WFPHA at the 140th APHA Conference

The WFPHA was quite visible during the 140th APHA Conference, which took place October 28 – 31 in San Francisco. Besides featuring the 14th World Congress of Public Health (11-15 February 2015: Kolkata, India) at the WFPHA booth in the well-attended exhibit section, WFPHA also hosted three concurrent sessions and its annual breakfast.

One of the three WFPHA-sponsored concurrent sessions related to the work of the Federation’s Public Health Professionals’ Education Working Group (PHPEWG). Set up two years ago, this group is tasked to help define what ‘public health’ is as a discipline, and how to shape training and education for a public health workforce. It is assessing the nature and application of public health systems concepts, such as the Essential Public Health Functions, and how they relate to expected public health competencies for people graduating from professional training in public health.

The working group is chaired by Ehud Miron of the Israel Public Health Association, who organized the session and made one of the session’s two presentations. In his presentation (Looking for the Holy Grail: Defining the Scope of Public Health), Ehud shared the results of a survey conducted by the working group of public health associations to solicit information about different national and regional models to define the scope of public health and their application. As his presentation demonstrated, there are few examples of national efforts to define public health, and a handful of countries that have adopted and applied some form of an essential public health functions (EPHF) framework. There is, nonetheless, considerable variation across these adopter counties with respect to the definition and nature of EPHF. His conclusion: we need a globally accepted EPHF framework to bring coherence to efforts to advance a systems approach to public health planning and implementation; and, professional competencies should be aligned to the EPHF and as well include skills that go beyond health care system based public health functions. We need to broaden competencies for public health, to include the social determinants of health, advocacy and other elements of public health. Ehud was followed by Vamsi Vasireddy, presently working in Liberia with John Snow International. His presentation focused on the definition of public health education standards and the need to create links between education and employment. He cited the six building blocks of a health system framework as defined by WHO, the EPHF as defined by CDC and their connection to public health education standards.

The second WFPHA-hosted session brought forth the experiences of the Canadian Public Health Association and the American Public Health Association and that of the WFPHA about whether or not our organizations make a difference in influencing public policy for health. The answer was a resounding 'yes'.

Erica Di Ruggiero, Chair of CPHA's Board of Directors, and Susan Polan, Associate Executive Director at APHA for Policy and Government Relations, mentioned in their respective presentations challenges facing the public health sector in Canada and the USA, and several areas where CPHA and APHA respectively have focused their advocacy efforts over the past few years. These include calls for investment in public health services and the impact of fiscal measures in the name of austerity which have resulted in decreased funding for and of public
health initiatives, a noted decrease in leadership for public health at all levels of government (particularly at the federal level), an apparent lack of understanding by politicians and the public alike about what public health is (its differentiation from acute health care services), and the lack of political action on health equity and the non-health sector-related determinants of health. They both mentioned as well the difficulties in easily measuring the impact/influence of public policy advocacy. Bettina Borisch, a professor of public health at the Institute of Social and Preventive Medicine/University of Geneva and head of the WFPHA’s secretariat office (located within that same Institute) provided an overview of the WFPHA’s policy reach and interests at the global level. One of the challenges for the WFPHA is responding to the policy priorities identified by its member national public health association members and adequately representing their voice on the global stage. Given the plethora of important global health issues and the demands from a large number of organizations and interest groups to speak out on issues and endorse statements, an international body such as the WFPHA can easily become distracted from its prime objective and pulled in many different directions. The challenge is maintaining a focus on a limited number of key issues, keeping in mind the Federation’s limited resources for active advocacy.

The third WFPHA-hosted session focused on the achievements, opportunities and challenges for national public health associations as effective advocates for healthy public health policy and practice. The presentations by representatives of three WFPHA member national public health associations - Gabriel Scally (UK), Thandi Puoane (South Africa) and Seung Wook Lee (Korea) reconfirmed many of the issues raised by Erica, Susan and Bettina. As Gabriel pointed out, one has to wonder whether so-called austerity measures put in place over the past few years by many governments, and especially in the more developed economies of western Europe and North America, are a smoke and mirrors mechanism to undermine and delete the social-liberal policies and programs that have guided and supported efforts to decrease inequities across and between societies, and to disengage governments from their moral responsibility to ensure the health and well-being of all people living in their countries, whatever their life circumstances. Thandi talked about the results of a survey of WFPHA member associations in which they highlighted the importance of policy development and advocacy, and the need for organizational capacity building as a means to nurture their competencies in these two areas. Seung informed us about the challenges in Korea for his public health association (he was its President from 2009-2011) in advocating for changes in alcohol policy and awareness-raising among politicians, bureaucrats, the beverage and entertainment industry and the public about the risks to health associated with the consumption of alcohol.

A WFPHA Breakfast was held the morning of the Conference’s final day. Dr. Thomas Novotny, Professor in the Division of Epidemiology and Biostatistics at the Graduate School of Public Health, San Diego State University, advocated for a future role for the Federation in global health diplomacy. His presentation informed the 40+ participants about the concept of global health diplomacy, the role of various actors in health diplomacy and the challenges facing the application of a global health diplomacy lens on international negotiations for both ‘hard’ and ‘soft’ laws and normative frameworks to guide national, regional and global public health policy and practice. Dr. Novotny noted the absence of a strong, united, independent and authoritative global public health voice. He suggests a role for the WFPHA to defend and promote public health and the application of a health equity lens on discussions and decisions at a variety of global fora and in particular at the World Health Assembly.
His presentation was followed by a review presented by Workneh Kassie, the former Executive Director for the organization of the 13th World Congress on Public Health, about the outcomes and lessons learned from this very successful and important global event.

The consensus from the WFPHA-sponsored sessions and breakfast was that national public health associations and the WFPHA have a critical role to play – as advocates for healthy public policy and effective and appropriate practice both within as well as outside of the conventional health care system that improve, promote and protect the public’s health. We, as the global public health community, should find ways and means to help improve the capacity of public health associations around the world to create and be a vibrant, authoritative, evidence-informed, independent and influential civil society voice for the public’s health. Many of our associations are actively involved in advocacy efforts – but much more remains to be done.