

Annual Report of the World Federation of Public Health Associations
WFPHAreport'13

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The Role of Public Health

in today's
Global Setting

James Chauvin

President, World Federation of Public Health Associations



Dear colleagues,
Over the past 12 months, I've had the opportunity to meet and interact with members of public health communities in several countries. What struck me was the vitality and passion of people involved in public health to 'make a difference' by helping enable people, wherever they live, whoever they are, whatever their life circumstances, achieve their fullest health potential. They are ardent advocates about the socio-economic, political and ecological factors that influence and determine their health, factors that are often beyond the control of individuals and require societal responses. I was also very impressed by the number and calibre of the young, energetic public health activists I met. They are the emerging public health leadership.

Public health, by and large, remains invisible. Most of the work that supports public health functions takes place 'behind the scenes'. The public, the media and politicians talk about 'public health' when a crisis occurs – for example, an outbreak of measles, food poisoning, contaminated water, H1N1. The spotlight is then focused on the public health sector to solve the problem. Once the issue is resolved and out of the public spotlight, public health goes back to being invisible, until the next emergency.

To be effective in creating a world of positive health benefits for all, not just for some, we need to make public health more visible. Public health should be on the minds of every person around the globe as a means of contributing to sustainable human and ecosystem development through positive health benefits and health equity. If we are to really tackle the 'wicked problems', and moves us into real solutions that tackle the non-biomedical, non health care sector determinants of health, we should support and foster public health leadership.

What is public health leadership? Building leadership capacity for the management of health facilities and services is important. But we should go beyond this definition. Leadership capacity building should include nurturing the characteristics of leadership: creating and acting on vision; building and sustaining confidence and trust; being accountable and transparent; knowing when and how to act as a leader (when to take the lead; when to play a support role); thinking laterally (being able to 'connect the dots' and reach out to other disciplines and sectors for ideas and solutions); engaging people for transformative decision-making and action (leader as catalyst for change);

speaking truth to power (standing firm in one's convictions and speaking out with authority and independence to those in authority); understanding and considering the context and community (leader as a servant of the communities being served); mentoring (teaching others, while at the same time, listening and learning); and activism (being an ardent, authoritative and evidence-informed advocate for a cause). National public health associations, schools and programs of public health and the World Federation of Public Health Associations have a role to play in building and fostering leadership in and for public health. This includes putting into place and supporting the conditions that foster leadership. These include but are not limited to:

- Build on the power of communities to effectively address public health issues and give communities the space and opportunity to lead
- Strengthen public health human resources development, including a particular emphasis on youth
- Define what we mean by public health and identify and put into place the means to support both essential public health functions as well as action to benefit the public's health
- Advocate for and support an integrated, comprehensive approach to universal health coverage including the social and ecological determinants of health as the cornerstone for human development
- Advocate for and implement responsible, transparent, accountable and open governance structures and processes at all levels of health systems
- Engage in and support independent evidence generation and its application to policy and practice, and
- Harness information technology, including its use for the advancement of knowledge and its dissemination and effective use.

National/regional public health associations and the WFPHA create a strong and vibrant civil society to defend and promote the interests of the public's health. They have a responsibility to advocate for and create transformative change. To do so, they need to have the leadership, the resources and the wherewithal to make it happen. We need everybody involved in public health to actively support and contribute to making their national public health association pro-active, vibrant and effective organizations. Together, we can make a difference.

Front Cover:

Elderlies exercising every day in the Center for Healthy Aging, New Sarajevo.
Bosnia / Partnership for Public Health Association

The Year in Review



of South Africa. This event, which brought together representatives from several African PHAs, the APHA and CPHA, focused on the issue of falsely-labeled and falsified medicines, a very important public health issue in Africa. The outcome was a declaration of commitment by the African PHAs to gather evidence in their respective countries as input to continental advocacy action on this issue.

It is truly amazing what a volunteer membership association can achieve over a twelve-month period. The year 2013 was no exception. The WFPHA carried out several activities that contributed to strengthen its operational and policy advocacy capacities, to enhance the policy development and advocacy capacity of its member associations, and to put into place the framework for future activities.

In May, representatives of several member public health associations met in Geneva to discuss and develop a framework for the WFPHA's five-year (2013-2017) organizational strategic plan. The draft strategic plan was approved subsequently by the WFPHA Governing Council. A full description of the new strategic plan is presented on pages 4 and 5.

The Federation also expanded its membership base, with the addition of 22 new member organizations. This included 15 from the European region, through an innovative umbrella agreement with the European Public Health Association. This brings the total membership in with WFPHA to 92 public health associations and health organizations. A complete list of the Federation's members is found on the Annual Report's inside back cover.

The WFPHA collaborated in several regional public health conferences, as a means to gain an appreciation of important regional public health issues and to promote the establishment of PHAs in countries where they do not currently exist. This included the 1st Arab World Public Health Conference, hosted by the Dubai Health Authority (a WFPHA Sustaining Member) in April 2013 and the 4th Asia-Pacific Regional Public Health Conference, hosted by the Viet Nam Public Health Association in November 2013. WFPHA representatives also attended global health conferences in Canada and Taiwan, as well as the first World Innovation Summit on Health, held in Qatar in December 2013. The WFPHA also sponsored successful concurrent sessions and a Global Public Health Leaders breakfast at the 141st American Public Health Association Conference.

The Federation launched two new initiatives to contribute to enhance the policy development and advocacy capacity of its member associations. The first was a pilot one-day advocacy skills-building workshop, held immediately prior to the 9th Conference of the Public Health Association

The second initiative was the launching of the WFPHA's Job Share program. Through it, PHAs wishing to enhance their operational and policy development and advocacy capabilities are twinned and mentored by more mature and experienced PHAs. The pilot phase saw the twinning of the Nepal Public Health Association and the Chinese Preventive Medical Association with the Public Health Association of Australia. See page 7 for more details.

Considerable effort was invested in the planning of the 14th World Congress on Public Health, which will be hosted by the Indian Public Health Association in Kolkata (India) in February 2015. The International and National Congress Organizing Committees and Scientific Program Committee were established and met on several occasions. By the end of the year, the draft scientific program had been defined, several potential partners approached and the Congress' venue visited and approved.

The WFPHA also took a decision to change the timing of the 15th World Congress on Public Health. Normally held every three years, the 15th World Congress will take place in 2017, rather than in 2018, to coincide with the Federation's 50th anniversary. A Call for Bids for this event was posted and three bids were received: one from the UK, another from Spain and the third from Australia. The winning bid will be announced during the 2014 WFPHA General Assembly in May 2014.

The WFPHA also continued to explore new partnerships with both the corporate and non-corporate sectors. Its Funding, Donation and Sponsorship policy, adopted in 2011, was put to the test. Following a thorough vetting, the Governing Council approved Pfizer Inc as a potential partner, with the caveat that any funds received could not be used to support the Federation's advocacy activities. This same policy will be used to vet all prospective partners and sponsors for the 14th World Congress on Public Health.

In retrospect, the Federation was quite productive during 2013. With continued support from its volunteer members and the Geneva secretariat, the WFPHA foresees achieving even more things during 2014.

A New Five-Year Strategic Plan Approved

NEW STRATEGIC PLAN 2013-2017



of regional networks of national public health associations in the Asia-Pacific and in Africa. The triennial World Congress on Public Health was defined as the WFPHA's flagship activity.

The Federation's core values were re-confirmed, with some clearer definitions as to what they meant. For example, the principle of partnership was redefined as collaboration at all levels, from community to

global, as a basis for mutual learning and capacity building.

The five goals from the 2007-2012 strategic plan were found to be sound and relevant, with some minor modifications and re-ordering. The five goals defined for the 2013-2017 period are:

1. Advocate for effective global policies to improve the health of populations
2. Advance public health practice, education, training and research
3. Expand and strengthen partnerships
4. Promote and support the advancement of strong member associations
5. Build an effective, responsive and sustainable WFPHA

A set of measurable outcomes and an associated strategy for their achievements was defined for each of the five goals. The consensus was to develop a WFPHA initiative based on the concept of the CPHA's former Strengthening of Public Health Associations (SOPHA) Program as a means of contributing to the nurturing of the organizational and programmatic capacity of national public health associations and to build a strong global advocacy voice for public health.

The WFPHA's five-year strategic plan helped guide the planning and implementation of the Federation's policy and programmatic activities over the period 2007 to 2012. On May 19, 2013 the WFPHA General Assembly approved in principle a new draft 5-year strategic plan for the period 2013 to 2017. Representatives from the WFPHA Governing Council, its Advisory Board and the WFPHA's secretariat office worked together during a facilitated intensive two-day workshop (May 15 and 16, 2013) held at the Château de Bossey, near Geneva, to produce the draft document.

Workshop participants used the previous strategic plan as a starting point. They determined the Federation's vision and mission statements to still be relevant, with some slight word-smithing. The five Goals from the 2007-2012 strategic plan were reviewed in light of recent accomplishments. These include the development of a transparent and enabling governance structure, better external and internal visibility and expanding relationships (in particular with WHO and other international organizations, a more structured membership application and review process, the transfer of its secretariat office to Geneva, and the establishment

Vision

- Leading the quest for a healthy global society

Mission statement

- WFPHA is an international, non-governmental, civil society, multi-professional federation of public health associations dedicated to promoting and protecting global health

Values

- **Right to Health:** Health is a fundamental human right and public good
- **Social Justice & Equity:** Non-discrimination and the elimination of health disparities
- **Diversity and inclusion:** A global public health perspective that includes diverse social and cultural backgrounds, ethnicity, race, gender, sexual orientation and disability
- **Partnership:** collaboration at all levels, from community to global, as a basis for mutual learning and capacity building
- **Ethical conduct:** Mutual respect in the practice of public health

Goals & Strategies

Goal One: Advocate for effective global policies to improve the health of populations
STRATEGIES:

- Implement the WFPHA/WHO collaboration plan
- Implement the Public Health Association for Equity (PHA4Equity) plan
- Use a combination of methods to disseminate & advocate the policies of WFPHA
- WFPHA World Congress on Public Health

Goal Two: Advance public health practice, education, training and research
STRATEGIES:

- Job share program
- Explore revitalization of Knowledge Management for Public Health (KM4PH) on-line communications platform
- Framework of Public Health Competencies
- Optimal utilization of the Journal of Public Health Policy
- Position the World Congress for further advancement of public health practice, education, training and research
- Facilitate collaboration between regional and local PHAs and with PH research and training schools of public health and the private sector (as appropriate)

Goal Three: Expand and strengthen partnerships
STRATEGIES:

- Maintain and strengthen partnerships with WHO, World Justice Project, and others
- Develop new partnerships where appropriate
- Develop user-friendly guidelines for WFPHA and shared with member associations

Goal Four: Promote and support the advancement of strong member associations
STRATEGIES:

- Enhance existing membership database
- Actively encourage use of available tools and resources by member associations
- Create & implement WFPHA "Strengthening public health associations" program

Goal Five: Build an effective, responsive and sustainable WFPHA
STRATEGIES:

- Develop & implement a resource generation strategy
- Develop & implement an operational plan including regular reporting for the Geneva office
- Provide regular reports on resolutions and declarations of the Federation
- Planning for WFPHA 50th Anniversary in 2017
- Develop and implement effective communication and marketing plans



Attended the Strategic Plan Meeting in Geneva

From right to left:
Vina Hulam (APHA)
Michael Moore (PHAA)
James Chauvin (Canada), President 2012-2014
Ravi Kumar (IPHA)
Dipika Sur (IPHA)
Madhumita Dobe (IPHA)

News from the Geneva Headquarters

The World Federation's headquarters in Geneva can look back on a dynamic year 2013 with the following landmark events to be mentioned: the MoU between the WFPHA and the European Public Health Association signed in Brussels; this will intensify the already existing close collaboration between the WFPHA and the eldest of the regional associations of Public Health, the EUPHA. This first MoU will serve as a base to develop further collaborations with Regional Federations. The Geneva headquarters have been working to get Public Health activated in the EMRO Region and during the first Arab Public Health Conference in Dubai, appropriate people were contacted. This work is still on-going in this very complex region of the world, especially if we take the Public Health approach.

The headquarters, under the lead of Prof. Borisch, have been working intensely, in collaboration with our Designated Technical Officer, Dr. Krech, to produce the next collaboration plan with WHO (2013-2015) as the previous one ended in 2012.

The main points of the collaboration will be: a Delphi study on the question of the position that Public Health takes in today's global setting. This work is already under way and should be ready for presentation at the 14th World Congress of Public Health to be held in Kolkata in 2015. Other points of the collaboration plan are the common preparation of this 14th World Congress. ; we hope to get both the WHO HQ as well as the regional office SEARO deeply involved into the preparation and the congress itself, as already successfully done at the last world congress in Ethiopia. Additional points of the collaboration plan are the elaboration of a public health education action plan by the Public Health Professionals' Education and Training Working Group and to help strengthen local capacity of national Public Health Associations to identify and respond to priority Public Health issues, especially with respect to their advocacy about equity.

Under the impulse of Prof. Borisch, the guidance of Prof Bedi and coordination of Dr Lomazzi a new "offspring" of the WFPHA, the oral health working group is flourishing.

A resolution on oral health and dementia will be presented at the WHA in May 2014. This group of the WFPHA has developed a large network and works to intensify the links between oral health workers and the Public Health community.



The headquarters in Geneva initiated the job share program and have been working up to the first pilot project. The Headquarters coordinate the work of the Governing Council, its committees and working groups and is active in linking the Federation with local and international NGO's. The Finances are being held by the headquarters as well as the active communication through the Newsletter, Facebook page, Annual Report and collaboration with the Journal of Public Health Policies.

All these tasks are fulfilled by Laetitia Bourquin and Marta Lomazzi. Laetitia is mainly taking care of finances and events organization, including the upcoming world congress, while Marta coordinates the main projects of the Federation such as the new definition of Public Health and the Job Share program. Young Public Health Professionals are offered internships within the headquarters and during 2013 we had the pleasure to have Juan Zhao join the team for nine months. In 2014 a new collaborator, Claire Morris will help with fundraising activities and member's management.



Consultation on the Role of Public Health in Today's Global Setting

The challenges facing public health, and the broader world context in which we struggle, have become too numerous and too complex for a business-as-usual approach.

Dr Margaret Chan, WHO Director-General

The challenges facing public health, and the broader world context in which we live, work and play have become too numerous and too complex

for a business-as-usual approach. State and non-state actors increasingly recognize the importance of the socio-economic and political determinants of health. They value the fact that governance shortcomings, missing accountability and failures in the political matrix are as important for the health of population's as are access to and the quality of health care services.



The World Health Organization (WHO) and the World Federation of Public Health Associations (WFPHA) are undertaking a joint consultation to help define how to adapt public health to its future role in global health. This initiative is defined under Activity 1 of the Collaboration Plan (2013-2015) between the two institutions. A pool of experts has been identified to participate in a first round electronic group discussion in 2014. The proposals of this advisory group will feed into a new understanding of the roles, responsibilities and their resulting capacity needs in public health. Followed by DELPHI rounds this work will lead to a first presentation/statement at the WHA in 2014. The study is expected to be completed before February 2015 and presented at the 14th World Congress on Public Health in Kolkata.

Job Share Program

The WFPHA launched in Autumn 2013 the pilot phase of the Job Share Program. Initially conceived through discussions with public health association representatives during the 13th World Congress on Public Health (Addis Ababa: April 2012), the Job Share Program is designed to improve their organizational capacity to advocate for healthy public policies and practices. Public health associations with less experience in policy development and advocacy will be twinned and mentored with more mature and experienced PHAs. Through this twinning process, WFPHA will contribute to strengthening the skills required to promote public health locally and worldwide, as well as in setting up global partnerships through the exchange of capabilities and knowledge among public health professionals from different countries The Job Share

Program is one of the activities to be undertaken within the WFPHA's 2013-2017 Strategic Plan. The pilot phase will be conducted in association with the Public Health Association of Australia. In early 2014, the PPHA will host representatives from two national public health associations (the Chinese Preventive Medicine Association and the Nepal Public Health Association) at its national office where they will join the PHAA's team over a six-week period to learn about policy development, program management and the PHAA's field-related activities. Based on the results of the pilot phase, WFPHA hopes to expand the Job Share initiative in 2014.



WFPHA Member Conferences

1st Arab World Conference on Public Health, Dubai, April 4–6, 2013



Under the auspices of the Dubai Health Authority in collaboration with the World Federation of Public Health Associations, public health experts from all Arabic countries met for the first time in Dubai in April 2013.

Several considerations motivated both the WFPHA and the local organisers to call this meeting. First, the Arab world comprises 22 diverse countries ranging across the vast expanse of the Middle East, the eastern Mediterranean and North Africa. The Arab world is a new region for public health.

Secondly, the Arab world is among the most diverse regions in the world. There are wealthy and poor countries, some countries with booming economies and peaceful while others are experiencing civil war and socio-political revolution. It was timely to convene experts from all these countries to facilitate knowledge exchange, transfer and networking.

The conference delegates presented and discussed a wide range of public health issues. Topics ranged from mammography screening programs to oral health to occupational health over the three days. Noting the need to move forward the public health agenda, for strengthening public health structures and workforce capacity to improve population health, the Dubai Declaration on Public Health in the Arab World calls upon all countries in the region to -among other points - give due attention to social determinants of health and their importance in public health, to ensure equitable access to effective health systems including public health services, and to empower people to take responsibility for their health.



A Stellar Public Health Conference in Africa

The 9th Public Health Association of South Africa Conference, held in association with the African Federation of Public Health Associations, took place at the International Conference Centre in Capetown on September 26 and 27. Its theme, Africa's

Public Health Legacy – Beyond the MDGs, offered a perfect springboard for discussions about how the community of public health associations in Africa can, in partnership with governments at all levels and other stakeholders, develop, implement and evaluate the impact on health outcomes of public and private sector policies, programs and practices that affect human health.

This important pan-African public health event exceeded expectations. Almost 500 delegates attended, primarily from South Africa but as well representing 20 African countries and 8 other countries. Several pre conference events took place, including a Public Health Student Symposium (September 24) and several

skills-building workshops on September 25.

The PHASA conference program covered a range of public health issues and featured several pre-eminent speakers. Jim Chauvin, WFPHA President, was honoured by PHASA as a keynote speaker at both the opening and closing plenary sessions. The oral concurrent and poster presentation sessions highlighted the vitality and passion of the young public health cadre. A lot of interest was expressed about the WFPHA and the role of public health associations as catalysts for change and in advocating for better health outcomes and health equity.

The conference demonstrated that a vibrant public health community exists in South Africa and in Africa, with a high potential for significant and sustained transformative change for health equity and human development through public health associations in Africa.

42nd Annual Conference, Public Health Association of Australia, Melbourne, September 16-18, 2013



The Public Health Association of Australia (PHAA) held its 42nd Annual Conference on the theme A “fair go” for health: tackling physical, social and psychological inequality. At the opening session Victoria State’s Minister for Health and Ageing, the Honourable David Davis, described very clearly how this state government is dealing with the inequalities in access to health care. He was followed by WFPHA President Jim Chauvin, invited by the PHAA to present this year’s Douglas Gordon Oration. This commemorates the significant contribution made by the late Dr. Douglas Gordon (1911-1993) to public health in Australia. The purpose of the presentation was to share with conference delegates his reflections about the important role played by national public health associations and to make a call to action for the members of these organizations to be active and fully-engaged participants in global public health advocacy. The presentation helped sensitize the PHAA’s members about the important role that their association can play in the Asia Pacific and global public health arenas, and helped reinforce the relationship between the PHAA and the WFPHA. This was a high level conference with a special emphasis on advocacy; there were several Public Health Action Workshops, where advocates with experience and success shared their ways of working with the political, the scientific and the population level. For all tobacco campaigners worldwide it is important to note that Australia became the first country in the world to require tobacco products to be sold in plain packaging. Health equity was dealt with in several lectures. The Council of Academic Public Health Institutions of Australia

(CAPHIA) held its annual Teaching and Learning Forum immediately following the PHAA Conference. The topic was “Public Health Teaching in a changing university environment”. A special focus was on the new technologies and forms of teaching; MOOCs, blended learning and the like were presented and discussed in workshop formats. On the second day Professor Bettina Borisch, Director of the WFPHA’s Geneva Secretariat Office opened the meeting with a

presentation on Swiss, European and WFPHA activities in teaching and learning – Overview. The ensuing exchange was rich and stimulating. Several concerns shared worldwide were mentioned and the consensus was that teaching Public Health always brings us back to the definitions of Public Health in a changing world.

Climate Change and Population Health: The Role of Public Health Associations



The Vietnam Public Health Association, in association with the Asia-Pacific Regional Network of Public Health Associations, hosted a very successful and productive 4th Asia-Pacific Conference on Public Health. This event, which took place on November 21 and 22, 2013 in Nha Trang (Vietnam), brought together public health practitioners, academics, researchers and other interested parties from across the Asia-Pacific region and elsewhere under the theme Climate Change and Population Health. The theme was particularly relevant, given the tragic climate-related disaster in the Philippines and the climate change summit that took place in Warsaw the week before.

The WFPHA was represented at the conference by James Chauvin (WFPHA President) and Dr. Peter Orris (Chair of the WFPHA’s Environmental Health Working Group).

Representatives from public health associations in Australia, Japan, Korea, China and Afghanistan also participated. A meeting of the Asia-Pacific region’s Public Health Associations was also held during the conference.



The oral and poster presentations fed the ensuing discussions about the risk factors and opportunities for community-based and led interventions towards sustainable human development. Consensus was reached on several issues:

- climate change is a major determinant of health
- climate change is increasingly complex, requiring a multi-sector and interdisciplinary approach based on reliable evidence
- more health-related research is needed along with better information sharing for policy making
- adapting to climate change is only part of the solution; transformative change is tackle the causes of climate change and mitigate the risks of health-related consequences due to climate change.

The Nha Trang Declaration, a call to action for the Asia-Pacific public health community, was promulgated at the conference’s closing ceremony. It calls for a focused approach to strengthen connectivity, multidisciplinary collaboration, building a network of information exchange and experiences and continuation in conducting high quality scientific research on the health consequences and means to diminish risks to human health as the basis for evidence for policy makers.

During the conference, the Vietnam Public Health Association launched the Vietnam Journal of Public Health. This bi-annual publication, published in English, will improve access for the global public health community to public health research being carried out in Vietnam and the Asia-Pacific Region. The WFPHA congratulates the VPHA for launching this new journal.

5th Asia-Pacific Conference on Public Health
Health Asia
Multidisciplinary Approaches to Emerging Challenges
April 10 [Thu] ~ 11 [Fri], 2014
Seoul Olympic Parktel, Seoul, Korea

5th Asia-Pacific Conference on public health
Multidisciplinary Approaches to Emerging Challenges
April 10 to April 11, 2014.
Seoul Olympic Parktel, Seoul, Korea
<http://www.apcph.org/>.

Oral Health

The creation of the WFPHA oral health working group (OHWG) was a significant step, both for the WFPHA as well as for the global oral health community. It has created, first, an opportunity for the dental public health organizations to engage with their national public health community and with, as well, the global public health community. Second, it encouraged pan-national organizations, e.g. the European Dental Public Health Association, to join the oral health working group as well as the WFPHA. Third, and most importantly, the group advocates about the importance of oral health to the wider public health community and recruit dental health professionals to engage in more general public health initiatives.

The members agreed to focus, during the first two years, on three activities: first, to raise the profile of the group, primarily through participation at public health conferences, both within the WFPHA and the wider public health communities; second, to undertake a survey, via a questionnaire, of global dental public health capacity; and, third, to develop a Declaration on Child Oral Health as a new WFPHA resolution.

In April 2013 at the 1st Arab World Congress on Public Health, Dubai, United Arab Emirates, the oral health working group made several presentations and took part in a panel discussion. The focus of the session was the high levels of childhood dental caries and local strategies aimed at oral health improvement. The Chief Dental Officers of Oman, Saudi Arabia and Qatar made presentations. One outcome was the creation of a Gulf Oral Health network which is chaired by Dr Maryam Farhan, former head of the community programme at the National Guard, Saudi Arabia. Another oral health session was held, under the chairmanship of Dr Myron Allukian, at the 2013 American Public Health Association conference.

In November 2013 a pilot questionnaire on dental health capacity, to map out the global dental health capacity and its geographical distribution, was developed. and sent to lead dental and public health individuals around the world. The survey results' report is anticipated in the summer of 2014.

The Declaration on Access to Oral Health for Children, which calls to offer all children an equal opportunity to thrive and reach their full potential for a promising future, was proposed by the Oral Health Working Group and endorsed by the WFPHA General Assembly in May 2013. It has been well received by the health care community.

Raman Bedi, Chair/WFPHA Oral Health Working Groups

Global Health Equity

In a needs assessment conducted during 2011-12, member associations called on the WFPHA to provide technical assistance to enhance their policy development and advocacy capacity. As an output from a workshop organized by the Public Health Association of South Africa (PHASA) prior to the 13th World Congress on Public Health in Ethiopia in April 2012 and the development in May 2013 of the WFPHA's new Strategic Plan, the WFPHA's Global Health Equity working group, with leadership provided by Laetitia Rispel, developed a plan to organize and host policy development and advocacy skills-building workshops.

In September 2013 the WFPHA hosted, in collaboration with the African Federation of Public Health Associations, a one-day pilot workshop prior to the 9th PHASA conference in Capetown. Representatives of public health

associations from several African countries (South Africa, Mozambique, Malawi, Nigeria and Kenya) attended the workshop, as well as several observers. We anticipated 25 participants and ended up with about 35.

This event served to increase understanding of the 'do's and don'ts' in public health policy advocacy. We also used it to bring attention to the issue of falsely-labelled and falsified medicines as the basis for framing an advocacy campaign action plan by PHAs at the national and continental levels on an important public health issue.

Representatives from APHA (Debbie Klein Walker, Vina HuLamm and Regina Davies) acted as co-facilitators for part of the workshop, and Dr. Amir Attaran of the Faculty of Law at the University of Ottawa was a speaker and technical advisor during the workshop on the issue of falsely-labelled and falsified medicines.

The workshop achieved its objectives. By its end, we had a commitment from PHAs and the WFPHA to work together to begin assembling country-based evidence about the extent of the falsely-labelled and falsified medicine situation and an environmental scan as to what is being done to address the issue. We also agreed to work together to bring the issue to the attention of the AU and to push WHO to take action on it.

Deborah Klein Walker, Bettina Borisch, Co-chairs/WFPHA Global Health Equity Working Group

Tobacco Control

The WFPHA's Tobacco Control Working Group became re-invigorated in late 2013, when the WFPHA presented the results of a research poster entitled "Restructuring tobacco retail environments in Low and Middle-Income Countries" at the Canadian National Conference on Tobacco or Health in association with the Uganda National Association for Occupational Health and the Ontario Tobacco Research Unit at the University of Toronto (Canada).

In December, the WG began preparing an application and report to renew WFPHA's status of observer to the Conference of the Parties (COP) to the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). The COP is an opportunity for the WFPHA to strengthen partnerships with other international federations and organizations in tobacco control and as a means of taking common action on global public health priorities such as tobacco control. Also in December the WFPHA began working with the Framework Convention Alliance to develop a proposal to the International Development Research Centre for funding support for PHAs from low-income countries to attend the WHO FCTC COP-6 in Moscow, Russia in October 2014. The WFPHA report will highlight the activities of approximately 40 member PHAs on various tobacco control such as: the impact of the Trans-Pacific Partnership Agreement, increased tobacco taxation, introduction of packaging and labelling of tobacco products and smoke-free legislation, non-communicable disease prevention, World No Tobacco Day activities, work on tobacco dependence and cessation, and integration of tobacco control in annual conferences and local journals of public health. It is anticipated that the results of this activity will inform a tobacco control session at the World Congress in Public Health in India next year.

Luis Caceres, Acting Chair/WFPHA Tobacco Control Working Group

14th world Conference on Public Health



The World Congress on Public Health (WCPH) is the triennial flagship global knowledge exchange event of the World Federation of Public Health Associations (WFPHA). It brings together public health professionals, researchers, policy-makers, academics and students from around the world. The 14th WCPH, hosted by the Indian Public Health Association (IPHA), will take place February 11 – 15, 2015 at the Science City in Kolkata (India).

Composition of ICOC

- Mr. James Chauvin, WFPHA President (Co-Chair)
- Dr. J. Ravi Kumar, IPHA President (Co-Chair)
- Dr. Mengistu Asnake, WFPHA Vice President/President Elect and Co-Chair of Scientific Committee
- Dr. Dipika Sur, IPHA Secretary General and Co-Chair of Scientific Committee
- Dr. Madhumita Dobe, IPHA Organizing Secretary
- Dr. Peter Orris, American Public Health Association
- Ms. Laetitia Bourquin, Representative of WFPHA Geneva Secretariat

Composition of Scientific Committee

- Dr. Mengistu Asnake, WFPHA Vice President/President Elect (co-chair)
- Dr. Dipika Sur, IPHA Secretary General (co-chair)
- Dr. Ulrich Laaser, WFPHA Immediate Past-President
- Dr. Bettina Borisch, WFPHA Secretariat Director
- Dr. Madhumita Dobe, IPHA Organizing Secretary
- Dr. Paul Freeman, American Public Health Association
- Dr. Ruediger Krech, WHO Designated Technical Officer for WFPHA
- Roopa Dhatt, President, (IFMSA)
- Dr. Ahmed Javed Rahmanzai, Afghanistan Public Health Association
- Michael Moore, Public Health Association of Australia
- Dr. Greg Hallen, IDRC

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<http://www.14wcph.org>

Partnering Associations



Important Dates

15 January, 2014 Abstract submission opens

15 June, 2014 Abstract submission deadline

21 September, 2014 Acceptance/rejection

10 November 2014 Successful authors

must complete their registration

and confirm their willingness to present

by paying their registration fee.

Member Association News



The **Njala University Public Health Association** conducted a public awareness campaign in Bo, Sierra Leone's second largest city, about the risks to individual and community health related to poor environmental sanitation. NUPHA will begin working with other public health stakeholders to frame a public health day each month for community environmental sanitation and hygiene in Sierra Leone.



The **Sociedad Boliviana de Salud Publica** participated in the National Health Council "CONASA" composed of representatives from the country's health professions' colleges to develop a technical proposal in response to the call by the Government of Bolivia for a national Health Summit. SBSP also works closely with the Pan American Health Organization's country office.



After 10 years of inactivity, the **Sociedad Chilena de Salubridad**, established in 1951, renewed its legal status. During 2013 the SCS increased the number of affiliates and hosted a scientific meeting on equity and access to health services. The SCS is also a member of the Organizing Committee for the IV National Meeting on Public Health, to be held in Santiago, Chile, in July 2014.



The **World Association of Chinese Public Health Professionals** held in May 2013 the 10th Guangdong, Hong Kong, Macau and Taiwan Preventive Medicine Conference and the Annual General Meeting of the World Association of Chinese Public Health Professionals.



The **American Public Health Association (APHA)** achieved several successes related to its advocacy around clean air protection, climate change impacts on health, and protection of the Affordable Care Act. As part of tracking the ACA's progress and promoting its implementation, the Association established an online resource center and offered webinars to assist its members with understanding the law's implications and processes. In order to better serve members with professional development opportunities, APHA expanded its online education program to include year-round offerings.

The recent Annual Meeting and Expo in Boston, MA attracted 12,500 attendees with the theme, "Think Global, Act Local: Best Practices Around the World." At the conference, the Association revealed a new brand with a logo and tagline (For science. For action. For health.). APHA was acknowledged as an NGO in official relations status with PAHO after 3 years of ongoing and productive collaboration. Both organizations celebrated National Public Health Week and World Health Day in April by co-organizing a walk in Washington, D.C. Additionally, APHA and PAHO started a pilot project for the translation of select American Journal of Public Health (AJPH) articles into Spanish. The Journal continues to maintain its influence and consistent rankings as one of the most impactful journals in the category of public, environmental, and occupational health.



Representatives of the **Lithuanian Public Health Association** took part in several national and international activities, such as "European communities against human trafficking", the development of public health information systems and an international meeting on vaccination. LPHA initiated a discussion about implementation of measures to improve immunization coverage in Lithuania. It also collaborated with the Lithuanian University of Health Sciences and the Association of Municipal Public Health Bureaus in a national conference about child and youth nutrition.



The **Netherlands Public Health Federation** started with the implementation of its new strategic vision. The NPHF and its member organizations started several groups to generate evidence for advocacy on different health issues such as health care financing, training of professionals and public health R&D.



The **Vietnam Public Health Association** hosted a successful 4th Asia-Pacific Conference on Public Health, which brought together more than 300 participants from over 30 countries. The VPHA also launched the first issue of the Vietnam Journal of Public Health, to be published in English twice per year. The Healthy Elders program was expanded to four other communes and was selected as one of five best innovative practices at the International Conference on Elderly Initiatives in Turkey. The VPHA's tobacco control program contributed to the enforcement of the no-smoking in public places laws. VPHA is also a pioneer in the fields of OneHealth and EcoHealth in Viet Nam.



The **Austrian Society for Public Health (ÖGPH)** held the first official meeting of its new Board with the federal Minister of Health. ÖGPH held its annual conference with the theme Public Health: Science and Application. It also published a quarterly newsletter and launched an early career public health researcher program. It is in negotiations with EUPHA to host a future European Public Health Conference.



The **Public Health Foundation of Bangladesh (PHFBD)** celebrated in collaboration with the International Centre for Diarrhoeal Disease Research Bangladesh (ICCRDB) the country's 1st Public Health Foundation Day on December 8, 2013, as a component of a two-day public health conference. PHFBD also participated in the 7th SEAPHEIN meeting held in Colombo, Sri Lanka in October 2013. It also conducted a four day training on "Basic and Applied Teaching Methodology" in collaboration with Medical Education Unit/Christian Medical College as well as another workshop on "Advanced Research Methodology" at Shaheed Suhrawardy Medical College, Dhaka.



The **Cuban Society of Public Health (SOCUSAP)**, founded 40 years ago, is undergoing a process of reorganization and restructuring. This included reviewing and strengthening of the Governing Board, its chapters and sections, the development and promotion of scientific and social activities that supports better cohesion and performance of human capital, professionals and technicians that work in public health in the country and contribute to the effective and efficient development of public health in Cuban to improve the health status of the population.



The **Public Health Association of Serbia (PHAS)** was established in October 2003 as a voluntary, non-governmental and non-profit organization. It was created under the CPHA managed CIDA-funded Strengthening Essential Public Health Functions in the Balkans project (2001 – 2005)". Today, the association has 100 active members. During 2013 PHAS played a leadership role and was an active advocate for public health in Serbia. This was achieved through promoting health theme days such as World Heart Day, National and World No Tobacco Day, and World Health Day. Its involvement took the form of organized street events as well as preparing and distributing promotion materials and posters. Smoking prevention and tobacco control projects and activities are major focus of the PHAS work during last four days. PHAS continues to reinforce its partnerships with Serbian health sector institutions and organizations; notably, the Institute of Public Health of Belgrade, the National Commission on Tobacco Control, and relevant NGOs.



At the end of 2013 the **Society for Social Medicine in Finland** had 467 members. The Society held two official meetings for its members, in April and in November. Two larger seminars were organized: one on nutrition and media and another on health care services research. Sections of the Society were active in organizing these seminars. The Society has seven sections with their own activities. The publication of the Society, Journal of Social Medicine (Sosiaalilääketieteellinen Aikakauslehti) celebrated its 50th volume and published four issues. The Society had also active international collaboration.



The **Spanish Association of Public Health and Healthcare Administration (SESPAS)**, a confederation of 12 public health associations, promotes the generation and exchange of knowledge among different fields of public health and advocates for the improvement of health and social conditions. In response to the potential impact on health and the healthcare system of the policy decisions made by the conservative government in the context of the current economic crisis, SESPAS developed a number of declarations, policy briefs and reports to provide evidence-based arguments to the health authorities, at national or regional level, trying to influence the process. SESPAS has been looking as well at its own reorganisation to ensure its sustainability.



The 2013 **Public Health Association of South Africa (PHASA)** conference was held in collaboration with the African Federation of Public Health Associations (AFPFA) in Cape Town in September. The theme was Africa's public health legacy – Beyond the MDGs. A record number of 384 abstracts were received and over 400 delegates from across Africa and other countries attended the conference. The Student Symposium provided opportunities for students to present their work, build a student movement in public health, as well as network and learn from experienced public health professionals. PHASA maintains vibrant contact with its members through the website, social media forums such as Twitter, Facebook and Google+ an on-line forum and also quarterly e-newsletters.



The **Association Tchadienne de Santé Publique (ATSP)** held its first annual meeting. It which served to launch ATSP's activities, which included celebrating World Kidney Day for the first time in Chad. It offered the opportunity for the population to be screened for hypertension, diabetes and kidney disease. ATSP also conducted awareness sessions about non-communicable diseases with a special attention on opinion leaders. High school students have also benefited from ATSP's interventions, focusing on hygiene and sanitation and the prevention of malaria. The ATSP's General Secretary chairs the civil society coalition to support vaccination and immunization in Chad.



The **Indonesian Public Health Association (IAKMI)**, in association with the Association of Schools of Public Health (AIPTKMI) and the Ministry of National Education, continues to standardize the graduate curriculum and the accreditation of public health institutes. The IAKMI also collaborated with SC Johnson Company on a campaign to prevent dengue fever in Jakarta. The IAKMI, in collaboration with the East Nusa Tenggara Regional Board held the association's 13th National Congress in Kupang.

News from the Regional Networks



Asia-Pacific

The WFPHA's Asia-Pacific Regional Liaison Office, established in 2007 and housed within the Chinese Preventive Medicine Association, is the oldest of the Federation's regional offices. The first WFPHA regional public health conference took place in 2008. This past year, the Vietnam Public Health Association hosted a very successful and well-attended 4th Asia-Pacific Public Health Conference. Its theme, Climate Change and Population Health, brought together several hundred people from the Asia-Pacific region and other countries to exchange information and ideas about effective policies and best practice to respond to the consequences of climate change and help develop resilient communities. The APRLO also organized and held the 1st workshop on the prevention and control of infectious diseases in the Greater Mekong Sub-District, in Kunming (China). It also participated in the 8th World Alliance for Risk Factor Surveillance Global Conference (Beijing, China). The APRLO also established official relations with the WHO's Regional Office for the Western Pacific Region in Manila.



Africa

The African Federation of Public Health Associations, established in September 2011, is the newest of WFPHA's regional networks of public health associations. It became a regional member of WFPHA in 2012. Its secretariat office is housed within the Ethiopian Public Health Association. In September, the AFPHA, in association with the Public Health Association of South Africa (PHASA) held the first ever meeting of public health associations in Africa under the theme Africa's Public Health Legacy - Beyond the MDGs. The conference also focused on the next generation of public health leaders by holding a student symposium under the theme Defining the Legacy of the Next Generation of African Public Health Leaders. The success of this symposium was evidenced by the attendance of students from over 23 African countries. The AFPHA, PHASA and WFPHA, also organized a successful pilot policy development and advocacy workshop prior to the PHASA conference.



Americas

At present there are active PHAs in Canada, the United States, Mexico, Cuba, Haiti, Nicaragua, Costa Rica, Chile, Bolivia and Brazil. PHAs were active in several other countries (Dominican Republic, Peru, Argentina, Panama, Venezuela and the Caribbean) but they have since become inactive. With leadership by ABRASCO (Brazil), the APHA and SOCUSAP (Cuba), a framework is being developed for the establishment in 2014 of the first-ever alliance of PHAs in the Americas region.



Europe

The European Public Health Association is the umbrella organization for public health associations and institutes in Europe. EUPHA was founded in 1992 and now has 68 members from 40 countries. It represents the largest bloc of PHAs within the WFPHA.

In 2013, WFPHA and EUPHA signed a memorandum of understanding, thus enhancing the collaborative relationship between both organizations and bringing all EUPHA member public health associations as WFPHA members. In 2013, EUPHA increased its advocacy tools to ensure the evidence-base is well represented in European public health policy. In particular, EUPHA co-authored actions to include public health and health services research within the new research program of the European Union. EUPHA is developing a collaborative assistance program to support the organizational development of the African Federation of Public Health Associations.

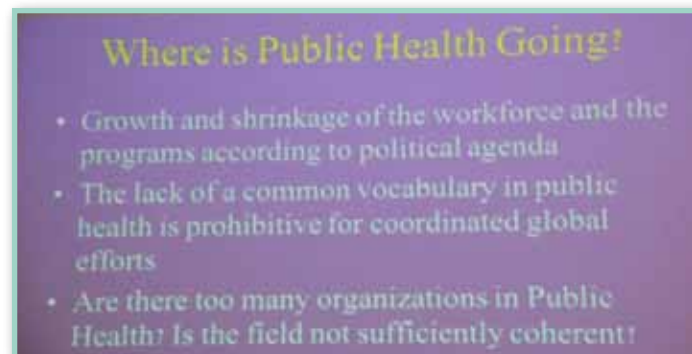


South Asia

The WFPHA South Asia Region is the newest regional network, bringing together the existing public health associations from India, Bangladesh and Nepal. Efforts are being made to locate the PHAs in Pakistan and Sri Lanka, both of which were WFPHA founding members in 1967, but since have disappeared from WFPHA's active member roster. The IPHA, as host of the 14th World Congress on Public Health in February 2015, will host the 1st regional PHA meeting for South Asia, which would as well include representatives from the public health communities of the Maldives, Afghanistan and Bhutan (all members of the South Asia Association for Regional Cooperation).

WFPHA at the 141st Conference of the American Public Health Association

Over 13,000 delegates, mainly from the USA but with many others from several countries, met in Boston, Massachusetts, to share, learn about and advocate for effective responses to improve, protect and promote human health. The conference's theme "Thinking Globally, Acting Locally" set the tone.



One of the conference's highlights was the impassioned call by Sir Michael Marmot's for urgent and real action on the social determinants of health and his frank and pointed critique of conservative governments that have put into place policies and decisions that are having a massive negative impact on health and health equity and hurting both the middle class and the most at-risk individuals and communities. Sir Michael referred to this "a grotesque parody of fairness". He received a well-deserved standing ovation.

One of the challenges delegates faced was deciding which of the over 1,000 sessions to attend held over a 3.5-day period. The range of topics covered was impressive. As was the Public Health Expo, the exhibitors' area where many universities, NGOs, consulting firms, media and corporations shared very interesting initiatives and products designed to improve, promote and protect the public's health.

The World Federation of Public Health Associations (WFPHA) organized three events. The first, a concurrent session on defining public health in the global context was chaired by Dr. Mengistu Asnake, WFPHA's Vice President and President-Elect. Dr. Borisch, Director of WFPHA's Geneva-based secretariat office, shared information about the recently-launched conjoint WHO/WFPHA Consultation on the Role of Public Health in Today's Global Setting. This initiative seeks to explore and define an adaptation of public health to its future role in global health within the complex and dynamic relations generated by numerous determinants at different levels of governance.

Dr. Gabriel Scally, Director of the WHO Collaborating Centre for Healthy Urban Environments at the University of the West of England and the UK representative on the WFPHA's Governing Council, challenged the concept of "defining a new public health". He suggested, as an alternative approach, that we learn both what austerity means for public health and also how we practice within an austerity context. Dr. Ehud Miron, a member of the Israel Public Health Association and chair of the Federation's Public Health Education and Training Working Group, informed delegates about the Federation's work to contribute to defining essential public health functions and competencies for public health within the global context. Dr. Thandi Puoane, a member of the PHA of South Africa and professor of public health at the University of

the Western Cape, talked about the activities in South Africa to improve the education of future members of the public health workforce and some of the challenges in making this inclusive of action on the social determinants of health.

The second WFPHA concurrent session focused on examining the achievements made to date to achieve the Millennium Development Goals (MDG) and the definition of a post-2015 human development agenda from the perspective of public health associations. Dr. Borisch informed delegates about the results of a WFPHA survey of public health associations and members of the global public health community on this issue.

Dr. Mengistu Asnake, Dr. Adang Bachtiar (President of the Indonesian Public Health Association), Dr. Madhumita Dobe (former Secretary General of the Indian Public Health Association) and Dr. Naranchimeg Jamiyanjamts (member of the Mongolian Public Health Professionals Association) shared with us the progress made on some of the MDGs in Ethiopia, Indonesia, India and Mongolia. They also shared their thoughts about the factors affecting their achievement. These include the lack of adequate health human resources, issues relating to access and the quality of primary health care services, a tendency of the health community and Ministries of Health to focus attention and efforts on the health-related MDGs often without due recognition of the influence of the 'non-health MDGs' on health, and a failure to include communities into the planning of responses. One message common to all the presentations was the significant role that public health associations can and could play in helping to define the post-2015 global agenda to include a public health approach to sustained human development.

The final WFPHA event was its Global Health Leaders breakfast. Its purpose is to strengthen links with other organizations and inform current and prospective partner organization about the WFPHA's role, activities and achievements. Dr. Agnes Soares, Regional Director/ Environmental Epidemiology at the Pan American Public Health Organization (PAHO), was the invited keynote speaker. She presented PAHO's agenda for Environmental Health for Sustainable Development and Health Equity.

From the WFPHA's perspective, this was a productive event. It demonstrated the vitality of the world's public health community, and how public health is contributing at the local, national and global levels to improving health and health equity. As Dr. Georges Benjamin stated in his wrap-up talk at the conference's final plenary session, the APHA (and by extension, all public health associations including the WFPHA) is about science, about advocacy and about health. Public health is, after all, everyone's business.



MDGs

A public health professional's perspective from 71 countries

The Millennium Development Goals (MDGs) are nowadays discussed at several levels from governments to grassroots advocacy.

The WFPHA conducted a quali-quantitative survey to explore the opinion of public health professionals worldwide and their experience concerning the implementation and achievement of the MDGs with a focus on sub-Saharan Africa. We received 427 completed questionnaires, from 71 countries. 88% of respondents were involved in MDGs-related activities collaborating mainly with the national government, multilateral organizations and local NGOs. The respondents' main activities focused on MDG 4, 5, and 6. Their answers do not differ significantly across respondents' employment position, WHO regions, and country's Gross National Income. All 8 MDGs were considered as relevant by some in the public health community. However, the importance assigned to each MDG varies significantly, with MDGs 4 and 5 considered most important in the African Region, and MDGs 7 and 8 in the Western Pacific Region. Respondents from lower-income countries (LIC) attach high relevance to MDG1. All-together 51% agree fully and 40% partially with a positive statement on MDGs achievement. The study results were published in the Journal of Public Health Policy (<http://www.palgrave-journals.com/jphp/journal/v34/n1/pdf/jphp201269a.pdf>)



Policy development/advocacy skills-building workshop

WFPHA organized and sponsored a one-day pre-conference pilot policy development/advocacy skills-building workshop for PHAs in the Africa region. The workshop drew on their experiences and lessons learned in policy development and advocacy as a means to help participants gain increased understanding of the 'do's and don'ts' in public health policy advocacy. It brought attention to the issue of falsely-labelled and falsified medicines as the basis for framing an advocacy campaign action plan by PHAs at the national and continental levels on an important public health issue.

Representatives of public health associations from several African countries (South Africa, Mozambique, Malawi, Nigeria and Kenya) attended the workshop. Some PHA representatives who had been invited were unable to attend at the last minute. Their absence was made up by the participation of a large delegation from Nigeria (a country which has begun to tackle the medicine quality issue) and several observers who joined the workshop.

Representatives from APHA acted as co-facilitators and Dr. Amir Attaran of the Faculty of Law at the University of Ottawa, an expert on this issue, was a speaker and technical advisor during the workshop on the issue of falsely-labelled and falsified medicines.

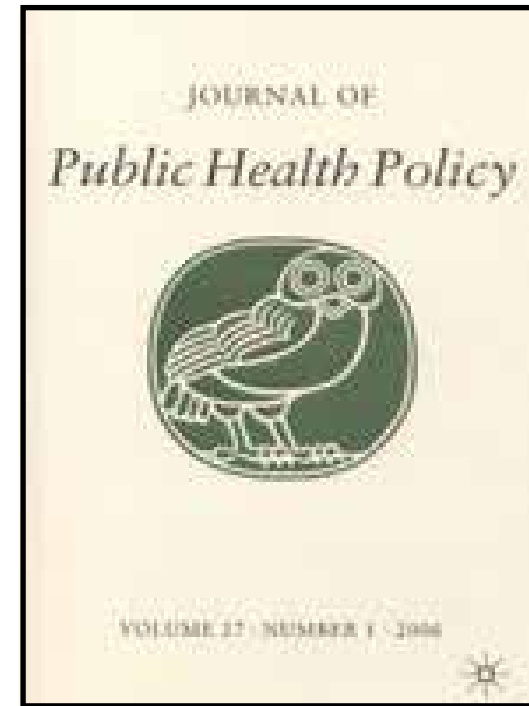
The workshop achieved its objectives. African PHAs and the WFPHA

committed to work together to begin assembling country-based evidence about the extent of the falsely-labelled and falsified medicine situation and an environmental scan as to what is being done to address the issue. They also agreed to bring the issue to the attention of the Africa Union and to push WHO to take action on it. A communiqué released following the workshop called on the world's governments and especially those in Africa to move forward on this issue, and for the public health community to be actively involved in finding practical and effective solutions.



Journal of Public Health Policy

A continuing relationship for the WFPHA



Nine years ago the Journal of Public Health Policy launched a special relationship with the World Federation of Public Health Associations, wherein the JPHP allocates 16 pages to the Federation in each volume. The Federation encourages member associations and key public health personalities to submit articles. The WFPHA, through Professor Bettina Borisch as Editor of the Federation's pages, ensures high quality control.

During 2013, the JPHP published four Federation-generated articles:

- The right to health is coming of age: Evidence of impact and the importance of leadership, by Flavia Bustreo and Paul Hunt
 - WHO reform: A personal perspective, by Ilona Kickbusch
 - Public health in the Arab World: At a crossroads, by Samer Jabbour
 - Diabetes and climate change: Different drums – same orchestra, by Ruth Colagiuri
- The JPHP looks forward to continued collaboration with the WFPHA.

And don't forget: members of national public health associations are offered subscriptions to JPHP at a reduced price.

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The WFPHA publishes its quarterly newsletter on-line at:
<http://www.wfpha.org/wfpha-newsletter.html>.

Do not forget to send us your latest News and events!

During 2013, the newsletter reported on the activities of national public health associations and several **emerging public health issues**. Since 2012, the December issue is dedicated to a **specific topic**. The December 2013 issue focused on Oral Health, specifically the activities of the Federation's Oral Health Working Group.

 **Follow the Federation on Facebook:**
<https://www.facebook.com/WFPHA>

Financial Report 2013

At the May 2013 Governing Council and Annual General Assembly meetings, the WFPHA Finance Committee tabled a report assessing the Federation's financial situation. The report highlighted the urgency for the Federation to expand and diversify its funding base, review its membership fee structure and continue to develop a business plan and revenue generation strategy to ensure its future sustainability and financial resilience.

A summary comparison of 2012 and 2013 income and expenses is presented below (figures are rounded, in US dollars).

	2012	2013
Income	\$ 374,656	\$ 77,861
Membership Dues	\$ 11,598	\$ 11,744
Grants	\$ 97,000	\$ 56,345
Congress	\$ 263,234	\$ 10,000
Interest & Other	\$ 2,284	-\$ 228
Expenditures	\$ 216,940	\$ 210,225
Surplus/(Deficit)	\$ 157,716	-\$ 132,364
Financial situation		
Opening Balance (January 1)	\$138,080	\$289,030
Closing Balance (December 31)	\$289,646	\$173,800

Officers

President (2012-2014)

James Chauvin
Canadian Public Health Association (CPHA)

Vice-President/President-Elect (2012-2014)

Dr. Mengistu Asnake
Ethiopian Public Health Association (EPHA)

Immediate Past-President (2012-2014)

Prof. Ulrich Laaser, MD
German Association for Health Sciences and Public Health (DVGPH)

Treasurer

Markus Kaufmann
Swiss Society for Public Health

Governing Council

AFRO

Dr. Tewabech Bishaw

Ethiopian Public Health Association (2012 – 2015)

Prof. Laetitia Rispel

Public Health Association of South Africa (2011 – 2014)

AMRO

Dr. Luis Augusto Facchini

Brazilian Association for Collective Health (2011 – 2014)

Dr. Victor Jesus Mendez Dussan

Nicaragua Public Health Association (2012-2015)

EMRO

Dr. Javed Rahmanzai

Afghanistan National Public Health Association (2012-2015)

EURO

Dr. Ildefonso Hernandez-Aguado

Spanish Society for Public Health and Healthcare Administration (2012-2015)

Dr. Gabriel Scally

UK Public Health Association (2012 – 2015)

SEARO

Dr. Madhumita Dobe

Indian Public Health Association (2012 – 2015)

WPRO

Dr. Cai Jiming

China Preventive Medicine Association (2013 – 2016)

Dr. Hideo Shinozaki

Japan Public Health Association (2012 – 2015)

MEMBER AT LARGE

Dr. Georges Benjamin

American Public Health Association (2012-2015)

WHO LIAISON TO WFPHA (ex-officio)

Dr. Ruediger Krech

Department of Ethics, Equity, Trade and Human Rights/WHO

WFPHA Headquarters

Dr. Bettina Borisch

Swiss Society of Public Health

WFPHA Liaison Office

Dr. Cai Jiming

China Preventive Medicine Association

Full Member Associations (by alphabetical order by country)

- Afghanistan National Public Health Association
- Algerian Society for Public Health
- American Public Health Association
- Armenian Public Health Association
- Public Health Association of Australia
- Austrian Public Health Association
- Bangladesh Public Health Association
- Bolivian Society of Public Health
- Partnership in Public Health (FBIH – Bosnia & Herzegovina)
- Public Health Association of Republika Srpska (Bosnia & Herzegovina)
- Brazilian Association of Collective Health
- Burkina Faso Public Health Association
- Cameroon Public Health Association
- Canadian Public Health Association
- Public Health Association of Chad
- Chilean Society of Public Health
- China Preventive Medicine Association
- Colombian Academy of Public Health
- Costa Rican Public Health Association
- Cuban Society of Public Health
- Czech Society Of Public Health And Management Of Health Services
- Danish Society of Public Health
- Health Promotion Union of Estonia
- Ethiopian Public Health Association
- Society for Social Medicine in Finland
- French Society Of Public Health
- Public Health Association of Georgia
- German Association for Health Sciences and Public Health
- Haitian Public Health Association
- Indian Public Health Association
- Indonesian Public Health Association
- Iranian Public Health Association
- Israeli Public Health Association
- Italian Society of Hygiene, Preventive Medicine and Public Health
- Japan Public Health Association
- Kenya Community Health Association
- Korea Public Health Association
- Public Health Association of Latvia
- Lebanese Public Health Association
- Lithuania Public Health Association
- Macedonian Medical Society/Association for Social Medicine
- Malawi Public Health Association
- Mauritanian Public Health Association
- Mexican Society of Public Health
- Mongolian Public Health Professionals' Association
- Mozambique Public Health Association
- Nepal Public Health Association
- Netherlands Public Health Federation
- Public Health Association of New Zealand
- Nicaragua Public Health Association
- Niger Association for the Promotion of Public Health
- Norwegian Public Health Association
- Polish Association of Public Health
- Portuguese Association for Public Health Promotion
- Romanian Public Health and Health Management Association
- Russian Public Health Association
- Senegal Association of Public Health Professionals
- Serbian Public Health Association
- Slovak Public Health Association
- Public Health Association of South Africa
- Spanish Society for Public Health and Health Administration
- Sudanese Public Health Association
- Swiss Society of Public Health
- Tanzania Public Health Association
- National Health Association of Thailand
- Turkish Public Health Association
- Uganda National Association of Community & Occupational Health
- Faculty of Public Health (of the Royal College of Physicians) UK
- Royal Society of Public Health - UK
- Vietnam Public Health Association

Associate Members

- Albanian Epidemiological Association
- Association of Public Health Physicians of Nigeria
- Belgian Association Of Public Health
- Bulgaria Public Health Association
- Central Asian Public Health Association
- Croatian Public Health Association
- Egyptian Association of Public Health Promotion
- Hungarian Public Health Organization
- Malta Association of Public Health Medicine
- Slovenian Medical Society - Slovenian Preventive Medicine Society
- Swedish Association Of Social Medicine
- The Gambia Association of Public Health Officers

Sustaining Members

- Accreditation Agency for Study Programs in Health and Social Sciences (Germany)
- Dubai Health Authority/Public Health Affair Department
- European Association of Dental Public Health
- European Healthcare Fraud & Corruption Network
- Faculty of Health Sciences, American University of Beirut
- Federation of African Medical Students' Associations
- Forum for Human Rights and Public Health-Nepal
- German Society for Public Health
- Graduate institute of International and Development Studies
- International Federation of Medical Students' Associations Tunisian Association for Health Promotion
- Njala University Public Health Association of Sierra Leone
- Public Health Foundation of Bangladesh
- Rural Development Organization (India)
- Taiwan Public Health Association
- World Association of Chinese Public Health Professionals Limited

Regional Members

- African Federation of Public Health Associations
- Association of Schools of Public Health in Africa
- Association of Schools of Public Health in the European Region
- European Public Health Association

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Georges Benjamin (USA)

Paulo Buss (Brazil)

Margaret Hilson (Canada) - Chair

Wen Kilama (Tanzania)

Deborah Klein Walker (USA)

Pekka Puska (Finland)

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Finance Committee:

Mengistu Asnake, Georges Benjamin, Markus Kaufmann, Gabriel Scally

Membership/Awards Committee:

Alvaro Matida, Theodor Abelin, Andrei Demin, Luiz Augusto Facchini, Laetitia Rispel

Nominations Committee:

Ulrich Laaser, Theodor Abelin, Georges Benjamin, Cai Jiming

Policy Committee:

Bettina Borisch, Ligia Bahia, Paulo Buss, Madhumita Dobe, Hildefonso Hernandez-Aguado, Deborah Klein Walker, Ulrich Laaser, Peter Orris, Gabriel Scally

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Environmental Health: Peter Orris (USA) – Chair

Global Health Equity: Bettina Borisch (Switzerland) and Deborah Klein Walker (USA) – Co-Chairs

Oral Health: Raman Bedi (UK) – Chair, M. Allukian (USA) & K. Eaton (UK) – Co-Chairs

Public Health Education and Training: Ehud Miron (Israel) – Chair

Tobacco Control: Luis Caceres (Canada) – Interim Chair

WFPHAreport'13

is the Annual Report of the World Federation of Public Health Associations

WFPHA is an international, nongovernmental organization composed of multidisciplinary national public health associations. It is the only worldwide professional society representing and serving the broad field of public health.

WFPHA's mission is to promote and protect global public health. It does this throughout the world by supporting the establishment and organizational development of public health associations and societies of public health, through facilitating and supporting the exchange of information, knowledge and the transfer of skills and resources, and through promoting and undertaking advocacy for public policies, programs and practices that will result in a healthy and productive world.

The views expressed in this document do not necessarily reflect those of all WFPHA member associations. Materials may be reproduced with due acknowledgement for noncommercial purposes. Comments and suggestions about the WFPHA's annual report can be communicated to Laetitia Bourquin, the WFPHA Executive Manager, at: laetitia.bourquin@unige.ch

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The World Federation of Public Health Associations would like to extend a heartfelt thank you to its sponsors for their funding, in-kind contributions and support over the past year:

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The WFPHA also wishes to thank all volunteers who help the Geneva Headquarters operate and in the organisation of regional conferences.

