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IN REVIEW
Strengthening Public Health Associations Across the Globe
Dear Colleagues,

WFPHA has an amazing history of extraordinary achievements in the field of GLOBAL PUBLIC HEALTH. Regrettably, many of us are woefully ill-informed about the proud and inspiring history. Some of us mistakenly attempt to rediscover the wheel, oblivious of the lessons of the Federation’s own past experiences and proud history.

While we are proud of WFPHA, we must not forget that we are part of the larger public health system. Acknowledging that each and every citizen of a nation has the right to survive and grow to their full potential in a world without the existence of poverty, inequality, injustice, wars and conflicts, environmental degradation and chronic violations of human rights—I understand that we have a long way to travel.

We need the full force of the global public health community—with its political clout, diplomatic skills, technical expertise, normative mandate and moral authority to help create a framework for a world order in which organizations like WFPHA can play their vital role.

In our imperfect world, which is rapidly shrinking into a global village, there is no alternative to interdependence and solidarity. As the current discussion is highlighting, rich and poor, North and South, we will all sink or swim together.

Assuming we would rather swim than sink together, we need an organization like the WFPHA to help establish some common rules of the game for managing global public health values. If we feel that the expected Federation did not exist, it surely would have to be created anew. Since it already exists, and has endured and overcome some of the toughest challenges, let us make it an effective instrument for tackling those planetary problems that no nation, no matter how powerful, can hope to tackle alone.

Let’s work together for a better future.

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

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CENTER RIGHT: © 2004 Annika Hawkins. (A Cuban tobacco farmer tends to his livelihood.)
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FAR RIGHT: © 2001 Virginia Lamprecht. (Two young girls from Guatemala take a break from helping their mother sell items to tourists on the street of Antigua.)
BOTTOM CENTER: © 2004 Philippe Blanc. (A newborn child is weighed prior to vaccination at Puch Dong CHC (Communal Health Center) in the Huang Khe district, Ha Tinh Province, Vietnam)
Strengthening Public Health Associations Across the Globe: moving from good to GREAT

Bellagio, Italy • May 1–May 4, 2007

The executive board of the World Federation of Public Health Associations (WFPHA) convened a four-day strategic planning workshop at the Rockefeller Foundation’s Bellagio Conference and Study Center in Bellagio, Italy. Twelve members of the executive board—five from developing countries—met to revise and update the organization’s strategic plan. The theme of the retreat was “Strengthening Public Health Associations across the Globe: Moving from Good to Great.” The framework for the strategic planning session was strongly influenced by Jim Collins’ Good to Great: Why Some Companies Make the Leap and Others Don’t and Good to Great and the Social Sectors, as well as his collaboration with the international organization, the American Society of Association Executives: 7 Measures of Success: What Remarkable Associations Do That Others Don’t.

Over the course of the four-day conference, facilitator Colin Rorrie led the participants through an iterative process to outline a mission, vision, values, and goals and strategies, culminating in a concrete, actionable five-year strategic plan for the WFPHA. Participants engaged in thoughtful conversation over the course of the retreat, analyzing member surveys and conducting a SWOT (strengths, weaknesses, opportunities, and threats) analysis to determine how the Federation can enhance its presence and contribution at the global level. Key areas for WFPHA include influencing policymakers, research, partnerships, capacity building, and twinning programs. A discussion of the similarities and differences in how public health is practiced diverse settings revealed opportunities to address how public health will be implemented, practiced, and researched in the future.

The conference produced the following outcomes: a written five-year strategic plan; a paper by Dr. Ilona Kickbusch outlining the state of public health and opportunities for public health associations to contribute to public health; and a Bellagio Declaration, outlining the commitments of the executive board to the organization’s future and the operational principles of moving the agenda forward. Members were assigned to lead the different goals and the development of implementation plans for the strategies. A key result of the conference is expected to be an increased commitment to the organization on the part of the participating executive board members. Over the course of the first year, the strategic planning group worked to build upon the work accomplished in Bellagio to make the strategic plan an operational document that will lead the Federation from good to great.
WFPHA Strategic Plan
2007-2012

Drafted May 4, 2007

The World Federation of Public Health Associations (WFPHA) is an international, nongovernmental, multi-professional and civil society organization bringing together all people interested and active in safeguarding and promoting the public's health for professional exchange, collaboration, and action. Founded in 1967, it is the only worldwide professional society representing and serving the broad spectrum of public health, as distinct from single disciplines or occupations. The Federation’s governing members are national and regional public health associations, presently numbering over 70. Members also include regional associations of schools of public health.

The present strategic plan was developed through a participatory process at the Rockefeller Foundation Bellagio Study and Conference Center in May 2007, covering the five-year period 2007-2012. It updates the Federation’s vision, mission, goals and strategies and serves as a road map for activities in support of the achievement of the goals. The plan will be reviewed and updated on an annual basis.

We want to thank all of you for five inspiring days at WFPHA’s Annual Meeting in Geneva and WHO’s World Health Assembly (WHA). I really feel that “The Federation” will improve and reach their goals in the years to come. The new Strategic Plan seems to be a step forward!

In a world with such an enormous amount of Public Health challenges, there is also an enormous need for interdisciplinary as well as international collaboration to reach our goals! Therefore, it is important that WFPHA in the years to come develop a way that enables “The Federation” to have great impact improving the Global Health through “Public Health Research, Learning, Practice, Policy and Economy.”

Prof. Gunnar Tellnes MD, PHD, MHA, President of NOPHA; Johan Lund PhD, Secretary General, NOPHA; Lars Gunnar Tellnes, stud. econ.

VISION:
To lead the quest for a healthy global society

MISSION:
WFPHA is an international, nongovernmental, multi-professional and civil society organization, dedicated to promoting and protecting global public health.

VALUES:
Right to Health: We hold that health is a fundamental human right and a public good.

Social Justice: We advocate for equity and non-discrimination and the elimination of health disparities.

Diversity and Inclusion: We promote a global public health perspective that includes diverse social and cultural backgrounds, ethnicity, race, gender, sexual orientation, and disability.

Partnership: We use partnership as the basis for mutual learning and capacity building.

Ethical Conduct: We believe in the ethical practice of public health for individuals and populations.
Goals and Strategies

**GOAL ONE:** To develop and promote effective global policies to improve the health of populations.

**Strategies:**
I. Develop a process for creating and prioritizing global health policy for action by WFPHA and other stakeholders.
II. Make efficient use of all methods to disseminate and advocate the policies of WFPHA.

**GOAL TWO:** To advance public health practice, education/training, and research.

**Strategies:**
I. Encourage all member associations to use the Knowledge Management for Public Health (KM4PH) network to exchange public health practices, knowledge and research with a target of 50% by the end of 2008.
II. Develop a plan to provide ongoing education and training at regional and global levels.
III. Identify and implement approaches to enhance the use of the Journal of Public Health Policy.
IV. Continue organizing the World Congress on Public Health.

**GOAL THREE:** To expand and strengthen internal and external partnerships.

**Strategies:**
I. Establish formalized collaborations with international governmental and nongovernmental organizations, alliances and United Nations bodies.
II. Develop a plan to increase member involvement in global public health initiatives and networking.

**GOAL FOUR:** To achieve and maintain an effective, efficient and sustainable organization.

**Strategies:**
I. Assess the current structures, policies, and functions of the WFPHA and make changes as dictated by the WFPHA strategic plan.
II. Develop a business plan, including funding, for short-term and long-term sustainability of WFPHA by the end of 2007.
III. Review the current membership criteria and make recommendations.

**GOAL FIVE:** To support member associations in improving their infrastructure and organizational capacity.

**Strategies:**
I. Develop a plan to assist members in achieving fiscal and organizational sustainability.
II. Obtain funding to assist member associations in strengthening their operational capacity.
III. Develop mechanisms to guide member associations in strengthening their policy making and advocacy capacity.

In February 2008, the leaders of the Strategic Planning group met in Geneva, Switzerland to take the next steps in finalizing and implementing the WFPHA 2007-2012 strategic plan. Over two days, the group thoroughly reviewed each goal and its associated strategies to evaluate progress and outline next steps.

In order to move the Federation to great, the group determined that the organization must focus on strengthening its internal operational capacity through better governance and communication structures, as well as building its national associations through technical assistance and twinning programs. Over the next year, the goal committees will be conducting research to assess the needs of the member associations and how to encourage partnerships among members and other partners.

Discussions among the group also centered on how to reach out to key external partners and how to increase the Federation's ability to influence global health policy. Through consistent marketing and thoughtful interventions in key policy areas, the Federation is working to brand itself to protect and promote its image in the global arena.

At the conclusion of this meeting, the leaders emphasized their commitment to the strategic plan and to the future of the World Federation of Public Health Associations.
Historically, WFPHA has worked on the forefront of human resources for health. In 2005, the General Assembly passed a resolution demanding a code of conduct to govern the ethical recruitment of health workers from the developing world. This resolution called for employers in developed countries to adopt a code of ethics to manage the employment of health professionals from abroad in an effort to stem the brain drain from countries desperately in need of a skilled health workforce. In an effort to further its contribution in this critical area, WFPHA teamed up with Rockefeller Foundation to initiate global workforce assessments in developing countries to examine ways to improve human resources functions and services globally. The overarching goal of this analysis involves building new skills and competencies to improve the health of people all around the world.

While the global public health workforce is central to long-term health improvements, little is known about its composition, training, or performance. This joint project proposes to answer key questions concerning the makeup of the public health workforce, training, brain drain, and the development of public health careers. WFPHA and Rockefeller Foundation seek to expand public health analyses to the global setting, investigating how current public health practitioners in the public and NGO sectors spend their time, what skills they need, and whether their training adequately prepares them for these activities. The initial phase of this project included support to convene an invitational forum, to commission a white paper, and to support WFPHA’s annual meeting related to global workforce issues. This information will be used to shape future projects and to offer global policy recommendations.

In November 2007, WFPHA kicked off this partnership by hosting an invitational forum on the global public health workforce. Dr. Miriam Rabkin, representing Rockefeller Foundation, introduced the proposed landscaping project. Dr. Fitzhugh Mullan and Dr. Seble Frehywot presented initial findings from the white paper commissioned by the Federation to explore the possibility for a global workforce enumeration. Mr. Eric Friedman, Dr. Maureen Lichtveld, and Dr. Luis Ruiz comprised the expert response panel and reiterated not only the complexity of the proposed project, but also the need to conduct this assessment, as well as measure its potential benefits. Over 50 people attended and confirmed the need for WFPHA to play a proactive role in addressing the complex issues related to the health workforce. Following this forum, WFPHA intends to continue its involvement in workforce planning activities, including commissioning and disseminating the white paper presented to this forum, as well as to seek additional information about the need for new workforce competencies. Future activities include participating in the Global Workforce Alliance and forging stronger partnerships with regional WHO Human Resources for Health projects.
A Health Worker for Every Person: Health Workforce Funding, Human Rights, and Advocacy

At the First Global Forum on Human Resources for Health, held in Kampala, Uganda, in March 2008, more than 1,000 people from around the globe representing a myriad of perspectives—health workers, governments, health system users, development partners, technical agencies, and more—endorsed an Agenda for Global Action to enable everyone, everywhere, to access a health worker.

Creating that reality from the present situation will require a transformation in the response to the workforce crisis. Currently, some 57 countries suffer severe health worker shortages, with pockets of progress existing amidst widespread, dire on-the-ground realities. Two vital changes needed are for countries to dramatically increase their investments in the health workforce and for policymakers to fully integrate human rights principles into health workforce strategies.

The World Health Organization has estimated that tens of billions of dollars in new investments will be needed annually to overcome the shortages. Yet neither developing countries nor development partners have seriously stepped up to meet their funding responsibilities. Only two of 53 African countries have met their 2001 commitment to spend at least 15% of their budgets on health. And even with an exponential increase in global attention to the health workforce over the past few years, international campaigners can point to only one country, Malawi, where development partners are providing significant and sustained international support to a national health workforce strategy. The importance of finding ways to use existing resources more efficiently and the significant gains that can come from even small investments should not be overlooked. But as long as the need for major new investments remains on the back burner, the crisis cannot be overcome.

A health workforce strategy, even if it is well financed, will leave people without access to health workers unless human rights are incorporated into these strategies. This requires concerted efforts to equitably distribute health workers, to enable marginalized groups to participate in developing workforce strategies, and to overcome stigma and discrimination among health workers themselves. Even as the numbers of health workers increase, some people will remain beyond their reach unless these and other human rights principles are realized.

Efforts are underway to address these issues. The Health Workforce Advocacy Initiative (HWAI), an international civil society-led network affiliated with the Global Health Workforce Alliance, launched a Campaign on Sustained and Adequate Health Workforce Financing at the Forum in Kampala. Physicians for Human Rights released an advanced copy of The Right to Health and Health Workforce Planning guide at the Forum, which policymakers and advocates can use to incorporate human rights into their health workforce planning. The Agenda for Global Action calls for adequate funding to fully implement health workforce plans and for all stakeholders to abide by human rights principles. Unless and until these calls are answered, the health worker crisis will persist.


A deep understanding of human rights compels one to stand in solidarity with marginalized groups who suffer discrimination in terms of access to healthcare service delivery.

Dr. Chukwumunanya Igboekwu Kontagora, Nigeria

Photography provided courtesy of Photoshare. Left to right: © 2007 David Snyder; © 2006 Roobon/The Hunger Project-Bangladesh.

Photography provided courtesy of Photoshare. Left to right: © 2006 Leshenko/Hand of Help; © 2007 Jan Parker; © 2003 CC.P.
Over the course of three days, several groups, including key committees and the executive board, met to discuss important Federation business. This year’s meeting focused on the strategic plan and highlighted the important activities undertaken by the member associations on behalf of the WFPHA. Attendees at this year’s meeting included representatives from eighteen member associations, along with several observers from potential member countries. Overall, it was a very successful year for the World Federation of Public Health Associations.

Reports from the member associations illustrated the potential power of the organization, as they indicated the Federation represents approximately 200,000 professionals around the world. The members of the WFPHA engaged in a wide variety of activities in the course of the past year, including issuing publications, planning conferences, and conducting research and development projects. Members reported that WFPHA’s focus on twinning and capacity building, served to strengthen both individual associations and the Federation.
Representatives from Uganda and Burkina Faso offered special reports on activities which focused on building networks for regional collaboration among public health associations. D.K. Sekimpi, of Uganda, reported that the East Central and Southern Public Health Associations, comprised of 15 countries, met to determine future work plans, including how to strengthen and support national associations in the region. The group concluded that in order for the sub regional association to work, national associations must be operational. The group developed a road map proposing strengthening activities which included mentoring and building associations through the development of separate research and general agendas.

Mathias Somé, of Burkina Faso, also reported that Francophone countries were working closely with the Canadian Public Health Association (CPHA) and WHO to establish a network of Francophone countries in 2007. Francophone countries are usually underrepresented at the meetings of WFPHA. Therefore, the network plans to strengthen these associations as they experience similar health problems, but need to work together to strengthen weakened health systems and stimulate advocacy efforts. Both examples highlight the importance of building the

You would agree with me that the retreat was successful in giving all of us a chance to come closer in our thoughts and minds. To direct our strategic principle towards a common vision—a vision that all of us cherish.

I strongly believe that the work of the week would remain as a milestone for global public health in the years to come.

May we continue to excel.

Dr. S.M. Asib Nasim, President
World Federation of Public Health Associations (WFPHA)

(continues on page 8)
A Year in Review
Moving from Good to Great

LETTER FROM SECRETARY GENERAL
DR. BARBARA J. HATCHER

2007 has been an important year in the life of the WFPHA. The Executive Board embarked on a strategic planning process to chart a course for the future. The fruits of their labor are evident in the thoughtful action plan that is being proposed (see pages 2 & 3). In accepting the challenge of our newly adopted vision and the mandate of the membership to forge ahead—the WFPHA continues to build new alliances, such as those with the Group on Earth Observations (GEO) and the World Justice Project. The WFPHA has also successfully obtained funding that will launch the implementation of action plans to strengthen fledgling associations across the globe. The WFPHA is at a crossroads—will it move forward or will fear of change get us stuck in the past?

The WFPHA must maintain a strategic approach. Such an approach means assessing what works and does not work, looking at new ways of getting the job done and maximizing opportunities for growth and sustainability. As the WFPHA moves ahead, member organizations must decide what gems from the past we will take into the future and what we must and should leave behind. So, it is now your turn!

I challenge each member organization to raise their voice and be heard. Review the strategic action plan, comment on it, help shape it and help make it a reality. It is said that there are three kinds of people in the world—the ones that WATCH THINGS HAPPEN, the ones that MAKE THINGS HAPPEN, and the ones that look around and say WHAT HAPPENED??! I urge you to MAKE THINGS HAPPEN because you have the rare opportunity to make a difference and chart the future of this global organization. How we grow this organization depends on you. So ask yourself—what strategies will truly leverage the WFPHA’s future and preserve its stability?

On behalf of the Secretariat staff, I thank you for your support of the work we are doing to enhance administrative support systems. Thank you for all that you do to make the world a better place. I look forward to the rest of 2008 and 2009 when the WFPHA will surely begin to make a decided difference in global public health.
At the 2007 Annual Meeting, the WFPHA decided to establish a formal committee on environmental issues to be spearheaded by Dr. Peter Orris. As chair of the WFPHA Environment Committee, Dr. Orris recently attended a meeting of the Strategic Approach to International Chemicals Management (SAICM) Outreach Planning Committee. This meeting was organized by the Canadian Environmental Network and held in Toronto, Ontario. Members of this Planning Committee included representatives from six NGO networks including: Health Care Without Harm (HCWH); International POPs Elimination Network (IPEN); International Society of Doctors for the Environment (ISDE); Pesticide Action Network International (PAN); Women in Europe for a Common Future (WECF); and World Federation of Public Health Associations (WFPHA).

The meeting sought to secure endorsements from NGOs and CSOs on a common global statement, highlighting the need to minimize the harmful effects of chemicals on human health and the environment. This global plan of action seeks to address issues related to both agricultural and industrial chemicals, including the life cycle of manufacture; use and disposal; and chemicals used in products and wastes.

Members of the committee agreed that there is a lack of capacity for managing chemicals in developing countries. This occurs in countries where economies are in transition; dependence is on agricultural pesticides for food production; and workers are often exposed to dangerous chemicals. The members made a commitment to promote and support development of environmentally safer technologies, such as cleaner methods for production and chemical alternatives. The committee emphasized the importance of promoting information exchange and supporting capacity building efforts to improve and maintain the standards of living in all countries. The committee seeks to engage, promote, and support participation in chemical safety by all sectors in society so that future generations are protected.

In addition to attending this meeting, the WFPHA Environment Committee has been gaining momentum by recruiting environmental focal points for each of the WFPHA member countries to support critical efforts linked to environment and health. Dr. Orris announced through an initiative of the IPEN (the international coalition of NGO’s involved in the SAICM), that a small amount of Swedish, EU, and UNEP monies was obtained for the Health Care Without Harm Coalition to apply towards the chemical policy activities of the WFPHA Environment Committee. This funding has enabled Dr. Orris to secure the administrative support of Mrs. Fatou S. Hann to ensure the regular functioning of the WFPHA Environment Committee’s email list, as well as to help coordinate the work of the committee.
Tribute to Dr. Allen K. Jones, former Secretary General of the World Federation of Public Health Associations

by Margaret Hilson

WFPHA was recently saddened to learn of the death of Dr. Allen Jones. Allen fought a valiant struggle against esophageal cancer, but lost that battle on February 9, 2008.

Many will remember Allen’s guidance at the helm of the World Federation of Public Health Associations from 1997 to 2007. During that time, he was a stalwart leader in promoting the Federation and the global public health movement. Under his persistent advocacy, the Federation gained a strong voice at the World Health Organization and other international fora. The Federation grew in both its size, stature and effectiveness under Allen’s faithful hard work, stewardship and vision.

Allen’s ethical and firm commitment to global justice was the very foundation of his being. He was born into a Scottish missionary family and spent his early years in India and Pakistan. He continued his life-long loyalty to that part of the world through his post-graduate studies as well as his career. He was a Fulbright scholar in Pakistan and one of the rare North Americans fluent in both Urdu and Hindi.

If one had to sum up Allen’s life, it would be to say that “he was a very good man.”

Allen is survived by his wife of 17 years, Beverly, and his son Andrew, as well as 3 brothers in the United States, and a sister in Coburg, Ontario. His immediate and extended family was the great love of his life. Our most sincere condolences are extended to each and every one of them, but particularly to Beverly and Andrew.

If one had to sum up Allen’s life, it would be to say that “he was a very good man”.

If one had to sum up Allen’s life, it would be to say that “he was a very good man”.
Women’s Foreign Policy Group Luncheon with Condoleezza Rice

Once again, the WFPHA was the proud supporter of the Women’s Foreign Policy Group’s 2007 Annual Luncheon event at The Ritz-Carlton in Washington, D.C. on December 10, 2007. The luncheon featured keynote speaker, Dr. Condoleezza Rice, the United States Secretary of State, and moderator, Andrea Mitchell, NBC News Chief Foreign Affairs Correspondent. The Women’s Foreign Policy Group (WFPG) is a key organization that promotes the voices of women in international issues through visibility, participation, and leadership. WFPG programs highlight analyses and discussions featuring women leaders, experts and newsmakers. Prominent speakers in the past have included Senator Hillary Rodham Clinton, former Secretary of State Madeleine Albright, Liberian President H.E. Ellen Johnson Sirleaf, and others. The organization unites women from all disciplines, both domestic and international, to explore approaches and solutions in international affairs.

The theme of Dr. Rice’s keynote address was the transformation of the international system. She discussed the growth of labor and capital markets, climate change, and new technology. Despite these developments reshaping the world we know today, Dr. Rice stated the need for policies to be guided by principles that strive to make it a better place. She discussed utilizing free trade as a tool to foster economic success by “expand[ing] opportunity and prosperity for people worldwide.” Free trade agreements will help allies promote good governance and fight poverty. Dr. Rice emphasized the importance of supporting the human rights of people globally, regardless of gender. Respect for women is not only a moral right, but a precondition for success in today’s world. A society that does not involve women in political processes or allow them to contribute to their economy can not flourish unless women are allowed to take part in the decisions of their nation.

WFPHA Activities

WFPHA endorses the Global Road Safety Campaign

The World Federation of Public Health Associations (WFPHA) has endorsed Make Roads Safe – the Campaign for Global Road Safety. The Campaign for Global Road Safety aims to promote efforts to make road safety an international priority through garnering political commitment. Joining this coalition affirms the importance the Federation places on preventing road traffic crashes or injuries that pose a grave threat to the public health of a population. WFPHA supports the campaign’s efforts by working with the governments of its member associations, as well as UN Representatives, to make road safety a public health priority. Over 600,000 people have signed a petition to encourage the UN to make road safety a priority. This petition will be delivered to the UN Secretary General in advance of a key UN debate in March 2008. To learn more about the Campaign for Global Road Safety, please visit their website at, www.makeroadssafe.org.

WFPHA joins GEO

On 28 November 2007, the World Federation of Public Health Associations received notification that it has been recognized as a Group on Earth Observations (GEO) Participating Organization at the GEO-IV Plenary session in Cape Town, South Africa. The Group on Earth Observations is coordinating efforts to build a Global Earth Observation System of Systems, or GEOSS. The Federation was represented by Dr. Samir Banoob, a longtime active member from the American Public Health Association. Dr. Banoob reported that “in an unusual turn of events, on its first consideration by the GEO body, the WFPHA was enthusiastically welcomed as a participating organization and is expected to have an important impact on key areas within the Health Societal Benefit Area.” WFPHA will certainly be contributing much more to this area in the future and looks forward to a successful partnership with this group. For more information on GEO and GEOSS, please visit: www.earthobservations.org.

Photos courtesy of Women’s Foreign Policy Group.
Schools have repeatedly been implicated in the spread of infectious diseases, both among the students themselves and among their families and communities. At the same time, schools offer an extraordinary opportunity to improve the health of students and their surrounding social environments and consequently diminish the burden of infectious diseases on health care, as well as, social and economic systems.

Preventing the occurrence and spread of infectious diseases can be done by vaccinating, and by improving the sanitary conditions and basic hygiene practices. Unfortunately, despite the proven effectiveness of these preventive measures, many low- and middle-income nations have yet to achieve effective vaccination coverage rates, remain plagued with poor sanitary conditions and their compliance with basic personal hygiene behaviors, such as hand-washing, is often low.

Acute respiratory and intestinal infections are the main causes of morbidity and mortality among children up to 14 years old in Colombia. The project’s goals were to collect information on hand washing behaviors among elementary school children in Bogotá, Colombia, and to turn schools into health promotion settings. Over 1900 elementary school students in 11 private and 14 public schools completed an anonymous questionnaire. In addition, a member of the staff of each school completed a school environment questionnaire and site inspections of toilet facilities were conducted.

The main findings of the study were:

• Only one-third (34%) of students reported ‘always’ or ‘very often’ washing hands with soap and clean water before eating and after toilettake (defined as proper hand-washing).
• Nearly two-third (63%) reported to have the intention to wash their hands properly.
• About 16% and 32% reported poor and moderate attitudes regarding hygiene and hand-washing, respectively.
• The most frequently endorsed reasons for not washing hands were: forgetfulness (78%), laziness (44%), lack of time (22%), lack of clean water (19%) and lack of soap (17%).
• Students who reported not washing their hands properly were 20% more likely to report symptoms of gastro-intestinal disease in the previous month than students who reported proper hand-washing.
• School absenteeism in the previous academic year due to gastrointestinal or respiratory conditions was 22% less common among students who reported proper hand-washing.
• About 7% of students reported to have clean water and soap available and accessible at school on a regular basis. Availability and accessibility to water and soap was more commonly reported by students from private schools than both public school students and students in the highest socio-economic strata.

Only 12% of the schools had an available and accessible toilet-unit for every 25 children, as mandated by national guidelines.

There was no association between being a caregiver of a younger child or preparing food at home and proper hand-washing behaviors.

Based on the analysis of the data collected, sixty-five workshops were organized for students and other school community members. The workshops served to share the results of the study and to enhance the understanding of school community members regarding the importance of personal hygiene and the provision of healthy school environments. Together with these workshops, hand washing supplies and educational materials were provided to the schools. Educational posters were placed in bathrooms and cafeterias with the purpose of reducing forgetfulness barriers and improving hand washing techniques.

To enhance compliance with proper hand-washing, numerous individual and school factors must be addressed. At the individual level it is important to provide students with the information that can help them shape positive attitudes towards proper hand-washing. At the school-contextual level, provision of adequate facilities is an essential condition to improve students’ behaviors. Hopefully, the process of modernization that public schools in Bogotá are undergoing and the implementation of healthy-school strategies will help to improve the hygiene practices of schoolchildren. Public and private sectors need to be made aware that financial and technical support of simple and inexpensive interventions, such as hand-washing with soap, can be effective in reducing the burden of infectious diseases.
Hand-washing with soap, especially in the home, is a fundamental pillar of public health. Our work in Lima, Peru has aimed to promote hand-washing through an innovative approach: a community-based participatory campaign with locally formulated messages. This project took place in a shanty-town of the urban outskirts of Lima, where water is scarce. A local NGO (A.B. PRISMA) helped to identify a community where households were to receive water and sewage installations and was chosen to examine how water availability influences hand-washing.

Proper hand-washing requires soap and water at key moments: before handling foods and after contact with feces. We used direct observation in a subset of 56 homes to monitor hand-washing. During three 12-hour sessions per family, trained field-workers recorded all water and soap use, fecal-contamination events, and transmission events. Preliminary analyses indicate that hand-washing did not occur frequently enough to prevent 36%-44% of transmission events, and the behavior was not much more frequent once water lines were installed. Water installations are necessary but not sufficient to promote adequate hand-washing in these homes.

Prior to the community-based intervention, we conducted a randomized survey of 394 houses from both the intervention community and a control community. We found that residents were aware of diarrheal diseases, however specific knowledge on hand-washing for diarrhea prevention was lacking.

We then approached community leaders to help recruit volunteers for a local hygiene committee. This committee consisted of eight women, aged 23-55, who met once a week for three months. During the first month, they were trained in hygiene knowledge. During the second month, they learned about designing a community health campaign. As a group, committee members defined the hand-washing campaign goals, its message and its target audience. They chose to name the group “Proyecto Manos Limpias” and designed a logo. In the third month, the group implemented the following campaign activities disseminating their key message (“Wash hands with soap at Key Moments to prevent disease and unnecessary spending”):

- Hand-washing station at the local market
- Hand-washing talk in the home of committee member
- House-by-house distribution of fliers and personal communication on hand-washing
- “Health Superheroes: Soap & Water” theatrical sketch for children.

At first, hygiene committee members were timid, lacked the confidence to share health messages with their neighbors, and were reluctant to bear the responsibilities of carrying out campaign events. To mitigate this, we used a group work plan to define and distribute all tasks for each activity. The sense that others in the group were taking on responsibilities motivated members to honor their commitments. Once committee members enjoyed a first successful activity, they gained motivation and confidence, and committed to working together after conclusion of the project.

After a pause in campaign activity, final evaluation data was collected by direct observation in homes and a follow-up survey. Although full results are not yet available, preliminary analysis show increased exposure and recall of hand-washing messages in the intervention community as compared to baseline and to the control community. The results of our project show that hygiene education should be an element of water and sanitation interventions to maximize health benefits. Furthermore, a community-based participatory approach is a low-cost way to increase community hygiene knowledge, boost social capital and establish a local resource for disseminating important health information.

Maternal mortality on the Eastern Tibetan Plateau is high, and leaders in Rima, Qinghai, China, asked us to find ways to improve childbirth outcomes in this semi-nomadic village. Rima shares many features in common with other mountain areas: intense sun exposure; high winds; long, cold winters; long distances to hospitals and limited clean water sources. Until the project started, there was no local heath care facility or trained health care providers for these 2500 nomads or for many of their neighbors.

Our project objectives were
1. to identify social and cultural factors influencing maternal mortality;
2. to carry out collaborative strategies to improve childbirth outcomes; and
3. to evaluate the feasibility and effectiveness of these strategies.

We first networked with government leaders and medical professionals to document the problems, determine the immediate causes of maternal mortality, and identify overall health care needs. Next, we held focus group meetings and interviews with villagers and health care workers and determined that possible contributors to maternal death in Rima are similar to those in other remote areas of the world: poor nutrition; indoor air pollution leading to acute respiratory infection; heavy maternal workload; stress of high altitude adaptation; unclean delivery environment; and poor access to health services.

Based on strategies in similar settings we proposed training midwives and traditional birth attendants, providing clean birthing kits, improving access to primary and referral care centers, and providing maternity houses. We were told by village men that maternity houses would not be accepted because women couldn’t be spared from their household work for any length of time prior to delivery. At the request of village leaders, we arranged for NGO funding of a new village clinic and ambulance, in exchange for which the local government trained three village health care workers (barefoot doctors or amchi) and one midwife at the Yushu County Hospital. We next mapped households with pregnant family members, distributed birthing kits to each, and followed up the next year with household visits to evaluate birth outcomes. In addition, we provided family birth training to the village health care workers and midwife, and evaluated how they trained family members of pregnant women.

The following conditions appeared to provide safer childbirth in this semi-nomadic village.

1. Training of village doctors at the Yushu County Hospital increased their medical skills and facilitated their networking with the referral organization.
2. The NGO-funded village clinic, which opened in October 2007, is receiving an average of 60 visits each day. We intend to follow up with a formal evaluation of services provided and conditions treated, particularly as these relate to safe childbirth.
3. A new road constructed in 2006 facilitated use of a new NGO-funded ambulance. The improvement in providing access to the hospital, which is 3 hours away, remains to be evaluated.
4. Women reported that the birthing kit contents are useful, both with home births and in lowering costs in hospital. In addition, the birthing kits and family birth training promoted hygiene and general health awareness.

By contrast, we found we needed to revise the birthing kit distribution system by giving the kits to the newly-trained village health care workers to distribute. In addition, the old style blade in the kits was replaced, as it was too small for grandmothers to use. We also found that the family childbirth training was incomplete, and that there was no continuity education reinforcement for trainers. Importantly, families did not access the new midwife for childbirth assistance. We suggested a system of mentoring for her at the new clinic, and need to follow-up to determine if this is effective. Finally, births and deaths continue to go unrecorded in a systematic way in this remote area, which makes program evaluation difficult.

In summary, following a Process Model for identifying socio-ecological factors, we suggest the following intermediate steps to safer childbirth: supply birthing kits and provide family birth training; provide access to prenatal vitamins and antenatal monitoring at the village clinic; strengthen facilities, equipment and training at referral hospitals to give families more incentive to use these resources; and connect local paraprofessionals with training opportunities at the referral hospital.
The Public Health Association of South Africa (PHASA), along with other members of the Federation of Infectious Diseases Societies of Southern Africa (FIDSSA), made the South African Journal of Epidemiology and Infectious Diseases their unofficial journal. In addition, an accredited National Handwashing Campaign (September 18–October 26, 2007) was conducted to reach out to families and consumers on hand-washing and hygiene education. PHASA participated in the Eastern Central and Southern African Public Health Association (ECSSAPHA) Workshop, held in Uganda and funded by the Canadian International Development Agency (CIDA). The purpose of the workshop was to revitalize ECSSAPHA, an association created to assist its member states in developing and maintaining their own national public health associations.

The Ethiopian Public Health Association (EPHA) recently completed their 18th Annual Public Health Conference, “Evolution of Public Health in Ethiopia through the Millennium and Beyond.” The sub-themes of the conference included emerging public health problems with a focus on HIV/AIDS; DCH/AAU development to schools of public health; health extension programs from concept to implementation; and environmental hygiene in health care settings. Some of the ongoing research projects EPHA is conducting include regional HIV/AIDS Mortality surveillance; expansion of PMTCT services at private hospitals and MCH clinics; conducting research methodology training; enhancing the capacity of EPHA by establishing effective lab networks in country and finalizing national lab policies and guidelines.

The Iranian Public Health Association (IPHA) participated in several activities this past year. IPHA’s President, Dr. Bijan Sadriazadeh, was elected by WHO as a member of the Strategic and Technical Advisory Group for Neglected Tropical Diseases and a member of the GAO/AG. They conducted a 2-day Programme Review Mission (JPRM) as a member of a planning committee for the Joint Government/WHO programmes for the Biennium 2008-2009. This past year, IPHA has collaborated with the Iranian Academy of Medical Sciences as a member of the “Health and Nutrition Committee” of the Academy and the Federation of Medical Specialties Associations, as a member of the Federation’s Executive Board.

The Norwegian Public Health Association (NOPHA) held its national conference on public health focusing on efforts in the field with the theme, “Yes, it works!” This past year’s annual meeting occurred in conjunction with The Public Health Conference 2007 in Oslo. Elections were held for new board members and the annual report and accounting were presented. Some of the issues the association attempted to address in the past year included the strategic plan in the coming years and the Scandinavian Journal of Public Health. Also, as a member of the European Public Health Association (EUPHA), NOPHA participated in EUPHA’s annual conference in Helsinki, Finland.

The Society for Social Medicine (Finland)’s main focus for the past year was the annual European Public Health Association (EUPHA)’s conference, “The Future of Public Health in the Unified Europe” that took place in October. This event provided many opportunities for experiencing the many facets of public health. Over 900 participants attended from 52 different countries. The Scientific Committee accepted 186 oral presentations, 36 workshops, and 300 poster presentations.

As a pre-conference event, the 19th Nordic Conference in Social Medicine and Public Health took place as well, with the theme, “Future of Nordic Welfare Model.” The purpose of the event was to provide an overview of Nordic social and health care systems, with a focus on differences and similarities including threats and opportunities. Of special focus were two specific themes: How Nordic health systems function from children and adolescents’ viewpoints as well as older people’s viewpoints. Approximately 61 abstracts were accepted with two keynote sessions.

Other national scientific meetings organized by the Society, in collaboration with other partner organizations, included behavioral medicine, mental health research, utilization of medicines, and reproductive health.
WFPHA Participate in Global Health Workforce Alliance Consultation

The WFPHA has joined with members of the Global Health Workforce Alliance (GHWA) to address the worldwide shortage of nurses, doctors, midwives and other health workers. The GHWA, administered by the World Health Organization, is a partnership dedicated to identifying and implementing solutions for the health workforce crisis. It brings together a variety of key players, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations.

The WFPHA Secretary General participated in the GHWA Consultation Meeting on the Human Resources for Health (HRH) Roadmap held 6 November 2007 in Washington, DC. The HRH Road Map and outcomes of the Consultation were used to inform the first ever Global Forum on Human Resources for Health in Kampala, Uganda from 2–7 March 2008, where WFPHA was represented by members of the Ugandan and Turkish member associations.

WFPHA Becomes Co-Sponsor of the World Justice Project

The WFPHA agreed to co-sponsor the World Justice Project, supported by the American Bar Association, which seeks to strengthen the rule of law internationally by reaching out to other professions beyond the justice sector to engage them in a global collaboration.

One of the Project’s activities for this upcoming year is to hold multidisciplinary meetings on four continents to engage leaders from various professions in meaningful discussions around this topic. Dr. Mengistu Asnake, of Ethiopia, represented the Federation at the regional meeting held in Accra, Ghana 9–10 January 2008.

The Federation’s Pages: The Journal of Public Health Policy

The World Federation of Public Health Associations linked with the Journal of Public Health Policy in 2005. The publisher, Palgrave-Macmillan, guarantees a worldwide distribution and each quarter contains a section called The Federation’s Pages. Members of the WFPHA associations receive subscriptions to the JPHP at a 40% discount. The Federation’s Pages can be accessed at www.palgravejournals.com/jphp. Please check this site frequently to see what’s new!

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**WFPHA Report**

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

WFPHA is an international, nongovernmental organization composed of multidisciplinary national public health societies. It is the only worldwide professional society representing and serving the broad field of public health, as distinct from single disciplines or professions.

WFPHA’s mission is to promote personal and community health throughout the world by supporting the establishment and development of societies of public health, facilitating the exchange of information, experience, and research; and advocating for policies, program, and practices that improve public health.

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I just want to express to all of you my deepest appreciation and satisfaction of what we achieved in the past two important meetings (Bellagio and Geneva). Once in awhile, you attend meetings or seminars where you don’t really see real products or do not visualize feasible possibilities toward the near future: This wasn’t the case of what happened in the first half of May. I feel now with a lot of energy and enthusiasm to continuing on the process of strengthening our World Federation. The best of this organization is around the corner.

Federico Paredes, M.Sc.
President of ACOSAP (Costa Rica P.H.A.)