effectiveness and the results of the subsequent conferences.

1.5 The key global strategies to reduce the North-South gap including SDG 3.

1.6 How to analyse the critical aspects of loans to developing countries regarding intergenerational effects, and monetary back flows to the donors for experts and equipment.

2.0 The public health professional shall be able to:

2.1 Analyse the underlying reasons for the failure in efficiently organizing international assistance as there is the extreme fragmentation and therefore ineffectiveness of international aid, and the insufficient coordinating capacities and competences in the national ministries of health making it difficult to secure ownership.

2.2 Follow up and promote the latest evaluation of the Paris indicators.

2.3 Argue and act against imbalances in ODA and DAH due to political and economic interests of the donor countries.

2.4 Design global, regional, national and local structures, organisational principles and mechanisms to improve and sustain global health and well-being, including universal health coverage.

2.5 Work in a constructive and contributing way in the environment of a Sector-Wide Approach or pool-funding.

2.6 Contribute to the management of a Medium Term Expenditure Framework and to the improvement of debt and debt relief management (National Health Accounts, NHA).

2.7 Promote a code of ethics for NGOs taking into consideration their increasing relevance in channelling aid to developing countries.