Lessons From Past Resolutions

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The purpose of this short report is to review some of the history of WFPHA Resolutions and Position Papers since 1978, when a paper prepared by the WFPHA served as one of the major inputs for the Conference of Alma Ata on Primary Health Care. Since the 1990s, Resolutions have occupied an important place in the life of the Federation and the discussions at its General Assemblies. As a rule, resolutions have to be proposed by member associations, but more practically, many reflect the expertise and concerns of individuals, mostly in academic positions, who had chosen to participate in Federation activities through their national Public Health Association and in turn to make use of WFPHA’s international prestige and connections to better reach the advocacy goals related to their academic work. These individuals were or still are professionally involved in international working groups or in negotiations in preparation of international treaties, and thus have been well placed to judge when and how a WFPHA resolution could have a practical effect.

At times, the discussion of proposed Resolutions at the WFPHA General Assembly became controversial, because conflicting points of view had to be brought into tune. A memorable example was at a General Assembly in the 1990s, when Dr. Peter Orris of the APHA introduced a resolution asking for a complete ban of the production of DDT as a measure to protect the environment, while Dr. Wen Kilama of the Tanzania Public Health Association insisted that in certain situations of severe endemic malaria, DDT as a means to eradicate the Anopheles mosquitoes was still indispensable. The result was a well balanced Resolution text passed in 1999, which then paved the way to a balanced text for the Stockholm Convention on Persistent Organic Pollutants (POP’s) of 2001.

A similar connection between a WFPHA resolution and an international treaty in its final stage of negotiations developed, when in 2003 the World Health Assembly was to vote on the Framework Convention on Tobacco Control (FCTC). The precise wording of the Convention had not yet been accepted, and there was a possibility that a very small number of delegations to the World Health Assembly representing governments with close ties to the tobacco industry could succeed in still weakening the Convention text.
Based on a resolution passed by the WFPHA General Assembly of 2003 earlier that same week, the WFPHA was able to intervene during the decisive moments of the World Health Assembly and to contribute to the historical unanimous vote in favor of today’s Framework Convention text.

Other resolutions drew attention to highly important problems, but were less well integrated into on-going developments. For example, in 2002, the World Federation passed a Resolution proposed by the Congolese Public Health Association drawing attention to the one-sidedness of vertical programs such as those promoted by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and asking the Federation and its member associations to work toward the creation of a World Public Health Fund that could support a broad range of social, economic, political and technical health measures. Now, ten years later, a broad awareness of this problem has developed, but such a fund is still far from being realized.

Another example are the several Resolutions and a Position Paper passed since 1998 to call for action against economic globalization and its negative health effects. Work on these resolutions has been highly enlightening to those involved, but given the highly political content and the predominant global distribution of political power, little effect has resulted, other than strengthening the critical forces in their ongoing work.

The 36 Resolutions and 4 Position Papers passed by the WFPHA since 1978 reflect how the Federation has developed by adding to being the international umbrella organization for the national associations of public health professionals to also becoming a major global advocacy organization for the promotion of public health. This combination is a great asset, because effective Resolutions need both to be scientifically based and reflect the professional nature of the proposed solutions. Care has to be taken that in the future, this high level of competence can be maintained. The fact that the WFPHA has established long-term Working Groups in the major areas addressed by its Resolutions, Position Papers and Technical Papers (see www.wfpha.org/resolutions.html), gives reason to expect that these will continue to be used by the WFPHA both as an excellent working instrument for internal collaboration and as a means to communicate its concerns and proposals to the wider worldwide public health community.