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11th WORLD CONGRESS
August 21–25, 2006 – Rio de Janeiro, Brazil
Public health has entered into a new era in the dawn of the 21st century. In a complex global health situation, success in discovery of new technology has constantly been obscured by the emergence of new diseases and pandemics signaling new public health challenges. Responding to the paradox, global health organizations, individual states, and public health schools, underscored the unprepared public health workforce as one of the major factors which could be attributed to their inadequate knowledge base, training and a disorganized public health workforce. The problem is further compounded by disincentives, historic neglect and deprivation, all of which deter graduates from embarking on this profession.

The lightening pace of technological change coupled with the sophistication in information technology is having a profound effect on our world. This new world of information means we truly are a global village. And like any other village, we are all members and we all have responsibilities. To put it another way, we are family. This reiterates the theme of our last congress in Rio De Janeiro “Public Health in a globalized world: breaking down social, economic and political barriers.”

Today, people of the world are exposed to a limitless array of communicable or non-communicable diseases, organic pollutants, violence or natural catastrophes. At times, the total population is in danger; sometimes a single country, and at other times a solitary individual.

There are no magic solutions for achieving sustainable gains. We have in front of us newfound commitments to partnerships, positive trends and real results in various places, and programs that can and must be replicated. There is creative thinking all around, in small villages and world capitals and many places in between. There are also technological innovations at hand.

The public health associations all around the world need to come forward. We need leaders who can call for action. This is the moment that we stand up and say we can change the world. We need to encourage public health professionals and leaders around the globe to nurture their gained knowledge and build a sustainable world for future generations.

Let’s position ourselves to cultivate and lead partnerships that can obtain results and let’s continue to provide a credible and trusted voice for public health.

Let’s unite together through forging partnerships, networking, creating databases for knowledge management in order for effective reduction of the “know-do gap”, and sharing information to better prepare each and every country to meet the challenges waiting for us in the future.

The WFPHA is here to give vision to public health professionals across the world for a better future for our children. Let me assure you that with your active support, guidance and involvement, we will make great strides in materializing our collective dream of a better world for all of us.

Let’s all work together to practice our knowledge in sustaining the gains.

Letter from Dr. S.M. Asib Nasim
President, World Federation of Public Health Associations

“Let’s all work together to practice our knowledge in sustaining the gains.”
The 11th World Congress on Public Health took place August 21–25, 2006 in Rio de Janeiro, Brazil. The World Federation of Public Health Associations (WFPHA) worked in partnership with its Brazilian Association of Collective Health (ABRASCO) to host the Congress. With approximately 12,000 participants, including 800 internationals from 77 countries, this Congress was the largest in WFPHA’s history.

The Congress opened with a distinguished panel of Brazilian and international speakers who set the stage for this year’s theme: “Public Health in a Globalized World: breaking down social, economic, and political barriers.” Brazilian President Luiz Inácio Lula da Silva underlined the importance of Brazil’s Universal Health System as an integral component of Brazil’s social policy and offered that it could serve as a model for other developing countries to promote social inclusion and improved public health. Other important guest speakers included Dr. Mirta Roses, Director of the Pan-American Health Organization (PAHO). She encouraged using the opportunity afforded by the various forums at the Congress to examine how to build a more equitable world in the face of global challenges. WFPHA President Dr. Cuauhtemoc Ruiz Matus talked about breaking down international barriers by using public health as both a science and a social movement.

While the Opening Ceremony placed great emphasis on promoting equity in public health, the great debates, plenaries, panels, lectures, oral sessions, and posters continued to examine the four sub-themes of the Congress, which included:

- Global Action on the Social Determinants of Health
- Global Governance, Citizen Participation, and the Right to Health
- Promoting Equitable Healthcare Systems in a Competitive World
- New Frontiers in Science and Technology

Speakers tackled tough questions related to these themes, especially in fields like environment, violence, HIV and AIDS, community-based public health, and earth monitoring systems. They explored ways to bring these various communities of practice together to tackle the challenges posed by globalization. The discussions also analyzed how the elements of globalization can compound poverty and make successful interventions increasingly difficult, especially for the world’s poorest citizens. A key topic examined was the state of the public health workforce and the need to train and retain sufficient human resources. Key speakers analyzing these topics included Sir Michael Marmot, Sonia Maria Fleury Teixeira, Giovanni Berlinguer, Christopher Flavin, and Paulo Buss. After presenting the Leavell Lecture, Paulo Buss was honored with the Leavell Lecture Award by WFPHA President Cuauhtemoc Ruiz Matus and Past-President Theodor Abelin. The Oswaldo Cruz Foundation, Fiocruz, received the WFPHA’s Institutional Award for outstanding achievement in the field of public health.

The 11th World Congress on Public Health successfully concluded with the presentation of the Rio Declaration. Incoming WFPHA President S.M. Asib Nasim, along with ABRASCO President Cuauhtemoc Ruiz Matus, outlined the Congress’s goals and highlighted the importance of international collaboration in addressing global health challenges.

“In August 2006, I had the opportunity to attend the 11th World Congress in Rio de Janeiro, Brazil. It is impossible to fully describe the impact of that meeting on the participants. The theme of the 11th Congress, “Public Health in a globalized world: Breaking down social, economic, and political barriers,” promoted discussion and recommendations related to universal health care, social and environmental determinants of health (the causes of disease and illness), and the inequities present both between countries and within countries. I was fortunate to be able to take my 13 year-old daughter, Marylynn, to the World Congress. As a result, we have three new friends from Brazil— a dentist and her two teen daughters who were also attending the meeting with their mother. We are talking about faculty exchange and high school exchanges. The opportunities are limitless…we’ve started our savings account for Turkey 2009. Will you join us?”

Dr. Debra Gay Anderson, RN
APHA Public Health Nursing Section Chair-Elect
After five days of intensive work and productive debates involving local and international leaders, we have come to the conclusion that globalization, which has a potential to break down such barriers, has unfortunately produced a vicious cycle, where inequity between and within nations has increased, leading in turn, to increased poverty and exclusion, worse living conditions and, finally, overall poor health. This places an increased burden on the underprivileged, furthering the inequities and repeating the whole cycle. In particular, this threatens the fulfillment of the Millennium Development Goals.

There are many paths that could lead to breaking this cycle and reinstating a new model of development, where the whole of humanity benefits from global prosperity, including living in better health. Expressing the thinking and desires of the participants of this congress, representing 26 nations, we reaffirm that:
Global Trade and Global Health: What Are the Prospects?

by Ellen Shaffer – Center for Policy Analysis on Trade and Health

The Congress hosted one major effort to integrate social development goals with cross-border economic integration. MERCOSUL, which coordinates economic integration among the southern cone countries of Latin America, includes formal mechanisms for representation, consultation and support for health ministries in the region. The MERCOSUL Health Forum, conducted as a parallel event at the World Congress, was sponsored by the MERCOSUL Ministry of Health, ABRASCO, and the WFPHA, with support from the health ministries of Argentina, Brazil, Paraguay, Uruguay, and Venezuela. In two days of meetings, ministers and health officials from those countries, as well as from Chile and from PAHO, explored health status, prospects for integration, and challenges. Participants focused on how to reduce asymmetries and inequalities across borders, as well as how to disseminate best public health practices and coordinate their work.

Several other presentations at the World Congress explored the implications of global trade agreements for public health. They discussed global trade negotiations and trade policies as one important avenue for advocacy by public health and the World Federation. A panel with Nick Drager of WHO, Chantal Blouin of the North-South Institute in Canada, and Ellen Shaffer of the Center for Policy Analysis on Trade and Health (CPATH) in the U.S., noted that trade rules are complex, and have only recently begun to address health systems directly. However, trade policies can affect countries’ abilities to provide health services through the public sector, as well as to enact and enforce a number of measures that protect the public’s health. Tobacco and alcohol control, and environmental measures, have faced particular threats. Participants responded with great interest to the Metalclad trade dispute through NAFTA, which imposed a financial penalty on Mexico for its opposition to reopening a toxic waste dump. Global health is often under-represented when these issues are discussed at the World Trade Organization. Recent publications by the World Health Organization (www.who.org) and CPATH (www.cpath.org) document and analyze these developments.

Several other sessions discussed how trade rules on intellectual property present barriers to access to affordable medicines in Latin America and internationally. Trade agreements impose patent rules that protect the rights of brand name pharmaceutical companies to sell their products without competition for many years. Most regional and bilateral (nation-to-nation) agreements further lengthen the time that patents are in effect, thus keeping prices artificially high. Medicines for HIV/AIDS and other health conditions are often unaffordable as a result. Speakers suggested that alternative mechanisms to encourage research and development be explored.

The World Health Assembly, which is the governing body of the WHO, has directed the WHO to take action on trade and health and on intellectual property rules in the coming year. Through two resolutions adopted in May 2006, the WHA proposed ongoing work to explore the implications of trade agreements for public health, and to convene international consultations on intellectual property and access to affordable medicines. The World Federation, and its member national associations, are well positioned to participate actively in this work, and to encourage strong reports at the WHA meeting in May 2007.

The development of health systems needs to be rooted in the communities, ensuring popular support and accountability to the people they serve. Further research to understand better the “causes of the causes” of disease and the social determinants of health, and assess policy and interventions is needed. The results of research should be publicly available and taken into account in the formulation of public policy and health interventions; those, in turn, should have health promotion as an integral part of their design. The public health workforce has to be developed and strengthened. The United Nations agencies should have the necessary means and engage in better responsive actions. Stronger inter-sectoral links between health and other public policies and effective links with governmental, non-governmental and civil society initiatives are needed. All social inequalities in access to health care should be eliminated. Access to effective health care is a fundamental human right and a precondition to social and economic development.

Global solidarity and responsibility are essential to meet the enormous challenge of assuring that every human being can live their lives with respect and dignity, thereby creating a better future for the next generations.
Dynamic New Global System Detailed By WFPHA Partner At 11th World Health Congress
by Madelyn Applebaum

"For the United States and every nation, there is no more important issue than public health. Public health challenges often transcend geographic barriers. So do environmental challenges. These are challenges being met head on by the emerging Global Earth Observation System of Systems (GEOSS), which has the support of 65 nations, the European Commission and 43 international organizations. It is a dynamic new network, an international cooperative effort designed to gather information that will increase the public health of people all across the globe. I hope you will work with us to learn how to make the best possible use of GEOSS when you return to your home countries."

The Honorable Mike Leavitt
U.S. Secretary of Health and Human Services in a statement addressed to delegates to the 11th World Health Congress and 8th Brazilian Congress of Collective Health August 22, 2006–Rio de Janeiro, Brazil

News about GEOSS, an emerging global environmental initiative, was reported to delegates in Brazil by retired Navy Vice Admiral Conrad C. Lautenbacher, Jr, Ph.D., Under Secretary of Commerce for Oceans and Atmosphere and Administrator, National Oceanic and Atmospheric Administration (NOAA). The Vice Admiral told delegates that one of the most pressing needs for improving public health is to bring together, in one system, the many disparate entities that include health and environmental data and observations. "The health of the human species," he said, "is linked directly to the health and condition of our planet. We must connect the scientific dots to better understand the links between the environment and health. Once we do, working collaboratively, we will make significant advances in prevention, early warning and more rapid problem-solving."

Lautenbacher said the new research effort complements the development of GEOSS. By linking the many thousands of technological assets now working individually around the globe, GEOSS is emerging as an end-to-end system that will provide the sound science on which sound policy must be built. "I predict GEOSS will become a vital tool to help meet health challenges more effectively," Lautenbacher said.

Integrating information through improved global monitoring of viruses in wildlife may help prevent epidemics of avian flu. Data on conditions that increase mosquito populations can be factored into prevention measures where diseases such as malaria are endemic. Data on air pollution can be factored into early warnings for cardiovascular and respiratory responses. Data on ecosystem diversity can be a factor in detecting the next emerging diseases. GEOSS is expected to yield socio-economic benefits to many sectors, including weather and climate forecasting, natural disaster mitigation, and management of energy and water resources, all of which will benefit global public health.

www.earthobservations.org

WFPHA and NOAA, along with APHA, Yale University, the World Health Organization, and other partners, have joined in developing a biodiversity and health research initiative led by the U.S. Environmental Protection Agency. With the loss of biodiversity accelerating even as infectious diseases appear to be emerging and reemerging at a faster pace, examining potential relationships between changes in biodiversity and human health may lead to broader understanding of how to reduce global public health risks.
What is Knowledge Management for Public Health?

Dr Alena Petrakova – KM4PH Project Manager
Knowledge Management and Sharing, World Health Organization
Geneva, Switzerland

This is a challenging time for global public health. The HIV/AIDS pandemic, avian flu and other health crises arising from globalization pose new threats, which demand concerted global responses. At the same time, the worldwide public health workforce is under great stress. The traditional public health paradigm of research and action on the determinants of health and the effectiveness of health systems and health interventions has become less effective. While knowledge is increasing, it is often not effectively translated into policy and action, thus the “know-do” gap is increasing. Preparedness for health emergencies demands better access to public health expertise and better recognition of and training in key public health skills.

Professional public health associations at global, regional and local levels are therefore collaborating with the World Health Organization to find new ways to strengthen public health’s role and workforce. They are seeking to provide leadership and innovation in applying developments in knowledge management, information and communications technology to serve health, particularly in those countries with critical shortages of health service providers.

A strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century. The World Health Report 2006 confirms that research and policy debates on educating the health workforce focuses on medical and nursing schools, with much less research and debate on public health schools.

The informal consultation on the Global Network and Database for Public Health Partners, organized by KMS/WHO on 7-8 December 2005, proposed a strategy to create a global network, supported by the WHO global KM team, working in partnership with World Federation of Public Health Associations, Public Health Schools and Institutes. This proposal was further developed by the KM4PH Core Advisory Group and discussed with the WFPHA during its executive Board meetings in June and August 2006, as well as at the 40th Annual Meeting of the WFPHA on 20th August 2006 in Rio de Janeiro, Brazil, and was accepted to become an integral part of the WFPHA strategic plan.

KM4PH initiative responds in a direct manner to resolution WHA59.23 which requests the Director-General of the World Health Organization to encourage and support Member States to engage in the development of health-workforce planning teams, in addition to the use of innovative approaches for teaching in developing countries with state-of-the-art teaching materials and continuing education through the use of information and communication technology.

The KM4PH program creates and facilitates a global knowledge-sharing network for public health, supported by a global database of public health expertise, on-line communications platforms and other knowledge resources including the Health InterNetwork Access to Research Initiative (HINARI), the Global Health Library (GHL) and the eGranary Digital Library.

For more information about the KM4PH programme visit: http://www.who.int/km4ph and http://www.wfpha.org.

3 Rapid scaling up of health workforce production: Resolution WHA59.23, 59th World Health Assembly, 2006
In conjunction with the Congress, WFPHA held its Annual Meeting, along with two Executive Board Meetings. Representatives from twenty-five member associations attended this year’s meeting. During the day-long meetings, participants explored the work accomplished by the member associations in the past year (see Member Association reports), issues concerning the future of the Federation, and the progress of major projects like Human Resources for Health and the Framework Convention on Tobacco Control. Paulo Buss was chosen as WFPHA’s Vice-President/President-Elect. During the Annual Meeting, WFPHA welcomed three new member associations from Vietnam, Burkina Faso, and Serbia. At the conclusion of the Annual Meeting, members participated in a reception and special viewing of *Salud* hosted by MEDICC.

Paulo Gadelha, read the declaration that had been drafted by members of the ABRASCO Scientific Committee, in consultation with leaders of ABRASCO and WFPHA. The Rio Declaration declared that globalization “produced a vicious cycle, with increased inequalities leading to poverty and social exclusion, worsening life conditions, deteriorating health and, in turn, extending even more social inequalities within and among countries.” The declaration continues to note how increasing inequalities threaten the realization of the Millennium Development Goals. Sharing scientific information and discoveries between nations was considered a positive outcome of globalization that should be encouraged further. The presenters of the Rio Declaration charged Congress participants to continue working to breaking down social, economic, and political barriers in the face of globalization. They planned to evaluate progress at the 2009 World Congress on Public Health, to be held April 27-May 1 in Istanbul, Turkey.

**2006 WFPHA Annual Meeting in Brazil**

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During 2005, our World Federation of Public Health Associations made an important step towards global advocacy for public health, one of the main tasks of the Federation, by linking with the highly regarded *Journal of Public Health Policy*. The affiliation provides an excellent forum to achieve our aims. The publisher, Palgrave-Macmillan, guarantees a world-wide distribution and each quarterly issue contains a section, *The Federation’s Pages*, assembled by WFPHA. Subscriptions to *JPHP* for members of WFPHA member associations receive a 40% discount.

In *The Federation’s Pages*, we have printed Editorials by the WFPHA’s special section editor and the last two presidents of the Federation; Special Reports on prevention legislation from the Executive Board’s workshop in Bonn, Germany, on Health Watch, and on the global knowledge translation survey of WHO; and a report called *Resolutions Revisited* about Federation policy on essential medicines and tobacco control. The latest issue of *JPHP* contains a *WFPHA News & Notes* section covering the Federation’s 2006 World Congress in Rio de Janeiro.

The revisited tobacco control resolution refers to one of the key efforts of the WFPHA: “Strict implementation of the tobacco control measures named in the FCTC has to be promoted both in the countries having ratified and in those not having ratified the Convention for various reasons. Given their credibility and prestige, health care professionals should take a leading role in this effort. And they should become better aware of the negative and often dishonest role of the tobacco industry, so that they can give up blaming the smokers for their behaviour and participate in empowering society (including smokers) in fighting off tobacco industry seductions. The natural role of the WFPHA and the national Public Health Associations will be to take a lead in this new effort.”

The *Journal* also published, among its other articles, two pieces with an introduction that emerged from the Bonn meeting.

Even before the affiliation with *JPHP* was signed, WFPHA leaders encouraged the editors of *JPHP* to pursue AuthorAID, a programme of developmental editing help for developing world authors. AuthorAID will address the publishing gap between rich and poor and its consequences for improving health globally. Researchers who are closest to the problems of poor health that beset the developing world confront major obstacles when they seek to publish their work and ideas in science and policy journals that can influence understanding of these troubles, programs, and policy. ([http://www.scidev.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm](http://www.scidev.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm))

AuthorAID, starting with a demonstration project, will encourage publication of evidence for policy and practice emanating from developing world researchers by:

- Using web tools to match authors with promising work to experienced scientist mentors and professional editors worldwide to foster collaborations that enhance capacity to communicate knowledge, locally and globally, particularly in and from developing countries.
- Creating a web-based knowledge community, where editing to improve communication of findings and their implications for policy and practice to improve global health, is the common interest.
- Gleaning lessons from both the matching and knowledge community components of AuthorAID to inform expanding AuthorAID’s coverage. Creative replication and adaptation of AuthorAID will expand coverage to more problems and disciplines, to local and regional settings, to additional languages, and to other forms of written communication.

As AuthorAID strengthens the voices of developing world researchers, we believe it will create a new respectability for developmental editing and encourage a new generation of leadership by drawing talented contributors to global debates. AuthorAID’s fundamental strategic notion is to engage, from the start, editors and publishers of journals, including highly visible, scientific ones. Inquiries to date suggest this approach offers great advantages for attracting volunteer mentors affiliated with well-respected research institutions.

Please have a look at [www.palgravejournals.com/jphp](http://www.palgravejournals.com/jphp) for more!
The World Federation of Public Health Associations (WFPHA) just completed one of its most successful congresses in collaboration with its member organization in Brazil, ABRASCO. The Congress provided a glimpse of the WFPHA’s potential for greatness. There is now a strong need to refocus efforts on strategic planning and using the momentum gained in Brazil to move the organization forward from Good to Great.

Moving the organization forward is not to be taken lightly and has to be more than the hasty reshuffling of individual goals. To move from Good to Great, there must be a thoughtful and deliberative process that considers core values and purpose; a big overarching goal; ways to achieve this goal; as well as the current practices and strategies that are dysfunctional and should be evaluated for change. As Jim Collins cautions, for an organization to be a great one, it must not sacrifice its core purpose. According to Collins, “…an enduring great company has to be built not to depend on an individual leader, because individuals die or retire or move on. What’s more, when a company’s identity can’t be separated from the identity of its leader(s), it can’t be known for what it stands for.” Further, the Good to Great research findings make it clear that undisciplined, fast decisions correlate with mediocrity.

The goal of a healthier world requires the involvement of many sectors, but most certainly the involvement of the public health community in both developed and developing nations. There is a need, then, to build and strengthen the infrastructure of public health associations across the globe with an emphasis on helping those in developing nations solve their own problems within their own context. Also, across the globe, there is a need for more disciplined planning and governance.

The Good to Great framework is based on five years of organizational research and has been widely used in many sectors. The research, described in the book, Good to Great: Why Some Companies Make the Leap...and Others Don’t, identifies how companies transition from being average companies to great companies and how companies can fail to make the transition. To more fully understand the Good to Great concepts, I urge you to read the Good to Great book. This is an easy task as the book has been translated into 32 languages including Arabic, Chinese, French, Japanese, Korean, Portuguese, Spanish and Turkish.

More recently Collins has applied this concept to social sectors and identifies a framework for greatness in this sector:

2. Ibid.
AREA ONE: Defining “Great”–Calibrating Success Without Business Metrics
Collins defines a great organization as one that delivers superior performance and makes a distinctive impact over a long period of time. Performance in the social sector must be assessed relative to mission, rather than the financial returns of the business sector. Therefore, indicators may be qualitative instead of quantitative. Greatness, according to Collins, doesn’t depend upon quantitative or qualitative evidence; it depends upon consistent and intelligent defining of the evidence and then rigorous tracking of the performance of that evidence, always driving for higher levels of impact.

AREA TWO: Level 5 Leadership–Getting Things Done within a Diffuse Power Structure
In the complex governance and diffuse power structure of the social sector, Level 5 leadership is critical to greatness. Collins describes the Level 5 leader as ambitious first and foremost for the cause, the movement, the mission and the work—not themselves. It is this individual’s compelling combination of personal humility and professional will that is essential to getting things done in a structure that requires persuasion, political currency and shared interests.

AREA THREE: First Who–Getting the Right People on the Bus within Social Sector Constraints
Greatness flows from having the right people in the right seats on the bus. This is the “First Who?” principle. While Collins admits that the social sector often faces some unique challenges accomplishing this task, he cites creative examples of ways to attract, and retain the right people (those committed to the mission) with limited resources and urges building pockets of greatness within larger organizations.

AREA FOUR: The Hedgehog Concept–Rethinking the Economic Engine without a Profit Motive
Collins argues that all great organizations must define their Hedgehog Concept. The essence of the Hedgehog Concept lies in connecting the answers to the following three questions:

1. What are you deeply passionate about?
Understanding what your organization stands for and why it exists.

2. What can you be the best in the world at?
Understanding what your organization can uniquely contribute to the people it touches, better than any other organization on the planet.

3. What drives your resource engine?
Understanding what best drives your resource engine, in three parts: time, money and brand.

AREA FIVE: Turning the Flywheel–Building Momentum by Building the Brand
By focusing on your Hedgehog Concept, results are built, which, in turn, attract resources and commitment used to build a strong organization. Strong organization delivers even better results, attracting greater resources and so on. This is how momentum is built and the organization flywheel begins spinning round and round. An effective flywheel attracts believers, builds strength, demonstrates results and builds brand.

Are you ready to move from Good to Great?
In the coming weeks and months, you will learn more about this framework and will be asked to participate in various assessments to help us determine where the WFPHA is on its journey from Good to Great. “Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice, and discipline.”
Women’s Role in Promoting Health through Peace—An International Perspective

Presented by Neema Mgana at the annual WFPHA breakfast in Boston, Massachusetts, November 8, 2006

I would like to start by thanking the WFPHA and APHA for organizing this breakfast session and inviting me to speak on global health and women, focusing specifically on women’s role in promoting health through peace.

As you might imagine, I was very enthusiastic about the presentation made by Dr. Helene Gayle at the opening of this conference. The work of CARE, as exemplified by Dr. Gayle’s examples of their work with female sex workers in India and healthcare providers in Peru, are approaches that deserve attention and support. Why do I say this?

○ 70% of the 1.2 billion people living in poverty are female.
○ A disproportionate share of the burden of poverty rests on women’s shoulders, and undermines their health.
○ Globally, half a million women die unnecessarily from pregnancy-related complications each year.
○ From recent statistics—and as Dr. Stephen Lewis often points out—around the world, HIV/AIDS has a female face.

Ladies and gentlemen: It is my belief that we must dispel the notion that public health challenges are simply public health issues. HIV/AIDS, maternal mortality and poverty, are also gendered issues. And in order to address these issues, we have to address issues of Peace and justice. Peace is a prerequisite to achieve the goal of gender equality and women’s empowerment, and some would argue that gender equality is necessary for true peace.

I stand before you as a representative of the healthcare providers for family and community members—often without training, but they become primary caregivers caring not only for physical wounds, but emotional, mental and spiritual needs.

(3) The role of women in promoting health and human security is without doubt, one of the most critical factors in global health efforts:

Take the case of Karla Schefter’s work in Afghanistan. With her unusual courage, enormous stamina, and seemingly inexhaustible perseverance, as well as great personal sacrifice, she created her lifework, the Chak-e-Wardak-Hospital in Afghanistan. For the past 15 years, she has managed this hospital, which has provided thousands of people, especially women and children, with desperately needed medical care.

Over the years the hospital has been expanded. In addition to consulting rooms, wards, accommodations for accompanying relatives, a small village with ten housing units for personnel has been constructed. Luckily, water is available in sufficient amounts, but diesel generators (an issue brought up by Dr. Paul Farmer at the opening session of this conference) provide a minimal supply of electricity for operations and x-rays.

The loss of trained personnel who would prefer to work in Kabul is a major problem. The hospital tries to defend itself from raids with the help of fences—unfortunately, not always with success.

In a time period of 16 years, Karla Schefter saw six government changes, every one with heavy fighting. Twenty-five years of war completely destroyed the infrastructure of the country’s health and educational system.
Ladies and gentlemen: we all know that war affects women disproportionally due to their status in society, as well as their sex. However, it is through projects such as the 1000 Women for the Nobel Peace Prize that we get to know about Ruth, Karla, Naw, Naseeb and others like them promoting health through peace.

The 1000 Women for the Nobel Peace prize, also known as “PeaceWomen Across the Globe” is an international network of women working in different fields of peace, health, and human security who have joined forces to bring the knowledge and leadership of peacewomen to official decision making arenas and to the attention of the public.

We are also a network supporting and learning from each other, for example, in my case, learning from the experience of Karla Schefter and applying those experiences to my own work in building health centers in Africa, the first one being the Ipoji Medical center that cares for women and children in rural Tanzania.

The historic collective nomination of 1000 women peacebuilders from more than 150 countries for the 2005 Nobel Peace Prize has resulted in the documentation of each of the nominees and their work, made their knowledge accessible to the public, and stimulated academic research into the role of women in promoting health through peace.

This work is important because despite international instruments to protect women’s rights, notably the Convention on the Elimination of All Forms of Discrimination Against Women and UN Security Council Resolution 1325, women continue to be marginalized and excluded in decision making processes.

Women around the world must have greater influence in promoting health in their communities and their countries, and this includes their active role in peace negotiations, policy development, and peacekeeping operations, not just because it is their civil and political right, but because their rich experience and holistic approach to peace, health and human security is invaluable in attaining a future that is sustainable and just for us all.
WFPHA was the proud supporter of the Women’s Foreign Policy Group’s 2006 Annual Luncheon Event on October 16, 2006. The event honored Her Excellency Ellen Johnson Sirleaf, President of Liberia. The luncheon, held at The Ritz Carlton in Washington, D.C., featured a tribute by Ambassador Jendayi E. Frazer, Assistant Secretary of State for African Affairs, and was hosted by Renee Poussaint, CEO of the National Visionary Leadership Project and Former ABC Network Correspondent.

President Sirleaf has led a long career in the local and international public life. She founded the International Institute for Women in Political Leadership and has written extensively on many issues including finance, development, and human rights.

Although Mrs. Sirleaf was unable to attend the luncheon due to unsafe weather conditions in her country, the afternoon showcased her speech made prior to the joint meeting of the United States Congress in March 2006. Towards the end of the luncheon, Mrs. Sirleaf connected to the event, live via videoconference from Liberia, and thanked everyone for their support.

WFPHA sponsored several events at this year’s American Public Health Association Annual Meeting in Boston, November 4-8, 2006. Representatives, including WFPHA President Dr. S.M. Asib Nasim, and WHO Liaison Alena Petrakova, participated in sessions and networked with APHA members. WFPHA showcased two booths featuring the official WFPHA booth and the 1000 Peace Women Exhibit.

The Annual Breakfast featured several guests from WFPHA member associations including Finland, Japan, and Mexico. Special guest, Ms. Neema Mgana, one of the 1000 PeaceWomen Across the Globe, spoke of peace as an important objective in the struggle to make public health a right for citizens around the world (See full speech on previous page).

The breakfast concluded with a special viewing of the documentary, ¡Salud!, which explored Cuba’s role in international public health. Despite its poor economy, Cuba is known as one of the “world’s best health systems.” Doctors serve in the poorest regions of the world, where the healthcare system is often nonexistent. Currently, Cuba has stationed 28,000 health professionals in 68 countries.

Finally, the federation sponsored three scientific sessions. International Public Health Education focused on how Bangladesh and India developed schools for international public health, with collaboration from key partners like the Johns Hopkins Bloomberg School of Public Health. The speakers discussed the process of developing these programs, the obstacles they face, and the accomplishments they have experienced. These schools serve as models for others developing international public health programs. Promoting Global Evidence Based Practice Through Research: Eliminating Gaps in Funding & Publishing revisited the problem of publishing research conducted by people from developing countries because lack of access to resources, language barriers, and an inability to negotiate the system of peer-reviewed journals. Dr. Anthony Robbins discussed potential solutions to remedy this problem, including a mentoring program called AuthorAID. Finally, WFPHA sponsored a webcast entitled, Biodiversity, Ecosystem Services, and Human Health. This session explored the Global Earth Observation System of Systems (GEOSS), which is supported by a worldwide network of countries. The Group on Earth Observations (GEO) represents a coordinated effort to obtain Earth observations and interpret them into relevant information for society. GEOSS aims to provide information regarding natural disasters; water resources and energy management; and other factors affecting public health. In this discussion, Vice Admiral Conrad Lautenbacher, Jr., emphasized the link between human health and the condition of the planet.
In 1966, at its 94th Annual meeting in San Francisco, APHA sponsored an initial meeting of delegates from 13 different foreign counterpart associations to discuss and plan for a new international entity. The Executive Board Meeting of February 1967 approved the next step in the process and the Federation’s first meeting was held in Geneva, Switzerland in May 1967. In May 1967, during the occasion of the World Health assembly, a group of delegates representing 32 national public health associations convened and established the World Federation of Public Health Associations (WFPHA) with 16 core member associations. The efforts of Hugh K. Leavell, a former APHA President and professor at Harvard University School of Public Health and Ernest Stebbins, Emeritus Dean, Johns Hopkins School of Public Health were instrumental in this formal establishment of the WFPHA.

Source: Growth of International Health: An Analysis and History. APHA

Medscape, a popular website for health professional, has gathered the most popular stories for 2006. Included in the Top-10 Nurse News items is the interview with Dr. Barbara J. Hatcher discussing her collaborative research about aging and the nurse workforce. In fact, the interview was the number one news item and has received national and international recognition. Please see: Retaining Older Nurses in Hospital Practice: A Newsmaker Interview With Barbara J. Hatcher, PhD, RN, MPH

http://mp.medscape.com/cgi-bin1/DM/y/hBFHc0GFo140D2P0IBqx0G2

Barbara J Hatcher, PhD, MPH, RN, ISG, has been invited to join the Editorial Board of MEDICC (Medical Education Cooperation with Cuba) Review as the journal moves to be a peer-reviewed publication.

WFPHA President SM Asib Nasim and the Interim Secretary General, Dr. Barbara J. Hatcher, visited Ankara and Istanbul, Turkey for preliminary meetings related to the 2009 Congress to be held in Istanbul, Turkey. The visit was January 15-19, 2007 and included visits with the President of Turkey; UN Agencies’ representatives; the Ministry of Health and other ministries; Deans of Medical Faculties; pharmaceutical associations; and the Convention Center.

COLGATE-PALMOLIVE —
WFPHA would like to specially thank Colgate-Palmolive for their generous sponsorship of our participants and the 11th World Congress on Public Health in Rio de Janeiro, Brazil.

APHA—A special thank you to the American Public Health Association (APHA) for their continued commitment and efforts in fostering connections between students and professionals in the field of global public health, especially in their sponsorship of students at the 11th World Congress.

Wellcome Trust—A thank you to the Wellcome Trust for sponsoring and promoting academic exchange at the 11th World Congress on Public Health.
The **Azerbaijan Health Association (AHA)** was involved in many projects aimed at increasing awareness and educating the public through a series of university seminars on "HIV/AIDS and Drug Addiction." The association, with the support of IR EX, also carried out trainings for NGOs to combat drug abuse and HIV/AIDS in the country’s regions. Through these trainings, the association sponsored “harm reduction” programs to increase drug users’ knowledge of their social environment. The trainings included health workers, law enforcement bodies, and the mass media. AHA reviewed existing HIV/AIDS legislation and regulations and provided their input to improve these legislative acts.

The **Public Health Association of Bangladesh (PHAB)** focused this year’s activities around the formulation of a strategic action plan for the organization. The 2005 strategic plan included the following priority activities: raising public awareness on health issues by organizing seminars, policy dialogues, and publications; lobbying for public health issues and involving public health experts in the national health crisis; networking and coordinating with peer organizations; organizing membership drives; and sharing information with members via the Quarterly Newsletter. Also, PHAB organized “Make every mother and child count” to commemorate World Health Day 2005. Along with the Health and Journalist Forum Bangladesh, this conference invited key policymakers, senior managers and representatives from civil society to discuss maternal and child health.

The **China Preventive Medicine Association (CPMA)**, along with the Taiwan Urbani Foundation, organized the 2nd Symposium on Prevention and Control of Communicable Diseases of Two Sides of the Taiwan Straits in Xiamen, Fujian Province. Participants from government, medical universities and provincial preventative medicine associations discussed topics including HIV/AIDS, SARS, avian flu, hepatitis, tuberculosis, and other infectious diseases. CPMA also collaborated with German capacity building firm, InWEnt, to develop an HIV/AIDS prevention and control online training course. The three-year program aims to improve the abilities of hospital staff to diagnose, treat, and prevent diseases, as well as to develop the capacities of laboratories to detect HIV infections.

The most important event for CPMA was the 4th National Conference for Membership of China Preventive Medicine held in Beijing, July 27-30, 2005. The conference gained great attention from the Chinese government who has been concerned with developments in preventative medicine since the 2002 SARS outbreak. More than 400 professionals in preventive medicine, including Vice-Premier Wu Yi, joined the event. During the conference, CPMA announced Dr. Wang Longde, formerly Vice Minister of the Chinese Ministry of Health, as the new CPMA President and Dr. Cai Jiming as CPMA’s Vice-President and Council Secretary General.

The **Congo Society for Public and Community Health (CSPCH)** established a partnership with the Canadian Public Health Association (CPHA) through the Strengthening of Public Health Associations (SOPHA) program to work on their Strategic Plan 2006-2010. Funding from the Canadian Development Agency (CIDA) allowed CSPCH to strengthen its capacities within the communities of Point- Noire, Republic of Congo. The association established community centers to introduce bed nets for malaria control in eight areas within Point- Noire. CSPCH has also advocated for ratification of the Framework Convention on Tobacco Control (FCTC) and implemented the “Outrage Project” to control tobacco in the country. Through financial assistance of the Framework Convention Alliance (FCA), the association attended a workshop in Casablanca, Morocco for controlling tobacco while strengthening NGOs for the FCTC.

WFPHA would like to extend a warm welcome to our newest members joining the association: **Burkina Faso Public Health Association (ABSP), Public Health Association of Serbia (PHAS), and Vietnam Public Health Association (VPHA).** We look forward to a partnership of knowledge sharing and future collaborations. **Congratulations!**
The Tobacco Commission of the **Costa Rica Public Health Association (ACOSAP)** worked with the Vice Minister of Health to promote the Framework Convention for Tobacco Control (FCTC) among the legislators of the National Congress. Although Costa Rica signed the Convention in 2003, they have yet to ratify it. ACOSAP’s Commission for the Costa Rican Public Health Magazine, “Revista Costarricense de Salud Publica,” is the only publication in Costa Rica that specializes in covering public health issues. It is published twice a year and has two committees, one for leading the revision and editing of technical articles and the other for managing the administrative aspects of the magazine.

Additionally, the association developed the idea of creating a public health association network in the Americas and presented this idea during the World Congress in 2004. *Salus America* is a network of representatives including Cuba, Chile, Brazil, Canada, US, Haiti and Costa Rica. Although the network was scheduled to begin in 2005, the final terms were discussed during the World Congress in Rio in August 2006.

The **Society for Social Medicine in Finland (SSMF)** participated in organizing five major scientific meetings. The association’s largest event was the Nordic Meeting on Register-based Health Research held in September. Other topics included physical exercise and obesity; seminar on health policy research; and evidence-based decision-making in health care and policy. Currently, the society has seven active sections with their own individual programs. Two new sections introduced in 2005 include reproductive health and mental health.

The **Japan Public Health Association (JPHA)** conducted several nationwide events, including the 9th National Conference on Community Health and the 27th National Meeting of Public Health Nurses. A training course was organized to promote managers’ planning abilities in community health at public health centers. Another training course was developed to improve the ability of public workers to collect and analyze regional health information. The Minister of Health, Labor and Welfare (MHLW) subsidized several research programs including a community health promotion program; a community health research conference; and survey and research on health and the health promotion of the elderly. The association also conducted the 3rd meeting of public health associations in Asia.

The **Mexican Society of Public Health (MSPH)**, in collaboration with the Canadian Public Health Association, the Framework Convention Alliance on Tobacco Control and the InterAmerican Hearth Foundation, organized the international forum on “Tobacco Control and Public Health in Mexico.” In addition, the association formed a network called “Mexico without Tobacco,” which united important national and international organizations against the tobacco epidemic. MSPH made legislative progress in 2005 by collaborating with the network on developing the “Health Professionals’ Declaration on Tobacco Control” and presenting this problem to President Vicente Fox Quesada. Subsequently, a forum on “Tobacco, Health, Regulation, and Legislation” was created in the House of Representatives to inform legislators of the issues involving tobacco.

The **Public Health Association of South Africa (PHASA)** published several newsletters about the hand washing campaign and the schools of public health in South Africa. PHASA also launched several special interest groups to allow members the opportunity to network on similar interests. Working closely with Colgate-Palmolive, the association promoted a nationwide campaign educating schools and the general public on the importance of hand washing and hygiene. Among activities organized, nine local radio stations featured several educational slots where health professionals discussed the benefits of hand washing.

**New Associations Welcome!**

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Costa Rica

Finland

Japan

Mexico

South Africa

www.wfpha.org

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WHO’s reversal decision on DDT

Under the Stockholm Convention on Persistent Organic Pollutants (POPs), the production and use of DDT is permitted for disease vector control as long as it follows WHO recommendations and guidelines. WHO continues to support the use of DDT for disease vector control, as the agency anticipates the continued role of DDT in malaria control efforts. Unless financial, technical and administrative mechanisms are made available, a shift to a more costly or less effective alternative to DDT may increase the disease burden on poor endemic countries and make malaria control efforts unsustainable.

WHO envisions an Action Plan that includes: country assessments; DDT stockpile management; disease vector control/management needs assessments; developing a monitoring system on DDT use and human exposure; research on developing locally viable, alternative strategies to DDT; building country capacity for vector control; and utilizing advocacy to better inform the health sector.

The Stockholm Convention recognizes the importance of three facts. Unless effective, affordable, and sustainable alternatives to DDT are discovered, malaria endemic countries should continue to utilize DDT to control insect vectors. The WHO will also emphasize the need to research and develop DDT alternatives as an immediate goal towards building countries’ capacities in controlling disease vectors.

Overall, the Convention states that the long-term goal is to reduce the dependence of vector control programs on pesticides in order to protect human health and ecosystems from the adverse effects of POPs.

Dr. Margaret Chan is the next Director-General of WHO

WHO confirmed the appointment of Dr. Margaret Chan of China, as the next Director-General. Previously, she served as the WHO Assistant Director-General for Communicable Diseases and as the Representative of the Director-General for Pandemic Influenza. Dr. Chan received her medical degree from the University of Western Ontario in Canada and public health degree from the National University of Singapore.

As the Director of Health for the Hong Kong Department of Health, she implemented initiatives that focused on improving communicable disease surveillance and response; enhancing health promotion and disease prevention; and increasing international and local collaboration. More importantly, Dr. Chan is well known for her successful management and response to outbreaks of avian influenza in 1997 and severe acute respiratory syndrome (SARS) in 2003.

In an acceptance speech, Dr. Chan stated that improving healthcare for women and the people of Africa will be key indicators of the WHO’s performance. She identified six key issues of importance to the agency: health development, security, capacity, information and knowledge, partnership, and performance. In addition, Dr. Chan emphasized the need for stronger health systems to deliver services to people in poor countries. She noted the importance of utilizing diverse approaches to strengthen health and healthcare in all parts of the world.

The importance of the health workforce

Despite modern advances in medicine and technology, many countries possess health systems that are unstable, vulnerable, and inequitable. Today’s global health issues indicate assistance is needed in countries where the average life expectancy is half that of rich countries and new infectious diseases such as SARS and bird flu are emerging threats. In order to achieve health goals, it is imperative that nations foster the development of skilled, motivated, and dedicated health workers.

Current shortages and uneven distributions of health personnel are due to a number of factors including poverty, scarce public funds, weak political support, and private labor markets.

In order to address the problems associated with the health worker crisis, the World Health Report 2006, authored by the WHO, proposes a framework focusing on the working lifespan of the health workforce. The report utilizes three critical modules: entering, working, and exiting the health workforce. Preparing workers to enter the health sector requires managing the production of such personnel by developing strategic educational institutions, ensuring educational quality of such institutions and programs, and adopting effective recruiting measures. Maintaining current, qualified personnel by developing strategic educational institutions, ensuring educational quality of such institutions and programs, and adopting effective recruiting measures. Maintaining current, qualified health staff through improved management is also important to boosting work performance. The significant loss of workers, can compromise the knowledge, memory, and culture of health systems. To offset “workforce attrition,” national strategies should consider managing health worker migrations; maintaining health work as a career of choice; ensuring work environments are safe; and delaying premature retirement.

Overall, a strengthened human infrastructure is necessary for health systems to address the challenges of achieving national and worldwide health goals. Global solidarity requires national leadership to acknowledge three key points: knowledge and learning, cooperative agreements, and responsiveness to the health worker crisis. Therefore, the plan of action suggested by the WHO indicates that stakeholders need to work through networks, sectors, and common health issues to promote mutual learning and to accelerate country programs. Thus, health workers are not only essential for preventing disease and for healing and caring, but they are also the important link between knowledge and action.
### Officers

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*Department of Knowledge Management & Sharing, Evidence and Information for Policy, WHO*

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### Member Associations

- American Public Health Association  
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- Australia Public Health Association  
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- Bangladesh Public Health Association  
- Bolivian Society of Public Health  
- Brazilian Association of Collective Health  
- Burkina Faso Public Health Association  
- Canadian Public Health Association  
- Chilean Society of Public Health  
- China Preventive Medical Association  
- Colombian Academy of Public Health and Social Security  
- Congolese Society for Public and Community Health  
- Costa Rican Public Health Association  
- Cuban Society of Health Administration  
- National Institute for Health (Dominican Republic)  
- Estonian Health Education Association  
- Ethiopian Public Health Association  
- Society for Social Medicine (Finland)  
- French Society of Public Health  
- Public Health Association of Georgia  
- German Association for Health Services and Public Health  
- German Association for Public Health  
- German Coordinating Agency for Public Health  
- Haiti Public Health Association  
- Hungarian Society of Hygiene  
- Indian Public Health Association  
- Indonesian Public Health Association  
- Iranian Public Health Association  
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- Italian Society of Hygiene and Public Health  
- Japanese Public Health Association  
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- Kazakhstan Academy of Preventive Medicine  
- Kenya Community Health Association  
- Korean Public Health Association  
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- Macedonian Medical Society/Association for Social Medicine  
- Mauritius Public Health Association  
- Mexican Society of Public Health  
- Mozambican Public Health Association  
- Netherlands Public Health Federation  
- New Zealand Public Health Association  
- Niger Association for the Promotion of Public Health  
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- South Africa Public Health Association  
- Serbia Public Health Association  
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- Sri Lankan Public Health Association  
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- Vietnam Public Health Association  
- Association of Schools of Public Health in the European Region  
- Caribbean Public Health Association  
- East, Central and Southern Africa Public Health Association  
- European Public Health Association  
- Latin American and Caribbean Association of Education in Public Health

### WFPHA Report

**Report**  
WFPHA is the Newsletter of the World Federation of Public Health Associations

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