General Assembly Meeting Minutes

Part 1 – Monday 3rd April 15:30-17:00, Convention Centre Room 217
Part 2 – Thursday 6th April 15:30-17:00, Convention Centre Room 208

1.0 Session Opening – (M. Moore)

M. Moore: Welcome and acknowledgement of the traditional custodians on the land.

2.0 Adoption of the Agenda (M. Moore)

M. Moore: call for modifications to the agenda. No modifications to agenda suggested.

3.0 Approval Minutes 2016 GA – (M. Moore)

M. Moore: call for comments on last GA meeting minutes. No suggestions for amendments. Minutes put for approval, no dissent. Minutes carried, no business arising from the last minutes.

4.0 A Global Charter for the Public's Health Implementation (B. Borisch & M. Moore)

M. Moore: acknowledgement of work of PHA's, regional offices and WFPHA as shown through annual report.

4.1 Successful stories

The “A Global Charter for the Public’s Health” (GCPH) is the main output of WFPHA collaboration plan with the World Health Organization (WHO) to adapt today's public health to its global context in the light of and in conjunction with the Sustainable Development Goals (SDGs). The implementation phase had started in 2016 with the Commonwealth Implementation Tool for the "Global Charter for the Public's Health" and a survey that has been sent to all PHAs and IANPHI members.

During the General Assembly 2017 many successful stories have been presented to show how the Charter can be applied locally and globally to reshape PHA strategic plans and as a tool for advocacy. Public health association of Australia (PHAA) has already re-shaped its strategic plan around the Charter, Norwegian public health association has promoted the Charter during the pre-electoral process and with the new political leaders of the country; Panama public health society has launched an initiative “Generation Healthy Panama 2030”, in line with WFPHA’s Charter for the Public's Health, AASPA's Declaration of Panama, and the SDGs to promote and systematically measure universal access to a set of specific social determinants of health throughout the life cycle, ABRASCO has sent to the government a position statement on the decision to cut health funding on the basis of the Charter, Taiwan
public health association has translated the document into Chinese and that has started a big diffusion in the country.

Oral health have been champions of the Charter before the Charter, e.g with fluoridation. More information available here.

4.2 Projects
WFPHA is developing different projects to implement different services and functions of the Charter such as advocacy, governance, information etc. with a special focus on equity and leadership

- WFP HA is developing with the Catholic University of Rome an Atlas of diseases that can be prevented trough vaccination and of vaccinations available per country. This tool could be used by policy makers and parliamentarians to make effective evidence based decision on vaccination policy at national and global level.

- AETNA foundation (U.S.A) provided funding to WFP HA to carry out initiative examining the role of digital technology in public health, and some of the achievements and challenges in this area. Session on digital technology and public health was held in Kolkata. WFP HA commissioned several public health specialists to write articles about their use of digital technology in public health. The large issues which came out of these articles is the challenges related to the use of digital technology and capacity of public health workers to use the technologies, and the push by large industry for the use of digital technology but no evidence of whether the use of digital technology is beneficial and what it’s impact is. AETNA would like to discuss further a concrete idea of the foundation, which will come out of the partnership.

4.3 WHO collaboration (R. Krech)
Dr R. Krech, WFP HA DTO, has underlined the importance of the Charter in the Global arena and of the fruitful collaboration between WFP HA and WHO in his intervention. The Charter has been developed in collaboration with the WHO with many discussions and has been taken very seriously by all PHA's and the WFP HA. The Charter is a "living document" that can be used to reconfigure what public health is all about in different regions, particularly after crises e.g. Ebola. Consultations with health systems and innovation colleagues have occurred, and a resolution in public health was released during the last World Health Assembly with additional comments to be made in the coming World Health Assembly.

The Charter is tied up with national institutions and we want to see how this relates to the global initiative. Adaptations in different regions to the Charter have and will occur. Institutions will undergo reform and can use the Charter for essential public health functions as a practical application. The process needs to continue so that we can argue and advocate for public health by bringing together the different national
public health associations and institutes and use the same document to structure public health.

M. Moore has appreciated the collaboration with WHO and R. Krech, and highlighted how fortunate WFPHA is to have this relationship.

4.4 **Diplomat of the Global Charter**

During the General Assembly WFPHA has officially launched the Diplomat of the Global Charter, a title to be awarded to public health professional engaged in improving global health and willing to sustain the Global Charter for the Public’s Health’s revolution within his/her working and living context. Many organizations have “ambassadors” to represent their organization. The Global Charter has been a significant development and therefore we have developed the Diplomat of the Global Charter. Invitation to all attendees to become a Diplomat of the Global Charter,

S. Buttigieg: revisit the 200USD fee. Suggestion of changing it to a crowdfunding approach so that there can be more equality as to who can apply e.g student vs. high-level professional.

M. Moore: the crowdfunding idea will be discussed with S. Buttigieg, M. Gissler and T. Piggott, and see’s crowdfunding and the diplomat fee not as mutually exclusive.

During the Assembly the following stakeholders have been awarded by M. Lomazzi with the title Diplomat of Global Charter:

- R. Krech (Director, Office of the Assistant Director-General, Health Systems and Innovation of WHO).
- M. Moore (WFPHA president and CEO of the Public Health Association of Australia) and his wife Helen Moore.
- B. Borisch (WFPHA Executive director and professor of Global Health at the University of Geneva). B. Borisch: thanks to M. Lomazzi for writing the article published the in the European journal.

5.0 **Advisory Board Report** – (M. Conley)

M. Moore: Thank you to M. Conley for being here today, and thank you for all her work she did.

M. Conley: representing the Advisory Board of the WFPHA. Thank you to U. Laaser and E. De Cata who have provided support over the past year to the Advisory Board. “Advisory board members are a resource for the council and the Federation, and we seek to work within Article VI of the by-laws, in the supportive role envisaged by those by-laws.

The advisory board would benefit greatly from some direction from this council as to the expectation of council of its advisory board. In the past year, we have provided comment on the Global Charter for the Public’s Health, and some of our members have
commenced putting together a history of the World Federation of Public Health Associations.

In 2016, the advisory board planned for its members to collect programs and case studies on public health interventions but the council advised the board not to proceed with this collection.

Some advisory board members have suggested that the board have an ambassador function similar to that of ASPHER, and have also suggested that as people with extensive public health experience and contacts, a case study collection activity would be feasible.

In conclusion, I am convinced that the work structure between Governing Council and advisory board must be built on mutual trust and respect. With a classification of the board’s role by council, the Board can – over time – develop its rich potential.”

M. Moore: thank you for your statement, and we acknowledge we could provide more guidance to the advisory board.

D. Walker: suggest we have an international committee for the current congress and potentially the advisory board could be more involved in the organization of the next world congresses.

6.0 Policy Committee

6.1 Policy Committee report (I. Hernandez)

I. Hernandez: summary of the work of the policy committee. Main work is to review and revise proposals of resolutions, policy statements, preparation of documents e.g ABRASCO/WFPHA letter to Brazil etc. This year the policy committee has revised its own work to help the national associations in different activities and also the type of policy papers and set up new guidelines for the submission and approval of resolutions and statements (available on line on the policy committee page). The policy committee is developing a tool to help with training and advocacy, which will be shared with all associations. The committee would also like to stimulate the writing of documents of national associations. Discussion of creation of a strategic plan to improve communication is ongoing.

J. Grimeland: the policy committee would like to increase transparency

D. Walker: advocacy has always been an issue, and there are tools among different countries which haven’t been shared yet.

6.2 Resolution “Exempt Tax on Dental Supplies and Equipment for Infection Control and Prevention” (R. Bedi)

The GA. has approved this resolution. R. Bedi: on behalf of the oral health group, they would like to thank the policy committee, and they will produce an over arching paper.
The main content of this resolution is that, in order to respond to this urgent need of safe dentistry in all countries, the WFPHA urges the implementation of safe dentistry practice that is available and affordable and the implementation of a tax exemption for dental supplies and equipment for infection control and prevention. Partnerships between local, national governments, international organizations and corporations to provide practical resources to healthcare facilities that provide dental services are crucial. Coordinated efforts to achieve infection control in dental settings, especially those in remote and marginalized communities are fundamental.

Two resolutions were originally circulated on oral health however, one has been withdrawn for further discussion in the oral health group and policy committee.

6.3 Resolution “Scientific Evidence and Treatment Needed to Combat the Spread of HIV- Not Ineffective Travel Bans” (D. Walker)

35 countries still exclude people based on HIV-status. The resolution has been approved by the GA. With this resolution WFPHA recommends that the public health associations in every country should:

a. Develop policies opposing HIV-related travel restrictions;

b. Document and/or support human rights and HIV advocacy groups in documenting immigration policies that explicitly discriminate, or allow employers to discriminate, against migrants based on HIV status;

c. Document and/or support human rights and HIV advocacy groups in documenting any HIV testing practices that are not voluntary or confidential;

d. Inform their members and the public that HIV-related travel restrictions and compulsory HIV testing of foreign nationals is a violation of human rights and does not protect public health or reduce health care costs; and

e. Advocate for the removal of any and all HIV-related travel restrictions enforced or condoned by their country governments. There is evidence demonstrating that recognition of a country’s removal of HIV-related travel restrictions is unwarranted, in order to ensure that governments are not able to misrepresent their policies in order to gain undeserved recognition for supporting human rights with regard to HIV/AIDS.

6.4 Resolution “A Human Rights Approach to Preventing and Responding to Violence against Women and Girls” (J. Lewis)

Policy statement on recommendations for women’s health and violence. The resolution has been approved by the GA. This resolution encourages actions to strengthen the role of the health system within a national multisectoral response to address violence, in particular against women and girls and against children. J. Chauvin: Quebec PHA has made a proposal to the Canadian PHA as the Canadian government is in the process of legalizing cannabis. Canadian PHA has been advising the government on public health, and there is a call for a letter from WFPHA and M.
Moore regarding taking a public health perspective on the cannabis legalization process, to the President.
D. Walker: make a call for what is a “public health approach” to advise this. Suggestion approved.

7.0 **Finance Committee, 2017 Budget and Fundraising** (M. Gissler)

M. Gissler: membership has increased, profit from congress seen in 2015, and this helped absorb the deficit seen in 2016. Budget for 2017 is more or less the same as previous budgets, and we are expecting a good surplus from current congress.
M. Moore: call for questions of budget. No questions. Organization is on a lean budget and we and see where we can and cannot provide support. We would like if we can improve what we are able to fund. L. Rispel is keen to improve our ability to work with public health associations from emerging countries.
- C. Signorelli: the congress is important in the budget and it is currently going well. Discussion goes about the idea of holding the congress every 2yrs or have a differing conference in between the large congresses (e.g. use alternative conferences regionally and use these as a fund raising system for the WFPHA – but these are always traditionally used as fund raising for the regions rather than the WFPHA). Ideas will be taken to the Governing Council for discussion. Another idea is to run specific conferences and make them shorter e.g. 1 or 2 days rather than a full week.
Report is adopted.
For more information visit

8.0 **Nominations Committee** (M. Asnake)

Election of the representative for the vacant AMR GC seat: Dr. Miguel Gerardo Lombera from Mexico has been elected to seat on the GC for AMR.
Leavell lecture Award was awarded to Mike Daube. Organizational Award had four applicants, nomination committee reviewed all candidates and selected via vote of the governing council. The one chosen was MSF.
Lifetime achievement Award was bestowed to Peter Orris.
The membership Committee will be merged with the Nominations Committee due to the low amount of activity.
All proposals have been approved by the GA
9.0 Membership Committee (M. Lomazzi)

- **Ghana Public Health Association** upgraded to Full Membership: The PHA fits with WFPHA full membership criteria and became associate WFPHA member through the MoU with AFPHA
- **Health Care Without Harm** approved as PARTNER: HCWH has a long standing collaboration with WFPHA. Since 2016 it also provides for free WebEx for WFPHA Teleconferences.
- **European Forum for Primary Care** approved as PARTNER: EFPC has organized the WHA side event with WFPHA and is taking part in the Charter implementation. The WFPHA extend a warm welcome to its new Members!

Recommendations for declining request:
- **Haiti Cholera Foundation**: MC recommends refusing the membership applications not fitting with WFPHA membership requirements
- **Khatez Public Health Association (Afghanistan)**: MC recommends refusing the membership applications to remain aligned with our general approach and giving preference to the national one already member S. Buttigieg: any way for WFPHA to intervene? M. Moore – internal politics in Afghanistan can be challenging and should let PHA’s in Afghanistan to talk with each other for collaboration, recommendation supported.

10.0 Student & Young Professional Section (SYPS) report (T. Piggott)

Two main events took place during the Congress. These included a meeting to discuss the student and young professional section of WFPHA, and a World Leadership Dialogue on the Future of Young Professionals and Public Health (featuring S. Buttigieg, M. Parikh and T. Piggott). Livestreaming of these events is available. There is a dedicated section on the WFPHA website. There is the project of creating a working group and the idea also of inviting each member of the SYPS into each existing WFPHA working group.

11.0 Report of 50th Anniversary (J. Chauvin)

- The Logo for 50th anniversary was created by the Cuban PHA. Many thanks to Yoel Diaz Estrada;
- the 50th anniversary article is available on the Federation pages of the Journal of Public health Policy and on WFPHA website;
- Vignettes of past presidents were created and available in different sources including the world congress publication;
- 50th anniversary interviews videos have been shown during the Congress in the Poster Area and on WFPHA website;
- 50th anniversary e-review: should there be a review of WFPHA include cover study, feature stories, Leavell lectures etc. online as a marketing strategy, (a committee and an intern would be required for this);
- WFPHA e-archived materials: it should be planned a call for an archivist for organizing the historic documents of the WFPHA online: it’s necessary to archive the 50 years of the Federation History. Suggestion: WFPHA website have a section for the history of the Federation;
- WFPHA milestones nice graphics to be used to show the main WFPHA achievements;
- 50th Anniversary party during the Congress place on Tuesday 4th and Friday 7th of April (World Health Day).

12.0 **Strategic plan 2018-2020** (M. Moore)

L. Rispel: moving forward with the strategic plan. The Charter should be seen as a document which will last like the Alma Ata declaration, Ottawa Charter etc. The Charter will be used as board guiding framework for coming strategic plans. A Process of development and task delegation for the next strategic plan will be created. Finance support plan will be developed along side process for sustainability. The strategic plan draft will be done by L. Rispel and M. Lomazzi and will be ready for consideration and approval at the annual General Assembly in 2018 in Geneva.

13.0 **Bylaws** (M. Moore)

The GA approves that the by-laws will be reviewed by an *ad-hoc* committee and be submitted for approval to the GA in 2018.

14.0 **Regions**

14.1 **APRLO** (Y. Heya)

Promotion of the Charter was made into regional work. Some colleagues have translated the Charter material into Chinese to allow more successful dissemination and broader use. The Charter in a guideline and the APRLO needs more support as to how to implement it practically. A Regional conference was held and was very successful. Work meeting was organized during the conference, and discussed location of the next regional conference.
14.2 **AASPA (C. Betts)**

AASPA is young but vibrant. Alliance developed in Cuba in 2014, and held a constitutional meeting and assembly in Panama which joined 16 national public health associations of the Americas. A constitution was written and presented at this meeting, stating the vision. Statutes were approved and first board members were elected. Board meets every 2 or 3 months via WebEx. Trying to find other mechanism to make the organization more agile, and would like to make a conference with all the associations which form the Alliance. AASPA, as a Regional member of the WFPHA is developing a Memorandum of Understanding.

The Alliance has been formally accepted into the federation. Next meeting will take place in April 2018, in Cuba, in the context of the Cuba Health Meeting. There is the idea of having a first AASPA Congress to bring together all associations as a scientific meeting to increase sense of belonging.

14.3 **AFPHA (T. Bishaw)**

AFPHA has been busy with networking and trying to support the capacity building efforts of national PHA's. About 35 national PHA’s in Africa are part of AFPHA. There have been some difficulties of bringing together leadership for substantive discussion for action. A number of policy related activities e.g participation in UNDP meeting on universal health coverage and WHO meetings. Participated during the Ebola epidemic and supporting WHO office by mobilizing 40 professionals to epidemic areas. Participated in different activities, which built capacity to national and sub-regional PHA's. Had a joint workshop on the mobile population’s health, and countries were able to have a resolution on the service strengthening in those countries. The African Region would like to do an inventory of health in a number of African countries and is looking at strengthening linkages between AFPHA and countries in the EMRO region.

The AFPHA’s contribution in experience sharing at the 1st Arab Public Health Conference was appreciated as a good example of networking and capacity building. It’s hard to overcome lack of funds and the possibility for closer collaboration with established Regional Federation was recommended.

14.6 **EUPHA (M. McKee)**

Eupha members are more than 72 from 41 countries, with more than 4,700 individuals. All EUPHA members are WFPHA members.

In 2016 EUPHA spoke out on
- The Vienna Declaration on Health Promotion
- UK referendum
- Antibiotic resistance
- Support for the UK sugar tax
- Healthy and sustainable diets
- Data protection
- **Mexico Declaration for Circulatory health**
- **Tobacco and vaping**
- **Reproductive health**
  See Vienna declaration on EUPHA website and EuphaNext information for the young professional section of EUPHA.

### 14.4 **International Epidemiology Association**
Next conference will be in Japan. Association actively supports younger epidemiologists. IEA runs a journal, the international epidemiology journal. Editor in Chief has changed recently. Last year they were involved in the epidemiology congress of the Americas and has the intention in the future to be more involved in the WFPHA.

### 14.5 **ASPHER**
Over 110 members. ASPHER have been strengthening networks of public health and holding meetings of directors. Hosted forum for young researchers and have cooperation with other associations on exchange of training material. Issued statement on refugee health, and a 2020 strategy of increasing quality in public health training and education, strengthening research capacities and the public health workforce.

### 15.0 **Media and Communications** (M. Lomazzi)

#### 15.1 **Media**
WFPHA is more active on the website and social media with Facebook, twitter and Instagram. We have articles published in the Journal of Public Health Policy.
S. Buttigieg: 997 posts with the wcph2017 tagged in it, 653 000 users saw tweets.

#### 16.2 **Journal of Public Health Policy (P. Orris)**
Call for papers to the human survival in a new era. Invite colleagues around the world to submit to JPHP original research, analyses, and descriptions of threats to population health. What information and actions may help protect health? Call for research communities to conceptualize in future work ways to reveal changes in and threats to health. Please refer to [http://link.springer.com/article/10.1057/s41271-017-0072-1](http://link.springer.com/article/10.1057/s41271-017-0072-1)
Acknowledgement of M. Lomazzi as new co-editor of the JPHP Federation's pages and her work with the Journal of Public Health Policy.
16.0 **Report from the International Headquarters** (B. Borisch)

16.1 Continuing MoU with University of Geneva. UniGe offers two office spaces computer equipment. Acknowledgement of M. Lomazzi and E. De Cata for their work and acknowledgment of interns and students who have supported the WFPHA.

16.2 Several partnership have been established by the international office – GAVI, IFPMA, WMA, WHPA and many school e.g Graduate institute, Webster university and Bocconi school, and World Health Summit, WHO, UN and local authorities, e.g Canton of Geneva and city of Geneva.

17.0 **16th World Congress on Public Health** (C. Signorelli & M. Moore)

17.1 Call to Rome 2020: WCPH (C. Signorelli): the next WCPH will be held in 2020 in Rome and held jointly by EUPHA, Italian Society oh Hygiene, Preventive Medicine and Public Health (SItI) and WFPHA.

17.2 Discussion about lessons learned from 15th WCPH for organization (e.g. outline of innovations from this Congress, feedback form for collection of suggestions for next Congress. M. Moore: topic will be put in agenda of the next Governing Council meetings (Oct 2017). T. Piggott comments about need of think of creative ways to engage students into Rome 2020 and make the Congress more accessible to students (cost wise) and more accessible to a larger demographic.

18.0 **Presentations from the members**

2 min presentations of WFPHA are available on our website [http://www.wfpha.org/images/GA/2017/2_minutes_presentations_combined.pdf](http://www.wfpha.org/images/GA/2017/2_minutes_presentations_combined.pdf)

18.1 Additional oral presentation are available below:

18.1.1 The Indian Public Health Association

During 2016, the Indian Public Health Association (IPHA) has organized its 60th Annual Conference in Dehradun, Uttarakhand from March 4th– 6th. More than 900 delegates from all over the country and abroad was attended. The newly elected body of Central Council of Indian Public Health Association was installed during the conference as well.

Following the conference, meetings of the Central Council were held during the year: Annual Central Council and General Body meetings in March 2016; meeting of the newly elected Central Council in 5th March 2016; 170th Central Council Meeting in June 2016 at Pune, Maharashtra; 171st Central Council Meeting in September 2016
in Kolkata. Following orations were delivered: Dr. B.C. Dasgupta Memorial Oration, Dr. G. Anjaneyulu Oration, Dr. K.N. Rao Memorial Oration, Dr. J.E. Park Memorial Oration, Dr. A.L. Saha Memorial Oration, Dr. J.K. Sehgal Oration. Association conferred “Fellow of Indian Public Health.

18.1.2 The Italian Society of Hygiene, Preventative Medicine and Public Health

In 2020, Italy will be the proud host the 16th World Congress on Public Health in Rome. The official launch took place during the closing ceremony of the 15th Congress in Melbourne, Australia on Friday, April 7th. One day prior to this, the event was presented to the Consul General of Italy in Melbourne, the Italian Delegation, as well as the president and board of the WFPHA at the Institute of Italian Culture Congress. Also on Friday, Dr. Ranieri Guerra, the Chief Medical Officer of the Italian Ministry of Health gave a speech during Plenary 5 ‘World Health Day’. Dr. Guerra will present the Italian G7 Presidency for the forthcoming G7 Summit, the global initiative involving over forty countries and international organizations, contributing to the international stability which will take place on the 26 – 27 May in Taormina, Italy. In particular, Dr. Guerra will expand on European and Italian actions on crucial health-related G7 actions including Health Effect of Climate Changes. At the global level, the burden and associated cost of invasive pneumococcal disease and pneumonia in adults At the global level, the burden and associated cost of invasive pneumococcal disease and pneumonia in adults are high; although scientific societies have recently underlined the importance of pneumococcal immunization in adults - its introduction national schedules worldwide is taking long. On April 3rd, during the session ‘Vaccination and immunization’ the state of the art of adult immunization recommendations and practice in Italy was presented, with particular reference to pneumococcal immunization. Starting from the international and EU perspective, systematic overview of pneumococcal conjugate vaccine programs implemented in Italy were described. On April 6th, during the session ‘Communities and environments’ a group of researchers from the University of Parma, Italy presented the findings of a research assessing the impact of high temperatures on workers' health status in Northern Italy over the period of 2000–2013, reporting higher risk of injuries and negative health outcomes in workers exposed to heat waves. The study raises awareness on the crucial public health issue of the effect of climate change on population health.

18.1.3 The Portuguese Association for the Promotion of Public Health

The Portuguese Association for the Promotion of Public Health (APPSP) is a nongovernmental organization based and acting in Portugal, with more than two and a half decades of history. APPSP has recently updated its website (www.appsp.org) with new corporative images and new information on its two main activities: the yearly Public Health Conference and the Biennial Arnaldo Sampaio Award in Public Health research. This prize bears the name of the founder of the Association,
Professor Arnaldo Sampaio, a medical doctor who was the General Director of health (www.dgs.pt) and Director of the National Institute of Health (www.insa.pt) during the second half of last century. Also included in the new website, is information on the book written by some of the founders of the Association, which has been launched during the last National Public Health Conference, last February in Oporto. This book describes the most relevant historical landmarks of APPSP during the last 25 years and portraits several events that marked the Public Health scene in Portugal. During the same Conference, APPSP has also announced the winner of its biennial Arnaldo Sampaio Award for the best research report in the area of Public Health. This year a research work on air quality in healthcare facilities for the elderly in Portugal won the 3000 € of the Arnaldo Sampaio Award.

The Association is a founding member of the European Public Health Association (EUPHA) and has longstanding a member of the World Federation of Public Health Associations (WFPHA). It has hosted the 2008 EUPHA Conference in Lisbon. With its new direction, APPSP has also launched its new web bulletin which includes updated information on national and international events relevant for public health professionals. Every year since its creation APPSP promotes a national conference on a subject relevant for Public Health in the Country, usually in line with major international trends and recommendations.

19.0 Report of the working Groups

19.1 Oral Health (R. Bedi)
The WFPHA Oral Health Working Group (OHWG) considers all aspects of oral health, and aims to influence policies on dental public health.
The OHWG has put into place several important initiatives in 2016. The group has published in the Journal of Public Health Policy the article “Dental public health (DPH) capacity worldwide: Results of a global survey”. The survey evaluated DPH workforce within the country, funding, and education. In 62% of countries, DPH is only partially integrated in the public health system, while in 25% of countries it has not yet been formally integrated. Over half of countries have 0 to 10 trained DPH professionals. The top DPH services were oral health promotion (81% of countries), children’s oral health (73%) and education (64%). The results are presented at the Congress.
In May 2016, the resolutions on "The integration of oral health into primary health care and public health systems" proposed by the OHWG have been approved by the WFPHA General Assembly. The resolution recommends the integration of oral health within public health systems. A statement on the same topic has been added to the official documents of the 2016 World Health Assembly. The statement urged that particular attention is paid to addressing this problem through high-level continuous
education and training of leaders who can implement strategies and advocate for better oral health.

A subgroup of OHWG has been involved in the Advanced Dental Leadership (ADL) program for young dentists and for medical nurses & healthcare professionals, developed by the Global Child Dental Fund. The WFPHA has accredited ADL, recognizing the importance of the program in increasing leadership capacity in oral and public health. The OHWG has actively participated in the Congress, through the world leadership dialogue on ‘Universal Dental Care Provision - Will It Really Improve Oral Health?’. The dialogue has explored how the Charter can be used strategically to promote global oral health with multi-sectoral partners in integrative approaches. Speakers have elaborated on universal oral health provision and integration of oral health in primary care with tangible examples and key solutions, including Regional Oral Health Centers. Regional Oral Health Centers establishment represent the main project of the group for the next term and will showcase how the Global Charter for the Public’s Health can be implemented within this setting.

19.2 **Tobacco Control (M. Daube)**

The WFPHA’s Tobacco Control Working Group (TCWG) focus is to get involved with global tobacco control representatives and the public policy arena.

The WFPHA has supported the efforts of several PHAs to introduce plain packaging. It also promoted PHA position statements on electronic cigarettes. The Co-Chair of the TCWG, Professor Mike Daube, is also Vice-Chair of the WHO FCTC Impact Assessment Expert Group, which has been working closely with the WHO and other major health NGOs in international tobacco control processes. One of the main focuses of the WFPHA and its members is supporting tobacco control in national and global public health conferences. This contribution has been publicly recognized by the World Health Organization, including the work of the TCWG. In January 2016, the TCWG organized and distributed a survey of member PHAs on tobacco control to assist its report submission to renew the WFPHA’s status of observer to the Conference of the Parties (COP) to the WHO’s Framework Convention on Tobacco Control (WHO FCTC). In May 2016, Co-Chair James Chauvin met with the Head of the WHO FCTC Convention Secretariat, Dr. Vera Luiza da Costa e Silva to update the WHO on the WFPHA’s tobacco control activities and further collaboration efforts especially with the COP. The COP is an ongoing opportunity for the WFPHA to strengthen partnerships with other international federations and organizations in tobacco control and as a means of taking common action on global health priorities such as tobacco control. The WFPHA successfully renewed its accreditation as an observer to the WHO FCTC and hopes to strengthen its efforts in tobacco control with its PHA members over the coming years. A special thank you to Mr. Luis Caceres for writing the report and leading the accreditation renewal process again earlier this year. In November 2016, the WFPHA was represented by the Brazilian Public Health Association (ABRASCO) at the COP7 in India. The ABRASCO members were from the
Tobacco and Health Studies Center of the National School of Public Health of the Oswaldo Cruz Foundation. In addition to participating at the COP7, the Brazilian members attended two COP side events to present a proposal to develop a protocol to monitor tobacco farmers' health and the environmental consequences of tobacco, and the Brazilian Observatory on Tobacco Industry Strategies as a model of a knowledge hub on preventing tobacco industry interference.

19.3 **Global Health Equity** (L. Rispel)
The WFPHA Global Health Equity Working Group (GHEWG) addresses, from a life course perspective, disability and chronic conditions, education equity, income disparities, and social justice.
The group has been working since 2015, in association with the Aetna Foundation, on an initiative to examine how digital technologies are being used and the impact of their use on population health and health equity. The major activity of the group has been on the preparation and production of a Special Issue of the Journal of Public Health Policy, which was published on November 30, 2016. The special issue brings together a series of papers that explore the utilization and impact of digital technologies in public health and/or in the enhancement or promotion of health equity. This initiative is led by James Chauvin, former president of the WFPHA, and Laetitia Rispel, Chair of the working group. More information can be found on page 21 of this report. Its key priorities for the following year will be to invite people from national public health associations to join the group, develop a priority list of activities, and then raise money to support the activities of the group.
There is the idea of renaming the working group as Global health Equity and Digital Technology. S. Butigieg proposes to help to assist with DT, marketing and communication. If AETNA gives a 2nd phase grant there will be more opportunities for the DT group. A more detailed proposal will be presented at the next GC meeting.

19.4 **Environmental Health** (P. Orris)
The WFPHA Environmental Health Working Group (EHWG) aims to influence international policy on environmental health by bringing environmental health issues to the public health community and a public health approach to the environmental advocacy community.
During this past year, the EHWG has been working on a follow up publication and expansion of the climate change health impact preparedness of countries survey proposed at the working group meeting in Kolkata in 2015. The working group encouraged all members to complete an evaluation of their nation’s climate and health plans, and to use these results to support advocacy for action on climate change in their own countries to protect people’s health from climate change impacts. The report recommends that all governments develop a national climate and health plan, and for health professional associations around the world to engage in advocacy around the issue. In addition, the working group collaborated with many groups prior...
to the Paris Cop21 Climate Change Negotiating meeting. Pursuant to WFPHA's Kolkata Declaration, activity was directed toward securing health organization endorsement of a call to divest in fossil fuels. Several international medical and public health associations endorsements were secured during this past year including the World Medical Association, the Canadian Medical Association, and the American Public Health Association. The EHWG has been working with the Australian organizing committee on programing for the 15th World Congress on Public Health. Specifically, it has been coordinating a World Leadership Dialogue on Eco social Health with the Ecological Sustainability Theme of the Congress. In addition, the working group is collaborating with the International Federation of Environmental Health on disaster risk reduction. At the request from the Policy Committee, a resolution concerning on Glyphosate/Roundup is being prepared. In December 2016, working group members participated in the Climate Negotiations COP22 in Marrakesh. Plans are being made to participate in the Strategic Approach to International Chemicals Management intersessional meeting in 2017, on plans beyond 2020, with emphasis on lead in paint, and pharmaceutical pollution. This year the group is collecting new ideas and projecting new 5 Years plan.

19.5 Public Health Professionals' Education and Training (P. Robinson)

The WFPHA Public Health Professionals’ Education and Training Working Group (PET) aims to develop a strategy to globally harmonize essential public health functions and competencies based on practice needs, define and apply standards of quality for public health education and training, and develop academic and institutional capacity based on a needs and demand analysis.

The PET is in the process of reforming the working group, with new members from various parts of the world including student representatives. PET remains committed to the eight projects identified in 2015, which included defining both ‘education’ and ‘training’, setting a benchmark of the core curriculum content within a public health master degree, and researching the demands, interests and ambitions of graduate students, to identify the course content which has been useful in subsequent practice.

As members of the working group have previously indicated, this work plan needs practical resources. PET envisages that some of this work would be suitable for higher degree research components (anywhere in the world) and through student internships (at WFPHA in Geneva). An opportunity also exists at the 15th WCPH, where a joint meeting with the Council of Academic Public Health Institutions of Australia (CAPHIA) will be held to progress this work plan. Interested people are encouraged to contact the working group to express interest. The WG has had a good discussion at the Congress during the CAPHIA side group. There is an idea of distinguishing between education and training, and do an international scan of what goes into public health degrees.
19.6 Women, Adolescent and Children's Health (J. Lewis)
The WFPHA Women, Adolescent and Children’s Health Working Group addresses the health issues of these populations through advocacy and advances public health practice through research and education. The Group was created as the WFPHA had very few policies addressing Maternal Childhood Health. The focus of this working group emphasizes women’s health including, but not exclusive to reproduction, parenting, and new-born, children’s and adolescent health. This lifespan approach predated the UN/WHO Global Strategy for Women's, Children’s and Adolescents’ Health (2016-2030) which was launched in September 2015. The work of the working group will support and expand The Strategy’s roadmap to ensure that all women, children, and adolescents survive, thrive, and transform their societies for a healthy and sustainable future. This means eliminating inequity. Founding WG members represent 10 countries (Mexico, Nigeria, Egypt, India, Sudan, Uganda, South Africa, Pakistan, Bangladesh and the United States) and have extensive experience in practice, research and education in women, children and adolescent health. The working group is reviewing WFPHA policies and will write one or more new policies on the themes covered by the working group in the following years. The Working group has had a world leadership dialogue session during congress. Discussed respective roles of government, civil societies. 18 people from 10 countries attended a meeting, demonstrating a broad global representation. Three major activities for coming year: survey WFPHA members to see how they are organized around 19.6 Women, Adolescent and Children’s Health, resolution on accountability of a global strategy of adolescents, work with childhood development and children with disabilities, and breastfeeding advocacy.

19.7 Public Health in Disasters and Emergencies
In 2016, the WFPHA welcomed the addition of a new working group on Public Health in Emergencies and Disasters (EDWG). The aim of the working group is to advocate for the integration of public health in disasters and emergencies. The EDWG aims to influence international policy on public health in emergencies by bringing these issues to the public health community and a public health approach to the environmental advocacy community. Through work with partners and others, the Working Group focuses attention on human health effects of emergencies and disasters both natural and man-made and help shape global policies. It is working towards the successful integration of public health issues in the preparedness and response efforts for disasters and emergencies and in implementation of the health and disasters related 2030 Agenda, especially through SDG 3 (good health and well-being) and 11 (sustainable cities and communities), and within key institutions and entities. In addition, it is compiling and disseminating best practices, case studies and exchange of knowledge and experiences in using evidence-based public health interventions in emergencies and disasters to enable policy and planning. Through
its work, the working group also creates awareness about public health issues in emergencies in the face of climate change, and other risk drivers. Its priorities for 2016-2017 include policy development for WFPHA, participation in relevant international and regional forums, and to create awareness about public health members of public health associations in their advocacy efforts at regional and national levels. The Working Group will also contribute to the integration of topics on disasters and emergencies in public health education and training, advocate for the health and protection of population and health care workers during emergencies and promote quality health care for migrants and host communities in collaboration with key partners.

20.0 AOB Other business

20.1 Nomination to Noble Prize

C. Betts: proposal Noble Prize in medicine should go to a public health professional. Suggestion of M. Moore for nomination to noble prize. Call for WFPHA and other PHA's to support nomination of Prof. M. Marmot, how to go about making the nomination. M. Moore: suggestion of going to the medical association for support. D. Walker: may be more appropriate for the nomination to go to Right Livelihood Award.

20.2 Indigenous Working group and Health

A. Te Patu: acknowledged leadership of M. Moore and PHAA in the congress. A number of indigenous people have been talking about having an indigenous working group within the WFPHA. Guidelines to create a working group have been received and currently being assessed. Yarning circle is open for all during the Congress. Proposal for Working group of indigenous health. A. Te Patu: at the Congress, 40 indigenous and non-indigenous supported in principle the indigenous working group during yarning group. 300 million people acknowledged by WHO as indigenous. Motion for creating a dedicated group, no dissent, moved forward for GC.

20.3 Next Asia-Pacific Region Congress

A. Te Patu: attended Asia-pacific health conference. Over half the population live with in the Asia pacific region so the region attributes much to global health. New Zealand PHA will host the 7th asia-pacific conference on public health which will most likely be in 2019.

20.4 Closing comments of President Elect

It has been a privilege to be at the Congress. WFPHA has a rich 50yrs history and has survived for 50yrs despite circumstances, and encourages us to combine forces and
passion for that which underlies public health. Feels privileged for being able to share knowledge, and for being in Australia, Melbourne. There are many people WFPHA need to recognize who do not have the privilege to come to a congress. Will concentrate on how we expand accessibility, and encourage unrestricted funding to be able to increase accessibility to young professionals help grow future public health leaders. Will put time into this to see what she can do to facilitate idea. Thank you to M. Moore for your help.

21.0 **Awarding for recognition certificates**
A ceremony to award GC, Chairs and staff in the occasion of WFPHA 50th anniversary have been held at the end of the GA.

22.0 **Adjournment and Call to Meet at 51st General Assembly, May 2018, Geneva**

The next GA will take place in May 2018 in Geneva, Switzerland
The next World Congress on Public Health will be held in Rome, Italy, in October 2020