MINUTES

1. Opening of the 45th General Assembly
1.1 Welcome by the President

1.2 Roll Call
See appendix I for list of attending members.

2. Adoption of the Agenda
Adopted

3. Adoption of the Minutes of the 44th Annual Meeting
Adopted

4. Review of 2010 Activities and Proposed 2011 Activities
4.1 Annual Report of the President

Ulrich Laaser, President of the WFPHA, reminds the goal of the Federation during his mandate, which is to have a financially viable and self-sustaining organization that contributes to influencing thinking and action on global public health issues, with a highly participative membership.

He emphasizes on three areas of development of his 2010-2012 Presidency Programme:

1. The first one is to improve Global Public Health through the organization of the 13th World Congress on Public Health in Addis Ababa (report by T. Bishaw) and the development of the Working groups on Global Health Equity (report by B. Borisch) and Public Health Education (report by E. Miron) as well as other Working groups. Another important area of development is the regionalisation of associations like the (West) Pacific Regional Liaison Office (report by C. Jiming/W. Peng) and the future African Federation of Public Health Associations. Global Health Projects like the cooperation with the WHO Kobe Center (WKC) and its Call to Action on Urbanisation and Health and courses on the Urban Health Equity Assessment and Response Tool “Urban Heart” are equally important. The WKC shows a great interest in ongoing projects to improve proposals from PHAs on urban health and health equity (see NL of April 2011). Other Global Health Projects, like the cooperation with Colgate Palmolive and future MDG and NCD surveys are promising. Twinning between associations (after SOPHA) could also be followed by other interesting projects.

2. The second area of importance is the development of the Federation. The secretariat has been moved from Washington DC to Geneva with success and a free and successful electronic communication system (Elluminate) has been implemented. The link between the WFPHA and WHO has been reinforced. A new website has been established, a quarterly Newsletter is issued and the Journal of Public Health Policy (Bettina Borisch) continues to offer the Federation pages. Ulrich Laaser would like to see the Federation being involved in a Journal of Global Health Practice.

The ongoing Strategic Plan 2007/11 is being followed closely (Effective Global Health Policies, Advance PH Practice, Education, Research, Strengthen Partnerships, Efficient and Sustainable Organization, Assist Members to Achieve Sustainability) and a new Strategic Plan has to be developed for 2012/17.
An Advisory board has been appointed, chaired by Margaret Hilson (Canada). A first meeting of this board will take place in fall 2011 to define their ambassador function, revise the WFPHA strategy, see how to support the International Scientific Committee for Addis Ababa and how to open doors for funding.

3. The third area of importance is the broadening of the financial base of the Federation by qualifying the membership database and revise the fee structure and increase external funding.

To conclude, 2010/2011 was a year of consolidation in structure & finance and a year of regionalisation, 2011/2012 should become a year of intensified globalisation, steps have been taken on most of the objectives of the WFPHA/WHO Collaboration Plan 2010-2012 and of the Presidency Programme (GA 2010) and Ulrich Laaser is very glad about the progress made.

4.2 Annual Financial Report by the Treasurer

Joan Bell Davenport, WFPHA's Honorary Treasurer, presented the Federation's financial report for 2010. Following this, an award was presented to her in recognition of her several years of services to the Federation.

The Treasurer's report is approved by the Assembly.

4.3 Report on the Preparations of the 13th WCPH

Tewabech Bishaw, President of the Ethiopian PHA, presents with great pleasure what has been achieved so far in the preparation of the Congress, planned in Addis Ababa, 23-28th of April 2012. The delegation feels that this is a challenging and daunting task in view of the human, financial and material cost that the process entails. She hopes that a successful congress will be conducted with genuine assistance of WFPHA and the national PHAs.

This is a big opportunity for EPHA and an important platform and voice for Africa. The Regional Director WHO-AFRO Dr. Sambo is of great support and help. The African Federation of Public Health Associations (AFPHA) will join the congress after its launch on the 1st of September in Brazzaville.

The following are key accomplishments in the preparation of the congress:
- 3 organizing committees and 7 sub-committees at the national level are in place and functional
- The communication material is ready and the website in place
- A detailed program, plan and provisional budget are ready
- A plan of action with 136 specific activities has been prepared
- A fundraising strategy is in place
- A plan of action for US$ 200,000 CDC funding prepared and submitted to CDC
- The development of a concept note for US$ 500,000 funding from USAID underway.
- WHO Afro Regional Director and Representative of WHO Ethiopia Country office have met. Their strong commitment has been enlisted and has started to materialize
- Plan to meet the UN Group and the donor community through the Minister of Health. Draft letter, list of donors and budget summary submitted to his office which will be sent out to donors.
- The venue is identified and the congress planning committee feels they are going in the right direction.

There is a feeling that much has not been done on two important areas, which are fund raising and promotion and communication. The major challenges ahead are the lack of sufficient staff, the delay in getting sufficient documentation on previous public Health congresses and a facilitated link and interaction between the local and international committees is needed.

Tewabech Bishaw extends a warm invitation to all WFPHA member associations and their members to attend this important triennial public health event.

4.4 Report by WHO Liaison

Rebecca Bailey, WFPHA's designated Technical Officer at WHO, thanks all of those who attended the Technical Seminar. She very much liked the provocative presentations and lively discussion and encourages the WFPHA to organize such other events.

She now would like to refresh memories on what it means for the WFPHA to be a nongovernmental organization in official relations with WHO.

The objective of WHO's collaboration with nongovernmental organizations are:
- to promote the policies, strategies and programmes derived from the decisions of WHO's governing bodies (EB, WHA, Regional Committees)
to collaborate with WHO programmes in jointly agreed activities to implement these strategies
– to play a role in ensuring the harmonization of intersectoral interests among the various bodies
in a country, regional or global setting

As of January 2011, there were 182 nongovernmental organizations in official relations with WHO

The privileges of official relations with WHO:
– The right to appoint a representative to participate, without right of vote, in WHO's meetings or
in those of the committees and conferences convened under its authority
– Access to non-confidential documentation and other documentation as the Director-General
may see fit to make available
– The right to submit a memorandum to the Director-General, who would determine the nature
and scope of the circulation
– The right to an assigned focal person within the organization (DTO)

This may change within the context of the WHO reform strategy, which will be presented at the WHA
(DGO has a 10 point reform proposal, one of them being to see if NGO’s should have more rights)

The responsibilities of official relations with WHO:
– Establish a mutually agreed collaborative plan of work, implement it, report on it and update it
every three years (currently the 2010 – 2012 plan)
– Disseminate information on WHO policies and programmes
– Collaborate with WHO programmes to further health-for-all goals
– Collaborate with WHO Member States, where their activities are based, in the implementation of
health-for-all goals

Actually there are three main areas of work with the Federation:
1. Planning, preparation and organization of the 13th World Congress on Public Health (Activity 1)
2. Creating stronger linkages between Public Health Practice and Public Health Education
(Activity 2, 3 and 4)
3. Knowledge management and sharing (KM4PH and Elluminate) (Activity 5)

Methods of work:
1. Continue implementation of the collaborative plan
2. Continue monthly meetings between WHO and the WFPHA Geneva office and involvement of
WHO, as needed, in telephone conferences of the WFPHA Executive Board
3. Prepare a joint report of the 2010-2012 collaborative plan of work and draft a revised plan of
work (2012-1015) for discussion at the WFPHA General Assembly in 2012.

Alex Gatherer proposes to have DTO’s at regional levels.

4.5 Report of the Geneva Office

Bettina Borisch, Office Director of Geneva Office, announces that the transfer from the Washington
Office to Geneva has started in mid 2010 and is now accomplished. She thanks Vina HuLamm and
the staff from APHA for their great help to make this transfer a success.

She presents Laetitia Bourquin (40% since Sept. 2010) and Marta Lomazzi (20% since March 2011),
the actual staff of the office.

Several Memorandum of Understanding have been signed which set the legal basis of the office
(WFPHA-APHA, WFPHA – University of Geneva, WFPHA – Swiss PH Association)

One of the first tasks of the office has been to start re-doing the membership directory in order to have
a central and coordinated overview, facilitate contacts with members and better coordinate the
communication.

A new Website has been established with a modern and dynamic design and an easy access to
update it regularly and keep it dynamic. A quarterly Newsletter is now also issued which gives
members the opportunity to share important messages or events during the year with other members.

The central office in Geneva feels the energy and enthusiasm developed by the Federation's members
and looks forward to support, coordinate and promote this movement. The office is also happy to help
set up dynamic Working groups. With three trained scientists staffing the office, a great will is there to
work on PH-projects of the WFPHA, together with all our members.
4.6 Report of the West Pacific Regional Liaison Office (WPRLO)

Wang Peng, Director of the West Pacific Regional Liaison Office, presents the members of the WPRLO (Australia, China, Indonesia, Japan, Korea, New Zealand, Philippine and Vietnam). Ulrich Laaser and the office wish to expand regional activity and invite India, Thailand and Bangladesh to join, to build a wider network with more Asian countries. Mongolia also showed its interest in joining.

Major activities of the Office:
- WPRLO was launched in Beijing last October with 50 experts present.
- WPRLO co-organized with the JPHA the 4th meeting of PHA’s and the 2nd West Pacific Regional Conference in Tokyo on Urbanization and Health.
- The 2nd Meeting of the WFPHA West-Pacific Regional Coordinating Committee was also held in Tokyo.
- The 3rd WPRCPH is in preparation in Bali (16-18th of November 2011) with the Indonesian Public Health Association. The Call for abstract has been launched and the website is ready.
- The 2013 WPRCPH likely will be organized by the Vietnam Public Health Association (VPHA).

Other activities include to forward WFPHA’s call for abstracts and participate in the 13th World Congress on Public Health, attendance of the Conference on Public Health and Preventive Medicine in Hongkong 2010 and to establish a WPRLO homepage (http://www.cpma.org.cn/wfpha/). WPRLO also sent the deepest sympathy to JPHA after the Tsunami and Earthquake.

As next steps, Wang Peng proposes to improve the communication with the Geneva office; to look for resource mobilization, support joint-forces for regional research projects; to have in-depth discussions on specific issues such as emergency preparedness, environmental protection, food hygiene, the publishing of a newsletter, field visits, magazine exchanging …

Ulrich Laaser wishes to thank the Office and the CPMA for this impressive evolution. He is aware of the role of PH in conflict resolution and discussion facilitators across borders. He wishes to improve the communication between offices and thanks also Yi Heya.

4.7 Journal of Public Health Policy (JPHP)

Anthony Robbins, Editor of the JPHP, is in Ethiopia and excuses himself for his absence today. Bettina Borisch reminds the members present the specific relation the WFPHA has with the journal through its Federation Pages which are free accessible online. Bettina Borisch, as Editor of the Federation pages, wishes to highlight the work of WFPHA members and colleagues and invites members present to submit papers.

4.8 Awards

Prof. Laaser informed the Assembly that the nomination by the EPHA of Prof. Redha Tekla Haimanot (a renowned Ethiopian public health professional) for the 2012 Leavell Lecturer Award had been confirmed by the WFPHA Executive Board. The 2012 WFPHA Lifetime Achievement Award would be conferred on Margaret Hilson, a former WFPHA President and long-time Director of Global Health at the Canadian Public Health Association, in recognition of her important contribution to the establishment and nurturing of public health associations around the world.

Prof. Laaser then asked the members present to take a minute to remember Professor Dogramaci, the 2009 Lifetime Achievement Award winner, who passed away in 2010.

A call for the Organisational award will be sent out later this year to all member associations.

5. Dr. Attaran on the issue of counterfeit medicines

A special guest speaker, Dr. Attaran, Associate Professor in the Faculties of Law and Medicine at the University of Ottawa (Canada), made a very interesting presentation on the issue of counterfeit medicines. He highlighted the need for an international treaty on this important global public health issue, for which he will be advocating with national government delegations at the 2011 World Health Assembly. He called on the WFPHA and national Public Health Associations to take this issue seriously.

It is decided to have such an intervention on a specific topic during all future General Assemblies.
6. Committee Reports
6.1 Finance Committee
Jim Chauvin, Chair of the Finance Committee, provided a summary of the main financial issues facing the WFPHA and its financial plans for the upcoming year.

He mentions the fact that the Federation needs to be pro-active to get projects on the road. One of the biggest issue is to have funds for the salaries at the Geneva office and its operating costs. Next year he will consider the in-kind value from which the Federation benefits.

The CPHA’s SOPHA Program will end at the end of December 2011 and will no longer be funded by the Canadian International Development Agency (CIDA) in its present form. The Federation will look at the possibility to twin with SOPHA and get some funds for a SOPHA type program. There is also a need to evaluate (positive case study) the SOPHA program funded partly by CPHA, APHA and the WFPHA. More funds will be necessary.

The WFPHA has at the end of 2010 a positive balance of $118,407.50. See Appendix II for more details.

The Federation’s 2011 budget is approved by the Assembly.

6.2 Membership Committee
Alvaro Matida, member of the Membership committee, presents the Committee’s recommendations for the General Assembly’s consideration of the membership applications from the following associations:

1. DUBAI HEALTH AUTHORITY / PUBLIC HEALTH AFFAIR DEPARTMENT (DHA)
The MC recommends that the WFPHA offers to the DHA the position of Sustaining Member (Government Agency).
Assuming its regional strategic role and its responsibility and commitment, the DHA should be able to apply to host the WFPHA Congress. Nevertheless, considering the Federation’s By Laws, this recommendation must be conditioned to a By Laws amendment and it must be approved by the EB and the GA.

2. THE SAUDI ASSOCIATION FOR PUBLIC HEALTH (SAPH)
The final decision in regard to the Saudi Association proposal is conditioned to further constitution and Bylaws information.

3. NJALA UNIVERSITY PUBLIC HEALTH ASSOCIATION OF SIERRA LEONE (NUPHA)
The MC recommends offering to NUPHA the position of Sustaining Member (Academic Institution).
The annual dues related to this membership category should be negotiated with NUPHA.

4. ASSOCIATION OF PUBLIC HEALTH PHYSICIANS OF NIGERIA (APHPN)
The MC recommends to offer to the APHPN the position of Sustaining Member (did not meet WFPHA multidisciplinary membership criteria). If the APHPN opens to other professions they can apply for full membership in 2012. The annual dues related to this membership category should be negotiated with APHPN.

5. NOBEL MEDICAL INSTITUTE OF BANGLADESH (NMIB)
The MC has no information about NMIB current interest. The membership application form as well as its constitution and by-laws are crucial for the Federations decision.

6. AFGHANISTAN NATIONAL PUBLIC HEALTH ASSOCIATION (ANPHA)
Given the information provided, the MC recommends acceptance of the application as full member under the condition that the Association will continue to provide information to the committee in the next few months.

7. TAIWAN PUBLIC HEALTH ASSOCIATION (TPHA)
The MC recommends that the WFPHA offer to the TPHA the position of Sustaining Member. Assuming the regional strategic role and the responsibility and commitment of the TPHA, the Federation recognizes its interest in harmonizing the TPHA and the CPMA public health work.

8. GAMBIA ASSOCIATION OF PUBLIC HEALTH OFFICERS (GAPHO)
Given the quality of the information provided, the MC recommends acceptance of the application as **sustaining member** under the condition that the Association will provide information to the committee in the near future about the liaison between the GAPHO and the Co-Operative Credit Union Ltd.

Paulo Buss is not willing to continue to chair this committee and Alvaro Matida is willing to take on the chair. Luiz Facchini is proposed as new member of this committee.

*The Assembly approves the recommendation of the Executive Board to accept the members as cited above.*

The members will be informed of the General Assembly’s decision and they will be considered members once they have approved the decision.

Jim Chauvin informs that the selection of the 2015 Congress host has been deferred. A selection committee will be established over the summer and its recommendation will be announced to WFPHA members in Autumn 2011.

*The Assembly approves this process.*

**6.3 Nominations Committee**

Mengistu Asnake, chair of the Nominations committee, presents the nominations received for two candidates for the position of Treasurer: Markus Kaufmann from the Swiss Society for Public Health and Avshalom Strulov from the Israel Society for Public Health. The EB recommends Markus Kaufmann as treasurer.

Bettina Borisch presents the new proposed Auditor: Jacqueline de la Cruz

All vote ballots were counted (one vote per PHA). The results were: Markus Kaufmann: 9; Avshalom Strulov: 0. Jacqueline de la Cruz: 7

*By voting majority, Markus Kaufmann was confirmed as the next Treasurer of the Federation and Jacqueline de la Cruz as the next Auditor.*

Persuant to a decision taken last year, a second Executive Board seat for an African WFPHA member needs to be filled. Three positions on the Executive Board are open for a three-year term:

- **AFRO:** Public Health Association of South Africa represented by its President, Dr. Laetitia Rispel. (GAPHO not eligible as not a member yet) Nominations Committee suggestion for approval by the GA.

- **AMRO/PAHO:** Brazilian Association for Collective Health (ABRASCO), represented by its President, Dr. Luiz Augusto Facchini. Nominations Committee Suggestion for approval by the GA.

- **EMRO:** No proposition. (Dr. Al Marzooqui not eligible, as the Dubai Health Authority is not a member yet)

*The Public Health Association of South Africa, represented by its President, Dr. Laetitia Rispel as well as the Brazilian Association for Collective Health (ABRASCO), represented by its President, Dr. Luiz Augusto Facchini are adopted to sit on the EB for a three-year term.*

*The EB seat for the Eastern Mediterranean region remains vacant.*
6.4 Policy Committee

Bettina Borisch, chair of the Policy committee, presents the two resolutions submitted to the Policy Committee.


   The policy committee recommends the acceptance of this resolution as amended by the PC with the provision that it is supported by appropriate evidence based literature and the introduction be rewritten to better fit the proposal in its present form. The parts relating to general SDH are considered to be best taken up by the Global Health Equity working group of the Federation.

   In addition, the PC suggests the topic of prison health be included in the program of the Addis Ababa World conference.

   Easley Cheryl mentions that a plenary session will be organized at the next APHA meeting and that a policy process has been launched with APHA.

2. “Armed conflict and War” proposed by the American Public Health Association.

   The policy committee recommends the acceptance of this resolution as amended by the PC (New title, redundancies and references to the US taken out).

   Ulrich Laaser points at the importance of this key public health issue.

   It is important to note that once a resolution has been submitted it is property of the Federation and can be edited.

   In addition it is proposed that the PC review and define the format and procedures of the Position Papers and Resolutions (evidence-based, concise and clear recommendations).

   Missions of PC:
   - To make sure Resolutions are backed up by Position Papers.
   - To review gaps where the WFPHA should have resolutions (with Global Health Equity WG).
   - To define a strategy to handle quickly endorsements of requests.

   The members of the Policy Committee are all willing to continue.

   The Assembly approves the recommendation of the Executive Board to accept the resolutions as cited above.

6.5 By-laws Committee

Theodor Abelin informs that resolutions should be sent to all PHA’s for their comments prior to the General Assembly.

He thanks Dineke Zeegers and Margaret Hilson for their great help on the by-laws committee.

The following three issues are proposed by the Committee:

If a member is not answering or saying yes, it has to be mentioned “abstaining”

1. The recently introduced category of Individual Membership

   The Federation needs this category in order to profit from the collaboration of selected individuals who are interested and qualified to collaborate actively in one or another function, but who do not do this in terms of a regular assignment through their national member PHA.

   In the course of the year, the Executive Board observed that these formulations gave insufficient guidance in a number of situations. There is a need for more specificity. Therefore the By-Laws Committee, based on proposals of the President and discussion by the EB, proposes the following changes and additions for Article II, Section 1, Point 4:

   "Individual Members - individuals that endorse the principles of the Federation and provide an active collaboration or a monetary donation

   a) Individual membership is applicable to qualified individuals who agree to make a personal financial contribution or to be engaged in Working Groups or other working structures of WFPHA, thus increasing WFPHA’s working and/or networking capacity and effectiveness.

   b) The EB decides on requests for Individual membership involving active collaboration.

   These require endorsement by the person responsible for the corresponding WFPHA activity and the candidate’s national Public Health Association (NPHA).

   Candidates working professionally in a country without a NPHA require the endorsement of any two national PHA’s."
- In unclear situations the EB may decide on the basis of other recommendations such as individual’s history of public health actions and reputation.
- Requests for individual membership on the basis of a monetary contribution require decision by the EB after examination of the applicant's credentials.

c) Individual members will receive Federation publications. They shall be invited to attend business or committee meetings if indicated by their function in Federation activities. Membership terminates on recommendation by the Executive Board following termination of active collaboration.

2. **Dealing with the problem that in telephone meetings of the EB the quorum is mostly not reached and subsequent decision by correspondence may be too slow in certain situations.**

One of the additions to the By-laws of May, 2010, was to introduce the possibility of electronic voting for the EB, when in EB meetings or telephone conferences the quorum is not reached. The experience has now been that in urgent situations organizing an electronic vote would be too slow and even then the quorum may not be reached. The By-Laws Committee and the EB examined several possibilities to overcome this problem.

Recommendations:

*Add to Article IV, Section 4 – Voting:*
In situations allowing no delay, the EB may use voting by proxy. An EB member shall not have more than two votes in addition to his/her own.

*Add to Article IV a new Section: Section 7 - Bureau of the Executive Board*

The Executive Board appoints a "Bureau of the Executive Board", consisting of the President, the Vice President/President elect and the Executive Secretary or EB member responsible for the Secretariat, and one to three other persons including an EB member responsible for financial matters.

Finally the idea of an Executive Committee consisting of the President, Vice-President, Head of Geneva Office and of Beijing Office is accepted and amendments to the by-laws will have to be postponed to the GA 2012.

The EB-members are not invited to the meetings of the Executive Committee of the EB.

3. **Rules of procedure for WFPHA Working Groups**

The Executive Board has accepted a draft text for new Regulations / Rules of Procedure for WFPHA Working Groups.

It is proposed that Rules of Procedure are generally considered as annexes to the By-Laws – to be voted on by the GA, but without being integrated into the body of the By-Laws. An updated list of Annexes needs to be made available at the end of the By-Laws. A change of the By-Laws to this effect may be postponed and can be taken up again at the GA 2012.

It is proposed to postpone further changes of the By-Laws until present developments (Geneva Office, Beijing Regional Office, re-organization of financial management) have further progressed.

The members of the By-laws Committee are all willing to continue.

*The Assembly approves the recommendation of the Executive Board to accept the changes as cited above.*
7 Working Group reports

7.1 Environmental Health

Peter Orris reports on the activities of the Working Group, which objectives are 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.

The Strategy being to Work with partners including WHO, UNEP, SAICM, HCWH, WMA, IPEN, GAIA, Toxics Link, Sustainlabour, etc

Programmatic Areas of the WG:

Climate

The WFPHA helped develop, with WHO and HCWH, the Prescription for a Healthy Planet. The WFPHA is currently helping to develop 2 new initiatives on climate with HCWH. The first one is called “A Concept for a Global Climate Health and Literacy Consortium”. The second initiative, developed by HCWH, which we have begun to participate in planning and recruiting other participant groups is called “Climate and Health Summit Concept”. We are making plans for a one-day symposium or “Climate and Health Summit”, parallel to and in conjunction with COP 17 of the UNFCCC in Durban, South Africa on Sunday, December 4, 2011.

Dr. Robin Scott, Co-Chair of the Climate and Health Council of the UK has agreed to join our Working Group to keep us coordinated and informed as to Climate Change activities in the health care sector.


Chemicals Policy

The Strategic Approach to International Chemicals Management (SAICM) is a policy framework to foster the sound management of chemicals and to promote chemical safety around the world. During this past year WFPHA participated in the development of a strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach to International Chemicals Management.

Mercury in Health Care

As part of a global initiative to reduce the use and spread of mercury in all aspects of society, WFPHA, in collaboration with the World Medical Association, International Council of Nurses, Health Care Without Harm, World Health Organization, UNEP, and other health care professional groups to virtually eliminate mercury-based medical devices from health care over the next decade.

There are three components to this initiative: The Work UN Environment Programme’s Mercury Products Partnership, the GEF WHO/HCWH Global Health Care Waste Project and the Mercury Treaty Negotiations – International Negotiating Committee 1 and 2 (INC).

Children’s Environmental Health in Partnership with WHO and Dr. Etzel.

The Newsletter of the WG, issued biweekly, has 198 subscribers and a reasonable opening rate of 21%. (Editor: Ms. Alejandra Livschitz)

P.Orris would like to get the member associations more involved in this group.

7.2 Tobacco Control

James Chauvin presents the group on behalf of the chair, Mike Daube.

While there is now much international and action on tobacco, there is clearly both a need for more action and an important niche for the WFPHA. This should ensure that we play a strong role, supporting and complementing the activities of WHO and other major non-government groups.

Given the relatively modest resources, the following roles have been identified:

1. Providing information on tobacco issues to member organisations on a regular basis. It is proposed that this be a 3-monthly update.

2. Support for and where appropriate participation in international moves in tobacco control (e.g. FCTC). Given budgetary considerations, this is in general unlikely to entail active participation in many meetings, but will include letters of support where appropriate and representation on an opportunistic basis (e.g. where someone else can represent us, or where we have someone appropriate in the locality)

3. Recognising the importance of tobacco control, but also its role as an exemplar in addressing modern public health epidemics, the Tobacco group will propose that there be plenary addresses on tobacco at WFPHA conferences and those of related organisations.
4. Through WFPHA, we will seek to ensure that each of our member associations adopts and supports a template policy on tobacco control, and has a workplan including action on tobacco and advice to their member as to how they can best support tobacco control action within their countries.

Recognising the pressures on all our member organisations, we will at the least seek to ensure that:

i) We have a template policy for all member associations.

ii) We have communicated this to all member associations with a request that they adopt it (with appropriate local variations).

iii) Each member association has a workplan or program of action on tobacco control.

iv) We maintain a record of all responses, following up where we have not had responses

v) We offer help and advice in terms of policy implementation and workplan/program of action development.

vi) As part of the workplan/program of action, the first step is for member associations to write to their Governments and relevant colleague NGOs advising them of the adoption of the policy.

5. We will workshop electronically the model policy and work plan, following which it will be promoted to member associations.

7.3 Global Health Equity

D.Klein-Walker thanks the office in Geneva for the great transition and is pleased to present the APHA delegation on behalf of georges Benjamin, composed of P.Orris, Vina hulamm, herself and former APHA president, Sheryl Easly. She also reports on the activities of the Global Health Equity Working Group, the newest group of the Federation.

20 people signed up for this group and a first successful meeting was held two days ago, with 6 members from 4 countries attending. This group will focus on Advocacy, Networking and policies. They will provide some topics for the Addis Ababa meeting in 2012 to the international Scientific Committee and will get involved with the Policy Committee to get Resolutions together where they are lacking in the field of Equity. Other topics will include the measurement of what equities/inequities means, a survey on the challenges facing PHA’s to reach the MDG goals, issues around the socially marginalized and corruption issues.

She invites any person interested in these issues to join the group.

7.4 Public Health Education (WGE)

Ehud Miron reports on the activities of the Working Group.

The WGE was formed in 2010 with 3 specific items in its action plan:

1. Develop a strategy to globally harmonize essential public health functions and competencies based on practice needs (performance standards)


3. Develop academic and institutional capacity (based on a needs and demand analysis).

The members of the WGE represent the Public Health workforce in its global variety and are therefore well-equipped to undertake the task at hand while bearing in mind the need for a flexible approach.

Participating members at the first meeting:

Rebecca Bailey, Chris Birt, German Cedeno, Ehud Miron, Judy Overall

Issues discussed:

- The role of the WGE in the area of public health competencies, including involvement in curriculum development and public health agency tasks and workforce job descriptions.
- The necessity for a global framework defining the tasks of Public Health, thereby helping to define the essence and scope of Public Health.
- The deliverables required from the WGE.
Recommendations:

- The meeting participants recommend that a vision for the workgroup be formalized. The individual visions for the WGE will be debated by e-mail and an accepted vision will be formulated. The vision is necessary for the definition of the WG activity.
- The primary task of the workgroup at the moment is to examine the existing models for Public Health Functions/Services/Operations and reach, if possible, an acceptable terminology based upon the similarities between the models.
- The WG participants recommend the name of the WGE be changed to reflect the suggested revision of the WG aims and scope of work.
- Another face-to-face meeting of the WGE might be necessary upon completion of the report, perhaps using one of the planned public health conferences as venue.

8. Adjournment and Call to Meet at 46th General Assembly, April 23, 2012 in Addis Ababa

The WFPHA President, Ulrich Laaser, brought the meeting to a close and thanked all delegates for attending. He encouraged WFPHA members to attend next year’s General Assembly, which will take place during the World Congress in Addis Ababa, Ethiopia, on Wednesday, April 23, 2012.

Ulrich Laaser, WFPHA President
## Appendix I

List of Attending Members and Guests:

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alena Petrakova</td>
<td>ECDC</td>
</tr>
<tr>
<td>Alex Gatherer</td>
<td>APHA</td>
</tr>
<tr>
<td>Alexander Papadopoulopoulos</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Alvaro Matida</td>
<td>ABRASCO</td>
</tr>
<tr>
<td>Arjan van der Star</td>
<td>EUPHA</td>
</tr>
<tr>
<td>Bettina Borisch</td>
<td>WFPHA Office</td>
</tr>
<tr>
<td>Cai Jiming</td>
<td>Chinese Preventive Medical Association CPMA</td>
</tr>
<tr>
<td>Cheryl Easley</td>
<td>APHA</td>
</tr>
<tr>
<td>Deborah Klein-Walker</td>
<td>APHA</td>
</tr>
<tr>
<td>Dineke Zeegers</td>
<td>EUPHA</td>
</tr>
<tr>
<td>Dr. Attaran</td>
<td>CPHA</td>
</tr>
<tr>
<td>Ehud Miron</td>
<td>Israeli PHA</td>
</tr>
<tr>
<td>German Antonio Cedeño Volkmann</td>
<td>PHA of Costa Rica</td>
</tr>
<tr>
<td>Hung-Yi Chiou</td>
<td>Taiwan Public Health Association</td>
</tr>
<tr>
<td>Ilise Feithans</td>
<td>IST University Lausanne</td>
</tr>
<tr>
<td>Ilona Kickbush</td>
<td>IHEID</td>
</tr>
<tr>
<td>James Chauvin</td>
<td>CPHA</td>
</tr>
<tr>
<td>Jaqueline de la Cruz</td>
<td>New WFPHA Treasurer</td>
</tr>
<tr>
<td>Joan Bell Davenport</td>
<td>Treasurer, retiring</td>
</tr>
<tr>
<td>Judy Overal</td>
<td>PH Education WG Consultant</td>
</tr>
<tr>
<td>Laetitia Bourquin</td>
<td>WFPHA Office</td>
</tr>
<tr>
<td>Laetitia Rispel</td>
<td>PHASA</td>
</tr>
<tr>
<td>Lee Shiu Hung</td>
<td>World Association of Chinese Public Health Professionals</td>
</tr>
<tr>
<td>Markus Kaufmann</td>
<td>Swiss Society for Public Health</td>
</tr>
<tr>
<td>Marta Lomazzi</td>
<td>WFPHA Office</td>
</tr>
<tr>
<td>Mengistu Asnake</td>
<td>EPHA</td>
</tr>
<tr>
<td>Michaela Told</td>
<td>IHEID</td>
</tr>
<tr>
<td>Obehi Okojie</td>
<td>Association of PH Physicians of Nigeria</td>
</tr>
<tr>
<td>Pau-Chung Chen</td>
<td>Taiwan Public Health Association</td>
</tr>
<tr>
<td>Paul Walker</td>
<td>Global Green USA</td>
</tr>
<tr>
<td>Peter Orris</td>
<td>APHA</td>
</tr>
<tr>
<td>Rebecca Bailey</td>
<td>DTO/WHO</td>
</tr>
<tr>
<td>Tewabechishaw</td>
<td>EPHA</td>
</tr>
<tr>
<td>Theo Abelin</td>
<td>Swiss Society for Public Health</td>
</tr>
<tr>
<td>Ulrich Laaser</td>
<td>WFPHA President</td>
</tr>
<tr>
<td>Vina Hulamm</td>
<td>APHA</td>
</tr>
<tr>
<td>Wang Peng</td>
<td>Chinese Preventive Medical Association CPMA</td>
</tr>
<tr>
<td>Workneh Kassie</td>
<td>EPHA</td>
</tr>
<tr>
<td>Yat Wa Chan</td>
<td>World Association of Chinese Public Health Professionals</td>
</tr>
</tbody>
</table>
## Appendix II

### Statement of Income and Expenses: WFPHA

**January 1 - December 2011**

#### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward from Dec 31, 2010 Account 279-D3589234.1 USB Geneva</td>
<td>$75,123.12</td>
</tr>
<tr>
<td>Balance brought forward from Dec 31, 2010 Account 279-D3589234.0 USB Geneva</td>
<td>$25,022.00</td>
</tr>
<tr>
<td>Balance brought forward from Dec 31, 2010 for Colgate Palmolive grant</td>
<td>$34,139.27</td>
</tr>
<tr>
<td>WFPHA Membership Dues</td>
<td>$9,300.00</td>
</tr>
<tr>
<td>Other revenue sources</td>
<td></td>
</tr>
<tr>
<td>Colgate Palmolive grant (restricted use)</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>American Public Health Association grant (unrestricted)</td>
<td>$47,000.00</td>
</tr>
<tr>
<td>Wachovia bank account (APHA) transfer to WFPHA</td>
<td>$16,943.17</td>
</tr>
<tr>
<td>Incidental Income (e.g., interest, refunds)</td>
<td>$1,200.00</td>
</tr>
</tbody>
</table>

**Total Revenues** $258,727.56

#### Expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary for 0.4 Program Manager Geneva Secretariat (Jan 1 - Sept 30, 2011)</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Salary for 0.2 Program Manager Geneva Secretariat (March 1 - Sept 30, 2011)</td>
<td>$19,660.00</td>
</tr>
<tr>
<td>Salary for 0.4 Program Manager Geneva Secretariat (Oct 1 - Dec 31, 2011)</td>
<td>$13,800.00</td>
</tr>
<tr>
<td>Salary for 0.2 Program Manager Geneva Secretariat (Oct 1 - Dec 31, 2011)</td>
<td>$6,600.00</td>
</tr>
<tr>
<td>Operating costs - Geneva Secretariat (Jan 1 - Dec 31, 2011)</td>
<td>$5,500.00</td>
</tr>
<tr>
<td>WFPHA Executive Board &amp; AGM (May 2011)</td>
<td>$4,500.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$21,500.00</td>
</tr>
<tr>
<td>Honorarium - Treasurer (for services in 2010)</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Honorarium - Auditor (for services in 2010)</td>
<td>$250.00</td>
</tr>
<tr>
<td>Working Group Seed Funds (4 x $5,000 per WG)</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>WFPHA MDG Survey Study</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>WFPHA participation in SOPHA Evaluation</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Executive Board teleconference calls</td>
<td>$0.00</td>
</tr>
<tr>
<td>Online abstract system management fee - initial deposit for 2012 Congress</td>
<td>$6,350.00</td>
</tr>
<tr>
<td>Contract: Honorarium for Congress assistance</td>
<td>$4,500.00</td>
</tr>
<tr>
<td>Bank charges</td>
<td>$160.00</td>
</tr>
</tbody>
</table>

**Total Expenditures** $140,320.00

**Balance** $118,407.56