

# ICAPHE

International Council for Accreditation &  
Advancement of Public Health Education



## Essential Public Health Functions & Competences Monitoring Manual

2025

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## Introduction

The following handbook is designed to help applicants help us monitor and evaluate the new Essential Public Health Functions from the World Health Organization. As these are new from 2024 it is essential that we review these in light of the present and actual operations of course and programmes of Public Health. The full document can be downloaded by clicking on this image of the document on the right or by clicking [here](#).



There are four parts to the Monitoring Document:

### Target Audience

In this section we intend to monitor either where the public health programme/degree graduates are intending to work or, for shorter courses, where our participants / learners are coming from.

There are five broad categories of the kinds of work from which students might come, highlighted in the graphic below (figure 6) which is taken from page 40 of the WHO document. Category 1 is about people whose work is entirely about public health; categories 2 and 3 are generally people who are health and allied health professionals who deliver some of the EPHFs as a part of their work; and categories 4 & 5 are normally associated with leadership positions.

To complete, simply click on the check boxes. If you make a mistake, click it again and the box will become vacant.

### 2. Competences

These are a set of 20 competences that are based around the integration of behavioural aspects within your Courses and Programmes. Once again, to complete simply check the check box.

These explained further in Annex 1, and in even greater detail in the WHO document.

### 3. Essential Public Health Functions identification

We would like to know how you integrate (*any or all of*) the EPHFs within your Programme or Course.

There are 12 far-reaching Essential Public Health Functions identified and we would like to assess whether these are being implemented and where (or indeed if they are applicable for your context). In the example given there is a snapshot of an academic programme with elective courses as well as an example from a CPD course. The complete list of EPHFs and their subfunctions can be found in Annex 2.

### 4. Feedback

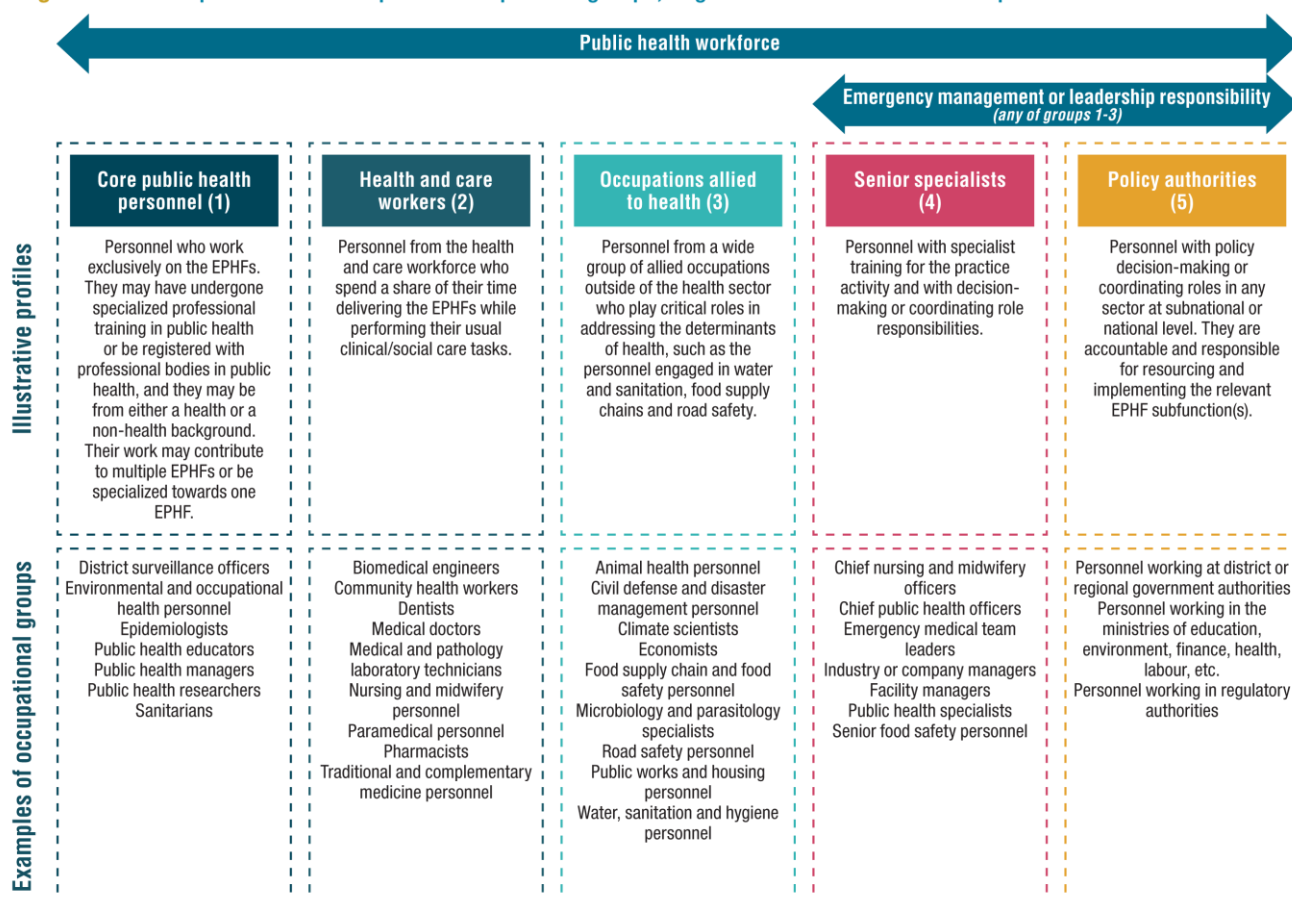
In this section we would like to hear from you as to whether you think the EPHFs and Competences adequately reflect what you are doing?

Thank you for your help in monitoring these functions and competences!

# Target Audience

Target Audience	
<input checked="" type="checkbox"/>	Public Health Personnel (1)
<input type="checkbox"/>	Health and Care Workers (2)
<input type="checkbox"/>	Occupations Allied to Health (3)
<input type="checkbox"/>	Senior Specialists (4)
<input type="checkbox"/>	Policy Authority (5)

■ Fig. 6. Illustrative profiles and examples of occupational groups, to guide the contextualization of practice activities



## Competencies of public health workers

The 20 competencies organized into six domains listed below are interrelated and interdependent. Please use check boxes to indicate which ones exist in your programme or course.

### Competency domain I: Community-centredness

Competencies rooted in community-centred approaches to public health that promote equity, increase people's control over their health and lives and mobilize community assets.

- ☒ 1 Promotes health equity among individuals and communities
- ☒ 2 Enables people to increase control over, and to improve, their health and lives
- ☐ 3 Fosters inclusive and participatory approaches to public health that embrace cultural diversity and inclusion

### Competency domain II: Decision-making

Competencies relating to the approach to individual decision-making in daily practice, and contribution to collective decision-making mechanisms, that embody the ethics and values of public health.

- ☒ 4 Takes an evidence-informed approach to decision-making
- ☒ 5 Applies systems thinking to public health problem-solving
- ☒ 6 Adapts to unexpected or rapidly changing situations

### Competency domain III: Communication

Competencies relating to an individual's interactions with individuals, communities, partners and others, and their individual contributions to public health goals.

- ☒ 7 Communicates actively and attentively
- ☒ 8 Conveys information purposefully, including through trusted sources and key partners
- ☒ 9 Adapts communication to the contextual goals, needs, urgency and sensitivity of the situation

### Competency domain IV: Collaboration

Competencies relating to the public health approaches rooted in diplomatic collaborations with communities and stakeholders across sectoral and geographical boundaries, as part of whole-of-society and whole-of-government approaches.

- ☐ 10 Engages in collaborative practice within and between defined teams
- ☒ 11 Engages in collaborative practice within partnerships and coalitions
- ☒ 12 Learns from, with and about others
- ☒ 13 Constructively manages tensions, conflicts, resistance and opposition

### Competency domain V: Evidence-informed practice

Competencies relating to the generation and application of evidence to public health practice.

- ☒ 14 Assesses data, information and evidence from a range of sources
- ☒ 15 Promotes evidence-informed public health practice
- ☒ 16 Contributes to continuous quality improvement

### Competency domain VI: Personal conduct

Competencies relating to self-governed behaviours.

- ☒ 17 Works within the limits of competence and role responsibilities
- ☒ 18 Demonstrates high standards of ethical conduct
- ☒ 19 Engages in lifelong learning
- ☒ 20 Adopts strategies to manage one's own health and well-being

## Programme Mapping to W.H.O. EPHF Monitoring (example).

	W.H.O. ESSENTIAL PUBLIC HEALTH FUNCTIONS											
CORE / COMPULSORY MODULES	1	2	3	4	5	6	7	8	9	10	11	12
Foundations in Public Health PUH2201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biostatistics PUH2205	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology PUH2202	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion PUH2203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Systems and Economics PUH2212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health PUH2213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL / ELECTIVE MODULES	1	2	3	4	5	6	7	8	9	10	11	12
Developmental Health and Disease PUHE2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Prevention in Population Health PUHE2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add rows as required

## Feedback Example

Thank you once again for completing this monitoring form. We would now greatly appreciate your honest feedback so we can feed this back as well.

**Name:** (Blank)

**Position:** Dean, School of Public Health

### 1. General

A. How easy or difficult was it to understand the monitoring questionnaire?

☐ Very Difficult      ☐ Difficult      ☒ neither difficult nor easy      ☐ Easy      ☐ Very Easy

B. How easy or difficult was it to complete the monitoring questionnaire?

☐ Very Difficult      ☐ Difficult      ☐ neither difficult nor easy      ☒ Easy      ☐ Very Easy

C. Approximately how long did it take you to complete? (e.g., Less than 10 min, 10–20 min, 20+)

☐ less than 10 minutes      ☒ 10 to 20 minutes      ☐ 20 Minutes plus

D. Did you find any section particularly challenging or unclear? (Open-ended)

Some of the competences weren't really applicable to our programme

### 2. Content and Clarity

A. Did the **target audience** capture your target? If not, please explain how they could be improved?

☐ Yes

We find it difficult to monitor where our students go due to data protection laws. Generally, we know they are entry level but some are going into community groups and communications which are not well captured in the list

B. Likewise, did the **competences** address your competences? For example, did any of the competences feel redundant or unnecessary? If so, please explain how they could be improved.

☒ Yes

No (please explain)

C. And with the **EPHFs**, did they reflect your activity? Did any feel unnecessary or any areas missing?

☐ Yes

These were very broad ranging and far wider than our programme covers

### 4. Relevance and Applicability

A. Were the questions relevant to you and your programme?

☒ Yes

No (please explain)

### 5. Suggestions for Improvement

A. Do you have any other comments or recommendations to improve the questionnaire?

Be better if this was online



# Annex 1. Competences

## 2.5 Competency domain I: Community-centredness (page 25)

A community-centred approach to public health practice is oriented to community engagement and social participation that aims to promote equity, increase people's control over their health and lives and mobilize community assets, including knowledge, skills and lived experience, social networks, civil society groups and community organizations. Community-centred approaches include both bottom-up, voluntary community actions and activities, and top-down strategies that are informed by, and responsive too, the community concerned. At its core, competencies in community-centredness aims to build an environment where well informed citizens can take decisions and responsibilities regarding their own health, and to enhance community capacity and engagement in public health planning, service design and delivery, and emergency preparedness and response.

Competency 1: Promotes health equity among individuals and communities	
Behaviours	1.1 Contributes to the systematic identification and elimination of inequities resulting from differences in conditions for health
	1.2 Works to address unequal conditions experienced by groups, including the wider determinants of health and inequity <sup>3</sup>
	1.3 Advocates for public health decision-making, planning and action that prioritizes the most vulnerable groups and addresses the greatest health inequities
	1.4 Practises social accountability
Competency 2: Enables people to increase control over, and to improve, their health and lives	
Behaviours	2.1 Strives to mobilize, and enhance the effectiveness of, community assets
	2.2 Participates in mechanisms for community collaboration and social mobilization
	2.3 Promotes the principles of community collaboration, social mobilization, co-design, co-delivery and co-decision-making
	2.4 <i>Promotes social infrastructure for community participation, including the development of community leaders (L)</i>
	2.5 <i>Facilitates the inclusion of women, youths and other often excluded voices in participatory approaches to public health (L)</i>
	2.6 <i>Motivates others to take ownership of the public health mission (L)</i>
Competency 3: Fosters inclusive and participatory approaches to public health that embrace cultural diversity and inclusion	
Behaviours	3.1 Promotes participation of affected individuals and communities, and cultural safety in public health practice
	3.2 Demonstrates respect for the autonomy, goals, perspectives, preferences, priorities, rights and values of all people
	3.3 Adopts an approach to engagement that is inclusive, non-discriminatory, non-judgmental and non- stigmatizing
	3.4 Seeks to mitigate the impact of individual beliefs, biases, emotional responses and values on decisions, actions and communication
	3.5 Champions a culture of zero tolerance for racism, discrimination and stigma
	3.6 Takes positive action to avoid and dispel abuse, harassment and other disruptive behaviours



## 2.6 Competency domain II: Decision-making (page 26)

All members of the public health workforce make decisions daily that impact on and contribute to the goals of public health. Individual decisions about their practice affect communication, evidence interpretation, approach to practice and community engagement, all while adapting to the specific context. These decisions have various impacts within the public health ecosystem, for example, an impact on the experience and engagement of individuals and communities, the effectiveness of collaborative practices, the use and stewardship of scarce resources, and the approach to collective decisions about programmes, interventions and systems oriented to specific contexts and health goals. Decision-making, whether at the individual or the collective level, should embody the ethics and values of public health.

Competency 4: Takes an evidence-informed approach to decision-making	
Behaviours	4.1 Seeks feedback, information and evidence from a range of sources and stakeholders when approaching decision-making
	4.2 Demonstrates critical thinking to reach decisions that are well reasoned, ethical, evidence-informed, feasible, timely and based on the best available information (L)
	4.3 Navigates evidence gaps, ethical situations and influences from external factors such as political drivers, misinformation and media campaigns, in decision-making (L)
Competency 5: Applies systems thinking to public health problem-solving	
Behaviours	5.1 Takes initiative to identify and anticipate problems and opportunities
	5.2 Anticipates the health and intersectional consequences of decisions, actions and inaction
	5.3 Focuses on solutions, end goals and results
	5.4 Engages with problems and problem-solving from many different viewpoints (L)
	5.5 Promotes positive relationships with and between humans, animals and environments, and between the ecosystem partners and sectors that affect public health (L)
	5.6 Identifies opportunities for growth, innovation, change and redirection towards improved conditions for population health and equity (L)
Competency 6: Adapts to unexpected or rapidly changing situations	
Behaviours	6.1 Maintains situational awareness
	6.2 Adjusts priorities to respond to changing situations and demands
	6.3 Demonstrates flexibility and patience
	6.4 Demonstrates calmness, respect and kindness under pressure
	6.5 Adopts agile thinking characterized by flexibility, adaptability, iterative problem-solving and responsiveness to change (L)
	6.6 Adapts the approach to decision-making to reflect the complexity, urgency, availability or absence of information and consequences of the decision (L)

## 2.7 Competency domain III: Communication (page 27)

Communication is fundamental to the daily activities undertaken by individual members of the public health workforce. Communication can take various forms: it may be direct or indirect, and may utilize written, visual, verbal or non-verbal approaches and digital tools. The competencies within this domain are focused on facilitating effective and impactful communication in individual work, inclusive of interactions with colleagues and a range of stakeholders, including governments, associations, institutions and schools of public health, civil society groups, communities' and development partners' emergency operations centres, and media outlets; or for public health communication tasks, such as behavioural change communication and public health campaigns.

Competency 7: Communicates actively and attentively	
Behaviours	7.1 Presents information clearly, coherently, concisely and logically
	7.2 Listens actively, using a range of non-verbal cues and verbal affirmations
	7.3 Clarifies understanding of information from other people
	7.4 Responds sensitively and thoughtfully to others
	7.5 Works to overcome communication barriers, including those due to cognitive, physical or sensory impairment, culture, geography or language
	7.6 Facilitates meaningful dialogue among communities, partners and other stakeholders, including across sectors (L)
	7.7 Promotes inclusive communications by creating opportunities for others to express their views and insights, including those without positions of power (L)
Competency 8: Conveys information purposefully, including through trusted platforms and key partners	
Behaviours	8.1 Provides timely, relevant, accurate and complete information
	8.2 Adopts strategies that encourage common understanding of information and decisions
	8.3 Expresses professional perspectives with clarity, confidence and respect, based on the best available evidence
	8.4 Engages with trusted platforms and key partners in disseminating communication messages to achieve common communication goals
	8.5 Advocates for communication mechanisms that engage communities and key partners (L)
Competency 9: Adapts communication to the contextual goals, needs, urgency and sensitivity of the situation	
Behaviours	9.1 Clarifies with others the intended audience, goals and timelines for communications
	9.2 Adapts the style, language and methods of communication to the audience and context, considering needs, urgency, confidentiality and sensitivity
	9.3 Uses a range of communication tools, technologies and approaches to inform, persuade, influence, negotiate and mediate
	9.4 Demonstrates compassion, cultural sensitivity, empathy and respect for all people <sup>5</sup> (e.g. using gender-inclusive language that does not reinforce stereotypes)

## 2.8 Competency domain IV: Collaboration (page 28)

Public health challenges are inherently dynamic, transcending intersectoral, intrasectoral and even national boundaries, and necessitating collective action across sectors, organizations and communities. In the face of complex health issues, collaboration is a cornerstone for effective action. At the heart of public health values lies the fundamental principle of community collaboration and mobilization. Collaboration in public health must be standard practice, recognizing that no single member of the public health workforce can manage the complexities of public health. Mobilizing and collaborating with other individuals, communities and interest groups is vital for the effective implementation of public health actions, as part of a whole-of-society approach. By fostering these collaborations, individual workers can effectively address the multifaceted nature of public health and work collectively to improve population health outcomes. Collaboration also enables avoidance of duplication of services in a given community, and the incorporation of public health orientation into wider work that affects public health. By harnessing the strengths of diverse stakeholders, collaborative efforts can create comprehensive strategies that address the complex nature of public health challenges. In essence, collaboration is not just an option but a necessity: the pursuit of a healthier society requires collective commitment and coordinated efforts by everyone.

Competency 10: Engages in collaborative practice within and between defined teams <sup>6</sup>	
Behaviours	10.1 Engages in opportunities to improve collaboration within and between teams
	10.2 Works towards shared goals while respecting individual roles and responsibilities
	10.3 Supports team decisions even when personal preferences differ
	10.4 Jointly distributes roles and responsibilities to maximize strengths within a team
	10.5 Takes accountability for individual contributions to the team's work
	10.6 Creates opportunities for team listening, dialoguing, negotiating, rewarding, encouraging and motivating (L)
Competency 11: Engages in collaborative practice within partnerships and coalitions <sup>7</sup>	
Behaviours	11.1 Engages with others as partners across cultural, geographical, hierarchical, organizational, religious and sectoral boundaries
	11.2 Fosters transparent, constructive, collaborative and mutually accountable working relationships with others
	11.3 Strives to develop positive rapport with others, characterized by respect, humility, inclusivity, support and trust
	11.4 Seeks to establish a shared mission, vision and purpose, and trusting relationships (L)
	11.5 Builds and maintains meaningful interprofessional, interdisciplinary and intersectoral collaborations and partnerships (L)

Competency 12: Learns from, with and about others	
Behaviours	12.1 Shares perspectives on and promotes insights into public health issues, challenges and potential solutions
	12.2 Listens to others' experiences, perspectives, values and with openness and curiosity
	12.3 Seeks and provides constructive, sensitive and timely feedback, support and advice
	12.4 Fosters an environment of shared learning within and across teams, stakeholders, partnerships and communities (L)
	12.5 Fosters a culture of co-design, co-creation, co-implementation and participatory evaluation with communities (L)
	12.6 Builds communities of practice among those with shared roles and interests (L)
Competency 13: Constructively manages tensions, conflicts, resistance and opposition	
Behaviours	13.1 Anticipates, identifies and acts upon tensions or potential areas of conflict in a calm and non-judgemental manner
	13.2 Focuses on the sources of tensions rather than resultant conflicts
	13.3 Supports a blame-free environment in which one is safe to question and seek support and guidance
	13.4 Considers different perspectives when seeking compromise, consensus or a decision
	13.5 Mediates between different interests, and seeks solutions that are accepted by others where possible (L)

## 2.9 Competency domain V: Evidence-informed practice (page 30)

Leveraging evidence is crucial for improving the effectiveness, efficiency and equity of public health interventions (37). Evidence may come from research, interpreted for the context alongside considerations of other factors such as context, public opinion, equity, feasibility of implementation, affordability, sustainability and stakeholder acceptance. Evidence can be broadly categorized as scientific, tacit, global or local (37). This may underpin public health practice through following evidence-based protocols, contributing to generating new evidence, or championing evidence-to-practice translation. By collectively using evidence-based guidelines and engaging in evidence-informed decision-making, public health interventions and policies can be more impactful and responsive to the needs of the population.

Competency 14: Assesses data, information and evidence from a range of sources	
Behaviours	14.1 Seeks data, information, scientific evidence and other types of evidence from a range of contexts and from reliable and appropriate sources
	14.2 Detects and corrects disinformation, misinformation and infodemics
	14.3 Critically appraises scientific (un)certainity, ambiguities, assumptions, limitations, quality, relevance and significance of data, information and evidence (L)
	14.4 Balances values, needs, resources and evidence (L)
Competency 15: Promotes evidence-informed public health practice	
Behaviours	15.1 Promotes transparency of data, information and evidence
	15.2 Participates in the generation, evaluation and application of evidence-based and experience-informed practice
	15.3 Exemplifies the integration of best available evidence into practice (L)
	15.4 Champions evidence-informed decision-making in public health (L)
Competency 16: Contributes to continuous quality improvement	
Behaviours	16.1 Adheres to protocols that reduce vulnerabilities and reduce or mitigate risks of adverse events, errors and incidents of harm and unsafe practice
	16.2 Learns, and shares learning about, what works and what has not gone well
	16.3 Unlearns redundant or superseded practices, including misplaced beliefs
	16.4 Suggests improvements to address identified problems
	16.5 Participates in quality measurement and continuous quality improvement
	16.6 Adopts a mindset of quality-consciousness
	16.7 Creates expectations of and opportunities for using shared learning to improve quality (L)

## 2.10 Competency domain VI: Personal conduct (page 31)

Demonstrating high personal standards in public health practice is crucial for building trust, fostering positive relationships with others and contributing to ethical, effective and high-quality public health interventions. Members of the workforce should adhere to ethical principles, fulfil their role responsibilities, manage their own health and engage in lifelong learning.

Competency 17: Works within the limits of competence and role responsibilities	
Behaviours	17.1 Maintains awareness of one's own competence and role responsibilities
	17.2 Adheres to the duties, obligations and codes of conduct defined by occupational standards, community standards, crisis standards of care, ethical frameworks, legal regulations and organizational procedures
	17.3 Seeks appropriate evidence, guidance and technical support when encountering situations beyond one's competence or role responsibilities
	17.4 Creates a safe environment and safeguards for others to abide by ethical standards and codes of conduct (L)
Competency 18: Demonstrates high standards of ethical conduct	
Behaviours	18.1 Acts with honesty, integrity and transparency
	18.2 Seeks to address any negative impact of one's own attitudes, views and behaviours
	18.3 Upholds ethical principles in public health, including capacity, confidentiality, consent, absence of conflict of interests, duty of care, dignity and privacy
	18.4 Practices with zero tolerance for sexual exploitation, sexual abuse and sexual harassment
	18.5 Motivates others to adhere to ethical standards of practice and a culture of ethics, integrity and responsibility (L)
Competency 19: Engages in lifelong learning	
Behaviours	19.1 Approaches practice with humility, openness and curiosity
	19.2 Seeks and engages in continuous formal and non-formal learning linked to evolving contexts for practice and professional development
	19.3 Engages in self-learning and critical reflective practice
	19.4 Engages in, and acts on feedback received during, peer review, appraisals and performance evaluations
	19.5 Adapts and adjusts one's own ideas and thoughts in the light of conflicting or emerging evidence and evolving population needs (L)
Competency 20: Adopts strategies to manage one's own health and well-being	
Behaviours	20.1 Monitors one's own mental, physical and social health and well-being
	20.2 Uses a range of strategies to manage fatigue, ill health, stress and exposure to distressing and stressful and emergency situations
	20.3 Seeks help or support from others when needed for one's own health and well-being
	20.4 Engages in self-care practices that promote emotional resilience, health and well-being
	20.5 Creates a culture of psychological safety in the workplace (L)

## Annex 2. Essential Public Health Functions

EPHFs	Subfunctions
<b>EPHF 1: Public health surveillance and monitoring</b> Monitoring and surveillance of population health status, risks, protective and promotive factors, threats to health, and health system performance and service utilization	Subfunction 1.1: Planning for public health monitoring and surveillance
	Subfunction 1.2: Routine and systematic collection of public health data
	Subfunction 1.3: Analysing and interpreting available public health data
	Subfunction 1.4: Communicating public health data, information and evidence with key stakeholders, including communities
<b>EPHF 2: Public health emergency management</b> Managing public health emergencies for international and national health security	Subfunction 2.1: Monitoring and analysing available public health information to identify and anticipate potential and priority public health risks, including public health emergency scenarios
	Subfunction 2.2: Planning and developing capacity for public health emergency preparedness and response as part of routine health system functioning in collaboration with other sectors, including development of a national health emergency response operations plan
	Subfunction 2.3: Carrying out and coordinating effective and timely public health emergency response activities while supporting the continuity of essential functions and services
	Subfunction 2.4: Planning and implementing recovery from public health emergencies with an integrated health system strengthening approach
	Subfunction 2.5: Engaging with affected communities and stakeholders in the public and private sectors and health and allied sectors as part of whole-of-government and whole-of-society approaches to public health emergency management
<b>EPHF 3: Public health stewardship</b> Establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws	Subfunction 3.1: Advocating public health-oriented planning, policies and strategies
	Subfunction 3.2: Strengthening institutional public health structures for the coordination, integration and delivery of public health functions and services in the health and other sectors
	Subfunction 3.3: Developing, monitoring and evaluating public health regulations and laws that act as formal, regulatory, institutional frameworks for public health governance, functions and services
	Subfunction 3.4: Maintaining and applying public health ethics and values in governance



EPHFs	Subfunctions
<b>EPHF 4: Multisectoral planning, financing and management for public health</b> Supporting effective and efficient health systems and multisectoral planning, financing and management for public health	Subfunction 4.1: Conducting evidenced-based health system planning and prioritization for managing population health needs, including alignment of national strategies, policies and plans for public health
	Subfunction 4.2: Promoting integrated cross-sectoral prioritization and planning for public health with intersectoral accountability mechanisms and WHO's Health in All Policies approach to manage population health needs
	Subfunction 4.3: Promoting sustainable and integrated financing for public health by improving the generation, allocation and utilization of public and pooled funds to strengthen health system foundational capacities in all contexts
	Subfunction 4.4: Planning and developing appropriate infrastructure for meeting population health needs, including key services in health facilities (e.g. water, sanitation, waste and energy)
	Subfunction 4.5: Monitoring and assessment of policies and plans, financing of health systems, and multisectoral efforts for health that improve public health, promote equity and inclusion, and strengthen resilience
<b>EPHF 5: Health protection</b> Protecting populations against health threats, for example, environmental and occupational hazards, communicable and noncommunicable diseases, including mental health conditions, food insecurity, and chemical and radiation hazards	Subfunction 5.1: Developing, implementing, monitoring and evaluating regulatory and enforcement frameworks, including compliance with international legislation, and mechanisms for the protection of specified populations (e.g. workers, patients and consumers) and the general public from health hazards
	Subfunction 5.2: Conducting risk assessments, risk communication and other risk management actions needed for all manner of health hazards
	Subfunction 5.3: Monitoring, preventing, mitigating and controlling confirmed and potential health hazards
<b>EPHF 6: Disease prevention and early detection</b> Prevention and early detection of communicable and noncommunicable diseases, including mental health conditions, and prevention of injuries	Subfunction 6.1: Designing, implementing, monitoring and evaluating interventions, programmes, services and platforms for primary, secondary and tertiary prevention, including consideration of equity
	Subfunction 6.2: Integrating consideration of prevention and early detection into service delivery platform design or redesign
	Subfunction 6.3: Working with partners to support the development, implementation and monitoring of legislation, policies and programme activities aimed at reducing exposure to risk factors and promoting factors that prevent disease

EPHFs	Subfunctions
<b>EPHF 7: Health promotion</b> Promoting health and well-being as well as actions to address the wider determinants of health and inequity	Subfunction 7.1: Designing, implementing and evaluating specific interventions or programmes to promote health, including changes in behaviours, lifestyle, practices, and the environmental and social conditions that promote health and reduce health inequities
	Subfunction 7.2: Taking and supporting action, with partners, to address wider determinants of both communicable and noncommunicable diseases through a whole-of-government, whole-of-society approach, including increasing individual and community participation in health-impacting decisions
	Subfunction 7.3: Advocating, developing and monitoring legislation and policies aimed at promoting health and healthy behaviours and reducing inequities
	Subfunction 7.4: Undertaking evidence-based advocacy and health communication to promote healthy behaviours and socioecological environments and build community trust
<b>EPHF 8: Community engagement and social participation</b> Strengthening community engagement, participation and social mobilization for health and well-being	Subfunction 8.1: Promoting participatory decision-making and planning for health and the promotion of societal changes that enhance, promote and protect health and well-being
	Subfunction 8.2: Building community capacity for participating in public health planning, interventions, services, and preparedness and response measures
	Subfunction 8.3: Monitoring and evaluation of community engagement in public health planning, interventions, services, and preparedness and response measures to promote equity and inclusion
	Subfunction 8.4: Mobilizing and collaborating with communities and civil society groups in health services, interventions and programmes as part of a whole-of-society approach
	Subfunction 8.5: Engaging communities in health preparedness, readiness, response and recovery

EPHFs	Subfunctions
<b>EPHF 9: Public health workforce development</b> Developing and maintaining an adequate and competent public health workforce	Subfunction 9.1: Undertaking planning and regular monitoring and evaluation of the public health workforce in relation to density, distribution and skills mix required to meet population health needs
	Subfunction 9.2: Assessing and developing the education and training of the public health workforce, encompassing the full spectrum of public health competencies (for example, technical, strategic and leadership skills), including development of essential competencies for intersectoral work for health and for emergency response
	Subfunction 9.3: Promoting the sustainability of the public health workforce by developing appropriate career pathways and assessing and creating safe and dignified working conditions
<b>EPHF 10: Health service quality and equity</b> Improving appropriateness, quality and equity in provision of and access to health services	Subfunction 10.1: Assessing and improving the quality and appropriateness of health services and social care services as delivered to meet population health needs
	Subfunction 10.2: Assessing and promoting equity in the provision of and access to health and social care services
	Subfunction 10.3: Aligning the planning and delivery of health services and social care services with population health needs and priority risks
<b>EPHF 11: Public health research, evaluation and knowledge</b> Advancing public health research and knowledge development	Subfunction 11.1: Strengthening and broadening the capacity to conduct and promote research in order to enhance the knowledge base and inform evidence-based policy, planning, legislation, financing and service delivery at all levels and in all contexts
	Subfunction 11.2: Supporting knowledge development and implementation, including the translation of public health research into decision-making based on the best available evidence and practices for addressing population health needs
	Subfunction 11.3: Promoting the inclusion and prioritization of public health operational research within broader research agendas
	Subfunction 11.4: Promoting and maintaining ethical standards in public health research that promote a human rights-based approach to health

EPHFs	Subfunctions
<b>EPHF 12: Access to and utilization of health products, supplies, equipment and technologies</b> Promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies	Subfunction 12.1: Developing and implementing policies, laws, regulations and interventions that promote the development of and equitable access to essential medicines and other medical products and health technologies in both national and international contexts
	Subfunction 12.2: Developing and implementing evidence-based standards, laws, regulations, policies and interventions that ensure the safety, affordability and efficacy of essential medicines and other medical products and health technologies
	Subfunction 12.3: Working with partners to manage the inclusion of evidence-based essential medicines and other medical products, health technologies and non-pharmacological interventions into clinical and public health practices
	Subfunction 12.4: Managing supply chains for essential medicines and other medical products and health technologies in support of their rational use and equitable access in both national and international contexts, including stockpiling and prepositioning essential medicines, equipment and supplies
	Subfunction 12.5: Monitoring and assessing the safety, effectiveness, efficacy and utilization of, and access to, essential medicines and other medical and surgical products, health technologies and non- pharmacological interventions, in clinical and public health settings