CORE COMPETENCIES FOR PUBLIC HEALTH: A REGIONAL FRAMEWORK FOR THE AMERICAS

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

CORE COMPETENCIES FOR PUBLIC HEALTH: A REGIONAL FRAMEWORK FOR THE AMERICAS

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Tabla de Contenidos

1. INTRODUCTION

1.1 What is the Regional Core Competency Framework for Public Health?

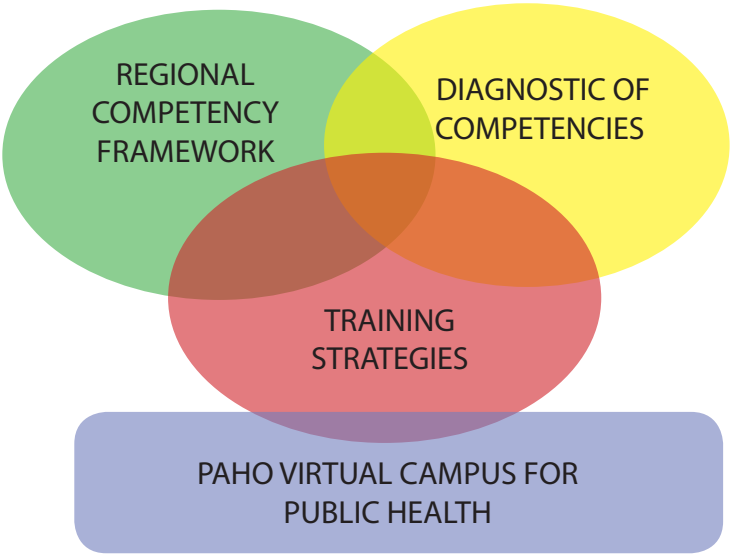
The Regional Core Competency Framework for Public Health (RCCFPH) is an instrument that defines the essential knowledge, skills, and attitudes related to public health that the health workforce as a whole should possess. This tool has been developed in response to a need in the Americas for a simple tool that facilitates the development of excellence, collaboration and consistency, taking into account the vast diversity of the workforce and varied public health infrastructures and systems that exist in the Americas region. This framework complements other key strategies of the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the United Nations (UN), such as Primary Health Care (PHC), the Essential Public Health Functions (EPHF) (*1, 2*) and the Millennium Development Goals (MDG) (*3*).

Over the past decade, several countries around the world have developed different approaches to define public health competencies (*4-8*). The Pan American Health Organization (PAHO) decided it was necessary to undertake its own process, taking into consideration existing competency frameworks (developed by the United Kingdom, Canada and the United States), as well as the unique health, social, and political realities of the countries of the region with the intention of contributing to the development of public health capacity (*9*).

This document details the core competencies that all professionals working in public health and health service delivery should possess, regardless of where they work or the nature of their work. It has been decided that the definition of specific competencies by professional group or level of action will be left for a subsequent phase.

The strategic goal of this framework in the long term is for countries to use the health personnel competency assessment in designing national and regional training plans and strategies. PAHO technical cooperation tools, such as the Virtual Campus for Public Health (VCPH–http:/portal.campusvirtualsp.org) and the strategy of lifelong learning as part of the Decade of Human Resources for Health, could prove to be very useful in this regard. The RCCFPH may also serve as a strategic framework for training institutions and professional associations and networks whose mission is to train health professionals (Figure 1.1).

Figure 1.1
Strategic plan for the development of a competency model



1.2 What do we understand by core competencies for public health?

The core competencies are the knowledge, skills and attitudes necessary for the practice of public health, that is, to achieve effective and efficient solutions to community health problems (*10*). They are in response to a call for the transformation of professional education so as to meet the challenges of the 21st century, incorporating transnational, multidisciplinary and long-term perspectives (*11*).

The competencies outlined here transcend the traditional boundaries of specific disciplines in the health and social sciences and are independent of specific programs or topics. The diversity of these competencies suggests that many and various types of professionals and technicians are capable of performing these functions. The multidisciplinary and multisectoral aspect of these competencies are what differentiates public health from other fields and explains why training in this area has expanded from the health professions to other disciplines.

Identifying the core competencies for public health enables a society to know what to expect from health professionals since it essentially provides a catalogue of what health professionals know and should do. When society and its institutions have a clearer idea of what health professionals know how to do in terms of public health, this will lead to the development of more career and job opportunities as well as progress in the EPHF (*12*).

1.3 How was the Regional Core Competency Framework for Public Health (RCCFPH) developed?

Between 2005 and 2008, PAHO's Human Resources for Health Project (HSS/HR) organized several expert meetings to help characterize and strengthen the public health workforce (PHWF), to support the strategy of Primary Health Care (PHC), the exercise of the Essential Public Health Functions (EPHF) and the achievement of the Millennium Development Goals (MDGs) (*13-15*). These meetings were consistent with PAHO's human resource development efforts to support the creation of training and continuing education plans and the need to define core competencies to guide the performance of work in this area.

The process for the creation of the RCCFPH began on 25-26 August 2010 in Cuernavaca, Mexico, when PAHO and Mexico's National Institute of Public Health (INSP according to its acronym in Spanish) convened the First Regional Workshop to propose a working methodology and established the Regional Steering Group and the six Expert Committees that have collaborated on this project. On 28-29 March 2011, a Second Regional Workshop was held at the National School of Public Health in Medellin, Colombia, where the first draft of the RCCFPH was presented. This draft was circulated and discussed with numerous public health professionals and representatives from health authorities from several Latin American countries. The Third Regional Workshop was held in Lima, Peru, at the National Institute of Health headquarters on 14-15 June 2011. During this meeting, the Steering Group agreed on the core competencies for public health that appear in this document. To complete the process, a meeting was held with a group of countries from the English-speaking Caribbean on 20-21 October 2011 in Port-of-Spain, Trinidad and Tobago, to validate these results. Over 240 individuals from 28 countries in the Region, representing all levels of public health practice, have been involved in the various phases of this initiative. They appear in Annex A.

2. METHODOLOGY

The Essential Public Health Functions (EPHF) (*1*) served as the starting point for the preparation of the RCCFPH. Primary Health Care and the Social Determinants of Health were incorporated as core, crosscutting, interacting components within the framework of the Millennium Development Goals.

The EPHF were regrouped to facilitate the methodological approach, and a new function was added that included the international and global health component, yielding six **substantive domains**:

1) Health situation analysis

2) Surveillance and control of risks and threats

3) Health promotion and social participation

4) Policy, planning, regulation and control

5) Equitable access and quality of individual and public health services

6) International / global health

A cross-cutting/interacting set of **dimensions** was defined. These are attributes that should be considered in every domain:

- Planning
- Management
- Evaluation
- Communication
- Leadership
- Research
- Information and Communication Technologies (ICT)

All of this was crossed with the main areas of practice of health human resources: national health authority, regional and local health authorities, the network of health services and the community.

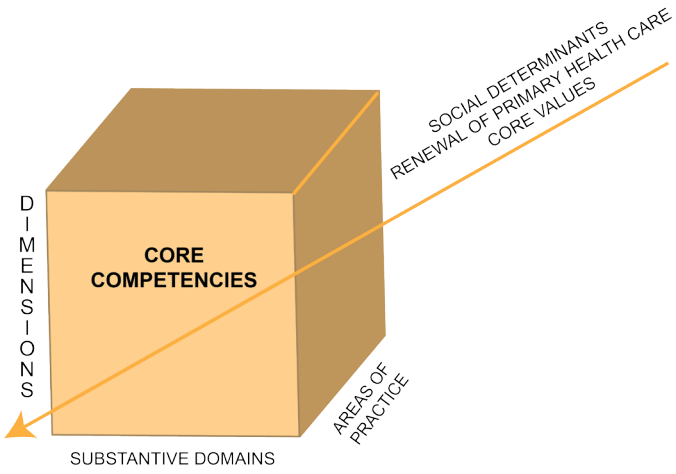
The **core competencies** are the result of the intersection between the substantive domains, dimensions and areas of practice. Development of the competencies was based on the following questions: What should health personnel know, what should they know how to do, and what characteristics should they have in relation to each of the substantive public health domains?

These core competencies were not designed as single entities with a value unto themselves, but rather constitute a set of knowledge, skills and attitudes that are completely inculcated with the crosscutting, interacting values of public health. These values constitute the context within which the competencies are exercised and, as such, are all considered equally important. They are: a) a commitment to equity, social justice, and sustainable development; b) recognition of

the importance of both community and individual health; c) a broad understanding of the social determinants of health; d) an intersectoral and interdisciplinary approach; e) the fight for gender equality and against social exclusion; f) respect for diversity, self-determination and empowerment; g) the importance of social and community participation; and h) the key role of primary care.

Figure 2.1 illustrates the intersection between the substantive domains, dimensions and areas of practice, all of which are governed in a crosscutting manner by the values.

Figure 2.1
Methodological model



Once the core competencies have been determined, the next step should the be identification of the specific competencies of each domain according to the area of practice and level of care, such as the national health authority, regional and local health authorities, the network of health services and the community. These will vary according to the country and structure of the corresponding health system.

3. THE REGIONAL CORE COMPETENCY FRAMEWORK FOR PUBLIC HEALTH

The RCCFPH is designed for anyone working in public health and/or health service delivery who, directly or indirectly, is responsible for one or more of the essential public health functions. This would include clinical and non-clinical professionals working to promote and restore the health of individuals and communities. It is also directed towards any organization that trains or employs people who work in these areas, which would include national, regional and local health authorities, the health services, academic institutions, volunteers, the private sector and other sectors whose activities impact health and well-being.

More specifically, the audience would include:

- People who provide health and public health services, who wish to work in a dynamic and integrated manner, transcending the traditional lines between disciplines.
- People interested in acquiring or upgrading competencies to improve and protect the health and well-being of the population, even though it may not be their main area of work.
- Educators and training institutions so as to understand the nature and type of learning needed in different areas of health and practice.
- Personnel devoted to the management and evaluation of competencies, and/or the lack thereof, in the public health workforce.
- Decision-makers and service providers, to keep them informed about the type of public health activities that should be carried out so that these activities do not occur in isolation.
- Planners working in the areas of education, services, regulation and human resources for health services delivery and/or public health, to ensure that professional career paths exist.

This RCCFPH could be used to:

- Offer a more coherent picture of the health sector, recognizing the contributions of the various actors involved and the interactions among them.
- Develop a more unified public health workforce that is better able to address health inequalities and support the development of public health plans.
- Provide information about the knowledge, skills, attitudes and professional development paths needed by people who wish to contribute to the health and well-being of the population.
- Provide a rational basis for curriculum development and training plans and the development of professional career paths.
- Improve consistency between the terms of reference for employing and evaluating the performance of health professionals, linking education to health service delivery.

Clearly, the use of these competencies will depend on the different organizational and jurisdictional contexts of public health services and systems in the Region.

Since public health practice is dynamic and evolving, these core competencies must be continually monitored and updated. To do this, it will be necessary to assess their impact in terms of their adoption and application within public health practice, the academic community and health services delivery.

Demographic changes, globalization, new threats to safety and health, and increasing pressures on health systems will continue to heighten the need for a diverse and well prepared cadre of health workers. Human resources in the 21st century should be capable of using their knowledge, skills and attitudes in public health (both individual and shared) to promote and guarantee the health and well-being of the population.

DOMAIN 1: HEALTH SITUATION ANALYSIS

What do we understand by health situation analysis?

For the Pan American Health Organization and its Member States, the primacy of health situation analysis supported by epidemiology and management sciences as basic sciences for public health practice has always been recognized. Health situation analysis implies assessment of the health situation of populations and its trends, seen in terms of the definition and study of its determinants. Thus, the study of health inequalities in terms of risks, injuries and access has become an essential tool for decision-making and the definition of public health policy.

The key concepts related to this domain are:

- Information and evaluation of health service performance.
- Development of activities, technologies and methods for the interpretation, management and communication of substantive priority public health content for each of the principal stakeholders: regulators, providers, external actors, and citizens.
- Organization of the management and evaluation of data that is gathered and its systematic analysis and presentation.
- Measurement of inequalities in risk, injuries and access to health services providers.
- Vital statistics and groups of specific interest or that present greater risk.
- Entities responsible for the evaluation of the quality of the data gathered and its analysis.

In today's international context, health situation analysis faces three challenges:

1) the revision, adoption, and application of the International Health Regulations (IHR-2005), a consequence of the need for a coordinated country response to the emergence or reemergence of disease threats and other public health risks on an international level;

2) the transitional changes in epidemiological and demographic profiles, as well as health inequities in the populations of the Americas together with the need to provide a social response to these from a health determinants perspective; and

3) the intensification of health services decentralization as part of State reform and modernization processes, including a redefinition of the structure, functions and role of epidemiology units in public health and the importance of the efficient operation of information and health intelligence systems.

The initiative within this hemisphere for building epidemiologic capacity is geared towards developing critical dimensions of epidemiologic and public health practice in health systems and services in order to boost organizational and managerial capacity, improve performance of the EPHF and consolidate the leadership role of national health authorities.

Key elements in this domain are knowledge and information management, training in and for service, operations research, resource mobilization and partnership building. These elements are expected to steer technical cooperation towards the development and support of professional competencies in the public health workforce.

1. Core competencies for public health that human resources for health should possess in health situation analysis:

The ability to:

1.1. Use vital statistics and core health indicators to generate evidence about the health situation of the population and vulnerable and at-risk groups.

1.2. Develop methodologies to establish how people perceive health and wellbeing in relation to their harmonious adaptation to the environment:[a]

- Self-assessment of health
- Perception of risk
- Disconnect may exist between individual/community

1.3. Systematically analyze the population health situation and trends as well as their determinants, so as to document inequalities in risks, outcomes and access to services.

1.4. Set public health priorities to meet the health needs of the population; this should include characterization of risks and the demand for health services.

1.5. Generate information that is useful for evaluating health service performance and the impact of population-level interventions.

1.6. Recommend pro-health actions for different target audiences, groups and users of the health system, based on evidence and new knowledge generated through research.

1.7. Develop methodologies, technologies and good practices for the management, analysis and communication of health information.

1.8. Conduct routine gap analyses to determine human resources for health needs.[a]

- Use historic data to predict human resources for health needs

1.9. Transfer knowledge, experiences and tools for health situation analysis through supervised training, in-service training, and lifelong learning for the workforce and key actors.

1.10. Identify coordination mechanisms, strategic partnerships and resources in key sectors and disciplines to promote the improvement of health statistics and registries from the local to the global level.

1.11. Manage information, research and other knowledge relevant to daily practice to improve the outcomes of health actions and contribute to the well-being of the population.

1.12. Recognize the impact of health on the environment.[a]

Note:

a. Core competency added by consultative group from the English-speaking Caribbean.

DOMAIN 2: SURVEILLANCE AND CONTROL OF RISKS AND THREATS

What do we understand by surveillance and control of risks and threats?

This domain refers to the continuous scrutiny of all aspects related to the occurrence and propagation of risks and injuries to health that are pertinent for their effective control within the population. It focuses on the investigation and surveillance of epidemic outbreaks and the ways in which communicable and non-communicable diseases, accidents and violence occur, considering their factors of origin and behavior, as well as all the environmental and harmful agents that adversely affect health.

The classification of health surveillance has at least three components:

1) surveillance of the health impact of accidents and diseases, a task that traditionally falls under "epidemiologic surveillance";

2) surveillance of chemical, physical and biological risks that can cause diseases and conditions, a traditional task of "health surveillance"; and

3) surveillance of exposure, by monitoring the exposure of people or population groups to environmental agents, or of their effects not yet clinically apparent, represented by "environmental surveillance."

The key concepts related to this domain are:

- Infrastructure for research, case studies, and epidemiologic studies.
- Public health laboratories with sufficient capacity and ability to provide a timely response.
- Active programs for epidemiologic surveillance and control of damage to health.
- Technological development and connection of national and international networks.
- Preparation of health authorities and health systems at all levels for the development and implementation of rapid responses to control risks.
- Planning policies and the development of activities related to prevention, mitigation, preparedness, response and rehabilitation in order to reduce adverse impacts on health.
- Integrated approach to injuries and the etiology of emergencies and disasters.
- Health system participation with broad inter-sectoral and inter-institutional collaboration.
- Management of international and inter-sectoral cooperation.

Public health surveillance is the continuous and systematic gathering, analysis and interpretation of information, which is subsequently disseminated to the people charged with preventing disease and other health problems. Surveillance enables decision-makers to direct and exercise effective management.

The main strategies for surveillance are: sentinel surveillance systems of selected health facilities and laboratories; household surveys for the identification of trends in those phenomena that evolve more slowly; laboratory surveillance, which is particularly useful for health problems more likely to be identified accurately in the laboratory than the clinical setting; and finally, integrated surveillance and response systems. The latter recognize the importance of closely linking

surveillance with response and include detection, evidence and verification of individual cases of a disease; reporting, analysis, use and feedback of information; and epidemic preparedness and response.

2. Core competencies for public health that human resources for health should possess in the surveillance and control of risks and threats:

The ability to:

2.1. Analyze threats, risks and damages to health for the design and implementation of an effective system for surveillance and control of risks and injuries to public health.

2.2. Manage public health networks, services and laboratories to guarantee the viability of surveillance and control in public health.

2.3. Perform surveillance of risks and threats within the framework of the social determinants of health and the occurrence of damage to health, in order to learn about their behavior over time and identify intervention needs.

2.4. Identify risks, threats and damages to health that warrant immediate and medium-term interventions to guarantee a rapid and timely response by the health system.

2.5. Detect outbreaks and epidemics early on in order to take action to monitor, reduce or mitigate their impact on the population.

2.6. Relate surveillance and response activities with the different levels, sectors and citizenry in order to manage risks, threats and damage to health.

2.7. Communicate relevant surveillance information to the various actors in the system and the population in order to increase the effectiveness of the local and global response to risks, threats, and damages to health.

2.8. Effectively communicate with the media, including the use of new social media networks.[a]

2.9. Conduct biomedical, socio-demographic, environmental and operations research accurately and objectively in order to explain risks, threats and damage to health as well as evaluate the social response to them.

2.10. Evaluate critical processes connected with the public health surveillance and control system in a systematic and ongoing manner to guarantee its continuous improvement and the timely solution of priority problems, including new, emerging and reemerging diseases.[b]

2.11. Incorporate the use of novel technologies (I.e. mobile networks, including telephones, satellite radio, etc.) to increase efficiency and capacity of surveillance and control.[a]

2.12. Perform disaster risk assessments to determine the extent of the risk.

2.13. Design disaster risk management plans for natural, technological and biological threats so as to mitigate their impact on health.

2.14. Design investment projects for reducing the health risks of disasters.

2.15. Provide an immediate response to threats, risks and damage from disasters based on the risk assessment, in order to protect health.

2.16. Plan and execute post-disaster reconstruction, based on the damage identified for the immediate restoration and protection of the population's health.

2.17. Streamline surveillance systems to increase efficiency.[a]

Note:
a. Core competency added by consultative group from the English-speaking Caribbean.
b. Some concepts added and/or changes made by consultative group from the English-speaking Caribbean.

DOMAIN 3: HEALTH PROMOTION AND SOCIAL PARTICIPATION

What do we understand by health promotion and social participation?

Health promotion, as discipline for study, practice and action, is defined as the general political and social process encompassing not only those actions directed directly towards strengthening the skills and capacities of individuals but also towards changing social, environmental and economic conditions in order to mitigate their impact on public and individual health.

Health promotion is the process that enables people to increase their control over the determinants of health and, as such, to improve it. Social participation is essential for sustaining action in health promotion.

Health promotion fosters the integration of different levels of action at the individual and population level. Professionals who consider it their social and professional responsibility to promote health must acquire skills in this area and recognize how to get involved in health initiatives based on it. In today's globalized world, the diseases of individuals and populations manifest themselves in a complex manner. Achieving optimal health has become a phenomenon requiring multiple actions and an approach that acknowledges the socio-ecological nature of the problems associated with health and disease.

The key concepts related to this domain are:

- Changes in lifestyles and environmental conditions to develop a new culture of health.
- Educational and social communication activities to promote healthy conditions, lifestyles, behaviors and environments.
- Inter-sectoral and international partnerships for health promotion activities.
- Empowerment of citizens to change their lifestyles and the development of healthy behaviors and environments that influence health decisions and access to services.
- Definition, explanation and guarantee of the rights of users to health services and systems.
- Enabling organized community participation in the decisions and actions of prevention, diagnostic, treatment and health rehabilitation programs and the creation of healthy environments.
- Public policy impact assessment on health.

The growing movement to embrace the vision, premises and strategies of health promotion is evident in initiatives at the international, regional, national and sectoral level, as well as in health service provider organizations and institutions.

As the evidence for health promotion gels into a movement with an impact on the places, people and events that lead to better health status, health professionals become a necessary factor in the sustainability of such initiatives. Similarly, the active participation of professionals in various disciplines and work environments is necessary.

This qualitative leap in health promotion activities could benefit the continuity and sustainability of activities in changing geopolitical environments such as those present in the countries of the Region.

3. Core competencies for public health that human resources for health should possess in health promotion and social participation:

The ability to:

3.1. Assess the focus and scope of health promotion through needs assessments, to achieve positive changes in individual and community health.[a]

3.2. Use social participation and the intersectoral approach as tools for improving health and influencing public policies based on the social determinants of health.

3.3. Analyze the complementary relationship between health education and health literacy to determine and implement best practices in health promotion.

3.4. Design health communication, social marketing and media advocacy strategies to promote health in individuals and society.[a]

3.5. Recognize and address the ethical considerations linked to cultural competency approaches in order to apply them to public health practice in different contexts.[a]

3.6. Implement enabling modalities and mechanisms that promote empowerment to achieve social and community participation in health.

3.7. Develop strategies using the health promotion approach to forge partnerships and consolidate networks in both primary health care and community services.

3.8. Evaluate the effectiveness of health promotion activities geared to producing changes at the community level, in public policy and in the social structure that benefit health and the quality of life.

3.9. Promote/facilitate the creation and improvement of participatory social spaces and processes that foster an understanding of health and its protection to improve the population's ability to understand and monitor social services and public policy.[a]

3.10. Participate actively in the design, execution and assessment of advocacy, information, communication and education strategies targeting communities and decision makers to empower the population in the development, evaluation and monitoring of health policies, plans and programs.

Note:

a. Some concepts added and/or changes made by consultative group from the English-speaking Caribbean.

DOMAIN 4: POLICY, PLANNING, REGULATION AND CONTROL

What do we understand by policy, planning, regulation and control?

In the late 1990s, several countries in Region of the Americas, immersed in political and health reform processes, suffered from serious limitations to their social protection systems and were facing an expansion of exclusion, poverty and inequity.

In the case of health, a weakening of the social functions of the State, the dispersion of resources, the lack of service coordination and the segmentation of populations impaired the performance of the social response systems, particularly in matters related to public health.

Within this context, in 1999 PAHO implemented the "Public Health in the Americas Initiative", aimed at buttressing the public health infrastructure and enhancing the leadership of the health authority at all levels of the State. The initiative proposed to the governments of the Region that they work on a group of essential functions that an organized society, particularly the State, should perform to guarantee public health.

The identification of the Essential Public Health Functions (EPHF) is intended to enhance the leadership of national ministries of health within the sector, as well as that of the sector as a whole, in advocating for health and negotiating with other sectors to improve people's health.

The "Public Health in the Americas Initiative" included two specific functions in the EPHF designed to improve health system performance through proper management of health policies and plans (EPHF 5) and of regulation and control activities (EPHF 6). In 2010 the PAHO Directing Council adopted a strategy for the countries of the Region designed to develop health worker competencies in health systems based on primary health care.

From this perspective, every health system should be in a position to perform well in managing health policies and plans, as well as activities related to the regulation and control or management of health services.

The key concepts related to this domain are:

- Definition of objectives that include equity as a value at all levels of government and health organizations.
- Development, monitoring and evaluation of policy decisions through a coherent participatory process within the political and economic context.
- Institutional capacity for managing public health systems with a strategic vision.
- Capacity for effective leadership and communication in organizational development for resource management.
- Managerial capacity within the regulatory framework for protecting and overseeing public health and for international cooperation in this area.
- Creation of new laws and regulations for developing healthy spaces and protecting citizens in their relations with the health system.
- Surveillance of timely, correct, consistent and full compliance with regulations.

Every health system should be governed by the periodically agreed upon health policies, plans, and regulations. People who work in the health sector should have the necessary skills to manage regulatory frameworks for the protection and supervision of health. They should also have the skills needed to initiate and participate in the drafting of new laws and regulations for creating healthy settings and protecting citizens and to support international cooperation.

4. Core competencies for public health that human resources for health should possess in policy, planning, regulation and control:

The ability to:

4.1. Apply the basic conceptual, technical and methodological elements to develop, implement, monitor and evaluate health policy towards guaranteeing equity and the basic right to health.[a]

4.2. Protect the right to health in all public policies across sectors as a basic human right for the integral well-being of the population.

4.3. Manage the human, financial and technological resources required for improving health and monitoring its determinants to improve equity, inclusion and performance of primary care based health systems.

4.4. Assess the needs and problems of individuals, families, groups and communities to inform decisions on policy and legal interventions and to optimize outcomes.[a]

4.5. Lead interdisciplinary groups that work in a coordinated manner in the analysis, formulation, implementation and assessment of public health policies, plans and programs to guarantee the rights of the population and well functioning health systems based on social determinants, i.e. “Health in all policies”.[a]

4.6. Participate in the implementation of health policies and plans to help guarantee the right to health, equity and and adequate health system’s performance.[a]

4.7. Recognize that planning and decision-making are social, technical and political processes to guarantee better health outcomes.

Note:
a. Some concepts added and/or changes made by consultative group from the English-speaking Caribbean.

DOMAIN 5: EQUITABLE ACCESS AND QUALITY OF INDIVIDUAL AND PUBLIC HEALTH SERVICES

What do we understand by equitable access and quality of individual and public health services?

One of the prerequisites for public health practice is the effort to guarantee universal access to services with no barriers of any type, promoting quality and safety in their delivery and employing a multisectoral approach to eliminate inequities in the health care provided to the population.

This attribute, as an essential public health function, is aimed at guaranteeing effective access to the services necessary for health care, which should be delivered through an organized system that eliminates all potential access barriers, facilitates collaboration among institutional care providers and promotes a multisectoral approach to reducing inequities to achieve adequate use of the health services by the population.

The key concepts related to this domain are:

- Equity in effective access by all citizens to necessary health services.
- The overcoming of barriers to public health interventions and the linkage of vulnerable groups to health services.
- Monitoring and evaluation of necessary health services according to access, with a multisectoral, multiethnic, and multicultural approach to eliminate injustices and inequalities.
- Collaboration with government institutions and civil society to promote equitable access to necessary health services.
- Evaluation and quality improvement systems.
- Development of basic standards for systems to guarantee and improve quality and the supervision of providers.
- Technology assessment for decision-making and quality improvement.
- Use of scientific methodology for evaluating interventions.
- Systems for evaluating utilization and user satisfaction to improve performance and service quality.

The Pan American Health Organization promotes the development of policies and strategies aimed at guaranteeing quality and safety in the delivery of health services to the population. In the Region of the Americas, this implies the design, implementation and management of instruments and methodologies for evaluating the performance of health professionals; the standardization, measurement and evaluation of quality standards for health facilities or providers; and the creation of an institutional structure for the regulation, evaluation and oversight of the rules and procedures for quality assurance that States adopt for the safe delivery of health services.

5. Core competencies for public health that human resources for health should possess to ensure equitable access and quality of individual and public health services:

The ability to:

5.1. Support the principles of equity, using the social determinants approach, when designing and implementing health policies and activities to improve access to preventive and curative health services.

5.2. Implement plans, strategies and activities that increase equity in health service delivery to achieve social efficacy, health care effectiveness, cost-effectiveness and efficient distribution of the necessary resources for health care to the population.[a]

5.3. Design plans and implement practices, including monitoring and evaluation, that promote continuous quality improvement in the management and delivery of health care services.[a]

5.4. Promote quality assurance and safety standards to reduce existing gaps and inequities in health care delivery.

5.5. Participate in integrated care networks with the different levels of care to improve the system's response to the population's health problems.

5.6. Identify minimum or basic safety conditions in health care delivery, for the design and implementation of programs and activities for surveillance and risk management inherent to health service delivery.

5.7. Advocate for people's right to treatment-with-respect and timely access, privacy and confidentiality at all stages and in all processes of health care.[a]

5.8. Promote and participate in socially and culturally sensitive multidisciplinary teams that employ a community approach for the ongoing improvement of health services.[a]

Note:
a. Some concepts added and/or changes made by consultative group from the English-speaking Caribbean.

DOMAIN 6: INTERNATIONAL / GLOBAL HEALTH

What do we understand by international / global health?

This is the inter-disciplinary approach that addresses health from the standpoint of the universal right to health and well-being. In a globalized and interconnected world, global approaches with local impact are needed that consider the social determinants of health and which, with, equity, ethics and a respect for human rights, move towards transnational, regional, and global solutions that improve the health of all citizens of the world. International / global health uses tools that rely on the relationships between national health authorities through health diplomacy and technical cooperation.

The key concepts related to this domain are:

- Appropriate profile of human resources for public health according to assignment.
- Education, training and evaluation of personnel to identify priority needs and problems in health services and evaluate public health actions.
- Accreditation of professionals and continuous quality improvement programs.
- Partnerships with professional development, continuing education and human resources management programs.
- Capacity building for interdisciplinary and multicultural work.
- Training in ethics, imparting the principles and values of solidarity, equality and respect for the dignity of persons.

6. Core competencies for public health that human resources for health should possess in international / global health:

The ability to:

6.1. Recognize the global dimensions of local health action to advance global responsibility.

6.2. Recognize the local implications of global health events to understand global interconnectivity and its impact on health conditions in the population.[a]

6.3. Promote transnational, intersectoral initiatives to overcome health inequities and implement effective interventions (including bilateral agreements related to the health workforce).[a]

6.4. Perform impact assessment of bilateral and multilateral agreements.[b]

6.5. Critically analyze the changing nature, key factors and resources that shape global health in order to influence reforms related to health, well-being and social security globally, and in particular in the Americas.[a]

6.6. Compare and contrast health service delivery systems, which reflect diverse political, organizational and economic contexts, using these experiences to improve access, regulation and the financing of health systems.[a]

Continuation

6.7. Contribute effectively to the care of vulnerable groups, especially migrants, travelers, transnational ethnic minorities and border populations, for the mitigation, eradication and/or control of global health problems.

6.8. Engage non-governmental organisations and encourage advocacy in these organisations.[b]

6.9. Respect and value cultural diversity, regional efforts and global and intersectoral technical cooperation for the development of comprehensive initiatives that result in improved health care for populations.

6.10. Seek, identify, apply for, obtain, mobilize and account for international funds that are relevant to the country.[b]

6.11. Use funds from international and global health programs and research findings to develop and implement interventions that result in local actions to benefit the health of the population.[a]

Note:
a. Some concepts added and/or changes made by consultative group from the English-speaking Caribbean.
b. Core competency added by consultative group from the English-speaking Caribbean.

REFERENCES

(1) Pan American Health Organization. Essential Public Health Functions. DC Document 42/15. 42nd Meeting of the Directing Council of the Pan American Health Organization. 52nd Session of the Regional Committee of the World Health Organization; Sept 25-29 2000. Washington, DC: PAHO; 2000.

(2) Pan American Health Organization. Public Health in the Americas. Conceptual Renewal, Performance Assessment and Bases for Action. Scientific Publication 589. Washington, DC: PAHO; 2002.

(3) United Nations Development Programme. Human Development Report 2003. Millennium Development Goals: A Compact Among Nations to End Human Poverty. New York (NY): Oxford University Press; 2003.

(4) Council on Linkages Between Academia and Public Health Practice. Core Competencies for Public Health Professionals [Internet]. Washington, DC: Public Health Foundation; 2010. Available from: http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx Accessed 17 October 2013.

(5) Public Health Agency of Canada. Core Competencies for Public Health in Canada. Release 1.0. [Internet]. Ottawa, Canada: Ministry of Health; 2008. Available from: http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/stmts-enon-eng.php Accessed 17 October 2013.

(6) Public Health Resource Unit. Public Health Skills and Career Framework. London, England: Department of Health; 2008 Apr. Available from: http://www.sph.nhs.uk/sph-documents/phscf/ Accessed 17 October 2013.

(7) Public Health Association of New Zealand. Generic Competencies for Public Health in Aotearoa-New Zealand. Aotearoa, New Zealand: Public Health Association of New Zealand: 2007 Mar. Available from: http://www.pha.org.nz/documents/GenericCompetenciesforPublicHealthMarch2007.pdf Accessed 17 October 2013.

(8) Benavides FG, Moya C, Segura A, et al. Grupo de Trabajo sobre Competencias Profesionales en Salud Pública. Las competencias profesionales en salud pública. Gac Sanit. 2006; 20:239–43.

(9) Pan American Health Organization. Capacidades en Salud Pública en América Latina y el Caribe: evaluación y fortalecimiento. Washington, DC: PAHO; 2007.

(10) Muñoz F, López-Acuña D, Halverson P, Guerra de Macedo C, Hanna W, Larrieu M, Ubilla S, Zeballos JL. Las funciones esenciales de la salud pública: un tema emergente en las reformas del sector de la salud. Rev Panam Salud Pública 2000;8(1-2):126-134.

(11) Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet [Internet]. 2010 Nov 29 [cited 2013 Apr 4]; 376:1923-58. DOI:10.1016/S0140-6736(10)61854-5. Available from: http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610618545.pdf?id=a02f57d1811fcb77:34c23d79:14306be934d:-30551387390089187

(12) Davó MC, Gil-González D, Vives-Cases C, et al. ¿Quiénes y qué pueden hacer en salud pública? Las competencias profesionales como base para la elaboración de programas en el Espacio Europeo de Educación Superior. Gac Sanit 2009;23(1):5-12.

(13) Pan American Health Organization. Fortalecimiento de la capacidad de la fuerza de trabajo en salud pública en apoyo a las funciones esenciales de salud pública y de los Objetivos de Desarrollo del Milenio. Consulta a expertos; 2005 Aug 16-18; San José, Costa Rica.

(14) Pan American Health Organization. Fuerza de trabajo en salud pública, su caracterización y desarrollo desde una perspectiva de género. Grupo de Consulta; 2006 Jun 20-22; Lima, Perú.

(15) Pan American Health Organization. Políticas de salud y desarrollo de la fuerza de trabajo en salud pública. Grupo de Consulta; 2008 Nov 9-11; Cali, Colombia.

ANNEXES

A. LIST OF EXPERTS CONSULTED

Regional Directing Committee

Name	Role	Title and Institution[a]
Charles Godue	General Coordination	Coordinator, Human Resources for Health Project, Area of Health Systems and Services (HSS), Pan American Health Organization/World Health Organization (PAHO/WHO), Washington DC, USA
José Francisco García Gutiérrez	General Coordination	Regional Advisor, Human Resources for Health Project, Area of Health Systems and Services (HSS), Pan American Health Organization/World Health Organization (PAHO/WHO), Washington DC, USA
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César Cabezas	Coordination Domain 2	Jefe Institucional, Instituto Nacional de Salud, Peru
Silvia Rabionet	Coordination Domain 3	Professor, School of Public Health of the University of Puerto Rico and Nova Southeastern University; Member of the PAHO/WHO Collaborating Centre for Training and Research in Health Promotion and Health Education, Puerto Rico
Rubén Darío Gómez Arias	Coordination Domain 4	University professor, public health consultant, Colombia

Note:
a. The positions/institutions indicated are those that the persons occupied in the year in which the discussions were held and the document was developed. Information listed as provided.

Continuation

José Concha	Coordination Domain 5	Academician, School of Public Health, University of Chile
Emanuel Orozco	Coordination Domain 6	Professor and researcher, National Institute of Public Health, Cuernavaca, Mexico
Manuel Enrique Vázquez Valdés	Coordination Domain 6	Manager, National Autonomous University of Mexico (UNAM) and Professor, National Institute of Public Health (INSP) and National Autonomous University of Mexico (UNAM)

Expert Committee[1] DOMAIN 1

Health Situation Analysis

Name	Title and Institution
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Arturo Revuelta	Dirección Nacional de Epidemiología, CENAVECE, Secretaría de Salud, Mexico
Avery Hinds	Regional Epidemiologist, Ministry of Health, Trinidad and Tobago
Boo Kwa	Director, Department of Global Health, University of South Florida, USA
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Carlos Corvalán	Senior Advisor, Risk Assessment, Pan American Health Organization/World Health Organization (PAHO/WHO), Washington DC, USA

1. Experts convened by the Area of Health Surveillance and Disease Prevention and Control (HSD) of PAHO/WHO in five High-Level Technical Consultation meetings (Brasilia, November 2007; Mexico DF, January 2008; Washington DC, July 2008; Santo Domingo, December 2008; Lima, November 2009) towards a definition of the Hemispheric Initiative for Strengthening Epidemiologic Capacity in Health Systems and the Regional Plan for Training in Epidemiology in the Americas (Washington DC; February 2010).

Continuation

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Expert Committee DOMAIN 2

Surveillance and control of risks and threats

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Continuation

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Expert Committee DOMAIN 3

Health promotion and social participation

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Expert Committee DOMAIN 4

Policy, planning, regulation and control

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B. GLOSSARY[2]

Access

Absence of geographical, financial, organizational, sociocultural, gender, and/or structural barriers to participation and access to the health system and to the use of health and social services.

Advocacy in health

This is the use of specific interventions to produce social or organizational changes on behalf of or in representing a particular group or population, in order to influence political decision-making on health issues of public interest. Advocacy can take many forms, including the use of information media, multimedia tools, direct pressure on politicians, and mobilization of the community.
A combination of individual and social actions aimed at obtaining political commitments, support for health policies, and social acceptance and support for a specific health objective or program.

Reference: World Health Organization. Report of the meeting between agencies on advocacy strategies for health and development. Communication for development in action. Geneva, Switzerland: WHO; 1995.

Capacities in public health

These are the elements needed for a public health system to function. There are five elements: 1) the public health workforce; 2) public health information systems; 3) public health technologies (drugs, vaccines, or others); 4) public health institutions and organizations; 5) the financial resources for public health.

Reference: Pan American Health Organization. Public health capacities in Latin America and the Caribbean: evaluation and strengthening. Washington, DC: PAHO; 2007.

Competencies in public health

What health personnel should know, know how to do, and know how to be with respect to each substantive domain of public health.

The concept of competency, although focused on individuals in the public health workforce, is derived from the essential public health functions (EPHF). Accordingly, the creation and maintenance of competencies aims at strengthening institutional capacities in the use and application of multiple disciplines for progress in public health.

2 The definitions of the terms in this glossary have been prepared by various members of the working groups. When the definition has been taken (or translated) from other sources, these sources are cited immediately after the term. For those interested in the subject, the following glossaries and reference dictionaries are recommended:
- *World Health Organization (WHO). Dictionary of Terms of Health Promotion. Geneva: WHO, 1998.*
- *Last J. Glossary of terms relevant to the core competencies in public health. In: Public Health Agency of Canada (PHAC). Core competencies for public health in Canada. Release 1.0. Ottawa: PHAC, 2008.*

Competency

Ability to perform a function efficiently. In operational terms, this would be spelled out by levels of depth (identifiable-implementable-teachable) defining the basic set of information (knowledge), skills (knowing how to do), attitudes (knowing how to be), and experience necessary for reaching a given level of capacity and performing a function. Thus, a competence indicates being able to do something well—measured against a standard—especially a capacity acquired through experience or training.

Core competencies in public health

These are the basic knowledge, abilities, and attitudes necessary for the practice of public health, that is, for solving community health problems effectively and efficiently. They are the competencies that every health professional who performs public health tasks should possess, regardless of the area of their professional work or the activity in which they are engaged.

Dimensions

Cross-cutting, interacting issues within each substantive domain. They include planning, management, evaluation, communication, leadership, and research. The intersection between substantive domains and dimensions generates the essential competencies.

Efficiency

A dimension of performance that emphasizes the relationship between the results of health care or a specific health intervention and the resources used.

Empowerment in health

This is the process through which people acquire greater control over the decisions and actions that affect their health.

Reference: World Health Organization. Health Promotion Glossary. Geneva, Switzerland: WHO; 1998.

Equity in health

Absence of systematic differences in health (or its determinants) within groups defined in social, demographic, or geographical terms. Equity means that the health needs of the population are the factors which determine the distribution of opportunities for well-being.

Reference: World Health Organization. Equity in health and health care. Geneva, Switzerland: WHO; 1996.

Equity in access to health services

Guaranteeing effective access to health services through an organized process to eliminate all possible forms of barriers to entry, to permit collaboration among health care provider institutions, and to promotes a multisectoral approach to resolve inequity and ensure adequate use of the health services by the population.

Essential Public Health Functions (EPHF)

The indispensable set of measures, exclusively the responsibility of the State, that are fundamental for achieving the goal of public health, that is, improving, promoting, protecting, and restoring the health of the population through joint action.

The EPHF include the spectrum of necessary competencies and actions required from health systems to achieve the central objective of public health, namely, improving the health of the population. In 1999, the Pan American Health Organization (PAHO), in the initiative "Public Health in the Americas," defined eleven EPHF and developed an instrument for measuring their performance, making it possible for countries to carry out self-evaluations of their capacity in public health.

Reference: Pan American Health Organization. Public Health in the Americas. Washington DC: PAHO; 2002.

Global health

This is a way of seeing and addressing health as a global public good, as a subject of social justice, and as a universal right. Its characteristics are that it is centered on equity, ethics, and respect for the human rights; it analyzes new and reemerging subjects and risks; it gives special importance to work with socially disadvantaged population groups; it responds to common challenges with local impact and global scope; it promotes citizen participation; it promotes interdisciplinarity and an intersectoral approach; it links to economic, political, and social agents; it translates research findings into concrete and quantifiable actions; and it emphasizes horizontal collaborations and shared processes among countries.

Reference: Global Health Program. National Institute of Pubic Heath of Mexico, 2011.

Global health is a dynamic process of population health influenced by determinants that go beyond national borders to become global, such as development models, trade, environment, technological communications, and transportation, among others. Global health is a discipline with the purpose of training, investigating, and acting on transnational problems, determinants, and solutions, to improve health and health equity at the global level.

Reference: Global Health Program. School of Public Health of Chile, 2011.

Governance in health

The participation of actors with respect to the definition and implementation of policies, programs, and practices that promote equitable and sustainable health systems.

Reference: World Health Organization. Good governance for health. Geneva, Switzerland: WHO; 1998.

Health policy

Plan for action designed to influence the delivery of health services, usually accompanied by laws or standards to regulate health care, health services, and/or health programs. Different actors are involved in preparing such a plan, including both governmental and community actors.

Health promotion

The full political and social process including not only actions aimed at directly strengthening the abilities and capacities of individuals, but also at changing their environmental and economic conditions, to mitigate their impact on public and individual health.

This process empowers people to increase their control over the social determinants of health and improve their health.

Reference: World Health Organization. Ottawa Charter for Health Promotion. Geneva, Switzerland: WHO; 1986.

Health protection

This term describes very important activities in public health, such as food safety, water purification, environmental sanitation, drug safety, and others, that are used to eliminate, insofar as possible, the adverse effects on health caused by environmental risks.

Reference: Last J. Glossary of terms relevant to the core competencies in public health. In: Public Health Agency of Canada. Core competencies for public health in Canada. Release 1.0. Ottawa, Canada: PHAC; 2008.

Health situation analysis

Assessment of the health situations of populations and their trends, viewed in relationship to the definition and study of their determinants and to the study of health inequalities in terms of risks, threats, and access. This is considered an indispensable tool for decision-making and definition of public policies in health.

International health

International health is made up of the set of health interactions in the world for which it is necessary to define actions in terms of the relationships between two or more states (bilateral, subregional, regional, or global issues). International health has as its principal approach the nation-state, analyzing health matters from this perspective, taking into account the interests, role, and projection of the nation-state within the international community and the relationships and balances (or imbalances) between countries.

Reference: Pan American Health Organization. Edmundo Granda Ugalde Leaders in International Health Program. PAHO; 2011.

Leadership in public health

This is the capacity of a person to influence, motivate, and facilitate the contributions of other people to the effectiveness and success of the community and/or organization for which they work. Leadership inspires others to accept a given vision and to try to achieve established goals. Leaders should be good mentors and encourage empowerment, to facilitate the emergence of more leaders.

Reference: Last J. Glossary of terms relevant to the core competencies in public health. In: Public Health Agency of Canada. Core competencies for public health in Canada. Release 1.0. Ottawa, Canada: PHAC; 2008.

Millennium Development Goals (MDG)

The MDGs constitute a global strategy agreed by 189 states during the Millennium Summit organized by United Nations in the year 2000. The MDGs consist of 8 goals, 18 targets, and 48 indicators. Three of the eight goals refer explicitly to health: reduction in infant mortality, improvement of maternal health, and the fight against the HIV/AIDS, malaria, and other diseases. Seven of the 18 targets are directly related to responsibilities of the health sector: the 2nd, to reduce malnutrition; the 5th, to reduce infant mortality; the 7th, to reduce the spread of HIV/AIDS; the 8th, with respect to control of malaria and other infectious

diseases; the 10th on increasing access to drinking water; and the 17th, on provision of essential drugs. Without losing sight of the association between health and education, the high priority given to health reflects its importance within national development processes.

Monitoring

This is a systematic planned process to gather and organize data and produce aggregate results.

Multidisciplinary Approach

Groups of individuals from multiple disciplines and professions working together in a cohesive and synergistic way for a common result.

Multisectoral Action

Groups of individuals who represent different sectors of a society working together in a cohesive and synergistic way for a common result.

Objectives

Action-oriented statements that define goals to be obtained in measurable and observable terms.

Pan American Health Organization (PAHO)

PAHO is an international public health organization with 100 years of experience devoted to improving the health and living conditions of the peoples of the Americas. It enjoys international recognition as a part of the United Nations system and acts as the Regional Office for the Americas of the World Health Organization. Within the Inter-American System, it is the agency specialized in health.

Performance

How an individual, group, or organization carries out or completes their functions and processes.

Primary Health Care (PHC)

This is the essential care made accessible at a cost that a country and the community can support, with methods that are practical, science-based, and socially acceptable.

Reference: World Health Organization. Declaration of Alma-Ata. Geneva, Switzerland: WHO; 1978.
The Declaration of Alma-Ata also stresses that every person should have access to PHC and be involved in it. The PHC approach includes the following key components: equity, community participation, intersectoral approach, appropriate technology, and accessible costs.

Public health

The art and science of preventing disease, prolonging life, and maintaining mental, physical, and social health, as well as occupational rehabilitation, through organized efforts by society at different levels for environmental sanitation, communicable disease control, education in personal hygiene, organization of medical and nursing services, and the development of social mechanisms to ensure every citizen a standard of living adequate for maintenance of health. It is targeted primarily to the health of populations more than to that of individuals, and social responsibility is accepted.

Reference: World Health Organization. Health Promotion Glossary. Geneva, Switzerland: WHO; 1998.

Public health workforce (PHWF)

The PHWF can be defined in broad terms as those workers responsible for contributing directly or indirectly to the goals of public health, regardless of their profession or the institution where they work. They are those people basically dedicated to protect and promote the health of the entire population or of some specific population group, in contrast to those focused on activities for care of individual people. This workforce is characterized by its diversity and complexity and includes professionals from a broad range of professions.

The PHWF includes all the workers whose primary responsibility is the delivery of public health services. This workforce can be divided into two categories: the primary workforce, including the workers specifically in charge of public health activities or who have some position in public health, and the secondary workforce, or those workers outside the health sector, usually in other ministries such as agriculture, transportation and, education, in international organizations, or in nongovernmental organizations which also carry out public health activities.

Reference: Pan American Health Organization. Public health in the Americas. strategies for developing the health workforce based on current policies and technical evidence. Washington, DC: PAHO; 2006.

Public policy

Set of well-founded decisions generated by any level of government framed by a set of regulations. Public policies communicate objectives, means, strategies, and rules for decision-making that are used in the civil service and legislation. The real expression of public policies are found in laws, standards, regulations, interpretations, operational and judicial decisions, statutes, treaties, and executive orders.

Reference: Pan American Health Organization. Health in the Americas. Washington, DC: PAHO; 2007.

Quality (in individual and collective health services)

These are the characteristics or properties that make the services good or bad; that is, they determine the degree of excellence of the health services. Quality is achieved when the needs and expectations of the users are consistently and continuously fulfilled.

Regional Core Competency Framework for Public Health (RCCFPH)

This is a tool for defining the essential knowledge, skills, and attitudes for all the groups, domains, and levels of the public health workforce in the Region of the Americas. It has been developed under the leadership of the Pan American Health Organization (PAHO) as a complement to the strategies determined by the Essential Public Health Functions (EPHF) and the Millennium Development Goals (MDG).

Scopes of practice

Proposed levels within the Regional Core Competency Framework for Public Health for implementation of the specific competencies of each substantive domain. Four levels are proposed: 1) national health authority level; 2) decentralized administrative level; 3) services network management level; and 4) community level (first-line services).

Social determinants of health

Circumstances in which people are born, grow, live, work, and age, including the health system. Those circumstances are the result of the distribution of money, power, and resources at the world, national, and local levels, which in turn depend on the policies adopted. The social determinants of health explain most health inequities, this is, the unjust and avoidable differences observed within and between the countries in the situation of health.

Reference: World Health Organization. Health Promotion Glossary. Geneva, Switzerland: WHO; 1998.

Social participation

This is the process of involvement of the different social actors who are indispensable to sustain action on public health and health promotion.

Social responsibility for health

Social responsibility for health is reflected in actions to establish policies and practices that promote and protect health, by those responsible for decision-making, in both the public and private sectors.

Reference: Declaration of Jakarta on Leading Health Promotion into the 21st Century. Geneva: WHO, 1997.

Policies and practices of the public and private sectors should avoid damaging the *health* of individuals; protect the environment and guarantee the sustainable use of resources; restrict production of and trade in inherently detrimental products and substances and discourage marketing practices harmful to health; protect citizens in the marketplace and individuals in the workplace; and include health impact assessments centered on *equity* as an integral part of policy development.

Reference: World Health Organization. Health Promotion Glossary. Geneva, Switzerland: WHO; 1998.

Specific competencies in public health

These are the competencies that health professionals who perform tasks of public health should possess, depending on the scope of practice to which they are assigned (see scopes of practice).

Standards

They are the characteristics of expected quality for an element or system. The standards should be reliable, valid, realistic, and clear.

Steering role in health

Analysis of the practices and attributes that make it possible to direct health systems in a systematic way. Sub-functions of the steering role include: a) generation of Intelligence for health; b) formulation and implementation of strategic policies; c) ensuring leadership tools, such as effective incentives and sanctions; d) formation of coalitions and partnerships; e) ensuring a match between policy objectives and organizational structure; and f) ensuring accountability.

Reference: Pan American Health Organization. Health in the Americas 2002. Chapter 2: The steering role in health and institution building of national and sub-national health authorities. Washington, DC: PAHO, 2002.

Substantive domains

Regrouping of the Essential Public Health Functions (EPHF) used for the preparation of the Regional Core Competency Framework for Public Health (RCCFPH), project led by the Pan American Health Organization, incorporating an additional function for the component of international and global health.

The six substantive domains established to facilitate the methodological work of the RCCFPH were: 1) health situation analysis, 2) surveillance and control of risks and threats, 3) health promotion and social participation, 4) Policy, planning, regulation, and control. 5) equitable access to quality individual and collective health services, and 6) International and global health.

Surveillance and control of risks and threats

Research and surveillance of epidemic outbreaks and models for reporting on communicable and non-communicable diseases and on accidents and acts of violence, taking into account their sources of origin and behaviors, as well as all the detrimental environmental agents that affect health (including emergencies and disasters).

Values

The following values are considered to be public health values: a) commitment to equity, social justice, and sustainable development; b) recognition of the importance of community health as well as individual health; c) broad understanding of the social determinants of health; d) the intersectoral approach and interdisciplinarity; e) the struggle for gender equality and against social exclusion; f) respect for diversity, self-determination, and empowerment, and g) the importance of community participation.

Virtual Public Health Campus (VPHC)

This is a technical cooperation tool of the Pan American Health Organization (PAHO) for networking learning in the Region of the Americas. The VPHC is a network of people, institutions, and organizations that share courses, resources, services, and educational activities, with the common aim of improving the competencies of the public health workforce, through utilization and innovation in the use of new technologies and ongoing improvement of continuing education programs.

World Health Organization (WHO)

The WHO is the governing and coordinating authority of action for health within the United Nations system. It is responsible for performing a leadership function on global health issues, shaping the health research agenda, establishing standards, articulating evidence-based policy options, lending technical support to countries, and monitoring global health trends.

PAHO/WHO - CORE COMPETENCIES FOR PUBLIC HEALTH: A REGIONAL FRAMEWORK FOR THE AMERICAS

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