Governing Council Meeting
Tuesday, February 10, 2015
13:30 – 17:30
Boardroom – S09
Science City, Kolkata

GC Meeting Chair: Mengistu Asnake
Timekeeper: Laetitia Bourquin
Minute taker: Chris Jenkins

Attachments available at
http://wfpha.org/about-us-wfpha/governing-council-teleconference

Acronyms:
GC: Governing Council
WCPH: World Congress on Public Health

1.0 Session Opening (Roll-call)


2.0 Adoption of the Agenda

i. Inclusion of Report on Post-2015 MDGs into the Agenda.
ii. Inclusion of Report on the Americas Region included into Agenda under Regional Report – included within Americas Section, 5.7.

Agenda adopted.

3.0 Adoption of the Minutes from November 10, 2014 Meeting

i. No points raised on Agenda, November 10, 2014.
ii. Minutes adopted.

4.0 Reports

4.1 President’s Report (M.Asnake)
i. The Federation has been active over the past 12 months.
ii. Memberships have passed 100, but there is a need to review levels of participation across the Federation.
iii. Report on the Regions
   a. AFPHA has achieved legal status, opening new opportunities both for the AFPHA and WFPHA.
   b. APHA held a conference focusing on the social determinants of health and the use of digital technology in public health.
   c. Coordination and partnership building occurring in the Americas region, including a networking meeting planned to be held in Havanna, Cuba in April 2015.
   d. Creation of the South East Asia Regional Association in the process of being finalized – hoped outcome of the 14th WCPH.
   e. Asia Pacific region held its 5th Conference in April 2014 with over 860 participants. Next conference to take place in Thailand in June 2016.
iv. Tobacco Control – Position of the Federation approved by WHO Framework for Tobacco Control. Given the context of FCTC implementation in different countries including some actions undermining the FCTC implementation such as tax caps from tobacco companies in Laos decreasing prices to consumer, the need was highlighted to focus efforts on strengthen the working group.
v. Fellowship Programme
   a. To be hosted in March 2015 by ABRASCO in Brazil. Highly competitive process for selection showing a high need for capacity building programmes among the membership – to be explored further.
vi. Working Groups – see each individual report for detailed information.
   a. New WG on Women, Children and Adolescents to be created
   b. Number of resolutions created by the Oral Health Working Group.
vii. AFPHA and WFPHA statement on Ebola was released – impacting on the response by helping to provide support in terms of recruiting health workers – volunteers came from Cuba, SAfrica, Ethiopia, and Cameroon, among others.
viii. Organisational Survey undertaken in collaboration with Management Sciences for Health. It’s purpose was to analyse how organizational governance is happening in the national public health associations. Results were presented at APHA and will be presented at the 14th WCPH.
ix. Partnerships
   a. New partnership on digital health technology with the Aetna Foundation
   b. Continued partnership with Colgate Palmolive on oral health
   c. Partnership developed with the Bill and Melinda Gates Foundation for the WCPH – to be explored whether this partnership can be extended into new areas.
x. Human Resources
   a. Recognition given of efforts of the Geneva Headquarters and of the amount of voluntary time dedicated to the activities of the Federation. This time has been roughly estimated as equivalent to 250,000 USD. This compiled information will be useful in applying for other resources. Systematic recording of voluntary time to be supported by the Finance Committee
xi. Challenges
   a. Improving financial status
      i. Securing membership payment and reviewing the different payment bands, among different fundraising possibilities.
   b. Limited resources limits the amount of work and travel on behalf of the Federation that can be supported.
xii. 14th World Congress
   a. Students Conference and skill building workshops taking place
   b. over 80 countries represented at the full WCPH, with close to 1,600 participants. Very high level of international participation – 40%.
   c. 7 plenary sessions, 43 concurrent sessions, 6 workshops, 117 oral papers, 387 poster papers, several organisations and sponsors exhibiting work.
d. Organisational work and efforts of Madhumita Dobe and KW Conferences in preparations of the WCPH was noted and appreciated, along with the work of the Organisation Committee chaired by James Chauvin.

4.2 Committees

4.2.1 Finance Committee (M. Moore)

- Treasurer’s Report (for approval by GC)  
  Att. b1
- 2015 Budget (for approval by GC)  
  Att. b1
- Fundraising strategy and Development WG  
  Att. b2

Treasurers Report

i. Currently there is enough money to sustain activities in the short term, but long term sustainability is a concern.

ii. Accounts have been approved for quality by auditors. The Finance Committee recommends that the Treasurers report is adopted by the GC.

iii. Suggestion raised that in future the GC is provided with a summary report from the auditors within the papers of the GC. Agreement that the report will also be shown at the General Assembly.

iv. Treasurer’s Report approved.

2015 Budget

i. Financial Plan – overview of 2014, budget for 2015 and forecasting for 2016. The total revenues over the period is expected to be in deficit (but dependent on money raised during the WCPH).

ii. Given the temporary reduction in staff in the Geneva office, it is estimated that the Federation will have enough funds to continue work, without further income, until December 2015 (this work will be, however, limited and reduced).

iii. Decision made by council to concentrate fundraising efforts on the Congress – challenge is to continue that work and to pick it up and to secure finances for the next year.

iv. 2015 Budget approved

Fundraising Overview

i. 2 substantive grants received from Bill and Melinda Gates Foundation and WHO Office for South East Asia – accumulating to an approximate total of 300,000 USD.

ii. Close to 25 sponsors present at the WCPH, exceeded Ethiopia in terms of numbers.

iii. Estimated income expected from WCPH, using registration numbers from 3 weeks ago, is 1.1 million USD, with a 912,000 USD expenditure.

iv. Confident, that with outdated numbers, revenues will continue into a surplus – any profits will be split 50:50 between WFPHA and IPHA.

v. Concern raised that the Federation cannot rely on Congress funding in future, emphasis put on the need to build on relationships made through the Congress to secure future funding.

vi. Agreement that everyone needs to explore options for raising further resources. Primary need is to sustain the Federation’s Geneva office – but also need to raise money for capacity building, operational and members’ activities.

Additional Points

i. Financial relationships between WGs and the Federation. Funds often raised by WGs are routed through the Federation. Problem raised that funds sometimes are not accessible by the WG. Agreement that money still needs to be held centrally, with a percentage for administration – but WGs need to know what they have access to.

ii. Need to review pay levels of members. Additionally need a review of members that are not paying.


4.2.2 By-Laws

i. Committee decided not to submit or focus on text – but on concepts with the intention of starting discussions before putting the outcomes of those discussions into text. Clarification made that there would not be a vote today.

ii. Idea introduced to develop and strengthen WG into a central tool of support and creating Federation policy.

iii. Proposal to upgrade policy committee to act as a liaison between the WG and the President. WG Chairs bring into the Policy Committee proposals in addition to position papers. Chair of Policy Committee should be either the Vice-President/President-elect or the President.

iv. Point raised that structure needs to be flexible. Different WG may want different structures.

v. Agreement to make the proposals a discussion point in the next GC.

Additional Points

i. Issue raised that the WFPHA doesn’t have a winding up clause. Article XVI – By-Laws report.

ii. GC approved amendment to be presented to the GA as a decision from the Governing Council.

4.2.3 Nominations/Awards Committee (J.Chauvin)

- Nominations of new members on GC
- Update on Awards- linked to 14th WCPH
- Adoption of Chairs of Committees and WG’s

i. Terms of 4 PHAs sitting on GC ending as of this meeting – Ethiopia, UK, IPHA, Japan. All served two 3 year terms.

ii. Nominations – 1 seat each from Africa, Europe, South Asia, Asia-Pacific.

iii. Letters sent to Associations leaving thanking for their contributions

iv. Call for Nominations put out by all PHA members for Regions

a. Received 1 nominations for each region requested for Europe, South Asia, Asia-Pacific, and 2 from Africa one of which was supported by AFPHA

b. Nominations see att.c1/2/3/4

c. Approved by the GC for recommendation to the GA.

Point raised on members of the GC who are inactive. Suggestion for a policy or process for resignation of people on the GC. Two options discussed: strict formulas for participation, or informal role of President to follow up inactive participants.

i. Members at large of Federation – APHA up for renewals – Recognition given of their excellent contributions to the Federation.

ii. GC Approved extension of their membership with D.Klein-Walker as representative and an additional staff representative on the GC

Awards

i. Hugh R. Levell – to be given to Dr Chouduri, decided by IPHA in association with WFPHA

ii. Organisational Excellence Award – Hanoi School of Public Health

iii. Public Health Lifetime Achievement Award – Dr Theodore Abelin.


Adoption of Chairs of Committees and WGs.

i. Report presented in last GC meeting.
ii. Quorum not achieved previously

iii. Tobacco Control – Mike Daube and James Chauvin Acting Coordinators at Present. Looking for permanent chair – will bring forward a future nomination.

   a. Question raised whether the Federation needs a By-Laws committee – could issues be addressed through ad-hoc committees?
   b. Decision to be discussed in the next GC committees. Agreed as first Agenda item for next meeting – background material also necessary.

Recommendation for committee chairs approved with exception of Tobacco Control (Mike Daube and James Chauvin Acting Coordinators at Present. Looking for permanent chair – will bring forward a future nomination).

4.2.4 Policy Committee (B.Borisch)
- OH resolutions (R.Bedi) 
  - Att. d1/d2
- e-cigarettes resolution (M.Moore) 
  - Att. d3

i. Apologies for absence of the Chair, Bettina reporting in his place.

ii. 3 policies – 2 from OHWG and 1 from Public Health Association of Australia.
   a. OHWG – Resolutions – amendment for re-phrasing of first sentence – GC through Policy Committee accepts the policy and approves it for the GA.
   b. OHWG Committee to do a Resolution each year – 2 topics chosen by consensus.
      i. Oral Cancer and smokeless tobacco issues.
      ii. Survey constituting 70 countries highlighting dental health capacities. Quantified results – and commitment to publish resolution.
         1. Suggestion raised that it would be good to integrate WFPHA existing resolutions.
   c. E-Cigarettes – proposals to be published on the internet with deadline – task to produce full resolution.
      1. Take a precautionary approach, already early indications of harm
      2. Will make a Statement – not a policy – then will make a policy further along when process finalized.

iii. Commitment to put policies online before GA to allow participants to read before

iv. Policies passed by GC for approval at GA

4.2.5 Membership Committee (M.Lomazzi)
- New WFPHA members 
  - Att.e
- Mutual membership with Environmental Health Federation (B.Borisch)
  - Att.e

i. See Att.e

ii. Re-established contact with Ukraine PHA – activities to restart with both WFPHA and EUPHA. All document submitted and recommendation from committee is to reactivate their membership

iii. Comments on Haiti application – clarification to association that we aren’t giving them financial assistance needs to be made. Additional concern expressed on how American based NGOs are perceived within Haiti – point raised to be aware of sensitivities.

iv. Agreement that Nepal should be a sustaining member as opposed to a full member– as they only work in a limited areas – application not completed

v. Point raised on the need for communications between new members applications and their Regional partners.

vi. Decisions on first four applications approved.

vii. Final four application awaiting further information
4.2.6 Advisory Board report (T.Abelin)

i. Criticised for lack of action previously. Only previous meeting in Addis.
ii. Following lack of contact with the GC Margaret Hilson decided not to continue as chair of the Advisory Board.
iv. Suggestion – Past Presidents of the GC become automatically members of the Advisory Board.
vi. GC should mandate Advisory Board with tasks and functions
vi. Point held for further discussions.

4.3 Working Groups

4.3.1 Environmental Health (P.Orris)

i. Continuing success on focusing on the links between fossil fuels, energy generation and global warming with health.
ii. Newsletter has ended
iii. Committee not well functioning and needs reviewed.

4.3.2 Tobacco Control (J.Chauvin)

i. Did not get funding for IDRC – accreditation with Cop –
ii. Tobacco control still showing as a keen interest amongst PHA members – reactivating committee a priority. In the interim J. Chauvin and M. Daube to continue in coordinating the working group functions.

4.3.3 PET (P.Robinson)

i. Not present for presentation
ii. Concern that PET has a sub-committee and raising money in the name of WFPHA – GC found out by accident – raised as point of information for GC members. It was decided that any fund raising activities on behalf of WFPHA should include the GC and the Geneva office.

4.3.4 Global Health Equity (D.Klein-Walker and L.Rispel)

i. Proposal raised during 2012 Addis Conference – subsequently approved by the GC – for a focus on public health advocacy for equity and building capacity in advocacy particularly around equity
ii. Some progress but not sufficient enough. Progress made at meeting in Cape Town 2013 on the topic of falsified medicines and advocacy training plans and workshop toolkits produced.
iii. Need to focus on terms of reference for the group. Look at membership broadening.

4.3.5 Oral Health (R.Bedi)

i. Report in appendix
ii. Resolution – still debating options.
   a. Patients’ safety in dentistry,
   b. Dental health in the first 1000 days.
iii. Working in Gulf countries – poor standard of oral health – working group within working group.
4.3.6 Maternal-Newborn-Child Health (MNCH) working group (D.Klein-Walker and J.Lewis) 
Att.f
i. Building on task force with J. Lewis other structures
ii. Aiming to run resolutions and early success in getting funding.
iii. Approved to be established by the GC

4.3.7 Post 2015 MDGs Group
i. Ad-hoc working group formed – but not effective due to time.
ii. Work towards joint group with IEA – a productive meeting was held.
iii. Unsure whether to dissolve the group as of yet. Recommendation from group member associated with IEA – it would be better to keep the Group functioning.
iv. Decision to be made after the Saturday presentation.

4.4 Fellowship Program (L. de Souza)
see point 4.1

4.5 Consultation on the Role of Public Health in Today’s Global Setting (B.Borisch)

i. Plenary session is being held during the WCPH – Thursday, 12 Feb, 8.30
ii. Literature Review was finalized and will be discussed during the plenary sessions and in a follow up meeting during the Congress.
iii. Project to continue as planned.

4.6 14th World Congress on Public Health in Kolkata (M.Dhobe and J.Chauvin)
see points 4.1 and 4.2.1

4.7 15th World Congress On Public Health in Melbourne (M.Moore)

i. Planning underway
ii. The Public Health Association of Australia is ready to sign a contract with WFPHA
iii. Organising committee has been contacting with health promotional organisations in Australia to explore possibilities for collaborations throughout the Congress
iv. Pre-conference in Tasmania this year with organisations
v. Celebration of the 50th anniversary of the Federation.
   a. Group of people to brainstorm how to celebrate 50th anniversary – produce a history etc.
   b. Discussion 50th anniversary – James, Michael
   c. Point raised that it is important to be using the anniversary as a mechanism for strengthening the Federation

5.0 Regional Reports

5.1 Report of Geneva Headquarters (B.Borisch)

i. Office moved September 2014 – new headquarters located in Campus BioTech, University of Geneva
ii. Work included: Accounting, membership administration, telephone conferences, independent treatment of salaries, support for GC, support for WCPH, calling for bids, support for financing processes of the WCPH, communications, introduction on web based payment, newsletters, annual reports, journal public health policy, social media,
working with partners, regional organisations, WHO, NGOs, creating a newsletter on Ebola, fellowship program, analyses of public health today (in collaboration with WHO), and publishing the second part of the MDGs study.

iii. Claire Morris left the Federation Headquarters staff.
iv. Laetitia Bourquin will leave the Federation after the WCPH and will support the federation until September 2015 to clear outstanding financial issues.

5.2 APRLO report (Y.Weizhong/W.Peng)

Att.g

i. Work included the improvement of academic exchange – international forum for the exchange of information in Beijing. China, and connecting with different regional public health associations and international organisations.

5.3 AFPHA report (M.Somé/T.Bishaw)

see WFPHA annual report

i. Scientific Conference organized between AFPHA and IGAD Member States with close to 400 participants, and 10 African countries. WFPHA had a visible presence. A Resolution from Ministers of Health that were present – supporting the establishment and strengthening of national public health associations – was agreed and passed on to African Union summit where heads of states endorsed the decision.
ii. Established Regional Charter for IGAD Member States
iii. Finding funding has been a challenge but the AFPHA is currently exploring options with the UN Trust Fund. Concept paper accepted has been accepted by the Fund, the AFPHA is now writing a full proposal. An award of 2 years funding would allow employment and would be available from Jan 2016
iv. Trying to produce newsletters, social media etc. to create awareness of AFPHA’s existence both within the continent and outside.

5.4 South East Asia Report (M.Dobe)

report not given

5.5 EUPHA Report (EUPHA member)

report not given

5.7 Americas PHAs Report (P.Orris)

report not given

5.8 Middle East report (J.Rahmanzai and B.Borisch)

i. Slow progress being made.
ii. Point of action to identify any participants at the WCPH from this region.
iii. Meeting under preparation in collaboration with WHO EMR to discuss with main EMR stakeholders how to align PH in the region

6.0 Other Business
6.1 Timetable for future GC meetings

i. Proposed for May 2015, perhaps in Geneva to overlap with the World Health Assembly.

7.0 Adjournment