With the approach of the 13th World Congress on Public Health in Addis Ababa and the handing over of the WFPHA presidency to Jim Chauvin in April 2012, it is opportune to take a very satisfying look back on the last year 2011.

I think we have achieved a lot! Our main office in Geneva under the leadership of Bettina Borisch became fully functional. One indicator of its utility was the considerable increase in email traffic. At times this was a burden but more often than not, it was a great experience to be in contact with so many distinguished personalities from around the world. In the context of a well-balanced regionalisation strategy the WFPHA saw the establishment of regional sub-offices in Beijing (2009) and in Addis Ababa (2011). The former coordinates the Asia-Pacific Regional Cooperation on Public Health network under the leadership of Cai Jiming. The latter serves as the secretariat for the African Federation of Public Health Associations, established in August 2011 under its first president Mathias Somé from Burkina Faso. In November I had the opportunity to attend the annual meeting of the Taiwan Public Health Association (which became a WFPHA member in 2011) and the Indonesian Public Health Association conference in Bali. Both events were very well organized and the hospitality very warm.

Preparations for the 13th World Congress on Public Health are proceeding very well, thanks to Workneh Kassie and his team at the Ethiopian Public Health Association under the leadership of Dr. Tewabech Bishaw and the strong support received from the American Public Health Association through Vina HuLamm. In May we held our annual General Assembly in Geneva during which our By-Laws were updated. My thanks to Past President Theo Abelin (Switzerland) for leading this task, which included regulations for the newly established WFPHA Advisory Board, chaired by Past President Margaret Hilson (Canada). The annual GA also saw several new organizations approved for membership, from Afghanistan, Dubai, Gambia, Nigeria, Sierra Leone and Taiwan.

A non-governmental voluntary membership organisation such as WFPHA, with limited financial resources, has to rely on a very flexible, responsive and motivated management built on a team approach and voluntary contributions. To that end WFPHA has several committees, including its Policy and Finance Committees. I am very pleased that Markus Kaufmann (Switzerland) agreed to be the Federation’s new Treasurer, taking over from Joan Davenport, who served this role in a voluntary capacity for many years. We also introduced new operational guidelines for WFPHA Working Groups (of which there are four at the moment: Environmental Health, Global Health Equity, Tobacco Control and Public Health Education).

In its official relations with WHO, the Federation has a designated technical officer (DTO) at the WHO Headquarters in Geneva. We are very grateful for the support we received over the past few years from the WHO through the assigned DTO Rebecca Bailey. She was succeeded in December 2011 by Dr. Ruediger Krech.

Finally I would like to mention the WFPHA’s 5-year Strategic Plan, which ends in 2012. In my presidential report at the last General Assembly I referred to its five goals covering the spectrum from policy development and advocacy to human resources and education, partnerships and a more efficient and financially viable organisation. My conclusion was that we have made considerable progress in all these areas. However, much remains to be done. As we prepare the new Strategic Plan for 2013 to 2018, we may wish to review the Federation’s vision, mission and operational goals. As a personal thought I would like to propose that our vision express better a participatory approach and our mission focus on our unique role in developing the public health workforce and representing its voice in the ongoing global debate. I conclude this statement with a wish to open a discussion about where we come from, where we are and where we should go.
Calender year 2011 was a busy one for the WFPHA. The Federation saw its membership expand, the formation of a new working group, several changes to its By-Laws, an expansion of activity in its Geneva office, the establishment of a new regional network of national public health associations, the adoption of two new resolutions and two member surveys conducted.

In May 2011, representatives from over 15 WFPHA member organizations and from several other civil society organizations attended the Federation’s annual General Assembly. It was held again this year at the Graduate Institute of International Studies and Development in Geneva with a reception afterwards at the Musée d’Histoire des Sciences. WFPHA members approved the application for membership of one new Full Member (the Afghanistan National Public Health Association) and five Sustaining Members (Dubai Health Authority, Njala University Public Health Association of Sierra Leone, Gambia Association of Public Health Officers, Association of Public Health Physicians of Nigeria and the Taiwan Public Health Association). They also approved several changes in its By-Laws, including criteria and rules of procedure for WFPHA Working Groups, the establishment of an Executive Committee to streamline decisions on operational issues and the approval of the 2011 work plan and budget. Two new Executive Board members were elected to three year terms (Professor Laetitia Rispel, representing the Public Health Association of South Africa and Dr. Luiz Augusto Facchini, representing the Brazilian Association for Collective Health – ABRASCO). Joan Bell Davenport, the WFPHA’s voluntary Honorary Treasurer, presented her final report. She was presented with an award in recognition of her several years of service to the Federation. The General Assembly approved the nomination of Markus Kaufmann (Swiss Society of Public Health) as the Federation’s new Honorary Treasurer. The membership also approved two new WFPHA Resolutions: one on Prison Health and the other on Armed Conflict and War, both of which can be accessed through the WFPHA website (www.wfpha.org). A minute of silence was held in memory of Professor I. Dogramaci of Turkey, the 2009 WFPHA Lifetime Achievement Award winner.

The Federation continued its collaboration with the World Health Organization. In November, after three years of fruitful collaboration, Rebecca Bailey was replaced by Dr. Ruediger Krech as the WHO Designated Technical Officer. As an outcome from the WHO collaboration, WFPHA established the Public Health Education working group. In January 2011 the WFPHA presented to the WHO Executive Board a position statement on Non-Communicable Diseases. Endorsed by the International Federation of Medical Students’ Associations and the Global Alcohol Policy Alliance, the WFPHA called upon WHO Member States to pay particular attention to strengthening national public health systems, expand the national health work force, provide “space” for a civil society voice and engage with public health associations and allied organizations in the national and global response to NCD prevention and treatment. In May 2011 several WFPHA member associations made a presentation about the role of public health associations in policy advocacy to WHO staff and also actively participated at the World Health Assembly.

The WFPHA office in Geneva continued to carry out valuable support services to the Federation and its Executive Board. In addition to its WHO liaison functions, the Geneva office staff attended meetings on behalf of the Federation. They also maintained the Federation’s website, published its quarterly newsletter, maintained the membership roster, and serviced the Executive Board’s meetings held on the Knowledge Management for Public Health (KM4PH) e-communications system (provided as an in-kind contribution through the Pan American Health Organization).

Planning for the 13th World Congress on Public Health was a major activity. The WFPHA President and Vice-President, along with Geneva office staff and members of the American Public Health Association and ABRASCO, worked in close collaboration with colleagues at the Ethiopian Public Health Association. The Congress website and Call for Abstracts were launched, the event’s venue confirmed, several prospective sponsors approached, plenary and keynote speakers invited, and the logistics for the Congress were put into place. Over 700 oral and poster presentation abstracts were received and reviewed. A meeting of the International Organizing Committee in January 2012 made... continues, page 7
Achieving Organizational Success
2007 – 2012 Strategic Plan

Vision
To lead the quest for a healthy global society

Mission
WFPHA is an international, non-governmental, multi-professional and civil society organization, dedicated to promoting and protecting global public health.

Values

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

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

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

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

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

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

Goal One: To develop and promote effective global policies to improve the health of populations.
- WFPHA member surveys on public health priority areas and on the role of public health associations in achieving health equity through a social determinants of health approach were carried out.

Goal Two: To advance public health practice, education/training and research.
- Four articles on a range of priority public health issues were published in the Journal of Public Health Policy, a bi-monthly Federation e-Newsletter was published, and the planning of the 13th World Congress gained momentum. The KM4PH Elluminate-based network was used on a regular basis.

Goal Three: To expand and strengthen internal and external partnerships.
- The formal collaborative relationship agreement between WHO and the WFPHA was reinforced and the concept for developing a WFPHA position on the status of achievement of the MDGs and a call for their renewal and recommitment of leadership and resources for their achievement was approved; A WFPHA statement on NCDs was released at the WHO January 2011 Executive Board meeting.

Goal Four: To achieve and maintain an effective, efficient and sustainable organization.
- The Geneva office functioned effectively, the number of WFPHA members increased and a survey was conducted on public health priorities for our members.

Goal Five: To support member associations in improving their infrastructure and organizational capacity.
- The Canadian Public Health Association continued to implement the Strengthening of Public Health Associations (SOPHA) Program. WFPHA and APHA partnered with CPHA to conduct the SOPHA Program’s final evaluation in late November 2011. The Burkina Faso Public Health Association became the manager of a new project for the creation and implementation of a computer-based regional network for francophone public health communities on best practices related to mother/child health supported by the Paris-based Office international de la Francophonie. The WFPHA also lent its support to the establishment in August 2011 of the African Federation of Public Health Associations and remained active within the Asia-Pacific Regional Cooperation on Public Health network.
Goals & Strategies

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

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

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

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

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

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

**Goal Four:** To achieve and maintain an effective, efficient and sustainable organization.

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

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

*Strategies:*
- Develop a plan to assist members in achieving fiscal and organizational sustainability.
- Obtain funding to assist member associations in strengthening their operational capacity.
- Develop mechanisms to guide member associations in strengthening their policy making and advocacy capacity.
The Declaration of Alma-Ata, adopted at the 1978 WHO/UNICEF International Conference on Primary Health Care, was a clarion call to all who worked in the field of public health. While the term “determinants of health” had not yet been coined, the global health community worked towards achieving “Health for All by the Year 2000” by putting into place the conditions that would create healthy people, communities and societies. Perhaps not fully appreciated at that time were the importance of national and global governance, globalization and citizen engagement in decision-shaping and making as key determinants of health.

Some 35 years later, Jim Chauvin, Vice-President and President-Elect, and Laetitia Bourquin, Executive Manager of the office in Geneva, represented the WFPHA at the WHO Conference on the Social Determinants of Health. There were over 1,000 participants, including 122 country delegations, international and national non-governmental organizations and social movement organizations, representatives from WHO and other UN agencies, bilateral agencies and other interested parties. One of the opening plenary panelists described the event as “Alma-Ata for the 21st Century”.

The conference included many thought-provoking sessions including a pre-conference session on “Protecting the Right to Health as an Action on Social Determinants”, organized by the Peoples Health Movement in partnership with several NGOs including the WFPHA. Concern was expressed about the lack of commitment and action by governments on systemic structural issues that have an impact on health and health equity. These include unregulated capital transactions, the erosion of universal equity-based social protection systems, unfair tax regimes, unfair trade policies and practices, unregulated and unaccountable multinational/ transnational corporations, the lack of democratic and transparent decision-making and the impact of unregulated global speculation (what David Sanders of South Africa referred to during the closing plenary session as “casino-capitalism”). Another session highlighted the impact of institutionalized social participation and citizen engagement in policy decision-making and implementation, wherein some governments actively and meaningfully consult with their citizens before formulating policies and programs. The processes may not be perfect, and some elements were criticized by the presenters themselves. Nonetheless, the processes contributed to positive actions on health equity and the movement of millions of people out of poverty.

WFPHA participated as a panelist on a concurrent session about the changing role of the health sector, including public health, in reducing health inequities through an SDH approach. The WFPHA’s VP/PE was one of the panelists. He sat with three distinguished panelists: Dr. Beth Mugo, the Kenyan Minister of Public Health & Sanitation, Dr. Aaron Motsoaledi, the South African Minister of Health and Dr. José Gomes do Amaral, the new President of the World Medical Association. Dr. Mugo focused on the Government of Kenya’s comprehensive and intersectoral strategy to address the tuberculosis situation in her country. Dr. Motsoaledi spoke about the multidimensional and complex determinants of HIV/AIDS in South Africa, especially with respect to miners and their families/partners, and the various initiatives being implemented to address the situation. Dr. Gomes do Amaral and Jim discussed the respective experiences in Brazil and Canada regarding the role of national and global professional associations in advocating for health equity through an SDH approach.

The Rio Political Declaration on Social Determinants of Health was released during the conference’s final session. Organized around five “key action areas critical to addressing health inequities,” it sets out a series of pledged actions by governments to move towards achieving health equity through an SDH approach. While non-binding global declarations such as this are never perfect (an alternative civil society declaration was released by the People’s Health Movement to address some of the Political Declaration’s perceived shortcomings), we should take what we have and use it along with the proposed alternatives that merit attention to advocate for real action on health equity. It is our responsibility to mobilize the public health community to use the Rio Political Declaration locally, nationally and globally and to encourage governments and international agencies to uphold the pledges they made. Together, we can close the gap in a generation.
WFPHA at the 139th APHA Conference

The Federation participated actively in the 139th APHA Conference (October 28 – Nov 2, 2011: Washington, DC). Besides featuring the 13th World Congress of Public Health at the WFPHA booth in the well-attended exhibit section, WFPHA also hosted, co-chaired and participated as discussants at several concurrent sessions. The first of these was a session on developing community competence for public health to achieve the MDGs and Health for All. It included presentations by Liam Hughes (Royal Society of Public Health - UK) on “Healthy Communities: Theory, evidence, and experience in English public health”, by Dr. Lindsey Davies of the UK Faculty of Health entitled “Get Real! – Making reality of the “social determinants” rhetoric”, and a third presentation by Workneh Kassie (Ethiopia Public Health Association) on “Building community competence: the Ethiopia experience”. The fourth presentation at this session was made by Jim Chauvin (WFPHA) about the “Role of public health associations to move forward action towards health equity through a social determinants of health lens”. Alex Gatherer of the RSPH-UK and Carol Easley of APHA organized two WFPHA-sponsored sessions the following day on the challenges of equal access to health for marginalized/particularly vulnerable populations. Much of the discussion during both sessions related to prison/justice health, the subject of the resolution approved by WFPHA in May 2011.

A WFPHA Breakfast brought together over 30 people to learn about and hear first-hand the experiences of the WFPHA. They included representatives from several WFPHA member associations (Japan, Korea, Mongolia, Ethiopia, UK, Canada and USA), as well as representatives from several US-based universities, several members of the APHA's International Health section, the American Speech-Language-Hearing Association, the AETNA Foundation, the FIA Foundation, the Bill and Melinda Gates Foundation, the Pan American Health Organization, and the World Health Organization. Worknesh Kereta of EPHA provided a briefing about the status of preparations for next April's World Congress and an invitation to all to attend. Jim Chauvin talked about the role and successes of national public health associations in public health policy advocacy and the achievements of the CPHA's Strengthening of Public Health Associations (SOPHA) Program.

The WFPHA presented to APHA President Dr. Linda Rae Murray and Chief Executive Officer Dr. Georges Benjamin a statuette in recognition of the sustained and considerable support provided by APHA since the Federation’s founding in 1967.

The Year in Review

...continued from page 3

the final selection of accepted presentations and planned sessions.

The WFPHA conducted two member surveys during 2011. The first identified the top public health priorities and expectations of the Federation’s members in terms of WFPHA action on them. The second survey canvassed WFPHA member associations about their perception as to the role of PHAs in promoting action on the social determinants of health as a means to achieve health equity. The planning for a third survey, to gauge the role of PHAs and the challenges facing them in influencing policy, began in late 2011. It will be conducted in early 2012, along with a survey about the MDGs.

The Federation also continued its partnership with Colgate-Palmolive. As reported in last year’s Annual Report, the WFPHA joined in mid-2010 the Alliance of a Cavity-Free Future (ACFF), a worldwide group of public health and oral health experts who have joined to promote integrated clinical and public health actions in order to stop the neglected epidemic of tooth decay. WFPHA worked with the AFCC during 2011 to identify how the issue of oral health and a cavity-free future for all can be integrated into the policy and actions of WFPHA members. A draft concept paper for a possible pilot project to promote awareness about oral/dental health and to investigate whether and how health professionals are trained in oral/dental health was prepared. WFPHA will also explore setting up an oral/dental public health working group in 2012.

Other important developments during 2011 included the strengthening of the regional network of public health associations in the Asia-Pacific region, the participation of the WFPHA and several PHA members at the 3rd Regional Conference on Public Health in Bali (Indonesia) and the shift of some administrative functions from the Geneva office to the Asia-Pacific regional office housed at the Chinese Preventive Medicine Association in Beijing. This year also saw the creation and launching of the African Federation of Public Health Associations during the World Health Organization Regional Committee Meeting for Africa.

The Federation was honoured to be represented by various member associations at several important public health events around the world. These included a strong WFPHA presence at and involvement in the WHO Conference on the Social Determinants of Health, the 139th APHA Conference, the 3rd West Pacific Conference on Public Health (Bali, Indonesia), the conference of the Taiwan Public Health Association and the 4th joint European Public Health Conference which combined the 19th annual EUPHA meeting and the 33rd ASPHER meeting.

The year 2011 was a year of building, a year of regionalization, and a year of reflection and action. It laid the groundwork for 2012, a year that will be a very important one for the Federation.
The two PHAs in Bosnia & Herzegovina also continued their important tobacco control activities. The Public Health Association of information workshop for Parliamentarians. awareness about protection against exposure to tobacco smoke and organized a smoke-free awareness and smoke-free policy control for health sciences students as an issue to be addressed. The project in Uganda also included a survey of workplaces to new Tobacco Control Law, which is to be tabled in 2012.

The Vietnam Public Health Association produced a variety of tobacco control-related IEC materials to be used for workshops and meetings. The VPHA has also conducted public awareness campaigns to promote the adoption and enforcement of smoke free education on evidence-based treatments; and, employee smoking cessation programs and the availability of nicotine replacement therapies (NRT). Colleagues from South Africa also identified the lack of systematic university curriculum on tobacco health posed by climate change, to display the evidence and to suggest ways forward. Participants highlighted the links between health protection and climate change mitigation. They warned of the significant health consequences of a changing climate, including the increasing burden of disease and rising health care costs. They also emphasized that an equitable climate resolution would result in major health benefits worldwide. Several speakers spoke about the root causes of climate change and the challenges in reaching a fair global agreement to address the issue and mitigate its consequences.

The summit ended with an endorsement and release of the Durban Declaration on Climate and Health and a Global Call to Action to Protect Public Health from Climate Change. This latter document urged negotiators attending the UNFCCC to agree on the most ambitious commitments possible. For more information, consult: http://www.climateandhealthcare.org/

Several WFPHA public health association members continue to be very active on tobacco control and have had considerable success in both the policy and practice domains. PHAs in Uganda, Ethiopia, Tanzania and South Africa, in partnership with the Canadian Public Health Association and with funds provided by the Government of Canada through Health Canada, reviewed and compiled best practice models, approaches and international evidence regarding the implementation and application of smoke-free policies and regulations for health care facilities. The project, which concludes in March 2012, is showing significant achievements including the development and application of smoke-free policies in health care facilities. Some determinants of success for policy application included: policy communication (including the use of local languages); managerial support and political commitment; stakeholder engagement including staff, management, unions, and the community; staff training and education on evidence-based treatments; and, employee smoking cessation programs and the availability of nicotine replacement therapies (NRT). Colleagues from South Africa also identified the lack of systematic university curriculum on tobacco control for health sciences students as an issue to be addressed. The project in Uganda also included a survey of workplaces to assess the application of smoke-free workplace policies, while the project in Ethiopia created radio and television spots to raise awareness about protection against exposure to tobacco smoke and organized a smoke-free awareness and smoke-free policy information workshop for Parliamentarians.

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The WFPHA intends to reactivate its Tobacco Control Working Group in 2012.

## Environmental Health

On December 4, 2011, the WHO, WFPHA, Health Care Without Harm and several other of the world’s prominent health organizations representing doctors, nurses, medical students and public health practitioners partnered to organize the 1st Global Climate and Health Summit in Durban (South Africa). This event took place parallel to the 17th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change negotiations. The summit brought together over 200 participants from more than 30 countries. The summit’s objective was to raise awareness about the serious threats to global health posed by climate change, to display the evidence and to suggest ways forward. Participants highlighted the links between health protection and climate change mitigation. They warned of the significant health consequences of a changing climate, including the increasing burden of disease and rising health care costs. They also emphasized that an equitable climate resolution would result in major health benefits worldwide. Several speakers spoke about the root causes of climate change and the challenges in reaching a fair global agreement to address the issue and mitigate its consequences.

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### Public Health Education

The WFPHA’s Public Health Education Working Group was formed in 2010. It is a product of the WHO/WFPHA collaborative plan, in which strengthening the public health workforce has been identified as a common goals (see the 2010 WFPHA Annual Report, page 8). The WGE identified three primary activities:

1. To develop a strategy to globally harmonize essential public health functions and competencies based on practice needs (performance standards);
2. To define and apply standards of quality for public health education and training (peer review, accreditation); and,
3. To develop academic and institutional capacity (based on a needs and demand analysis).

During 2011 this WG held a meeting with the Association of Schools of Public Health in the European Region (ASPHER) WGI (Work Group on Innovation) to validate the concept of a WFPHA working group on this topic and to discuss the scope of its proposed work plan and define the roles of each group in a ASPHER-WGI/WFPHA WGPHE partnership. The WGPHE adopted the current 10 Essential Public Health Functions to serve as the basis for competency harmonization, with some flexibility to allow for possible revisions if required and appropriate. The WGE also implemented an online survey to assess the current level of adoption of the EPHF model or similar models in different countries. The outcomes of the questionnaire will examine the adequacy of the EPHF model for the planned work and identify other models which have not yet been examined.

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Gauging Our Members’ Perspective

The WFPHA cannot function without its member associations. It relies on them to guide it along its mission path to promote and protect global public health. From time to time, the Federation requests its member associations to advise it on how it has been doing and where it should focus its efforts.

The Federation conducted two surveys in 2011 for this purpose. The first, a survey of what member associations perceive as the priority public health issues for them and for the WFPHA and member associations and their expectations about the role of the WFPHA, was conducted through an e-survey in June 2011. The survey investigated the issues deemed of highest importance among public health associations worldwide and by WHO region. WFPHA members identified several priority areas for action by national PHAs. The “top five” included health policy development (65% of respondents), public health education (58%), tobacco control and health service evaluation (tied at 52%) and health system reform (48%). NCD prevention, the achievement of the MDGs and global health equity also ranked in the “top 10”. The results did not vary substantively across the WHO regions, although the Africa region PHAs did rank Public Health Human Resources as the most important issue.

Member associations felt that the WFPHA should give PHAs more visibility, should exchange information and partner with multilateral and international organizations, and should create and facilitate the implantation of collaborative public health projects with WFPHA member associations. WFPHA will use the survey’s results to inform its new 5-year strategic plan and respond to its members’ expectations. The survey results were communicated to WFPHA members in the Federation’s October 2011 Newsletter. (http://tinyurl.com/7qfy5xs). Marta Lomazzi, WFPHA Program Manager, presented the survey results as a poster at the 2011 EUPHA Conference in Copenhagen.

The second survey, conducted in September 2011, canvassed WFPHA member associations about their role in promoting action on the socio-economic determinants of health as a means to achieve health equity and to identify the opportunities, successes, failures, challenges and obstacles to take action on the SDH. The respondents felt that the two primary roles of a PHA were to advocate for effective policy or program interventions (“agenda setting”) and to provide evidence to local and national decision-makers. They also felt that PHAs can and should play an important role in awareness raising among the public, the media and among politicians about health equity and practical means to address the SDH. The Federation’s members felt the WFPHA had a special advocacy role to play with multilateral agencies and governments, and that it should be more vocal. PHA members voiced their concern about the lack of political commitment and national action on the SDH, and cited the need for more means to exchange information about promising practices on the application of policies and strategies that promote health equity through an SDH approach. There was unanimity in encouraging the WFPHA to adopt a Call to Action on Health Equity for All at the 13th World Congress on Public Health. The survey results were communicated during a panel presentation by the WFPHA at the WHO Conference on the Social Determinants of Health in October 2011. The survey results can be accessed at: http://tinyurl.com/7grv49k.
2011 has been a successful, packed year of further developing activities for EUPHA’s three strategic objectives: capacity building, knowledge building and policy building. It is not possible to list all achievements; here are some highlights.

The first achievement was the Association’s active involvement in the European ministerial meeting on health, held in Poznan, Poland on 7-8 November. EUPHA organized a workshop on Health in all Policies in association with the Polish presidency of the EU, the Polish Association of Public Health and the European Observatory on Health Systems and Health Policies. Background information included a draft policy brief on Health impact assessment from the European Observatory and EUPHA as well as a EUPHActs on health impact assessment. Stan Tarkowski, past president of EUPHA, took the lead in organizing this workshop. This marked the first time that EUPHA was proactive in policy building. The positive experience in Poznan will be continued in the coming years.

The second achievement was the production of two new instruments (EUPHActs on environment and health and health impact assessment) for dissemination, capacity and knowledge building and support for our members. Both were well received by the public health community. Several requests to translate the EUPHActs into other languages have been received. We also produced two EUPHA Snapshots (suicide and suicidal behaviour; healthy aging), both based on abstracts submitted on specific health themes at our annual scientific conference.

The third achievement was the development and successful launch of EUPHApedia, a search engine for public health in Europe that includes grey literature and practice examples. Following a successful pilot year, EUPHApedia will become open access to all.

EUPHA looks forward to 2012. Not only because our Association will celebrate its 20th anniversary, but also because the positive, proactive building of capacity, knowledge and policy will continue.

– Walter Ricciardi, EUPHA President

China Preventive Medicine Association (CPMA)

October 25, 2010 saw the launching of the WFPHA’s Western Pacific Regional Liaison Office (WPRLO). This new regional office, housed at the CPMA, serves the Western Pacific Regional Advisory Committee, the network of public health associations from this region. During 2011 the WPRLO developed and launched a website (http://www.cpma.org.cn/wfpha/) and collaborated with the Indonesian Public Health Association to organize the 3rd Western Pacific Regional Conference on Public Health and the 3rd WPRLO working meeting (Bali, November 2011). It also took on the task in coordination with the Geneva office of sending out annual dues invoices to WFPHA members. In late 2011, with the approval of the WFPHA Executive Board, the WPRLO became the Asia-Pacific Regional Liaison Office (APRLO).

CPMA carried out several exciting initiatives during 2011. It cooperated with the Bill and Melinda Gates Foundation, the Global Fund, and the AIDS Healthcare Foundation (AHF) to implement a series of HIV/AIDS prevention and control programs, focusing on promotion of testing among vulnerable populations, improvement of care and support to people living with HIV/AIDS, and capacity building for civil society organizations in HIV prevention. It continued to work with Internationale Zusammenarbeit (GIZ) GmbH, conducted on-line training program on HIV/AIDS, targeting the grass-roots level practitioners in medicine and public health; and carried out policy development workshops. In August, CPMA organized a multi-sector team to attend the 10th International Congress on AIDS in Asia and the Pacific, and cosponsored a satellite symposium themed “Working Together” to promote cooperation among different sectors. CPMA also coordinated with the Health Unlimited (HU) on the development of an anticipated future initiative to conduct cross-border activities in communicable diseases prevention and control. In December CPMA was among 19 influential civil society organizations from the cultural, education, health and sports sectors to launch the China Federation of Health Promotion, which marked a new era for health promotion in China.
Moving Forward to the World Congress

Only three years remain to achieve the declaration of the Millennium Development Goals. Their achievement will require concerted national and global strategies, efforts and resources aimed at increasing equitable and sustainable access for the world’s population, and especially for the world’s poorest people, to essential health and social services and to the conditions that will improve their health.

The WFPHA and its members have an important role to play in the attainment of Health for All and the MDGs. The 13th World Congress on Public Health, organized in partnership with the Ethiopian Public Health Association (EPHA) will be held in Addis Ababa (Ethiopia) between April 23 and 27, 2012. It is the WFPHA’s flagship triennial global event. This event is unique as it offers the only opportunity for the global public health community, including service providers, practitioners, trainers, educators, researchers, academicians and scientists, to come together and deliberate on important priority issues that affect the health of all people. The 2012 Congress is especially timely and important, given its theme: Towards Global Health Equity: Opportunities and Threats. It will serve as a platform for public health professionals to share their knowledge and experiences, and reinforce their commitment to jointly forge ahead with national, regional and international initiatives and partners and help nations take the last sprint towards achieving the MDGs in 2015 and sustaining them beyond.

This will be the second time the Congress is held in Africa. It will also be the inaugural international venue for the African Federation of Public Health Associations (AFPHA), established in August 2011 during the World Health Organization’s AFRO Meeting held in Yamoussoukro (Cote d’Ivoire). The EPHA is very proud to host this important WFPHA event showcasing innovative approaches developed by Africans and people from all over the world to respond to priority public health issues. It is my pleasure as President of the Ethiopian Public Health Association, along with Hailegnaw Eshete, EPHA’s Executive Director, and Workneh Kassie, 2012 Congress Executive Coordinator, and all EPHA staff and members, to invite you to attend and participate fully in this important global public health event. The EPHA is delighted to be a partner and host this important event. We look forward to welcoming you to historic Ethiopia, to Addis Ababa and to the Congress.

Tewabech Bishaw, PhD
President, Ethiopian Public Health Association
Journal of Public Health Policy
A continuing relationship for the WFPHA

Six years ago, the Journal of Public Health Policy launched a special relationship with the World Federation of Public Health Associations. As we reported in last year’s WFPHA Annual Report, the experiment of allocating 16 pages to the Federation in each volume has been and continues to be a success. The Federation is responsible for the content, encouraging member associations and key public health personalities to submit articles and editing the articles for quality control. Professor Bettina Borisch is the editor of the Federation’s pages.

During 2011, the JPHP published four Federation-generated articles. The year began with an article authored by Samia Hurst, Bettina Borisch, and Alex Mauron about the need for high quality evidence upon which to formulate and support public health policies. In the JPHP’s Spring 2011 issue, the WFPHA published its Call for Abstracts for the 13th World Congress on Public Health, which takes place in April 2012 in Addis Ababa (Ethiopia). Alex Gatherer, in the next issue, discussed ‘Evidence, values, and ‘right versus right’ dilemmas in public health practice’. The Autumn 2011 issue included an article written by Bettina Borisch and Ashley Bloomfield in which they ask whether NCDs would be taken seriously in light of the UN High Level Summit on NCDs in September 2011 (the jury remains out on this topic). The year ended with the submission for publication in January 2012 of an article by the Canadian Public Health Association and collaborating national public health associations in Ethiopia, Uganda, Tanzania, Mozambique and Nicaragua about the hidden epidemic of unintentional injury prevention among children and youth as a global public health issue.

We proposed last year to the Ethiopian Public Health Association, host of the 2012 World Congress on Public Health, a Global Consultation. With hundreds of public health experts expected to attend this important global public health event, we suggested that our Ethiopian colleagues present some of the most difficult public health challenges in their country and seek advice from the visiting experts. The consultation would engage visitors more deeply, giving them the opportunity to learn about and from Ethiopian colleagues. The JPHP has expressed an interest in publishing the results of this consultation.

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

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

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

The Japan Public Health Association:
Helping a Nation Rebuild

On March 11, 2011, a magnitude 9.0 earthquake and a massive tsunami devastated the northeast region of Japan. The nuclear reactors at the Fukushima Daiichi Nuclear Power Plant were destroyed and emitted high levels of radiation. Nearly 20,000 persons were killed or missing, and more than 400,000 people evacuated due to the triple disasters. The government faced a serious problem of safely treating and cleaning a huge volume of radioactively contaminated soil and debris. In Fukushima, the Thyroid Gland Survey was implemented. It will follow up all residents aged 18 or younger (N= 360,000) for 30 years. From the experiences gained through the disasters, Japanese people learned that Kizuna (bonds) between human beings is the essential element to support people’s lives and create new societies. During the October 2011 government committee meeting for a “Healthy Japan 21” movement, it was proposed that future activities to promote public health in the community must develop “Kizuna”. Immediately following the disaster, the JPHA supported the public health workers in the affected region through various means including provision of necessary information. The JPHA also presented reports on the situation and response both at the APHA conference and at the Western Pacific Regional Conference held at Indonesia in July 2011, the JPHA Executive Board membership changed with Dr Hideo Shinozaki becoming the new President and Dr Kozo Tatara as the new Chair.

For more information about JPHA, visit: http://www.jpha.or.jp/jpha/english/
The WFPHA is accredited as a non-governmental organization in official relations with the World Health Organization (WHO). The objective is to broaden the promotion of WHO policies, strategies and programs derived from the decision of WHO’s governing bodies (the Executive Board, the World Health Assembly and the Regional Committees). It also facilitates collaboration by NGOs with WHO programs through jointly agreed activities. It also helps ensure harmonization of intersectoral interests among the various bodies and players in Member State countries, as well as within regional and global settings. As of January 2011, there were 182 NGOs in official relations with WHO.

What does this mean in terms of “benefits” for the WFPHA? It means the Federation has the right to appoint a representative to participate, without right of vote, in WHO meetings or in committees and conferences convened under its authority. It also provides access for WFPHA to non-confidential documentation and other information as the WHO Director-General sees fit to make available. This relationship also provides a right to submit a memorandum to the Director-General and as well to be assigned by WHO a focal person from within the organization (a Designated Technical Officer).

In turn, WFPHA is expected to establish a mutually-agreed collaborative work plan, to report on its achievement and to update it every three years (the present collaborative work plan ends in 2012, and a new three year work plan will be developed in early 2012). WFPHA is also expected to disseminate information about WHO policies and programs, collaborate as appropriate with WHO to further Health-for-All goals and as well promote collaboration between national public health associations and their respective governments to implement activities that improve health for all people.

The 2010-2012 WHO/WFPHA collaborative workplan has three major objectives:

1. Collaboration of WHO in the 13th World Congress on Public Health
   WHO’s presence and support to the Congress will be considerable. The AFRO Regional Director, Dr. L. Sambo, will represent WHO at the Congress and has been invited to be a plenary speaker. Several WHO staff submitted abstracts for oral and poster presentations. WHO will also support the participation of a considerable number of African public health professionals to attend the Congress.

2. Creating stronger linkages between Public Health Practice and Public Health Education
   WFPHA’s new working group on Public Health Education will provide guidance to the Federation as to how national public health associations and the WFPHA can promote better public health education and the establishment of competencies for public health practice, in line with WHO’s strategy.

3. Knowledge management and sharing
   WFPHA is making use of the Elluminate-based Knowledge Management for Public Health (KM4PH) computer-based virtual teleconferencing platform, through an agreement with the Pan American Health Organization, for its Executive Board, committee and working group meetings. The KM4PH system includes over 740 members (including WFPHA) and 36 knowledge communities on a variety of topics, such as strengthening of public health associations. The WFPHA Geneva office meets on a regular basis with the WHO DTO, to discuss issues of mutual interest and concern and to explore ways for improving and expanding our cooperative action on priority public health issues. WFPHA is also invited to attend the January WHO Executive Board meetings, as an observer. In January 2011, it submitted a statement on NCD prevention to the WHO Executive Board.

After three years of productive collaboration through our DTO, Rebecca Bailey, a new DTO was officially appointed in December 2011. We welcome Dr. Ruediger Krech, Director of the Department of Ethics, Equity, Trade and Human Rights, as the WFPHA’s liaison at WHO. Together we will prepare the new WFPHA/WHO Collaboration Plan for 2012-2014.
News from Geneva and the Regions

The WFPHA Geneva Office

It has been a busy year for the WFPHA secretariat office in Geneva. Updating the WFPHA membership list, managing payment of annual membership fees, organizing and managing the electronic KM4PH-based Executive Board meetings, organization and logistical arrangements for the 2011 annual General Assembly, production of meeting Minutes, producing the bi-monthly WFPHA e-Newsletter, managing the WFPHA website, coordinating and conducting member surveys, supporting the work of the WFPHA’s committees and working groups and liaising with WHO and other international organizations based in Geneva are some of the many activities undertaken by the secretariat office this past year. On top of this, Prof. Bettina Borisch, who heads the Geneva secretariat office, also acts as the Editor of the Federation’s pages in the Journal of Public Health Policy. The office staff also represented the WFPHA at the conjoint European Public Health Conference, hosted by the Danish Society of Public Health (10-12 November 2011: Copenhagen), which combined the 19th annual meeting of the European Public Health Association (EUPHA) and the 33rd annual meeting of the Association of Schools of Public Health in the European Region (ASPHER).

The Geneva office staff expanded this year with the addition of Marta Lomazzi on a part-time basis (one day a week). Marta joins Professor Borisch and Laetitia Bourquin, the Geneva office’s part-time Executive Manager.

The Asia Pacific Region

After two successful conferences in Beijing (2009) and Tokyo (2010), the 3rd Western Pacific Regional Conference on Public Health took place in Bali (Indonesia) in mid-November, in conjunction with the 1st International Symposium on Health Research and Development. This event was organized by the WFPHA Western Pacific Region Liaison Office together with the Indonesian Public Health Association, the World Health Organization and the National Institute of Health Research and Development of Indonesia. The conference theme was “Health Research and Development to Address Health Inequality”. The two events brought together over 900 public health professionals from across the Asia-Pacific region, as well as from outside this geographic region. Opened by the Indonesian Minister of Health, the conference included 22 invited plenary speakers, 38 oral sessions and 100 posters. The range of topics covered included “Health Resources to Achieve Universal Coverage”, “Communicable & Non-communicable Diseases”, “Maternal and Child Health”, “Environmental Health”. On the conference’s first day, three workshops brought together more than 50 participants who learned about WHO’s HealthMapper (a surveillance and mapping application to address critical surveillance information needs across infectious disease programs at national and global levels), Public Health in Emergencies and Urban Health (organized by the WHO Centre for Health Development – the Kobe Centre – in Japan).

The 3rd meeting of the West Pacific Regional Coordinating Committee (WPRCC) also took place during the conference. The business meeting’s outcomes included changing the name of the WFPHA liaison office to the Asia-Pacific Regional Office (APRO) and the collaborative network conference to “Asia-Pacific Regional Conference on Public Health”. The 4th APRPH Conference will take place in Hanoi, Vietnam in 2013.

The Africa Region

The African Federation of Public Health Associations (AFPHA) was launched during the 61st Session of the World Health Organization Regional Committee Meeting for Africa (29 August – September 2: Yamoussoukro, Ivory Coast). The AFPHA’s launch and inaugural meeting was held during a RC special session.

Representatives of 27 national African public health associations and the WFPHA President took part in this event, which approved its Constitution and By-Laws. The AFPHA’s vision is a healthy and productive population in Africa. Its mission is to engage all key stakeholders through national public health associations across the continent to influence policies, strategies and practice to achieve health equity for all in Africa.

Dr. Mathias Somé (Burkina Faso) was elected as the AFPHA’s President, Dr. Flavia Senkubuge (South Africa) as Vice-President, and Dr. Tewabech Bishaw as the Federation’s Executive Secretary. Other Executive Committee members were elected from Algeria, Cameroon, Ivory Coast, Mozambique and Uganda. The AFPHA’s Secretariat will be based in Addis Ababa, housed at the Ethiopian Public Health Association.
PHAs... Making a Difference

Public health associations around the world are actively involved in actions for health and health equity. They cover a wide range of topics and relate to the formulation of policy statements and advocacy, building competencies, promoting best practice and taking action at the community level on priority public health issues. Here are a few examples of what WFPHA member associations have been doing and achieving over the past few years.

**Niger:** Assessing health risks associated with the construction of mini-dams

**Vietnam:** Working with communities to mitigate health risks due to dioxin (Agent Orange) exposure

**Uganda:** Advocating successfully for no-smoking/no drugs workplace policies

**Haiti:** Conducting research on the factors responsible for immunization abandonment and hesitancy

**China:** On-line training program on HIV/AIDS prevention

**Canada:** Successfully argued before the Supreme Court of Canada to overturn a federal government decision to close down a supervised injection facility
Member Associations News

**Sosialiliäketieen yhdistys ry. (SLY)**
The Society for Social Medicine of Finland  
http://www.socialmedicine.fi/

The SLY has several sections: Behavioural Medicine, Food Research, Health Care Services Research, Health Sociology, Mental Health Research, Reproductive Health and Utilization of Medicines. The Food Research section organised a half-day seminar in Helsinki in May 2011 on socio-demographic differences in nutrition and food behaviour during different life stages. The Health Care Services Research section organised together with the National Institute for Health and Welfare (THL) a two-day conference on Health Care Services Research in Tampere in November 2011. The SLY has plans for a full-day seminar on health differences by linguistic groups (April 2012). Its National Conference on Social Medicine will take place in Helsinki in Autumn 2012 with the special theme “Underprivileged children and youth”.

**Accreditation Agency for Study Programs in Health and Social Sciences (AHPGS) – Freiburg, Germany**  
www.ahpgs.de

Since its foundation in 2001 the AHPGS has grown into the leading accreditation agency in the field of health and social sciences. Over 550 study programs have been accredited by the AHPGS, the majority in Germany. Alongside its strong national presence, the AHPGS developed a significant international portfolio with elements of its accreditation procedures taking place at Maastricht University (Netherlands) and at the College of Applied Medical Science and the College of Nursing at the King Saud University in Riyadh (Kingdom of Saudi Arabia).

**Sociedad Cubana de Salud Pública (SOCUSAP) – Cuba**
The Cuban Society for Public Health, affiliated with the National School of Public Health, carried out several activities during 2011. These included the election if a new Board of Directors consisting of 11 members and a redefined mission that includes the organizational strengthening of SOCUSAP and its branches. SOCUSAP increased its membership by 300 people in 2011, launched three new sections (Health Promotion, Global Public Health and Hospitals), the celebration of three public health scientific days and 20 workshops and conferences in the various regions of Cuba. SOCUSAP plans to become more active within the WFPHA over the next year.

**Public Health Association of New Zealand**  
www.pha.org.nz

The biggest event in the life of the PHA NZ is our annual conference. On February 22, 2011 the conference committee in Christchurch was holding a planning meeting when the earthquake struck. “Vision, sustainability and diversity” had already been chosen as themes, and continued to be highly relevant as the individuals, organisations and city dealt with the deaths and injuries, devastation, relocation, continuing aftershocks and the need for planning and rebuilding. Despite all of this, we held our conference. It was the first Carbon –Zero certified conference for the PHA. Another key event was a meeting on health inequities in collaboration with several other organizations, including the New Zealand Medical Association, marking the visit of Sir Michael Marmot, chair of the WHO commission on the Social Determinant of Health. At the end of the year a Code of Ethics for Public Health in New Zealand was adopted by the PHA NZ. It incorporates a framework for considering indigenous Māori and western ethical principles.

**The Swiss Society for Public Health**
http://www.public-health.ch/logicio/pmws/publichealth__home__de.html

The SSPH’s special interest group for Global Health organized a workshop during the SSPH’s 2011 annual conference. The topic was “Health Themes of the Future - Non-communicable Diseases and Beyond”. The panel stimulated a lively discussion around the current hype on NCDs in relation to a broader health agenda. While the sharing of global health relevant information is still in development, there is progress in getting an overview of relevant actors and stakeholders in Switzerland. The Graduate Institute in Geneva, an active member of the Global Health special interest group, developed an interesting website (http://graduateinstitute.ch/globalhealth/home/directory.html). In 2012 a new strategy will be developed on how to make the Global Health special interest group more influential and how it can bring more added value to the SSPH. The upcoming Geneva Health Forum (18-20 April 2012) will be an opportunity to discuss this further, as well as at the SSPH’s 2012 conference in Lausanne. The WFPHA’s Geneva office is supported by the SSPH.

**Public Health Association Australia**  
http://www.phaa.net.au/

Nicola Roxon was one of the great 2011 successes of the Public Health Association of Australia. The PHAA also played a key role in the establishment of the Australian National Preventive Health Agency. These achievements were the culmination of years’ of work and parallel a series of submissions to government and parliamentary committees on disparate issues including Indigenous health, food and nutrition, uranium, climate and health, alcohol and political donations. The social determinants of health were a key element in all our submissions. The membership of the organisation has grown and is now approaching two thousand. For 2012, our Association is planning an Immunisation Conference in June and with three partner health organisations the Population Health Congress to be held in Adelaide in September.

...continues, page 17
During 2011, the IPHA supported health development through education, advocacy, policy regulation and brokering knowledge. IPHA collaborates with the Association of Institutes of Public Health of Indonesia (AIPTKMI) and the Indonesian Ministry of National Education (MONE) to standardize MPH students and accredit school of public health through the HPEQ Project. In terms of its policy and regulations activities, IPHA participated in the National Health Work Meeting (Rakerkesnas) to recommend direction of health development. In association with NIHID, WHO and WFPHA, the IPHA held an International Symposium on Health and Research Development and also the 3rd WfPHA WPRO Meeting in Bali in November 2011. The IPHA also collaborates with parliamentarians through a health caucus to combat the threat of NCDs in Indonesia.

The programs implemented by the Vietnam Public Health Association (VPHA) and provincial public health associations (PPHA) achieved remarkable results and provided practical benefits to the community. VPHA has been successful in preventing dioxin exposure through food for residents in hotspots in Da Nang and getting local authorities’ commitment to maintaining the program’s activities. VPHA and the PPHAs actively participated in developing and advocating for a strong tobacco control law to be issued in 2012. VPHA and Dong Thap Provincial PHA also promoted health policy implementation at local level, highly appreciated as a model for participation of a civil society organization on policy process at local level. In addition, the program “Public Health Initiative to promote elderly health in Vietnam” in Tien Hai district also received the strong support of local authorities and communities, especially the elderly. The VPHA’s 7th Scientific Conference with other satellite conferences in April drew over 500 national and international participants.

ACASAP was established by a group of professionals coming from health and non health sectors who gathered at a health promotion workshop in 2006 organized by the Réseau francophone international pour la promotion de la santé (REFIPS), BCH Africa (a Cameroonian NGO) and the Canadian Public Health Association. During 2011, ACASAP hosted several important conferences and meetings. These included two round tables on cholera and the challenges, issues and perspectives about decentralization in the health sector in Cameroon. ACASAP participated actively in association with the Ministry of Health in the 2011 National Health Week the focus of which was maternal and neonatal mortality reduction. In August, it participated in the launching of the African Federation of Public Health Associations and was elected to the AFPHA’s Executive Board. It also participated in a regional meeting on the reinforcement of health worker competencies as a means to improve health care delivery in Africa.

SESPAS is a confederation of 11 scientific and professionals’ public health association: seven national thematic associations and four regional associations. To contribute to the improvement of the health and healthcare in Spain, it promotes the generation and exchange of knowledge among different fields of modern public health (through its conferences, scientific journal); and it advocates for social and healthcare problems, particularly relating to vulnerable social groups, in different fora. The 2011 conference addressed the issue of Equity and Health in All Policies; and the 2010 SESPAS report focused on public health in Spanish society: towards health in all policies and was widely disseminated, including to the Healthcare, Social Policy Committee of the Spanish Parliament and had an important impact on the media. SESPAS also provides technical support to the health authorities, at national or regional level, through its participation in different health working groups. Last year it was also involved in the development of the new national Public Health law.

Launched in 2011, the PHASA conference was held in Johannesburg in December 2011, with the theme “Closing the health equity gap: Public health leadership, education and practice”. Over the three days, 240 oral and poster presentations were delivered, 346 delegates attended including 15 from other countries. Our new website was published bimonthly. PHASA President, Laetitia Rispel became a member of the WFPHA Executive Board. The African Federation of Public Health Associations (AFPHA) was launched in August 2011 and Flavia Senkubuge was elected vice-president. PHASA continues collaboration with Association of Schools of Public Health in Africa (ASPHA). PHASA was also part of a successful joint project lead by the Canadian Public Health Association, in conjunction with other PHAs in Africa, on smoke-free workplaces. PHASA will hold a special session at the World Congress on Public Health in Ethiopia on increasing policy influence and advocacy of public health associations.

Taiwan Public Health Association

Taiwan Public Health Association (TPHA) was founded in 1972 and currently has 180 institutional and 1,548 individual members. To achieve the aims of improving the quality of health for all and providing professional networks for members, TPHA activities in 2011 included its Annual Conference (The Future Prospects of Public Health), prize awarding (“the 17th Scholarship for Outstanding Public Health Thesis: Dr. K.P. Chen Memorial Prize” and “the 13th Scholarship for Master Student Thesis”), 2011 Certified in Public Health, and Taiwan Journal of Public Health publishing bimonthly.
Financial Report 2011

At the May 2011 Executive Board and Annual General Assembly meetings, the WFPHA Finance Committee tabled a report assessing the Federation’s financial situation. The report concluded that the Federation should develop a business plan and revenue generation strategy to ensure its future sustainability and financial resilience. The report also recommended that the Federation undertake a review of its annual membership fee policy and protocol. This latter exercise began in late 2010. The drafting of a business plan/revenue generation strategy took place later in 2011.

During 2011 the WFPHA was successful in maintaining its revenues. These included grants from Colgate-Palmolive and the American Public Health Association. Revenue generated through membership fees also increased. Here is a summary comparison (unaudited) of 2010 and 2011 income and expenses (figures are rounded, in US dollars).

### Income

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### Surplus/(Deficit)

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**Financial Situation**

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<td>Closing Balance (December 31)</td>
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The WFPHA’s financial report and balance sheets will be verified by the auditor (Jacqueline de la Cruz of Switzerland).

**Officers**

**President (2010-2012)**

Prof. Ulrich Laaser, MD

*German Association for Health Sciences and Public Health (DVGPH)*

**Immediate Past-President (2010-2012)**

Dr. Paulo Marchiori Buss

*Brazilian Association for Collective Health (ABRASCO)*

**Vice-President/President-Elect (2010-2012)**

James Chauvin

*Canadian Public Health Association (CPHA)*

**Treasurer (2011-2013)**

Markus Kaufmann

*Swiss Society for Public Health*

**Executive Board**

**AFRO**

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

Prof. Laetitia Rispel, Public Health Association of South Africa (2011 – 2014)

**AMRO**

Dr. Georges Benjamin, American Public Health Association (2009 – 2012)

Dr. Luis Augusto Facchini, Brazilian Association for Collective Health (2011 – 2014)

**EMRO**

(vacant)

**EURO**

Dr. Hikmet Pekcan, Turkish Public Health Association (2009 – 2012)

Dr. Gabriel Scally, UK Public Health Association (2009 – 2012)

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Dr. Toshitaka Nakahara, Japan Public Health Association (2009 – 2012)

**WHO Liaison to WFPHA**

Rebecca Bailey, Department of Human Resources for Health (to November 2011)

Dr. Ruediger Krech, Department of Ethics, Equity, Trade and Human Rights (as of December 2011)
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- Associação Moçambicana de Saúde Pública
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- Association camerounaise de santé publique
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*PPH (FBiH) representative talks to media about harms associated with tobacco use*
WFPHA report ‘11

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

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

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

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Contributors
Sejdefa Basic-Catic (BiH)
Tewabech Bishaw (Ethiopia)
Bettina Borisch (Switzerland)
Laetitia Bourquin (WFPHA Secretariat)
Luis Caceres (Canada)
James Chauvin (Canada)
Angela Fermín (Spain)
Mika Gissler (Finland)
Vina HuLamm (USA)
Cai jiming (China)
Ulrich Laaser (Germany)
Alejandra Livschitz (Argentina)
Marta Lomazzi (WFPHA Secretariat)
Nick Lorenz (Switzerland)
Markus Kaufmann (Switzerland)
Gay Keating (New Zealand)
Dominique Kondji Kondji (Cameroun)
Michael Moore (Australia)
Nguyen Ngoc Bich (Vietnam)
Alcides Ochoa Alonso (Cuba)
Peter Orris (USA)
Walter Ricciardi (EUPHA)
Mathias Somé (Burkina Faso)
Mustakim Sprinter (Indonesia)
Stela Stojisavljevic (BiH)

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