



**Minutes -
World Federation of Public Health Associations
37th Annual Meeting**

*Geneva, Switzerland
19 May 2003*

1.0 Opening of the Session

1.1 President's Opening Remarks

The 37th annual meeting of the World Federation of Public Health Associations (WFPHA) convened on May 19, 2003 in Geneva, Switzerland, in a combined session of its Executive Board and General Assembly. Dr. Theodor Abelin, WFPHA President and member of the Swiss Society of Public Health, presided over the meeting.

1.2 Roll Call

President Abelin welcomed all those attending the meeting. He asked that the roll call be taken and have participants introduce themselves to others in attendance, briefly stating their names and positions within their national public health associations and elsewhere.

2.0 Adoption of the Agenda

The agenda was adopted as presented.

3.0 Adoption of the Minutes of the 36th Annual Meeting

The minutes of the 36th Annual Meeting, held on May 13, 2002 were adopted as presented.

4.0 Review of the Year's Activities

4.1 Annual Activity Reports of Member Associations

Representatives of member associations present briefly reported on their activities of the past year. Written activity reports of member associations are included in the briefing book for the 37th Annual Meeting for reference.

4.2 Annual Report of the President

President Abelin summarized his president's report, also included in the meeting briefing book. He stated that he had spent his first year as WFPHA president getting to know the WFPHA Secretariat staff and member associations. He wanted to ascertain if staff and members would be able to adequately respond to the Call for Action, put forward at the Ninth WFPHA Congress in Beijing, China in 2000. In his second year, President Abelin directed greater attention to supporting the changing role of WFPHA. Traditionally, WFPHA's main role has been to support its member associations. Although this role will continue, WFPHA is also striving to become a more proactive non-governmental organization. To this end, President Abelin attended the Johannesburg Summit on Sustainable Development. He and others within WFPHA have supported the Children's Environmental Health initiative launched at the Summit. WFPHA has been a strong supporter of the Framework Convention on Tobacco Control (FCTC) and sent representatives to all FCTC negotiating sessions. WFPHA has also supported WHO's "Global Strategy on Diet, Physical Activity and Health." Dr. Geof Rayner, Chair, UKPHA, has attended related meetings. WFPHA has also supported WHO's "Global Campaign for Violence Prevention." President Abelin closed



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

by thanking the WFPHA Secretariat staff, Dr. Allen Jones and Gail Ghazzawi, WFPHA Treasurer Joan Bell Davenport, WHO liaison to WFPHA, Dr. Mario Dal Poz and WFPHA member associations.

4.3 Annual Report of the Secretary General

Dr. Allen Jones touched on some of the items included in the WFPHA Secretary General's Report. This report is also contained in the meeting's briefing book. Dr. Jones highlighted the goals of WFPHA in the past year. He stated that WFPHA's profile as a global NGO active in global health – not just a federation of national PHAs - has increased over the past year. Among other reasons, the efforts of President Abelin in helping to enhance the Federation's image as a global health NGO need to be recognized. He mentioned that APHA has a new executive director, Dr. Georges Benjamin. WFPHA expressed appreciation of Dr. Benjamin's interest in and support of global health initiatives. Dr. Jones said that WFPHA is becoming a "virtual" organization, with more of its member associations (42) having e-mail addresses. He commented on steps being taken to establish a WFPHA web site independent of the APHA web site. He mentioned benchmarks of the past year - the war in Iraq, the development and spread of SARS, WFPHA's partnership with the Colgate-Palmolive Company and WFPHA's receipt of funds from the American Legacy Foundation and W.K. Kellogg Foundation to host a workshop on tobacco control initiatives. He commented on the meetings he attended in the past year, including key Congress planning meetings. Dr. Jones offered to take immediate or future questions regarding his report.

4.4 Annual Financial Report of the Treasurer

Ms. Joan Bell Davenport directed participants to the Treasurer's Report included in the meeting briefing book. This report includes the WFPHA approved budget for 2003, an audited financial report, the expenditures of both the Geneva and Washington offices, accounts noting opening and closing balances, a table of payments received in the past year and a listing of members who have not paid their membership dues. President Abelin noted that a considerable number of active member associations had not paid their dues in the past 1 - 5 years. The chair of the WFPHA Membership Committee will comment on this problem in greater detail at the time of his report.

4.5 Annual Report of the WHO Liaison

Dr. Mario Dal Poz was introduced. Dr. Dal Poz introduced fellow WHO colleague Robert Beaglehole. Mr. Beaglehole spoke briefly on WHO's efforts to strengthen the public health infrastructure/capacity of low and middle-income countries. He said that the WHO regional offices, national public health associations and various networks are committed to this health care reform effort. A one-page handout on the effort was distributed.

4.6 Annual Reports of Regional Liaison Officers

President Abelin indicated that WFPHA Regional Liaison officers had not been active in recent years. Consequently, it had been suggested that WFPHA Executive Board members take on the responsibilities of the Regional Liaison Officers. A greater discussion of this issue will take place when proposed WFPHA Constitutional changes are discussed. No Regional Liaison Officers were present at the Annual Meeting to provide a report.

5.0 Membership

5.1 Report of Membership Committee

Former WFPHA Membership Committee Chair Tony Hawkes reported that the Membership Committee had met yesterday on May 18 under his leadership. Graham Aston of the Royal Society for the Promotion of Health (UK) is the new Committee Chair. Mr. Aston could not be present at the meeting and sent his apologies. Mr. Hawkes reported on membership activities in Mr. Aston's absence.



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

Subsequently, the RSPH informed WFPHA that Mr. Paul Palmer would be assuming Mr. Aston's responsibility as Membership Chair and Mr. Palmer is now serving in that capacity.

5.2 New Applications for Membership

Mr. Hawkes said the Membership Committee had considered three membership applications in the past year - from the national public health associations of Colombia, Georgia and South Africa.

5.3 Discussion of Applications

The committee recommended that all three be admitted as full members, since they meet the criteria for membership. The criteria are i) Having a multidisciplinary composition, ii) status as an NGO, and iii) Recognition as the national public health association of the country. Members present at the Annual Meeting unanimously approved the admittance of these associations as new members.

5.4 Membership Dues Issues

Mr. Hawkes then addressed the dues payment problem. Last year, the Membership Committee had asked the Secretary General to write to all members who had not paid their dues in three or more years, inviting them to rectify the situation. This had been done. This year, the committee asked the WFPHA Treasurer to send member associations an invoice, rather than a letter, indicating the amount owed. The committee also asked that WFPHA try to determine which members are viable and which are not. Active, viable members will be asked to pay this year's dues but will be granted a one-time exemption from paying past dues. Dr. Peter Orris of the American Public Health Association and WFPHA Executive Board member Dr. Ulrich Laaser encouraged WFPHA to telephone member associations that had not paid their dues in recent years to ascertain the reason for this - administrative oversight, etc. Dr. Samir Banoob of the American Public Health Association voiced concern that dues-paying members would be troubled because they had paid their dues in full while others were being offered "a break." President Abelin indicated these actions were intended to keep members and to allow members who had not paid their dues to "catch up." A motion was carried that allowed for a one-time amnesty of past dues payments. Mr. Hawkes closed by thanking Joan Bell Davenport and Gail Ghazzawi for their assistance in the past year.

LUNCH

Dr. Jones announced that a lunch break would be taken and that the Annual Meeting would resume at 1:45 pm. Dr. Peter Orris announced that an informal presentation on the Persistent Organic Pollutants (POPs) project would be given during the lunch break for those interested.

6.0 Policy Development

6.1 Report of Policy Committee

President Abelin introduced the chair of the WFPHA Policy Committee, Dr. Ulrich Laaser. Dr. Laaser stated that the Policy Committee had met the day before on May 18 and reviewed five policy statements that had been submitted to WFPHA in the past year. These statements were enclosed in the Annual Meeting briefing book.

6.2 Proposed Policy Statements

The first statement was the Declaration on Public Health, Peace and Human Rights. This was developed against the serious background of the conflicts in southeastern Europe particularly in the former Yugoslavia. This statement was adopted by the conference on public health and peace in Skopje, the capital of the Republic of Macedonia, a succession state of the former Yugoslavia. Dr. Laaser read two key passages of the statement to meeting participants. The main point of the statement is that the issue of violence and war be accepted as a public health topic in both teaching and research. Dr. Laaser reported that the Policy Committee unanimously recommended the adoption of this important



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

statement.

The second policy statement pertained to tobacco control through the WHO framework, the Framework Convention on Tobacco Control (FCTC.) This statement recommends that the convention not be re-opened. It was based on a statement of the American Public Health Association. The convention will be either passed or not passed this week during the World Health Assembly, but is hoped that the convention will be passed.

The third policy statement pertained to Zero Waste. It proposes a “zero waste” approach in environmental health involving resource management and the recycling of materials back into nature. Dr. Laaser highlighted two points of action included in the statement. The Policy Committee recommended the adoption of this statement.

The fourth paper was on DDT Production Facilities. It was considered more of a technical paper than a policy statement. It includes a recommendation that WFPHA encourage WHO to visit the two remaining DDT production plants in China and India and to report on the working conditions in these plants and make suggestions for improvement, if appropriate (There is concern about exposure to workers and community residents). Dr. Peter Orris of the American Public Health Association put the paper forward.

The fifth paper was on International Trade Agreements: Priorities for Health. It was considered a position paper rather than a policy statement. The Policy Committee recommends that it be further discussed in a working group, nominated by the WFPHA President and Secretary-General. A shorter text of the position paper has been distributed to meeting participants. The primary message of the shorter text was that it is vital to create an awareness of the potential negative effects of international trade agreements on health system delivery and the public health of populations. The Policy Committee recommended the adoption of the shorter text and the establishment of the working group to work out a policy statement on this topic.

Dr. Laaser then thanked WFPHA, and especially President Abelin, for exerting pressure on the government of Germany to change its position on the FCTC and sign the convention.

Dr. Laaser introduced a late-breaker policy statement on a wider mandate for the Policy Committee and other WFPHA committees.

6.3 Discussion of Policy Statements

President Abelin asked for comments on each of the statements. Patricia Morton commented on the issue of medical waste from nuclear facilities in Australia and how it should best be dealt with. Dr. Benjamin reported that it looked like the United States would withdraw its opposition to the FCTC.

President Abelin commented on his letter to Dr. Gro Harlem Brundtland, urging that discussion on the convention not be re-opened/reservations admitted.

A vote was taken. The recommendations of the Policy Committee on the five mentioned policy statements were carried unanimously.

Dr. Laaser commented in greater detail on the late-breaker statement. He said that according to current WFPHA procedures, member associations submit policy statements to WFPHA and the Policy Committee reacts to them. The Committee preferred to have a less restrictive role. It would like to have the authority to propose and initiate policy statements, technical papers, and position papers in addition to reacting to statements submitted. Questions and comments on this possible wider mandate for the Committee were taken.



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

Dr. Laaser said there would be follow-up discussions on all five papers at the WFPHA's 10th International Congress in Brighton, England in 2004. He also said that the working group would include Dr. Geof Rayner, Dr. Peter Orris and Dr. Theodor Abelin. This group will work with Ellen Schaffer of the American Public Health Association on the paper on International Trade Agreements. He asked if others were interested in being included in the working group. No one else expressed an interest in being part of the group.

7.0 Awards Committee

7.1 Report of Committee

Dr. Jones reported that Margaret Hilson is the chair of the Awards Committee. However, Ms. Hilson was not able to attend the Annual Meeting. She asked Dr. Jones to comment on two awards under consideration - the Leavell Lecture award and an award to be given to an institution at the WFPHA Congress for outstanding achievements and contributions to the field of global public health. For the Leavell Lecture, the Committee recommended that Dr. Illona Kickbusch be the Leavell Lecturer at the Brighton Congress. She has worked for the World Health Organization and is currently teaching at the Yale University School of Medicine. The Committee also recommended that the London School for Hygiene and Tropical Medicine receive the institutional award at the 10th WFPHA Congress. Comments and questions were taken. Dr. Banoob recommended that titles and specific criteria be put forward for both awards. Dr. Alex Leventhal recommended a more transparent process asking member associations for suggestions regarding possible awardees. Dr. Jones said that suggestions for Leavell lecturers were always welcome as it is one of the key highlights of the Congress. He also said that the Committee is aware of the need for a more formal process of selection - titles, criteria, etc. Voting members voted in favor of the awards (9 for, 0 against.)

8.0 Nominations Committee

8.1 Report of Committee

President Abelin stated that Dr. Asib Nasim of the Public Health Association of Bangladesh is the chair of the Nominations Committee. Dr. Nasim could not attend the meeting. Dr. Jones said the Federation's positions for which nominations are sought include the i) Executive Board ii) Regional Liaison Officers and iii) The President-Elect/Vice-President. The President-Elect/Vice-President resigned several months ago. Votes would be taken later in the meeting to elect a new president to take office at the conclusion of the meeting.

9.0 WFPHA World Congress on Public Health

9.1 Report on Planning 2004 Congress in UK

Dr. Geof Rayner introduced Jacinta Scannell of Hampton Medical Conferences, who will be responsible for organizing the Congress. Dr. Rayner commented on the strengths of Brighton, England as a suitable location for the 10th International Congress - a wide variety of accommodations, accessibility from London, etc. Jacinta stated she had been instrumental in planning the recent UK Public Forum in Cardiff, Wales. She spoke favorably of the venues in Brighton and the importance of attracting exhibitors in order to keep registration rates affordable. She also noted that registration rates would cover catered lunches for Congress registrants. President Abelin spoke briefly on the content of the Congress and who would likely attend the Congress. Dr. Jones directed meeting participants to the Congress planning report put together by WFPHA staff and included in the meeting briefing book. The report covered the Honorary Committee, funding received to date, travels stipends for Congress participants, etc.



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

9.2 Application to Host 2007 Congress

Dr. Jones directed the attention of the meeting participants to the meeting briefing book where they could find an application form for hosting the 2007 Congress. The application is being sent to all WFPHA members; it is intended to help interested members develop a full proposal including budgetary consideration for hosting the 11th International Congress in 2007. This process for reviewing the applications and selecting a candidate to host the 2007 Congress could take place over the next year and hopefully will be completed in time for the Brighton Congress where a successful candidate will be announced.

10.0 Topic: Global Campaign on Violence Prevention

Speaker: Dr. Etienne Krug, Director of Injuries and Violence Prevention Department, WHO

Dr. Etienne Krug spoke of a world report on violence and health that will be discussed during the World Health Assembly. Dr. Gro Harlem Brundtland launched the report in Brussels, Belgium on October 3, 2002. Dr. Krug emphasized that violence is a global public health problem and WHO has directed greater attention to the subject in recent years. The department that he directed was established under the leadership of Dr. Brundtland. Over the past three years, numerous professionals have contributed to the report. The publication looks at different types of violence – child abuse, elder abuse, youth violence, intimate partner violence, sexual violence, collective violence (e.g. genocide), and self-inflicted violence or suicide. It is hoped that the report will encourage public health professionals and specialists to better address the issue of violence. (Violence is not simply a law enforcement issue but one that has broader social and economic ramifications).

The report included data such as statistics on death and disability due to violence, intimate partner violence, elder abuse, etc. The data revealed that there often is a connection between violence and death and suffering. Underreporting is a frequent problem - some forms of violence are taboo and are not widely discussed. Victims will seek help at a hospital but not report violence to the police. The report also focuses on violence prevention. It argues that we need to better address the root causes of violence - alcohol consumption, the availability of guns, violence in the media, etc. The report also addresses the challenges of providing physical, mental, legal and financial services and support to victims of violence.

Dr. Krug stressed that advocacy is key. We need to speak up about violence. He said the report is intended to be a working document. He asked WFPHA to join the campaign against violence - passing resolutions on violence and to feature the issue at upcoming conferences.

Questions and comments were taken. Dr. Laaser reported that WFPHA had passed a resolution on peace, public health and human rights that covered this issue. President Abelin thanked Dr. Krug for his report. He indicated that contact with WHO on this issue would continue.

After Dr. Laaser's presentation, President Abelin introduced Catherine Mullholland of the WHO staff. Mrs. Mullholland spoke briefly on the Healthy Environments for Children Alliance (HECA.) Dr. Brundtland launched HECA at World Summit on Sustainable Development on September 1, 2002.

Mrs. Mullholland stressed that environmental threats are a huge health problem causing up to almost one third of the global disease burden. Children are particularly vulnerable because of their lower body weight; their closeness to the ground, and are more exposed to dangerous conditions.

A PowerPoint presentation on HECA was given. HECA's mission called for a global alliance to step up international action of environmental risks to children's health in their normal settings by obtaining and providing knowledge, increasing government involvement, collecting resources and taking action. The



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

key objectives were also mentioned, which were to be able provide knowledge and awareness, implement effective policies and action, support other countries in making sustainable, healthy environments for children by means of an intersectoral approach. Household water security, hygiene and sanitation, air pollution, disease vectors, chemical hazards, injuries and accidents were ranked high on the WHO's list of issues that have the farthest-reaching effects on children's health.

World Health Day, with the focus of "Health Environments for Children" gave the issue momentum. Steps are planned to carry the issue forward.

Topic: Child Health and the Environment

Speaker: Yasmin Von Schirnding, WHO

Ms. Von Schirnding discussed the importance of temporal and spatial environmental health indicators. Such indicators can appear at any time and can affect a general or specific population or community. She went on to present the MEME (Multiple Exposures, Multiple Effects) model stating that repeated exposure to a certain environmental health hazard could be linked to many health outcomes. For the model to be useful, a variety of factors need to be taken into account: information on exposure and true environmental risks, health outcomes, actions taken to reduce exposure and/or to remedy the situations, and contexts (e.g. socioeconomic factors). A global initiative is underway to complete the task of identifying these indicators that involve several countries, multinational organizations and NGOs. She offered her contact information should the member associations have questions.

Additional questions and comments were taken regarding environmental health indicators and HECA.

BREAK

The Assembly took a 15-minute break with coffee being served outside the meeting room.

11.0 (Continued)

Topic: Food and Health: The European Perspective

Speaker: Dr. Geof Rayner, UKPHA

In his presentation, Dr. Rayner stressed that food and health do indeed intertwine. He went on to report common trends in Europe such as rising levels of obesity, particularly in preschool children as well as adults in the past 15-20 years, low consumption of fruits and vegetables (especially "leafy greens"), reduced levels of physical activity, and increased consumption of fatty, sugary and other processed foods. He stated that such actions lead to increased morbidity, type II diabetes and food related cancers. Various national campaigns are being implemented to encourage eating healthier foods and increased physical activity. He noted that mortality, morbidity, and disability attributed to major non-communicable diseases currently account for 60% of all deaths in the world and are expected to increase to 73% by 2020. The lack of consumption of healthy foods and physical activity are what account for a majority of the causes of non-communicable diseases. Dr. Rayner emphasized that it will be a very complex task today because a majority of the world's people live in a choice-based culture. People are able to decide what they want for themselves, but sometimes those decisions are not necessarily the correct ones.

Following Dr. Rayner's talk, President Abelin stressed that the three previous lectures shared a commonality: the role of the environment in influencing the health of populations and communities. There are several different "environments" operating at the same time and interacting with each other, which include cultural, mental, social, and physical factors. Following that insightful comment, Dr. Orris



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

brought up questions regarding toxins in food particularly mercury and polychlorinated biphenyls (PCBs) found in fish, genetic engineering of foods, and common antibiotics used in food producing animals. Unfortunately, President Abelin had to cut the discussions short due to time constraints.

12.0 Measures to Strengthen WFPHA

12.1 Proposed Changes in Constitution and By-Laws

President Abelin backtracked to this part of the agenda regarding a survey filled out by members. It addressed possibilities for changes in the Constitution and by-Laws. He noted however that it is too early to undertake changes to the Constitution at the present time. But, he did highlight several aspects that caught the members' attention in the survey. One was whether the term for the WFPHA Presidency should last for two or three years. President Abelin said that a consensus did not exist for either position because good rationales were offered for both options. He mentioned that members did agree on the need in the Federation for an informal network of international advisers. It was also decided that the letter "A" in the WFPHA acronym be kept because the Federation is comprised of many public health associations and is in effect, an association of associations. Other issues included whether to change the Federation's membership categories so that in a country where there is more than one member, the associations would each have full membership. However, for purposes of voting, if the rule of one vote per country were kept, then in a situation where there were more than one association, then they would all need to agree if their vote was to count. There was also agreement on accepting regular memberships for regional associations of schools of public health, but not for the individual schools. In this case, an electronic mailing list could be developed for communication purposes.

Dr. Laaser then went on to make additional comments regarding the Executive Board members, saying that it was "a pity" that we do not make use of the board members' availability as Executive Board meetings have not been foreseen at the occasion of such an annual assembly. Also, Dr. Laaser noted the Federation's Procedures pertaining to the contribution to the World Health Assembly technical discussions by the Federation, endorsement of conferences, study tours, and selection of delegates to these international conferences.

13.0 Election of Executive Board Members

Because of its importance, it was decided that elections for new Executive Board members take place before the re-cap of WFPHA projects. Dr. Jones stated the names of the candidates recommended by the nominating committee. There were 2 possible candidates for the Representative of the Region of the Americas: The United States and Mexico. Unfortunately, a representative from Mexico was not able to attend the conference. The candidate representing Mexico was Dr. Cuauhtemoc Ruiz Matus, President of the Mexican Society of Public Health. The Ethiopian Public Health Association would occupy the seat for the Africa region. With respect to the Western Pacific region, New Zealand currently holds the seat. Each member association was asked to vote for one of the candidates for the Americas on a ballot. The Ballots were then collected.

14.0 Extended Terms of Current President and Immediate Past President

14.1 Proposed Resolution to Initiate Nominations Process to Identify a Candidate for the Position of Vice-President / President –Elect

While ballots for the Executive Board members election were being tabulated by Ms. Davenport, Dr. Jones announced earlier that Vice-President /President-Elect Dr. Carlos Montoya Aguilar of Chile recently resigned from the WFPHA Presidency. He was due to take office at this 37th Annual Meeting but felt that he could not carry on the responsibilities as WFPHA President in large part because of his work on the health reforms in his home country. As a result of this unprecedented occurrence, a



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

resolution was passed stating that current President Theodor Abelin and immediate past President Margaret Hilson be elected to serve as co-Presidents beginning from the end of the 37th Annual Meeting until the Brighton Congress in 2004. Therefore, between now and Brighton, a nomination process to search, identify, and recommend a Presidential candidate was initiated. The particular candidate will be elected by email prior to the Brighton Congress and will serve a two-year term beginning at the conclusion of the Congress. In addition, at the 38th Annual WFPHA Meeting in Brighton, a candidate would be elected to serve as Vice President/President-Elect for a two-year period, to take office at the 40th Annual Meeting in 2006. It was also suggested that one executive board member be involved in the search process.

15.0 Election of Executive Board Members (Continued.)

Ms. Davenport announced the results of the election. The results were the United States: 9, Mexico: 2. Thus, the voting members decided in favor of the American Public Health Association over the Mexican Society of Public Health to occupy the Americas seat in the Executive Board. The voting members also re-elected the New Zealand and Ethiopian Public Health Associations to be members of the Executive Board in a 9 to 0 vote.

16.0 Re-Cap of WFPHA Projects

Since the meeting was nearing its end, five minutes were allotted to run through the projects listed on this section of the agenda.

16.1 Tobacco Project: Professor Theodor Abelin

President Abelin stated that the Tobacco Project is doing well and would reach some culmination with the vote scheduled on the FCTC during the World Health Assembly.

16.2 POPs Project: Dr. Peter Orris

Dr. Orris went over the activities of the WFPHA's POPs (Persistent Organic Pollutants) project.. He stated that there would be further discussion of activities in the near future particularly during the Brighton Congress next year. Specifically, he mentioned plans of the global environmental fund of UNEP, the UNDP and WHO, to begin a multimillion-dollar project with model hospitals in seven countries - Lebanon, the Philippines, Senegal, Argentina, Poland, Vietnam, and India.

16.3 International Hand Washing Program (WFPHA/Colgate-Palmolive Company): Dr. Allen Jones

With respect to the joint-effort by the WFPHA and Colgate-Palmolive on the Hand Washing Campaign, Dr. Jones stated that materials were still being finalized before the advertising campaign for hand washing could be launched.

16.4 WFPHA Web Site: Dr. Allen Jones

Dr. Jones also reported on the importance of an independent WFPHA website. The WFPHA website is currently housed on the APHA website. He said the advantage of having an independent website is that WFPHA would be recognized as an independent organization distinct from APHA. It was stated that it may also be a disadvantage because the WFPHA website may not receive as many "hits" when it becomes independent than is the case presently when it is part of the APHA website. The APHA, being rich in content, is registered with different search engines thereby increasing the number of visits to the site. Another limitation would be the costs incurred in creating and maintaining a website, which would cost approximately \$4400. Dr. Jones also stated that if WFPHA is to proceed with an independent site, the next step is to define the purpose of the new website (e.g., to gain new members? to increase revenue? to provide contact with other members?) He also encouraged assembly members to offer



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

feedback (i.e. what information should be included on the site). Several members suggested that links to other public health sites be placed on the WFPHA website so as to enable WFPHA Member Associations and other international groups to maintain close ties and exchange journal articles, newsletters, studies, reports, conference proceedings and other publications that address key issues in international health.

17.0 Other Business

Dr. Jones said that there were a few things that he wanted to say and made some announcements. The first touched on the Medicine and Public Health Initiative (MPHI), which was organized in 1994 to unite medical doctors and public health specialists to develop a system of health delivery that centered on health promotion, disease prevention, diagnosis and treatment of acute and chronic diseases, and rehabilitation. In terms of the global context, it is envisioned that the MPHI will collaborate with international organizations, especially the WFPHA in dealing with such issues. It was said that this topic would be further discussed at the Brighton Congress.

Information regarding the recent SARS epidemic was given. The China Preventive Medicine Association stated that a meeting would be held in Fall 2003 either in September or October in China to discuss strategy and prevention of the SARS virus and encouraged everyone to attend.

Dr. Jones also mentioned that the briefing on HIV/AIDS was not going to take place at the Annual Meeting because a majority of the speakers were unable to attend.

18.0 Adjournment

The meeting was adjourned. As part of tradition, those who remained took part in a group picture session.