WFPHA is a global advocate for the public health community. James Chauvin and Dr Mengistu Asnake discuss the Federation’s work, which includes supporting low- and middle-income countries in strengthening their health systems, and argue for a shift toward a more holistic conception of health
Could you outline your respective backgrounds, specifically in the field of public health?

JC: I began my career in public health in 1976 in Haiti with CARE, undertaking front-line fieldwork on public health-related interventions, and have continued to be actively engaged in public health through a variety of organisations since then. I joined the Global Health Programs of the Canadian Public Health Association (CPHA) in 1992 and served as Director from 2005-08 and then as CPHA’s first Director of Policy between 2008 and 2013. I have also been CPHA’s representative to the World Federation of Public Health Associations (WFPHA) since 2005.

MA: I trained as a general medical practitioner and subsequently undertook Master of Public Health training. I have worked at different levels of the health system in Ethiopia, overseeing the implementation of public health programmes. I am currently employed by Pathfinder International in a family planning and reproductive health programme. I became a member of the Ethiopian Public Health Association (EPHA) in 1990 during my graduate studies and have served the Association in different capacities including as President from 2006-09. During the same period, I represented EPHA within WFPHA as the Governing Council member and Chair of the nomination committee.

What are your respective responsibilities within WFPHA?

JC: As President, my role is to oversee and guide WFPHA’s policy development and advocacy activities, and to ensure that the Federation is carrying out the activities set out in its strategic plan and achieving the desired results. I do this in cooperation with the Governing Council.

MA: As President Elect of WFPHA, I support the activities of the President and secretariat office, and additionally serve as Chair of the finance committee.

What is the history of the Federation and what are its driving goals?

JC&MA: WFPHA was established with 16 founding public health associations (PHAs) in May 1967 during the 20th World Health Assembly. It was created with the aim of representing the interests of national PHAs and the global public health community, and to promote and strengthen public health as a means to achieve health and health equity for all.

Today, WFPHA is making major contributions on several fronts, particularly with regard to health equity, public policy development and application, defining public health in today’s global context, education and training of public health professionals, environmental health and oral health. The 13th World Congress on Public Health (WCPH) in April 2012, hosted by EPHA in Addis Ababa, Ethiopia, was a huge success, bringing together over 3,600 public health professionals and others interested and working in public health from over 120 countries.

WFPHA recently renewed its strategic plan for 2013-17. The Federation’s vision is to lead the international community towards a healthy global society. Our mandate is to be the world’s foremost international, non-governmental, civil society, multi-professional federation of PHAs dedicated to promoting and protecting global health. WFPHA’s activities are guided by five strategic objectives:

• To advocate for effective global policies to improve the health of populations
• To advance public health practice, education, training and research
• To expand and strengthen partnerships for public health
• To promote and support the advancement of strong member associations
• To build an effective, responsible and sustainable WFPHA

Who comprises your membership, and how do you support member associations in improving their infrastructure and organisational capacity?

JC&MA: WFPHA has more than 100 members from around the world, representing national and regional organisations including both PHAs and schools of public health. There are many benefits to membership of WFPHA, including opportunities to collaborate with large international health agencies, forge partnerships with other national PHAs and health agencies, attend international public health meetings, author new international health policies and participate in advocacy activities.

The Strengthening of Public Health Associations Program, implemented by CPHA between 1985 and 2012, provided financial and technical support to nascent and newly established PHAs in low- and middle-income countries (LMICs) to strengthen their operational, programmatic, policy development and advocacy capacities. The programme supported the organisational nurturing of PHAs in 31 jurisdictions, the vast majority of which became WFPHA members. WFPHA is exploring how to continue this initiative.

Through what means does WFPHA lobby for change to public health policy on a global scale?

JC&MA: WFPHA’s main mode of influence is through the development and advocacy of resolutions to World Health Organization (WHO) and other key stakeholders. We also hold workshops on specific public health issues; for example, in September 2013 we held a one-day policy development and advocacy workshop for PHAs in Africa focused on the issue of falsified/falsely-labelled medicines, a major issue in Africa and other parts of the world. The participating African PHAs pledged to take advocacy action on this issue in their home countries and on a continental basis through the African Federation of Public Health Associations, and to begin collecting information on the extent of and knowledge about falsified/falsely-labelled medicines. WFPHA will encourage other regions to take up this issue, and the Federation will develop its own resolution to encourage urgent practical action on this issue by WHO Member States and the pharmaceutical industry.

WFPHA’s Job Share initiative, launched in 2013, aims to improve PHA policy development and advocacy skills and capacity. PHAs in LMICs will be paired with and mentored by PHAs from richer countries with more experience.

Each WCPH ends with the development of a specific declaration or call to action, which is followed by member associations and shared with different global institutions, including WHO, to implement the recommendations of the global public health community.

Could you offer some prominent examples of how WFPHA advocacy efforts have helped to advance the field of public health?

JC&MA: During the 1990s, WFPHA was very active in advocating for the creation of the world’s first (and to date only) public health treaty: the Framework Convention on Tobacco Control (FCTC). The Federation encouraged and helped its member associations advocate in their own countries to their respective governments for the ratification and full implementation of the FCTC. WFPHA also supported the efforts of its member associations in designing and implementing effective tobacco control policy advocacy and programmes; for example, creating smoke-free health facilities and workplaces.

The Federation has also made strong advocacy statements on many other issues and played an important role in bringing the public health perspective and voice to issues such as international trade.

How important do you believe the development of the genomics field is to progress in public health?

JC&MA: Genomic information can be of great benefit to disease prevention, health protection and health promotion. A concurrent session on public health genomics was held during the 13th WCPH. It is a new field for many PHAs and for WFPHA – interest has been expressed by genomics experts in Europe to form a working group within WFPHA on this topic, and we will continue to monitor developments in this field.
How are you working to support and strengthen public health education worldwide, and why is this a crucial issue?

JC&MA: WFPHA has a working group on public health professional education and training. The group is currently investigating how public health functions are defined around the world and how these are reflected in public health education and training programmes. We hope to gain evidence to advise on the design of education and training programmes relevant to the reality of the public health sector involving the required skills-building components, and ensuring the marketability of graduates. This is an ongoing initiative; the results of which are expected to be reported at the 14th WCPH in February 2015.

In terms of your vision for the future of WFPHA, can you both summarise how you see the Federation developing in the coming years?

JC&MA: There will be a continuing focus on achieving the Federation's five strategic objectives and expanding and strengthening the influence of its advocacy efforts, as well as those of its members. We would like to effect a shift in the focus on healthcare, which is largely devoted to disease treatment, care and cure, to a fulsome conception and action on 'health and health equity for all' that goes beyond the healthcare delivery system and biomedical approach to disease and illness, and tackles the broader determinants of health head on.

SAVE THE DATE

14th World Congress on Public Health: Healthy People, Healthy Environment – hosted by the Indian Public Health Association

12-15 February 2015
Kolkata, India

The World Congress on Public Health happens every three years and is WFPHA’s main event. This unique conference brings together people who are contributing to transformative change in health and wellbeing around the world. Detailed information can be found at www.14wcph.org and abstract submissions are open for all interested to present and share their work with the global public health community.

IN THE SPOTLIGHT

James Chauvin and Dr Mengistu Asnake outline the specific public health challenges faced by their respective home nations: Canada and Ethiopia

Canada
- Responsibilities for public health are divided between the federal, provincial, territorial and municipal governments. Considerable effort and leadership are required to ensure coordinated responses to important public health issues
- Cutbacks in funding of public health initiatives and units in Canadian municipalities and regions, and the ageing of the public health workforce
- Focus on individual behaviour as a panacea in solving public health issues such as obesity, rather than effectively tackling the socioeconomic, environmental, policy-legal and regulatory factors that affect the population’s health
- Lack of concerted and sustained action on the social determinants of health
- The federal government’s bias towards giving industry autonomy and a reliance on voluntary self-regulation by the industrial/commercial sector with respect to public health issues; for example, the food and beverage industry self-regulates with respect to salt content in food

Ethiopia
- High prevalence of communicable diseases
- High attrition of skilled health service providers
- Limited resources to manage the ever-increasing demand for public health services
- Need for improvement in the quality of services as access to primary healthcare services increases
- Limited tertiary-level services