When the World Federation of Public Health Associations was established in 1967 we lived in a different world! Growing up on the island of West Berlin I had finished my medical studies and had to pass through two heavily controlled borders in order to start work at the University Institute of Tropical Medicine in Tuebingen, West Germany. It took me a full day to travel there by train - today it takes less than half that time. Elected as the WFPHA President-Elect at the General Assembly in 2008 I looked out at a world which had changed dramatically in recent years. Not only is Germany re-united, but the world is globalised to a degree unforeseen even during the early nineties. Flying from Frankfurt to Tokyo takes me about as long as it took four decades ago to travel from Berlin to Tuebingen. What are the consequences of this transformation which in summarizing all its many positive and negative facets is called Globalization? I tried to write down my views together with Leon Epstein, my colleague and friend from Jerusalem under the title “Threats to Global Health and Opportunities for Change: A New Global Health” (www.publichealthreviews.eu/show/f/32). I am convinced that these developments will have an impact on the mission and vision of our Federation.

Since I became President in May 2010, I have together with the Executive Board promoted a series of steps to prepare our Federation for a truly global perspective. The first is the transfer of the main office from Washington to Geneva. Prof. Bettina Borisch acts as its manager. She and her colleague Laetitia Bourquin are in contact with the international headquarters of WHO and many other health organizations. We are extremely grateful to our American friends and especially Georges Benjamin and Vina Hulamm for their continuing strong cooperation and financial support of this move. At the end of October 2010 I had the pleasure of travelling to Beijing for the opening of the WFPHA West Pacific Regional Liaison Office. We have to thank the Chinese Preventive Medicine Association (CPMA) for their support and in particular its Director Dr. Wang Peng together with his colleague Yi Heya. I then attended the 2nd West Pacific Regional Conference on Public Health, hosted in Tokyo by our colleagues of the Japan Public Health Association.

At the General Assembly in Geneva last May we adopted changes to the by-laws by creating an Advisory Board for our Federation. Its first members are: Dr. Theo Abelin, Dr. Georges Benjamin, Margaret Hilson, and Debbie Klein-Walker. They will serve as “Ambassadors” of the Federation and our intellectual brain trust for the strategic orientation of our work. A detailed work plan will be developed with the Advisory Board over the next months.

Along the same line of thinking we began to broaden our spectrum and scale up our Federation’s organizational capacity through the establishment of two new Working Groups, on Global Health Equity and on Public Health Education. These are in addition to the two existing Working Groups on Environmental Health (chaired by Peter Orris) and Tobacco Control (chaired by Mike Daube).

Finally I had the opportunity to visit Addis Ababa and the Ethiopian Public Health Association (EPHA) in May 2010 to discuss preparations for the next World Congress in 2012. I was very impressed by the efficient organization of EPHA under the leadership of its President, Dr. Tewabech Bishaw, together with its Executive Director, Dr. Hailegnaw Esthete, and Past President, Dr. Mengistu Asnake. The 13th WFPHA World Congress will take place April 21-29, in Addis Ababa. The Congress theme is “Towards Global Health Equity: Opportunities and Threats”. I encourage all members of the global public health to attend.

Dear friends, there is much more to say but space is limited. Please do not hesitate to contact me (ulrich.laaser@uni-bielefeld.de) with any proposal, question or criticism you may have. I learned this year that messaging or telephoning via Skype is a good and inexpensive way of communicating, depending on the technology available in your country.

I send you my best collegial regards and look forward to a promising and productive 2011 for the WFPHA.
From an organizational standpoint, calendar year 2010 proved to be a transitional one for the WFPHA. It marked the handing over of the Federation’s presidency, the establishment and staffing of the WFPHA secretariat office in Geneva, the launching of the Finance Committee, the establishment of two new Working Groups (Global Health Equity and Public Health Education), as well as the WFPHA’s first Advisory Board. We also welcomed five new members. Three are Full Members (Mongolian Public Health Professionals’ Association, Association Sénégalaise des Professionnels de Santé Publique [Senegal] and the Sociedad nicaragueense de salud pública [Nicaragua]) as well as the Federation’s first Sustaining Members (a new category of membership approved the previous year), being the Graduate Institute of International and Development Studies of Geneva, and the World Association of Chinese Public Health Professionals. The Federation renewed a three-year collaborative relationship agreement with the World Health Organization and also renewed its status as an NGO observer to the Conference of Parties of the Framework Convention on Tobacco Control.

WFPHA also signed a Memorandum of Understanding with the University of Geneva and the Swiss Society of Public Health (through which office space and secretariat office management is provided as an in-kind contribution and the WFPHA contracts the services of a SSPH employee on a part-time basis as the Federation’s Program Manager). It also signed a MoU with the American Public Health Association, through which APHA provides an annual unrestricted grant to the Federation to support its secretariat office functions and other activities. The year also saw the WFPHA inaugurate the use of the Knowledge Management for Public Health (KM4PH) computer-based communications platform as the means through which the Executive Board communicates during its quarterly meetings. This replaced conventional telephone-based long-distance teleconferences. The use of the KM4PH platform, facilitated through WHO and PAHO, translates into a significant cost saving for the WFPHA. The year also saw the publication of four articles in the Federation’s Pages in the *Journal of Public Health Policy* (see related article on page 9).

In May, during the annual General Assembly, Dr. Paulo Buss of Brazil completed his two-year term as WFPHA President. The WFPHA is very grateful to him for his wise and visionary leadership. Dr. Buss ensured that the Federation maintained its strong relationships with the World Health Organization and other global health sector federations and associations. He also explored new funding opportunities and strategic linkages for the Federation. During his tenure, he worked closely with the Turkish Public Health Association in the planning and organization of the 12th World Congress on Public Health (2009). He guided the formulation of the Federation’s “Istanbul Declaration” calling for Health as a Human Right, which confirmed the WFPHA’s core values of health equity for all through a public health framework grounded in social justice. The WFPHA’s visibility and credibility were significantly enhanced during his tenure.

The 2010 Annual General Assembly was attended by representatives from over a dozen WFPHA member associations, as well as representatives from several other civil society organizations, including the International Federation of Medical Students Associations (which spearheaded the creation the previous year of the International Students’ Organization for Public Health - ISOPH). The General Assembly approved changes in its by-laws to membership categories and criteria for the establishment of working groups, and the proposed 2010-2011 work plan and budget. The members also approved the adoption of the Federation’s first policy on Funding, Donations and Sponsorship, developed following criticism leveled at the WFPHA at the time of the 12th World Congress.
Achieving Organizational Success

2007 – 2012 Strategic Plan

Vision
To lead the quest for a healthy global society

Mission
WFPHA is an international, non-governmental, 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 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 a basis for mutual learning and capacity building.

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

The World Federation of Public Health Associations (WFPHA) is unique. It is the only international body representing the civil society voice of the global public health community. The WFPHA brings together through its membership all people interested and active in the safeguarding and promotion of the world's public health. 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. It is a voluntary membership organization, governed by several dozen national and regional public health associations. Its membership also includes regional associations of schools of public health and allied groups with an interest in public health.

In 2007, the WFPHA brought together members of its Executive Board and several internationally-recognized public health experts to define, through a participatory process, a five year organizational strategic plan. The resulting product updated the Federation's Vision, Mission and Statement of Core Principles, and defined Goals and a Work Plan for the period 2007 to 2012.

Over the past year, the Federation carried out activities that moved forward the achievement of all five strategic goals:

• Goal One: two new Working Groups (Global Health Equity and Public Health Education) were established in response to a recognition that the Federation should advocate on these two issues;

• Goal Two: the KM4PH network was launched, four substantive articles on a range of priority public health issues were published in the Journal of Public Health Policy, and, the planning of the 12th World Congress gained momentum;

• Goal Three: a formal collaborative relationship agreement was signed with WHO and the WFPHA’s NGO observer status with the Conference of Parties for the Framework Convention on Tobacco Control was renewed, and the concept for developing a WFPHA position on the status of achievement of the MDGs and a call for their renewal and recommitment of leadership and resources for their achievement was discussed and approved;

• Goal Four: the Geneva secretariat office was launched and staffed, the Finance Committee became functional, MoUs were signed with the Swiss Society of Public Health and the University of Geneva, as well as with the American Public Health Association, both of which contributed to reinforcing the organizational capacity of the WFPHA, and a review and updating of the WFPHA's membership roster was launched;

• Goal Five: Although the WFPHA did not provide direct technical and financial assistance to its members to assist them to achieve organizational and programmatic sustainability, the Canadian Public Health Association continued to implement the Strengthening of Public Health Associations (SOPHA) Program (see related article on page 12) and submitted a proposal to the Office international de la Francophone, in collaboration with national public health associations in Burkina Faso and Niger, for the creation and implementation of a computer-based regional network for francophone public health communities on best practices related to mother/child health, and another to the European Commission (EuropeAid) in association with the public health associations in Ethiopia, Uganda, Tanzania, Mozambique and South Africa, and SafeKids Canada, on the prevention of unintentional injuries among children and youth.
Goals & Strategies

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

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

**Goal Two:** To advance public health practice, education/training and research.

**Strategies:**
- Encourage all member associations to use the Knowledge Management for Public Health (KM4PH) network to exchange public health practices, knowledge and research.
- Develop a plan to provide on-going education and training at regional and global levels.
- Identify and implement approaches to enhance the use of the Journal of Public Health Policy.
- Continue organizing the World Congress on Public Health.

**Goal Three:** To expand and strengthen internal and external partnerships.

**Strategies:**
- Establish formalized collaborations with international governmental and non-governmental organizations, alliances and United Nations bodies.
- 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:**
- Assess the current structures, policies and functions of the WFPHA and make changes as dictated by the WFPHA strategic plan.
- Develop a business plan, including funding, for short-term and long-term sustainability of WFPHA.
- Review the current membership criteria and make recommendations.

**Goal Five:** To support member associations in improving their infrastructure and organizational capacity.

**Strategies:**
- Develop a plan to assist members in achieving fiscal and organizational sustainability.
- Obtain funding to assist member associations in strengthening their operational capacity.
- Develop mechanisms to guide member associations in strengthening their policy making and advocacy capacity.
Global Health Programme at the Graduate Institute of International and Development Studies

The Graduate Institute of International and Development Studies, through its Global Health Programme (GHP) under the leadership of Prof. Dr. Ilona Kickbusch, became a sustaining member of the WFPHA in 2010. The GHP (http://graduateinstitute.ch/globalhealth) examines the links between public health, foreign policy, trade and development. It carries out applied research and executive training for and with major global health stakeholders focusing on global health governance and diplomacy.

The programme is now in its third year of operation and has concentrated its research in 2010 on global and regional governance challenges in particular in relation to the role of the World Health Organization at the global and the European regional level. A number of conferences, studies and in-depth research activities continuing in 2011 have been linked to this activity. Proposals emerging from this work have gained high visibility and interest in the public health community.

The GHP also expanded its engagement in the area of global health diplomacy. Global health diplomacy is the multi-level and multi-actor negotiation process that shapes and manages the global health policy environment for health and non-health fora. Since its inception, it has annually conducted a 5 – day Executive Course in Global Health Diplomacy. In addition, further trainings in global health diplomacy were held in the past year in Indonesia and China. This work has been complemented by two core products funded by the Rockefeller Foundation: a textbook and a training manual on global health diplomacy.

In order to ensure stakeholder input, the GHP convened representatives from the foreign relations and health disciplines from several countries to review the training manual and make recommendations to improve it (see photo, above). Jim Chauvin, WFPHA’s Vice-President and President-Elect, represented the Federation at this invitational week-long workshop held at the Rockefeller Foundation’s Bellagio Center. The participants included five diplomats who have been involved in health diplomacy (from South Africa, Kenya, Indonesia and Thailand) and four representatives of the public health community (from Mexico, USA, Canada and WHO). By the end of the week the participants had reviewed the contents of the Executive Course’s modules and made recommendations to improve its effectiveness. The training manual is now under full revision in order to convert it into a practical tool to be published in late 2011. It is hoped that the these core products in global health diplomacy will become a useful resource for national public health associations and the WFPHA alike.

The GHP was as well an active steering group member of the special interest group on Global Health of the Swiss Society for Public Health, and participated in the Swiss Public Health Conference 2010. It also organized its fourth high-level symposium entitled “Fragile states – Analysing the Interface of Health and Diplomacy” highlighting the strategic opportunities and challenges that the dynamic relationship between health and foreign policy faces in the context of fragile states.
WFPHA at the 138th APHA Conference

The 138th Meeting of the American Public Health Association, which took place November 6–10, 2010 in Denver (Colorado), brought together 11,000 people from across the United States, as well as from other countries, including the representatives of several WFPHA member associations. The Royal Society for Public Health (UK) hosted their Annual Tea and APHA & the RSPH conducted their annual exchange of honors between their leaderships. The WFPHA exhibit, which featured several WFPHA publications and brochures, was staffed by representatives of the Ethiopian Public Health Association. Our Ethiopian colleagues used the occasion to increase awareness about and market the 2012 World Congress on Public Health. An informal meeting of several WFPHA member associations (USA, Canada, Japan, China, Korea, Mongolia, Mexico, Ethiopia, South Africa, UK) was held to exchange information about activities and news from each PHA.

Prior to the conference, the APHA hosted a one-day Health Care Reform Summit. APHA is playing a leadership role in advocating for health care reform in the USA. The highlight was learning about the priority placed on illness prevention and health promotion, and the processes put into place (for example, the National Prevention, Health Promotion and Public Health Council, chaired by the US Surgeon General) to implement this innovative national policy.

Dr. Alex Gatherer, an APHA member and advisor to the WHO Health in Prisons Project, organized two sessions on behalf of the Federation. The aim of the sessions was to explore promoting the health of the socially marginalized, and in particular prison populations. The sessions and a subsequent meeting helped define a draft position paper to be submitted to the WFPHA for its consideration in May 2011.

Year in Review, from page 3...

Before the meeting’s conclusion, the Presidency of the Federation was formally passed to Dr. Ulrich Laaser of Germany. In his inaugural address to the Federation’s members, Dr. Laaser declared his commitment to work towards having a financially viable and self-sustaining organization that contributes to influencing thinking and action on global public health issues, with a highly participative membership. James Chauvin, representing the Canadian Public Health Association, was elected as the WFPHA’s Vice-President and President-Elect. He represented the WFPHA at the World Health Assembly, which took place following the annual General Assembly. In late May, Dr. Laaser travelled to Ethiopia, where he met with officials of that country’s government as well as with the Board and staff of the Ethiopian Public Health Association (EPHA). During his mission, he worked with the EPHA on various aspects of the planning for the 2012 World Congress on Public Health.

In November, the representatives from several WFPHA member associations met in Denver, Colorado, at the time of the 138th Annual APHA Conference (see article on page 7). This event offered a wonderful opportunity to raise awareness about the Federation and advertise the 2012 Congress. An informal meeting of the national public health associations was convened, at which they exchanged information about their respective activities and events.

All in all, it was a very productive year.
Strengthening the Public Health Workforce

Rebecca J. Bailey, MSPH, C.Ed. and Mario Dal Poz, MD, MS, PhD

The World Health Organization (WHO) estimates that 57 countries – 36 of which are in Africa – have severe health workforce shortages, and require some 4.3 million additional health workers to fill critical gaps in fragile health systems. Critical skills in public health, health policy, and management are often deficient across both practitioners and managers. Furthermore, in almost all countries, a shortage of qualified health workers in remote and rural areas impedes access to life-saving interventions and services. Actions to address shortages, inadequate skill mix, and uneven geographical distribution of the health workforce are considered essential for achieving national health goals, and particularly the health-related Millennium Development Goals (MDGs).

The public health workforce includes those who identify, monitor, and manage population health problems; those who inform, evaluate, and advocate for appropriate health and intersectoral policies; as well as those who plan and manage the health system and service response to population health needs. While the heart of this workforce is located in government health agencies, it is also distributed through a wide range of public and private organizations, providing both direct and indirect population health services. The 2008 WHO report on the social determinants of health offered clear evidence of the need to strengthen public health competencies in other sectors – such as housing, agriculture, environment, and public works – in order to integrate a public health perspective into all policies, with the objective of health in all policies.

In 1997, WHO drew on an international group of public health experts to identify and prioritize a list of 37 essential public health functions (EPHF). In 2000, the Directing Council of the Pan American Health Organization adopted a resolution (CD42.R14) to support Member States in analysing the state of public health in relation to 11 EPHF, with the aim of improving public health practice and infrastructure. Surprisingly little is known about the size, structure, performance, and training needs of the public health workforce. In other words, little is known about the real contribution of this workforce to the achievement of EPHF. This situation reflects the relatively low priority accorded in many countries to the public health workforce and its related infrastructure, including its long-term development. Building the public health workforce will require strong leadership from national governments, collaboration between numerous sectors – not least the health and education sectors – as well as support and investment from a wide variety of international agencies.

Within this context, WHO and WFPHA are implementing a collaborative plan for 2010–2012, which includes a focus on scaling up the public health workforce through the work of a global public health education task force representing public health associations and other key stakeholders, such as regional associations of schools of public health, to forge stronger links between practice and education and promote the development of a workforce that is relevant to needs.

In addition, WHO is supporting pioneering initiatives in sub-Saharan Africa through networks of institutions to deliver education and training programs with a focus on health workforce development. The goal is to generate competent leaders to tackle the critical shortage of health workers and to spearhead the planning, production, and management of the health workforce for years to come. Three consortia of institutions are applying a distance-learning approach to deliver a Master’s degree in Public Health with a focus on Health Workforce Development in a number of English, French and Portuguese speaking countries. Through such partnerships, WHO aims to strengthen the health workforce and as such support Member States in achieving the health-related MDGs.

Edited with the authors’ permission from the original article which appeared in the Journal of Public Health Policy, (2010) 31, 494-497.
A privileged relationship for the WFPHA

Five years after the affiliation between the *Journal of Public Health Policy* and the World Federation of Public Health Associations was announced, we would like to report that, from the *Journal*'s point of view, the experiment is a success. The *Journal* has allocated 16 pages in each volume to WFPHA. The Federation is responsible for the content: writing or soliciting and editing the articles that appear in the Federation’s Pages. Members of national public health associations are offered subscriptions to *JPHP* at a reduced price.

Under the leadership, originally of Ulrich Laaser and now Bettina Borisch, the Federation’s Pages have made an important contribution to the *Journal*. Some of their ideas crept out of the Federation’s Pages and into the peer-reviewed content, such as the series on public health legislation. We hope the *Journal* has contributed to the success of the Federation. Initially, the Federation used the Federation’s Pages to communicate on Federation affairs. The Pages covered the new Strategic Plan. They described Strengthening Public Health Associations—An Initiative Led by the Canadian Public Health Association. The Federation used the Pages to present the views of a new President, as with Paulo Buss’ Editorial on Global Health and Health Diplomacy. This approach was useful, but a quarterly was hardly a timely vehicle for news and announcements. More and more the Federation communicated directly with its member associations and their members via electronic media.

With the opening of WFPHA’s Geneva office in 2009, Bettina Borisch acceded to the post of Special Editor for The Federation’s Pages. She has used the pages to highlight the work of association members and of colleagues at WHO. The Pages promoted the last World Congress in Istanbul, and more recently Bettina has attracted more substantive policy views to the Pages which are all open access at the Journal’s website: www.palgrave-journals.com/jphp/.

For our part, we have felt welcome to work with public health associations around the world. So much so that we have proposed to the Ethiopian Public Health Association, host to the 2012 World Congress, a new concept, a Global Consultation. With hundreds of public health experts scheduled to attend the congress in Addis Ababa, we suggested that our Ethiopian colleagues present some of the most difficult public health challenges in their country and seek advice for the visiting experts. The consultation would engage visitors more deeply, giving them the opportunity to learn about and from Ethiopian colleagues. We have expressed our interest in publishing the results of this Global Consultation for Public Health in Ethiopia in the *Journal*.

We look forward to continued collaboration with WFPHA.

**Anthony Robbins**  
anthony.robbins@tufts.edu  
Co-Editors  
*Journal of Public Health Policy*

**Phyllis Freeman**  
phyllis.freeman@umb.edu  
www.palgrave-journals.com/jphp/  
jphp@umb.edu

---

**News from Haiti**

The Association de santé publique d’Haiti (ASPHA) (Haiti Public Health Association) has been a partner of CPHA’s Strengthening of Public Health Associations (SOPHA) Program since 2001. Shortly after the January 12, 2010 earthquake, ASPHA members rolled up their sleeves and got to work. Damage to the ASPHA office was repaired and work-related meetings resumed in March. Among other activities, ASPHA has continued its technical support of the health district of les Nippes, which was one of the departments directly affected by the earthquake. ASPHA is in the process of creating a local office in les Nippes, and in spite of the critical situation there, has seen its membership increase.

In September 2010, ASPHA started implementing a research project on the causes of immunization drop-out in the Nippes department. The duration of the project is 12 months and funding is being provided by the International Development Research Centre (IDRC), with technical support from CPHA. This research project is one of four funded by IDRC in Haiti. It has two goals: 1) document the causes of immunization drop-out in order to design strategies that better reach target groups and maintain cohorts in the immunization process, and 2) strengthen the capacity of ASPHA to conduct operational research through collaboration with Canadian researchers.

Three ASPHA researchers and three collaborators of the health district of les Nippes will be working together with Dr. Donna Moralejo, member of CPHA and Associate Professor in the School of Nursing at Memorial University in Newfoundland, who will be providing technical support to the project team. Dr. Moralejo recently traveled to Port-au-Prince to help the team prepare the first survey which will begin in November.
Planning and Organization Move Ahead

The year 2010 signifies that ten years have passed since the declaration of the Millennium Development Goals. Only five years remain to achieve them before their deadline. Their achievement will require concerted global strategies, effort and resources aimed at increasing equitable and sustainable access for the world’s population, and especially for the world’s poorest people, to essential health and social services and to the conditions that will improve their health.

The WFPHA and its members have an important role to play to move forward this agenda and the attainment of the MDGs. The 13th World Congress on Public Health, to be held in Addis Ababa (Ethiopia) between April 21 and 29, 2012, is the WFPHA’s flagship triennial global event. It is unique, as it offers the only opportunity for the global public health community, including service providers and practitioners, trainers, educators, researchers, academicians and scientists, to come together and deliberate on important priority issues that affect the health of all people. The 2012 Congress is especially timely and important, given its theme: Towards Global Health Equity: Opportunities and Threats. It will serve as a platform for public health professionals to share their knowledge and experiences, and reinforce their commitment to jointly forge ahead with national, regional and international initiatives and partners and help nations take the last sprint towards achieving the MDGs in 2015 and beyond.

This will be the second time that the World Congress will be held in Africa. The first time was in 1997, when it was hosted by the Tanzanian Public Health Association. Holding it in Africa in 2012 has a major strategic significance. Only three years will remain before the arrival of the MDGs’ deadline. Many countries in Africa have weak health systems and under-developed socio-economic environments. They face immense challenges in attaining the MDG targets. Yet, against the odds, communities and governments are making courageous efforts to overcome the many challenges. Some of these include policies on decentralization, decisions to allocate defined budget allocations to the health sector as per the Abuja Declaration, forging public-private partnerships and involving communities in decision-making and as full partners in the implementation of efforts to achieve the MDGs. The Congress will offer opportunities to get a deeper insight into the complex challenges and to witness the success stories and optimism as people try to find lasting and effective solutions. Issues related to resetting financial aid and aid effectiveness, household and community food security, health and education, housing, and employment, all important determinants of health, will be discussed. In this intercontinental and globalized world, the global public health landscape is also becoming more complex with the re-emergence of old diseases and the arrival of new ones, and as well the potential for an unprecedented level of the spread of infectious diseases. With global economic interdependence comes an increase in the potential for a large magnitude impact on health and well-being.

Demographic transition in developed and developing countries, lifestyle, nutrition, climate change, environment, natural and man-made disasters, pandemics, TB and malaria, as well as HIV/AIDS, influence global health more than ever. On top of this is the increasingly important impact of non-communicable diseases and the chronic conditions they engender. These are no longer issues of affluent societies; they affect all societies and are increasingly responsible for an increased burden of morbidity, disability and mortality in the developing world. Add to this the issue of migration of skilled health workers from rural to urban areas as well as between countries. And, although investment in health research has increased significantly in recent years, the demand for more research increases while funding levels and opportunities stagnate.

it is imperative that everyone joins hands and contributes their share towards alternative, innovative solutions to speed up the achievement of the MDGs. As the host of the 13th World Congress on Public Health, jointly organized with the WFPHA, it is my pleasure as President of the Ethiopian Public Health Association, along with Hailegnaw Eshete, EPHA’s Executive Director, and Workneh Kassie, 2012 Congress Executive Coordinator, and all EPHA members, to invite you to attend and participate fully in this important global public health event. The EPHA is very proud to be a partner and host this important event. We look forward to welcoming you to Ethiopia, to Addis Ababa and to the Congress.

Tewabech Bishaw, PhD
President, Ethiopian Public Health Association
Member Association News

In 2010, the Association burkinabé de santé publique (ABSP) celebrated a victory in its tobacco control work. After seven years of ABSP’s advocacy effort, the Parliament of Burkina Faso adopted in October 2010 clear and more binding tobacco control legislation. ABSP is now advocating for the application of this new law in collaboration with the Ministries of Health, Industry and Commerce. On an international level, ABSP actively participated, in collaboration with international partners, in the Réseau des associations de santé publique d’Afrique francophone (RASPAF) and played a lead role in laying the foundation for the creation of an African Federation of Public Health Associations network. ABSP secured funding from the Organisation Internationale de la Francophonie (OIF) for a mother and child health project, to be implemented in partnership with the national public health association in Niger (ANSP) with technical assistance to be provided through CPHA and the Association pour la santé publique du Québec.

The Canadian Public Health Association joined the WFPHA in 1973. The year 2010 marked CPHA’s 100th anniversary. The centenary celebrations included the production of materials to increase awareness about the 12 milestones in public health in Canada over the past 100 years, the publication of an on-line History of Public Health in Canada and the Association’s Centennial Conference which brought together public health professionals from across Canada and around the world. CPHA also advocated on several important public health issues, including calling for a ban on the mining and export from Canada of chrysotile asbestos.

The Mongolian Public Health Professionals’ Association joined the WFPHA in 2010. The MPHPA collaborated with the Ministry of Health, WHO and IOGT International to organize and launch advocacy activities around the issue of alcohol use/abuse prevention, with a call to the Government of Mongolia to dedicate funds from alcohol product importation tax to support alcohol use/abuse prevention. The advocacy work was successful. The Mongolian Parliament announced its decision to allocate 1% of alcohol product importation taxes to the Health Promotion Foundation for this purpose. The MPHPA also received permission from the Ministry of Health to oversee the degree granting examination process for statistical medical nursing and certification of medical doctors as Public Health Professionals.

The 3rd Nicaragua National Public Health Congress, organized and hosted by the Asociación Nicaragüense de Salud Pública (ANSAP), took place December 1-3 2010 in Managua. The theme of the conference was “The Social Determinants of Health in Public Health”. It included an impressive three-day program that included participation from diverse stakeholders in Nicaragua, including public health practitioners, university researchers and students, international and national NGO representatives as well as government officials. As the first day of the conference coincided with World AIDS day, a prominent issue was HIV/AIDS. Other important topics were discussed including medical tourism, e-health, child and maternal health and road traffic safety. Dr. Julio Soto, from the Institut national de santé publique du Québec (Canada), delivered the opening plenary presentation on the social determinants of health. This Public Health Congress provided an essential space for intersectoral health dialogue and education in Nicaragua.

The Public Health Association of Serbia, which became a WFPHA member in 2005, successfully advocated to the Government of Serbia for the adoption of new tobacco control laws and regulations. It also completed an IDRC-funded project on assessing smoke-free policy and practice in health institutions in Serbia. Two of its members made presentations on the results of PHAS-sponsored research projects on tobacco control at the November 2010 EUPHA Conference. PHAS once again held a Public Health Summer School in Belgrade, which focused on the social determinants of health. It is seeking accreditation of this health promotion program as a Continuing Medical Education course. PHAS branches around the country continued to implement their own programs and partnerships.

During 2010, the Tanzanian Public Health Association (TPHA) conducted various awareness and advocacy activities on tobacco control, focusing on advertisement banning and a review of legislation to conform to the WHO Framework Convention on Tobacco Control (FCTC), financially supported by the American Cancer Society and Canadian Public Health Association. TPHA started research activities supported by the IOGT-NTO International Movement Institute. Initially, these focused on alcohol abuse, gender and economic deprivation, in collaboration with Burundi Girl Guides, exchanging expert visits in East Africa and Sweden. Subsequently, TPHA conducted a baseline survey on alcohol consumption and violence against women (VAW) in two districts in Tanzania; findings are needed for awareness raising, policy advocacy, and behaviour change communication. TPHA was also involved in road safety and injury prevention, and cancer prevention advocacy initiatives. Most importantly, TPHA reviewed its Strategic Plan for 2011-2015, to strengthen organizational capacity to match with current public health needs, both locally and globally.

The United Kingdom Public Health Association (UKPHA) has been deeply involved in responding to the proposals for major changes to the public health system in England and supports the move of public health responsibilities from the NHS to local authorities. To further its reach and impact during this critical period, it will be amalgamating with the Faculty of Public Health as a first step towards unifying the public health movement in the UK. The UKPHA’s ground-breaking work on climate change, fuel poverty and public mental health will be expanded and developed within a much broader framework and will reach out to all in the professions, communities and beyond to genuinely ensure that public health does become everyone’s business.
25 Years of Building a Civil Society Voice for Public Health

Since 1985, CPHA has been supporting the establishment and organizational development of public health associations (PHAs) in more than 30 low- and middle-income countries as a means to create and strengthen civil society’s voice for public health. This program has become better known as the Strengthening of Public Health Associations (SOPHA) Program and this year it is celebrating 25 years of working with public health associations around the world.

During the CPHA Centennial Conference in June 2010, the 25 years of the SOPHA Program were marked by a special global health session that brought together Margaret Hilson, former director of CPHA’s International Secretariat, Professor Wen Kilama, former chairperson of the Tanzanian Public Health Association (TPHA), Professor Yohane Nyasulu, president of the Malawi Public Health Association (MPHA) and current SOPHA partner. In addition, the principal funder of the SOPHA Program over these 25 years, the Canadian International Development Agency (CIDA), was represented by Dr. Naresh Singh. This dynamic session, moderated by Ron de Burger, a past president of CPHA, reflected on the role CPHA has played in the growth of public health associations and the development of a strong voice for civil society for public health around the world. The discussions highlighted the history of the collaboration between CPHA and its partner PHAs as well as some of the successes and challenges encountered.

The session concluded with Jim Chauvin, CPHA’s Director of Global Health Programs, launching SOPHA’s new bilingual publication, *The Public Health Association Movement: 25 years of building a civil society voice for public health*, as well as a commemorative 18-month SOPHA calendar. Both publications are available upon request by contacting the SOPHA Program at sopha@cpha.ca.

Photo, from left to right: Mr. Ron de Burger (CPHA); Dr. Naresh Singh (CIDA); Ms. Margaret Hilson (CPHA); Prof. Wen Kilama (Tanzania); and Prof. Yohane Nyasulu (MPHA - Malawi).

Alliance for a Cavity-Free Future

Over half the children in the world and most adults have had dental cavities. Oral health is a key determinant of overall health. The WFPHA joined, in mid-2010, the Alliance for a Cavity-Free Future (ACFF) to address this global public health challenge.

This Alliance is a worldwide group of public health and oral health experts who have joined together to promote integrated clinical and public health action in order to stop the neglected epidemic of tooth decay to move towards a Cavity-Free Future for all age groups around the world. Overall, the group believes that global collaborative action is needed to challenge global leaders and other stakeholders – including country and community leaders, health and dental health professionals, public policy, and the public – to learn the importance of oral health and caries as a disease continuum and to participate in action toward the delivery of comprehensive caries prevention and management that can positively influence the continuing neglected epidemic of caries.

The Alliance is supported and promoted by Colgate-Palmolive. WFPHA will work with the Alliance over the next months to identify how the issue of oral health and a cavity-free future for all can become integrated into the policy and actions of WFPHA members. Information about the Alliance for a Cavity-Free Future can be accessed at: www.allianceforacavityfreefuture.org
Getting an office up and running is a challenge under the best of circumstances. Getting it up and running within a context of organizational change and transition of the secretariat office functions and responsibilities from one country to another adds a completely new dimension to the process. The year 2010 was a busy one for the WFPHA office staff. Leadership is provided by Dr. Bettina Borisch (Professor of Social and Preventive Medicine at the University of Geneva and member of the Swiss Society for Public Health) who oversees the operations and manages the WFPHA secretariat office in Geneva. The office provided much-needed logistical and operational support to the Executive Board and to the Federation’s members. In September, a MoU was signed by WFPHA with the University of Geneva and the Swiss Society, through which they provide office space and management help to the secretariat office. The WFPHA formally engaged Laetitia Bourquin as its Program Manager for the equivalent of two days per week. This arrangement has served well the WFPHA’s needs.

The Geneva office carries out a multitude of functions. Not only does it make arrangements for and plan logistics in support of WFPHA events in Geneva (such as the May 2010 Executive Board and annual General Assembly meetings), it also manages the KM4PH electronic communications platform used during Executive Board meetings. The office is also the principle point of liaison with WHO and other Geneva-based multilateral organizations and international federations. It assumed responsibility during 2010 for the management of the Federation’s Geneva bank accounts, and as well the collection of membership annual fees. The Geneva office worked in close collaboration with the APHA to ensure the smooth transfer of archives and other WFPHA materials from Washington to Geneva. It also produced and distributed to members the WFPHA Newsletter. It also facilitated communications with contractors providing services in support of WFPHA activities and for the 13th World Congress. The Policy Committee as well as the Global Health Equity working group are both managed from the Geneva office. It also acts as the Editor for the Federation’s Pages in the Journal of Public Health Policy.

Finally, and not least in importance, it disseminates information to the Federation’s working groups and committees and ensures smooth communications between these bodies and the Executive Board. The office serves as focal point for all contacts and queries of WFPHA’s members travelling through Geneva.

There is an open invitation to WFPHA members to visit the Geneva office. It is located near the medical faculty of the University of Geneva, at Villa Friedheim, 17 chemin de la Tour de Champel. Please drop by!

**Western Pacific Region Activities and Events**

In 2007 the Chinese Preventive Medicine Association (CPMA) was invited by the WFPHA President at that time (Dr. S.M. Asib Nasim of Bangladesh) to take the lead to establish a network of public health associations in the Western Pacific region. Later that same year, the CPMA proposed the opening of the West-Pacific Regional Liaison Office and the organization of an annual West-Pacific Regional Conference on Public Health. These both became a reality in 2008. The regional office was opened in Beijing, housed by the CPMA, which also hosted the inaugural regional conference on public health in October 2009 (see photo).

The purpose of this regional network is to build better communications and means to exchange information and set up cooperative mechanisms for action on public health issues of mutual concern. Members of the network include the national public health associations in Australia, China, Indonesia, Japan, Korea, New Zealand, Philippines and Vietnam. The role of the regional liaison office is to ensure timely information exchange among the network’s members through a regular newsletter and website, and to help support the organization of events and activities.

The Japan Public Health Association (JPHA) has made over the past few decades a major contribution to advancing the interests of public health associations in this region. Following upon a suggestion made by former WFPHA President Dr. Alex Papilaya of Indonesia at the time of the 7th World Congress on Public Health in Bali, the JPHA organized in 1995 in Tokyo the 1st Conference of Public Health Associations in Asia. Since then, the JPHA organized follow-up conferences in 2000 and 2005. In November 2010, the JPHA once again hosted the 4th Conference of Public Health Associations in Asia and, as well, the 2nd General Meeting of West-Pacific Regional Conference on Public Health. Dr. Laaser, WFPHA President, represented the Federation at these two events.
Financial Report 2010

At the May 2010 Executive Board meeting, the WFPHA Finance Committee tabled a report assessing the Federation’s financial situation. The report concluded that the Federation needed to develop a business plan and revenue generation strategy to ensure its future sustainability and financial resilience. Expenditures in support of the 12th World Congress on Public Health (April 2009) were higher than anticipated and the decision to transfer the secretariat office to Geneva carried with it important financial implications for the WFPHA. The report also recommended that the Federation undertake a review of its annual membership fee policy and protocol. This latter exercise was begun in late 2010, and will be followed with the drafting of a business plan/revenue generation strategy in 2011.

For the calendar year 2010, the WFPHA was successful in increasing its revenues considerably. These included grants from Colgate-Palmolive and the American Public Health Association, as well as a decision by the Rockefeller Foundation to cover some of the expenses incurred by the WFPHA related to supporting the travel of delegates to the 12th World Congress. Here is a summary comparison of 2009 and 2010 income and expenses (figures are rounded, in US dollars).

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$10,648</td>
<td>$9,029</td>
</tr>
<tr>
<td>Grants</td>
<td>12,000</td>
<td>125,868</td>
</tr>
<tr>
<td>Interest &amp; Other</td>
<td>1,551</td>
<td>1,513</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td>85,466</td>
<td>36,892</td>
</tr>
<tr>
<td><strong>Surplus/(Deficit)</strong></td>
<td>($61,267)</td>
<td>$99,518</td>
</tr>
</tbody>
</table>

**Financial Situation**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance (January 1, 2010)</td>
<td>$105,152</td>
<td>$50,590</td>
</tr>
<tr>
<td>Closing Balance (December 31, 2010)</td>
<td>$50,590</td>
<td>$152,527</td>
</tr>
<tr>
<td>Surplus/(Deficit)</td>
<td>($54,562)</td>
<td>$101,937</td>
</tr>
</tbody>
</table>

The WFPHA’s financial report and balance sheets were examined by the auditor (Jos Ohms of Switzerland). In his statement dated March 3, 2011, he declared that in his opinion the statements agree with the accounting records and present fairly the position of the WFPHA as of December 31, 2010.

**Officers**

**President (2010-2012)**
Prof. Ulrich Laaser, MD
German Association for Health Sciences and Public Health (DVGPH)

**Immediate Past-President (2010-2012)**
Dr. Paulo Marchiori Buss
Brazilian Association for Collective Health (ABRASCO)

**Vice-President/President-Elect (2010-2012)**
James Chauvin
Canadian Public Health Association (CPHA)

**Treasurer (Interim) (2010-2011)**
Dr. Bettina Borisch
Swiss Society for Public Health

**Executive Board**

**AFRO**
Dr. Tewabech Bishaw, Ethiopian Public Health Association (2009 – 2012)

**AMRO**
Dr. Georges Benjamin, American Public Health Association (2009 – 2012)
Dr. Grettchen Flores-Sandi, Costa Rican Public Health Association (2008 – 2011)

**EMRO**
(vacant)

**EURO**
Dr. Bettina Borisch, Swiss Society for Public Health (2009 – 2012)
Dr. Hikmet Pekcan, Turkish Public Health Association (2009 – 2012)
Dr. Gabriel Scally, UK Public Health Association (2009 – 2012)

**SEARO**
Dr. Kairul Islam, Bangladesh Public Health Association (2009 – 2012)
Dr. Mudhumita Dobe, Indian Public Health Association (2010 – 2013)

**WPRO**
Dr. Cai Jiming, China Preventive Medicine Association (2010 – 2013)
Dr. Toshitaka Nakahara, Japan Public Health Association (2009 – 2012)

**WHO Liaison to WFPHA**
Rebecca Bailey, Department of Human Resources for Health/WHO
**Member Associations**
(by alphabetical order)
- All-Ukrainian Public Health Association
- American Public Health Association
- Armenian Public Health Association
- Associação Brasileira de Pós-graduação em Saúde Coletiva
- Associação Moçambicana de Saúde Pública
- Association burkinabé de santé publique (Burkina Faso)
- Association camerounaise de santé publique
- Association Congolese pour la santé publique et communautaire
- Association de Santé publique d’Haiti
- Association Nigérienne pour la promotion de la santé publique
- Association Sénégalaise des Professionnels de Santé Publique
- Azerbaijan National Health Association
- Bangladesh Public Health Association
- Bolivian Public Health Association
- Canadian Public Health Association
- Chilean Society for Public Health
- China Preventive Medicine Association
- Colombia Academy of Public Health and Social Security
- Costa Rica Public Health Association
- Cuban Public Health Association
- Finnish Society for Social Medicine
- German Association for Health Sciences and Public Health (DVGPH)
- German Association for Public Health (DGPH)
- German Coordinating Agency for Public Health (AHPCS)
- Health Promotion Union of Estonia
- Hungarian Society of Hygiene
- Indian Public Health Association
- Indonesian Public Health Association
- Iranian Public Health Association
- Israeli Public Health Association
- Italian Society of Hygiene, Preventive Medicine and Public Health
- Japan Public Health Association
- Jordan Public Health Association
- Kazakhstan Association of Public Health Specialists
- Kenya Community Health Association
- Korean Public Health Association
- Libyan Public Health Association
- Macedonian Medical Society/Association for Social Medicine
- Mauritian Public Health Association
- Mexican Society of Public Health
- Mongolian Public Health Professionals’ Association
- Netherlands Public Health Federation
- Nicaragua Public Health Association
- Nigerian Public Health Association
- Norwegian Public Health Association
- Panamanian Society of Public Health
- Partnership for Public Health – FBiH (Bosnia & Herzegovina)
- Philippine Public Health Association
- Polish Society of Hygiene
- Portuguese Association for the Promotion of Public Health
- Public Health Association of Australia
- Public Health Association of Georgia
- Public Health Association of New Zealand
- Public Health Association of Republika Srpska (Bosnia & Herzegovina)
- Public Health Association of Serbia
- Public Health Association of South Africa
- Public Health Schweiz (Switzerland)
- Romanian Public Health and Health Management Association
- Royal Society for the Promotion of Health (UK)
- Russian Public Health Association
- Société Française pour la santé publique
- Spanish Society for Public Health and Health Administration
- Sri Lanka Public Health Association
- Sudanese Society for Social and Preventive Medicine
- Tanzanian Public Health Association
- Thailand National Health Association
- Turkish Public Health Association
- Uganda National Association of Community and Occupational Health
- United Kingdom Public Health Association
- Vietnam Public Health Association
- Vietnam Society of Preventive Medicine

**Regional Members**
- Association of Schools of Public Health in the European Region (ASPHER)
- Caribbean Public Health Association
- East, Central and Southern African Public Health Association (ECSAPHA)
- European Public Health Association (EUPHA)
- Latin American and Caribbean Association of Education in Public Health (ALAESP)

**Sustaining Members**
- The World Association of Chinese Public Health Professionals
- Graduate Institute of International and Development Studies of Geneva

**Advisory Board**
Margaret Hilson (Canada)
Theodor Abelin (Switzerland)
Georges Benjamin (USA)
Deborah Klein-Walker (USA)

**Committees**
- By-laws Committee: Theodor Abelin, Dineke Zegers, Margaret Hilson
- Finance Committee: James Chauvin, Bettina Borisch, Georges Benjamin, Gabriel Scally
- Membership/Awards Committee: Paul Buss, Alvaro Matida, Theodor Abelin, Alex Leventhal, Andrei Demin
- Nominations Committee: Mengistu Asnake, Theodor Abelin, Cai Jiming, Georges Benjamin
- Policy Committee: Bettina Borisch, Gabriel Scally, Madhumita Dobe, Paulo Buss, Peter Orris, Ulrich Laaser, Deborah Klein-Walker

**Working Groups**
- Environmental Health: Peter Orris (USA) – Chair
- Global Health Equity: Deborah Klein-Walker (USA) – Chair
- Public Health Education: Ehud Miron (Israel) – Chair
- Tobacco Control: Mike Daube (Australia) – Chair

Participants attending the tobacco control meeting organized by the public health association in Mozambique (AMOSAPU). Photo: AMOSAPU
WFPHA report ‘10

is the Annual Report of the World Federation of Public Health Associations

WFPHA is an international, nongovernmental organization composed of multidisciplinary national public health associations. It is the only worldwide professional society representing and serving the broad field of public health.

WFPHA’s mission is to promote and protect global public health. It does this throughout the world by supporting the establishment and organizational development of public health associations and societies of public health, through facilitating and supporting the exchange of information, knowledge and the transfer of skills and resources, and through promoting and undertaking advocacy for public policies, programs and practices that will result in a healthy and productive world.

The views expressed in this document do not necessarily reflect those of all WFPHA member associations. Materials may be reproduced with due acknowledgement for non-commercial purposes. Comments and suggestions about the WFPHA’s annual report can be communicated to Laetitia Bourquin, the WFPHA Program Manager, at: laetitia.bourquin@unige.ch

Contributors
Manjula Alles (Canada)
Rebecca Bailey (WHO)
Tewabech Bishaw (Ethiopia)
Purevdorj Bolormaa (Mongolia)
Bettina Borisch (Switzerland)
Laetitia Bourquin (WFPHA Secretariat)
James Chauvin (Canada)
Ian Culbert, Graphic Design (Canada)
Mario Dal Poz (WHO)
Margarita Guevara (Nicaragua)
Vina Hulam (USA)
Ilona Kickbusch (Switzerland)
Ulrich Laaser (Germany)
Marta Lomazzi (WFPHA Secretariat)
Bertha Maegga (Tanzania)
Peter Orris (USA)
Violette Pedneault (Canada)
Anthony Robbins (USA)
Gabriel Scally (UK)
Snezana Simic (Serbia)
Mathias Somé (Burkina Faso)
Michaela Told (Switzerland)

The World Federation of Public Health Associations would like to extend a heartfelt thank you to its sponsors for their funding, in-kind contributions and support over the past year:

- American Public Health Association
- Canadian Public Health Association
- Colgate-Palmolive
- Graduate Institute of Geneva
- Rockefeller Foundation
- Swiss Society of Public Health
- University of Geneva

Contact information:

**Geneva Office (postal address)**
World Federation of Public Health Associations
c/o Institute for Social and Preventive Medicine
CMU/University of Geneva
1, rue Michel Servet
CH-1211 Geneva 4
Switzerland
Tel: +41 22 379 04 53
Fax: +41 22 379 59 12

**Physical address:**
Villa Friedheim
17 chemin de la Tour de Champel
Geneva, Switzerland

www.wfpha.org