



WEST AFRICAN INSTITUTE
OF PUBLIC HEALTH



West African Regional Charter for Public Health





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Developed by the Charter Review & Adaptation Task Team

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The Regional Charter

In April 2020, the Institute finalised the formal adaptation of the **Global Charter for Public Health** as originally developed by the World Federation of Public Health Associations (WFPHA), to be known as the **West African Regional Charter for Public Health**, thereby making it the first regional adaptation of its kind. The *West African regional charter* therefore subsists as a guiding framework for the work of the institute in the region and the document has been opened up for signatures by both individuals and institutions working in the public health space of West Africa from the 15th April, 2020.

A significant addition to the Regional Charter is the context of the core values for the health system's core services and enabler functions.

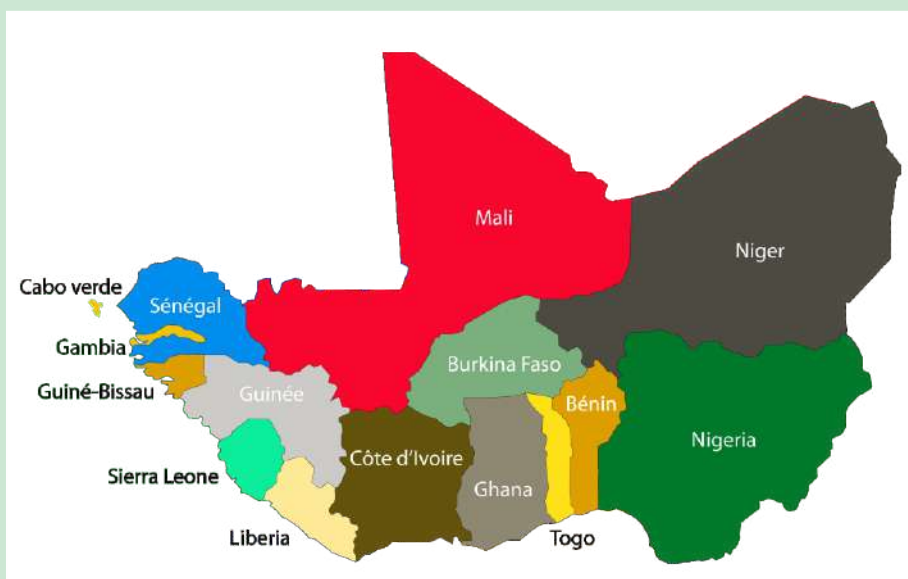
The Context:

“The Global Charter for the Public's Health is a joint effort of the World Federation of Public Health Associations, the World Health Organization (WHO) and multiple stakeholders to provide a comprehensive, clear and flexible framework to adapt public health to its global context. The charter provides a set of tools including services and enabler functions that help public health professionals and organizations to develop policies, take action and promote the conditions for healthy lives”¹

The United Nations definition of the Western region of Africa consists of sixteen (16) countries namely; Benin, Burkina Faso, Cape Verde, The Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo, including the United Kingdom Overseas Territory of Saint Helena, Ascension and Tristan da Cunha.² Fifteen of these countries make up the regional multilateral body called the Economic Community of West African States (ECOWAS) whose charter is to promote socio-economic development and regional integration, and its health agency, is known as the West African Health Organisation (WAHO).



The countries of ECOWAS are Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea (Conakry), Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. The ECOWAS are Anglophone, Francophone and Lusophone outside of hundreds of indigenous languages. (Map of West Africa³)



The Foundation of Resilient Public Health Systems

Resilient public health systems are required at local, regional and global scale and within individual nations, but what currently exist consist of fragmented, variable and incomplete public health services and functions, with little common understanding of what a good public health service should look like. Many lack some of the key values that clasp public health practice which are acceptability, affordability, accessibility, equity, efficiency, effectiveness, participation and social justice.

The Vision from Alma-Ata:

The Declaration of Alma-Ata on Primary Health Care in 1978, the Ottawa Charter for Health Promotion in 1986 and the Universal Health Coverage declaration in 2012 profoundly defined the world's direction in both the design, improvement and delivery of health. The intention of the Charter as developed by WFPHA is to take the next step in providing a succinct and practical implementation guideline to public health associations.

The Regional Charter for Public Health provides an overarching framework for the terms of reference of the Academy of Public Health of the Institute. Thus the document gives guidance to teaching of public health and used to develop strategic approaches required for public health human resource competencies that include skills, knowledge and abilities to understand and execute public health functions.



GOAL AND OBJECTIVES OF THE REGIONAL CHARTER:

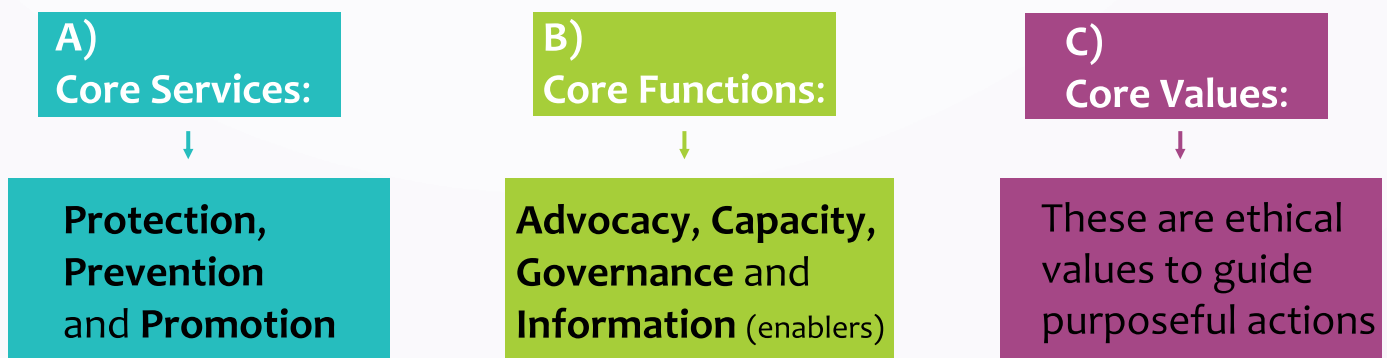
The goal is to achieve optimum public health systems in the West African region, as well as to strengthen professionalism, competency, skills and the knowledge base through training and research. It also allows for galvanizing sustained multi-stakeholder work, implementation models, strategies and approaches and holistic efforts to improve the public health concerns in the region.

The key objectives of the Regional Charter are;

1. To encourage work between non-governmental organizations (NGOs), universities, research institutions, polylateral bodies, civil society members, governments, corporations and communities
2. To plan and implement strategies for better health outcomes in West Africa and beyond
3. To ensure a comprehensive approach to tackling the threats to health in West Africa and everywhere
4. To strengthen continuous professional development and strategies for competency driven workforce
5. To institute a public health literacy agenda in the region

COMPONENTS:

The West African Regional Charter for Public Health provides direction and provides guidance for:





Core Services

1. **Protection:** international health regulation and co-ordination; health impact assessment; communicable disease control; emergency preparedness; occupational health; environmental health; climate change and sustainability.
2. **Prevention:** primary prevention: vaccination; secondary prevention: screening; tertiary prevention: evidence-based, community-based, integrated, person-centred quality healthcare and rehabilitation; healthcare management and planning.
3. **Promotion:** inequalities; environmental determinants; social and economic determinants; resilience; behaviour and health literacy; life-course; healthy settings.

Core Functions

1. **Advocacy:** leadership and ethics; health equity; social-mobilization and solidarity; education of the public; people-centred approach; voluntary community sector engagement; communications; sustainable development.
2. **Capacity:** workforce development for public health, health workers and wider workforce; workforce planning: numbers, resources, infrastructure; standards, curriculum, accreditation; capabilities, teaching and training.
3. **Governance:** public health legislation; health and cross-sector policy; strategy; financing; organisation; assurance: transparency, accountability and audit.
4. **Information:** surveillance, monitoring and evaluation; monitoring of health determinants; research and evidence; risk and innovation; dissemination and uptake.



Core Values:

1. **Acceptability:** Extent to which people delivering or receiving a healthcare intervention considered to be appropriate, based on anticipated or experienced cognitive and emotional responses to the intervention.
2. **Accessibility:** Availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery when people need them
3. **Affordability:** Cost of value of health related services come at a price that enables majority to access these necessary services
4. **Effectiveness:** Degree to which a public health initiative, programme, project or intervention is successful in producing the desired result or successes
5. **Efficiency:** Measures whether healthcare resources are being used to get the best value for money and maximization of the health outcomes for resources
6. **Equity:** Absence of avoidable, unfair, or remediable differences among groups of people accessing health care, whether those groups are distinct socially, economically, demographically or geographically or by other stratification.
7. **Inclusiveness:** Level of support of health systems and programmes to diverse populations including those with disability so as not to create separate programmes while reducing health care costs for society, thereby ensuring equitable access and full participation
8. **Participation:** involvement of people in a community or any setting in programmes of projects to solve their own health problems
9. **Transparency:** making health care available to the public in a reliable and understandable manner such that information on the health care system shows quality, efficiency and good consumer experience.
10. **Social Justice:** Refers to distribution of health related services in the context of ensuring that it is available and accessible to all persons that need it.
11. **Solidarity:** Self-interested motivations to act cooperatively with distant others based on recognition of similarity in need for response to a shared public health danger thereby recognizing that threats to others is also to oneself
12. **Sustainability:** health and care system that delivers high quality care and improved public health without exhausting natural resources or causing severe ecological damage to the environment.



The West African Regional Charter for Public Health

Countries

- 1) Benin
- 2) Burkina Faso
- 3) Cape Verde
- 4) The Gambia
- 5) Ghana
- 6) Guinea
- 7) Guinea-Bissau
- 8) Ivory Coast
- 9) Liberia
- 10) Mali
- 11) Mauritania
- 12) Niger
- 13) Nigeria
- 14) Senegal
- 15) Sierra Leone
- 16) Togo



About The Regional Charter Keeper

The West African Institute of Public Health (WAIPH) as a keen supporter of the Global Charter for Public Health as developed and has taken forth the mandate of a “*Charter Keeper*” in the West Africa region to promote the visions of the global charter towards improving competency and professionalism in public health knowledge and practice.

The Institute was conceptualized in 2008 and started off with a Strategic Plan of Action (SPA) which led to the creation of the International Public Health Forum (IPHF) a large online community of practice with over 7000 members. The Academy of Public Health as the flagship department of the Institute was inaugurated in 2015 . In 2019, the Board of Directors of the Institute agreed to adapt the global Charter of Public Health.

WAIPH works with governments, partners and major actors in the public health domain across the region towards creating the capacity to evolve resilient health systems within a just and empowered society in the spirit of Health for All. The key pillars of the Institute's interventions are enabling environment, training, competency and education, standards, research, programme implementation, consultancy and advisory services.

The Institute also develops and deploys tools to strengthen its interventions alongside strategic approaches that consider the technological, economic and political contexts and priorities of each country. The charter gives foundation to its information, capacity, advocacy and governance to promote the public's health, increase health security and fulfil the human right to health . It thus recognises the importance of effective leadership in public health as critical for applying the Charter's framework and achieving resilient, secure and accountable health systems.

The first Charter that was drafted in April 2010 defined the ambit of the Institute, while the second charter was for emplacement and the constitution of Strategic Advisory Board of its West African Academy of Public Health (WAAPH) now better known as *the Academy of Public Health (APH) of the Institute*.

The Charter development is an organic process which will continually reflect stakeholder inputs at all iterations to meet the changing landscape of public health and the needs of West Africa's communities.

Any contributions or comments can be channeled to info@publichealth-edu.org



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