WFPHAreport'14

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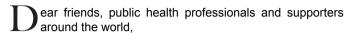
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LETTER FROM Mengistu Asnake

President, World Federation of Public Health Associations



Over the past year, the World Federation of Public Health Associations (WFPHA) has made several achievements in line with its 2013-2017 strategic plans through the collaborative efforts of the Governing council, the different working groups, the committed Federation staff at Geneva office, the advisory board, and member associations across the globe.

When I assumed the Presidency in May 2014, I shared with WFPHA members my priorities for the two-year term. The priority areas include: the successful organization of the 14th World Congress on Public Health under the theme of "Healthy People" - Healthy Environment", to prepare for the 50th anniversary of the Federation, to contribute to the health related goals of the post-2015 development agenda and sustainable development goals (SDGs), to support strategic fundraising activities and outreach both for the Federation's ongoing activities and for the 14th World Congress, to strengthen existing working groups and committees as per the bylaws of the Federation, to establish new development areas dealing with issues related to women and children, and to strengthen regional public health associations by finalizing MoU with new partners while continuing the building of relationships with existing partners. Encouraging progress has been made in each of the focus areas and with your support we will continue to support our different activities and see new areas of interventions for the Federation in line with its strategic plan.

With one of our major triennial events at the start of next year, the preparations for the 14th World Congress is proceeding very well, thanks to the excellent coordination of KW Conferences and the dedicated leadership of Dr. Madhumita Dobe of the Indian Public Health Association (IPHA).

Although we had several achievements during the year, for the global public health community the last several months have been marred by the outbreak of the Ebola epidemic concentrated in West Africa which has already infected over 21,000 people and taken the lives of 8,414 children, women and men as of January 14, 2015. While accepting the limitations of the initial analysis of the situation, it seems clear that the failure in the public health system and the limited early response has played a major role in the spread and loss of lives from the disease. The WFPHA family deeply regrets the suffering and pain experienced by those infected and affected, and express our solidarity to stand with the people in the countries affected

by the outbreak. We also salute the dedication of thousands of public health professionals who have exposed themselves to the risk of infection and are working under difficult circumstances to contain this deadly outbreak. It is also a moment for all of us to reflect on best ways to respond and contain a disease that is known to the world for over 40 years. The world should not be mobilized to respond only in times of crisis. We must continue to share and exchange information, knowledge, and research that can save thousands of lives.

Public health has never been limited by national borders. As the globalization of our world continues and the borders between countries become more porus, the critical importance of public health is clearly evidenced in the efforts to contain such deadly diseases and other public health problems. The Ebola crisis once again reminds us of some of the negative effects of globalization. Principles of social justice and gender equality cross borders more easily than ever before; but so too do destructive elements, like environmental problems and diseases.

Dear friends and colleagues, once the current outbreak is contained and the emergency humanitarian response efforts wound-down, it will be important for all of us to come together and seriously reflect on the lessons learned on how governments at all levels and the international community could strengthen crisis management capacity for such public health emergencies.

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 member associations. This year we are including in our annual financial report a rough estimate of the resources expressed in voluntary time dedicated by the leadership, working groups and other volunteers to show the huge invisible resource utilized by the Federation in the commitment to running its activities.

Finally, I just want to express my delight to work with a strong team, the Geneva Headquarters, with James Chauvin as Past President who has set a high standard for me to follow, and Michael Moore as Vice President/President Elect. Together, we can take our Federation to the next level and make a difference in this changing and challenging time, a time that is also full of opportunities for us to take advantage of.

Front Cover:

Picture courtesy of the Global Child Dental Fund Young children engaging in an oral health preventive programme www.gcdfund.org



The Year in Review

It has been an exciting and eventful year for the Federation. The WFPHA with its secretariat and different working groups has carried out several activities during the year 2014 in line with the goals set in its strategic plan for the period of 2013-2017.

The WFPHA has expanded its membership base and has reached the 100+ member mark during the year. A complete list of the Federation's members is found on the Annual Report's inside back cover. Initiatives began to create a networking forum in the Americas region and an initial consultative meeting will be held in April 2015 in Havana, Cuba linked to the annual meeting of the Cuban Society of Public Health.

Member associations continued to make a difference in 2014. The Annual Report includes some of the exiting activities undertaken by our members in the areas of policy advocacy and project implementation. WFPHA also collaborated in several regional public health conferences organized by our member associations and other partners. The experience of public health associations in identifying and applying best practices to address priority public health issues through a 'determinants of health' approach, global health function framework as a new hope for public health and the use of digital technology in public health, were among the topics discussed during the three WFPHA-sponsored sessions which took place during the APHA's 142nd annual conference held in New Orleans, Louisiana last November.

Based on the successful results and lessons learned from the pilot Job Share program in 2013 that twinned the Nepal Public Health Association and the Chinese Preventive Medicine Association with the Public Health Association of Australia, the program was given a new name as the WFPHA Fellowship Program. The Brazilian Association of Collective Health (ABRASCO) has volunteered to host the second WFPHA Fellowship Program. In early 2015 ABRASCO will host the representatives from the two public health associations for a six week period.

Just in few weeks' time the triennial event of the World Congress will be held in Kolkata, India. Considerable effort was invested during the year in the preparation of the 14th World Congress on Public Health. Over 1000 abstracts were received from 54 countries and world renowned public health experts will participate in the different plenary, thematic and concurrent sessions. In addition the solution platform exhibition will bring together several exhibitors and it will be a great opportunity for public health professionals to network and mingle with their colleagues from across the world. As per the decision of the WFPHA General Assembly the 15th World Congress on Public Health to coincide with the Federation's 50th anniversary (Golden Jubilee) the Australian Public Health Association will host the congress and the anniversary in April 2017.

The WFPHA, in association with Management Sciences for Health (MSH), released the results of a survey of the Federation's 82 member public health associations. The survey's main purpose was to assess the state of organizational governance of national public health associations (PHA), including the factors that facilitate and constrain their governance effectiveness and the means the PHAs see to improve organizational governance

and, ultimately, their effectiveness as national PHAs to have an influence on health and health equity. The survey also assessed the connectedness of PHAs to the WFPHA and identified areas of public health focus for the WFPHA and PHAs. The survey's full results will be published in due course and used for future projects by the Federation and its members.

WFPHA's continuing status as an accredited observer at the Conference of Parties (COP) to the Framework Convention on Tobacco Control (FCTC) was approved by the WHO FCTC Secretariat. This is a very important recognition, as it establishes our Federation as one of only 24 international NGOs accorded such status. The COP is the governing body of the WHO FCTC that reviews on a regular basis the implementation of the Convention and takes the decisions necessary to promote its effective implementation.

In 2014, a resolution on Oral Health for Dementia Sufferers that calls for better oral health for elderly and disabled people was approved by the WFPHA General Assembly and implemented by the OHWG (Oral Heath Working Group) members as well as by the International Council of Nurses that cosigned the resolution.

During the year, the Federation has created a partnership with Aetna Foundation about the use of digital health technology for population health and health equity gains. This partnership will make a major contribution to the success of the 14th World Congress on Public Health, and is designed to increase knowledge and promote the utilization of digital health technologies among the global public health association community as a means to improve population health and health equity.

A lot has been done during the past year. With the concerted efforts of its members and the Geneva Headquarters, the WFPHA will continue to achieve more in the year ahead of us.



News from WFPHA Headquarters

Inder the leadership of Prof. Bettina Borisch, the WFPHA Secretariat in Geneva had an active and dynamic 2014. Our close collaboration with WHO continued and focused this year on two points of our collaboration plan: preparation for the World Congress in Kolkatta and continuing the work on the role of public health in today's global setting. Prof Borisch represented the WFPHA in several meetings with NGO's and UN organisations. Marta Lomazzi has been involved all year round with the different projects of the Federation (Fellowship Program, Defining the Role of Public Health) as well as with communications (newsletter, Facebook, website). The organization of the congress in Kolkata has kept Laetitia Bourquin busy, while Claire Morris has been looking after finances and membership.

Unfortunately Claire left us at the end of the year for family reasons. Chris Jenkins has joined the team and will take over some of the tasks of Claire in 2015. The office of the WFPHA moved in September to the new building of the Global Health Institute, thanks to the signature of an MoU between the WFPHA and the University of Geneva. The management of staff salaries in Geneva were previously

handled (until March this year) by the Swiss Society of Public Health and we like to thank them for the years of collaboration. From April 2014, all administrative tasks have been performed directly from the Headquarters in Geneva.



New office space for the WFPHA inside the Campus Biotech in Geneva

New intern at WFPHA Headquarters

hris Jenkins is currently a Masters student in Geneva studying at L'Institut de hautes études internationales et du développement. He has a background in global health in Uganda, working mainly on malaria prevention programmes and issues related to access to services. These areas, along with outbreak control and mental health are of particular interest for Chris, as are questions of how to involve communities in bottom-up public health programmes.

Chris is originally from Belfast, Northern Ireland, and will be working as an Intern with the WFPHA to help coordinate and organise the Student's Conference (ISMOPH) at the 14th World Congress on Public Health in Kolkata, February 2015.



The Geneva Headquarters staff, from left to right: Laetitia Bourquin, Bettina Borisch, Claire Morris, Marta Lomazzi, Chris Jenkins

General Assembly Summary

The WFPHA moves forward

n Sunday, May 18, during the WFPHA's Annual General Assembly, my two-year term as WFPHA President came to an end. As I handed over the Presidency to Dr. Mengistu Asnake of Ethiopia, I reflected with satisfaction on what we have achieved over the past few years.

We improved the Federation's organizational and policy influence capacity by extending our membership and concluded an innovative memorandum of understanding with the European Public Health Association which will serve as a model for similar agreements with other regional networks of public health associations; by developing and implementing the 2013-2017 Strategic Plan; by making our governance process more efficient and responsive; and

by exploring new partnerships with potential partners and funders.

We strengthened the global public health community through launching the pilot Job Share initiative (henceforth to be known as the WFPHA Fellowship Program) and holding a pilot skills-building workshop for public health associations in Africa on policy development and advocacy. The WFPHA was present at several public health association conferences, played a leadership role at the 1st Arab World Public Health Conference, and participated in global health conferences in Canada, Taiwan and Qatar. The Federation began exploring new partnerships with other professional organizations, such as the International Epidemiology Association.

We also took action on several priority public health issues. We approved new position statements on oral health, environmental health and international trade and public health; we galvanized attention on the issue of falsified/falsely-labelled medicines; and we embarked on a collaborative initiative with the WHO to define public health in today's global setting. The Federation is also developing a statement to advocate for public health within the post-2015 human development agenda. We are also moving forward on advocacy and action on the issues of tobacco control and skills and competencies within public health education and training.

The planning for the 14th World Congress on Public Health, which takes place 11-15 February 2015 in Kolkata (India) is progressing well. During the face-to-face meeting of the International Congress Organizing Committee and the Congress Scientific Committee on May 16, the list of keynote speakers and the structure of the Congress' program were finalized. Our colleagues at the Indian Public Health Association are putting into place the logistical arrangements in association with KW Conferences. We anticipate 2700 delegates from over 100 countries.

The General Assembly (GA) also saw the ratification of the recommendation made by the World Congress Bid Selection Committee to accept the bid by the Public Health Association of Australia to host the 15th World Congress in April 2017 in Melbourne (Australia). This will be a particularly important event, as it will coincide with the WFPHA's 50th anniversary. The GA also confirmed Michael Moore, CEO of the Public Health Association of Australia, as the Federation's new Vice President/ President-Elect.

It has been an honour and a privilege serving the Federation. I am proud of what we have accomplished and put into place. I thank the members of the WFPHA Governing Council, the Advisory Board, the Federation's various committees and working groups, our Geneva Headquarters staff and the many women and men from around the globe who have volunteered their time and provided invaluable input to help us create a vibrant and influential voice for global public health. I wish Mengistu and Michael all the best as they move the Federation to a new level.

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Jim Chauvin WFPHA Immediate Past-President

WFPHA presidents (from left to right: U. Laaser - outgoing immediate past president; J. Chauvin - immediate past president; M. Asnake - president; M. Moore - VP/president elect)

Role of Public Health in Today's Global Setting

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.

Thus, the challenges facing public health, and the broader world context in which we struggle, have become too numerous and too complex for a business-as-usual approach.

The WHO represented by Dr. R. Krech and the WFPHA, represented by Prof. B. Borisch and Dr M. Lomazzi, have jointly organized a consultation to define the role of Public Health in Today's Global Setting. The consultation has been performed during the whole 2014 through engaging Public Health leaders worldwide. The main results will be presented in 2015 at the 14th World Congress on Public Health.

WFPHA Fellowships Program 2014

The first WFPHA Fellowships Program was successfully hosted by the Public Health Association of Australia in 2014. The two fellows Heya Yi (Chinese Preventive Medicine Association) and Binod Regmi (Nepal Public Health Association) as well as Michael Moore (CEO of the Public Health Association of Australia) had a very stimulating experience and provided very positive feedback on the program. Fellows were involved in different public health activities from policies development and community intervention, to programs monitoring and evaluation and met several stakeholders from universities, public health institutes and the government. They learned about innovative public health approaches and attitudes and improved their skills in networking, coordination, documentation and media communication, and resource generation.

The next round of the program will be held in Brazil in collaboration with the Brazilian Association of Collective Health (ABRASCO). The selection has happened through a transparent and competitive process involving young public health professionals from the Afghanistan National Public Health Association and the African Federation of Public Health Associations.



Heya Yi with Michael Moore, CEO of PHAA

Heya Yi and Binod Regmi in Wollongong University

Binod Regmi withe Michael Moore, CEO of PHAA

WFPHA Members' Conferences

142nd Conference of the American Public Health Association

he theme of this year's APHA Annual Meeting and Expo, Healthography, focused attention on the impact of 'place and context' on health and health equity. Over 12,000 delegates, mainly from the USA but with many others from several countries, met in New Orleans (Louisiana), to share, learn about and advocate for effective responses to improve, protect and promote human health.

Animated and passionate talks by Acting Surgeon General Rear Admiral Boris Lushniak, APHA President Joyce Gaufin, APHA's CEO Dr. Georges Benjamin, and Pulitzer Prize-winning author Isabel Wilkerson during the conference's opening plenary set the stage and challenged delegates to advocate for and put into place innovative and effective policies and practices to benefit the public's health.

Once again this year, the APHA provided complimentary registrations for representatives of overseas PHAs as well as two concurrent sessions and a breakfast meeting. Representatives of PHAs of Canada, Brazil, Cuba, South Africa, Ethiopia, the UK, New Zealand, Australia, Korea, Israel and Nigeria were present. The first concurrent session, chaired by Dr. Mengistu Asnake, WFPHA's President, presented a proposed new global public health essential functions framework, elaborated through the Federation's Global Public Health Framework Taskforce. The proposed new framework, unveiled by Dr. Ehud Miron, the Chair of the WFPHA Public Health Education & Training Working

Group, brings together the different 'essential PH functions and concepts used in different regions and countries.

proposed new PHEF framework.

Professor Laetitia Rispel,
Dr. Luiz Facchini, Mr.
David Allen and Dr. John
Ashton reflected on public
health competencies and
essential functions from
the perspective of their
respective countries (South
Africa, Brazil and the UK), and
on the relevance and utility of the

The second WFPHA-sponsored concurrent session provided an opportunity for the WFPHA to share the results of a survey

of its PHA members, carried out in partnership with Management Sciences for Health (MSH), assessing their organizational governance capacity, a key determinant of a PHA's advocacy effectiveness and capacity to influence public health policy and practice. Presented by Dr. Mahesh Shukla of MSH, the elicited considerable survev discussion about the importance of and the means to assist PHAs improve

their organizational governance capacity. Presentations by Dr. Lynn McIntyre (Canada), Dr. Mengistu Asnake (Ethiopia) and Dr. Hyoung-Sun Jeong (Korea) shared with delegates the challenges facing PHAs as well as their activities and responses on public health issues.

Two keynote speakers graced the WFPHA's Global Health Leaders breakfast. Dr. Gillian Barclay, Vice-President of the Aetna Foundation, shared with delegates the Foundation's new global health strategy, which includes a focus on the application and impact on population health and health equity of digital health technologies. Dr. Pierre Beukens, Dean of the Tulane University School of Public Health and Tropical Medicine, shared with us his thoughts on the direction and challenges facing global public health.

A historical event took place during the conference: the signing of a MoU between the APHA and SOCUSAP, the Cuban Society of Public Health, to cooperate to improve population health. This agreement places these two PHAs ahead of their governments in finding ways to cooperate on public health-related issues. This opportunity was used as well to set the stage for SOCUSAP to host a meeting of PHAs from the Americas region in April 2015, to explore the idea of establishing the Pan American Network of Public Health Associations.

From the WFPHA's perspective, this was a productive event. It demonstrated the vitality of the world's public health community, and how public health is contributing at the local, national and global levels to improving health and health equity. As Dr. Georges Benjamin stated in his wrap-up talk at the conference's final plenary session, the APHA (and by extension, all public health associations including the WFPHA) is about putting into place and advocating for socially just, evidence-based and effective public health policies and practices which minimize the impact of place and socio-economic/cultural and political context on the public's health.



UNACOH 22nd Annual Scienti-fic Conference

The Uganda National Association of Community and Occupational Health (UNACOH) in collaboration with Makerere University College of Health Sciences and the World Health Organization, jointly organized a scientific conference from 24th to 26th September

2014 at Imperial Royale Hotel, Kampala. This was UNACOH's 22nd Annual Scientific Conference, the 13th Dr. Mathew Lukwiya Memorial Lecture, and Makerere University College of Health Sciences' 10th Annual Scientific Conference. The Annual Scientific Conference is one of the core activities of UNACOH aimed at the sharing and dissemination of health information to the general public and also to organise a forum that brings together different key stakeholders to discuss health issues at the community and national levels.

The year's theme was "Innovations towards attaining Vision 2040 Health Goals: Where are we, how do we get there". The three-day conference had an average daily attendance of 260 participants drawn from government, academia, civil society and the general public. The participation also included international participants from Africa and beyond. The Guest of Honor was the Rt. Hon. Rebecca Kadaga, Speaker of the Parliament of Uganda. Other dignitaries included the Vice Chancellor

of Makerere University, Members of Parliament and other government officials. There were about 130

oral and poster presentations, on a wide variety of topics, including Health Professional Education, Health and Innovations, Health Systems, Environmental and Occupational Health, Communicable and Non-Communicable Diseases, Emerging and re-emerging diseases among other areas.

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Some of the Conference's recommendations:

- The government urged to equip lower-level health facilities to improve newborn survival
- The need to intensify public awareness about Health Insurance especially in the informal sector
- The need to address the health of health care workers
- The use of modern technologies to improve health service delivery.

During the Conference UNA-COH launched a quarterly health magazine and announced an Ebola Solidarity Run in December 2014.

2014 Global Health Forum in Taiwan

This 2-day event, hosted by the Ministry of Health of Taiwan, brought together close to 200 delegates from over 30 countries, including 4 WFPHA representatives. The topics discussed covered a broad range of issues including the political economy of global heath/public health, addressing priority NCD issues (tobacco, alcohol and obesity), healthy/active aging, urban health and how to make health care services more effective and responsive to human health needs.

The WFPHA representatives made presentations about the Federation's purpose and activities, as well as the WFPHA's perspective on NCD prevention and control. The interaction with other delegates served to increase knowledge among global health experts about what public health associations and the WFPHA can offer, as well as identifying new data as input to the Federation's position on public health issues, including on e-cigarettes. The conference also provided an opportunity to advocate for the establishment of PHAs in countries where they do not presently exist.

This event included visits to interesting community-based health promotion initiatives, including an elementary school-based healthy/active aging program for the students' grandparents and publicly-funded comprehensive community sports and cultural centres to promote healthy living.

The 7th European Public Health Conference.

The 7th European Public Health Conference hosted by the European Public Health Association (EU-PHA), took place in November 2014 in Glasgow, UK, under the theme of "Mind the Gap: Reducing Inequalities in health and health care". It was attended by over 1,500 delegates from over 65 countries. The programme consisted of 7 plenary sessions, 16 pre conferences, 47 workshops, 27 oral sessions, 27 pitch sessions and 18 poster walks.

WFPHA Working Groups

Reflection over the first term of the Oral Health Working Group

The Oral Health Working Group (OHWG) put into place several important initiatives over the past three years. When the group was launched in 2012, the OHWG members agreed to focus, during the first term (2012-2014), on three objectives: raising the profile of the group, undertaking a survey of global dental public health capacity and advocating for better oral health through resolutions passed by the WFPHA General Assembly and subsequently implemented. During the first three years, most of the goals have been successfully started and will be attained during the next term.

The OHWG made a key note addresses at public health meetings and also held sessions focusing upon oral health, i.e. at the 142nd American Public Health Annual Meeting and Exposition in November 2014, where the OHWG was represented by M. Allukian and B. Borisch.

A survey to determine dental public health capacity globally was set up and data has been collected from over 73 countries covering all WHO regions. Global and regional evaluations of dental public health capacity are under preparation and will be presented at the 14th World Congress on Public Health.

In 2014, a resolution on Oral Health for Dementia Sufferers that calls for better oral health for elderly and disabled people was approved by the WFPHA General Assembly and implemented by the OHWG members as well as by the International Council of Nurses that cosigned the resolution. Two new resolutions on Oral Cancer Prevention (in collaboration with IARC-WHO) and Dental Public Health Infrastructure are under preparation and will be submitted for approval at the next WFPHA General Assembly.



Prof. R. Bedi, Chair of the OHWG, presenting the OHWG achievements at the 2014 WFPHA General Assembly.

Moreover, the OHWG is engaged in strengthening relationships with branches of the World Health Organization linked to oral health and in particular with Dr H. Ogawa, responsible of the Oral Health Programme at WHO and Dr R. Sankaranarayanan, International Agency for Research on Cancer (WHO - IARC). Finally, elections this year have confirmed R. Bedi in the Chair position, K. Eaton and M. Allukian as co-Chairs as well as have designated M. Al Darwish as third co-Chair for the next term (2015-18). These results will be formalized after the next General Assembly in February 2015.

Tobacco Control Working Group

ver the past year, the Federation undertook several tobacco controlrelated activities. The Tobacco Control Working Group submitted to the International Development Research Centre (IDRC) a proposal entitled "Strengthening Tobacco Control Policy And Advocacy Strategies For Public Health Associations" in collaboration with the Framework Convention Alliance and the Public Health Association of Australia. This initiative was to be carried out in association with PHAs in Nepal, Nicaragua and Vietnam. Unfortunately it was not funded.

The Federation also renewed its accreditation to the WHO Framework Convention on Tobacco Control as a bone fide NGO. This permits the WFPHA to attend WHO FCTC-related meetings and consultations. Dr. Andrey Demin, President of the Russian Public Health Association, represented the WFPHA in October at the 6th WHO FCTC Conference of the Parties meeting.

As part of the FCTC accreditation process, the WFPHA reported to the WHO that approximately 40 member PHAs are working on various tobacco control such as: the impact of the Trans-Pacific Partnership Agreement, increased tobacco taxation, introduction of packaging and labelling of tobacco products and smoke-free legislation, non-communicable disease prevention, World No Tobacco Day activities, work on tobacco dependence and cessation, and integration of tobacco control in annual conferences and local journals of public health. The WHO recognized the work of the WFPHA in its review presented at the WHO FCTC Conference of the Parties meeting in Russia, particularly its work related to Article 14 (Demand reduction measures concerning tobacco dependence and cessation) and for public health associations for including tobacco control among the topics of annual or biannual meetings organized for their members.

The WFPHA expressed its strong support for the evidence-based position taken by the WHO in its report about Electronic Nicotine Delivery Systems (ENDS), more commonly known as electronic cigarettes – or e-cigarettes. The WFPHA called for further independent research with particular attention to the potential risks of e-cigarettes to users and non-users and the risks associated with the promotion of e-cigarettes as a means of engaging children, young people and non-smokers to use them.

Health Equity Working Group

quity is the absence of avoidable or remediable differences among groups for people, whether those groups are defined socially, economically, demographically, or geographically as defined by WHO. Inequity implies some kind of social injustice. The Health Equity Working group met before the General Assembly in Geneva in May 2014. Its work builds upon the advocacy workshop that was held as part of the Public Health for Equity (=PH4Equity) strategy. This workshop formed part of the meeting of the 9th Public Health Association of South Africa (PHASA) Conference in September 2013 in collaboration with the African Federation of Public Health Associations (AFPHA).

The focus of the meeting during the General Assembly was planning for sessions at the World Congress 2015 in Kolkata. The Work Group is sponsoring an Advocacy Workshop before the Congress and two special sessions on the following topics: Health Equity Framework Models and Implications for Action, and Global Challenges for Women and Children.

Gauging Governance as a Determinant of Health

ational public health associations (PHA) are key partners with governments and the public in defining ways and means to improve, protect and promote the public's health. A key determinant of a PHA's effectiveness as an advocate for better, appropriate and effective public health practice and policies is its "governance health"

In September 2014, the WFPHA, in association with the US-based organization Management Sciences for Health (MSH), conducted an on-line survey of the 85 WFPHA member PHAs around the world. The exercise's objective was to generate evidence about the governance capacity challenges facing

PHAs to do their job effectively and describe some of the means to improve national PHA governance and advocacy capacity. The survey, available in 3 languages (English, French and Spanish), gauged the state of organizational governance of national PHAs; the factors that facilitate and constrain their organizational governance; the connectedness of national PHAs with the WFPHA; and areas for public health focus for national PHAs and the WFPHA.

Responses were received from 62 PHAs in 61 countries (76% response rate). The results indicate a high level of understanding about what constitutes 'good governance' and identified several factors that constrain and enable governance. Among the survey's findings was the desire of national PHAs for 'governance training and mentoring' and the identification of 'policy development and advocacy' as a primary function of a PHA, but the capacity to carry this out is dependent upon the organizational health of the PHA. It also indicated a good 'degree of connectedess' between national PHAs and the WFPHA,

with some room for improvement. Several key foci areas for national PHAs and the WFPHA were identified, with tobacco control, prevention of NCDs, action on the social determinants of health and ecosystem health ranked as the highest priorities warranting attention and action.

"Good Governance" was confirmed as an important issue for PHAs and is viewed as central to their organizational relevancy and survival. Several important constraints that limit

effective governance were identified. The survey results are useful to PHAs for assessing the governance challenges they face and they see as needing attention/investment. The survey also provided useful feedback to WFPHA as to how it can assist PHA members improve their governance, policy development and advocacy capacity.

The survey results confirm governance as a critical determinant of organizational viability and advocacy effectiveness and influence. They also provide input to the development of a tool-kit and mentoring initiative by WFPHA to assist national PHAs improve their organizational governance capacity.

Member Association News

Bolivian Society of Public Health (BSPH): The BSPH worked throughout the year on advising the Bolivian National Health Council, as well as building links with the PanAmerican Health Organisation. A Congress on Public Health with the subject of 'Planning and Management of Hospitals' took place in September 2014

Lithuanian Public Health Association (LPHA): The LPHA focused during 2014 on the preparation and development of legal acts and documents regulating the structure of public health system in the country, and development of the "Lithuanian Health Programme 2014-2020". The Association organized conferences and seminars on many major public health challenges, for example on

nutritional issues (pictured).

The Council of Academic Public Health Institution Australia (CAPHIA): The membership of CAPHIA, over the past year, increased to include all the universities in Australia with major public health teaching and research programmes. Three CAPHIA awards were launched for Public Health Excellence and Innovation in Teaching, Research and Research Training. A Think Tank was organized on a Working Definition for Public Health and Ambitions, and a Review of Public Health Competencies was undertaken.

The Austrian Public Health Association (ÖGPH): In January, ÖGPH organized its first winter conference in Vorarlberg. In May, they held their annual conference with the motto "Health targets: the path as a goal or ways to the goal?" together with the first Austrian public health run. A special issue "Public Health in Austria" was questedited by ÖGPH in the scientific journal "Wiener Medizinische Wochenschrift". Three new competence groups started to work within ÖGPH: interdisciplinary geriatrics, public mental health, and primary care. ÖGPH will host the European Public Health Conference in Vienna 2016.



Rural Development Organisation, India (RDO): The RDO worked hard to create and support a Child Guide Centre for educating children from 263 families on issues surrounding education, health, nutrition, and physical fitness. The programme seeks to empower girls from the communities through their work. Beneficiaries of the programme have shown a strong desire to see it expanded.

Netherlands Public Health Federation (NPHF): The NPHF has been working throughout 2014 within the areas of municipal care, health care financing, ehealth, R&D and education and professionalism. Furthermore, the NPHF functions as a platform for collaborative knowledge development and innovation. The NPHF also organized the third edition of their annual lecture under the theme of corporate social responsibility. The NPHF is exploring the possibility of organizing an antibiotics-

resistance project with their federation members.



French Society of Public Health (SFSP): The French Government proposed in 2014 a new national health strategy. The French Society of Public Health (SFSP) was consulted and played a key role through advocating for better prevention - including clinical practices and health promotion - and optimising the governance of health system with special focus on reducing health inequalities. They also focused their work on capitalising and recognising the expertise of field workers (particularly on health inequalities and on early childhood), and strengthening evidence based health policy and practice.

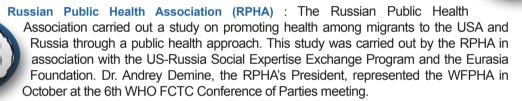
Public Health Association of South Africa (PHASA): The 2014 PHASA conference was held in Polokwane, Limpopo Province in October. The theme of the conference was 'Dignity, Rights and Quality: towards a health care revolution.' The year 2014 heralded a change in leadership at PHASA. Professor Laetitia Rispel who led PHASA as President for the past six years and Dr Flavia Senkubuge as Vice President both stepped down as their terms had ended. Drs Julia Moorman and Saiendhra Moodley were elected as President and Vice President respectively.



The Spanish Association of Public Health and Healthcare Administration (SESPAS): The Spanish Association of Public Health and Healthcare Administration (SESPAS), a confederation of 12 public health associations, published its 2014 Report on the economic-financial crisis and health in Spain. The report, which received

high media coverage, not only analyses the impact of the crisis on health and on its determinants in Spain, but also describes subsequent changes in the Spanish health system and reviews the evidence in other countries, suggesting policy interventions.

Congolese Association of Public and Community Health/Association congolaise pour la santé publique et communautaire (ACSCP): The ACSCP published the results of a study on road safety in the Republic of Congo in the journal Revue de Santé Publique published by the French Society of Public Health. It also organized a series of public meetings about the study's results in Brazzaville and Pointe Noire. The ACSCP is also implementing a project on the implication of local and indigenous women in the management of forests and another on water management. It continues its work on tobacco control in the Republic of Congo.



Canadian Public Health Association (CPHA): The Canadian Public Health Association (CPHA) undertook policy activities around illegal psychoactive substances, missing and murdered Aboriginal women, sex work in Canada, and the ecological determinants of health. CPHA participated in advocacy activities around drug policy reform, child and youth mental health, and e-cigarettes. The Association hosted two national conferences in 2014: the Canadian Immunization Conference and Public Health 2014. CPHA continues to advance programs on the



prevention of sexually transmitted and blood-borne infections and immunization. It also continues to publish the peer-reviewed and bi-monthly Canadian Journal of Public Health. The CPHA is in the process of establishing an accreditation for public health professionals.



Public Health Foundation of Bangladesh (PHFB): Throughout 2014 the PHFB conducted programmes educating street children on hand washing, running workshops on 'Stress Management and Joyful Living', organizing seminars on 'Food Safety' and running health camps in coordination with the Autism Welfare Foundation of Dhaka.

Sociedad Cubana de Salud Pública (SOCUSAP): The society expanded its membership with 200 new members, and held a total of 50 workshops and conferences. MOUs were signed with the American Public Health Association

and the Nicaraguan Public Health Association and SOCUSAP participated in the organisation of the Second International Conference on Medical Education.



The Public Health Association of New Zealand: The Public Health Association of New Zealand hosted the first ever NZ Population Health Congress which attracted high-calibre local and overseas speakers and a record number of attendees. Other activities have included promoting children's health and raising awareness of the health impacts of child poverty; working to help achieve a smokefree New Zealand by 2025; and working on changes to the Local Government Act leading to an assessment of the relationship between planning and public health.

Korean Public Health Association (KPHA): The KPHA organized the 5th Asia-Pacific Conference on Public Health in which 32 countries participated and 866 public health professionals. The conference concluded with the 'Seoul Health Declaration on Disease Prevention and Control in the Asia-Pacific Region'. The Association also conducted monitoring activities on alcohol consumption and portrayal through media amongst other work.





Croatian Public Health Association (CPHA): In October 2014 CPHA held the 3rd Croatian congress of preventive medicine in Vinkovci. The main topic concerned diet. A campaign and strategy for lower salt intake was developed in the context of preventing cardiovascular diseases, one of the main causes of premature death in the country. The CPHA organized 'Preventive days' throughout Croatia, with more than 50 seminars, workshops, and different activities in organised.

Association of Schools of Public Health in Africa (ASPHA): During 2014ASPA participated in the Third Global Symposium on Health Systems to advertise their organisation and recruit new members. They co-hosted a seminar on "Innovation in Strengthening Health Systems and Services Research capacity in Africa", and completed a review of members' post graduate public health training curriculum. They compared this against different international curricula to benchmark and differentiate African training needs.

Public Health Association of Serbia (PHAS): In 2014 PHAS continued to be an active advocate for public health in Serbia. This was achieved through promoting health theme days in the form of organized events. National no - tobacco day on the January 31st was celebrated in partnership with the City Public Health Institute and the Republic Public Health Institute. Other activities were promoted throughout the year including integrating traditional medicines into the public health system, and supporting family health through a project with UNICEF.

International Federation of Medical and Student Associations (IFMSA): During 2014 IFMSA has been active in a diverse range of activities, related to important topics that includes: chronic diseases; alcohol and substance abuse; tropical/infectious diseases; mental health; child/adolescent health; ageing/health; climate change; nutrition; poverty/social inequalities; and rural and remote health.

The IFMSA Public Health Standing Committee has made improvements to a wide variety of interesting and active community-based projects at the local, national, regional and international levels. Through IFMSA's activities, communities gain knowledge, health and experience. Additionally, medical students acquire a better understanding of public health issues affecting their own countries and other parts of the world.





The Royal Society for Public Health (RSPH): RSPH has continued to work with organisations and individuals delivering support and advice, advising on policy and implementing projects designed to improve health and wellbeing both at a community and national level. It is a membership organisation which provides opportunities for education and training through qualifications and conferences on topics including health improvement and behaviour change.

News from the Regions



Africa

The African Federation of Public Heath Associations (AFPHA) led the technical preparation of the first Intergovernmental Authority on Development (IGAD) International Scientific Conference on Heath, held from 3 to 6 December 2014 in Addis Ababa Ethiopia. The theme of the conference was "Innovative approaches for equitable access to RH, HIV and AIDS services among Pastoralists, cross border and mobile populations".

Following the Ebola outbreak in West Africa, the AFPHA with active engagement of its executive committee members drafted a statement expressing its concern about the pandemic and proposed required actions to be taken. The AFPHA and WFPHA subsequently issued a joint statement which was shared with key partners, member associations and through the websites of all concerned organizations.

Based on the AFPHA's expression of commitment the Secretariat received a letter from WHO AFRO requesting AFPHA to identify 150 public health and related experts to support Ebola affected and neighbouring countries by constituting teams of experts to rotate through 45-day cycles in the affected and neighbouring countries. AFPHA forwarded the CVs of around 40 experts to WHO AFRO who could contribute to alleviating a shortage of qualified professionals in the affected countries towards effective response to the pandemic.

AFPHA reaffirm its commitment and readiness to partner with organizations and professional associations interested in the Ebola response.

Eastern Mediterranean



The WFPHA Middle East/Eastern Mediterranean Region consists of 5 Full Member PHAs (Afghanistan, Iran, Lebanon, Sudan and Yemen), 1 Associate Member association (Egypt, also a member of the Federation's Africa Region) and 3 Sustaining Member organizations (Dubai, Lebanon and Tunisia). The WFPHA was represented

at this year's 61st WHO Regional Committee meeting for the Eastern Mediterranean Region, which took place in Tunis, by the Tunisian Association of Health Promotion. Positive feedback on the event was given concerning the inclusion of youth, particularly from Egypt, Iran and Palestine, as well as the inclusion of useful discussions on important subjects such as the current Ebola outbreak.

The increased interconnectedness and interdependence of peoples and countries in the Eastern Mediterranean Region

(EMR) has led to an increased opening of borders and fast flows of goods, services, finance, people and ideas. While this is a positive development, it has, however, also some impacts on population health which need to be better understood by public health professionals.

Political leaders increasingly perceive health as being crucial to achieving growth, development, equity and stability in the EMR. 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, environmental and behavioral health determinants, including economic constraints, demographic changes and unhealthy lifestyles and living conditions in many of the WHO Member States. 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. Thus, it is very timely to review the role of public health and join forces of public health associations across the EMR.

The World Federation of Public Health Associations strengthens Public Health worldwide. It supports the establishment and development of public health associations, through facilitating and supporting the exchange of information, knowledge and skills. Similar to the European Public Health Associations, the World Federation would welcome a discussion with Public Health Leaders in the EMR, whether or not a concerted action would potentially increase the ability of public health institutions in the Region to meet the current and future challenges for population health.

The Eastern Mediterranean Regional Office of the World Health Organization has offered its sustain to the WFPHA to identify and discuss different options of how to move forward in the alignment of public health in the region.

Americas

The WFPHA America's region corresponds to the WHO Region of the Americas (North, Central and South America and the Caribbean). Membership from this region includes public health associations in Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, Haiti, Mexico, Nicaragua, and the USA as well as an academic-based health organization in Colombia. The meeting of PHA representatives in the Americas region, in consultation with representatives from the Pan American Health Organization, the Caribbean Public Health Agency and other interested parties, to prepare a strategy to increase the number of public health associations in the region, originally planned for October 2014, will take place in Havana (Cuba) in April 2015.

Asia-Pacific

The 5th Asia-Pacific Public Health Conference was hosted in April 2014 by the Korean Public Health Association. Over 860 health professionals from 32 countries participated. The conference concluded with the 'Seoul Health Declaration on Disease Prevention and Control in the Asia-Pacific Region'. Thailand was selected as the site for the 6th Asia-Pacific Public Health Conference, to take place in 2016.

South Asia

The South Asian Public Health Association will hold its first meeting at the World Congress 2015 taking place in Kolkata.

Millennium Development Goals: How public health professionnals perceive the achievement of the MDGs

There have been various consultations on the Millennium Development Goals (MDGs) by different groups. However, even if it is clear that the health sector has led the development success of the MDGs, only a few MDG reports consider public health experts' points of view and these are mainly government driven. The World Federation of Public Health Associations conducted a global survey to consult public health professionals worldwide concerning the implementation

and achievements of the MDGs. The survey was conceived by WFPHA health professionals and promulgated online. Public health professionals and organisations dealing with MDGs responded to the survey. Content analysis was conducted to analyse the data. Survey participants attributed the highest importance worldwide to MDGs dealing with women, poverty and hunger reduction, and disease prevention and management. Moreover, they underlined the role of education, referring both to school children and professionals. In high and upper-middle income countries, environmental challenges also received considerable attention.

Notably, respondents underlined that weak governance and unstable political situations, as well as the gap between professionals and politicians, were among the main causes that detracted from achieving the MDGs. The public health workforce felt it would be imperative to be included from the outset in the design and implementation of further goals. This implies that those professionals have to take an active part in the political process leading to a new and accountable framework.

Find the full text at http://www.ncbi.nlm.nih.gov/pubmed/25249060

Ebola: The WFPHA Response

In response to the outbreak of Ebola hemorrhagic fever in West Africa the WFPHA and African Federation of Public Health Associations (AFPHA) released a joint statement calling for the mobilization of public health resources, and calling members in Africa to intensify efforts to contain the virus. Additionally, the two Federations recommended serious reflection on how governments and the international community could strengthen crisis management capacity for such public health emergencies, and committed that the WFPHA will ensure that emergency/pandemic preparedness is a topic to be discussed at the upcoming 14th World Congress on Public Health in Kolkata.

Both Federations recognised and praised the incredible efforts, risks, and sacrifices being made by health professionals in the their work to contain the virus and treat those who have contracted it.



The WFPHA released a special newsletter in January 2015 looking at the Ebola outbreak, mapping its spread, analyzing the response and raising issues ranging from community resistance, to progress on vaccines, to the work and reflections of our members in their efforts to contribute to the outbreak response.

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WCPH & ISMOPH Kolkata 2014

14th World Congress on Public Health (WCPH), Kolkata, 11-15 Feb 2015.

The 14th World Congress on Public Health will be hosted jointly by the World Federation of Public Health Associations (WFPHA) and the Indian Public Health Association (IPHA).

The Congress will provide a unique opportunity to help catalyze change, bringing together and bridging perspectives from various disciplines of public health to influence governments, organizations, agencies and institutions around the world to meet the challenge of improving people's health.

- Opening Plenary by Mengistu Asnake, President WFPHA, J.Ravi Kumar, President IPHA, Kamalesh Sharma, Secretary General of the Commonwealth of Nations and Dr. Poonam Khetrapal Singh, Regional Director of WHO South-East Asia region;
- Plenary 1 : Defining the role of Public Health in today's global setting
- Plenary 2 : Public Health in the sustainable development agenda
- Plenary 3 : Public Health approaches to address new challenges of sustainable development & healthy environment
- Plenary 4 : Global Public Health challenges
- Plenary 5: Human Rights and Law as tools for sustainable development.



15th World Congress on Public Health, 2017 and the 50th Anniversary of The Federation

Three high quality bids for the 15th World Congress on Public Health were received from the Public Health Association of Australia (PHAA), from the Spanish Society for Public Health and Health Administration and the Faculty of Public Health. A Selection committee has been setup and during its meetins in May 2014, the WFPHA Governing Council received this Committee's recommendations. The Committee noted the high quality of the three bids. After a careful assessment, the Bid Selection Committee recommended the bid submitted by the Public Health Association of Australia. The Governing Council approved the recommendation, which was ratified the following day during the WFPHA's 48th Annual General Assembly.

The PHAA National Conference will be incorporated into the 15th WCPH, and will include the participation of several other organizations from Australia and New Zealand. The Federation's 50th Anniversary will also be celebrated at this Congress.



Journal of Public Health Policy A continuing relationship for the WFPHA



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 2014, the JPHP published four Federation-generated articles:

- Public health in times of austerity', by Bettina Borisch
- Planetary health and the World Federation of Public Health Associations', by Richard Horton, Robert Beaglehole, Ruth Bonita, John Raeburn, Martin McKee and Stig Wall
- Maternal and child health The MDGs 4 and 5 Some caveats', by Bettina Borisch
- Dementia and Oral Health', by Raman Bedi

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.

During 2014 the newsletter reported on the activities of national public health associations and several emerging public health issues. Since 2012, the December issue is dedicated to a specialized topic. The December 2014 issue focused on Ebola, specifically the response and reflections of our members, an analysis of the outbreak to date, possible scenarios for the future, and analysis of topics ranging from community resistance to vaccinations updates.



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Financial Report 2014

t the May 2014 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 2013 and 2014 income and expenses is presented below (figures are rounded, in US dollars).

	2013	2014
Income	\$77,861	\$153,736
Membership Dues	\$11,744	\$15,538
Grants	\$56,345	\$52,000
Congress	\$10,000	\$87,901
Interest & Other	-\$228	-\$1,703
Expenditures	\$210,225	\$179,324
Surplus/(Deficit)	-\$132,364	-\$25,588
Financial situation		
Opening Balance (January 1)	\$289,030	\$173,800
Closing Balance (December 31)	\$173,800	\$162,252

Officers

President (2014-2016)

Dr. Mengistu Asnake

Ethiopian Public Health Association (EPHA)

Immediate Past-President (2014-2016)

James Chauvin

Canadian Public Health Association (CPHA)

Vice-President/President-Elect (2014- 2016)

Michael Moore

Public Health Association of Australia

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Africa: Dr. Tewabech Bishaw, Ethiopian Public Health Association (2012-2015)

Prof. Laetitia Rispel, Public Health Association of South Africa (2014-2017)

Americas: Dr. Luis Augusto Facchini, Brazilian Association for Collective Health (2014 – 2017)

Dr. Victor Jesus Mendez Dussan, Nicaragua Public Health Association (2012-2015)

Middle East: Dr. Javed Rahmanzai, Afghanistan National Public Health Association (2012-2015)

Europe & Central Asia : Dr. Ildefonso Hernandez-Aguado, Spanish Society for Public Health and Healthcare Administration (2012-2015)

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WFPHA Headquarters: Dr. Bettina Borisch, Swiss Society of Public Health

Asia-Pacific Liaison Office : Dr. Wang Peng, China Preventive Medicine Association

Full Member Associations

(by alphabetical order by country)

Afghanistan National Public Health Association

Algerian Society for Public Health
Armenian Public Health Association
Public Health Association of Australia
Austrian Public Health Association
Bangladesh Public Health Association
Belgian Association of Public Health
Bolivian Society of Public Health
Partnership in Public Health FBiH (Bosnia
& Herzegovina)

Public Health Association of Republika Srpska (Bosnia & Herzegovina)
Brazilian Association of Collective Health Burkina Faso Public Health Association Cameroon Public Health Association Canadian Public Health Association Public Health Association Public Health Association of Chad Chilean Society of Public Health China Preventive Medicine Association Colombian Academy of Public Health Association congolaise de sante publique et communautaire

Costa Rican Public Health Association
Cuban Society of Public Health
Czech Society of Public Health
Czech Society of Public Health and
Management of Health Services
Danish Society of Public Health
Health Promotion Union of Estonia
Ethiopian Public Health Association
Society for Social Medicine in Finland
French Society of Public Health
Public Health Association of Georgia
German Association for Health Sciences
and Public Health

Haitian Public Health Association
Indian Public Health Association
Indonesian Public Health Association
Iranian Public Health Association
Israeli Public Health Association
Italian Society of Hygiene, Preventive
Medicine and Public Health
Japan Public Health Association
Kenya Community Health Association
Korea Public Health Association
Public Health Association of Latvia
Lebanese Public Health Association
Lithuania Public Health Association
Macedonian Medical Society/Association
for Social Medicine

Malawi Public Health Association Mauritanian Public Health Association Mexican Society of Public Health Mongolian Public Health Professionals' Association

Mozambique Public Health Association
Nepal Public Health Association
Netherlands Public Health Federation
Public Health Association of New Zealand
Nicaragua Public Health Association
Niger Association for the Promotion of
Public Health

Society for Public Health Professionals of Nigeria

Norwegian Public Health Association Polish Association of Public Health

Portuguese Association for Public Health Promotion Romanian Public Health and Health

Management Association
Russian Public Health Association

Russian Public Health Association Senegal Association of Public Health Professionals

Serbian Public Health Association Slovak Public Health Association Public Health Association of South Africa

Spanish Society for Public Health and Health Administration

Sudanese Public Health Association Swiss Society of Public Health

Tanzania Public Health Association
National Health Association of Thailand
Turkish Public Health Association

Uganda National Association of Community & Occupational Health Faculty of Public Health (of the Royal College of Physicians) UK

Royal Society for Public Health - UK Vietnam Public Health Association American Public Health Association Yemen Public Health Association

Associate Members

Albanian Epidemiological Association Association of Public Health Physicians of Nigeria

Bulgaria Public Health Association Central Asian Public Health Association (Kazakhstan)

Croatian Public Health Association Egyptian Association of Public Health Promotion

Hungarian Public Health Organization Malta Association of Public Health Medicine

Slovenian Medical Society - Slovenian Preventive Medicine Society Swedish Association of Social Medicine The Gambia Association of Public Health Officers

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Accreditation Agency for Study Programs in Health and Social Sciences (Germany) Dubai Health Authority/Public Health Affair Department

European Association of Dental Public Health

European Healthcare Fraud & Corruption Network

Faculty of Health Sciences, American University of Beirut

Federation of African Medical Students' Associations

Forum for Human Rights and Public Health-Nepal

German Society for Public Health Graduate Institute of International and Development Studies

International Federation of Medical Students' Associations

Tunisian Association for Health Promotion Njala University Public Health Association of Sierra Leone

Public Health Foundation of Bangladesh

Rural Development Organization (India)
Taiwan Public Health Association
World Association of Chinese Public
Health Professionals Limited

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African Federation of Public Health Associations

Association of Schools of Public Health in Africa

Association of Schools of Public Health in the European Region Council of Academic Public Health Institutions Australia European Public Health Association

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Global Health Equity:

Bettina Borisch (Switzerland) and Deborah Klein Walker (USA) – Co-Chairs

Oral Health:

Raman Bedi (UK) – Chair, M. Allukian (USA) & K. Eaton (UK) – Co-Chairs

Public Health Education and Training: Ehud Miron (Israel) – Chair

Tobacco Control:

Luis Caceres (Canada) – Interim Chair (resigned 09/14)

WFPHAreport'14

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

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.

The views expressed in this document do not necessarily reflect those of all WFPHA member associations. Materials may be reproduced with due acknowledgement for noncommercial purposes. Comments and suggestions about the WFPHA's annual report can be communicated to annual report@wfpha.org **Contributors** WFPHA Headquarters

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- Swiss Society of Public Health
- University of Geneva

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