49th Annual General Assembly
Friday, 13th February 2015
17.00 – 18.30
Science City, Kolkata

Attachments available at:

GA Chair
Mengistu Asnake
Minute taker
Chris Jenkins

1. Opening of the 49th General Assembly

1.1 Welcome by the President

2. Agenda adopted

3. Minutes of the 48th Annual Meeting: adopted – Annex A

4. Review of 2014 Activities and Proposed 2015 Activities and votes

4.1 Annual Report of the President (M. Asnake)

i. Details of year included in Annual Report

ii. Membership passed 100 mark. Regional networking and partnerships strengthened and established.

iii. South Asia Regional Association held its first meeting

iv. Tobacco Control – Position of the Federation approved by WHO Framework for Tobacco Control. Given the context of tax caps for tobacco companies in Laos decreasing prices to consumer, the need was highlighted to focus efforts on strengthening the working group.

v. Fellowship Program

a. Hosted in 2015 by ABRSCO in Brazil. Highly competitive process for selection showing a high need for capacity building programs among the membership – to be explored further.

vi. Working Groups – see each individual report for detailed information’s

a. Number of resolutions created by the Oral Health Working Group.

- AFPHA and WFPHA statement on Ebola was released – impacting on the response by helping to provide support in terms of recruiting health workers – volunteers came from Cuba, S. Africa, Ethiopia, and Cameroon, among others.

- Organisational Survey undertaken in collaboration with Management Sciences for Health. Its purpose was to analyse how organizational governance is happening in the national public health associations. Results were presented at APHA and were presented at the WCPH.

vii. Partnerships
a. New partnership on digital health technology with the Aetna Foundation
b. Continued partnership with Colgate
c. Partnership developed with the Bill and Melinda Gates Foundation for the WCPH – to be explored whether this partnership can be extended into new areas.

viii. Human Resources
   a. Recognition of efforts of the Geneva Headquarters and of the amount of voluntary time dedicated to the activities of the Federation. This time has been roughly estimated as equivalent to 250,000 USD. Systematic recording of voluntary time to be supported by the Finance Committee

ix. Challenges
   a. Improving financial status
      i. Securing the Headquarters
      ii. Securing membership payment and reviewing the different payment bands, among different fundraising possibilities.
   b. Limited resources limits the amount of work and travel on behalf of the Federation that can be supported.
   c. Limits amount of work undertaken by the Working Groups – need support from members on this major activity.

x. 14th World Congress
   a. Organisational work and efforts of Madhumita Dobe and KW Conferences in preparations of the WCPH was noted and appreciated, along with the work of the Organisation Committee chaired by James Chauvin, and the Scientific Committee.
   b. Next Congress being organized in Australia 2017 by the Public Health Association of Australia – 50th Anniversary of the Federation and 15th World Congress. Members urged to support the development of this next Congress – official agreement signed
   c. Thanks to 43 sponsors for support.

   Need everyone to continue to work with motivation to make the Federation stronger in future, thanks to everyone for support over the last year

4.2 Treasurer’s Report (Annual Finance Report and 2015 Budget) (A.M. Setargew)

1. Following figures were reported (US $)
   a. 153,776 income
   b. 179,324 total expenditure
   c. deficit 25,548
   d. deficit has decreased, but need for discussion and action towards a sustainable solution. Need to focus on our internal sources of funding, members fees.

2. Michael Moore reporting on behalf of the Finance Committee
   a. Thanks to Avel Mezgebe Setargew for professional work on accounts
   a. Concern raised on the sustainability of the finances
   b. Reforms to membership fees proposed
      i. see annex,
         1. New proposal for full members
            a. 5,000 USD for larger developed countries
            b. 2,500 USD smaller developed countries
            c. Emerging economies (BRICS), 1,000 USD
            d. Developing countries, large populations, 500 USD
            e. Developing countries, small populations, 250 USD
         2. Sustaining members charged half of full members
      ii. If an Association has difficulty in raising fund the Federation will continue to have a flexible approach.

Intervention – Ulrich Lasser
- welcomes reduction in deficit
- wants clarification on categorisations for new payment
• difference between closing balance 2014 and 2015 doesn’t match
  o Response
    ▪ Committee will review numbers relation closing balance to ensure it matches
    ▪ Criteria categorisations being reviewed – reforms put forward just a framework. Allow self-categorisation of countries – larger, smaller etc

Intervention – large countries – eg Bangladesh - couldn’t afford
  ▪ Clarification from finance committee – meant large membership/low membership – needs changes to terms

  c. Financial Report adopted
  d. New payments Framework – approved by GA but recognizing that further work is required on it.

4.3 Nominations Committee (J.Chauvin)

a. Presentation of committee
  i. Recommendations put to GA endorsed by GC two days ago
  ii. By-Laws allow members to sit on the GC for max 2 consecutive 3 years terms – 3 members have reached that limit after 6 years work – T. Bishaw, G. Scally, H. Shinozaki and M. Dobe – recognition of contributions
  iii. 4 seats available – by regions
  iv. Earlier in year call for nominations was made
    ▪ 5 applications made
      ▪ Asia-Pacific – Mongolia
      ▪ South Asia – Bangladesh
      ▪ Europe – Italy
      ▪ Africa – Sudan, self-nomination. AFPHA put forward the Cameroon Public Health Association. Given the AFPHA nomination, and given first time that a West African country has been nominated the Nominations committee seconds the AFPHA nominations for Cameroon
  v. Nominations approved

b. Member at large - APHA put forward 3 years ago and has provided massive support for the Federation, Nominations committee recommending, supported by the GC – to put APHA forward as member of large for 2015-2018 – Deborah Klein-Walker taking over Dr Benjamins seat. Approved

c. Working Groups: Establishment of new working group – Women, Children, and Adolescent Health. Approved by GA. The first Chair is J. Lewis.

4.4 Membership Committee

i. New applications presented – annex
  ii. 8 applications received over the last year. GC approved four first four applications and awaiting further information on the second four applications, Network of Schools & Programs of Population and Public Health – Canada, All-Ukrainian Public Health Association, International Federation of Environmental Health, and National Association of Public Health Professionals.
  iii. GC recommendations approved by GA

4.5 Policy Committee

i. 2 resolutions – OHWG – Oral Cancer Prevention and Oral Public Health Workforce Infrastructure
a. Key points highlighted by R. Bedi:
   b. Oral Cancer Prevention - smokeless tobacco extension of precautionary approach – while additionally highlighting early detection of oral cancer
   c. Dental Health capacity – over 70 countries – key points – trained dental public health specialist should be working in every department of public health – and most dental practitioners have knowledge of public health, and specialists don’t work in service but work in academia.
   d. Both policies recommended by the GC and approved by the GA.

ii. Submitted statement on e-cigarettes – proposed by Australian public health association – extensive internal discussions – designed a precautionary statement (and a precursor to an official policy) – policy committee proposes statement
   a. Statement approved

4.6 Awards Committee and presentations – presented by Ulrich Lasser

   i. Lifetime Achievement - Theodore Abelin
   ii. Organisational Award – Hanoi School of Public Health, Vietnam

5.1 Geneva Headquarters

   i. Office moved September 2014 – new headquarters located in Campus BioTech, University of Geneva
   ii. Work included: Accounting, membership administration, telephone conferences, independent treatment of salaries, support for GC, support for WCPH, calling for bids, support for financing processes of the WCPH, communications, introduction on web based payment, newsletters, annual report, journal public health policy, social media, working with partners, regional organisations, WHO, NGOs, creating a newsletter on Ebola, and publishing the second part of the MDGs study, fellowship program, sustain the regionalization process, finalising study on the Consultation on the Role of Public Health in Today’s Global Setting.
   iii. Claire Morris left the Federation Headquarters staff.
   iv. Laetitia Bourquin will leave the Federation after the WCPH.
   v. Office will run on 0.6 full time equivalent for the rest of the year.

5.2 EUPHA – Martin McKee

   New strategy launched, committed to be more active and louder in Europe. Major challenges that exist include attacks on welfare health systems, austerity, and war in Ukraine. EUPHA looking forward to strengthening relationship with WFPHA.

Working Groups – reports shortened due to time constraints, see full reports in the appendix.

   i. Environmental Health (P. Orris)
      a. Continuing success on focusing on the links between fossil fuels, energy generation and global warming with health.
   ii. Tobacco Control (J. Chauvin)
      a. Tobacco control still showing as a keen interest amongst PHA members – reactivating committee a priority.
   iii. Global Health Equity (D. Klein-Walker and L. Rispel)
      a. Needs support in terms in new members – contact L. Rispel – and needs to focus on terms of reference for the group.
   iv. Oral Health (R. Bedi)
      a. See overview in Section 4.5
   v. Mother-Newborn-Child Health (D. Klein-Walker and J. Lewis)
      a. Aiming to run resolutions and early success in getting funding.
      b. Recruiting members
6.0 Journal of Public Health Policy
   i. Ten years of relationship between JPHP and WFPHA
   ii. March 2015 will be Open access month – urge people to access and download consultation on different public health challenges, and to view other articles in the Journal.

7.0 Melbourne 2017 WCPH
   i. Presentation on the city, facilities and ideas for the Conference.
   ii. Encouraged all association to attend

8.0 Adjournment and Call to Meet at the 50th General Assembly, May 2016 in Geneva (Switzerland).