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**Minutes -  
World Federation of Public Health Associations  
38th Annual Meeting**

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*Brighton, England, United Kingdom  
19 April 2004*

**1.0 Opening of the Session**

**1.1 Remarks by the Co-Presidents**

The 38<sup>th</sup> Annual Meeting of the World Federation of Public Health Associations (WFPHA) convened on April 19, 2004 in Brighton, UK, in a combined session of its Executive Board and General Assembly. Co-Presidents Dr. Theodor Abelin of the Swiss Society of Public Health and Ms. Margaret Hilson of the Canadian Public Health Association presided over the meeting. This marked the first time in the Federation's history that a WFPHA Annual Meeting has coincided with a WFPHA World Congress on Public Health instead of the World Health Assembly (WHA) in Geneva, Switzerland.

**1.2 Roll Call**

Presidents Abelin and Hilson welcomed all those attending the meeting. They asked that roll call be taken and had 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 37<sup>th</sup> Annual Meeting**

The minutes of the 37<sup>th</sup> Annual Meeting, held on May 19, 2003 were adopted as presented.

**4.0 Election of Executive Board Members**

Dr. S.M. Asib Nasim of the Public Health Association of Bangladesh and chair of the Federation's Nominations Committee delivered his report. He announced that the three-year terms of the China Preventive Medical Association, Iranian Public Health Association, Bangladesh Public Health Association, and Russian Public Health Association were ending. Furthermore, the Executive Board from their meeting the day before, decided to nominate two new members to the Board - The Brazilian Association for Collective Health (ABRASCO) on the basis that they will be hosting the 11<sup>th</sup> World Congress on Public Health in 2006 in Rio de Janeiro and the Canadian Public Health Association (CPHA) because of their outstanding contributions to the Federation. Delegates voted, and ballots were collected and tabulated. The six member associations were voted into the Executive Board. This now brings the total number of Executive Board members to 12, the maximum as stated in the WFPHA Constitution and By-Laws.

**5.0 Election of New President-Elect/Vice President**



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## **5.1 Introduction of the New President Elect, Dr. Cuauhtemoc Ruiz Matus**

Before Dr. Ruiz Matus delivered his inaugural address on his new WFPHA Presidency, WFPHA Secretary-General Dr. Allen Jones presented awards to Co-Presidents Abelin and Hilson for their dedicated service and hard work to and for the Federation. Both expressed their thanks, gratitude, and their continuing support for the Federation.

In his speech, Dr. Ruiz Matus outlined his goals and expectations for the Federation and global public health in general. He stated that public health is a dynamic activity involving many key players in the health sector and outside of it as seen in physicians, nurses, educators, researchers, governing bodies, administrators, sanitarians, etc. Such persons are capable of many social transformations, namely the improvement in better health levels. He sees the Federation as a forum for global public health whereby the voices and ideas of health workers, autonomous of positions adopted by government, universities and other institutions, can be freely discussed, appreciated and taken into consideration.

Dr. Ruiz Matus' election was made official back on 6 February 2004 based on the ballots received. He will begin his term as WFPHA President at the conclusion of the 10<sup>th</sup> International Congress of Public Health and his term will conclude at the end of the 2006 WFPHA 40<sup>th</sup> Annual Meeting, planned to take place in Geneva, Switzerland.

## **5.2 Election of the New Vice-President/President-Elect**

Dr. Jones covered this item in the name of the Federation's Nominations Committee since the Nominations Committee chair is one of the candidates for the position. Delegates were given a moment to review the CV's of the three possible candidates – Dr. Damen Haile Mariam of the Ethiopian Public Health Association, Dr. S.M. Asib Nasim of the Public Health Association of Bangladesh, Prof. Paul Palmer, Royal Society for the Promotion of Health (UK). Each of the three candidates was given a 3-minute opportunity to speak about their background and their interests in serving the position. The elections would undergo two rounds of voting whereby the two candidates with the highest number of votes from the first round would advance to the second round of voting. It would be in the second round that the candidate with the higher number of votes serves as the next Vice-President/President-Elect. Dr. Jones, in his best to try to not influence the election, encouraged delegates that as they vote for the offices being considered, they should select individuals from different regions of the world rather than from one or two regions since the Federation is a global organization. First-round votes were taken and ballots were collected and tabulated. A total of 22 votes were taken – 10 for Dr. Haile Mariam, 7 for Dr. Nasim, and 5 for Dr. Palmer. Absolute majority was not reached so a second-round of voting took place between Dr. Haile Mariam and Dr. Nasim. There were 23 votes in the second round of voting. Dr. Nasim beat Dr. Haile Mariam by 1 vote (12 to 11) to become the new Vice-President/President-Elect.

## **6.0 Measures to strengthen WFPHA / Changes to the WFPHA Constitution**

The four items pertaining to changes in the Federation's Constitution are found in the email memo at the beginning of Tab F. It was suggested that items #2-4 listed on the email be discussed first since there seemed to be relatively little dispute on them. The first item would then follow it, since a few member associations have expressed reservations about making changes to the Federation's Constitution and By-Laws, thereby allowing more time to make a proper consideration.

The second item dealt with combining the function of the Regional Liaison Officer with membership in the Executive Board as indicated in Section 11 of the By-Laws. Rather than the



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General Assembly appointing one person as a Regional Liaison Officer for a three-year period in each of the six WHO-designated regions, members favored that the General Assembly appoint from among the members of the Federation's Executive Board one person from each of the following regions as a Liaison Officer for three years. It is believed that by being better informed and given more responsibilities, the Executive Board will be strengthened allowing the Federation to function more efficiently. Since Executive Board members represent each of the six regions, communications will be facilitated, if in each region, someone who already is a member of the Executive Board exercises the function of Regional Liaison Officer.

Members unanimously accepted the change made to Article II, Section 1, Item 3 of the By-Laws, that in an effort to link more closely together with teaching institutions in public health, Regional Membership in the Federation is to be offered to Associations of Schools of Public Health. Under this proposal, individual Schools of Public Health will not be able to become WFPHA members, but administrative measures will be taken to facilitate communication with interested schools.

With the fourth item concerning Article 10 of the Constitution and Article III, Sections 1, 2, 4, Article IV, Sections 1, 2, and Article V, Sections 1, 2, 5, 10 of the By-Laws, members also unanimously voted on changing the title of Executive Secretary to Secretary-General. This matter was already voted on at the 35<sup>th</sup> Annual Meeting in 2001 and has now officially been taken into account in re-writing the revised Constitution and Laws.

The issue of expanding the Federation's membership base has been held at the Federation for at least the past decade or so. Around the world, there are many countries with more than one public health association. In the past, only one could be a member, but a change was made allowing for Associate Members to join. In some countries, associations having been regular WFPHA members for many years may no longer be representative of the whole community of public health professionals. Through discussions of the WFPHA's leadership over the past two years, it was suggested that to strengthen the Federation and increase the validity of its public health voice, Associate Members would become full members and new associations can be invited to join the WFPHA, without being put in second place by older and perhaps less representative associations. As a result, alterations would have to be made particularly to Article II, Section 1 and Article VIII of the By-Laws on the Federation's membership categories, which has already created debate. From the Federation's Executive Board meeting the day before, two options were put forward on how to open up membership but have equal number of votes. The first option is "One country, one vote" whereby a consensus would be required between public health associations of a particular country. The other option is "One association, one vote" whereby no consensus would be needed between public health associations of a particular country. President Hilson opened the floor to discussion on how to best approach the inclusion of new members.

Andrew Banfield, Incoming Chair of the Royal Society of Public Health (UK) presented the UK position. He said although the Royal Society is totally open to acquiring more national public health associations as members of the Federation, they are seriously concerned about altering the membership criteria in principle and in practice. The Royal Society believed that it would cause problems in governance (particularly voting), financial requirements (namely fees), and policy issues within the member country and its role relative to the Federation. The Royal Society advocated that one Full Member represent each country and other public health associations within that country be Associate Members. Furthermore, Dr. Banfield encouraged members present to oppose the changes, but did offer an alternative decision: if members are unable to arrive at a clear decision, vote to maintain status quo for the time being and have the proposal brought back to the Board for further referral and consideration.



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Like Dr. Banfield, Gunnar Tellnes of the Norwegian Society of Public Health stressed the idea for increased membership, but favored the option of one association, one vote. He advocated the idea that WFPHA is a proliferation of associations of public health from around the globe rather than a proliferation of countries committed to public health which he described as more of WHO's image.

Dr. Samir Banoob of the American Public Health Association (APHA) opposed the second option on the grounds that if Associate Members become Full Members, there would likely be a much more significant representation of public health associations coming from industrialized countries than in developing countries. He favored the first option but brought up the possibility that public health associations from the same country may not be able to reach a consensus on a vote. Dr. Banoob suggested that in order to be "more democratic," Full Membership should be given to the association with the largest amount of members.

Dr. Geof Rayner of the United Kingdom Public Health Association (UKPHA) was inclined to the option of one country, one vote, but declared that a "penalty" be given to the country that cannot have their public health associations come to an agreement on a decision put forward by the Federation. As a result, the country will have to subtract themselves from the proposals in turn having a "no vote" status. However, he asked that those present at the meeting choose what idea they think is right but as long as the decision creates unification among countries and expands the Federation's horizons in global health.

Dr. Ulrich Laaser of the German Association for the Health Sciences and Public Health suggest that in voting for changes in membership, split the proposal into two parts. Since there is widespread agreement on the principle of inclusiveness of new associations into the Federation, the first vote would be on whether to include new associations as Full Members, eliminating the need for Associate Members. The second part of the vote would be to decide among the above-mentioned options on how Federation members are to vote. Dr. Laaser was open to the idea for one country, one vote. Although multiple public health associations of the same country cannot arrive at a decision, the vote is not eliminated; it is just abstained.

Voting on the membership issues took place on three different levels – no changes at the moment thereby bringing it back for further review; opening membership to multidisciplinary national public health associations doing away with the category of Associate Members; and the manner in which members are to vote. It was decided that new public health associations be admitted to the Federation as Full Members although RSPH opposed the idea. In terms of voting, members voted on the principle of one country, one vote as long as there is agreement at the national level among the various public health associations of a country. Otherwise, the vote for that country will be abstained.

## **7.0 Membership**

### **7.1 Report of Membership Committee**

Stuart Royston of the Royal Society for the Promotion of Health (UK) reported on behalf of Membership Committee chair Professor Paul Palmer, who was unable to stay for the remainder of the meeting.

### **7.2 New Applications for Membership**

Mr. Royston said that the Membership Committee has considered three membership applications in the past year – the national public health associations of Azerbaijan, Niger, and Vietnam.

### **7.3 Discussion of Applications**

The committee recommended that all three be admitted as full members since they meet the membership criteria. The criteria are i) Having a multidisciplinary composition, ii) Status as an NGO,



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and iii) Recognition as the national public health association of that country. Members present at the meeting approved the admittance of the Azerbaijan National Health Association, Association Nigerienne pour la Promotion de la Sante Publique, and Society of Preventive Medicine of Vietnam as new members.

## **7.4 Membership Dues Issues**

President Hilson stressed the need for the Membership Committee not only to look for new members, but also to look into its members who have been inactive in Federation activities and have not paid their dues for a long period of time. She recommended that the Membership Committee revoke membership to public health associations who have not responded to communiqués from the Federation in three years. The Federation currently has a significant amount of members that the Federation cannot rely on as members.

## **8.0 Policy Development**

### **8.1 Report of Policy Committee**

President Abelin introduced Policy Committee chair Dr. Ulrich Laaser. Dr. Laaser reported that the committee met earlier that day 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 under Tab H. In addition, Dr. Laaser highlighted a few more propositions that arose from the committee meeting earlier that day. In order to enforce implementation of policy resolutions so as to ensure they are not just written on paper or on the website, Dr. Laaser suggested the Executive Board create a regulation that the public health association(s) responsible for authoring any resolution must be responsible for monitoring its success or failure and report it to the Board. He also suggested that the Executive Board outline a format or set of instructions for creating resolutions. Still, in order to facilitate the monitoring of the fate of a resolution by the originating public health association, the Board should establish a catalogue of links on the Internet on where one can get more information pertinent to the resolution. He also suggested that for future policy committee meetings, not only should its members attend but also public health associations composing resolutions should attend.

### **8.2 Proposed Policy Statements**

Because the debate on making changes in the Constitution and By-Laws caused the meeting to fall behind schedule, Dr. Laaser did not explain key aspects of each resolution and instead announced the results of the committee's deliberations on the resolutions.

The first statement was the WFPHA Resolution of Global Public Health Leadership written by the Congolese Society for Public and Community Health. The Policy Committee unanimously recommended the adoption of this statement.

The second statement pertained to Food, Environment and Public Health authored by the UKPHA. The Policy Committee was unable to adopt this policy statement and will be referred back to UKPHA for next year's consideration.

The third policy statement pertained to an International Health Professionals' Tobacco Petition proposed by the Federation's Immediate-Past President Theodor Abelin. The policy committee adopted it.

The fourth statement, by the German Association for Health Sciences and Public Health (DVGPH) was about Access to Essential Medicines and The Need for Fair Prices and Better Research. The Policy Committee adopted without changes.



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The fifth and last resolution, proposed by the Public Health Association of Australia (PHAA), touched on Health and International Trade Agreements. The Policy Committee adopted the statement but with some minor changes, primarily editorial.

## **8.3 Discussion of Policy Statements**

President Abelin opened the floor to comments on each of the statements. American Public Health Association (APHA) representative and committee member Dr. Peter Orris provided some clarification on why UKPHA's Food and Environment resolution was not adopted. The committee's sentiments were wholly in favor of the resolution but it focused on a number of issues that made it appear too complex. The Policy Committee felt that it could be divided into several resolutions.

Dr. Rayner had hoped that the UKPHA resolution would be passed mainly in part due to the expectation of WHO's policy position of Global Strategy on Diet, Nutrition, and Physical Activity being passed soon. He felt it would have been useful to have the document supported so that the Federation was in advance of the WHO strategy rather than be a year behind it. He saw that after diseases such as TB, and HIV/AIDS, the most critical issue in public health today stems from a combination of food insufficiency and diseases related to bad food consumption. He felt the inclusion of the environmental aspects was integral to the resolution, as it is not found in WHO policy. Dr. Laaser said that one from UKPHA was present at the committee meeting to argue in favoring the resolution, but agreed to work with UKPHA as soon as possible.

The Public Health Association of Australia mentioned that there was a section of text missing about the resolution of Health and International Trade Agreements.

President Hilson suggested that if the UKPHA resolution is reworked, instead of waiting for a full year, it could be referred to the Executive Board for interim approval and come back to next year's meeting so that the Federation would be timely in response to the WHO discussions. The Policy Committee agreed to this proposal. Federation members unanimously passed the other four resolutions and agreed to have the food and the environment referred to the Executive Board.

## **9.0 Awards**

### **9.1 Report of Committee**

President Hilson and Gunnar Tellnes met earlier that day and didn't have much to discuss since all awards have already been made for the Brighton Congress and the next Congress is two years away. But Margaret and Gunnar recommended that the composition of the committee must change. Brazil would be a member of a committee as they are hosting the next Congress. Costa Rica, Norway, and Canada volunteered to serve as Awards Committee members.

## **10.0 Nominations**

### **10.1 Report of Committee**

This was already covered. Refer to sections 4.0 and 5.0 on the elections of Executive Board members, new WPFHA president and vice president/president-elect.

\* (From this point, President Abelin asked that several changes be made on the meeting agenda. The meeting would continue with discussions of details for the next WFPHA World Congress on Public Health, and written reports on WFPHA activities and projects, which are contained in the briefing books. Dr. Jones suggested that the meeting end sooner than planned at around 19:00.)



### **13.0 WFPHA World Congress on Public Health**

#### **13.1 Report on Plans for 2007 Congress**

Only one application was submitted for hosting WFPHA's 11<sup>th</sup> International Congress on Public Health. Dr. Alvaro Matida on the Brazilian Association for Collective Health (ABRASCO) presented his association's proposal for having the city of Rio de Janeiro host the next World Congress. A complete description of ABRASCO's proposal can be found under Tab Q. Dr. Matida was not concerned as much on whether the Congress would take place in either 2006 or 2007 as mentioned in an earlier proposal, but cared more on having full support from the Federation. Having undergone changes in its government, Brazil has expressed their desire and mood for change especially on global health issues and problems that they feel must face together with all Federation members.

Members unanimously decided on ABRASCO to host the next Congress in Brazil.

### **BREAK**

The Assembly took a 10 minute-break.

### **11.0 Review of the Year's Activities**

#### **11.1 Annual Activity Reports of Member Associations**

Representatives of member associations present briefly reported on their activities of the past year. Written activity reports of several member associations are included in the briefing book under Tab K for reference.

President Hilson welcomed the new president of the Serbian Public Health Association who has been observing the Annual Meeting. Margaret attended the Serbian association's Inaugural meeting, which had over 600 people in attendance. She acknowledged their active participation and interest in public health challenges facing the country in the future. Speaking to the association's president, President Hilson hoped that listening to some of the experiences made by fellow colleagues was beneficial and looked forward to the country's consideration into joining the Federation.

#### **11.2 Annual Report of the President**

President Abelin suggested that in the interests of finishing early, members read his report instead of having him present it. It is located under Tab L.

#### **11.3 Annual Report of the Secretary-General**

President Abelin also asked delegates to read Dr. Jones' report that is found under Tab M.

#### **11.4 Annual Financial Report of the Treasurer**

Ms. Joan Bell Davenport directed participants to the Treasurer's Report found under Tab Mc in the meeting briefing book. This report includes the Federation's approved budget for 2005, an audited financial report, the expenditures of both the Geneva and Washington offices, opening and closing balances of the past year, and a spreadsheet showing all payments received in the past year. Joan also noted that a number of active members have not paid their membership dues and should be dealt with sometime during the Congress.

Joan informed delegates that the investment by UBS increased slightly this year with the money market fund rising by \$269 and the asset allocation fund rising by about \$2000.



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As a result of discussions at the time of the last Annual Meeting, she prepared invoices to replace the standard, 3-page 'request for dues' letter and sent them to member associations, which had responded to the request for their individual membership numbers. Also enclosed in Tab Mc is the 'Category' table that shows the numbers that have so far been received. Acknowledgement letters on behalf of the Federation are systematically sent out to the member associations as and when funds are received.

## **11.5 Annual Report of the WHO Liaison**

Enclosed under Tab N is a letter written by Dr. Kazem Behbehani, Assistant Director-General, External Relations and Governing Bodies of WHO stating that since the WHO Executive Board has commended the work of the Federation in supporting WHO, they have agreed to maintain official relations with WFPHA for another three years. Also with this letter is the WFPHA report on WFPHA-WHO relations that was submitted to WHO Executive Board back in 2003.

## **11.6 Annual Reports of Regional Liaison Officers**

No reports at this time.

## **12.0 Re-Cap of WFPHA Projects**

### **12.1 Tobacco Project: Professor Theodor Abelin**

Earlier this year, WFPHA in collaboration with the Executive Officers of the World Medical Association (WMA), International Council of Nurses (ICN) and International Pharmaceutical Association (IPA) submitted a draft project proposal to the International Development and Research Center (IDRC) to initiate and organize a coordinated global campaign, in which thousands of doctors, nurses, dentists, pharmacists, and other health professionals from many countries unite to petition their governments to sign and ratify the Framework Convention on Tobacco Control (FCTC) and effectively curb the production, trade, and promotion of tobacco products. It was expected in a few days on whether there would be funding or not. More on the FCTC would be discussed during the Congress' tobacco workshop.

### **12.2 POPS Project: Dr. Peter Orris**

Dr. Orris presented his interim report. He stated that the Global Environmental Fund of Health Care Without Harm spearheaded by UNDP and WHO in seven countries will still be moving ahead with activity beginning by the end of summer or beginning of autumn. The Federation is currently working with both organizations on this.

He raised the idea of creating a mail list or communications structure for members in each of the Member Association interested in environmental health issues. With help from staff at the University of Illinois, member associations would be contacted to help identify individuals broadly specializing in the environment.

### **12.3 International Hand Washing Campaign (WFPHA/Colgate-Palmolive Company): Dr. Allen Jones**

Dr. Jones pointed out that the three-year Memorandum of Understanding (MOU) between Colgate-Palmolive and the Federation is due for renewal and expected to be finalized within the next few weeks. Materials have been prepared for use by countries whose member associations will be carrying out such campaigns. The next step would be then to finalize a country or two where the campaign will be launched presumably on a pilot basis. The experience in that country will be shared with the wider membership so it could be undertaken in more countries.



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### 12.3 WFPHA Website: Dr. Allen Jones

Recently, the Federation has undertaken the task of redesigning/developing its website [www.wfp ha.org](http://www.wfp ha.org), independently of the website for the American Public Health Association (APHA). APHA has generously provided the Federation with \$7,600 in aid to complete the project. In doing so, the Federation must secure the services of a firm that will assist with redesigning and launching of the new website. WFPHA members have expressed a desire to have a website independent of APHA's site. An independent website would contribute to the growth and development of WFPHA and provide an interactive source for global health information.

### 14.0 Other Business

Dr. Peter Orris introduced Anthony Robbins, former APHA President and now Editor-in-Chief of the Journal of Health and Public Policy. To enhance the global debate on public health policy issues, Anthony expressed interest in developing a partnership with the Federation and its national Member Associations. He identified that the majority of health problems exist in the developing world and when such problems are discussed in peer-reviewed scientific literature, authors and researchers from developed countries rather than developing countries often report on them. In tackling this problem, he is intending to create a web-based network of providing assistance in developmental editing (i.e. the process of from going from a data set or an idea to a publishable article) and mentoring authors (and would-be authors) from developing countries who would like to write in peer-reviewed journals. Having a partnership with the members of the Federation would allow the Journal of Health and Public Policy to find and bring together public health program people, researchers, and policy makers, whether developing, transitional, or developed, in writing for the various public health journals in the world. It is hoped that the Federation will take this into consideration.

Dr. Jones also made a few more announcements.

He asked members to notice the information on the HIV/AIDS survey being carried out from the Secretariat's office located under Tab R and consider responding to the inquiry if they have not done so yet.

From discussions at the leadership level and the Executive Board meeting the day before, he put forth the idea of the Federation starting a development campaign, an effort to find resources (e.g core funding) for the organization.

He reminded to members that there is a sheet of paper containing a list of times in which representatives from the Member Associations are welcome to have an opportunity to meet and interact with Secretary-General Jones and staff.

Dr. Chris Rosene of the Canadian Public Health Association encouraged to Federation members and others attending the conference whose countries are part of the *francophonie* (i.e. French-speaking world) about the *Francophone* meeting taking place the next day.

### 15.0 Adjournment

The meeting was adjourned and was followed by a group photo session.