IN THIS ISSUE

01 - 02 • LETTER FROM THE PRESIDENT

03 • THE YEAR IN REVIEW AND NEWS FROM THE INTERNATIONAL HEADQUARTERS

04 - 05 • A GLOBAL CHARTER FOR THE PUBLIC’S HEALTH

06 • FELLOWSHIP PROGRAMME

07 • MIGRANTS AND REFUGEES

08 • JOURNAL OF PUBLIC HEALTH POLICY AND MEDIA & COMMUNICATION

09 - 13 • THE 14TH WORLD CONGRESS ON PUBLIC HEALTH

14 • WORLD HEALTH ASSEMBLY, GENEVA

15 • 49TH WFPHA GENERAL ASSEMBLY

16 - 19 • WFPHA WORKING GROUPS UPDATE

20 - 22 • NEWS FROM THE REGIONS

23 - 26 • NEWS FROM MEMBERS’ ASSOCIATIONS

27 - 29 • NEWS FROM MEMBERS’ CONFERENCES

30 • THE IMPACT OF DIGITAL TECHNOLOGY ON POPULATION HEALTH & HEALTH EQUITY

31 - 32 • FINANCIAL REPORT 2015 & GOVERNANCE

33 • LIST OF MEMBERS

34 • ADVISORY BOARD COMMITTEES AND WORKING GROUP
Dear friends, public health professionals and supporters around the world,

Over the past year, several important events have taken place within the World Federation of Public Health Association (WFPHA). These include a very successful 14th World Congress on Public Health hosted by our Indian colleagues, the preparation for the 15th congress to be held in Australia, the WFPHA’s 50th anniversary, the establishment of a new WFPHA working group on Women, Children and Adolescent Health, and the strengthening and establishment of new regional alliances of national public health associations. All these achievements and other activities undertaken during the year were in line with our Federation’s 2013-2017 strategic plans and the priorities set out when I assumed my presidency in May 2014. Through the great voluntary contribution of the Governing Council members, the different working groups and committees, the committed federation staff at the International Headquarters, the Advisory Board, and member associations across the globe we have made significant and encouraging progress in most of our planned activities for the year.

As a non-governmental voluntary membership association with limited financial resources, the Federation has to rely on very flexible but responsive and motivated voluntary contributions of its leadership, working groups and committees and member associations.

This year was also marked by the significant contribution of the different working groups and members of the Advisory Board in national, regional and global initiatives that included the advocacy work on the inclusion of major public health issues in the Sustainable Development Goals (SDGs), the United Nations Climate Change Conference 2015 (COP21), the preparation of A Global Charter For The Public’s Health, the need for dental public health professionals, and other interventions to support and complement national, regional and global efforts to address different public health issues.

With one of our major triennial events in 2017, the preparations for the 15th World Congress on Public Health is proceeding as planned, thanks to the excellent coordination by the Public Health Association of Australia (PHAA) and the dedicated leadership of Michael Moore (Vice President/President Elect WFPHA) and Helen Keleher of the PHAA. In the same way, under the leadership of our immediate Past President James Chauvin, the preparation for the 50th anniversary of the Federation linked to the 15th World Congress on Public Health is proceeding in the right direction.

Although we had several achievements during the year, for the global public health community several manmade and natural disasters affected the progress in public health and overall development. These includes among others, the earthquake in Nepal and other member countries, the huge refugee crisis in the Middle East and Europe, and the extended Ebola crisis and its overall impact on affected countries. The Federation and its members have taken an active role in creating global awareness on the different public health challenges and demonstrated their solidarity with all those affected by the different crisis.
Over the past 12 months, I have had the opportunity to meet and interact with many members of our public health communities in several regions. In each one of these meetings – be it an annual conference of our member association or meetings of our partners and collaborators - I have been moved by the different actions taken by our growing public health movement to create a better world for all.

Finally, I want to express my appreciation and delight to have worked with a strong team, Geneva International Headquarters, with James Chauvin as Immediate Past President, and Michael Moore as Vice President/President - Elect. I very much look forward to working closely with the President - Elect, such that there is a seamless transition when my term as a President ends in May 2016.

Together, we have accomplished a lot and will continue to make a difference by bringing together the knowledge, skills and experiences we have acquired from our past and present engagements, as well as making use of new opportunities available to us in this fast changing and globalized world.

As we embark on 2016, it is a year that marks the beginning of a new development path for the next 15 years. Through such commitment the world has declared to ensure a life with Dignity, protecting our Planet, Investing in the future we want – a future in which no one is left behind. We, as public health professionals, must play a central role to advancing this new and transformative agenda for sustainable development.

Mengistu Asnake
The Year in Review

So much has been on the agenda of the World Federation of Public Health Associations (WFPHA) that it is difficult to know what to include with so little room. Here are just a few examples that provide an insight.

The Federation World Congress in Kolkata was high on the agenda for the Presidents and the Governing Council from the time of our meeting in Geneva in May 2014. A huge effort went into ensuring the success of the Congress and the efforts of the Indian Public Health Association and all involved were not misplaced. President Mengistu Asnake and Immediate Past-President Jim Chauvin worked tirelessly to ensure such a positive outcome. The Kolkata “Call to Action – Healthy People – Health Environment” identified action in a range of areas with an overview on social, economic and environmental determinants of health and development, climate and health, non-communicable diseases and its causes and Universal Health Coverage. Within this context was a range of actions from advocacy and leadership through policy development and on to specific public health actions.

In January 1971 the WHO Executive Board approved the WFPHA as an organization in official relations with WHO. The objectives of the current 3 - year WHO - WFPHA collaboration are “A Global Charter for the Public’s Health”, Supporting public health regionalization and planning, preparation and organization of the 15th World Congress on Public Health. During 2015 APHA and WFPHA statement on Ebola was released.

The WFPHA, through a partnership over the past several years with Colgate, lent its name to the promotion of handwashing to prevent illness and promote healthy environments. Several national public health associations also implemented handwashing promotion projects with funding support from Colgate. In December 2015, the WFPHA signed a new 3-year agreement with Colgate. Through it, WFPHA and Colgate will collectively launch and implement a global handwashing campaign and other global initiatives dedicated to better health and hygiene and as well support an oral health education and awareness campaign to promote a cavity-free future. The WFPHA, for its part, will encourage and provide support to national PHAs to become involved with health and hygiene at the country-level and to inform people via school programs and using healthcare worker toolkits in clinics and in communities for hand washing and oral health awareness campaigns and to disseminate educational materials to communities.

The WFPHA is also implementing, with funding support from the AETNA Foundation, an initiative exploring the use and impact of digital technologies on population, health and health equity gains. This project includes a survey of WFPHA member public health associations about how they used and assessed the impact of digital technologies for health and the preparation of a WFPHA discussion paper on this same topic.

News from the International Headquarters

The WFPHA would not function without the dedication of the small team in the International Headquarters in Geneva. During 2015 Eleonora De Cata has joined the team of the WFPHA, composed by Bettina Borisch (Executive Director) and Marta Lomazzi (Executive Manager), replacing Laetitia Bourquin in the role of Office Manager. Their commitment to managing the day to day work of the WFPHA at the same time as engaging with key stakeholders means the organization is held in high esteem, continues to work with the WHO and has the adaptability to work with other key organizations to deliver appropriate public health messages. As every year, WFPHA Headquarters has opened the door to interns. This year Aude Favre has worked on social media as a new source for the discussion on Global Public Health.
Political leaders increasingly perceive health as being crucial to achieving growth, development, equity and stability throughout the world. Health is now understood as a product of complex and dynamic relations generated by numerous determinants at different levels of governance. Governments need to take into account the impact of social determinants of health, including economic constraints, demographic and living conditions in many Member States of WHO. A country’s health system alone has neither the capacity nor adequate steering instruments to solve such multidimensional problems in a substantial and comprehensive way. The World Federation of Public Health Associations together with the World Health Organization therefore embarked on an initiative to stir a debate around the new roles of public health in today’s global setting. The project has led to the development of the “A Global Charter for the Public’s Health” which has the potential to become an established framework to allow public health systems to communicate globally, compare capacity and improve performance through systematic action. The Charter underlines that consensus on a conceptualization of global public health and on a framework for sustainable and secure health infrastructures and services are essential first steps to underpin health in everyday life and to minimize the negative economic, social and environmental impacts of globalization on health development and community stability. Additionally, new models and skill sets are needed to address new and re-emerging public health challenges within the different socio-economic realities around the world, varying political capacities and new political entities. Furthermore, the Charter highlights that political engagement, use of social networks, identification of political leverage points, and steerage of public health agendas through the new societal and political environments are needed to develop effective global public health. The proposed GCPH consists of two groups of functions/services including:

• Services : a group of core services - Protection, Prevention and Promotion
• Functions : a group of enabler functions - Governance, Advocacy, Capacity and Information
SOME QUOTES:
Taking action to improve the public's health is set to move into a higher gear" according to Dr. Asnake, “Releasing a template for action to improve health in the modern world makes a timely contribution". “Besides the fundamentals of public health, which are related to things like epidemics, statistics, clean water and sanitation - an all-inclusive view, especially a political one, will be the focus the Charter can bring forward", emphasizes Prof. Borisch.
“Public health associations across the world will be advocating with Governments encouraging them to take into account the impact of social, environmental and behavioral health determinants. These include economic constraints, living conditions, demographic changes and unhealthy lifestyles in many of the World Health Organization Member States”, added Prof. Moore.
The Charter, an editorial and two background papers have been published in several peer review journals. The Charter will be officially presented in 2016 at the time the 69th World Health Assembly in Geneva and many other events during the year. Stay tuned on our website.

FULL ARTICLE AND BACKGROUND PAPERS
Full Article and Editorial :
1. A Global Charter for the Public’s Health—the public health system: role, functions, competencies and education requirements.
Marta Lomazzi.
The European Journal of Public Health 2016 26 (2): 210-212
DOI:10.1093/eurpub/ckw011
2. The Global Charter for the Publics Health (editorial)
Michael Moore; Martin McKee; Bettina Borisch; Walter Ricciardi
DOI: 10.1093/eurpub/ckw013

Background papers:
Marta Lomazzi, Christopher Jenkins and Bettina Borisch
Global Health Action 2016, 9: 28772
DOI: 10.3402/gha.v9.28772
Chris Jenkins, Marta Lomazzi, Heather Yeatman, Bettina Borisch
Global Policy 2015
DOI: 10.1111/1758-5899.12302
The Fellowships program is a strategy of the WFPHA to support the younger and developing public health associations through the strengthening of skills to promote public health locally and worldwide. This fellowships program serves also as a mechanism to setup global partnerships through the exchange of capabilities and knowledge among public health professionals from different countries.

The program is held every year. The first WFPHA fellowships program was hosted by the Public Health Association of Australia in 2014.

The 2015 Fellowships program was hosted by the Brazilian Association of Collective Health (ABRASCO). Participants selected for this program were from the African Federation of Public Health Associations (AFPHA) Secretariat - Mr Dereje Gebreab and from the Bangladesh Public Health Foundation - Dr Sharmila Huda.

Six weeks activity program was prepared by ABRASCO. These activities were conducted in the different public health schools, community health centers, public health associations, house to house family health places, hospitals, the Ministry of Health, State Secretary of Health and National Congress in four major cities of Brazil: Rio de Janeiro, Brasilia, Sao Paulo and Bahia (Salvador).

Activities focused on the Brazilian health policy development (SUS-Unified Health System) and its implementation. Fellows from the aforementioned public health associations participated in different activities and learned how the Brazilian health system is created, what the organizational and operational aspects of the health system are and the challenges encountered.

From left to right
Dr Sharmila Huda from Bangladesh Public Health Foundation
Thiago Barreto - vice Executive Secretary of ABRASCO
Dr Carlos Silva - Executive Secretary of ABRASCO
Mr Dereje Gebreab - Program Officer African Federation of Public Health Associations Secretariat

Do you want to be the next hosting Public Health Association? Contact us!
The WFPHA and EUPHA jointly developed a statement on the refugees crisis. The statement was presented at the European Public Health Conference in Milan on October 15th 2015.

FACTS AND CONCERNS

- The world is witnessing large movements of refugees and migrants across international borders. Now an exceptional and growing number of refugees are arriving in Europe.
- By definition this crisis is not confined within the borders of any particular country, and urgent action is required to cope with the health needs of the refugees and to tackle the causes of additional and unnecessary suffering associated with their flight across Europe.
- So far, policies towards asylum-seekers in European countries have been partly characterized by violations of basic human rights and infringements of the UN Refugee Convention.
- Individual responses have proven to be inefficient and unfair. The European Union could and should provide a framework of shared values, agreements and resources in which policies and actions are designed and implemented. However, the EU is failing to provide leadership in the grave crisis facing both the refugees and the principles that inspired the original movement towards European unity.
- The lack of a unified European emergency response together with the implementation of diverse measures by individual countries is exacerbating the situation and threatening the wellbeing of the refugees.

THE WFPHA AND EUPHA:

- Endorse the WHO’s call for a systematic public health response and UNHCR’s demand for the immediate creation of logistic facilities to deal with the needs of asylum-seekers in their transit from countries of origin to refuge in European countries.
- Call for the implementation of essential public health measures that include: emergency services, access to care during pregnancy and childbirth, vaccination against communicable diseases, paediatric facilities, medication and care for chronic conditions, as well as mental and social health intervention.
- Demand that special attention is paid to gender-based violence including rape and reproductive health issues.
- Emphasize that as a region with resources and democratic traditions, the European Union has a responsibility to behave in a way that is exemplary and to provide a model of good practice in order to manage the refugee crisis with generosity and solidarity.
- Request the public health associations involved (in the countries of origin, transit and wherever the refugees settle) to share knowledge, information and advocacy tools in order to strengthen their influence in favour of refugee health and wellbeing.
- Invite public health associations to collaborate with institutions and NGOs by sharing their knowledge and experience. Such activities include offering relevant surveillance information and training on the public health aspects of the crisis to health-care workers providing medical care for refugees.
- Encourage public health associations to advocate through mass media and other methods of influence for the protection and promotion of the human rights of the refugees as well as those of the host communities. Advocacy actions should also contribute to the provision of accurate information on health risks as well as fair consideration of refugees in order to avoid any discrimination and stigma. For more information please visit www.wfpha.org
Ten years ago the Journal of Public Health Policy launched a special relationship with the World Federation of Public Health Associations, wherein the JPHP allocates 4 pages to the Federation in each volume. The Federation encourages member associations and public health professionals to submit articles. The WFPHA, through Professor Bettina Borisch as Editor of the Federation’s pages, ensures high quality control.

During 2015 the JPHP published 2 Federation-generated articles:

- "Dementia and Oral Health" by Raman Bedi.
- "Public health at all levels in the recent Nigerian Ebola viral infection epidemic: lessons for community, public and international health action and policy" by M.C. Asuzu.

The Journal also dedicated a space to the 14th WFPHA Congress on Public Health (Kolkata, India) in February 2015. Hundreds of public health leaders and experts from around the world and across India attended. The JPHP published in 2015 the first two of five articles highlighting the most challenging public health problems in India. The first one was an introduction to the Congress and the second “Putting Children in the center of Public Health Debate”. Three more issues are foreseen in 2016.

The JPHP looks forward to continued collaboration with the WFPHA. Members of national public health associations are offered subscriptions to JPHP at a reduced price.

MEDIA AND COMMUNICATION

The WFPHA has several means of communication:
1. Please visit us on the www.wfpha.org. Each of our member has a dedicated page on our website. We also offer the possibility of advertising your educational programs and events (please contact the Headquarter)
2. Sign for the Federation Newsletter
3. Follow us on Facebook and Linkedin
   https://www.facebook.com/WFPHA
   https://www.linkedin.com/company/wfpha
February 2015 will long be remembered by the global public health community for the 14th World Congress on Public Health (14 WCPH) that took place in Kolkata, India. The many sessions and presentations, the luminaries who shared their knowledge and expertise, the presence of more than 1600 attendees from all over the world, the social and cultural events replete with traditional music and artistes and the flower-bedecked venue were some of the memorable aspects that ensured the success of the World Congress.

WFPHA and the Indian Public Health Association were the partnering associations for 14th WCPH and the event was organised by KW Conferences. Members of the International Core Organising Committee, the Scientific Committee and the abstract reviewers came from many different countries. The scientific sessions, workshops, exhibition and other events were meaningful and created value for all attendees. There were 1660 registrations from 70 countries. There were 7 Plenary sessions including the Opening and Closing plenaries, 9 Thematic and 31 Concurrent sessions, 31 Free Paper sessions, 392 posters, 2 satellite sessions and 6 pre-congress workshops. The ISMOPH (International Student Meeting On Public Health) satellite conference provided capacity-building workshops for 500 students and young professionals.

The Open Forum within the exhibition was an interactive area, a hub for film shows, skits, craft display, debates and panel discussions. The exhibition also included 25 foundation, organizations and companies as exhibitors.

The Closing Ceremony on 15th February was the occasion for the Kolkata Call for Action. This was also the time to say farewell till the next World Congress in Melbourne in 2017. At the Closing Ceremony, WFPHA expressed gratitude for the significant support from the 42 supporting organisations. The principal sponsors and supporters were WHO SEARO, BMGF, IDRC, UNFPA, UNICEF, PATH, JSI, Government of India, WHO Representative to India, Colgate, Aetna foundation and Unilever. They brought in experts who greatly enriched the scientific value of the congress sessions. Government support from India, Brazil and Taiwan was significant with senior policy-planners from their Health Ministries attending the Congress.

WFPHA acknowledged the invaluable contribution of Dr Madhumita Dobe, Organizing Secretary who spearheaded the management of the event and had been instrumental in bringing the World Congress to India. The Professional Conference Organizers, KW Conferences were greatly appreciated for the well choreographed event – a memorable experience for all attendees.
THE KOLKATA CALL TO ACTION

The 14th World Congress on Public Health on February 15, 2015 in Kolkata, India with delegates gathered from 70 countries around the globe called upon health care providers, government leaders, and all representatives of civil society to take urgent action to mitigate environmental conditions that are contributing to the deaths and diseases of millions of inhabitants of our small planet.

THE DELEGATES DECLARED:

The time for study and debate is past for the vast majority of the social, environmental and economic killers that stalk human kind. The time for action has arrived. As public health experts from all corners of the globe we declare that the evidence is clear.

SOCIAL, ECONOMIC AND ENVIRONMENTAL DETERMINANTS OF DISEASE AND DEVELOPMENT

With the proximity of the 2015 UN General Assembly, it is essential to stress to the unfinished agenda and the progress and failures of the MDGs. Political, economic, social and environmental development is itself a product of social equity. Social equity means improvement of quality of life in all life courses of all citizens. With all these concepts - political, economic, social and environmental equity - is Health. Health cannot and should not be purchased for the rich but rather a human right of all (As reflected in the Health-related Millennium Development Goals).

Without such a commitment disease will grow in prevalence and no one rich or poor will be without risk. The outbreak of Ebola in West Africa illustrates the problem. The disease spread so widely because of poverty. Poor community infrastructure such as clean water and sanitation, poor health infrastructure including facilities and adequate numbers of appropriately trained health and medical staff all increased the likelihood of the spread of disease globally.

CLIMATE AND HEALTH

The profound threat to human health from global warming and resulting climate change is central to the challenges of this century. The human contribution to warming through energy generation from fossil fuels, and coal in particular, provide clear requirement to mitigate these effects and protect thousands of lives at risk as well from the air pollution inherent in these processes. These risks too fall unevenly on the poor within countries and poor nations globally. We must commit to sustainable and renewable energy technologies and not short term and potentially dangerous methods such as nuclear fission and hydraulic fracking.

NON-COMMUNICABLE DISEASE AND ITS CAUSES

While infectious disease continue to capture the world’s attention it is the insidious rise of non-communicable diseases that form the basis of the biggest challenges in this next period. Priority must be given to foster structural changes in society aiming at more equal distribution of wealth and power among people in each country and among countries and regions worldwide as the root causes of NCD-related morbidity and mortality. Support must be given to stronger community action to influence exercise and lifestyle and to control tobacco, alcohol, obesity, poor dental health, chemical exposures and the occupational environment.
Universal Health Coverage

As the risks described above fall unevenly upon the poorest countries and peoples so does the lack of adequate access to medical care and least recognition in practice of health care as a human right. Attendees at the Congress reaffirm the Declarations of the prior Congresses in Beijing, Istanbul, and Addis Ababa and issue this call to global action. Better analysis and study are always needed but it is time to "roll up our sleeves" and advocate for action to protect the public’s health. Specific activities will vary depending upon national or international settings but on return in three years the measure of the public’s health will be dependent upon our actions in these broad areas.

The Full Kolkata call to action is available at www.wfpha.org

The International Students’ Meeting on Public Health

The International Students' Meeting on Public Health is a satellite event of the World Congress on Public Health. The ISMOPH 2015 was held in Kolkata, India on February 9 and 10, right before the WCPH. It was organized by the Student Assembly of Public Health, India (SAPHI) in association with the International Federation of Medical Student's Association (IFMSA), African Public Health Students Association (AfPHSA) and American Public Health Association - Students Assembly.

The ISMOPH was held for the first time in Istanbul, Turkey, in 2009 in conjunction with the 12th World Congress on Public Health, aiming to be a truly global event that serves as a platform for international collaboration that brings together students from the health and medical sciences to study, strengthen, and advocate for global health equity, based on the realizations that health is a fundamental right and that a ‘public health approach’ is essential to conquering the vast global burden of disease. The ISMOPH 2015 once again, gathered international students from different disciplines of public health, including modern medicine, nursing, social sciences, veterinary sciences, environmental sciences, dentistry, alternative medicines and others.

The 15th World Congress on Public Health

Planning is well underway between the WFPHA and the Public Health Association of Australia for the next World Congress to be held in Melbourne Australia, 3-7 April 2017. Under the theme « Voices Vision Action », the congress will provide many opportunities to explore the achievements in public health over the last 50 years and consider how to strengthen and transform the public health effort going forward.

Delegates from the WFPHA Governing Council, its headquarters as well as representatives of several PHA participated in the Sixty-eighth World Health Assembly and its side events.

During Assembly a statement on the "A Global Charter of the Public's Health" was submitted by the WFPHA and read under the point "Global strategy and plan of action on public health, innovation and intellectual property".

Provisional agenda point 17.5 Global strategy and plan of action on public health, innovation and intellectual property:

"There is indeed a need for a global strategy and plan of action on public health. To link such a strategy to innovation and intellectual property is interesting. However, the current global strategy and plan of action is all about intellectual property and very little about the wider issues of innovation and public health. You may therefore wish to consider to revise both the innovation and the public health parts of it, or simply change the name and promise that you will also develop a strategy and outline the much needed action and innovation that reflect the role of public health in a rapidly changing globalised world.

Dear Madame Director-General, we need a serious global debate on the role of public health and we have promised you to assist you in steering this. We have engaged our over 100 national public health associations, and are currently discussing the new roles we have to assume, and the needed changes within our constituencies with regard to education and recruitment of public health personnel.

What we know already: we need people trained in intersectoral work, in health in all policies, in global health diplomacy. Public health needs to be fully integrated within health systems. Having IHR functions and surveillance and monitoring functions apart from health systems - we all have learned this during the Ebola crisis - has aggravated the weakness of the health systems in the three affected countries.

We call on you, Member States, to lead a much needed debate within your countries on what sort of public health you need and want. And we call on you to bring this debate to a future session of the Assembly.

We need a global strategy and plan of action on public health that really deserves this title. We are about to finalise a comprehensive and flexible "Global Framework for Public Health" to strengthen public health services and health security. This should be used as one of the information documents when tabling this agenda item in the future."

M. Moore, WFPHA president-elect and B. Borisch, Head of the International headquarters, meet M. Chan, WHO Director-General.
The 49th WFPHA General Assembly took place in India, during the 14thWCPH in Kolkata. In 2014 and beginning of 2015 the Federation increased its membership to over 100 members and strengthened regional networking (with the European Public Health Association, African Federation of Public Health Associations, Asia-Pacific regional liaison office, the Americas, South Asia and Eastern Mediterranean regions). New members include the National Association of Public Health Professionals of Sierra Leone, the All Ukrainian Public Health Association, the Network of Schools & Programs of Population and Public Health of Canada and the International Federation of Environmental Health.

Big efforts were made to make our governance process more efficient and responsive, changes to the By-laws were approved, the election of new Chairs and committee/WG members were officialized, and a new working group on Women, Adolescent and Children’s Health has been created.

New Governing Council members include:

- Prof. Walter Ricciardi, Italian Society of Hygiene, Preventive Medicine and Public Health, elected for the Europe and Central Asia region;
- Dr. Tareq Salahuddin, Public Health Association of Bangladesh, elected for the South Asia region;
- Dr. Dominique Kondji Kondji, Cameroon Public Health Association, elected for the African region; and
- Dr. Bazarragchaa Nansalmaa, Mongolian Public Health Professionals' Association, elected for the Asia Pacific region.

The WFPHA Member annual fee structure was also modified.

The WFPHA released several resolutions. A statement by the WFPHA on Electronic Cigarettes supports the evidence-based position taken by the World Health Organization following publication of its report on the issue of Electronic Nicotine Delivery Systems. Two resolutions on Oral Cancer Prevention and the Dental Public Health Workforce, submitted by the Oral Health Working Group, were passed by the WFPHA General Assembly.

WFPHA presented several awards during 2015: the Hugh Leavell Award went to Dr Vishvas Chaudhary, deputy chief medical officer (RCH, Meerut, Uttar Pradesh) in recognition of his considerable contribution to eradicate the polio virus from India; the Hanoi School of Public Health was recognized with the Organizational Excellence Award and Prof. Theo Abelin was recognized with the Lifetime Achievement Award for his contribution and leadership global public health and the WFPHA.
ORAL HEALTH
The Oral Health Working Group (OHWG) put into place several important initiatives in 2015. The group completed a survey to determine dental public health capacity globally. Its findings highlight that dental public health capacity is limited in many parts of the world and action needs to be taken to reduce resultant global inequalities in oral health. If trained dental public health specialists are necessary in every country to advise national oral health policy and integrate oral health within public health systems, then more appointments are needed in government-funded agencies rather than solely in academia as it currently happening. This work was presented and discussed by OHWG members at different conferences and seminars.

In February 2015, the resolutions on «Oral Cancer Prevention» and «Dental Public Health Workforce Infrastructure» proposed by the Oral Health Working Group have been approved by the WFPHA General Assembly. The first resolution calls to detect, control and ultimately prevent oral cancer worldwide through control measures for tobacco, early detection and investments in health services, while the second one recommends having an oral health professional with public health training and experience in the Minister of Health’s Office, appropriate Dental Public Health infrastructure and integrating dental public health in the curriculum of all dental schools.

The OHWG actively participated to the 14th World Congress on Public Health with one workshop on Oral Cancer Prevention and a concurrent session on Dental Public Health Capacity (see picture). The workshop on Oral Cancer Prevention investigated the current status of oral cancer prevention and control in the world, with particular emphasis on the Indian sub-continent which contributes a lion’s share of global burden of oral cancer; the seminar discussed also WFPHA’s resolution on Oral Cancer prevention and control. The concurrent session provided a general overview of Dental Public Health capacity in the world with a special focus on the Eastern Mediterranean region, taking advantage of the survey results. The session’s output was the WFPHA resolution on Dental Public Health Workforce Infrastructure.

Of interest, one of the main congress output, the Kolkata Call to Action, highlighted that oral health is an integral part of overall well-being and support must be given to stronger community action aiming to reduce poor dental health.

In May 2015 in Mexico City, the resolution "Child Human Rights – Resolution on Access to Oral Health for Children" proposed by the OHWG and approved in 2013 was formally adopted by Mexico City government and staff as part of a program that will incorporate healthy eating, hand-washing and tooth brushing in schools. The resolution was also adopted in Chile under a different name. Moreover, the resolution was widely cited in the literature from countries all over the world, and in some recent textbooks too. Elections this year confirmed R. Bedi as the WG’s Chair, with K. Eaton, M. Allukian and M. Al Darwish as co-Chairs.
ENVIRONMENTAL HEALTH
This year's activities focused primarily on climate health issues but maintained our relationships with other groups relating primarily to chemical issues in health care and society as well.

14th World Congress on Public Health
In preparation for the World Health Assembly in Kolkata in February, the Environmental Working Group participated in planning discussions and sponsored several sessions. It further worked on the Kolkata Call to Action and specifically emphasized the section: Climate and Health

The profound threat to human health from global warming and resulting climate change is central to the challenges of this century. The human contribution to warming through energy generation from fossil fuels, and coal in particular, provide clear requirement to mitigate these effects and protect thousands of lives at risk as well from the air pollution inherent in these processes. These risks too fall unevenly on the poor within countries and poor nations globally. We must commit to sustainable and renewable energy technologies and not short term and potentially dangerous methods such as nuclear fission and hydraulic fracking.

At the meeting itself the Working Group had a face to face meeting which brought new energy and participation to its activities. Participation from the Australia, India, Nigeria, Norway, Philippines, South Africa, and the USA. Also participating were collaborating organizations Health Care Without Harm (HCWH) and the Global Climate and Health Alliance. The editor of the Journal of Public Health Policy and WFPHA Headquarters in Geneva also attended. Dr. Michael C. Asuzu, Professor of Public Health & Community Medicine, University College Hospital, Ibadan, Nigeria, agreed to join Dr. Peter Orris Professor of Occupational and Environmental Health Sciences at the University of Illinois Hospital as Co-Chair of the Working Group.

COP21 The climate summit in Paris
As reported by diverse scientific and health research organizations (including the World Health Organization), climate change poses a central and increasing threat to the health of the world’s people in this century. However, little was known about how national governments were planning for this unprecedented public health challenge. To address this gap, the Group developed plans for an online survey of actions by national governments for completion by health non-governmental organizations from each country. This quickly brought support of the Climate and Health Alliance, Health Care Without Harm, and the Public Health Association of Australia. It was conducted during August and September 2015 by WFPHA with support from the World Medical Association and its Young Doctors Network.

National public health associations, medical associations, and other health professional organizations responded, providing information on the actions of thirty-five governments (15 developed and 20 developing nations). The respondent countries are spread across the globe, with six continents represented, and include USA, Canada, Brazil, Spain, China, Australia, Japan and the EU.

The survey revealed a lack of climate-health preparedness, with more than half of respondent countries (51%) having no national plan to protect their citizens from the health impacts of climate change in their countries. Twelve (35%) countries have yet not developed policies for long-range climate change and its impact on health and 13 (37%) countries did not have any policies for public health adaptation. The majority of respondent countries (77.1%) have no comprehensive identification of health risks of climate change projections for their citizens and 65.7% had done little towards identifying vulnerable populations and infrastructure, developing public health adaptation responses, assessing coping capacity or gaps in knowledge. Some positive examples bucking the trend include Taiwan and Lithuania, reporting comprehensive climate change action plans with both mitigation and adaptation strategies, along with climate-health risk surveillance, and early warming systems for health risks from extreme weather.
The report was released in late November and received prominent attention during a number of health related events in Paris during the Climate Summit of 30 November to 11 December 2015. WFPHA was represented during the Paris events through leadership of the Working Group both at the Conference of the Parties itself and at many of the side events organized by several of our collaborating organizations. The Paris agreement signed in December 2015 is binding and commits signatories to limit global warming to well below 2 degrees Celsius. The more ambitious 1.5 degrees Celsius goal is also named as a serious aspiration. The agreement includes a commitment to a long-term goal to bring emissions down to zero and a regular review of national commitments every five years to check progress. This review mechanism, which will start in 2018, is vital if the 2-degree target is to be reached.

WFPHA welcomed and agreed to participate with these groups beyond Paris based on three pillars of mitigation within health care provision, building resilience of health care institutions, and providing public health leadership to civic society with respect to the impact of climate change on the world emphasizing the poorest countries and communities.

The working group will have a conference call in early 2016 to chart its course over the next period and prepare any policy issues needed for the General Assembly meeting in May in Geneva. It is actively seeking more members and interested in expanding its activities into new areas with impact on the public’s health.

**The Paris Platform for Healthy Energy**

Parallel to all of our work with hospitals and health systems, HCWH’s Healthy Energy Initiative was also actively engaged in the lead-up to Paris and during COP21 as well. The Healthy Energy Initiative is a collaborative effort with partners in eight countries to address the health impacts of energy choices. Recognizing that more than 7 million people die every year from air pollution, much of it related to fossil fuel combustion, particularly coal, the Health Energy Initiative seeks to engage the health sector in advocating for a rapid transition to clean, renewable energy.

To this end, WFPHA endorsed the Paris Platform for Healthy Energy as a way to reflect this common agenda across borders and to engage ever greater numbers of health sector actors in this advocacy. In this way we are continuing the joint efforts begun 4 years ago when the WFPHA and the South African Public Health Association with the WHO, World Medical Association, and others initiated these efforts at the climate summit in Durban SA.

In addition the Working Group continues to contribute to the efforts to enlarge the Global Green and Healthy Hospitals network taking part in Conferences in South Africa, USA, and most recently the founding of the Asia network in Seoul, Korea.

Finally, at the end of September 2015, WFPHA concluded its representation of the Health Sector on the Bureau of the Strategic Approach to Chemicals Management Treaty administered by the United Nations Environment Program at its ICCM4 continuations meeting in Geneva. This meeting made plans for activities through 2020 and identified new areas of concern with respect to endocrine disrupting chemicals and residual pharmaceuticals in drinking water.
**WOMEN, CHILDREN AND ADOLESCENTS**

The Work Group on Women, Children and Adolescents (WCAWG) was approved by the WFPHA General Council at the February 2015 meeting in Kolkata, India. The group will address the health issues of these populations through advocacy, advancing public health practice through research and education, and expanding partnerships to reach women, children and adolescents. The WFPHA has not had a maternal and child health (MCH) working group and had very few policies addressing MCH. The need is clear—the only 3 MDGs that won't be reached are MCH related. The name of this WG emphasizes women's health including, but not exclusive to reproduction and parenting, newborn and children's health and adolescents. This lifespan approach predated the UN/WHO Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) which was launched in September. Our work will support and expand The Strategy’s roadmap to ensure that all women, children, and adolescents survive, thrive, and transform their societies for a healthy and sustainable future. This means eliminating inequity. Founding WG members represent 10 countries (Mexico, Nigeria, Egypt, India, Sudan, Uganda, South Africa, Pakistan, Bangladesh and the United States) and have extensive experience in practice, research and education in women, children and adolescent health. Four members of this group presented a well-attended concurrent session at the WFPHA meetings in Kolkata (pictured above). The WG is reviewing WFPHA policies working with planning committee for next World Congress to include WCA topics and voices. Prof. Lewis has been representing the WG at the workshop “School-based and School-Linked Health Services”, December, 2015 in London.

**PUBLIC HEALTH EDUCATION AND TRAINING**

The PET Working Group has had a successful year, meeting at the World Congress in Kolkata and beginning the development of a number of new projects. The group will be exploring and consulting on whether there is a need for a clearer definition of both ‘education’ and ‘training’ related to public health, as well as looking at benchmarks for core curriculum contents within public health masters degrees. The group explored the use of massive open online courses (MOOCs) in delivering baseline public health education and training, and particularly whether such platforms offer the potential to develop cross-institutional courses on topics such as Biostatistics and Epidemiology. The PET Working Group plans to undertake a survey of universities already using MOOCs on Biostatistics and Epidemiology to identify in which public health courses they are already used, and how. Finally the PET will also explore what skills employers are looking for in public health graduates, and whether many current courses provide the training for their graduates to meet these expectations.
NEWS FROM THE REGIONS

AMERICAS
In April 2015, the Cuban Society of Public Health (SOCUSAP) hosted the founding meeting of the Alliance of Public Health Associations of the Americas (APHAA) (see picture). This is the most recent hemispheric network of public health associations within the regionalization process initiated by the WFPHA a few years ago. Attendees included representatives of PHAs from Brazil, Nicaragua, Bolivia, USA and Puerto Rico, representatives of a prospective PHA in Colombia and from the WFPHA. Dr. Isabela Danel, Deputy Director of the Pan American Public Health Association also participated. SOCUSAP will serve as the APHAA’s secretariat, with support provided by APHA and ABRASCO.

During the APHA Annual Meeting in Chicago in November 2015, Dr. Alcides Ochoa, SOCUSAP’s President, Dr. Luiz Facchini of ABRASCO and Dr. Peter Orris representing APHA reported on the APHAA’s founding and activities to date.

The APHAA’s next meetings will be in April 2016 in Puerto Rico and in November 2016 during the APHA Conference in Denver.

AFRICAN REGION
The African Federation of Public Health Associations (AFPHA) during 2015 was selected to participate in the WFPHA’s Fellowship program hosted by ABRASCO (Brazil). This fellowship program was helpful to learn experiences from the Brazilian health system and its management.

The Federation was also present at the Experts’ Consultation on AMR in Africa Region in May 2015, in Congo, where a few points were raised. AFPHA considers antimicrobial resistance (AMR) as a major hindrance to the attainment of the highest standard of health for peoples in Africa, it is a serious public health and socio-economic threat that is not well recognized by politicians and policy makers and has its root cause in poverty, lack of public awareness, inadequate HRH (Human Resource for Health) training and limited laboratory and surveillance and weak national health systems, is aggravated by corruption, unethical, production, sale and use of substandard medicines and antimicrobials. AFPHA believes that urgent and coordinated global, regional and national actions are required to build capacity and address identified priority problems to combat AMR in the African Region.

EASTERN MEDITERRANEAN REGION
WHO EMRO facilitated a meeting of national public health associations and institutions under the auspices of the WFPHA (Cairo, Egypt, 29-30 Jun 2015). The WFPHA worked closely on planning this event both the WHO headquarters and the Regional Director Dr Ala Alwan. Thanks to this support a group of over 20 individuals from 18 countries of the region and several WHO EMRO staff participated. The WFPHA wanted to meet with PHAs of the region to further explore possibilities of forming a regional collaboration similar to those constituted in Africa, Europe, the Americas and the South East Asian region, as a means to. In the EMR long discussions have been surrounding the possibility of establishing a regional chapter of the WFPHA, which would unite the region’s national PHAs of the and promot professional exchange and collaboration across the 22 member states. This process was initiated by the WFPHA at the First Arab Public Health Conference in April 2013 in Dubai.

Participants discussed how to strengthen public health in the region and how to improve networking.
Functional surveillance regulatory and control mechanisms must be in place supported with research, advocacy and accountable remedial measures. Concerted action is required for strong advocacy and global movement against counterfeit drugs medicines. Public health and other professional associations in health should own the problem and be fully involved as organized bodies at all level. AFPHA also participated to the 5th ANDI STAC and Stakeholders meetings in November 2015, in Nairobi (Kenya) and made a presentation on "Lessons learned from the Epidemic in West Africa". The theme of the Stakeholders meeting was: Partnerships and Financing for Transformative, Accessible and Sustainable Health Technologies in Africa.

The AFPHA in collaboration with the WHO/AFRO is to conduct advocacy and mapping mission of Public Health Association in Republic of Congo, Ethiopia, Nigeria, Senegal and South Africa. During these missions, the AFPHA will contact ministries of health, national public health associations, schools of public health and other identified organizations interested in public health. This initial mission will be extended to the other countries to promote establishment of new public health associations in the countries where there are none and to strengthen the existing PHAs. Finally, AFPHA has initiated a working relationship with the African Union Social Affairs Department. The African Union Social Affairs Department is working to respond to the post Ebola crisis in the three West African Countries. the AFPHA has expressed its willingness and commitment to with the AU in identifying the needed medical doctors; general practitioners, internists, pediatricians, surgeons, obstetrics and gynecologist and public health specialists through its network in Africa.

Asia Pacific Regional Liaison Office
Under the leadership of WFPHA, APRLO carried out a series of activities in 2015. APRLO attended the 14th World Congress on Public Health in Kolkata, India and Dr. Wang Peng hosted the regional work meeting. Dr. Mengistu Asnake, Dr. Michael Moore, Dr. Marta Lomazzi and the delegates from China, Australia, Thailand and Chinese Hong Kong attended the meeting that included a revision of the 5th APCH and regional work meeting in Korea. On behalf of CPMA, Dr. Wang Peng attended 1st BRICS countries Disease Prevention and Control Seminar during the conference.

Dr. Weizhong, Director of APRLO, led the delegation visit the WFPHA headquarter in September 2015. APRLO reported the progress since its founding and proposed to establish the Asia-Pacific Regional Federation, with the inspiration taken from model of EUPHA creation history. In order to prepare the 50th Anniversary of WFPHA and 15th WCPH, Heather Yeatman, the President of PHAA and the Head of Public and Population Department Wollongong University, visited APRLO and CPMA. Dr. Yang expressed his desire to carry out deep cooperation with PHAA, such as predict chronic disease prevention and control effect according to the distribution of gyms and vegetable markets.

During 2015, APRLO kept close contact with Thailand to discuss the preparation details of 6th APCPH conference about several themes: Public health and disease surveillance, Determinants of diseases and epidemics, Health promotion, prevention and health protection, Alliances for health and sustainable development, Innovative Primary Health Care for Sustainable Development and District Health System Management Learning.

Europe
One of the key activities under the new strategy adopted last year was for EUPHA to become a leading voice in public health. In 2015, activities in this field included:
1. The increasing refugee problem in Europe EUPHA reacted several times (May-July-October) to the humanitarian crisis in the Mediterranean, calling on public health professionals to speak up. The issue was also discussed at the 8th European Public Health (EPH) Conference in Milan.
2. Health on COP21 agenda
At the initiative of the French Society of Public Health, EUPHA co-signed the open letter to the French Minister to include health on the agenda of the COP21 Global Climate Conference in Paris.
3. TTIP EU – US negotiations
At the initiative of the UK Faculty of Public Health, EUPHA expressed concerns about the EU-US Transatlantic Trade and Investment Partnership negotiations, which could seriously impact health.

4. Data protection and health research
The EUPHA Sections on Health Services Research and Public Health Monitoring and Reporting continued to address the negative consequences for public health and health services research of the EU Data protection regulation.

5. Food marketing
EUPHA joined other European health-based NGOs in supporting WHO Europe’s plans to restrict food marketing to children.

6. Tobacco and vaping
In January 2015, EUPHA published a EUPHActs expressing concerns about the uptake in vaping. EUPHA continues to build capacity and knowledge wherever possible. Successful tools in this respect are the European Journal of Public Health, the EUPHA sections, the monthly EUPHA Newsletter and the EPH Conference.

The visibility of EUPHA as a solid partner with a research background has been strengthened. Activities were aimed at WHO Europe and the European Union. EUPHA continues the build the capacity and knowledge of policy-oriented organisations and has an official seat in:

- EU Expert panel on effective ways of investing in health;
- WHO Europe – Advisory Committee for Health Research;
- Advisory forum to the European Centre for Disease Prevention and Control;
- WHO European Regional meeting.

Furthermore, EUPHA remains one of the leading associations (together with EHMA and HSR Europe) to set up an ERA-NET on public health and health services research.

EUPHA has invested in the future generations:

- Establishing official partnership agreements with the Global Health Next generation network and the European Medical Student Association
- EUPHAnxt flash – the newsletter for the EUPHAnxt subscribers was sent in March and June
- Continuing the internship programme where some students were put in contact with relevant public health professionals.

SOUTH EAST ASIA PACIFIC
Over the past few years there had been a lot of discussions and deliberations on about creating a network of public health associations and organizations in the South Asian Region. Accordingly, the first meeting of the South Asian Network of Public Health (SANPH) took place during the 14th World Conference in Kolkata, where it emerged that it’s necessary to have a structured and well articulated organisation which will work towards ‘Health for All’ in the region.

The primary aim of the network will be towards strengthening regional public health activities to meet the context specific challenges and to work together on common issues (e.g. Measles/NCDs).

It was decided that the first President of the Network will be Dr Madhumita Dobe. The launch of the South Asian Public Health Network will provide a useful platform to harness complementary capabilities and resources for better public health outcomes in the region. It will facilitate exchange of information and experiences among national public health associations, organizations, institutions etc. and promote intercountry cooperation to strengthen health systems and promote community-based health development towards more effective implementation of the primary health care.

The proposal of the network and the development of a draft constitution were discussed in December 2015, between members in the region and WFPHA. Memberships will be open to: regional associations and networks of public health, universities /organisations working in public health.
News from Member Associations

Accreditation Agency in Health and Social Sciences: The year 2015 has proven to be quite successful for the agency, since it has offered a number of opportunities for the AHPGS to extend its leading role in the field of quality assurance both nationally and internationally. Regarding the accreditation projects on the national level, the AHPGS has performed the system accreditation of the “Charité – Universitätsmedizin Berlin”, a joint institution of the Freie Universität Berlin and the Humboldt-Universität Berlin. The Charité has more than 7000 enrolled students and is one of the biggest university hospitals in Europe. In addition to various procedures within Germany, the AHPGS has carried out accreditation of health care study programs in Slovenian and Romanian higher education institutions. Furthermore, the AHPGS has accomplished the institutional audit of the Medical Faculty of the University of Ljubljana. Apart from activities in European countries, the agency is also involved in the promotion of quality assurance in the Middle East, namely in several universities of Saudi Arabia. Recently also negotiations were launched with one of the universities of Lebanon about the accreditation of study program in health sciences. In 2015 it has been celebrated the 1,000th study program accredited.

American Public Health Association (APHA): Over the past year, the American Public Health Association (APHA) focused on building momentum for Generation Public Health. This public health movement aims to be sustainable, cross-sectoral as well as engaging at the grassroots level. As part of educating the public and potential partners on the role of public health, the Association organized a successful webinar series (pulling in over 15,000 viewers) to explore the impact of racism on health and well-being. APHA collaborated with the American Planning Association to reinforce the local capacity of nontraditional sectors such as urban/regional planning and transportation to consider health in its decision-making. Additionally, APHA made its voice heard in two of the most important Supreme Court cases – the legalization of same-sex marriage nationwide and the threat to end federal health insurance subsidies under the Affordable Care Act. In support of a signed memorandum of understanding with the Cuban Society of Public Health (SOCUSAP), the Association led two research delegations to Cuba as well as participated in the planning discussions under the auspices of the WFPHA that led up to the recently formed Alliance of Public Health Associations for the Americas (APHAA/AASPA).

Public Health Association of Australia: The Public Health Association of Australia has contributed this year to several noteworthy public health achievements and activities. After concerted actions by public health advocates, the Food Ministers agreed to progress the Front of Pack Health Star Rating (HSR) system Australia now has over 1000 food items with the stars on their labels, New Zealand is implementing the same scheme, and Health Stars has also generated significant global interest. The PHAA’s 2014 annual conference in Perth had a very strong program, great speakers and a large number of engaged participants. As a contemporary indicator of its success, it also tracked strongly via social media (Twitter), reflecting that a much wider audience was benefiting from and supporting key public health issues. The PHAA also played a leadership role in the Australian Population Health Congress 2015 in April as a lead up to the World Congress in Melbourne in 2017. Other key public health policy areas for PHAA are raising Australia’s commitment to climate change, health care reform, refugee policies and international trade agreements (to name just a few). These issues have been key foci in PHAA’s advocacy work through Senate hearings, collaborations, media advocacy, written submissions and personal meetings.
AUSTRIAN PUBLIC HEALTH ASSOCIATION: The Austrian Public Health Association (Österreichische Gesellschaft für Public Health, ÖGPH), founded in 1995, joined the European Public Health Association (EUPHA) in 2000 and is a member of the WFPHA since 2013. The mission of the association is to prevent diseases, prolong life and promote health in individuals as well as within the society. It is a multi- and interdisciplinary association that promotes the development of health-oriented structures in societies and policies. Since 1997 the association organized annually conferences. In 2016, the Austrian Public Health Association will be co-organising the 9th EPH Conference which is taking place in Vienna. The ÖGPH comprises several working groups. Their aims are e.g. the interconnection of members and promotion of networking, as well as working on special topics, such as obesity, health care, or physical activity. In 2010 the ÖGPH elaborated the Austrian national recommendations for health enhancing physical activities on behalf of the federal ministry of health. Further activities of the association include publishing their newsletter four times a year as well as advisory activities for policy makers. In 2015 the ÖGPH organized their annual conference themed “Unstoppable Public Health – Thinking beyond boarders” (Keynote speaker Martin McKee) and their winter conference themed “The Future of Public Health – Public Health between ethics and self-determination”. Members of the Austrian Public Health Association originate from many different scientific disciplines such as health sciences, health care, health economy, medicine, psychology, sociology, epidemiology, and health policy research. Currently, the association has around 250 members.

INDONESIAN PUBLIC HEALTH ASSOCIATION: Indonesian Public Health association (IPHA) as professional Organization assisted and helped to improve policy program development for the nation’s health. IPHA has done some activities through education, advocacy, community development and also brokering knowledge. IPHA collaborated with Indonesian Public Health Education Institutional Network (INDOPHEIN) in order to perform competencies examination for graduate students from PH Institutions in Indonesia. In community development, the association still collaborated with SC Johnson campaign to fight against dengue fever in Jakarta and some cities in Indonesia. This program helped government and society to combat dengue fever through prevention. Also, IPHA, in collaboration with Faculty of Public Health Universitas Indonesia, held the First Annual Science Fest (Forum Ilmiah Tahunan) that included the 47th Asia Pacific Academic Consortium on Public Health. This event held many sessions such as panel and parallel sessions, training and Organizational meeting. Beside that, IPHA in 2015 also had been done some Memorandum of Understanding with the Government such as with BPJS (Badan Penyelenggara Jaminan Sosial/ Social Security Agency), BKKBN (Badan Kependudukan dan Keluarga Berencana Nasional/ National Population and Family Planning Board) and some Ministries in order to support them improve health quality in the country.

PUBLIC HEALTH ASSOCIATION OF NEW ZEALAND’S: Highlights of the Public Health Association of New Zealand’s year included the first symposium on Maori health, featuring a younger generation of indigenous academics addressing issues of identity, inequality and leadership. The annual conference in Dunedin looked beyond the usual issues of tobacco and nutrition, to explore wellbeing economics, healthy trade and environmental design. The association’s weekly news Bulletin continues to be popular keeping our members and their colleagues up to date with current hot topics. They also published the first in a new series of journals titled the Public Health Lens, in which they shine some light on a major issue that is causing controversy and confusion for the public. The first issue focused on the Trans-Pacific Partnership (TPP), which threatens their sovereignty and key aspects of our health system, such as the price of medicines. The association has been an effective partner in efforts to bring a collective voice to significant domestic and international issues throughout the year. Most important of these were the campaign to increase public understanding of the potential impact of the TPP, NZ’s dismal record of child poverty, and raising consciousness about climate change. Rising sea levels already affect many of the neighbouring Pacific Island nations, which look to New Zealand for leadership and support. Our people are only beginning to understand what this means for the future health of the Islanders and ourselves.
Spanish Association of Public Health and Healthcare Administration (SESPAS), a confederation of 12 public health associations, published recently the latest monograph of Gaceta Sanitaria (SESPAS' scientific journal), this time with a focus on Traffic injuries and including 14 peer-reviewed articles. At a national and regional level, SESPAS has been actively involved in policy advocacy on different health topics, for instance rising awareness on child poverty (see Letter to the BMJ), collaborating in the VW emission crisis through the so-called “Campaign against bad smokes”, contributing to the debate around lung cancer screening (explicitly warning that the evidence is not enough to support it, see editorial on the JECH), warning on the potential deleterious health effects of the TTIP (see SESPAS’positioning) and joining REDER, a network of several organizations and people involved in the protection and defense of universal access to health care. SESPAS has also been active at international level, contributing and endorsing the WFPHA statement on Climate Change as well as the WFPHA statement on the refugees’ crisis, and collaborating in the request to the EU to protect the use of personal data in research (signing a letter to The Times).

International Federation of Medical Students’ Associations: In 2015, the International Federation of Medical Students’ Associations (IFMSA) kept an intense work in local activities on health promotion and diseases prevention by our 129 National Member Organizations, addressing a big range of topics that represent the challenged in public health of their countries. Besides our current internal work, IFMSA has had the chance to participate and raise the voice of medical students in important WHO discussions like WHO Regional Meetings, WHA, the Global Coordination Mechanism on NCDs, and others. This year has been very intense in terms of global health important decisions such as the approval of the Global Goals for Sustainable Development in September and the final Paris agreement on Climate Change by COP 21 in December, for both IFMSA has been working hard to guarantee that health is properly addressed in their discussions. On Climate Change and health, IFMSA is launching a Training Manual for health students that is supported by the World Health Organization. They are aiming to reach more impact by disseminating knowledge and our experience at the different Climate Change Conferences of the UNFCCC. IFMSA organized also 2 big international campaigns on the STOP Tuberculosis day on 24th of March with support from the STOP TB Partnership, and in collaboration with other health students federations (on veterinary medicine and pharmacy) as well as the World Diabetes Day on the 14th of November of each year.

Public Health Association of South Africa: The 2015 Public Health Association of South Africa conference was held in Durban in October. The theme of the conference was Health and sustainable development – the future. Highlights of the conference included a vibrant panel discussion with political parties who reflected on their vision for public health in South Africa. Another highlight of the conference was the Student Symposium. The Student Symposium provided opportunities for postgraduate and undergraduate students to present their work, build a student movement in public health, as well as network and learn from experienced public health professionals. In 2015 the PHASA Executive Board focused on growing the organization’s visibility and relevance in the SA public health arena. PHASA’s medium-term strategy will prioritize strengthening PHASA’s advocacy role. PHASA also successfully hosted a symposium at the Africa Health Conference which drew over 150 delegates together to discuss public health leadership and other topics. Professor Eric. Buch and Prof. John Matjila jointly received the Public Health Innovation and Leadership Award awards this year. This award aims to honour excellence, commitment to public health research, education and/or service as well as lifetime achievement.

Uganda National Association of Community and Occupational Health: On 20th of September 2015, Uganda National Association of Community and Occupational Health (UNACOH) and Makerere University College of Health Sciences organized the Typhoid Run in collaboration with Ministry of Health and other partners including Vodafone, a telecommunications company, under the theme ‘Together against Typhoid and Other Epidemics’.
The Run was aimed at creating awareness among the general public about the causes of, and preventive measures against, Typhoid. It was also an advocacy campaign, bringing together the community and key stakeholders like Ministry of Health, Kampala Capital City Authority, WHO to discuss ways of curbing this disease of public health concern. The Run was associated with the Joint Annual Scientific Health (JASH) Conference held 23–25 September, 2015, under the theme "The 360 Approach to Epidemics".

**Lithuanian Public Health Association**: Variety of competences of the members of LPHA allows to contribute to health policy development and health improvement in Lithuania. The Lithuanian Public Health Association has been actively involved in the discussions concerning major changes in the public health legislation, which is inevitable in the process of continuous health care reform. Some activities have been taken during the past year, to address the major public health challenges in the country. Current issues of antimicrobial resistance and infectious diseases management were discussed and the main infectious diseases challenges and their feasibility in local communities were presented. Issues of healthy nutrition, suicide prevention were addressed in the common meetings with other relevant institutions.

**Public Health Foundation of Bangladesh**: The Public Health Foundation of Bangladesh (PHFBD) in 2015 was active with many events. A Seminar on “Introduction on Global Health” was held in February. An awareness program on “Hand washing” in a primary school was held at Munshiganj, in March, 2015 with a theme “Hand wash in safeguarding health”. Several Roundtables on breast cancer and cancer detection were held in March and October. PHFBD & Autism Welfare Foundation (AWF) organized a seminar on “Nutrition Care in Autism” in April. PHFBD was very active in training: between April and June two trainings were organized on “Basic & Applied Teaching Methodology”.

The Foundation also the association co-organized a workshop on “Life Savings Skills” in May, 2015 at Institute of Disaster Management & Vulnerability Studies (IDMVS), University of Dhaka. A round table meeting on “National Health Budget of Bangladesh” and a seminar on “Universal Health Coverage: Bangladesh Perspective” have been held in July and December. Finally, a two - days Scientific Conference & 3rd Public Health Foundation Day celebration were held in December, 2015 at Sasakawa Auditorium, Dhaka.

**Graduate Institute of International and Development Studies**: Throughout the year, the Global Health Programme (GHP) at the Graduate Institute has strengthened its platform role in global health by reaching out to a number of actors and sectors in International Geneva and beyond with the organisation of policy dialogues and roundtables on global health governance, health security, nutrition, SDG implementation, and health equity and technology, among others. It has also taken a leading role in the training of the increasing number of country delegates, and representatives of non–governmental organisations, the press and the private sector participating in the annual World Health Assembly (WHA). An introductory briefing to the WHA was organised by the GHP and the United Nations Foundations in collaboration with WHO in May 2015. The nearly 400 participants could learn more on the WHA’s processes, structures, and key issues and better understand WHO’s role in global health and how the WHA contributes to engaging a wide range of actors.

**Cameroon Public Health Association**: The association, represented by its president, participated in the work of drafting of the new Health Sector Strategy (SSS) of Cameroon. In addition, under the patronage of the Minister of Health, it organized in September 2015 the symposium to launch the National Consortium activities for the Prevention and Control of Chronic non-communicable diseases in Cameroon. It should also be noted the creation of a Health School Community. Finally, the Association continues to contribute to the promotion of the fight against malaria in the Yabassi Health District in the Project "Achieving and Maintaining coverage universal struggle against malaria for a sustainable impact 2015- 2017".
APHA’S ANNUAL MEETING

Over 12,000 delegates from the USA and across the world gathered in Chicago between October 30 and November 4, 2015 to take part in over 1,000 sessions to discuss and debate solutions to current and emerging issues affecting the public’s health. Again this year, APHA provided the WFPHA an important in-kind contribution: two 90-minute oral sessions, the organization of the WFPHA Global Public Health Leaders breakfast and exhibit booth space at the Public Health Expo.

Representatives from public health associations in the UK, Korea, the USA and South Africa made presentations about the important public health advocacy work their associations had carried out. David Allan, Chief Executive of the Faculty of Public Health (UK), and Dr. John Ashton, the Faculty’s President, walked delegates through the chronology of media coverage about the proposed tax on sugar-sweetened beverages and the role played by key public health actors in this advocacy effort. Dr. Byung-Joo Park, President of the Korean Public Health Association, talked about that association’s efforts to reduce alcohol consumption and abuse. Dr. Deborah Klein Walker, APHA Past-President, talked about the different ways APHA carries out its advocacy work, including direct contact with federal legislators, using e-alerts to promote front-line action on public health issues, and informing its members and the public as to how federal legislators voted on health-related bills. Dr. Laetitia Rispel, Past President of the Public Health Association of South Africa informed delegates about PHASA’s transformation process towards becoming an influential PHA. She also commented on the challenges facing the WFPHA about its visibility and influence on the global stage. Among her recommendations for a more effective organization, Prof. Rispel suggested a greater emphasis on the new generation of public health practitioners and activists and a more focused slate of issues for the Federation’s advocacy efforts. Jim Chauvin, WFPHA Immediate Past-President, briefed delegates about the WFPHA/Aetna Foundation collaborative initiative exploring the use and impact of digital technology for population health and health equity gains.

Regretably the WFPHA session coincided with one hosted by the Royal Society for Public Health about that organization’s successful advocacy on the introduction of nutritional information on labels of alcoholic beverages.

The second oral session presented the progress to date with respect to the establishment in April 2015 of the Alliance of Public Health Associations of the Americas (APHAA). The speakers included Dr. Alcides Ochoa, President of the Cuban Society of Public Health (which houses the APHAA’s secretariat), Dr. Luiz Facchini of ABRASCO and Dr. Peter Orris representing APHA (both of which have played a leadership role in the APHAA’s creation) and Dr. Hilda Chavez of the Mexican Society for Public Health, who presented on obesity as a priority public health issue for this hemisphere’s PHAs. Dr. Isabela Danel, PAHO Deputy Director, wrapped up the session with a presentation about the role that APHAA can play in the hemisphere and its interaction with PAHO.

The session concluded with a call to delegates by Dr. Luis A. Rosario Arroyo, President, Puerto Rico Public Health Association to attend the 2nd APHAA work meeting, to take place during the next annual meeting of the Public Health Association of Puerto Rico in May 2016.

Professor Sir Michael Marmot, Chair of the WHO Commission on the Social Determinants of Health, and Michael Myers, Managing Director of the Rockefeller Foundation, were the keynote speakers at the WFPHA Global Public Health Leaders breakfast.
Sir Michael talked about the challenges of addressing the social determinants of health within the context of cutbacks to essential social services as a result of government-imposed austerity measures, and the impact such decisions will have on future health inequities. Mr. Myers briefed delegates about the Foundation’s Planetary Health initiative, which highlights innovative solutions to man-made factors that are influencing ecosystem health and its consequences on human health around the world.

**EPH CONFERENCE**

The 8th European Public Health Conference took place in Milan, Italy, in October 2015 and was attended by over 1,500 delegates from over 65 countries. M. Asnake (WFPHA president), M. Moore (WFPHA Vice-President/President-Elect), I. Hernandez (Chair of the WFPHA Policy Committee) and M. Lomazzi (HQ Executive Manager) represented the WFPHA.

The WFPHA was present in several sessions of the conference providing keynotes and chairing different sessions. A joint statement of WFPHA and EUPHA on the Refugees Crisis in Europe was presented at the press conference. Moreover, the WFPHA organized a breakfast meeting with the EUPHA Executive Board and WFPHA European members to discuss the main hot topics in public health in the European region. During this meeting, the “A Global Charter for the Public’s Health” was pre-presented and obtained positive feedbacks.

**FIRST WORLD ACADEMIC IFEH MEETING**

The Health School of Coimbra University and the International Federation for Environmental Health (IFEH) joined forces to organize the IFEH first World Academic Congress. The IFEH and the WFPHA recently accepted mutual membership. Prof Borisch, Executive Director of the WFPHA, was invited to both the board meeting of the IFEH preceding the congress as well as keynote speaker on the main topic of the event: “Urban Health”.

The meeting was well organised by a dedicated team from the Coimbra Health School and attended by about 200 participants from over 20 member countries of the IFEH.

It was well perceived how many common points are there between environmental health and global public health. The fact that both world wide active associations have now a strong collaboration was welcomed. Peter Archer, IFEH President Elect, presented a paper on a ‘Declaration on health equity – IFEH Policy 10’. As part of this policy there is a live project titled ‘101 postcards - closing the gap in a generation’. Already environmental health practitioners have submitted more than 70 postcards detailing their health projects. These are as varied as encouraging children in Norwegian kindergartens to wash their hands, to a major sanitation and water project in Mukunkiki in Zambia.

Besides the main theme “Urban Health” the Sendai framework for Disaster Risk Reduction management was a main focus (Chadia Wannous, UNISDR). The IFEH had also invited the IMPEL (European network for Implementation and Enforcement of Environmental Law) to both present and collaborate with the IFEH. Chris Dijkens, IMPEL Vice Chair presented the network and its activities.

In addition to the lectures, a wide variety of workshops completed the program. On Saturday 26th, the World Environmental Health Day have been celebrated under the theme “Children are our future – let’s protect their Environment and Health”.

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**Global Environmental Health Faculty Forum**

**IFEH 1st World Academic Congress on Environmental health**

Hosted by

College of Health Technology of Coimbra
11TH BRAZILIAN CONGRESS OF COLLECTIVE HEALTH
The 11th Brazilian Congress of Collective Health joined about 5,000 people, during four days, at the Federal University of Goiás (FUG). The opening session had the presence of both ministers of health and science, technology and innovation, the rector of the FUG, the state health secretary, the Paho/WHO representative in Brazil, the representative of the Global Health Workforce Alliance (WHO), among others.

The general theme of the congress was «Health, Development, and Democracy: the challenge of the universal SUS» (Unified Health System). The current economic crisis and its effects in the health conditions of people as well as in the health policies and services were discussed in different roundtables.

The magna conference was held by prof. Moysés Szklò who made a presentation about translational epidemiology.

At the last plenary session, the participants approved the Letter of Goiânia, restating Abrasco’s commitment to health as a universal right.

IANPHI MEETING
IANPHI (International Association of National Public Health Institutes, or: Public Health Institutes of the World) is the umbrella organization of National public Health Institutes worldwide, created in 2006. IANPHI holds annual meetings; this years was hosted by the French “Institut de Veille sanitaire”, the NPHI of France, located in the outskirts of Paris.

Professor Borisch was invited to present the WFPHA and in particular the Global Charter for the Public’s Health. The presentation was scheduled on the concurrent session 6 on “Interaction of Public Health and Law”, so that Prof. Borisch’s presentation included also the possible impact of the Charter on legislation and norm-setting. The meeting also made possible to discuss further collaboration between the WFPHA and IANPHI with Professor Pekka Puska, who was re-elected for a second term as president of IANPHI this same day.

Given the similarities of visions, both associations will strengthen their collaboration the WFPHA being the civil society face of the Public Health and IANPHI the states-owned side of Public Health action globally through a mutual membership.
The health care system is replete with examples about the use and effectiveness of digital technologies: MRIs and other imaging technologies, eHealth cards and electronic health records, electronic diagnosis and prescriptions, and electronic access for remote and rural communities being a few. The for-profit sector uses digital technologies (DT) to shape what we buy, where we live, how we travel, what we eat, how we work (including our productivity), how and what we learn, and what we do in our spare time. Sometimes this can be beneficial; but as we have seen, sometimes social media and its effect on attitudes and behaviors about vaccinating children and the advertising of unhealthy foods and beverages through the Internet, can have negative consequences for human health.

A scan of the literature about the use and impact of DT within the public health sector and in particular on population health & health equity reveals a dearth of information. References are found about the use of text messages to prompt people to follow a healthy lifestyle, the use of cell phones to provide information to front line health workers, improved inventory control of vaccines and social media to inform the public about healthy lifestyle choices. But, to date, the scale of information about the use and impact of these technologies for population health and health equity gains is limited. And, much of the information is at a project or pilot level, with few examples of scaled-up successes.

In association with the Aetna Foundation, the WFPHA undertook this year an initiative to examine how DT are being used and the impact of their use on population health and health equity. The initiative consists of three elements. The first, which took place during a session at the 14th World Congress on Public Health, provided a glimpse into how the Aetna Foundation is supporting innovative DT-related community-based activities in the USA as well as some of the issues and challenges in using DT, especially in countries with limited resources and telecommunications infrastructure. The second element will be the publication in mid-2016 in the Journal of Public Health Policy of a set of six articles examining the use and impact of DT on human health and health equity in different contexts. The third element will be the development during 2016 of a WFPHA paper on the topic, to be released at the 15th World Congress in April 2017.
At the 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 2014 and 2015 income and expenses is presented below (figures are rounded, in US dollars).

<table>
<thead>
<tr>
<th>Income</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Membership Dues</td>
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<td>Surplus/(Deficit)</td>
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<tr>
<td>Financial situation</td>
<td>$162,252</td>
<td>$211,455</td>
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<tr>
<td>Opening Balance (January 1st)</td>
<td>$173,800</td>
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<tr>
<td>Closing Balance (December 31st)</td>
<td>$162,252</td>
<td></td>
</tr>
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</table>

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Judy Lewis, Chair

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WORLD HEALTH DAY

JUDITH LEWIS

WOMEN, ADOLESCENT AND CHILDREN’S HEALTH
Judy Lewis, Chair

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WFPHA is an international, nongovernmental organization composed of multidisciplinary national public health associations and other organizations involved in public health. 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 by supporting the establishment and organizational development of public health associations 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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- Aetna Foundation
- Colgate-Palmolive
- University of Geneva
- The multiple organizations and companies that provided financial support to the 14th World Congress on Public Health

The WFPHA also wishes to thank all volunteers who helped the Federation, its Geneva International Headquarters and with the organization of regional events.