Health: the greatest wealth

Professor Bettina Borisch joins International Innovation to discuss what public health means for different parts of the world in 2013.
What is the World Federation of Public Health Associations (WFPHA) and what is its remit?

WFPHA is an international NGO composed of multidisciplinary national public health associations. As the only worldwide professional society representing and serving the broad field of public health, our remit concerns the strengthening and promotion of core public health knowledge, values and activities.

Acknowledging that the position and power of public health varies greatly across different parts of the world, WFPHA enforces public health through exchange; by joining forces among and within countries; and by advocating at different levels. WFPHA supports the establishment and organisational development of public health associations and societies of public health, as well as the creation of supra-national entities for public health.

Can you elaborate on WFPHA’s core values?

Public health in itself is a value that may be difficult to communicate but can, perhaps, be best appreciated when absent. The supply of necessary goods and services such as clean water, sufficient energy, shelter and sewerage requires a strong commitment from societies. One of the basic concepts is solidarity – only societies with a sense of common responsibilities will support public health in action. In this sense, public health is more an attitude than a specialist area. Health depends largely on how, where and with whom we live. For some there is the notion of lifestyle and for others there is the notion of social determinants, depending on whether a more individualistic or societal approach is upheld. In both perspectives, the public’s trust is required in order to promote health. Consequently, WFPHA’s values are deeply rooted in integrity, truth, accountability, honesty and respect for scientific evidence. Above all is our belief in solidarity among people regionally, nationally and globally.

How important is international collaboration among healthcare providers?

Public health depends to a large extent on public goods and determinants; the healthcare system contributes to about 10 per cent of the health of a given population. Our first goal is to strengthen the international collaboration of public health workers. Healthcare providers can be integrated into public health actions. One of the important issues with healthcare providers at the global level is the migration of skilled personnel from places in need to countries learning from low and middle income counterparts. The WFPHA is a valuable advisory body as it collates and follows solutions to the aforementioned issues worldwide.

In what aspects of public health does the Federation collaborate with WHO? Can you point to any significant outcomes such cooperation has yielded?

We are an NGO engaged in an official relation with WHO’s headquarters in Geneva; we have a three-year collaboration plan that details our common projects. Our designated technical officer at WHO, Dr R Krech, is Director of the Department of Ethics, Equity, Trade and Human Rights. One of our common projects is a new definition of public health, and we support the education of public health professionals. Moreover, WHO – and particularly its regional office for Africa – was most helpful in the creation of the African Federation of Public Health Associations. We hope to have similar support for our activities in the Arab region.

As an NGO, what perspective does the Federation provide on prevailing issues such as infectious and non-communicable diseases (NCDs), disparities in healthcare provision, obesity and an ageing population among developed countries?

Interestingly enough, NCDs (including obesity) demonstrate that health is, more than ever, a public problem and less an individual one. We know that all our healthcare systems worldwide will not be able to tackle the upcoming problems by providing care; we need prevention, structural and individual health promotion, and a public health attitude in decision making. These problems are not merely those of the developed world; they are global problems and have to be tackled as such. The new definition of public health intends to integrate these issues globally.

The economic recession has forced the hand of many governments in terms of reducing or maintaining current spending within their healthcare budget. What challenges does this pose for healthcare providers?

Health is both an indicator of the wellbeing of societies and one of the important causes of societal wellbeing. It is not healthcare that will be able to solve problems, as this usually comes too late. Governments will have to think and act in a more sustainable way and make decisions for more than the next election period if they are to achieve goals in health. Nowadays there is no healthcare system that does not have financial issues to solve. We will have to change our vision of a healthcare system and its actors; and the actors themselves have to instigate this change. Vertical organisation may be challenged, and potential solutions are already being piloted in some instances, not all in high income countries. In fact, we might even see high income countries learning from low and middle income counterparts. The WFPHA is a valuable advisory body as it collates and follows solutions to the aforementioned issues worldwide.

Can you detail some of the Federation’s foremost achievements to date?

At a structural level, we have successfully established the Federation office in Geneva and, in doing so, have created links with the city’s global health community. Over the past few years we have enforced the regional organisation of public health by opening our Beijing office and the African Federation of Public Health Associations. Fragmentation is often a problem in PH; we try to make separate areas work together. For example, we convene oral and public health stakeholders by pulling actors into a special group.

Content wise, we consider both the Istanbul and Addis Ababa declarations as major achievements. Recently, we finalised a large study on the Millennium Development Goals. Public health professionals in 71 countries contributed to this effort, independent of their respective governments. The results are about to be published and we hope they will help shape the post-2015 agenda. Also, our world congresses have been a success in terms of advocacy and policies.

You are heavily involved with the WFPHA Equity Working Group. What is the focus and function of this group and what do your activities involve?

I have the honour of co-chairing this working group along with Deborah Klein-Walker. Equity is key to public health, as we know that social, educational and economic differences outweigh the absolute wealth/poverty of populations as the leading cause of poor health. The WFPHA Equity Working Group has been created to work on equity as a main focus in public health. Within this framework, we have established the PH4Equity project, which has recently been accepted by the governing council of the Federation. In a nutshell, the project will develop strategies for influencing public health policy and practice in order to achieve improved health outcomes, a reduction in health inequalities and improved health systems performance by empowering local PH actors.
Global Tobacco Control
This project was designed as a volunteer-led effort that originated after WFPHA’s 8th International Congress on Public Health held in Arusha, Tanzania in 1997. At the Congress, representatives from the Tanzanian Public Health Association expressed a keen interest in the issue of tobacco control; two years later, a project effort was launched under the leadership of Professor Theodor Abelin. In 2005, the Framework Convention on Tobacco Control came into force, with more than 65 parties committing to implement its directives.

HIV/AIDS
WFPHA began its HIV/AIDS initiative with the organisation and sponsorship of a workshop held in 2002 on the topic of HIV/AIDS treatment in low resource settings. At the conclusion of the workshop, WFPHA issued nine formal recommendations regarding treatment for HIV/AIDS patients, and stated its commitment to contribute to global efforts to fight the HIV/AIDS pandemic.

In 2004, at WFPHA’s 10th International Congress on Public Health in Brighton, UK, a Global Action Session was held, entitled Public Health Challenges to HIV/AIDS Treatment. Participants in the Global Action Session issued specific recommendations for WFPHA and its Members.

Handwashing Campaign
In 2001, WFPHA and the Colgate Palmolive Company signed a Memorandum of Understanding that launched the WFPHA/Colgate Palmolive joint Handwashing Program. With the support of Colgate Palmolive, this programme was established to promote effective hygiene practices for healthy living in developing countries. The programme provides the opportunity for WFPHA Member Associations to organise and implement an important public health campaign to benefit the local population.

Human Resources for Health
In 2004, WFPHA’s strong interest in, and commitment to, Human Resources for Health (HRH) coalesced with the publication of the landmark report, Human Resources for Health: Overcoming the Crisis, published by the Joint Learning Initiative in late 2004. This report concluded a three-year effort by different teams of experts, academics and policy makers that studied the crisis in human resources for health and made recommendations for addressing the crisis.

Public Health Associations/Schools of Public Health Alliance for Advancing the Millennium Development Goals
The alliance between Public Health Associations (PHAs) and Schools of Public Health Alliance (SPHs) began at WFPHA’s 10th International Congress. Given the increased interest and focus on the Millennium Development Goals (MDGs), WFPHA has been compelled to identify steps to promote new alliances under the framework of the MDGs.

In 2004, WFPHA held a session on the new PHA-SPH alliance and also issued a Declaration at the World Health Assembly, followed by a workshop on the alliance for the Annual Meeting of the Mexican Society for Public Health. Another workshop was held in 2005 in Costa Rica to carry forward plans and efforts to make the alliance a reality.

Persistent Organic Pollutants
The Persistent Organic Pollutants (POPs) project has existed for over a decade. Its Convention, also known as the Stockholm Convention on Persistent Organic Pollutants, was adopted by the United Nations Environment Programme in 2001 and entered into force in May 2004. Today, WFPHA remains committed to supporting efforts related to POPs.

Strengthening of Public Health Associations
Since 1985, the Strengthening of Public Health Associations (SOPHA) programme has been the flagship initiative of the Canadian Public Health Association’s global public health portfolio. Over this period, CPHA has helped the establishment and organisational development of public health associations in over 30 locations around the world.