## IN THIS ISSUE

02 • Letter from the President  
03 • The Year in Review  
04 • A New Five-Year Strategic Plan  
05 • Goals and Strategies  
06 • News from the Geneva Headquarters  
07 • Consultation on the Role of Public Health in Today’s Global Setting / Job Share Program  
08 • WFPHA Member Conferences  
09 • Climate Change and Population Health: The Role of Public Health Associations  
10 • WFPHA Working Groups  
11 • 14th World Conference on Public Health  
12 • Member Association News  
13 • News from the Regions  
14 • 141st Conference of the American Public Health Association  
15 • A public health professional’s perspective from 71 countries / Policy development/advocacy skills-building workshop  
16 • Journal of Public Health Policy  
17 • Financial Report 2013 & Officers and Executive Board  
18 • Member Associations and Committees

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### The Role of Public Health in today’s Global Setting
Dear colleagues,

Over the past 12 months, I’ve had the opportunity to meet and interact with members of public health communities in several countries. What struck me was the vitality and passion of people involved in public health to ‘make a difference’ by helping enable people, wherever they live, however they are, whatever their life circumstances, achieve their fullest health potential. They are ardent advocates about the socio-economic, political and ecological factors that influence and determine their health, factors that are often beyond the control of individuals and require societal responses. I was also very impressed by the number and calibre of the young, energetic public health activists I met. They are the emerging public health leadership.

Public health, by and large, remains invisible. Most of the work that supports public health functions takes place behind the scenes. The public, the media and politicians talk about ‘public health’ when a crisis occurs – for example, an outbreak of measles, food poisoning, contaminated water, HIV. The spotlight is then focused on the public health sector to solve the problem. Once the issue is resolved and the ‘victor’ emerges, public health goes back to being invisible, until the next emergency. To be effective in creating a world of positive health benefits for all, not just for some, we need to make public health more visible. Public health should be on the minds of politicians talk about ‘public health’ when a crisis occurs. To do so, they need to have the leadership, the responsibility to advocate for and create transformative change. To do so, we need to have the leadership, the resources and the wherewithal to make it happen. We need everybody involved in public health to actively support and contribute to making their national public health association pro-active, vibrant and effective organizations. Together, we can make a difference.

The first was a pilot one-day advocacy skills-building workshop, held during the American Public Health Association Conference. December 2013. The WFPHA also sponsored successful concurrent sessions at the World Health Organization’s World Innovation Summit on Health, held in November 2013. WFPHA representatives also attended the Regional Public Health Conference, hosted by the Viet Nam Public Health Association. This brings the total membership in with WFPHA to 92 public health associations and health organizations. A complete list of the Federation’s members is found on the Annual Report’s inside back cover.

The WFPHA collaborated in several regional public health conferences, as a means to gain an appreciation of important regional public health issues and to promote the establishment of PHAs in countries as their respective countries as input to continental advocacy action on important public health issue. The WFPHA also continued to explore new partnerships with both African PHAs and CPHA, focused on their respective countries as input to continental advocacy action on important public health issue.

The second initiative was the launching of the WFPHA’s Job Share program. Through it, PHAs wishing to enhance their operational and policy development and advocacy capacities are twinned and mentored by more mature and experienced PHAs. The pilot phase saw the twinning of the Nepal Public Health Association and the Chinese Preventive Medical Association with the Public Health Association of Australia. See page 7 for more details.

Considerable effort was invested in the planning of the 14th World Congress on Public Health, which will be hosted by the Indian Public Health Association in Kolkata (India) in February 2015. The International and National Congress Organizing Committees and Scientific Program Committee were established to host and manage the occasion. By the end of the year, the draft scientific program had been defined, several potential partners approached and the Congress’ venue visited and approved. The WFPHA also took a decision to change the timing of the 15th World Congress on Public Health. Normally held every three years, the 15th World Congress will take place in 2017, rather than in 2016, to coincide with the Federation’s 50th anniversary. A call in May 2014. This event was posted and three bids were received: one from the UK, another from Spain and the third from Australia. The winning bid will be announced during the 2014 WFPHA General Assembly in May 2014.

The WFPHA also continued to explore new partnerships with both African PHAs and CPHA, focused on their respective countries as input to continental advocacy action on important public health issue. The WFPHA also sponsored successful concurrent sessions at the Global Public Health Leaders breakfast at the 141st American Public Health Association Conference.

The Federation launched two new initiatives to contribute to enhance the policy development and advocacy capacity of its member associations. The first was a pilot one-day advocacy skills-building workshop, held immediately prior to the 5th Conference of the Public Health Association of South Africa. This event, which brought together representatives from several African PHAs, the APHA and CPHA, focused on the issue of falsely-labeled and falsified medicines, a very important public health issue in Africa. The outcome was a declaration of commitment by the African PHAs to gather evidence in their respective countries as input to continental advocacy action on this issue.

Front Cover: Elderlies exercising every day in the Center for Healthy Aging, New Sarajevo, Bosnia / Partnership for Public Health Association

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The WFPHA's five-year strategic plan helped guide the planning and implementation of the Federation’s policy and programmatic activities over the period 2007 to 2012. On May 19, 2013 the WFPHA General Assembly approved in principle a new draft 5-year strategic plan for the period 2013 to 2017. Representatives from the WFPHA Governing Council, its Advisory Board and the WFPHA’s secretariat office worked together during a facilitated intensive two-day workshop (May 15 and 16, 2013) held at the Château de Bossey, near Geneva, to produce the draft document. Workshop participants used the previous strategic plan as a starting point. They determined the Federation’s vision and mission statements to still be relevant, with some slight wording-smoothing. The five Goals from the 2007-2012 strategic plan were reviewed in light of recent accomplishments. These include the development of a transparent and enabling governance structure, better external and internal visibility and expanding relationships (in particular with WHO and other international organizations), a more structured membership application and review process, the transfer of its secretariat office to Geneva, and the establishment of regional networks of national public health associations in the Asia-Pacific and in Africa. The Triennial World Congress on Public Health was defined as the WFPHA’s flagship activity. The Federation’s core values were re-confirmed, with some clearer definitions as to what they meant. For example, the principle of partnership was redefined as collaboration at all levels, from community to global, as a basis for mutual learning and capacity building. The five goals from the 2007-2012 strategic plan were found to be sound and relevant, with some minor modifications and re-ordering. The five goals defined for the 2013-2017 period are: 1. Advocate for effective global policies to improve the health of populations 2. Advance public health practice, education, training and research 3. Expand and strengthen partnerships 4. Promote and support the advancement of strong member associations 5. Build an effective, responsive and sustainable WFPHA

Vision
• Leading the quest for a healthy global society

Mission statement
• WFPHA is an international, non-governmental, civil society, multi-professional federation of public health associations dedicated to promoting and protecting global health

Values
• Right to Health: Health is a fundamental human right and public good
• Social Justice & Equity: Non-discrimination and the elimination of health disparities
• Diversity and inclusion: A global public health perspective that includes diverse social and cultural backgrounds, ethnicity, race, gender, sexual orientation and disability
• Partnership: collaboration at all levels, from community to global, as a basis for mutual learning and capacity building
• Ethical conduct: Mutual respect in the practice of public health

Goals & Strategies

Goal One: Advocate for effective global policies to improve the health of populations
STRATEGIES:
• Implement the WFPHA/WHO collaboration plan
• Implement the Public Health Association for Equity (PH4E) plan
• Use a combination of methods to disseminate & advocate the policies of WFPHA
• WFPHA World Congress on Public Health

Goal Two: Advance public health practice, education, training and research
STRATEGIES:
• Job share program
• Explore revitalization of Knowledge Management for Public Health (KM4PH) on-line communications platform
• Framework of Public Health Competencies
• Optimal utilization of the Journal of Public Health Policy
• Position the World Congress for further advancement of public health practice, education, training and research
• Facilitate collaboration between regional and local PHAs and with PI research and training schools of public health and the private sector (as appropriate)

Goal Three: Expand and strengthen partnerships
STRATEGIES:
• Maintain and strengthen partnerships with WHO, World Justice Project, and others
• Develop new partnerships where appropriate
• Develop user-friendly guidelines for WFPHA and shared with member associations

Goal Four: Promote and support the advancement of strong member associations
STRATEGIES:
• Enhance existing membership database
• Actively encourage use of available tools and resources by member associations
• Create & implement WFPHA “Strengthening public health associations” program

Goal Five: Build an effective, responsive and sustainable WFPHA
STRATEGIES:
• Develop & implement a resource generation strategy
• Develop & implement an operational plan including regular reporting for the Geneva office
• Provide regular reports on resolutions and declarations of the Federation
• Planning for WFPHA 50th Anniversary in 2017
• Develop and implement effective communication and marketing plans

Attend the Strategic Plan Meeting in Geneva
From left to right: Vina Hulam (APHA)
Michael Moore (PHAA)
James Chauvin (Canada), President 2012-2014
Ravi Kumar (IPHA)
Dipika Sar (IPHA)
Madhumita Dobe (IPHA)
News from the Geneva Headquarters

The headquarters, under the leadership of Prof. Borisch, have been working intensively, in collaboration with our Designated Technical Officer, Dr. Krech, to produce the next collaboration plan with WHO (2013-2015) as the previous one ended in 2012.

The main points of the collaboration will be: a Delphi study on the question of the position that Public Health takes in today’s global setting. This work is already under way and should be ready for presentation at the 14th World Congress of Public Health to be held in Kolkata in 2015. Other points of the collaboration plan are the common preparation of this 14th World Congress. We hope to get both the WHO HQ as well as the regional office SEARO deeply involved into the preparation and the congress itself, as already successfully done at the last world congress in Ethiopia. Additional points of the collaboration plan are the elaboration of a public health education action plan by the Public Health Professionals’ Education and Training Working Group and to help strengthen local capacity of national Public Health Associations to identify and respond to public health issues, especially with respect to their advocacy about equity.

The headquarters in Geneva initiated the job share program and have been working up to the first pilot project. The Headquarters coordinate the work of the Governing Council, its committees and working groups and is active in linking the Federation with local and international NGOs. The Finances are being held by the headquarters as well as the active communication through the Newsletter, Facebook page, Annual Report and collaboration with the Journal of Public Health Policies.

All these tasks are fulfilled by Laetitia Bourquin and Marta Lomazzi. Laetitia is mainly taking care of finances and events organization, including the upcoming world congress, while Marta coordinates the main projects of the Federation such as the active communication through the Newsletter, Facebook page, Annual Report and collaboration with the Journal of Public Health Policies.

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Job Share Program

The WPFPHA launched in Autumn 2013 the pilot phase of the Job Share Program. Initially conceived through discussions with public health association representatives during the 13th World Congress on Public Health (Addis Ababa: April 2012), the Job Share Program is designed to improve their organizational capacity to advocate for healthy public policies and practices. Public health associations with less experience in policy development and advocacy will be twinned and mentored with more mature and experienced PHAs. Through this twinning process, WPFPHA will contribute to strengthening the skills required to promote public health locally and worldwide, as well as in setting up global partnerships through the exchange of capabilities and knowledge among public health professionals from different countries. The Job Share Program is one of the activities to be undertaken within the WPFPHA’s 2013-2017 Strategic Plan.

The pilot phase will be conducted in association with the Public Health Association of Australia. In early 2014, the WPFPHA will host representatives from two national public health associations (the Chinese Preventive Medicine Association and the Nepal Public Health Association) at its headquarters in Geneva. They will join the WPFPHA’s team over an six-week period to learn about policy development, program management and the PHA’s field-related activities. Based on the results of the pilot phase, WPFPHA hopes to expand the Job Share initiative in 2014.
WFPHA Member Conferences

1st Arab World Conference on Public Health, Dubai, April 4–6, 2013

Under the auspices of the Dubai Health Authority in collaboration with the World Federation of Public Health Associations, public health experts from all Arab countries met for the first time in Dubai in April 2013. Several considerations motivated both the WFPHA and the local organisers to call this meeting. First, the Arab world comprises 22 diverse countries ranging across the vast expanse of the Middle East, the eastern Mediterranean and North Africa. The Arab world is a new region for public health.

Secondly, the Arab world is among the most diverse regions in the world. There are wealthy and poor countries, some countries with booming economies and peaceful while others are experiencing civil war and socio-political revolution. It was timely to convene experts from all these countries to facilitate knowledge exchange, transfer and networking.

The conference delegates presented and discussed a wide range of public health issues. Topics ranged from mammography screening programs to oral health to occupational health over the three days. Noting the need to move forward the public health agenda, for strengthening public health structures and workforce capacity to improve population health, the Dubai Declaration on Public Health in the Arab World calls upon all countries in the region to -among other points - give due attention to socio-determinants of health and their importance in public health, to ensure equitable access to effective health systems including public health services, and to empower people to take responsibility for their health.

A Stellar Public Health Conference in Africa

The 9th Public Health Association of South Africa Conference, held in association with the African Federation of Public Health Associations, took place at the International Conference Centre in Capetown on September 26 and 27. Its theme, Africa’s Public Health Legacy – Beyond the MDGs, offered a perfect springboard for discussions about how the community of public health associations in Africa can, in partnership with governments at all levels and other stakeholders, develop, implement and evaluate the impact on health outcomes of public and private sector policies, programs and practices that affect human health. This important pan-African public health event exceeded expectations. Almost 500 delegates attended, primarily from South Africa but as well representing 20 African countries and 8 other countries. Several pre conference events took place, including a Public Health Student Symposium (September 24) and several skills-building workshops on September 25.

The PHASA conference program covered a range of public health issues and featured several pre-eminent speakers. Jim Chauvin, WFPHA President, was honoured by PHASA as a keynote speaker at both the opening and closing plenary sessions. The oral concurrent and poster presentation sessions highlighted the vitality and passion of the young public health cadre. A lot of interest was expressed about the WFPHA and the role of public health associations as catalysts for change and in advocating for better health outcomes and health equity.

The conference demonstrated that a vibrant public health community exists in South Africa and in Africa, with a high potential for significant and sustained transformative change for health equity and human development through public health associations in Africa.

42nd Annual Conference, Public Health Association of Australia, Melbourne, September 16–18, 2013

The Public Health Association of Australia (PHAA) held its 42nd Annual Conference on the theme A “fair go” for health: tackling physical, social and psychological inequality. At the opening session Victoria State’s Minister for Health and Ageing, the Honourable David Davis, described very clearly how this state government is dealing with the inequalities in access to health care. He was followed by WFPHA President Jim Chauvin, invited by the PHAA to present this year’s Douglas Gordon Oration. This commemorates the significant contribution made by the late Dr. Douglas Gordon (1911–1983) to public health in Australia. The purpose of the presentation was to share with conference delegates his reflections about the important role played by national public health associations and to make a call to action for the members of their PHAA to be active and fully-engaged participants in global public health advocacy. The presentation helped sensitize the PHAA’s members about the important role that their association can play in the Asia Pacific and global public health arenas, and helped reinforce the relationship between the PHAA and the WFPHA. This was a high level conference with a special emphasis on advocacy; there were several Public Health Action Workshops, where advocates with experience and success shared their ways of working with the political, the scientific and the population level. For all tobacco campaigners worldwide it is important to note that Australia became the first country in the world to require tobacco products to be sold in plain packaging. Health equity was dealt with in several lectures. The Council of Academic Public Health Institutions of Australia (CAPHA) held its annual Teaching and Learning Forum immediately following the PHAA Conference. The topic was “Public Health Teaching in a changing university environment”. A special focus was on the new technologies and forms of teaching; MOOCs, blended learning and the like were presented and discussed in workshop formats. On the second day Professor Bettina Borisch, Director of the WFPHA’s Geneva Secretariat Office opened the meeting with a presentation on Swiss, European and WFPHA activities in teaching and learning – Overview. The ensuing exchange was rich and stimulating. Several concerns shared worldwide were mentioned and the consensus was that teaching Public Health always brings us back to the definitions of Public Health in a changing world.

Climate Change and Population Health: The Role of Public Health Associations

The Vietnam Public Health Association, in association with the Asia-Pacific Regional Network of Public Health Associations, hosted a very successful and productive 4th Asia-Pacific Conference on Public Health. This event, which took place on November 21 and 22, 2013 in Nha Trang (Vietnam), brought together public health practitioners, academics, researchers and other interested parties from across the Asia-Pacific region and elsewhere under the theme Climate Change and Population Health. The theme was particularly relevant, given the tragic climate-related disaster in the Philippines and the climate change summit that took place in Warsaw the week before.

The WFPHA was represented at the conference by James Chauvin (WFPHA President) and Dr. Peter Orris (Chair of the WFPHA’s Environmental Health Working Group). A meeting of the Asia-Pacific region’s Public Health Associations was also held during the conference.

The oral and poster presentations fed the ensuing discussions about the risk factors and opportunities for community-based and led interventions towards sustainable human development. Consensus was reached on several issues:

- climate change is a major determinant of health
- climate change is increasingly complex, requiring a multi-sector and interdisciplinary approach based on reliable evidence
- government policies and health-related research is needed along with better information sharing for policy making
- adapting to climate change is only part of the solution; transformative change is tackle the causes of climate change and mitigate the risks of health-related consequences due to climate change.

The Nha Trang Declaration, a call to action for the Asia-Pacific public health community, was promulgated at the conference’s closing ceremony. It calls for a focused approach to strengthen connectivity, multidisciplinary collaboration, building a network of information exchange and experiences and continuation in conducting high quality scientific research on the health consequences and means to diminish risks to human health as the basis for evidence for policy makers.

During the conference, the Vietnam Public Health Association launched the Vietnam Journal of Public Health. This bi-annual publication, published in English, will improve access for the global public health community to public health research being carried out in Vietnam and the Asia-Pacific Region. The WFPHA congratulates the VPHA for launching this new journal.

The 5th Asia-Pacific Conference on public health Multidisciplinary Approaches to Emerging Challenges

This conference, which took place on April 10 to April 11, 2014, in Seoul, South Korea, brought together academics, researchers and other interested parties from across the Asia-Pacific region and elsewhere under the theme Climate Change and Population Health. The theme was particularly relevant, given the tragic climate-related disaster in the Philippines and the climate change summit that took place in Warsaw the week before.

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WG’s Reports

Oral Health

The creation of the WFPHA oral health working group (OHWG) was a significant step, both for the WFPHA as well as for the global oral health community. It has created, first, an opportunity for the dental public health community to engage with their national public health community and with, as well, the global public health community. Second, it encouraged pan-national organizations, e.g. the European Dental Public Health Association, to join the oral health working group as well as the WFPHA. Third, and most importantly, the group advocates about the importance of oral health to the wider public health community and recruit dental public health professionals to engage in more general public health initiatives.

The members agreed to focus, during the first two years, on three activities: first, to raise the profile of the group, primarily through participation at public health conferences, both within the WFPHA and the wider public health communities; second, to undertake a survey, via a questionnaire, of global dental public health capacity; and third, to develop a Declaration on Child Oral Health as a new WFPHA resolution.

In April 2013 at the 1st Arab World Congress on Public Health. Dubai, United Arab Emirates, the oral health working group made several presentations and took part in a panel discussion. The focus of the session was the high levels of childhood dental caries and local strategies aimed at oral health improvement. The Chief Dental Officers of Oman, Saudi Arabia and Qatar made presentations. One outcome was the creation of a Gulf Oral Health network which is chaired by Dr Maryam Farhan, former head of the community programme at the National Guard, Saudi Arabia. Another oral health session was held, under the chairmanship of Dr Myron Alukian, at the 2013 American Public Health Association conference.

In November 2013 a pilot questionnaire on dental health capacity, to map out the global dental health capacity and its geographical distribution, was developed, and sent to lead dental and public health individuals around the world. The survey results’ report is anticipated in the summer of 2014.

The Declaration on Access to Oral Health for Children, which calls for all children to be able to access safe and affordable dental care, is a significant step, and was developed to lead dental and public health individuals around the world. The survey results’ report is anticipated in the summer of 2014.

Raman Bedi, Chair/WFPHA Oral Health Working Groups

Global Health Equity

In a needs assessment conducted during 2011-12, member associations from several African countries (South Africa, Mozambique, Malawi, Nigeria and Kenya) attended the workshop, as well as several observers. We anticipated 25 participants and ended up with about 35.

This event served to increase understanding of the ‘do’s and don’ts’ in public health policy advocacy. We also used it to bring attention to the issue of falsely-labelled and falsified medicines as the basis for framing an advocacy campaign action plan by PHAs at the national and continental levels on an important public health issue.

Representatives from APHA (Debbie Klein Walker, Vna HuLam and Regina Davies) acted as co-facilitators for part of the workshop, and Dr. Ann Attaran of the Faculty of Law at the University of Ottawa was a speaker and technical advisor during the workshop on the issue of falsely-labelled and falsified medicines.

The workshop achieved its objectives. By its end, we had a commitment from PHAs and the WFPHA to work together to begin assembling country-based evidence about the extent of the falsely-labelled and falsified medicine situation and an environmental scan as to what is being done to address the issue. We also agreed to work together to bring the issue to the attention of the AU and to push WHO to take action on it.

Deborah Klein Walker, Bettina Borisch, Co-chairs/WFPHA Global Health Equity Working Group

Tobacco Control

The WFPHA’s Tobacco Control Working Group became re-investigated in late 2013, when the WFPHA presented the results of a research poster entitled “Restructuring tobacco retail environments in Low and Middle-Income Countries” at the Canadian National Conference on Tobacco or Health in association with the Uganda National Association for Occupational Health and the Ontario Tobacco Research Unit at the University of Toronto (Canada).

In December, the WG began preparing an application and report to renew WFPHA’s status of observer to the Conference of the Parties (COP) to the World Health Organization’s Framework Convention on Tobacco Control (WHO FCTC). The COP is an opportunity for the WFPHA to strengthen partnerships with other international federations and organizations in tobacco control and as a means of taking common action on global public health priorities such as tobacco control. Also in December the WFPHA began working with the Framework Convention Alliance to develop a proposal to the International Development Research Centre for funding support for PHAs from low-income countries to attend the WHO FCTC COP-6 in Moscow, Russia, in October 2014. The WFPHA report will highlight the activities of approximately 40 member PHAs on various tobacco control such as: the impact of the Trans-Pacific Partnership Agreement, increased tobacco taxation, introduction of packaging and labelling of tobacco products and smoke-free legislation, non-communicable disease prevention, World No Tobacco Day activities, work on tobacco dependence and cessation, and integration of tobacco control in annual conferences and local journals of public health. It is anticipated that the results of this activity will inform a tobacco control session at the World Congress in Public Health in India next year.

Luis Caceres, Acting Chair/WFPHA Tobacco Control Working Group

The World Congress on Public Health (WCPH) is the triennial flagship global knowledge exchange event of the World Federation of Public Health Associations (WFPHA). It brings together public health professionals, researchers, policy-makers, academics and students from around the world. The 14th WCPH, hosted by the Indian Public Health Association (IPHA), will take place February 11 – 15, 2015 at the Science City in Kolkata (India).

Composition of ICOC

• Mr. James Chauvin, WFPHA President (Co-Chair)
• Dr. J. Ravi Kumar, IPHA President (Co-Chair)
• Dr. Mengistu Amsalu, WFPHA Vice President/President Elect and Co-Chair of Scientific Committee
• Dr. Dipika Sur, IPHA Secretary General and Co-Chair of Scientific Committee
• Dr. Madhumita Dobe, IPHA Organizing Secretary
• Dr. Peter Orris, American Public Health Association
• Ms. Laetitia Bourquin, Representative of WFPHA Geneva Secretariat

Composition of Scientific Committee

• Dr. Mengistu Amsalu, WFPHA Vice President/President Elect (co-chair)
• Health and the Ontario Tobacco Research Unit at the University of Toronto (Canada).

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Important Dates

15 January, 2014 Abstract submission opens
15 June, 2014 Abstract submission deadline
21 September, 2014 Acceptance/rejection
10 November 2014 Successful authors must complete their registration and confirm their willingness to present by paying their registration fee.
The Njala University Public Health Association conducted a public awareness campaign in Bo, Sierra Leone’s second largest city, about the risks to individual and community health related to poor environmental sanitation which will begin working with public health stakeholders to frame a public health day each month for community environmental sanitation and hygiene in Sierra Leone.

The Sociiedad Boliviana de Salud Publica participated in the National Health Council “CONASA” composed of representatives from the country’s health professions’ colleges to develop a technical proposal in response to the call by the Government of Bolivia for a national Health Summit. SBPH also works closely with the Pan American Health Organization’s country office.

After 10 years of inactivity, the Sociedad Chilena de Salubridad, established in 1951, renewed its legal status. During 2013 the SCS increased the number of affiliates and hosted a scientific meeting on equity and access to health services. The SCS is also a member of the Organizing Committee for the IV National Meeting on Public Health, to be held in Santiago, Chile, in July 2014.

The World Association of Chinese Public Health Professionals held in May 2013 the 10th Guangdong, Hong Kong, Macau and Taiwan Preventive Medicine Conference and the Annual General Meeting of the World Association of Chinese Public Health Professionals.

The American Public Health Association (APHA) achieved several successes related to its advocacy around clean air protection, climate change impacts on health, and protection of the Affordable Care Act. As part of tracking the ACA’s progress and promoting its implementation, the Association established an online resource center and offered webinars to assist its members with understanding the law’s implications and processes. In order to better serve members with their health equity priorities, APHA expanded its online education program to include year-round offerings.

The recent Annual Meeting and Expo in Boston, MA attracted 12,500 attendees with the theme, “Think Global, Act Local: Best Practices Around the World.” At the conference, the Association revealed a new brand with a logo and tagline (For science. For action. For health.). APHA was acknowledged as an NGO in official relations status with PAHO after 3 years of ongoing and productive collaboration. Both organizations celebrated National Public Health Week and World Health Day in April by co-organizing a walk in Washington, D.C. Additionally, APHA and PAHO started a pilot project for the translation of select American Journal of Public Health (AJPH) articles into Spanish. The Journal continues to maintain its influence and consistent rankings as one of the most impactful journals in the category of public, environmental, and occupational health.

Representatives of the Lithuanian Public Health Association took part in several national and international activities, such as “European communities against human trafficking”, the development of public health information systems and an international meeting on vaccination. LPHN initiated a discussion about implementation of measures to improve immunization coverage in Lithuania. It also collaborated with the Lithuanian University of Health Sciences and the Association of Municipal Public Health Bureaus in a national conference about child and youth nutrition.

The Netherlands Public Health Federation started with the implementation of its new strategic vision. The NPHF and its member organizations started several groups to generate evidence for advocacy on different health issues such as health care financing, training of professionals and public health R&D.

The Vietnam Public Health Association hosted a successful 4th Asia-Pacific Conference on Public Health, which brought together more than 300 participants from over 30 countries. The VPHA also launched the first issue of the Vietnam Journal of Public Health, to be published in English twice per year. The Healthy Elders program was expanded to four other communities and was selected as one of five best innovative practices at the International Conference on Elderly Initiatives in Turkey. The VPHA’s tobacco control program contributed to the enforcement of the no-smoking in public places laws. VPHA is also a pioneer in the fields of OneHealth and Ecoalite in Viet Nam.

The Austrian Society for Public Health (ÖGPH) held the first official meeting of its new Board with the federal Minister of Health. ÖGPH held its annual conference with the theme Public Health: Science and Application. It also published a quarterly newsletter and launched an early career public health researcher program. It is in negotiations with EUPHA to host a future European Public Health Conference.

The Cuban Society of Public Health (SOSCUSAP), founded 40 years ago, is undergoing a process of reorganization and restructuring. This included reviewing and strengthening the Governing Board, its chapters and sections, the development and promotion of scientific and social activities that supports better coherence and performance of human capital, professionals and technicians that work in public health in the country and contribute to the effective and efficient development of public health in Cuba to improve the health status of the population.

The Public Health Association of Serbia (PHAS) was established in October 2003 as a voluntary, non-governmental and non-profit organization. It was created under the CPHA managed CIDA-funded Strengthening Essential Public Health Functions in the Balkans project (2001 – 2005). Today, the association has 100 active members. During 2013 PHAS played a leadership role and was an active advocate for public health in Serbia. This was achieved through promoting health theme days such as World Heart Day, National and World No Tobacco Day, and World Health Day. Its involvement took the form of organized street events as well as preparing and distributing promotion materials and posters. Smoking prevention and tobacco control projects and activities are major focus of the PHAS work during last four days. PHAS continues to reinforce its partnerships with Serbian health sector institutions and organizations; notably, the Institute of Public Health of Belgrade, the National Commission on Tobacco Control, and relevant NGOs.

At the end of 2013 the Society for Social Medicine in Finland had 467 members. The Society held two official meetings for its members, in April and in November. Two larger seminars were organized: one on research in social medicine and another on health care services research. Sections of the Society were active in organizing these seminars. The Society has seven sections with their own activities. The publication of the Society, Journal of Social Medicine (Sosiaaliyliittäjien yhdistys ry) celebrated its 50th volume and published four issues. The Society had also active international collaboration.

The Spanish Association of Public Health and Healthcare Administration (SESPAS), a confederation of 12 public health associations, promotes the generation and exchange of knowledge among different fields of public health and advocates for the improvement of health and social conditions. In response to the potential impact on health and the healthcare system of the policy decisions made by the conservative government in the context of the current economic crisis, SESPAS developed a number of declarations, policy briefs and reports to provide evidence-based arguments to the health authorities, at national or regional level, trying to influence the process. SESPAS has been looking as well at its own reorganisation to ensure its sustainability.

The 2013 Public Health Association of South Africa (PHASA) conference was held in collaboration with the African Federation of Public Health Associations (AFPHA) in Cape Town in September. The theme was Africa’s public health legacy – Beyond the MDGs. A record number of 384 abstracts were received and over 400 delegates from across Africa and other countries attended the conference. The Student Symposium provided opportunities for students to present their work, build a student movement in public health, as well as network and learn from experienced public health professionals. PHASA maintains vibrant contact with its members through the website, social media forums such as Twitter, Facebook and Google+ an on-line forum and also quarterly e-newsletters.

The Association tchadienne de santé publique held its first annual meeting. It served to launch ATSP’s activities, which included celebrating World Kidney Day for the first time in Chad. It offered the opportunity for the population to be screened for hypertension, diabetes and kidney disease. ATSP also conducted awareness sessions about non-communicable diseases with a special attention on opinion leaders. High school students have also benefited from ATSP’s interventions, focusing on hygiene and sanitation and the prevention of malaria. The ATSP’s General Secretary chairs the civil society coalition to support vaccination and immunization in Chad.

The Indonesian Public Health Association (IAKMI), in association with the Association of Schools of Public Health (APTKMI) and the Ministry of National Education, continues to standardize the graduate curriculum and the accreditation of public health institutes. The IAKMI also collaborated with SC Johnson Company on a campaign to prevent dengue fever in Jakarta. The IAKMI, in collaboration with the East Nusa Tenggara Regional Board held the association’s 13th National Congress in Kunap.
**WFPHA at the 141st Conference of the American Public Health Association**

Over 13,000 delegates, mainly from the USA but with many others from several countries, met in Boston, Massachusetts, to share, learn about and advocate for effective responses to improve, protect and promote health. The conference’s theme “Thinking Globally, Acting Locally” set the tone.

One of the conference’s highlights was the impassioned call by Sir Michael Marmot for urgent and real action on the social determinants of health and his frank and pointed critique of conservative governments that have put into place policies and decisions that are having a massive negative impact on health and health equity and hurting both the middle class and the most at-risk individuals and communities. Sir Michael referred to this “a grotesque parody of fairness”. He received a well-deserved standing ovation.

One of the challenges delegates faced was deciding which of the over 1,000 sessions to attend held over a 3.5-day period. The range of topics covered was impressive. As was the Public Health Expo, the exhibitors’ area where many universities, NGOs, consulting firms, media and corporations shared very interesting initiatives and products designed to improve, promote and protect the public’s health.

The World Federation of Public Health Associations (WFPHA) organized three events. The first, a concurrent session on defining public health in the 21st Century, was chaired by Dr. Mengistu Aanek (Ethiopia). WFPHA’s Vice President and President-Elect, Dr. Borisch, Director of WFPHA’s European Secretariat, opened the session, shared information about the recently-launched Joint WHO/WFPHA Consultation on the Role of Public Health in Today’s Global Setting. This initiative seeks to identify and define an adaptation of public health to its future role in global health within the complex and dynamic relations generated by numerous determinants at different levels of governance.

Dr. Daniel Scotty, Director of the WHO Collaborating Centre for Healthy Urban Environments at the University of the West of England and the UK representative on the WFPHA’s Governing Council, challenged the concept of “defining a new public health”. He suggested, as an alternative approach, that we learn both what austerity means for public health and also how we practice with an austerity context.

Dr. Shud Miron, a member of the Israel Public Health Association and chair of the Federation’s Public Health Education and Training Working Group, informed delegates about the Federation’s work to contribute to defining essential public health functions and competencies for public health within the global context. Dr. Thandi Fussen, a member of the PHA of South Africa and professor of public health at the University of the Western Cape, talked about the activities in South Africa to improve the education of future members of the public health workforce and some of the challenges in making this inclusive of action on the social determinants of health.

The second WFPHA concurrent session focused on examining the achievements made to date to achieve the Millennium Development Goals (MDG) and the definition of a post-2015 human development agenda from the perspective of public health associations. Dr. Boris Johnson, who informed delegates about the results of a WFPHA survey of public health associations and members of the global public health community on this issue.

Dr. Mengistu Aanek, Dr. Adang Rachitar (President of the Indonesian Public Health Association), Dr. Madhumita Dube (former Secretary General of the Indian Public Health Association) and Dr. Nararchim Jeyamarijans (member of the Association for Public Health Professionals in South Africa) shared with us the progress made on some of the MDGs in Ethiopia, Indonesia, India and Mongolia. They also shared their thoughts about the factors affecting their achievement. These include the lack of adequate health human resources, issues relating to access and the quality of primary health care services, a tendency of the health community and Ministries of Health to focus attention and efforts on the health-related MDGs often at the expense of the influence of the non-health MDGs on health, and a failure to include communities into the planning of responses. One message common to all the presentations was the significant role that public health associations can and could play in helping to define the post-2015 global agenda to include a public health approach to sustained human development.

The final WFPHA event was its Global Health Leaders breakfast. Its purpose is to strengthen links with other organizations and inform current and prospective partners about the WFPHA’s role. Dr. Agnes Soares, Regional Director/Environmental Epidemiology at the Pan American Public Health Organization (PAHO), was the keynote speaker presenting PAHO’s agenda for Environmental Health for Sustainable Development and Health Equity.

From the WFPHA perspective, this was a productive event. It demonstrated the vitality of the world’s public health community, and how public health is contributing at the local, national and global levels to improving health and health equity. As Dr. Georges Benjamin stated in his wrap-up talk at the conference’s final plenary session, the APHA (and by extension, all public health associations including the WFPHA) is about science, about advocacy and about health. Public health is, after all, everyone’s business.
The Millennium Development Goals (MDGs) are nowadays discussed at several levels from governments to grassroots advocacy. The WFPHA conducted a quali-quantitative survey to explore the opinion of public health professionals worldwide and their experience concerning the implementation and achievement of the MDGs with a focus on sub-Saharan Africa. We received 427 completed questionnaires, from 71 countries. 88% of respondents were involved in MDGs-related activities collaborating mainly with the national government, multilateral organizations and local NGOs. The respondents’ main activities focused on MDG 4, 5, and 6. Their answers do not differ significantly across respondents’ employment position, WHO regions, and country’s Gross National Income. All 8 MDGs were considered as relevant by some in the public health community. However, the importance assigned to each MDG varies significantly, with MDGs 4 and 5 considered most important in the African Region, and MDGs 7 and 8 in the Western Pacific Region. Respondents from lower-income countries (LIC) attach high relevance to MDG1. All-together 51% agree fully and 40% partially with a positive statement on MDGs achievement. The study results were published in the Journal of Public Health Policy (http://www.palgrave-journals.com/jphp/journal/v34/n1/pdf/jphp201269a.pdf). Nine years ago the Journal of Public Health Policy launched a special relationship with the World Federation of Public Health Associations, wherein the JPHP allocates 16 pages to the Federation in each volume. The Federation encourages member associations and key public health personalities to submit articles. The WFPHA, through Professor Bettina Bonisch as Editor of the Federation’s pages, ensures high quality control. During 2013, the JPHP published four Federation-generated articles: • The right to health is coming of age: Evidence of impact and the importance of leadership, by Flavia Bustreo and Paul Hunt • WHO reform: A personal perspective, by Ilona Kidder • Public health in the Arab World: At a crossroads, by Samer Jabbour • Diabetes and climate change: Different drums – same orchestra, by Ruth Colagiuri The JPHP looks 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.

Anthony Robbins Phyllis Freeman anthony.robbins@tufts.edu phyllis.freeman@umb.edu

Co-Editors www.palgrave-journals.com/jphp/ Journal of Public Health Policy jphp@umb.edu


Do not forget to send us your latest News and events!

During 2013, the newsletter reported on the activities of national public health associations and several emerging public health issues. Since 2012, the December issue is dedicated to a specific topic. The December 2013 issue focused on Oral Health, specifically the activities of the Federation’s Oral Health Working Group.

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The WFPHA organized and sponsored a one-day pre-conference pilot policy development/advocacy skills-building workshop for PHAs in the Africa region. The workshop drew on their experiences and lessons learned in policy development and advocacy as a means to help participants gain increased understanding of the ‘do’s and don’ts’ in public health policy advocacy. It brought attention to the issue of falsely-labelled and falsified medicines as the basis for framing an advocacy campaign action plan by PHAs at the national and continental levels on an important public health issue. Representatives of public health associations from several African countries (South Africa, Mozambique, Malawi, Nigeria and Kenya) attended the workshop. Some PHA representatives who had been invited were unable to attend at the last minute. Their absence was made up by the participation of a large delegation from Nigeria (a country which has begun to tackle the medicine quality issue) and several observers who joined the workshop.

Representatives from APHA acted as co-facilitators and Dr. Amir Attaran of the Faculty of Law at the University of Ottawa, an expert on this issue, was a speaker and technical advisor during the workshop on the issue of falsely-labelled and falsified medicines.

The workshop achieved its objectives. African PHAs and the WFPHA committed to work together to begin assembling country-based evidence about the extent of the falsely-labelled and falsified medicine situation and an environmental scan as to what is being done to address the issue. They also agreed to bring the issue to the attention of the Africa Union and to push WHO to take action on it. A communiqué released following the workshop called on the world’s governments and especially those in Africa to move forward on this issue, and for the public health community to be actively involved in finding practical and effective solutions.

WFPHA report 13

WFPHA.org

WFPHA report 13 • 17
At the May 2013 Governing Council and Annual General Assembly meetings, the WFPHA Finance Committee tabled a report assessing the Federation’s financial situation. The report highlighted the urgency for the Federation to 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.

A summary comparison of 2012 and 2013 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>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$374,656</td>
<td>$216,940</td>
<td>$157,716</td>
</tr>
<tr>
<td>2013</td>
<td>$77,861</td>
<td>$210,225</td>
<td>$-132,364</td>
</tr>
</tbody>
</table>

### Financial Report 2013

**Opening Balance** (January 1)
- $138,080
- $289,030

**Surplus/(Deficit)**
- $216,940
- $210,225

**Expenditures**
- $ 216,940
- $ 210,225

**Surplus/(Deficit)**
- $ 157,716
- $- 132,364

### Officers

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

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

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

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

**WPRO**
- WPRO
  - Dr. Cai Jiming
  - Chinese Preventive Medicine Association (2013 – 2016)

**EMRO**
- Dr. Luis Augusto Facchin
  - Brazilian Association for Collective Health (2011 – 2014)

**ARFRO**
- Dr. Tewabech Bishaw
  - Ethiopian Public Health Association (2012 – 2015)

**EASO**
- Dr. Idelfonso Hernandez-Aguado

**SEARO**
- Dr. Madhumita Dube
  - Indian Public Health Association (2012 – 2015)

### Full Member Associations (by alphabetical order by country)

- Afghanistan National Public Health Association
- Algerian Society for Public Health
- American Public Health Association
- Armenian Public Health Association
- Public Health Association of Australia
- Austrian Public Health Association
- Bangladesh Public Health Association
- Bangladeshi Association of Public Health
- Bankok Society of Public Health
- Partnership in Public Health (PIH – Bosnia & Herzegovina)
- Public Health Association of Republika Srpska (Bosnia & Herzegovina)
- Brazilian Association of Collective Health
- Burkina Faso Public Health Association
- Cameroon Public Health Association
- Canadian Public Health Association
- Public Health Association of Chad
- Chilean Society of Public Health
- China Preventive Medicine Association
- Colombian Academy of Public Health
- Costa Rican Public Health Association
- Cuban Society of Public Health
- Czech Society of Public Health
- Public Health Association of Georgia
- German Association for Health Sciences and Public Health
- Haitian Public Health Association
- 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
- Kongo Public Health Association
- Public Health Association of Latvia
- Lebanese Public Health Association
- Lithuania Public Health Association
- Macedonian Medical Society/Association for Social Medicine
- Malawian Public Health Association
- Mauritanian Public Health Association
- Mexican Society of Public Health
- Mongolian Public Health Professionals’ Association
- Mozambique Public Health Association
- Nepal Public Health Association
- Netherlands Public Health Federation
- Public Health Association of New Zealand
- Nicaraguan Public Health Association
- Niger Association for the Promotion of Public Health
- Norwegian Public Health Association
- Polish Association of Public Health
- Portuguese Association for Public Health Promotion
- Romanian Public Health and Health Management Association
- Russian Public Health Association
- Senegal Association of Public Health Professionals
- Serbian Public Health Association
- Slovak Public Health Association
- Swiss Public Health Association
- Public Health Association of South Africa
- Spanish Society for Public Health and Health Administration
- Sudanese Public Health Association
- Swiss Society of Public Health
- Tanzania Public Health Association
- National Health Association of Thailand
- Turkish Public Health Association
- Uganda National Association of Community & Occupational Health
- Faculty of Public Health of the Royal College of Physicians UK
- Royal Society of Public Health - UK
- Vietnam Public Health Association

### Associate Members

- Albanian Epidemiological Association
- Association of Public Health Physicians of Nigeria
- Belgian Association of Public Health
- Bulgarian Public Health Association
- Central Asian Public Health Association
- Croatian Public Health Association
- Egyptian Association of Public Health Promotion
- Hungarian Public Health Organization
- Malta Association of Public Health Medicine
- Slovenian Medical Society – Slovenian Preventive Medicine Society
- Swedish Association of Social Medicine
- The Gambia Association of Public Health Officers

### Sustaining Members

- Accreditation Agency for Study Programs in Health and Social Sciences (Germany)
- Dubai Health Authority/Public Health Affairs Department
- European Association of Dental Public Health
- 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
- International Federation of Medical Students’ Associations
- Scandinavian Association for Health Promotion
- Åbo Akademi University
- Public Health Association of Sierra Leone
- Public Health Foundation of Bangladesh
- Rural Development Organization (India)
- Taiwan Public Health Association
- 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

### Advisory Board

- Theodor Abelin (Switzerland)
  - Georges Benjamin (USA)
  - Paulus Buss (Brazil)
  - Margaret Hilton (Canada) – Chair

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- Environmental Health: Peter Orris (USA) – Chair
- Global Health Equity: Bettina Borisch (Switzerland) and Deborah Klein Walker (USA)
- Oral Health: Helen Read (UK) – Chair
- Public Health Education and Training: Ehud Miron (Israel) – Chair
- Tobacco Control: Luis Caceres (Canada) – Interim Chair

### Nominations Committee

- Akaro Mitara, Theodor Abelin, Andrei Demin, Luiz Augusto Facchin, Theodor Abelin

### Finance Committee

- Mengistu Asnake, Georges Benjamin, Markus Kaufmann, Gabriel Scally

### Advisory Boards

- Thobias, Bror Ingalila, Margaret Hilton, Dineke Zegers

### Policy Committee

- Bettina Borisch, Lijia Biais, Paulus Buss, Madhumita Dube, Hildeberto Hernandez-Aguado, Deborah Klein Walker, Ulrich Laaser, Peter Orris, Gabriel Scally
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.

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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
- China Preventive Medicine Association
- Colgate-Palmolive
- Ethiopian Public Health Association
- Indian Public Health Association
- Public Health Association of Australia
- Swiss Society of Public Health
- University of Geneva

The WFPHA also wishes to thank all volunteers who help the Geneva Headquarters operate and in the organisation of regional conferences.