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The Addis Ababa Declaration
A call to Action for Health Equity
Dear colleagues,

This year saw several important events take place within the WFPHA. These include a very successful 13th World Congress on Public Health, the transition in the Federation’s presidency, the establishment of a new WFPHA working group on Oral Health, and the strengthening and launching of new regional alliances of national public health associations (PHA).

When I assumed the Presidency in April, I shared with WFPHA members a four-point platform. It aims to enhance the WFPHA’s policy influence capacity and sustainability, to strengthen national and regional PHA policy influence and to improve public health practice, to take action on priority public health issues, and to begin setting the stage for the celebration of the Federation’s 50th anniversary in 2017. The means to achieve these ends include continuing the excellent work of previous Presidents to build and nurture national and regional PHA alliances to become strong civil society voices for public health, expanding and diversifying the Federation’s revenue streams, establishing strategic partnerships with other organizations on topics of mutual concern, renewing the 3-year collaborative plan of action with WHO, and preparing a five-year organizational Strategic Plan (2013-2017).

National PHAs are the unique non-governmental, politically independent and authoritative voice for public health. In some countries, they are its only voice. The past four decades have witnessed the expansion and organizational maturing of the global public health association community. From only a handful of countries having national public health associations in 1967, the year the WFPHA was founded, now over 80 countries are served by their own public health associations, and that number continues to grow.

Making the WFPHA’s voice heard at international events, including the World Health Assembly, is imperative. We are the global non-governmental voice for public health. Our member associations have important things to say concerning the priority public health issues facing our world. We should be consulting with them on a regular basis, inviting their input to WFPHA position statements. These statements would then be our means to influence thinking and possibly action on healthy public policy and public health practice.

Since its inception in 1967, the Federation has produced over 40 resolutions, declarations and position papers on a broad range of public health topics. The Declarations from recent World Congresses on Public Health have focused on health as a global public good (Brighton, 2004); eliminating social inequalities as a result of globalization (Rio de Janeiro, 2006); and, health as the first human right (Istanbul, 2009). And we now have the Addis Ababa Declaration, being a call to action for global health equity. Resolutions and Declarations provide direction: what we need now is action.

We are fortunate to have a dedicated group of men and women who volunteer their time freely as members of the Governing Council, the WFPHA’s various committees and working groups and its Advisory Board. I am counting on every WFPHA member association and organization to become actively involved within the Federation. We need your participation on the Federation’s committee and working groups, your feedback on deliberations at regional and international meetings, and your input to discussions within WFPHA about important public health issues and the means to address them. Together, all of us will make a difference as we move the Federation to greater heights and accomplishments.

In closing, I want to thank my predecessor, Ulrich Laaser, for his dedication to the WFPHA and to recognize his achievements during his presidential term. I also wish to welcome to our team my friend Dr. Mengistu Amsnake as the WFPHA’s new Vice President and President-Elect. I look forward to working closely with him, so that there is a seamless transition when he assumes the role of President in May 2014. He and I will work in close collaboration with all WFPHA member associations and our dedicated staff at the WFPHA Geneva secretariat office to ensure that we carry out the tasks before us.
The Year in Review

The year 2012 proved to be a very productive and successful one for the WFPHA. The 13th World Congress on Public Health, the second time this unique global event took place in Africa, brought together over 3,600 individuals from over 120 countries over a 5-day period. The exchange of information and knowledge and the sharing of experiences galvanized the global public health community to action to achieve improved health and better health equity for all, as reflected in the Addis Ababa Declaration.

This year also saw an expansion of the Federation’s membership, with the admission of public health associations (PHAs) and health organizations from several countries. The WFPHA also welcomed the International Federation of Medical Students Associations as a sustaining member, in recognition of the important role this organization has played in providing a space for medical students interested in public and population health. We also concluded a Memorandum of Understanding with the China Preventive Medicine Association (a WFPHA member since 1998) which will strengthen the WFPHA’s Asia-Pacific Regional Liaison Office and enhance the networking capacity of the national PHAs from this region. The WFPHA also collaborated with the new African Federation of Public Health Associations to strengthen its organizational capacity as the nexus for the growing number of PHAs on this continent.

It was also a year of transition. In April, Jim Chauvin (Canada) assumed the Presidency and Dr. Mengistu Asnake (Ethiopia) was elected Vice President/President-Elect for a two-year period. The Federation also welcomed to the Governing Council representatives from national PHAs in Nicaragua, Spain and Afghanistan. The American Public Health Association became the first ‘member at large’ to sit on the WFPHA’s governing body. A new working group on oral health was established, to help guide the Federation’s attention and action on this oft-neglected yet important public health issue. The WFPHA working group on Public Health Professional Education and Training launched the establishment of a core committee which will review the definition of essential public health functions and competencies for public health practice across the globe. The Federation also ended the year on a healthier financial note.

National PHAs continued to make a difference during 2012. This year’s Annual Report describes some of the exciting policy advocacy and frontline activities undertaken by several national PHAs. A pre-Congress session organized by the Public Health Association of South Africa demonstrated the array of topics being pursued by national PHAs, their achievements and the challenges and lessons learned from their advocacy efforts for better public health and well-being. The role of, and challenges facing, public health and national PHAs were also discussed during the three WFPHA-sponsored sessions which took place during the APHA’s 140th Conference held in San Francisco last October. As noted by several PHA representatives, the austerity measures being put into place by governments around the world are having considerable and negative impacts on public health services, the consequences of which will become societal challenges in future years.

The WFPHA office in Geneva continued to carry out valuable support services to the Federation. In addition to its WHO liaison functions, the Geneva office staff also attended several Geneva-based meetings on behalf of the Federation. It was also the focal point for the implementation of an in-depth survey of public health professionals about their views as to the status of achievement and the challenges for the achievement of the health-related Millennium Development Goals. Survey results will be released in early 2013. The WFPHA office also published the WFPHA Newsletter on a bi-monthly basis. In December the Federation’s first newsletter in French was published.

The Federation continued its partnership with Colgate-Palmolive in the area of oral health and hand-washing. In August, the WFPHA President was invited by the FDI (Fédération dentaire internationale) World Dental Federation and Colgate-Palmolive to be a panelist during a session during the FDI World Oral Health Forum in Hong Kong on caries prevention and management entitled ‘Caries - A Silent Epidemic’. He made a keynote address at the third annual summit of the Alliance for a Cavity-Free Future (ACFF) which took place during the Forum. WFPHA representatives also attended the European Public Health Association conference which took place in Malta last November.

All in all, a busy and productive year for the Federation. We anticipate an equally busy and productive year for 2013.
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.

Over the past year, the Federation carried out activities that moved forward the achievement of all five strategic goals (see page 5), including:

Goal One: • A survey of national public health associations and public health practitioners from around the world about their views as to the status of achievement and the challenges for the achievement of the health-related Millennium Development Goals was carried out.

Goal Two: • Four articles on a range of priority public health issues were published in the Journal of Public Health Policy, a bi-monthly Federation e-Newsletter was published, and a successful 13th World Congress was held.

Goal Three: • The framework for a renewed 3-year WHO/WFPHA collaborative plan was prepared, WFPHA participated at the 2012 WHO Executive Board meeting and at the 2012 World Health Assembly, and links were strengthened with the Fédération dentaire internationale and the Alliance for a Cavity-Free Future.

Goal Four: • The Geneva secretariat office functioned effectively, the By-Laws were amended to create a new Associate Member designation, the number of WFPHA members increased and discussions were held with several potential funders.

Goal Five: • The WFPHA supported the establishment of the African Federation of Public Health Associations, signed a Memorandum of Understanding with the China Preventive Medicine Association formalizing its role as the liaison office for the Asia-Pacific network of PHAs, and collaborated with the Dubai Health Authority in planning the 1st Arab World Public Health Conference for 2013.
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.

Several WFPHA past, present and future Presidents attended the 13th World Congress on Public Health.
From right to left: Theo Abelin (Switzerland) President 2001-2003 and co-President 2003-2004, Wen Kilama (Tanzania), President 1997-1999, James Chauvin (Canada), President 2012-2014, Margaret Hilson (Canada), President 1999-2001 and co-President 2003-2004, Ulrich Laaser (Germany), President 2010-2012, Paulo Buss (Brazil), President 2008-2010, Mengistu Asnake (Ethiopia), WFPHA’s current Vice-President and President Elect (2012-2014).
Achieving the MDGs Survey

The WFPHA Governing Council approved in 2011 that the WFPHA Geneva secretariat take the lead to conduct a qual-quantitative survey to explore the opinion of public health professionals worldwide and their experience concerning the implementation and achievement of the Millennium Development Goals (MDGs) with a focus on sub-Saharan Africa. The Federation also wanted to gain an understanding about the involvement of national public health associations (PHAs) and individuals in activities contributing to their achievement. The results of the survey will be used to inform the WFPHA as to where and how it can focus its MDG-related advocacy efforts over the next few years.

The survey was conducted on-line. PHAs and individuals were invited by email and approached during the 13th World Congress on Public Health to complete it. Over 425 completed questionnaires were received from respondents in 71 countries. The survey was ranked as ‘very relevant/useful’ by more than half (55%) of respondents, while 37% of them ranked it ‘somewhat relevant/useful’.

Almost nine out of ten (88%) respondents reported involvement in MDG-related activities, mainly through collaboration with a national government, multilateral organizations and local NGOs. All 8 MDGs were considered to be relevant. However, the importance assigned to each MDG varied significantly, with MDGs 4 and 5 considered most important in the African Region, and MDGs 7 and 8 in the Western Pacific Region. Low income countries attach high relevance to MDG1.

Respondents indicated their day-to-day activities to be related mainly to MDGs 4, 5, and 6. They indicated a high degree of enthusiasm working on MDGs they are able to influence, realizing at the same time that the underlying causes addressed in MDG 1, 2, 3 and to some degree 7, are not under their direct influence. The survey indicated that respondents tend to incorporate the notions of basic values, fairness, and human rights within the MDG-related activities. Respondents’ understanding of MDG 8 was limited.

The global economic crisis and the lack of in-country resources were cited most frequently by respondents as the most important obstacles and challenges to the achievement of the MDGs. Geographical limitations were mentioned nearly as frequently, together with the unavailability of primary health care services and cultural factors. Lack of local coordination and organization, lack of sufficient human resources within the PHA/organization, lack of logistic support, political factors, and lack of international financial and/or technical assistance were mentioned less frequently as factors contributing to the slow progress in achieving the MDGs.

The overwhelming majority of public health professionals approves the MDGs and looks with optimism on their achievability in spite of considerable challenges. The regional differences in assigned importance should be considered in the next round of development goals.

The survey results were published in the Journal of Public Health Policy: http://bit.ly/YeheJf
WFPHA at the 140th APHA Conference

The WFPHA was quite visible during the 140th APHA Conference, which took place October 28–31 in San Francisco. Besides featuring the 14th World Congress of Public Health at the WFPHA booth in the exhibit section, WFPHA hosted three concurrent sessions and its annual breakfast. The first concurrent session focused on the WFPHA’s Public Health Professionals’ Education Working Group (PHPEWG). Dr. Ehud Miron, the WG’s Chair, shared the results of a survey of public health associations about national and regional models to define the scope of public health and their application. His presentation talked about the need for a globally accepted EPHF framework to bring coherence to efforts to advance a systems approach to public health planning and implementation. Professional competencies should be aligned to the EPHF and include skills that include the social determinants of health, advocacy and other elements of public health.

Dr. Thomas Novotny, Professor in the Division of Epidemiology and Biostatistics at the Graduate School of Public Health, San Diego State University, advocated in his address to the WFPHA Breakfast Meeting for a future more proactive role for the Federation in global health diplomacy. He noted the absence of a strong, united, independent and authoritative global public health voice. His presentation was followed by a review presented by Workneh Kassie (Ethiopia), who directed the organization of the 13th World Congress on Public Health, about the outcomes and lessons learned from this very successful and important global event.

The second session highlighted the experiences of the Canadian Public Health Association, the American Public Health Association and of the WFPHA about whether or not our organizations are effective in influencing public policy. Some of the challenges facing public health sector and PHA advocacy efforts include the impact of austerity fiscal measures which have resulted in decreased funding for public health initiatives, a noted decrease in leadership for public health at all levels of government, and the apparent lack of understanding by politicians and the public alike about public health and the social determinants of health.

The third session focused on the achievements, opportunities and challenges for national public health associations as effective advocates for healthy public health policy and practice. Dr. Gabriel Scally (UK) talked about the threats to public health as a result of governments’ austerity measures. Dr. Thandi Puoane (South Africa) talked about the results of a survey of WFPHA member associations in which they highlighted the importance of policy development and advocacy, and the need for organizational capacity building as a means to nurture their competencies in these two areas. Seung Wook Lee (Korea) informed us about the challenges for his association in advocating for changes in alcohol policy and awareness-raising among politicians, bureaucrats, the beverage and entertainment industry and the public about the risks to health associated with the consumption of alcohol.

Cuba Salud 2012

The Cuban Society for Public Health (SOCUSAP), in association with the Cuban Ministry of Health, hosted an international convention on public health in early December. Ministers of Health from over 40 countries as well as 1,200 delegates from the Americas, Asia, Europe and Africa attended. During the opening ceremony, which corresponded with PAHO’s 110th anniversary, the Cuban Minister of Health, Roberto Morales Ojeda, highlighted the island’s accomplishments in health, as well as some of the challenges facing this country which faces an estimated 30% population increase by 2030.

Dr. Georges Benjamin and Dr. Peter Orris led the APHA delegation. APHA and SOCUSAP held a side meeting to share information about the two PHAs and discuss ways for cooperation and collaboration. SOCUSAP awarded the distinction of “Miembro Correspondiente” to Dr. Orris, in recognition of his contributions and long-standing relationship.

UNACOH celebrates its Silver Anniversary

The Uganda National Association of Community and Occupational Health (UNACOH) marked its 25th anniversary on September 27, during its annual Scientific Conference. UNACOH has played a leadership role in advocacy for healthy public policy and the development and application of evidence-based effective public health practice. Over a quarter century, it has made a difference by raising public awareness on a range of priority public health issues, by successfully campaigning for the adoption of national policies and regulations to promote and protect the public’s health, by implementing effective public health interventions, and by building a strong public health movement in Uganda. WFPHA Vice President and President Elect Dr. Mengistu Asnake attended on the Federation’s behalf.

PHA Conferences in the Asia Pacific Region

The Indonesian Public Health Association hosted its annual conference in July, with the theme Role of Public Health Leadership: Toward Health Equity. In September, the Vietnam Public Health Association marked its 10th anniversary. Also in September, the Public Health Association of Australia hosted its 41st Annual Conference, on the theme of Sustainable Population Health. The Mongolian Public Health Professionals Association held its 2nd Mongolian Public Health Conference in December. The theme of this well-attended event was Public Health Towards Social Justice.

WFPHA Member Conferences
The WFPHA’s 13th World Congress on Public Health, hosted by the Ethiopian Public Health Association (EPHA), brought together over 3,600 participants from more than 120 countries from around the world. Congress participants represented over 50 national public health associations, as well as governments, multilateral and bilateral agencies, NGOs and professional organizations, charitable foundations, and the for-profit sector. Over the five-day period, the Congress’ theme, Towards Global Health Equity: Opportunities and Challenges, was reflected upon within each day’s thought-provoking plenary sessions and the dozen planned special sessions, within the over 140 concurrent session oral presentations and within the 500+ poster presentations. The program and proceedings can be accessed at http://www.etpha.org/2012/.

In the opening speech, His Excellency Meles Zenawi, Prime Minister of the Federal Democratic Republic of Ethiopia († August 20, 2012), stressed the need for urgent action to address the universally recognized massive income inequality within and across countries, this being a major threat to macro-economic and social stability and the cause of inequality in health and in access to much-needed health services. Other keynote addresses were made by H.E. Dr. Tedros Adhanom (Minister of Health of the FDR Ethiopia), Dr. Luis Sambo (Director of WHO AFRO), Bience Philomena Gawanhas (Commissioner of Social Affairs at the African Union), Dr. Ulrich Laaser, WFPHA President (2010-2012), and several other pre-eminent public health experts. They talked about the achievement of the Millennium Development Goals in Africa and worldwide, global partnerships for more effective sustainable human development assistance, health risks posed by the environment, the prevention of non-communicable diseases, the challenges of massive urbanization, the critically important advocacy role of public health associations, the social determinants of health and the expansion and strengthening of effectiveness of the global public health workforce.

The output on the Congress’ final day, delivered by the Federation’s new Vice President/President-Elect Dr. Mengistu Asnake, was the Addis Ababa Declaration, a call to action to achieve global health equity for all by the WFPHA, the World Health Organization, national governments and the global public health community. The Congress concluded with a call by Dr. Adhanom for urgent action to address health equity and an address by WFPHA’s new President (2012-2014), James Chauvin, about the important role national public health associations and the WFPHA can and should play in advocating for effective, evidence-informed public policy and good practice to promote and protect the public’s health and address health equity. The final action was an invitation to meet at the 14th World Congress on Public Health, to be hosted by the Indian Public Health Association in February 2015 in Kolkata, India.

The WFPHA is grateful to Dr. Tewabech Bishaw, President of the Ethiopian Public Health Association, Dr. Hailegnaw Eshete, the EPHA’s Executive Director, Ato Workneh Kassie, the Congress’ Executive Director, the many EPHA staff and volunteers, the Ethiopian students, the Government of Ethiopia, the Municipality of Addis Ababa, and the many national and international sponsors and supporters for their time and effort in making the 13th World Congress on Public Health a resounding success.
The Addis Ababa Declaration on Global Health Equity: A Call to Action

More than 3,000 delegates from approximately 120 countries assembled at the 13th World Congress on Public Health in Addis Ababa from the 23rd to 27th of April 2012. The World Federation of Public Health Associations (WFPHA) has listened to the many wise voices, the rich range of experiences, and the spectrum of viewpoints on many important issues. Although diverse, we spoke with a united voice.

At our World Congress we collectively called for immediate action to not only promote, but to actually achieve health equity for all in the shortest time possible. The voices at the Congress re-affirmed the 2009 Istanbul Declaration on ‘Health, the First Human Right’ as well as the 2011 Rio Political Declaration on the Social Determinants of Health and the 2012 Bangkok Statement on Universal Health Coverage.

We, the WFPHA, call on all governments and stakeholders to safeguard and promote the essential values of public health. These include, but are not restricted to: good governance, solidarity, equity and fairness, empowerment and participation, and social justice to achieve the highest possible standards of health for all.

On behalf of its member associations, the WFPHA pledges to:

1. Promote and facilitate the linkage between the academic and public health association communities, in cooperation with WHO, for innovative research and the generation of evidence to expand the knowledge base about the social determinants of health and health equity;
2. Advocate for the utilisation of evidence as the basis for formulating healthy public policy and informing practice to reduce health inequity;
3. Make health equity an integral part of local, national and global policy and development agendas and to ensure that structural issues such as food insecurity, rapid urbanization, migration, man-made environmental degradation, conflict and militarization, climate change and economic crisis are taken into consideration;
4. Advocate for equitable access to high quality health services;
5. Advocate for fair trade in all commodities that affect human health;
6. Advocate for and encourage linkages between public health actors and communities as a means of fully engaging people at the front line in our discussions and to be accountable to them in our actions;
7. Give a voice through its member associations to frontline health practitioners and community workers;
8. Strengthen partnerships with other international federations and organizations as a means of taking common action on global public health priorities;
9. Strengthen networking and collaboration among national and regional public health associations to facilitate the sharing of experience and the building of capacity to enhance both influence on policy and action on health equity; and,
10. Bring to the 14th World Congress on Public Health, to take place in Kolkata (India) in February 2015, a progress report on how the public health association movement has achieved these aforementioned actions and contributed to achieving Healthy People – Healthy Environments.

We, the WFPHA, call on the World Health Organization to take up its leadership role on global public health and to revisit all the MDGs from a public health perspective to ‘close the gap’.

We, the WFPHA, call on all governments and all parties to recognize and live up to their responsibility for global health equity. This includes working across sectors and disciplines and in true partnership with communities to:

1. Promote and attain social justice and equity in health by acting through a ‘Social Determinants of Health’ approach;
2. Accelerate the attainment of national and international development goals by building and redistributing resources to strengthen international, national and local capacity and leadership in public health;
3. Ensure that better context-specific, comprehensive and equitable targets covering universal health coverage and health for all are integrated into and made more visible within the MDGs as soon as possible;
4. Enhance and strengthen, both numerically and in capability, the public health workforce, in addition to developing new and effective strategies to retain qualified health professionals;
5. Combat fraud and corruption, as these are major determinants of health that affect all, but especially the poor and vulnerable;
6. Recognize physical and mental disabilities and injury prevention as critical components of a public health approach to health equity; and,
7. Fulfill their financial pledges in respect of the MDGs and to, in addition, fulfill their pledges with respect to the Paris Declaration and to the political declarations on Non-Communicable Diseases and the Social Determinants of Health.

We, the WFPHA, call on the various communities represented at this 13th World Congress on Public Health to engage with their governments and other stakeholders, including their national public health associations, to formulate and put into place the conditions that support healthy environments and healthy communities, and the attainment of health equity.

Declared, in Addis Ababa (Ethiopia), this 27th day of April 2012
Professor Redda Tekle Haimanot, a public health academician and leader in his native Ethiopia, was honored with the WFPHA’s 2012 Leavell Lectureship Award, in recognition of his outstanding contribution to the improvement of public health in Ethiopia and in Africa. The award was presented on April 24 by WFPHA’s President Dr. Ulrich Laaser. In his lecture, Dr. Tekle Haimanot emphasized the significant contribution to health and health equity of water and sanitation, despite it not being accorded the attention it warrants. He also mentioned natural and human-made disasters and armed conflict as other important thought often overlooked determinants of health and health equity.

Margaret Hilson, WFPHA Past President and former Director of Global Health at the Canadian Public Health Association, received on April 23 the WFPHA’s Lifetime Achievement Award for her outstanding contribution to the creation and strengthening of public health associations around the world and the technical assistance she has provided to support low- and middle-income countries to define and meet their national health goals.

The African Medical and Research Foundation (AMREF) was this year’s recipient of the WFPHA’s Organizational Award, in recognition of its outstanding contributions to public health. The award was presented to Dr. Teguest Guerma, AMREF’s Director General by Dr. Luis Sambo, Regional Director of WHO AFRO.

Mengistu Asnake Elected as WFPHA Vice President and President-Elect

Dr. Mengistu Asnake of Ethiopia was elected by secret ballot as WFPHA Vice President and President-Elect during the 46th WFPHA General Assembly on April 25, 2012. Dr. Asnake is a public health specialist with 25 years of experience in reproductive health, primary health care, child survival, community health services, management, operational research training and clinical service delivery.
Regional Congresses in 2013

1st Arab World Conference on Public Health

Public Health in the Arab World
Dubai, United Arab Emirates
4–6 April 2013

www.publichealthdubai.com

9th PHASA Conference and the Inaugural Conference of the AFPHA

Africa’s Public Health Legacy: Beyond the MDGs
Cape Town, South Africa
24-27 September 2013

www.phasaconference.org.za

6th European Public Health Conference

Health in Europe: Are we there yet?
Learning from the past, building the future
Brussels, Belgium
13-16 November 2013

www.eupha.org

4th Asia Pacific Conference on Public Health

Climate Change & Population Health
Nha Trang, Viet Nam
21–22 November 2013

www.apcphvn2013.com
The **Vietnam Public Health Association** (VPHA) was awarded a certificate of merit on the occasion of the 10th Anniversary celebrations of its establishment. Prof. Le Vu Anh was elected as the VPHA President. VPHA has carried out programs on tobacco control, elderly health promotion, reducing the risk of dioxin exposure through foods, human and animal wastes management, and staff management skills on HIV/AIDS prevention. VPHA also published the first special issue of the Vietnam Journal of Public Health in English. VPHA has contributed greatly to the successful campaign of advocating for the Law on Tobacco Control which was passed on 18 June 2012 and the preparation of the National Plan of Action on Ageing 2012-2020. In November 2013, VPHA will host the 4th Asia-Pacific Conference on Public Health in Nha Trang.

As part of the National Public Health Improvement Initiative, **APHA** received funding from the U.S. Centers for Disease Control to help strengthen the public health infrastructure by providing capacity building assistance (CBA) to state, tribal, local and territorial health departments. APHA had the honor of receiving two awards this year from: Safe States Alliance and the Pan-American Health Organization (PAHO). PAHO, the Mexican Society of Public Health, and APHA will begin to collaborate on an initiative to address the public health issues and disparities along the U.S.-Mexico border. APHA organized two major conferences: the Mid-Year Meeting in Charlotte, North Carolina; and the Annual Meeting in San Francisco, California. During National Public Health Week, annually held in April, 258 events were planned by almost 200 partners. Some highlights included a public health walk with the U.S. Surgeon General, a National Public Health Week resolution introduced in Congress, and a national road tour by APHA’s leadership to encourage prevention and health promotion.

**SESPAS**, a confederation of 11 public health associations in Spain, promotes the generation and exchange of knowledge among different fields of public health and advocates for social and healthcare problems. The 2012 SESPAS report, which focused on primary care: evidence, experience and trends in care, management and policies, was widely disseminated and had an impact on the media. Due to the impact on the healthcare system of policy decisions in the context of the economic crisis, SESPAS concentrated its efforts this year in developing policy briefs and reports to advocate using evidence-based arguments to the health authorities, at the national and regional levels, to influence the process.

The **Public Health Association of Serbia** (PHAS) implemented several activities during 2012. One of most important was to organize, together with partner organizations, a nation-wide signing public petition called a “Vote for Babies” to advocate for decreased taxes on products for children including food products and clothing. More than 130,000 people signed the petition. The national Government was compelled to make changes in the proposed legislation favorable to a decrease in family expenses. Other PHAS activities related to organizing public events to celebrate major public health dates such as National and World No Tobacco Day, World Health Day, World Heart Day and World Food Day.

The **Finland Society of Social Medicine** (SLY) organised a one-day seminar on health differences between Finnish-speaking and Swedish-speaking Finns as well as a two-day National Conference on Social Medicine on the topic of underprivileged and multicultural youth together with the Finnish Youth Research Society on 27-28 November 2012 in Helsinki. The SLY has seven sections, each with their own activities: Behavioural Medicine; Food Research; Health Care Services Research; Health Sociology; Mental Health Research; Reproductive Health; and, Utilization of Medicines.

The **Cuban Society of Public Health** (SOCUSAP) increased its membership during 2012 by 400 members, bringing the total number of members to 900 people. SOCUSAP has six sections: Health Promotion; International Public Health; Hospitals; Biosecurity; Law and Health; and Maternal and Child Welfare. Chapters have been established in 10 provinces. During 2012, five regional scientific conferences and 30 workshops and conferences were held. In December 2012 SOCUSAP hosted, in association with the Cuban Ministry of Health, the International Public Health Convention in La Habana. It was organized and successfully realized and SOCUSAP supported the development of critical transformations and priority programs of the Ministry of Public Health. Members of SOCUSAP participated in the 13th World Congress on Public Health.

In 2012 the **Netherlands Public Health Federation**, an alliance of professional associations and institutes in the field of public health renewed its strategic agenda. In the light of the economic crisis impacting on the viability of the Dutch public health sector and more generally the healthcare system, the NPHF developed a new strategic vision, promoting “health” as the leitmotif in health and healthcare reform. The NPHF advocates for a substantive shift of resources and attention to the ‘upstream’ factors that influence health. This strategic agenda will be put into operation in 2013.

The **Swiss Society of Public Health** celebrated its 40th birthday in 2012. On this occasion, an anniversary symposium was held, celebrating many achievements. Thus, the creation of a degree in prevention and public health, the set-up of an organised prevention system or the establishment of an interdisciplinary master degree were discussed, together with further goals. But 2012 was also a matter of concern. The federal prevention law project did not find the qualified majority needed in the Council of States. The law would have given more coherence to prevention and public health policies in Switzerland, a considerable task that still needs to be addressed.
The Partnership in Public Health - Bosnia and Herzegovina continues running the Center for Healthy Ageing in Sarajevo. It also signed MoUs with Faculty of Medicine and Faculty of Social Work and Psychology to organize practicum experiences for students within the Center. In October, PPH, in association with the Center for Healthy Ageing and the European Union Delegation in Bosnia and Herzegovina, organized an official event to mark the EU Year of Active Ageing and Solidarity between Generations. In December, PPH organized a regional conference “Healthy Ageing” at which it unveiled guidelines on “Preventive and corrective exercises for elderly people”. The guidelines were the product of a 1-1/2 year research and action program based at the Center for Healthy Ageing.

The Faculty of Health Sciences (FHS) at the American University of Beirut, with 36 faculty members and 300 students, prepares professionals in the disciplines of public health and health sciences through graduate and undergraduate programs. It contributes to knowledge and the improvement of the public’s health in Lebanon and the region by conducting scholarly and relevant research and by responding to priority health issues and training needs in collaboration with stakeholders. FHS received a grant from the International Development Research Center- Canada for a five year project on “Shaping Research in the Arab World” as well as a grant from The MasterCard Foundation towards 60 full undergraduate scholarships to disadvantaged students. FHS Graduate Public Health Program was reaccredited by the Council on Education for Public Health for seven years (until 2019). FHS organized a conference on “The Health of Palestinians Inside and Outside the Occupied Territory” in March 2012. The “Public Health in the Arab World” book edited by FHS won the “Highly Commended” award in the Public Health category at the 2012 British Medical Association Medical Book Awards.

The 2012 Public Health Association of South Africa (PHASA) conference was a joint event with the Rural Doctors Association of South Africa. The conference theme “Bridging the health divide: from policy to practice” was reflected upon through over 200 oral and poster presentations. Over 365 delegates from South Africa and 5 other countries attended. PHASA produced four electronic newsletters in 2012 and the website became an important resource for public health professionals through increased utilisation. The on-line “PHASA Community”, an interactive forum for discussions around special interest areas, will be launched in 2013. PHASA also undertook a successful project to promote and establish smoke-free hospitals and health care facilities in South Africa, in cooperation with the Canadian Public Health Association.

The World Association of Chinese Public Health Professionals (WACPHP) collaborated with the Hong Kong Tuberculosis Chest and Heart Diseases Association to promote NCD prevention related to tobacco and tuberculosis prevention through several conferences. It also carried out a settings-based approach for the application of health promotion in Hong Kong including healthy schools and healthy cities. It also bid successfully to host the Asia-Pacific Conference on Healthy Cities in Hong Kong in 2014. In August, the WACPHP hosted a visit by WFPHA President James Chauvin to its offices.

The Indonesia Public Health Association (IPHA) has been supporting national health development through education, advocacy, policy regulation and as a knowledge broker for many years. During 2012, one of the IPHA’s main activities was the National Work Meeting (MUKERNAS) held in Pontianak in July 2012. IPHA’s organizational work plan was discussed and assessed, as well as the IPHA’s operation plan for the next few years. IPHA also proudly presented its collaboration with Harvard University and the Ministry of Health regarding the Endang Rahayu Sedyaningshis Scholarship Programme (ERS-SP), which provides scholarships to support the creation of innovative policies to solve health problems in Indonesia.

The Mongolian Public Health Professionals’ Association (MPHPA) implemented a project since 2010 on the prevention of non-communicable diseases with Health Project of the Millennium Challenge Account Mongolia, advocating for improved and expanded food safety standards for locally produced foods. The project has contributed to a reduction of preventable morbidity and mortality by promoting healthy lifestyles through better food quality by improving food safety, food nutritional labeling and increased consumer awareness about healthier choices of foods and awareness about NCD risk factors.

The year 2012 saw the release by the Canadian Public Health Association (CPHA) of two position papers, one a vision and strategic plan for a smoke-free Canada by the year 2035 and the other on public health approaches for alcohol policy in Canada. CPHA also established working groups to prepare two new position papers, one on human and ecosystem health and the other on public health approaches for illegal psychoactive substances. These will be released in 2013. CPHA also implemented two innovative projects. The Frontline Health: Beyond Health Care initiative, using a GIS atlas and dedicated website, will provide an on-line interactive platform through which frontline public health practitioners can learn about community-based experiences to improve health and health equity through a social determinants of health approach across Canada. The other project launched online training modules to promote better understanding about and the use by public health workers in Canada of new HIV prevention technologies.
WFPHA President meets with the CPMA and the WACPHP

While attending the FDI World Dental Congress in Hong Kong in August 2012, Jim Chauvin met with representatives of the World Association of Chinese Public Health Professionals (WACPHP), which became a WFPHA Sustaining Member in May 2011. The WACPHP represents the community of Chinese public health professionals around the world. During his visit, Jim learned about the activities of the WACPHP and used the occasion to reinforce inter-organizational links. Following his visit to Hong Kong, Jim then travelled to Beijing, where he met with representatives of the Chinese Preventive Medicine Association (CPMA), an active WFPHA Full Member. He was cordially and warmly received by his hosts, which included Dr. Wang Longde, the CPMA’s President and a Member of the Standing Committee of the National People’s Congress, Dr. Cai Jiming, Vice President and Secretary General of the CPMA, several CPMA Board members as well as CPMA staff. Several meetings were held, culminating with the signature of a Memorandum of Understanding between the WFPHA and CPMA regarding the logistical support provided by the CPMA to the WFPHA’s secretariat and CPMA’s role as the secretariat for the WFPHA’s Asia-Pacific Regional Liaison Office.

African Federation of Public Health Associations

The first meeting of the AFPHA General Assembly took place on April 22 in Addis Ababa (Ethiopia). In her address to participants, Bience Phlomonia Gawanas, Commissioner of Social Affairs at the African Union, stressed the importance of ensuring food security, hygiene and environmental health, as well as addressing communicable and non-communicable diseases, and expressed the AU’s commitment to support and work with the AFPHA to meet Africa’s MDGs. Dr. Tewabech Bishaw, Secretary General of AFPHA, thanked Dr. Luis Sambo, the WHO Director of AFRO, for his role and AFRO’s support in the establishment of AFPHA. The General Assembly developed AFPHA’s three year strategy, focusing on strengthening its institutional capacity and advocacy role, creating partnerships and supporting member organizations. AFPHA was conceived in 2004 with support from WHO/AFRO, the Canadian Public Health Association and the American Public Health Association. It was officially established in September 2011 in Côte d’Ivoire by 25 founding member countries. The AFPHA’s office, located at the Ethiopian Public Health Association, was officially opened in the presence of the His Excellency Dr. Tedros Adhanom, Ethiopia’s Minister of Health, Dr. Teguest Guerma, Director General of AMREF, AFPHA President Dr. Mathias Somé, as well as other dignitaries and AFPHA members.

10th Congress of Collective Health in Brazil

During its annual conference in November 2012 in Porto Alegre, the national public health association in Brazil, ABRASCO, convened a meeting to address the revitalization of PHAs in Latin America, and the mechanisms to reinforce the cooperation in the region. Almost 40 people from several countries, including Argentina, Brazil, Canada, Colombia, and Nicaragua, along with representatives from several institutions (e.g. Fiocruz, in Brazil; Universidad de Lanus in Argentina) and associations also participated in the meeting. Discussions included the potential for the formation of a regional association, the challenge of four main languages in the Americas region (Spanish, English, Portuguese and French), and whether or not an Americas Federation would include the Caribbean and North America. The consensus was that the discussions were too preliminary for conclusion on this issue. A Brazil-based working group will help move the discussions to the next stage and will begin by preparing an inventory of national PHAs in the region and facilitate a dialogue around the concept with them and other interested stakeholders. ABRASCO will also organize a website, in English, Portuguese and French, and whether or not an Americas Federation would include the Caribbean and North America. The consensus was that the discussions were too preliminary for conclusion on this issue. A Brazil-based working group will help move the discussions to the next stage and will begin by preparing an inventory of national PHAs in the region and facilitate a dialogue around the concept with them and other interested stakeholders. ABRASCO will also organize a website, in English, Spanish and Portuguese, to facilitate inter-connectivity among PHAs and other public health institutions in the Americas region.

20th Annual EUPHA and 34th Annual ASPHER Meeting

The 5th joint EUPHA and ASPHER conference took place in St. Julian, Malta, between November 7 and 10, 2012. Under the theme “All Inclusive Public Health”, the almost 1,200 conference participants were offered over 800 oral and poster presentations from 56 countries. The WFPHA presented the results of its MDG survey study.

The Malta Association of Public Health Medicine (MAPHM) had the pleasure to host this important meeting during which EUPHA also held its 20th anniversary.
WFPHA Working Groups

Oral Health
In many countries, oral health has a relatively low priority. This is perhaps unsurprising because, with the exception of oro-pharyngeal cancer, very few people die as a direct result of oral diseases. Painful or unsightly teeth and periodontal tissues (gums) and oral infection can, however, have a variety of consequences leading to a reduced quality of life and considerable expense. In a 2007 resolution, WHO urged member states to ‘adopt measures to ensure that oral health is incorporated into policies for the integrated prevention of chronic non-communicable diseases’.

In April 2012 the WFPHA General Assembly approved the establishment of the WFPHA Oral Health Working Group (OHWG). The inaugural chairman is Dr. Raman Bedi (UK) and two vice-chairs are Dr. Ken Eaton (UK) and Dr. Myron Allukian (USA). Over the next few years, the OHWG will focus on mapping oral health capacity worldwide. The mapping takes into account different oral health aspects such as education, services, expertise and ongoing projects. Stakeholders from different countries will be interviewed to gain a large overview of the oral health capacity worldwide. The results will be presented during the 14th World Congress of Public Health (Kolkata, India – February 2015).

Environmental Health
The Environment Working Group has been the information hub for health professionals interested in sharing information on environment and health issues. Since 2009, the EWG has published an e-news digest, a bi-weekly, international newsletter which puts together a variety of articles, editorials, news and information on issues concerning environmental health, especially the relationships between the natural, built and social environment and human health.

In 2012 the EWG’s Chair, Prof. Peter Orris from the University of Illinois’ Occupational and Environmental Health Program, attended meetings in Uruguay as part of the 4th Intergovernmental Committee negotiating a mercury control treaty. Over 500 representatives, including delegates from 128 governments and representatives from intergovernmental organizations, NGOs and other stakeholders, met in Punta del Este in the fourth meeting to try to resolve differences with respect to the control of mercury pollution. WFPHA participated in the discussions of the IPEN global network of more than 700 health and environmental organizations working in 116 countries for a toxin-free future during their meetings prior to and during the negotiations. Despite a busy schedule and broad areas of agreement very little progress was made with respect to areas of disagreement.

Tobacco Control
The WFPHA’s Tobacco Control WG is preparing a new multi-year work plan, in consultation with WFPHA member associations that are active on this issue. Several WFPHA member associations undertook activities which contributed to the success of national tobacco control policies and programs, under the rubric of the Framework Convention on Tobacco Control. The Public Health Association of Australia (PHAA) was one of a coalition of health organisations advocating for Australian legislation requiring that all tobacco products sold or otherwise supplied must be in “plain packaging”. The Government’s Expert Committee that recommended plain packaging was chaired by former PHAA National President Professor Mike Daube. Both Professor Daube and PHAA CEO Michael Moore helped to lead the campaign in support of this and other tobacco control measures, introduced by former Health Minister Nicola Roxon with strong all-party support. The legislation was adopted and came into application from December 1, 2012.

Public Health Professionals’ Education and Training
A competent health sector workforce is a major factor in assuring the achievement of improving the public’s health. The training of the public health workforce should be based on a globally-accepted essential functions of public health framework. This WFPHA working group, chaired by Dr. Ehud Miron (Israeli Public Health Association), recognizing the need for a consensus-based approach on this issue, will prepare a framework for action based on the essential public health functions which assesses needs, capacity and outcomes across countries using standardized methodologies. This will be used by national public health associations to advocate for improved education and training for the public health workforce.

Global Health Equity
The WFPHA’s Global Health Equity Working Group (GHE-WG) was established in 2011, with the objective to help strengthen the capacity of WFPHA member organizations for advocacy on health and health equity. In 2012, the WG developed a draft proposal on Public Health Advocacy for Equity (PHA4Equity). Through this proposed initiative, the WFPHA aims to help strengthen local capacity of national PHAs to identify and respond to priority PH issues, especially with respect to their advocacy. This will be one of the WFPHA’s major activities in the lead up to the 2015 World Congress on Public Health. Its strategic goal is to enhance the skills and capacity of WFPHA members (i.e. national public health associations, regional structures, Geneva secretariat, etc.) to advocate for, and influence policies that contribute to greater health equity.
In late August 2012, WFPHA President James Chauvin participated as a panelist at the invitation of the Fédération dentaire internationale (World Dental Federation) at a session on caries prevention and management entitled ‘Caries - A Silent Epidemic’ during the FDI World Oral Health Forum, which took place in Hong Kong between August 28 and 31, 2012. The panel discussion, moderated by Dr. Nigel Pitts, Chairman of the Alliance for a Cavity-Free Future and Director of the Centre for Clinical Innovations at the University of Dundee in the UK, was preceded by an address by Dr. Orlando Monteiro da Silva, President of the FDI World Dental Federation on FDI’s commitment to caries prevention and the launching of the FDI World Dental Federation’s Vision 2020: Shaping the Future of Oral Health. The panel discussion focused on the challenges of raising the profile of caries as a serious disease; the key barriers within the dental profession to better caries prevention; the importance of understanding the cost-benefit of caries prevention; and, the promotion of a public health approach within oral/dental health. There was consensus about the need for greater investment in the prevention of caries and a call to bring a stronger focus on public health approaches within the dental profession. The panelists agreed that stronger links should be made between the dental/oral health and public health sectors.

Mr. Chauvin was a panelist and made a keynote address at the 3rd Annual Summit (Understanding Dental Caries: What Do You Need to Know in 2012?) of the Alliance for a Cavity-Free Future (ACFF) which took place during the Forum. His presentation, A Public Health Approach to Oral/Dental Health: the view from Public Health Associations, relayed the results of a survey of WFPHA member PHAs about their oral health-related activities. The PHAs called for greater and urgent investment in studies of the burden of disease and health care costs associated with oral diseases, greater public and professional awareness about the link between oral health and chronic diseases, the inclusion of oral health within Masters of Public Health curriculum and of public health within the training of dental professionals, and increased investment in oral disease and injury prevention at the community level. In the view of the national PHAs surveyed, a strong case needs to be made for public health approaches to oral health and the adoption of a new paradigm of oral health promotion that tackles the thorny issue of health inequity.

Mr. Chauvin was presented with the ACFF’s Good Will Ambassador award, in recognition of his and the WFPHA’s role in advocating for a strong link between the oral health and public health sectors and for a cavity-free future for all.

Prior to this event, WFPHA renewed its multi-year partnership with Colgate Palmolive. Through this agreement, Colgate Palmolive, a major sponsor of the 13th World Congress on Public Health, and the Federation will cooperate to sponsor a public health-based hand-washing campaign in Latin America, and as well explore opportunities for national PHAs to become more active in caries prevention and the promotion of good oral health practice.

14th WORLD CONFERENCE ON PUBLIC HEALTH

In February 2015, India will welcome public health professionals, policy makers and community leaders from around the world to deliberate on the agenda of Healthy People, Healthy Environment at the 14th World Congress on Public Health. A wide range of issues will be tackled, including climate change, safe sanitation, environmental health and built environments. The event will be hosted by the Indian Public Health Association in Kolkata.

Come and join us!!!
It is now eight years since the Journal of Public Health Policy launched a special relationship with the World Federation of Public Health Associations. As we reported in last year’s WFPHA Annual Report, the experiment of allocating 16 pages to the Federation in each volume has been and continues to be a success. The Federation is responsible for the content, encouraging member associations and key public health personalities to submit articles and editing the articles for quality control. Professor Bettina Borisch is the editor of the Federation’s pages. During 2012, the JPHP published four Federation-generated articles.

We look forward to continued collaboration with the WFPHA. And don’t forget: members of national public health associations are offered subscriptions to JPHP at a reduced price.

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WFPHA works in close collaboration with the World Health Organization (WHO) to advance the field of public health. This collaboration aims to promote mutually beneficial policies, strategies and programmes, and plays an important role in ensuring the harmonization of public health interests and activities at country, regional and global levels. In April, WFPHA representatives had the honour of meeting Dr. Margaret Chan to discuss areas of mutual interest and potential collaboration. Dr. Chan suggested the WFPHA assist WHO in promoting universal health coverage (UHC), in defining public health for the 21st Century, enhancing public health advocacy for equity, and in supporting and strengthening public health education worldwide.

WHO was actively involved in the 13th World Congress on Public Health, by participating in the planning of its scientific program, by providing keynote speakers, and by supporting the participation of African delegates to attend this event. The WFPHA Designated Technical Officer, Dr. Ruediger Krech, was actively involved in five sessions and made a presentation during the WFPHA’s 46th annual General Assembly meeting. WFPHA looks forward to WHO’s involvement in the organization of the 14th World Congress on Public Health.

During 2012, WFPHA’s official relations with WHO were once again approved. WFPHA attended the WHO Executive Board meeting in January, the World Health Assembly in May and several consultations on NCDs, Social Determinants of Health and the WHO reform. WFPHA and WHO also began the development of a framework for a renewed 3-year collaboration plan (2013-2015).
At the April 2012 Governing Council and Annual General Assembly meetings, the WFPHA Finance Committee tabled a report assessing the Federation’s financial situation. The report concluded that the Federation should expand and diversify its funding base, review its membership fee structure and continue to develop a business plan and revenue generation strategy to ensure its future sustainability and financial resilience.

During 2012 the WFPHA successfully increased its revenues and end-of-year balance. This was due in large part to income generated through the 13th World Congress on Public Health. And continuing grants from Colgate-Palmolive and the American Public Health Association. A summary comparison of 2011 and 2012 income and expenses is presented below (figures are rounded, in US dollars).

<table>
<thead>
<tr>
<th>Year</th>
<th>Income</th>
<th>Expenditures</th>
<th>Surplus/(Deficit)</th>
<th>Year End Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$ 108,723</td>
<td>$ 129,319</td>
<td>($ 20,597)</td>
<td>$ 131,930</td>
</tr>
<tr>
<td>2012</td>
<td>$ 374,656</td>
<td>$ 216,940</td>
<td>$ 157,716</td>
<td>$ 289,646</td>
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</table>

The WFPHA’s financial report and balance sheets have been approved by the Finance Committee and will be verified by the auditor (Jacqueline de la Cruz of Switzerland).

**Officers**

**President (2012-2014)**
James Chauvin
*Canadian Public Health Association (CPHA)*

**Vice-President/President-Elect (2012-2014)**
Dr. Mengistu Asnake
*Ethiopian Public Health Association (EPHA)*

**Immediate Past-President (2012-2014)**
Prof. Ulrich Laaser, MD
*German Association for Health Sciences and Public Health (DVGPH)*

**Treasurer**
Markus Kaufmann
*Swiss Society for Public Health*

**Governing Council**

**AFRICA**
- **Dr. Tewabech Bishaw**
  Ethiopian Public Health Association (2012 – 2015)
- **Prof. Laetitia Rispel**
  Public Health Association of South Africa (2011 – 2014)

**AMERICAS**
- **Dr. Georges Benjamin**
- **Dr. Luis Augusto Facchini**
  Brazilian Association for Collective Health (2011 – 2014)
- **Dr. Victor Jesus Mendez Dussan**
  Nicaragua Public Health Association (2012-2015)

**EASTERN MEDITERRANEAN**
- **Dr. Javed Rahmanzai**
  Afghanistan National Public Health Association (2012-2015)

**SOUTH EAST ASIA**
- **Dr. Madhumita Dobe**
  Indian Public Health Association (2012 – 2015)

**EUROPE**
- **Dr. Ildefonso Hernandez-Aguado**
- **Dr. Gabriel Scally**
  Faculty of Public Health (UKPHA) (2012 – 2015)

**ASIA PACIFIC**
- **Dr. Cai Jiming**
  China Preventive Medicine Association (2010 – 2013)
- **Dr. Hideo Shinozaki**
  Japan Public Health Association (2012 – 2015)

**MEMBER AT LARGE**
- **Dr. Georges Benjamin**

**WHO LIAISON TO WFPHA (ex-officio)**
- **Dr. Ruediger Krech**
  Department of Ethics, Equity, Trade and Human Rights/WHO

**WFPHA GENEVA SECRETARIAT (ex-officio)**
- **Dr. Bettina Borisch**
  Swiss Society of Public Health
Full Member Associations
(by alphabetical order)
- Afghanistan National Public Health Association
- Algerian Society for Public Health
- American Public Health Association
- Armenian Public Health Association
- Bolivian Society of Public Health
- Brazilian Association of Collective Health
- Burkina Faso Public Health Association
- Cameroon Public Health Association
- Canadian Public Health Association
- China Preventive Medicine Association
- Colombian Academy of Public Health
- Costa Rican Public Health Association
- Cuban Society of Public Health
- Ethiopian Public Health Association
- Faculty of Public Health (of the Royal College of Physicians) – UK
- German Association for Health Sciences and Public Health
- Haitian Public Health Association
- Health Promotion Union of Estonia
- 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
- Kenya Community Health Association
- Korea Public Health Association
- Lebanese Public Health Association
- Macedonian Medical Society/Association for Social Medicine
- Malawi Public Health Association
- Mauritanian Public Health Association
- Mexican Society of Public Health
- Mongolian Public Health Professionals’ Association
- Mozambique Public Health Association
- National Health Association of Thailand
- Netherlands Public Health Federation
- Nicaragua Public Health Association
- Niger Association for the Promotion of Public Health
- Norwegian Public Health Association
- Partnership in Public Health FBiH – Bosnia & Herzegovina
- Portuguese Association for Public Health Promotion
- Public Health Association of Australia
- Public Health Association of Georgia
- Public Health Association of New Zealand
- Public Health Association of South Africa
- Public Health Association of Republika Srpska – Bosnia & Herzegovina
- Romanian Public Health and Health Management Association
- Royal Society of Public Health – UK
- Russian Public Health Association
- Senegal Association of Public Health Professionals
- Serbian Public Health Association
- Society for Social Medicine in Finland
- Spanish Society for Public Health and Health Administration
- Sudanese Public Health Association
- Swiss Society of Public Health
- Tanzania Public Health Association
- Turkish Public Health Association
- Uganda National Association of Community & Occupational Health
- Vietnam Public Health Association

Associate Members
- Croatian Public Health Association
- Malta Association of Public Health Medicine
- Gambia Association of Public Health Officers

Sustaining Members
- Accreditation Agency for Study Programmes in Health and Social Sciences (Germany)
- Association of Public Health Physicians of Nigeria
- Dubai Health Authority/Public Health Affairs Department
- European Healthcare Fraud & Corruption Network
- Faculty of Health Sciences, American University of Beirut
- Federation of African Medical Students’ Associations
- Forum for Human Rights and Public Health-Nepal
- German Society for Public Health
- Graduate institute of International and Development Studies (Geneva)
- Njala University Public Health Association of Sierra Leone
- Taiwan Public Health Association
- The International Federation of Medical Students’ Associations
- The World Association of Chinese Public Health Professionals Limited

Regional Members
- African Federation of Public Health Associations
- Association of Schools of Public Health in Africa
- Association of Schools of Public Health in the European Region
- European Public Health Association

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Georges Benjamin (USA)
Paulo Buss (Brazil)
Margaret Hilson (Canada) - Chair
Wen Kilama (Tanzania)
Deborah Klein Walker (USA)
Pekka Puska (Finland)

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By-laws Committee:
Theodor Abelin, Margaret Hilson, Dineke Zegers

Finance Committee:
Mengistu Asnake, Georges Benjamin, Markus Kaufmann, Gabriel Scally

Membership/Awards Committee:
Alvaro Matida, Theodor Abelin, Andrei Demin, Luiz Augusto Facchin, Laetitia Rispel

Nominations Committee:
Mengistu Asnake, Theodor Abelin, Georges Benjamin, Cai Jiming, Ulrich Laaser

Policy Committee:
Bettina Borisch, Lijia Bahia, Paulo Buss, Madhumita Dobe, Hildefonso Hernandez-Aguado, Deborah Klein Walker, Ulrich Laaser, Peter Orris, Gabriel Scally

Working Groups
Environmental Health: Peter Orris (USA) – Chair
Global Health Equity: Bettina Borisch (Switzerland) and Deborah Klein Walker (USA) – Co-Chairs
Oral Health: Raman Bedi (UK) – Chair, M. Allukian (USA) & K. Eaton (UK) – Co-Chairs
Public Health Education and Training: Ehud Miron (Israel) – Chair
Tobacco Control: Luis Caceres (Canada) – Interim Chair
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 noncommercial purposes. Comments and suggestions about the WFPHA’s annual report can be communicated to laetitia.bourquin@unige.ch, the WFPHA Executive Manager.

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