1. To operate for improvement, accreditation will need to be flexible and all-embracing in order to accept the full developmental spectrum of new to advanced schools and programmes of public health (this thesis).

2. The rise of accreditation in nation states is based on a change in the relationship between universities and governments and is principally based on accountability for funding (this thesis).

3. To improve and enhance education, accountability needs refocusing away from financial accountability to the needs of the sector, the stakeholders and society (this thesis).

4. Global accreditation needs to be responsive to, as well as to promote and share, the competences required by the public health workforce to contribute to the health of their populations (this thesis).

5. Public health as a sector is highly fragmented across the globe which weakens the sector as it does not speak with one global voice.

6. When establishing new schools and programmes in public health tensions and resistance arise primarily from medical professionals who understand it to be part of their sphere of influence. One of the greatest achievements in public health was sanitation. Medical doctors do not lay pipelines.

7. Public health became established in many developed countries for its economic utility. In developing countries public health would benefit from being advocated for its economic utility to encourage governments to adopt public health approaches.

8. A global accreditation system requires dialogue and ownership from global stakeholders.