

A Public Health Approach for Global Development:

CPHA's Global Public Health Strategy 2007 - 2017



CPHA  **ACSP**

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

Une démarche de santé publique pour le développement dans le monde :

**La stratégie de l'ACSP pour
la santé publique mondiale 2007-2017**

January/janvier 2008



Overview of CPHA

- ✿ Founded in 1910; incorporated in 1912
- ✿ National not-for-profit health association
- ✿ Represents over 25 health disciplines and the general public
- ✿ Governed by a 12-member skills-based Board of Directors
- ✿ Undertakes funded public health and social programs nationally and internationally
- ✿ Stresses partnership role with national and international non-governmental organizations (NGO), federal/provincial governments and private sector corporations
- ✿ Provides a special health resource at national and international levels of both professionals and non-professionals
- ✿ Preeminent NGO voice for public health in Canada

Mission Statement

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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The Sasakawa Health Prize, presented to the Canadian Public Health Association by the World Health Organization at the 1992 World Health Assembly, in recognition of CPHA's innovativeness and excellence in international health development.

Strategies that protect health, prevent disease and injury, and promote health across all communities and socio-economic groups, have a strong impact on reducing demand for the health care system. Public Health services build conditions that promote health and prevent that which is preventable, so that treatment is required less often and is applied in more favourable situations.

A strong Public Health system is a fundamental component of a sustainable health system. Its importance cannot be overestimated.

Canadian Public Health Association.
Creating Conditions for Health.
A brief submitted to the Commission on the
Future of Health Care in Canada by CPHA.
October 2001

A health care system – even the best health care system in the world – will be only one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment, or empty with despair.

The Hon. Roy Romanow, Commissioner,
Commission on the Future of Health Care in Canada, 2004

Main Messages

- ✦ Over the past 25 years CPHA has contributed to building public health (PH) capacity in over 80 low- and middle-income countries. The cumulative “benefit reach” of these initiatives exceeds several million people. Working in partnership and contributing to building the organizational and performance capacity of Ministries of Health, institutes of public health, public health associations and other health sector organizations in low- and middle-income countries has proven to be an effective means of improving public health capacity and competence.
- ✦ Both the global health context and the international cooperation paradigm have changed dramatically around the world over the past few decades. If it is to maintain and expand its leadership in global public health CPHA has to modify the “way it does business” and become more strategic within an increasingly changing market for technical cooperation services. This includes diversifying its funding base for international initiatives.
- ✦ CPHA possesses a strong corporate skills set and experience with international public health and has at its disposal a large, highly-skilled and motivated pool of Canadian technical advisors/consultants. It has nurtured strong working relationships with a wide range of overseas partners as well as with a variety of bilateral and multilateral bodies. With the increased attention being paid to the urgent need for strengthened, responsive and adequately and appropriately resourced health systems and public health capacity around the world, CPHA is in an excellent position to offer its technical services in support of this process.
- ✦ CPHA’s future global public health initiatives will continue to be based on CPHA’s core philosophy of enhancing equitable access to the conditions that affect health for all people. The focus of its global action will relate to the three basic elements of public health: disease prevention, health promotion and health protection. With the move to create a more coherent corporate policy and programmatic approach, CPHA’s global initiatives should be linked with its domestic areas of technical competence and expertise.
- ✦ Building strong collaborative, strategic relationships with Canadian and international partners and mobilizing the Canadian public health community are essential to the success of CPHA’s global public health strategy.
- ✦ CPHA’s global public health strategy over the next 10 years will focus on building public health capacity. Building civil society’s voice for public health at the national, regional and international levels and enhancing and expanding global public health leadership are two essential areas of focus for CPHA’s Global Health Program. Influencing thinking and action on public health by building capacity for evidence-informed decision-making for credible public policy, programs and practice is critical.
- ✦ CPHA’s global public health program will concentrate its efforts on expanding the reach and technical capacity of the Strengthening of Public Health Associations (SOPHA) Program, strengthening its working relationship with the World Federation of Public Health Associations (WFPHA), and scaling up its current areas of expertise in childhood immunization, HIV prevention, health promotion, substance use (including tobacco control) and environmental health as a means of strengthening capacity to create the conditions for health in resource-limited settings. CPHA would also identify up to two global health issues per year that would be the basis for advocacy.

Principaux messages

- ✦ Depuis 25 ans, l'Association canadienne de santé publique (ACSP) contribue à renforcer les capacités de santé publique dans plus de 80 pays à faible revenu et à revenu intermédiaire. Les initiatives ainsi soutenues profitent à plusieurs millions de personnes. Le travail en partenariat et le renforcement des capacités d'organisation et de rendement des ministères de la Santé, des instituts de santé publique, des associations pour la santé publique et de divers organismes du secteur de la santé dans les pays visés se sont avérés des moyens efficaces d'améliorer les capacités et les compétences en santé publique.
- ✦ Le contexte sanitaire mondial et le paradigme de la coopération internationale ont radicalement changé au cours des dernières décennies. Si l'ACSP veut maintenir et élargir son leadership en santé publique dans le monde, elle doit modifier sa « façon de faire » et avoir une action plus stratégique sur un marché des services de coopération technique en constante évolution. Elle doit notamment diversifier la base de financement de ses initiatives internationales.
- ✦ L'ACSP possède de solides compétences collectives et une longue expérience de la santé publique internationale, et elle peut puiser dans un vaste bassin de conseillers techniques et de consultants canadiens hautement qualifiés et motivés. Elle entretient des relations de travail étroites avec de très nombreux partenaires à l'étranger, ainsi qu'avec divers organes bilatéraux et multilatéraux.
- ✦ Partout dans le monde, on constate de plus en plus l'urgence de renforcer les systèmes de santé et les capacités en santé publique, de les adapter aux besoins et de les doter de ressources suffisantes et appropriées, et l'ACSP est très bien placée pour offrir des services techniques à cet égard.
- ✦ Les futures initiatives de santé publique mondiale de l'ACSP s'articuleront encore autour de la mission centrale de l'Association, qui est d'assurer un accès équitable aux conditions de base d'une bonne santé pour tous. L'action de l'ACSP dans le monde portera sur les trois éléments fondamentaux de la santé publique : la prévention des maladies, la promotion de la santé et la protection de la santé. Ayant entrepris un exercice pour rendre plus cohérente sa démarche collective d'élaboration des politiques et des programmes, l'ACSP doit relier ses initiatives à l'étranger à ses compétences et à son expertise technique au Canada.
- ✦ La création de relations stratégiques solides et concertées avec ses partenaires canadiens et internationaux et la mobilisation des milieux canadiens de la santé publique sont les éléments essentiels de la réussite de la stratégie de l'ACSP pour la santé publique mondiale.
- ✦ Au cours des 10 prochaines années, cette stratégie de l'ACSP sera axée sur le renforcement des capacités en santé publique. Les Programmes de santé mondiale de l'ACSP comporteront deux objectifs essentiels : aider la société civile à faire entendre sa voix en santé publique à l'échelle nationale, régionale et internationale, et accroître et élargir le leadership en santé publique mondiale. Il est indispensable d'influencer la réflexion et l'action en santé publique en renforçant les capacités de prendre des décisions éclairées, reposant sur des faits, pour obtenir des politiques publiques, des programmes et des pratiques crédibles.
- ✦ Les Programmes de santé mondiale de l'ACSP concentreront leur action sur l'élargissement de la portée et de la capacité technique du Programme de renforcement des associations pour la santé publique (PRASP), sur le resserrement des relations de travail avec la Fédération mondiale des associations de la santé publique (WFPHA) et sur le perfectionnement des compétences actuelles en matière de vaccination des enfants, de prévention du VIH, de promotion de la santé, de consommation d'alcool ou de drogue (y compris la lutte antitabac) et de salubrité de l'environnement afin de renforcer la capacité de créer des conditions sanitaires dans les milieux pauvres en ressources. L'ACSP choisirait aussi un ou deux enjeux de santé mondiale à défendre par année.

Executive Summary

The greatest share of morbidity and mortality in low and middle income countries (LMIC) is attributable to broad social conditions. Yet health policies are dominated by disease-focused solutions that largely ignore the social environment. As a result, as pointed out by international authorities such as the WHO Commission on the Social Determinants of Health, health problems persist, inequalities have widened, and health interventions have obtained less than optimal results. The challenge for Canada and other donor countries is to develop a long term vision and strategy for poverty eradication and the improvement of health that addresses the pressing human needs and immediacy of care and treatment and simultaneously moves towards a broad-based public health approach. Public health includes both strengthening of health systems and a strong link to addressing the social determinants of health.

The Canadian Public Health Association (CPHA) has been active in public health in Canada for almost 100 years, and internationally since 1982. It has played and continues to perform a leadership role in Canada through strong advocacy on public health issues, policy and programs; conducting research and developing public health programs delivered through health services; and engaging public health practitioners and the Canadian community in adopting best practices in health promotion, disease prevention and health protection.

The 1978 International Conference on Primary Health Care, convened by the World Health Organization (WHO) and UNICEF, was a defining moment for CPHA. Following this event, the Association's Board of Directors affirmed CPHA's commitment to expand its activities internationally in support of the *Declaration of Alma-Ata*. In 1982 CPHA, with financial support provided through the Canadian International Development Agency (CIDA), launched its first international project. In 1985 the Association received its first three-year program funding from CIDA to establish an International Health Secretariat (IHS) within CPHA and to support projects with partner public health associations (PHA) in developing countries. The Task Force on Sustainable Development of Primary Health Care Services in Developing Countries, convened by CPHA in 1989, defined a strategy for CPHA's international involvement, the centerpiece of which was strengthening Primary Health Care.

Since 1982 CPHA has, with financial contributions from several sources, provided technical and financial assistance to over 400 partners (Ministries of Health, Institutes of Public Health, public health associations and allied health bodies, non-governmental organizations, and academic institutions) in over 80 countries in support of their efforts to enhance public health functions and primary health care services. Through its flagship international initiative (the *Strengthening of Public Health Associations Program*, the outgrowth from the initial 3-year funding provided through CIDA in 1985) and several ancillary projects, CPHA provided technical and financial assistance to establish and nurture 30 national and two regional public health associations in low and middle income countries and entities. It also implemented international initiatives in the fields of occupational health and safety, environmental health, immunization, family and reproductive health, maternal and child health, HIV/AIDS, tobacco control, epidemiologic surveillance capacity, and health promotion. CPHA has also played a significant role in advocacy and action on global public health issues, often in association with the World Federation of Public Health Associations (WFPHA). CPHA's contribution to increasing access to essential primary health care services and to enhancing global public health capacity have been recognized by several bodies, including the WHO and the World Bank.

The world has changed dramatically over the past few decades. The situation has changed not only within many low- and middle-income countries, but the world as a whole is having to respond to many more global public health threats. Many LMIC are facing an increasingly heavy burden of disease and dealing with potential new threats, such as SARS and the anticipated avian flu pandemic. But their capacity to respond to this situation in an effective and timely manner is influenced by many factors, internal as well as external. As well, there has been a transition in the foreign aid paradigm and in the nature of the relationship with overseas partner organizations.

In early 2007, in recognition of the changing global health and the international technical cooperation context within which CPHA and other Canadian NGOs operate, as well as the fact that CPHA had been active in global health for 25 years, CPHA's Board felt it was time to take stock of what had been achieved and to put into place a strategy to guide the Association in its international activities over the next several years. A Global Health Advisory Committee was convened, composed of four prominent members of the Canadian public health community with considerable international experience. The Committee's mandate was to advise CPHA about the orientation of its involvement in global health and the mechanisms for a sustainable and vibrant CPHA Global Health Program. The present document is the product of this deliberation.

This document presents an up-dated global public health strategy for CPHA. **CPHA's Role in Global Development** presents a synopsis of the evolution and achievements of the Association's involvement in global health over the past three decades. **Strengths, Weaknesses, Opportunities and Threats to CPHA's Global Health Program** reviews the changes taking place in the international public health domain. It then positions CPHA within this context, through an analysis of the Association's strengths and weaknesses as well as the opportunities and threats (internal and external) that could influence CPHA's global public health capacity. The proposed vision, objectives and operational strategy for CPHA's global program is presented in **Mapping a Way Forward**. This section positions CPHA's involvement in global public health within its own corporate strategy and business plan. CPHA's mandate is to contribute to ensuring equitable access for all to the conditions that affect human health. This is and will continue to be the primary principle for the Association's international work. The new strategy proposes a shift from a primary health care services focus to a more broad-based public health/determinants of health approach.

The overall goal for CPHA's international action will be **to build public health capacity** in low- and middle-income countries. The proposed CPHA Global Health Strategy is composed of four elements that could contribute to addressing issues of global poverty, good governance and an improvement in the health and well being of the world's population:

- ✿ contributing to strengthen civil society's voice in public health: nurturing the knowledge development/translation and advocacy capacity of NGOs and PHAs and their partnerships with other sectors, including government;
- ✿ enhancing and expanding public health leadership: encouraging and facilitating decision-makers and practitioners to "think and act" with respect to responding to risks and threats to the public's health, and to base their decisions on sound, relevant evidence generated through an inclusive consultative process;
- ✿ fostering and managing effective partnerships for public health: promote and support effective public health capacity and infrastructure development and knowledge generation, translation and exchange to improve the health of

individuals, communities and global populations through collaboration, partnership and synergy among the various stakeholders; and,

- ✦ mobilizing the Canadian public health community for the development of a strong, competent international public health community: to inform and engage actively the Canadian public and public health community about issues that have an impact on the health and well-being of people living in LMIC, the impact of globalization on global health and the means that can and should be put into place to address and respond to these issues.

The document's final section, **Putting the Strategy into Operation**, presents specific expectations (objectives and associated activities/mechanisms) over the next three years for CPHA's Global Health Program that support progress towards the achievement of the four strategic elements. These include diversifying and expanding the GHP's funding base and focusing its efforts on building public health capacity and enhancing partnerships with public health-related organizations and institutions. Mobilizing the Canadian public health community in support of CPHA's global public health initiatives will remain an important means of achieving this end.



Gerry Dafoe, former CPHA Chief Executive Officer (1972-2002) addressing the Alma-Ata Conference

Synthèse générale

La majeure partie de la morbidité et de la mortalité dans les pays à faible revenu et à revenu intermédiaire (PFRR) est attribuable aux conditions sociales générales. Pourtant, les politiques de santé sont fortement axées sur la lutte contre les maladies et négligent en grande partie l'environnement social. Par conséquent, comme l'ont fait remarquer des sommités internationales comme la Commission des déterminants sociaux de la santé de l'Organisation mondiale de la santé (OMS), les problèmes de santé subsistent, les inégalités se creusent, et les interventions sanitaires donnent des résultats décevants. La difficulté, pour le Canada et les autres pays donateurs, est d'élaborer une vision et une stratégie à long terme pour l'éradication de la pauvreté et l'amélioration de la santé qui tiennent compte des besoins humains pressants et de l'imminence des soins et des traitements nécessaires, tout en optant progressivement pour une démarche de santé publique généralisée. La santé publique englobe à la fois le renforcement des systèmes de santé et un important volet d'analyse des déterminants sociaux de la santé.

L'Association canadienne de santé publique (ACSP) est présente depuis près de 100 ans dans le milieu de la santé publique au Canada, et depuis 1982 à l'étranger. Elle joue toujours un rôle de chef de file au Canada en défendant vigoureusement les dossiers, les politiques et les programmes de santé publique, en faisant de la recherche, en élaborant des programmes de santé publique fournis par l'entremise des services de santé, et en encourageant les praticiens de la santé publique et la population canadienne à adopter des pratiques exemplaires en matière de promotion de la santé, de prévention des maladies et de protection de la santé.

La Conférence internationale sur les soins de santé primaires convoquée par l'OMS et l'UNICEF en 1978 a été un grand tournant pour l'ACSP. Après l'événement, le conseil d'administration s'est engagé, au nom de l'Association, à étendre ses activités à l'étranger, à l'appui de la Déclaration d'Alma-Ata. En 1982, avec l'aide financière de l'Agence canadienne de développement international (ACDI), l'ACSP lançait son premier projet international. En 1985, elle recevait pour la première fois un financement de l'ACDI échelonné sur trois ans pour établir le secrétariat de santé internationale à l'ACSP et soutenir les projets d'associations pour la santé publique (ASP) partenaires dans des pays en développement. Le groupe de travail de l'ACSP sur le développement durable des services de santé primaires dans les pays en développement formé par l'ACSP en 1989 définissait une stratégie d'action internationale pour l'Association, dont la pièce maîtresse devait être le renforcement des soins de santé primaires.

Depuis 1982, grâce aux contributions financières de plusieurs sources, l'ACSP offre de l'assistance technique et financière à plus de 400 partenaires (ministères de la Santé, instituts de santé publique, associations pour la santé publique et organismes de santé alliés, organisations non gouvernementales et établissements d'enseignement) dans plus de 80 pays pour les aider à améliorer les fonctions de santé publique et les services de santé primaires. Dans le cadre de son initiative phare à l'étranger (le Programme de renforcement des associations de santé publique, prolongement du financement initial de trois ans accordé par l'ACDI en 1985) et de plusieurs projets auxiliaires, l'ACSP a fourni l'aide technique et financière nécessaire à la mise en place et au soutien de 30 ASP nationales et de deux ASP régionales dans des pays (ou autres entités) à faible revenu et à revenu intermédiaire. Elle a mis en œuvre des initiatives internationales dans les domaines de la sécurité et de la santé au travail, de la salubrité de l'environnement, de l'immunisation, de la santé familiale et génésique, de la santé

maternelle et infantile, du VIH et du sida, de la lutte contre le tabagisme, de la capacité de surveillance épidémiologique et de la promotion de la santé. Enfin, elle a joué un rôle de revendication et d'intervention de premier plan dans des dossiers de santé publique à l'échelle mondiale, souvent de concert avec la Fédération mondiale des associations de la santé publique (WFPHA). L'apport de l'ACSP à l'élargissement de l'accès aux services de santé primaire essentiels et à l'amélioration des capacités mondiales en santé publique a été reconnu par plusieurs organisations, dont l'OMS et la Banque mondiale.

Le monde a radicalement changé au cours des dernières décennies. Les circonstances sont différentes dans de nombreux pays à faible revenu et à revenu intermédiaire, mais la planète entière est confrontée à un nombre beaucoup plus grand de menaces pour la santé publique. Dans beaucoup de PFRRI, le fardeau des maladies ne cesse de s'alourdir, et de nouvelles menaces font leur apparition, comme le SRAS et la pandémie de grippe aviaire annoncée. Mais la capacité de ces pays de réagir efficacement et rapidement est compromise par de nombreux facteurs, internes et externes. De plus, il y a eu une évolution dans le paradigme de l'aide à l'étranger et dans la nature des relations avec les organismes partenaires hors du Canada.

Au début de 2007, prenant acte des changements survenus dans la santé mondiale et dans le contexte de la coopération technique internationale (où évoluent l'ACSP et les autres ONG canadiennes) et à l'occasion du 25^e anniversaire de l'action internationale de l'ACSP, le conseil d'administration a jugé qu'il était temps de faire un bilan des réalisations de l'Association et de mettre en place une stratégie pour orienter ses activités à l'étranger au cours des prochaines années. On a donc formé un Comité consultatif sur la santé mondiale composé de quatre membres éminents du milieu canadien de la santé publique qui possèdent une expérience internationale considérable. Le Comité a pour mandat de conseiller l'ACSP sur l'orientation à donner à son rôle sur la scène mondiale et sur les mécanismes qui favoriseraient la viabilité et le dynamisme de ses Programmes de santé mondiale. Le présent document est le fruit de ces délibérations.

Le document présente une stratégie actualisée en santé publique mondiale. La rubrique « **Rôle de l'ACSP dans le développement mondial** » résume l'histoire de la contribution de l'Association à la santé mondiale et ses réalisations au cours des 30 dernières années. La rubrique « **Forces, faiblesses, possibilités et menaces des Programmes de santé mondiale de l'ACSP** » porte sur les changements en cours en santé publique internationale. Elle situe l'ACSP dans ce contexte au moyen d'une analyse des forces et des faiblesses de l'Association, ainsi que des possibilités et des menaces (internes et externes) susceptibles d'influencer ses capacités en santé publique dans le monde. La vision, les objectifs et les stratégies opérationnelles proposés pour les programmes de l'ACSP à l'étranger sont présentés à la rubrique « **Planification de l'avenir** ». On y définit la place de l'ACSP dans la santé publique mondiale par rapport à sa propre stratégie générale et à son plan d'activités. L'ACSP a pour mandat de favoriser un accès équitable et universel aux conditions nécessaires à la santé humaine. Ce mandat continuera à être le principe directeur de l'action de l'ACSP à l'étranger. La nouvelle stratégie propose cependant de concentrer les efforts sur une démarche plus générale que la simple prestation des services de santé primaires, une démarche qui englobe à la fois la santé publique et les déterminants de la santé.

Le but général de l'action internationale de l'ACSP sera de renforcer les capacités en santé publique dans les pays à faible revenu et à revenu intermédiaire. **La Stratégie de**

santé mondiale de l'ACSP qui est proposée ici comporte quatre éléments susceptibles de faire avancer les grands dossiers (la pauvreté dans le monde, la saine gestion, l'amélioration de la santé et du bien-être de la population mondiale) :

- ✿ Chercher à renforcer l'influence de la société civile en santé publique : soutenir l'accroissement et le transfert des connaissances et les capacités de revendication des ONG et des ASP, ainsi que leurs partenariats avec d'autres secteurs, y compris le gouvernement;
- ✿ Améliorer et élargir le leadership en santé publique : encourager et amener les décideurs et les praticiens à « réfléchir et agir » en réponse aux risques et aux menaces à la santé du public, et à fonder leurs décisions sur des données solides et pertinentes obtenues au terme d'un processus de consultation inclusif;
- ✿ Favoriser et gérer des partenariats efficaces pour la santé publique : promouvoir et appuyer des capacités efficaces en santé publique, le développement d'infrastructures, ainsi que l'acquisition, le transfert et l'échange de connaissances pour améliorer la santé des personnes, des communautés et des populations mondiales par la collaboration, le partenariat et la synergie entre les divers intervenants;
- ✿ Mobiliser le milieu canadien de la santé publique autour du développement d'une communauté de santé publique mondiale à la fois forte et compétente : informer et mobiliser activement la population canadienne et les intervenants en santé publique au sujet des enjeux qui ont une incidence sur la santé et le bien-être des personnes vivant dans les PFRRI, des effets de la mondialisation sur la santé et des moyens qui peuvent et doivent être mis en place pour aborder ces enjeux et y trouver réponse.

Le dernier chapitre du document, « **Pour enclencher la stratégie** », présente ce qu'on attend précisément (objectifs et activités ou mécanismes connexes) des Programmes de santé mondiale de l'ACSP au cours des trois prochaines années pour favoriser les progrès vers la réalisation des quatre éléments stratégiques. On veut notamment diversifier et élargir la base de financement des Programmes, concentrer leur action sur le renforcement des capacités en santé publique et resserrer les partenariats avec les organismes et les établissements liés à la santé publique. La mobilisation du milieu canadien de la santé publique à l'appui des initiatives de santé publique mondiale de l'ACSP restera un important moyen d'atteindre ce but.

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Dr. H. Nakajima, former Director General of the World Health Organization, and M.A. Al-Badi, President of the 45th World Health Assembly (1992) presenting the Sawakawa Health Prize to Fran Perkins (former CPHA President), Margaret Hilson (former Director of CPHA's Global Health Programs) and Gerry Dafoe (former CPHA CEO).

Introduction

The Canadian Public Health Association (CPHA) has been a leading voice of public health in Canada since 1910. The Association became involved in global public health development in 1982, when it launched its first small-scale project in collaboration with an overseas partner health organization. Since then, CPHA's involvement in international activities has expanded considerably. As of April 2007, CPHA has, in cooperation and with financial contributions from several sources, provided technical and financial assistance to over 400 partners (Ministries of Health, Institutes of Public Health, public health associations and allied health bodies, non-governmental organizations, and academic institutions) in over 80 countries in support of their efforts to enhance public health functions and primary health care services. CPHA has also played a significant role in advocacy and action on global public health issues, often in association with the World Federation of Public Health Associations (WFPHA).



Safeguarding the health of future generations is paramount

As CPHA marks the beginning of its 25th year of involvement in global public health and embarks on its 2007-2017 corporate strategic plan, it is timely to take stock of what has been achieved and to put into place a strategy that will guide the Association in its international activities over the next ten years. In May 2007, CPHA convened a Global Health Advisory Committee. The Advisory Committee was composed of Dr. Maureen Law (Chair), Dr. Sylvie Stachenko, Mr. Ed Aiston and Dr. Eric Hoskins, all prominent members of the Canadian public health community with considerable international experience. Its mandate was to verify whether CPHA should be involved in international health activities, and if so, to determine the orientation and the supportive mechanisms for CPHA's future involvement in global public health.

The Global Health Advisory Committee, at its initial meeting in May 2007, confirmed that CPHA should continue to be active in global public health. It reviewed several documents related to CPHA's international program and other pertinent documents on various aspects of global health. Following upon the May meeting's discussions, the Advisory Committee requested the drafting of a global public health strategy for CPHA. The *CPHA Global Public Health Strategy 2007-2017* was endorsed by the Association's Board of Directors in February 2008.

The present document serves this purpose. It examines CPHA's role in global public health development as well as the strengths, weaknesses, opportunities and threats that CPHA faces in carrying out its international activities. Based on this analysis and an examination of the present global public health context, this document presents a conceptual 10-year strategy and a shorter-term (3-year) work plan for the CPHA's Global Health Program.

CPHA's Role in Global Development

In 1978, the World Health Organisation (WHO) and UNICEF convened in the former USSR an international conference on Primary Health Care (PHC). The landmark *Declaration of Alma-Ata of Health for All by the Year 2000* (HFA2000), with the accompanying strategy of developing integrated PHC services as a practical means to achieve that goal, was launched at this conference. CPHA was a member of the official Canadian delegation to the conference. CPHA had the honour of presenting the position of the non-governmental community about partnering with governments to achieve national health goals.

This was a defining moment for CPHA. Following the conference, the Association's Board of Directors affirmed CPHA's commitment to expand its activities internationally in support of the *Declaration of Alma-Ata*. In 1982, CPHA, with financial support provided through the Canadian International Development Agency (CIDA), launched its first international project. Over the next three years, CPHA implemented five small-scale public health projects (in India, Indonesia, Egypt, Sudan, and Costa Rica) in collaboration with overseas partner health organizations. In 1985, the Association received its first three-year program funding from CIDA, to establish an International Health Secretariat (IHS) within CPHA and to support projects with partner public health associations (PHA) in developing countries.

Over the next 25 years, through its flagship international initiative (the Strengthening of Public Health Associations Program, the outgrowth from the initial 3-year funding provided through CIDA in 1985) and several ancillary projects, CPHA provided technical and financial assistance to establish and nurture 30 national and two regional public health associations in low and middle income countries and entities (Annex A). CPHA has also implemented projects in collaboration with Ministries of Health, institutes of public health, multilateral UN agencies, Canadian and overseas non-governmental organizations and professional health sector associations, and with academic institutions, to strengthen local public health capacity through childhood immunization, sexual and reproductive health, building health promotion capacity, tobacco control, and HIV prevention and AIDS care and support. These included the landmark Canada's International Immunization Program (1986 – 1997), the Canadian International Immunization Initiative (1998 – 2009) and the Southern African AIDS Training (SAT) Programme (1991 – 2008), each of which has made a profound contribution to building public health capacity and addressing the conditions that affect human health in developing countries.

The Association has also contributed to the reconstruction of public health systems in post-conflict locations and used public health as a bridge for peace. It also convened and contributed to the organization of several key public health meetings and seminars on health promotion, immunization, trade and health, intersectoral action for health and tobacco control.

In the early 1990s, CPHA was also involved in the transformation of the Canadian Society for Tropical Medicine and International Health into the Canadian Society for International Health (CSIH). CPHA housed CSIH and provided logistical support services during the initial years of this organization's existence.

For the most part, CPHA's global health activities have been grounded in three public health-related areas: health promotion, disease prevention and health protection. The Association has not been particularly active internationally in the areas of population health assessment, health surveillance or emergency preparedness, although elements



A casualty of war: a primary health care facility in Kosovo



CPHA managed the renovation of the Pristina University Hospital's maternity ward through a CIDA-funded post-conflict reconstruction initiative for the UN-administered province of Kosovo. Before the renovations started, wastewater was leaching through the walls; after the renovations and the application of hospital infection control and housekeeping practices (in partnership with Kingston General Hospital) a hospital ward in excellent condition

of the first two topics can be found within some of CPHA's global health initiatives. CPHA has also gained considerable experience as the manager of health-related applied research projects. This was gained through the design, implementation and management of the applied research component of the former Canada's International Immunization Program – Phase 2 (CIIP2) and the involvement of CPHA and its overseas partners in several tobacco-control related applied research projects focusing on smoking and youth, health professions students and pregnant and post-partum women. A synopsis of CPHA's Global Health initiatives is provided in Annex B.

In 1989 CPHA's Board convened a Task Force on Sustainable Development of Primary Health Care Services in Developing Countries. The output was a CPHA Position Paper.¹ This document was prepared in response to CPHA's unease with the direction and nature of donor-driven initiatives being implemented to "reform" health care services in developing countries through a "structural adjustment" strategy imposed by the international financial community, such as the World Bank and International Monetary Fund. CPHA was concerned about the implications of such a strategy on the health and well-being of the world's poor and middle-class sectors of society, particularly how these initiatives would compromise the basic principle of equal access to PHC services. The Association believed that "a radical rethinking of indicators of development" was in order "which includes both improvement of the human condition as measured by quality of life as well as economic indicators, and a recommitment to the principles and values articulated in the Declaration of Alma-Ata".

The Task Force conceived a five-pronged strategy for CPHA's international program, which would be implemented through the associated mechanisms of:

- ✦ Strengthening primary health care;
- ✦ Fostering partnership;

- ✿ Public health leadership development;
- ✿ Mobilization of the Canadian public health community for international development; and,
- ✿ Advocacy for international health development policies.

This framework grounded CPHA's international activities within the development of sustainable health programs through a broadly-based approach of close collaboration with all sectors in addition to the health sector, and integrating broad community involvement at all levels within the PHC system. CPHA's concept of sustainability was composed of five elements: technical, social, political, economic/financial, and managerial. These goals and strategies remain to this day the guiding framework for CPHA's Global Health Programs.

The contribution made by CPHA to the improvement of global health through the strengthening and action of the public health movement has not gone unnoticed by the international community. The World Health Organization in 1992 conferred upon CPHA the *Sasakawa Health Prize*, in recognition of the Association's contribution to strengthening public health associations and primary health care around the world. This was the first and only time a Canadian organization has received this prestigious international award. CPHA's nomination was presented to the WHO jointly by the federal and all provincial governments. The World Bank has also recognized CPHA's contribution in support of the international public health association movement as an important means of "facilitating consensus building among health care providers of future health policies and strategies. Their participation in the development, monitoring and evaluation of health policies can go a long way toward improving health sector effectiveness, especially in view of the multidisciplinary nature of public health activities."² Over the years, CPHA has been the recipient of commendations and awards from several national public health associations. In 2007, CPHA was a finalist in the 15th Canadian Awards for International Cooperation, and received from the WHO a certificate in recognition of its contribution to the development of vaccine vial monitors, a simple technology that has served to strengthen the effectiveness of national immunization services.

CPHA believes that a radical rethinking of indicators of development, which include both improvement of the human condition as measured by quality of life as well as economic indicators, is required and a recommitment made to the principles and values articulated in the Declaration of Alma-Ata.

The Association believes it unethical to support programs abroad which are not subscribed to by Canadians at home.

Canadian Public Health Association, Position Paper – *Sustainability and Equity: Primary Health Care in Developing Countries*, 1990.

Strengths, Weaknesses, Opportunities and Threats to CPHA's Global Health Program

The Changing "Global Context"

The world has changed dramatically since the production of the CPHA position paper on sustainability and equity. There have been a plethora of international health-related conferences, conventions, declarations, and policies. This includes the Millennium Development Goals (MDG) as well as the world's first international public health treaty (the WHO Framework Convention on Tobacco Control). The world is also facing new, emerging challenges to global health.



Prevention of sexually transmitted infections and HIV require bold approaches that may challenge prevailing social norms (CIDA photo)

Many low- and middle-income countries (LMIC) are facing an increasingly heavy burden of disease. Not only are they forced to deal with and respond to the consequences of existing communicable diseases, such as HIV/AIDS, tuberculosis, schistosomiasis and other vector-borne diseases, they also have to prepare for and deal with the "risk transition" taking place. Many countries are experiencing rapidly increasing mortality and morbidity rates related to cardiovascular and cerebrovascular disease, cancer, acute respiratory disease, diabetes, depression and workplace and accidental injuries/suicide/violence. On top of this, LMIC are also dealing with potential new threats, such as SARS and the anticipated avian flu pandemic. As highlighted by Richard Feachem, Chair of the Global Forum for Health Research, many LMIC countries are dealing simultaneously with multiple burdens of disease.³

The wide range of health problems and the changing patterns of the burden of disease present new challenges for LMIC. On the one hand, they must provide care and treatment services for the outcomes of both communicable and non-communicable diseases. This entails improving the effectiveness and quality of health care services and increasing access to their use. This, in turn, requires finding additional resources dedicated to health services, as well as increasing the efficiency and capacity of existing resources to respond to these needs. On the other hand, attention has to be paid to identifying and putting into place a sustainable broad-based, interdisciplinary and intersectoral approach that supports the conditions that have a positive impact on human health and well-being.

As Dr. Margaret Chan, Director General of the WHO, stated in a recent address, the landscape of public health has become increasingly complex, the boundaries of public health have become blurred, and responsibilities with respect to public health are unclear. Health systems in many countries are proving to be inadequate to respond in an effective, efficient, and timely manner to threats to the public's health, spending tends to be skewed in favour of acute care, the LMIC health systems have inadequate

surge capacity, and skilled health workers have left LMIC countries that invested in their training. As she points out, the “inverse care law” appears to prevail: the availability of good care tends to vary inversely with the need for it in the population served. But the attention being paid at this point in time to international health is unprecedented and the central place of health within the global agenda has its strongest affirmation in the Millennium Development Goals.⁴

Strengths and Weaknesses of CPHA’s Global Health Program

Although a formal evaluation of CPHA’s Global Health Programs has not been conducted, donor-commissioned evaluations have been carried out on several of the CPHA’s international initiatives. These include the “Block Funding Program” (the CIDA-funded initiative that preceded the Strengthening of Public Health Associations [SOPHA] Program), the SOPHA Program, the Southern African AIDS Training (SAT) Program, Canada’s International Immunization Program (both phases), the Canadian International Immunization Initiative (CIII) and the Family Health initiatives carried out in southern Africa.

Overall, the evaluations’ conclusions have been very positive and acknowledge the impact that CPHA and its local partners have had on contributing to the improvement of the health of people living in low- and middle-income countries. CPHA’s Global Health Program has achieved considerable success in contributing to the strengthening of public health capacity and to the enhancement of the quality of and access to primary health care services in many low- and middle-income countries. It has done this through fostering and supporting local ownership, through a responsive mode of working with local bodies (be these governmental or non-governmental) based on their definition of local priorities and appropriate responses. The GHP’s activities since 1982 (Annex B) are grounded in the principles of the HFA2000 Declaration, and have focused on building organizational and systems capacity. It has established strong working relationships with its partners, as well as with a number of bilateral and multilateral bodies (such as WHO, PAHO, CIDA, IDRC, CDC, UNICEF, UNFPA, and the World Bank Institute), as well as with Canadian ministries and agencies (Health Canada, Public Health Agency of Canada, Department of Foreign Affairs and International Trade). It also worked in collaboration with many Canadian and foreign NGOs and with several academic institutions, both in Canada and abroad. The Association can be proud of these achievements.

CPHA’s guiding philosophy for its international work has been to build local capacity and competence. CPHA did not “do the work” for its partners. Rather, it facilitated, mentored and supported their efforts to create organizational capacity and competence, to create communities of learning and advocacy, to contribute to creating self-reliance and systems and organizations that are sustainable through local resources. The legacy is a set of indigenous, self-reliant, active and vibrant organizations that are playing a leadership role and addressing priority public health issues with practical and effective responses. In essence, CPHA “worked itself out of a job”. Once public health associations “graduate” from the SOPHA Program, they no

The landscape in which public health operates today is [one] of enormous complexity, but with enormous opportunities. It is one of shared threats, collective responsibility, mutual support, and global solidarity. The progress we have made in global health in recent decades has not come about by accident. It has come about because our predecessors dared to dream, and dared to question the status quo. They not only had a vision for a better and brighter future. They worked enthusiastically towards it.

Dr. Margaret Chan
Director-General of the World Health Organization
Address to the 60th World Health Assembly
May 15, 2007

longer rely on CPHA technical and financial support. Rather, they become mentors for emerging public health associations in neighbouring countries. In like manner, in late 2003, with the establishment of the Southern African AIDS Trust (SAT) as a regional, indigenous NGO in southern Africa, CPHA transferred over to it responsibility for the implementation of the CIDA-funded HIV prevention and AIDS care and support project. When the current phase of this initiative comes to an end in mid-2008 and CIDA begins to fund SAT directly, CPHA will no longer be the Canadian Executing Agency. This is the process that CPHA supports: the existence of viable indigenous organizations that can assume the role that CPHA has assumed previously. This is one of the legacies that CPHA creates through its international efforts.



A resident of Zomba is interviewed about his knowledge and attitudes concerning HIV/AIDS by a representative of YONECO, a CPHA partner in Malawi

From an operational viewpoint, GHP's strengths (Table 1) include the availability of a large pool of highly motivated and skilled CPHA members and members of the Canadian public health community who undertake, for the most part voluntarily, technical missions in support of CPHA's international activities. Through its initiatives, CPHA has considerable experience in not only the design, delivery, management and monitoring/evaluation of public health-related activities; it also has a strong capacity in organizational and performance capacity building. CPHA's GHP also possesses a very strong results-based management skills base/capacity and recognition that its programs deliver relevant and useful results. CPHA's Global Health Program is staffed by well-qualified, experienced and

multilingual (9 languages as of December 2007) individuals from a wide range of disciplines.

As illustrated in Table 1, CPHA is dealing with several factors that could affect its capacity to expand its slate of international initiatives. CPHA has received financial support from several agencies and institutions for its international activities. CPHA's work supported Canada's foreign policy and international cooperation objectives. CIDA, as the principle agency for delivering Canada's Official Development Assistance, was a natural partner for CPHA. Over the years, the largest proportion of funding in support of CPHA's international activities has come from the Canadian International Development Agency (CIDA). But reliance on one funding source carries substantial risk.

Coupled with this is the increasing competition among Canadian NGOs in bidding for donor agency funds. The Canadian "pool" of NGOs active in health-related initiatives has increased in size. Several organizations have well-defined areas of specialization. For example, Save the Children Canada, UNICEF Canada, Plan International, Warchild Canada and Streetkids International focus on children and youth. Other organizations have a disease or sector focus. For example, Watercan/EauVive focuses its efforts on improving access to water supply and sanitation services for communities in the Nile basin region; the Interagency Coalition on AIDS and Development (ICAD) concentrates

Table 1: GHP SWOT Analysis

| | |
|--|---|
| <p>Strengths</p> <ul style="list-style-type: none"> ✦ 25 years' experience in international health ✦ High degree of local "ownership" - responsive to and based on local partners' priorities and needs ✦ Very large and geographically wide cumulative beneficiary reach ✦ Strongly grounded in the principles of many international conventions, including the landmark <i>Alma-Ata Declaration</i> ✦ Focuses on building capacity (organizational, operational, performance) ✦ Highly skilled/experiences and dedicated pool of Canadian technical advisors/consultants, many of whom are volunteers ✦ Large number of highly motivated and experienced overseas partners ✦ Well-qualified/experienced, multilingual GHP team from a wide range of disciplines ✦ International recognition of innovativeness, relevance and impact of initiatives ✦ Excellent working relationship with bilateral and multilateral bodies, such as CIDA, IDRC, WHO, PAHO, UNICEF, UNFPA, and CDC ✦ Strong results-based management skills and capacity to deliver results ✦ Strong organizational capacity-building experience/knowledge | <p>Weaknesses</p> <ul style="list-style-type: none"> ✦ Project-based rather than core-funded program ✦ High reliance on one funding source ✦ Lack of seed money for proposal development ✦ Blurred "niche/specificity" of what CPHA does/has to offer in comparison to other Canadian NGOs ✦ Underdeveloped public relations/low corporate profile ✦ Limited marketing skills/resources ✦ Lack of understanding in general public and within some donor agencies about the definition of "public health" and its role in community development ✦ Limited advocacy on international public health issues |
| <p>Opportunities</p> <ul style="list-style-type: none"> ✦ Expanded network of PHAs and potential to develop new initiatives with them to reinforce public health capacity in their countries/regions ✦ New WFPHA strategic plan with recognition of effectiveness and impact of SOPHA program model ✦ Marketing CPHA GH experience to new potential funders (foundations, corporations) ✦ High demand for/high recognition of impact/relevance of GH initiatives (e.g. SOPHA) ✦ Potential for partnering with additional organizations ✦ Importance of public health as a foundation for other health-related/disease-specific initiatives ✦ Marketing opportunities linked to approaching CPHA centennial (2010) ✦ Enhanced linkage between CPHA's domestic and international initiatives | <p>Threats</p> <ul style="list-style-type: none"> ✦ Failure of CPHA to articulate a clear, distinct niche for GHP within an increasingly competitive environment among Canadian NGOs ✦ Reduced opportunities for responsive initiatives/increasing donor-defined RFPs ✦ Reduced funding opportunities for Canadian NGOs from traditional funding source(s) with the increasing shift towards multilateral agencies and national governments as recipients of Canadian ODA ✦ Narrowing list of eligible countries and pre-determination of areas of interest by donors ✦ Continuation/increased disease-driven specific-focus agenda of donors ✦ Potential decreased interest on the part of Canadian public health community to volunteer their services (decreased CPHA in-kind contribution capacity) ✦ Lack of long-term funding horizon for PH capacity development ✦ Deviation from CPHA's global agenda for the sake of securing funding |

on building local response capacity to HIV and AIDS. Some organizations, such as the Canadian Nurses Association and the Society of Obstetricians and Gynaecologists of Canada, work with their counterpart professional communities. Several Canadian NGOs such as the Canadian Red Cross and CARE Canada, deliver emergency humanitarian assistance and post-disaster reconstruction activities.

Because “public health” covers such a wide range of topics and activities, many Canadian NGOs implement projects that touch on some aspect of public health. The boundaries between primary health care services and public health are often blurred. There is very little differentiation between the objectives and supporting activities of health sector projects implemented by the Canadian Society for International Health (CSIH), CARE Canada, World Vision, Oxfam (Canada and Québec), CECI, or Healthbridge. All of these organizations draw from the same pool of Canadian health sector specialists; all have similar areas of interest/programming; and all vie for the same pool of funds. Added to this has been the increased programming over the past several years by Canadian universities and community colleges in international health sector “development” activities. Although there have been efforts to link organizations and collaborate on international initiatives, there have been significant difficulties in making this a successful reality. In some instances, we are too much alike; in others, our different organizational philosophies, programmatic directions or strategies, modus operandi, political agendas and corporate cultures make cooperation and operational collaboration difficult. While the “global health funding pie” for Canadian organizations has not increased substantially in size, the number of groups sharing it has.

Another factor which has limited CPHA’s capacity to identify and launch new innovative public health-based international initiatives is the lack of seed funding for proposal development. CPHA is not a fund-raising organization. The lack of a substantial and consistent funding base also limits the feasibility of bidding on projects funded by other donors. Increasingly, donor agencies expect implementing organizations to “up front” project costs; not only does CPHA not have funds that could be used for this purpose, but the risk of not being reimbursed for project-related expenses incurred places CPHA at unreasonable financial risk.

Opportunities and Threats

CPHA does not deliver health care services nor does it provide emergency humanitarian assistance through its international initiatives. What it does do, and what it does very well, is build capacity within Public Health Associations, Ministries of Health, Institutes of Public Health and non-governmental and community organizations in low- and middle-income countries to build and strengthen public health capacity. The focus of CPHA’s efforts in collaboration with its overseas partners has been to increase the investment in and understanding of the concept of public health and the effective operation of the public health system as a means to reduce the burden of illness for individuals, families and communities, and the associated burden on the health care system, and to ensure the system’s capacity to respond to emergencies and epidemics. In terms of opportunities for future international initiatives, CPHA has developed a global network of past and present partners which have benefited from and appreciate the high quality, relevance and value added of the technical assistance provided by and through the Association. The importance of public health as a building block for other health-related initiatives (be they vertical disease-defined projects or system-wide approaches) is also appreciated by CPHA’s partners. Several of the partner public health associations have developed into vibrant, leading organizations in their own countries. They are now identifying opportunities for technical cooperation activities with CPHA through their own defined initiatives. The direction and nature of CPHA’s international initiatives have and continue to

support and complement Canada's international development strategy, as enunciated in various Government of Canada policy statements.⁵ As noted in a study commissioned by IDRC, key Canadian and international leaders opined that Canada had made "a real difference" in three areas, one of them being in strengthening health systems.⁶ CPHA has made a significant contribution to this collective Canadian effort.

CPHA's international efforts align well with and contribute to the attainment of the health-specific policies and strategies of government ministries and agencies involved in international cooperation, whether it be those of the Department of Foreign Affairs and International Trade (for example, CPHA's involvement in Canada's efforts to address issues relating to Palestinian refugees, the initial development assistance provide to the emerging democracies in Eastern and Central Europe in the early 1990s, building peace through health and more recently, the issue of the interface between Canadian foreign policy and health & security), the International Development Research Centre (IDRC) through collaboration with its former Health Sciences Division, the Research for International Tobacco Control – RITC, and more recently the Governance, Equity and Health program, Health Canada (International Affairs Directorate) and the Public Health Agency of Canada.⁷

Canada has a strong tradition of working at the international level to support universal access to health care and services and promoting comprehensive, rights-based approaches to population health. Canada is recognized as a world leader in advancing public health, health promotion and addressing the social determinants of health.

Canadian International Development Agency
Strategic Directions for Health, including HIV/AIDS
October 2006

CPHA has endeavoured to ensure that its international efforts contribute to the achievement of the goals and strategies defined by the Canadian International Development Agency. In several instances, CPHA's global health activities were already putting into action the strategies enunciated subsequently in various CIDA health-related policy and strategy statements.⁸ CPHA will take every opportunity to consult with CIDA to advocate for a continued strong support by Canada of health systems development (and especially public health systems) as a cornerstone of its health and poverty reduction strategies, as well as support for addressing the conditions that affect human health.

The recently renewed strategy for the WFPHA (2007) recognizes the important contribution made by CPHA through the SOPHA Program and related projects to the expansion and organizational capacity building of the international community of public health associations. New opportunities appear to be emerging for PHAs in other developed countries to access funds from local sources to launch SOPHA-like initiatives. This would complement CPHA's efforts significantly and expand the pool of financial and technical resources that could be made available to support emerging and young PHAs around the world.

CPHA prepared in 2007 its first corporate fund-raising strategy. A business and marketing strategy is under development. Its Global Health Program offers an excellent vehicle through which Canadian corporations and private foundations could invest in social/health development initiatives in LMIC. The celebration of CPHA's centennial in 2010 also offers a unique opportunity to highlight the Association's contribution to improving the health of people around the world, its collaboration with LMIC partners, and to generate additional support for its global program. The challenge is putting into place an effective GHP marketing strategy, and ensuring that the resources required to support it are available.

Over the past few years there has been a proactive process of consultation and



Dr. Renee Lyons, Director of the Atlantic Health Promotion Research Centre (first on left), discusses health promotion concepts with public health practitioners and professors in Novi Sad (Republic of Serbia)

building links between the Association's domestic and international initiatives. For example, colleagues in the national HIV/AIDS sphere are consulted about resources and information that would be used in support of CPHA's international HIV/AIDS activities and projects. A link has also been established between the Canadian International Immunization Initiative and the Canadian Immunization Awareness Program. Staff are also consulting on the themes of building public health core competencies and emergency preparedness, as well as discussions around the concept of implementing a domestic version of the SOPHA Program, as a means of contributing to the organizational capacity development of provincial and territorial PHAs in Canada. This provides an opportunity for CPHA to showcase its domestic public health initiatives on the international scene and to explore the potential for adapting and

replicating them in other countries through collaboration with overseas partners.

CPHA has a long and well-established track record of working in partnership with a large number of Canadian NGOs and academic institutions. Through the former CIIP, CPHA partnered and supported technical and applied research projects carried out by over 30 Canadian NGOs and universities. Through the projects implemented in the UN-administered province of Kosovo, Bosnia & Herzegovina and in the Republic of Serbia, CPHA has worked in collaboration with the Canadian Nurses Association (CNA), the Society of Obstetricians and Gynaecologists of Canada (SOGC), Queen's University's Faculty of Medicine, and other Canadian non-governmental organizations and institutions. SOGC, CNA and CPHA established an informal working group (the Professional Associations Sharing Expertise - PASE), a means of facilitating learning from each organization's experience and sharing ideas and strategies on organizational capacity building of professional health associations. CPHA is also a founding member of the Canadian Global Tobacco Control Forum, an informal coalition of Canadian NGOs active in this area (among them Physicians for a Smoke Free Canada, Healthbridge, Heart & Stroke Foundation, Canadian Cancer Society, Canadian Lung Association, and *la Coalition québécoise pour le contrôle du tabac*) that seek to reinforce the capacity of their respective local partners in LMIC in support of their own national tobacco control efforts.

CPHA has liaised with several academic institutions and for-profit companies to establish collaborative relationships and prepare project proposal submissions. These include the Centre for International Health/University of Toronto, the Department of Health Care & Epidemiology/University of British Columbia, and Cowater International, among others. For example, CPHA made a recent submission in association with the *Unité de santé internationale* at the *Centre Hospitalier de l'Université de Montréal* for a competitive selection process for a Gates Foundation initiative, as well as letters of interest in partnership with Cowater International for several international health project bids. The partnerships are based on CPHA's capacity to reach into the Canadian

public health community for technical advisors/consultants in support of these initiatives. The “partnership” approach is an opportunity for CPHA to market its experience, knowledge and competence, and also serves to increase the potential for funding of international initiatives.

The biggest threat to the future of a global health program within CPHA would be the failure of the Association to articulate a clear, distinct, highly visible and marketable “niche” that differentiates its international program focus from other NGOs. The competition among Canadian NGOs can also be expected to increase. The lack of a clearly articulated specificity for CPHA will not set us apart; we will continue to be lost within the pool of Canadian NGOs active in international health.

Another threat is the low visibility on donors’ radar of public health as a keystone to the success of international initiatives to improve global health. Most new funding mechanisms announced over the past few years are earmarked for disease-specific programs or in support of technology-based responses to select health issues. Very little funding is dedicated in support of the basic but essential public health approaches or systems. CPHA has to become more effective in its advocacy and its capacity to successfully influence thinking and action on public health in the global sphere. Its “voice” has to become louder and more influential on advancing the international public health perspective and approach.



Delegates of the Tanzania Public Health Association examine a poster presentation at a WFPHA international congress

...in all too many cases, aid is tied to short-term numerical targets... few donors seem to understand that it will take at least a full generation (if not two or three) to substantially improve public health, and that efforts should focus less on particular diseases than on broad measures that affect populations’ general well-being.

Laurie Garrett
“The challenge of global health”
Foreign Affairs. Jan/Feb 2007

Mapping a Way Forward

Positioning Global Public Health within CPHA's Mission and Strategy

As stated in CPHA's *Strategic Plan 2007-2017*⁹, CPHA is the authoritative independent voice for public health in Canada. It is a membership-based organization that speaks on issues that public health professionals care about and not typically on the issues associated with any single profession. These characteristics are reflected in what CPHA is attempting to do in building public health capacity in the global context: to support the creation of a vibrant, credible and broad-based civil society voice for public health.

The CPHA *Strategic Plan 2007-2017* defines three key outcomes to be achieved over the next 10 years:

1. Stakeholders across the continuum are mobilized in support of public health;
2. Effective public health policy is developed and implemented through an efficient public health structure at each level of government; and,
3. A public health system is supported by sufficient, appropriately skilled public health practitioners.

The focus for CPHA is to contribute to building public health capacity and competence, and at the same time ensuring the existence of a credible, strong and evidence-informed voice for sound public health policy, programs and practice. This is the foundation upon which the Association's global public health strategy is built.

Guiding Principles

The principles, goals and associated strategies enunciated in the HFA2000 Declaration are as relevant today as they were in 1978. In fact, they may be more relevant now, given the increasingly complex nature of the interaction between the determinants of health and the disease burdens facing both the "developed" and the "developing" worlds. Improved health is integral to the social, economic and political development process. The attainment of health is dependent upon much more than access to health

care services. The international health efforts of most organizations and initiatives focus on the consequences of the wide array of the determinants of health (the health outcomes) instead of on the means of changing the conditions that affect human health. As stated in an article published in 2001, and still relevant today, the health sector's role in the reduction of poverty and its related negative health consequences is unclear. Many of the factors and conditions that create poverty are beyond the control of the health sector. Health can only be enhanced through a coordinated effort to alter the fundamental structural conditions that contribute to poverty.¹⁰



The opening ceremony of the first workshop on Leadership in Tobacco Control for Public Health Associations in East and Southern Africa, co-sponsored by CPHA and the Mozambique Public Health Association (Maputo: May 2007)

The World Bank analysis of the Millennium Development Goals (MDG) demonstrates the effectiveness of several interventions for improving

human health. The World Bank's prescription for better health is to strengthen the health sector through a multi-faceted approach that includes the strengthening of core public health functions. Strengthening the *public health capacity* of national health systems is viewed as an indispensable condition to attain and sustain the health MDGs. However, as the World Bank study points out, the consensus is broader in scope, as all nations, rich and poor, have to address health challenges linked to their socio-epidemiologic and demographic profiles and trends, in a context of globalization.¹¹ This approach is endorsed in the *World Health Report 2006*.¹²

CPHA continues to be concerned about the impact of some donor-driven initiatives on the conditions that affect human health. The move towards direct budget support may be desirable in theory. However, downloading responsibility to LMIC governments to manage complex multi-sectoral programs without ensuring the existence and sustainability of local capacity to implement, monitor and be accountable to their own people for the effective operation and sustainability of basic public health functions systems may only exacerbate the problem.

A public health approach to the elimination of poverty and ill-health is linked strongly to a "determinants of health" strategy for development. This entails broadening the scope of understanding and action on the factors that affect a community's capacity to effect change in the political, social and economic context that affects its members' health and well-being. The determinants of health include but are not limited to conditions of childhood, incomes, housing, employment, availability and quality of food, working conditions, socio-cultural inclusion/exclusion, environment, and the availability, quality and appropriateness of social and health services. It also includes issues of governance, security, social cohesion, the rule of law, democratic participation and the capacity for advocacy and social action.

A shift from a primary health care approach to a public health approach for CPHA's global health program would align the international focus with the principle enunciated within CPHA's mandate: that its members believe in universal and equitable access to the basic conditions which are necessary to achieve health. The essence of a public health approach is described in a paper prepared by CPHA in association with several provincial PHA and other Canadian health sector organizations (Table 2).

"In 20 years, SOPHA has achieved many results: support to PHAs in 28 countries, half of which have "graduated" and achieved a form of autonomy and sustainability; global strengthening of the public health workforce; and strengthening of regional networks. Globally, these results will undoubtedly assist in improving health among the poorest groups of targeted countries, while contributing to a certain extent to Health for All goals. The main strengths of SOPHA-supported PHAs pertain to: outreach capacity, credibility and recognition, experience, as well as reputation and professional quality of members. SOPHA genuinely reflects a pure partnership philosophy."

Final Report: Evaluation of the
Canadian Public Health Association's
Strengthening of Public Health
Associations Program
July 2006

Table 2: The essence of a public health approach

A public health system:

- ✿ **protects** individuals and communities from epidemics and disease;
- ✿ **mobilizes** communities to prevent and manage unintentional and intentional injuries;
- ✿ **protects** individuals and communities from environmental hazards;
- ✿ **supports** healthy living through public policy and healthy community function and design;
- ✿ **prepares** individuals and communities for disasters and assists in response and recovery; and
- ✿ **assures** that individuals and communities have access to quality health services and programs that are based in the determinants of health.

A Path for Building *Public Health Capacity* is a flexible framework that can be used for:

- ✿ **facilitating** multi-sectoral and intergovernmental collaboration on public health;
- ✿ **educating** the public and students about the scope of public health;
- ✿ **planning** and monitoring public health systems;
- ✿ **identifying** strengths and gaps in the system;
- ✿ **defining** priorities;
- ✿ **developing** healthy public policy;
- ✿ **identifying** areas for new initiatives and research;
- ✿ **advocating** for support, resources, and funding for public health; and
- ✿ **evaluating** progress toward an effective public health system.

A Path Toward Building *Public Health Capacity*, a report of the Canadian Public Health Association, Manitoba Public Health Association, New Brunswick and Prince Edward Island Branch CPHA, Newfoundland and Labrador Public Health Association, Public Health Association of Nova Scotia, Heart and Stroke Foundation of Canada, Heart and Stroke Foundation of Manitoba, Heart and Stroke Foundation of New Brunswick, Heart and Stroke Foundation of Prince Edward Island, Wellness Advisory Council of Newfoundland and Labrador, and Heart and Stroke Foundation of Nova Scotia, 2005.

With this approach in mind and taking into consideration CPHA's own guiding principles, the following are proposed as the guiding principles for CPHA's Global Health Program:

1. Health for all: CPHA will ensure that all international activities and initiatives ensure and protect equal rights for all people in terms of achieving the highest possible level of health, and that its initiatives and activities will promote the achievement of freedom for all people from the consequences of ill health. This principle is fundamental and is consistent with Article 1 of the HFA2000 Declaration;

2. Sustainability through local ownership: CPHA will ensure that its international activities are sustainable from multiple perspectives (not only financial) and are grounded in the concept of local ownership and self-reliance;

3. Respecting local knowledge and skills: CPHA's international activities will take into consideration and use, as appropriate, local knowledge, skills and experience as a means of building the capacity of communities to participate in attaining their own vision of health;

4. Sharing effective approaches and technologies: Not only should the transfer of Canadian approaches, strategies, technologies and models be sensitive to local needs and aspirations; CPHA should also ensure that any Canadian approaches, technologies or models used in its international activities have been demonstrated within Canada to be effective and acceptable. Effort should be made to link CPHA's international work with its domestic initiatives. CPHA should also ensure that it contributes to bringing locally derived and generated approaches and technologies to the international stage, including their potential utilization in Canada to improve this country's capacity to address the conditions that affect the health of all people living in Canada; and,

5. Solidarity, ethics and partnership through public health: CPHA will endeavour to ensure solidarity with its partners on issues affecting the public's health. Its efforts and activities will be carried out in an ethical manner through a partnership approach.

Goals and Strategies for CPHA's Global Health Program

Based on CPHA's history and competence in the international sphere, it is proposed that the Association focus on the goal of **building public health capacity in LMIC**. This would be achieved through a 4-pronged strategy:

1. Building civil society's voice for public health:

A public health approach is predicated on an intersectoral, broad-based partnership



Peer counselling on HIV prevention by a SAT partner organization in Zambia (CIDA photo)

at different levels (local, municipal, provincial, national, regional and international). Partnership is needed to develop the public health system to respond in an effective and appropriate manner to current and emerging issues that affect the public's health and well-being. Partnerships also extend within government and non-governmental sectors, as well as between these sectors (including with public health academics). The Commission on Social Determinants of Health's 2007 interim report states clearly the key role of civil society organizations within this multi-stakeholder and intersectoral process: "Both states and civil society are key and indispensable actors along with development agencies, academia, and mass media among others. Joint action is necessary to make an impact on the structural social determinants and consequently on reducing health inequities."¹³



During the 1990s the advocacy efforts of the recently-established Romanian Public Health and Health Management Association resulted in the government enacting legislation for mandatory health risk warnings on advertising of tobacco products and on cigarette packages, a first step in the movement toward a total ban on tobacco product advertising

Public health associations play a leadership role in efforts to improve the public's health. They galvanize public health practitioners and the general public to bring to the attention of decision makers important issues that influence and have an impact on the public's health. They spearhead innovative initiatives in response to priority conditions that affect the health of their people. They build consensus among a wide scope of disciplines and areas of knowledge and expertise on a common vision, set of values and the means to respond to situations that affect the health and well-being of people. They also serve to enhance the knowledge and skills of public health practitioners and members of the general community for action, and serve to put into place and monitor best practices for public health. Public health associations link the national issues and context to regional and international fora, thereby adding to the body of

knowledge and validating their role as public health advocates.

As a means of strengthening the capacity of public health association partners to be effective voices for public health, CPHA will direct its GHP activities to:

- ✦ expand the community and enhance the organizational and performance capacity of PHA partners in LMIC;
- ✦ facilitate and support linkages between PHAs and Ministries of Health/Institutes of Public Health (IPH) to develop policies, design and deliver programs, and put into place practices which have an impact on the conditions that affect health;
- ✦ engage with PHA, Ministry of Health and IPH partners to identify and put into place effective responses to priority public health issues; and,
- ✦ work with PHAs, Ministries of Health and IPH on the generation and utilization of evidence as input to the development and application of healthy public policy, programs and best practice as a means of enhancing public health core capacity.

2. Enhancing and expanding global public health leadership:

Governments should take a leadership role in developing and overseeing the application of strategies aimed at improving the health and well-being of people. Although there are large numbers of dedicated, hard-working, and able workers in the public health community, most countries are suffering from a shortage of leaders who are able to deal with the magnitude of the threats to health, and to cultivate the real potential for substantial progress that exists for dealing with these threats. Public health leaders must understand and deal with the multidimensional public health problems of today and the future. Some of the straightforward challenges of the past were amenable to straightforward solutions (produce a vaccine and deliver it to all who are potentially susceptible). Today, many problems (such as substance use/abuse, violence and sexually transmitted diseases) are intertwined with seemingly intractable social and economic conditions outside of the normal purview of public health practitioners. These issues demand that leaders in public health in Canada and overseas be equipped differently than the leaders of yesterday. Even active professionals, who have been working in the field for some time, are not prepared for the current and future challenges facing public health.¹⁴

As a means of strengthening global public health leadership, CPHA will facilitate and support:

- ✦ the generation, translation, exchange and dissemination of knowledge and experiences related to public health leadership development and practice among LMIC and on the global arena through the WFPHA; and,
- ✦ engage PHA and IPH partners to identify and put into place skills development for public health practitioners as a means of expanding the capacity of the public health workforce and improving public health systems' capacity to address effectively existing and emerging public health issues.
- ✦ That CPHA assume a leadership role in global public health within Canada, as a means of building more capacity within the Canadian public health community to respond to emerging global public health issues.

The global health challenges require a workforce with a broad view of public health, an ability to work collaboratively across disciplines and sectors, and with skills to influence policy-making at the local, national and global levels. In view of the importance of politics to the development of public health policy, public health practitioners should be closely connected with the communities they serve to build the long-term support necessary to respond to global challenges. The enormity of these challenges means that it will be necessary for all members of the health workforce to adopt a public health perspective in their daily activities.

Robert Beaglehole, Ruth Bonita, Richard Horton, Orvill Adams, Martin McKee
"Public health in the new era: improving health through collective action."
The Lancet, 2004;363:2084-86

3. Fostering and managing effective partnerships for public health:

Promoting and supporting effective public health capacity and infrastructure development and knowledge generation, translation and exchange to improve the health of individuals, communities and global populations requires close collaboration, partnership and synergy among the various stakeholders and players. Effective public health partnerships for the development and implementation of sound evidence-based policies, and action that address and prevent public health problems and promoting healthy communities, are essential components to achieve the MDGs.

As a means of fostering and managing effective partnerships for global public health, CPHA will direct its GHP activities to:

- ✦ create and nurture regional public health association networks that will benefit and be pertinent to the needs and aspirations of LMIC PHA partners;
- ✦ support and contribute to enhancing the scope and quality of policy and programming within the WFPHA;
- ✦ engage and work in partnership with Canadian and other NGOs to advocate for and put into place global health policies, activities and initiatives that are in line with CPHA's global health guiding principles and objectives; and,
- ✦ engage and work in partnership with other organizations and associations, such as the WHO and other UN agencies, the World Bank and the IFIs, as well as with regional and bilateral agencies, to advocate for and advance the cause of sound policies, programs and practice that will affect positively the public's health.

4. Mobilizing the Canadian public health community for the development of a strong, competent international public health community:



Norma Chambers, a CIII consultant, immunizing a child against polio in Lahore (Pakistan) during that country's National Immunization Days

CPHA has a long history of engaging and mobilizing Canadian public health expertise in support of its international initiatives and activities. The in-kind contribution of this population to the enhancement of public health systems' capacity and the improvement of global human health is considerable. CPHA has a continuing responsibility to engage and inform the Canadian public and public health community about issues that have an impact on the health and well-being of people living in LMIC, the impact of globalization on global health and the means that can and should be put into place to address and respond to these issues. This will include continued Canadian support to international development efforts. At the same time, CPHA has a responsibility to engage the pool of knowledge, skills and experience

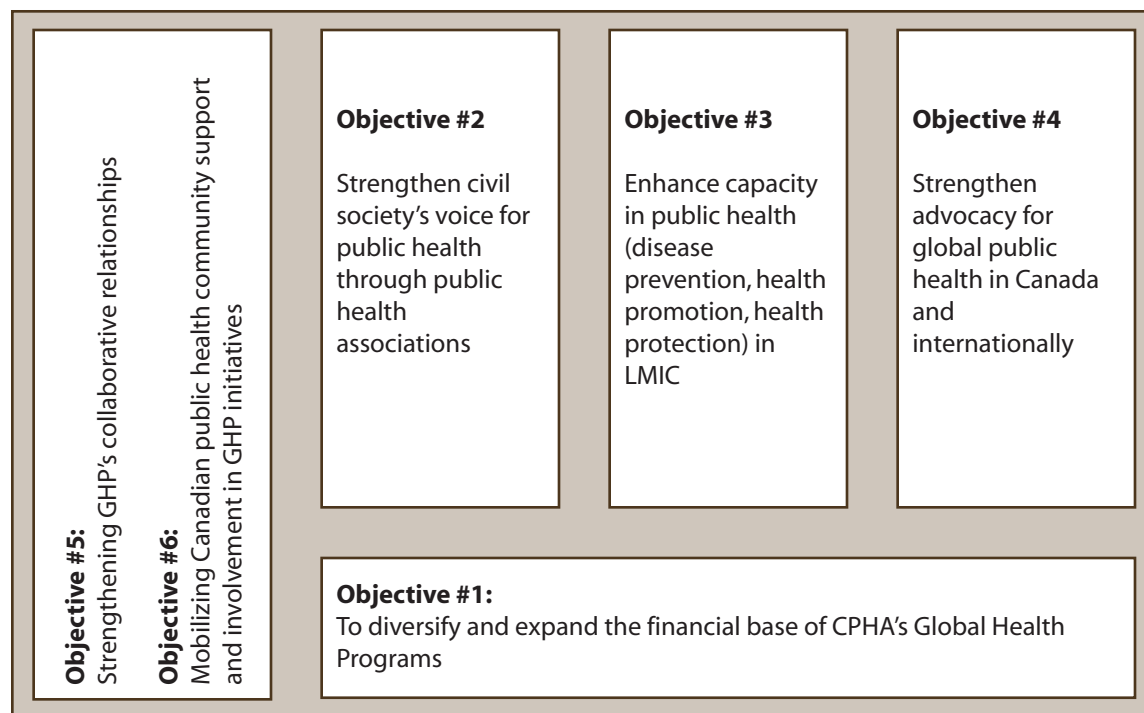
within the public health community in LMIC for this same purpose. Not only should CPHA be promoting and supporting Canada-LMIC and LMIC-LMIC exchanges and transfer of knowledge and skills, it should also be exploring opportunities for LMIC-Canada transfer of experiences, knowledge and skills as a means of enhancing the quality, effectiveness and capacity of the Canadian public health system.

In support of this objective, CPHA will direct its GHP efforts to:

- ✦ provide a forum in Canada for the analysis and dialogue between the Canadian and LMIC public health communities on public health issues of global concern and importance;
- ✦ facilitate and support the exchange and transfer of knowledge and skills between Canadian and LMIC public health communities to benefit both LMIC and Canada;
- ✦ promote critical thinking and the adaptation of innovative public health approaches from LMIC to Canada, as a means of strengthening public health capacity in our own country.
- ✦ advocate for and garner Canadian support for enhanced investment by the Government of Canada for public health capacity building in LMIC.

Putting the Strategy into Operation

This section presents specific expectations (objectives and associated activities/mechanisms) over the next three years for CPHA's Global Health Programs that support progress towards the achievement of the four strategic elements.¹⁵ The first objective is critical; without an expanded and resilient financial base for Global Health Programs, CPHA cannot be expected to continue its international activities. Objectives 5 and 6 are what can be termed "enablers"; facilitating the Global Health Program's capacity to achieve its core operational objectives.



Objective #1

Diversify and expand the financial base of CPHA's Global Health Programs

This objective is fundamental to the achievement of GHP's strategy. A more secure and broad funding base, with adequate resources to cover GHP's core operations and overhead is of paramount importance. Proposed activities over the next three years will include:

- ✦ Identify additional funding sources and understanding their grant-making criteria and procedures;
- ✦ Further develop our working relationship with several funders and donors to identify the best mode within the changing environment;
- ✦ Strengthen the relationship with CIDA (policy, bilateral and partnership branches), IDRC, CIHR, the National Collaborating Centre for Public Health, Health Canada and the Public Health Agency of Canada and market the CPHA global public health strategy in terms of how it supports Canada's international development goals and associated strategies;
- ✦ Develop partnerships with the national collaborating centres for public health as a means of enhancing the creation in LMIC and in Canada of new knowledge and its application for improved public health practice; and,
- ✦ Develop and implement a pro-active marketing strategy for CPHA's global public health activities.

Objective #2

Strengthen civil society's voice for public health through public health associations

The Strengthening of Public Health Associations (SOPHA) Program and the region/country-specific ancillary projects supported through CIDA's bilateral programs is the cornerstone of CPHA's international activity. It is a natural extension of CPHA's work and is "what the Association does best". As such, it should continue to be the centrepiece of CPHA's global health strategy.

Proposed activities over the next three years will include:

- ✦ Prepare concept papers in collaboration with potential PHA partners for regional SOPHA-type initiatives in francophone Africa, Central America, South-east Asia and in southern Africa, with SOPHA "graduate" PHAs as mentors for emerging PHAs;
- ✦ Explore the potential for securing funding for a subsequent phase of the "Building Civil Society's Voice through Public Health Associations in the Balkans" initiative;
- ✦ Work with WFPHA on the development of a proposal for an expanded SOPHA Program (housed at CPHA, to include a component to strengthen WFPHA's operations, advocacy and capacity); and,
- ✦ Produce a publication about the SOPHA Program (25th anniversary edition).

Objective #3

Enhance capacity in public health (disease prevention, health promotion, health protection) in LMIC

GHP has a long history and experience in the design and delivery of initiatives designed to strengthen LMIC capacity in health promotion, disease prevention and health protection (the essential elements of public health). CPHA also has considerable experience in enhancing knowledge and skills among public health practitioners. This includes the generation and utilization of credible evidence as the basis for public policy, programs and practice that influence the public's health. CPHA should continue to focus its efforts on areas where it has a historical comparative advantage in terms of technical competency.

Proposed activities over the next three years will include:

- ✦ Market a new phase of a CPHA-managed CIII technical assistance initiative;
- ✦ Identify, develop and market spin-off initiatives from CPHA's domestic and international immunization activities, HIV/AIDS, substance use (with a particular focus on tobacco) and emergency preparedness; and,
- ✦ Explore the feasibility and potential for CPHA involvement in other public health fields (e.g., water supply and sanitation, environmental health, occupational health and safety, and the utilization of Geographic Information Systems for public health).

Objective #4

Strengthen advocacy for global public health in Canada and internationally

CPHA plays a key role in influencing thinking and action on global public health issues. Its global health experience provides a unique and solid platform upon which CPHA could contribute to the discourse on global public health. Proposed activities over the next three years will include:

- ✦ Provide training to PHAs in LMIC to improve their advocacy capacity;

- ✦ Contribute to expanding and strengthening the quality, visibility and impact of WFPHA's advocacy capacity;
- ✦ Identify up to two global health issues per year of direct pertinence to CPHA's international activities that would be the basis for advocacy activities; and,
- ✦ Take a leadership advocacy role within Canada on global public health issues.

Objective #5

Strengthen CPHA's collaborative relationships for global public health

The opportunities for CPHA being able to design and deliver international public health initiatives without partnerships with other organizations/institutions are increasingly limited. Building bridges and enhancing relationships with other Canadian and international potential partners will be an important task for CPHA. Proposed activities over the next three years will include:

- ✦ Conduct an analysis of advantages/disadvantages and benefits accruing to CPHA of potential association/collaboration with other Canadian NGOs and create short-list of "preferred partners";
- ✦ Develop strategic relationships with CIDA, IDRC, PHAC, CIHR, the national collaborating centres for public health, Health Canada and DFAIT to exchange information about global public health issues and initiatives;
- ✦ Develop strategic relationships with WHO, PAHO, UNICEF and other UN bodies on public health issues of global significance;
- ✦ Contact new/emerging schools of public health and related programs at Canadian universities to explore potential areas of collaboration; and,
- ✦ Collaborate with the WFPHA in the planning of sessions and securing of funding in support of the 2009 WFPHA Conference.

Objective #6

Mobilize Canadian public health community support and involvement in GHP initiatives

The active involvement of members of the Canadian public health community in CPHA's international activities is paramount to the continued success of the Association's global public health strategy. Proposed activities over the next three years will include expanding the involvement of Canadian public health technical experts in GHP-related activities and disseminating information about global public health issues and initiatives on various CPHA information dissemination mechanisms. This would include developing strategic partnerships with other Canadian NGOs, such as CSIH, to expand the technical advisory and mentoring base of Canadian expertise, and to explore opportunities for international placements for Canadian graduate students and recently-graduated young people seeking an overseas internship placement.

This does not preclude CPHA from pursuing opportunities that fall outside of its guiding strategic framework. Nonetheless, CPHA should weigh carefully the rationale and cost-benefit of embarking on initiatives that cannot be positioned clearly within its global public health strategy.

By the close of the year 2010, CPHA should have a more focused yet enhanced stable of international public health initiatives being implemented and in its pipeline. It should have succeeded in securing funding from non-traditional sources. CPHA should also be able to make the case for and market successfully its expertise and capacity building skills in public health. Finally, it should be in a position to showcase its leadership in global public health as a component of its Centenary celebrations.

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15. For consistency, the framework described in this section is based on/borrowed from the model proposed in the "Moving from Strategy to Action" section of the CPHA *Strategic Plan 2007-2017*.

Annex A

List of Countries/Entities in Which CPHA has Contributed to the Establishment/Organizational Capacity Building of Public Health Associations

CPHA's Public Health Association Partners (1982 – 2007)

Brazil¹
Bolivia
Bosnia & Herzegovina¹
Burkina Faso²
Cameroun^{1, starting in 2008}
CARIPHA (Caribbean)
Chile
Costa Rica¹
Cuba
Dominican Republic
ECSAPHA (East, Central & Southern Africa)
Egypt
Ethiopia²
Haiti¹
Indonesia
Malawi^{1, 2}
Mexico
Mozambique^{1, 2}
Nicaragua^{1, starting in 2008}
Niger^{1, 2}
Palestinian Territories
Pakistan
Peru
République du Congo – Brazzaville¹
République du Congo (former Zaire)
Republic of Serbia¹
Romania
Russia
Sudan
Tanzania²
Thailand
Turkey
Uganda²
UN-administered province of Kosovo
Zimbabwe

1 Denotes a public health association partner through CIDA funding as of December 2007

2 Denotes a public health association partner through Health Canada funding as of December 2007

Annex B

Summary of International Public Health Initiatives Undertaken by the Canadian Public Health Association Between 1982 and 2007

GLOBAL

| | |
|--------------------------|--|
| Initiative | Public Health Associations Block Funding |
| Active Dates | Phase 1: 1985 – 1988 Phase 2: 1988 – 1991 Phase 3: 1991 – 1995 |
| Geographic Spread | Bolivia, Caribbean, Chile, Costa Rica, Egypt, India, Indonesia, Mexico, Tanzania, Thailand, Zaire |
| Partners | National public health associations and/or health sector organizations, World Federation of Public Health Associations |

Selection of Important Results Achieved

- ✦ Launching of first national public health association in francophone Africa (Zaire)
- ✦ Organizational capacity development of public health associations (expanded membership, enhanced visibility and impact nationally and internationally)
- ✦ Examination of existing public health legislation as baseline for modernization
- ✦ Health workers trained in occupational health and safety measures
- ✦ Enhanced knowledge and skills among health workers in dealing with health issues of the urban elderly
- ✦ Increased sensitization among health workers about the role of community members in planning/delivery of PHC services;
- ✦ Greater intersectoral cooperation among various ministries in responding to health issues;
- ✦ Definition of determinants of health for rural populations
- ✦ Establishment of CPHA's International Health Secretariat
- ✦ Several technical exchange missions between Canadian and developing country public health communities
- ✦ Creation of 1st regional PHA for East, Central and Southern Africa
- ✦ Support for 1st African Conference on Women, Health and Development, in association with Commonwealth Secretariat
- ✦ Increased number of national public health associations in World Federation of Public Health Associations
- ✦ Publication of CPHA's *Position Paper on Sustainability and Equity: PHC in Developing Countries*
- ✦ First International Health Promotion Summer School held with participants from 6 ASEAN countries



| | |
|--------------------------|--|
| Initiative | Strengthening of Public Health Associations (SOPHA) |
| Active Dates | Phase 1: 1995 – 1998 Phase 2: July 1998 – June 2001 Phase 3: Oct. 2001 – Sept. 2006 Phase 4: Nov. 2006 – Oct. 2011 |
| Geographic Spread | Bolivia, Burkina Faso, Chile, Congo, Costa Rica, Cuba, Dominican Republic, Ethiopia, Haiti, Malawi, Mozambique, Nicaragua, Niger, Pakistan, Peru, Tanzania, Uganda, Zimbabwe |
| Partners | National public health associations in each country, plus the World Federation of Public Health Associations |

Selection of Important Results Achieved

- ✦ Establishment of national public health associations in Burkina Faso, Niger, Dominican Republic, and Malawi
- ✦ Nurturing of existing, emerging PHAs in other countries
- ✦ Organizational capacity building to expand membership, improve design/delivery of public health programs, enhance advocacy skills and impact and organizational visibility of PHAs, improve their governance, and strengthen their financial self-sufficiency and operations
- ✦ Several innovative and important public health activities undertaken by PHAs, the results of which were used as a basis for public health policy and programs

- ✦ Support to over 40 technical missions by members of Canadian and developing-country public health professionals
- ✦ Increased involvement of developing-country PHAs in international public health advocacy and issues (e.g., advocacy for ratification of the Framework Convention on Tobacco Control, the world's first public health treaty)



Initiative Canada's International Immunization Program

Active Dates Phase 1: 1986 – 1991
Phase 2: 1991 – 1997

Geographic Spread Phase 1: 43 countries in Africa, Middle East, Asia, Latin America and the Caribbean
Phase 2: Commonwealth and Francophonie countries in sub-Saharan Africa (22), Caribbean (3) and Asia (3)

Partners Phase 1: WHO, PAHO, UNICEF, 24 Canadian and international NGOs and their local partners in 43 countries
Phase 2: WHO, PAHO, UNICEF, Commonwealth Secretariat, 27 Canadian and international NGOs, local Ministries of Health in 28 countries

Selection of Important Results Achieved

- ✦ Phase 1: 95 projects with 27 partner organizations in 43 countries contributed to strengthening expanded program of immunization (EPI) services
- ✦ Phase 2: 60 projects in association with 29 partner organizations strengthened primary health care systems in 28 countries, and resulted in increased immunization coverage for vaccine-preventable diseases



Initiative Canadian International Immunization Initiative

Active Dates Phase 1: 1998 – 2003
Phase 2: Dec. 2003 – Mar. 2009

Geographic Spread 55 countries in Africa, Latin America and Caribbean, Middle East, East/Central Europe, Central and East Asia

Partners WHO, UNICEF, Ministries of Health in 55 countries since 1998 plus the Public Health Association of Ethiopia, Public Health Association of Burkina Faso, Public Health Association of Niger, Public Health Association of Uganda

Selection of Important Results Achieved

- ✦ Phase 1: 84 technical missions conducted by 70 Canadian experts in immunization, public health and primary health care to 35 countries (including post-conflict Afghanistan and Iraq) to work with Ministries of Health to improve access to immunization services for children and women and to improve the quality of such services
- ✦ Phase 2: As of December 2006, 80 technical missions conducted by 66 Canadian experts in immunization, public health and primary health care to 33 countries (including post-conflict Afghanistan and Iraq) to work with Ministries of Health to improve access to immunization services for children and women and to improve the quality of such services. By March 2009, anticipate completion of 164 technical missions by 136 Canadian experts. 4 national public health associations undertake national public awareness campaigns as a means of increasing the number of children and women vaccinated



Initiative Strengthening Global Tobacco Control

Active Dates Nov. 2005 – May 2006

Geographic Spread Burkina Faso, Congo, Mozambique, Niger

Partners Public Health Association of Burkina Faso, Public Health Association of Congo, Public Health Association of Niger, Public Health Association of Mozambique

Selection of Important Results Achieved

- ✦ National tobacco control strategy and action plan developed
- ✦ Successful advocacy on smoke-free hospital policy
- ✦ 65 health workers trained as community-based tobacco control advocates
- ✦ Increased dissemination of tobacco control advocacy campaign materials

Initiative Strengthening Global Tobacco Control
Active Dates Dec. 2006 – June 2007
Geographic Spread Burkina Faso, Niger, Mozambique, Tanzania
Partners Public Health Association of Burkina Faso, Public Health Association of Niger, Public Health Association of Mozambique, Public Health Association of Tanzania, East Central and Southern Africa Public Health Association (ECSAPHA)

Selection of Important Results Achieved

- ✦ Identification of factors that affect youth smoking prevalence
- ✦ Application of non-smoking regulations in health facilities
- ✦ Study about the role of traditional healers in tobacco control
- ✦ Study on the use of smokeless tobacco by youth
- ✦ Identification of priority tobacco control issues and potential responses by national PHA in east, central and southern Africa
- ✦ Development of a “tool kit” on a comprehensive approach to tobacco control for PHAs in resource-constrained countries

ASIA

Initiative Primary Health Care
Active Dates 1984 – 1986
Geographic Spread Indonesia
Partners Indonesia Public Health Association

Selection of Important Results Achieved

- ✦ Identification of the nature and degree of community participation in the planning and implementation of primary health care services
- ✦ Pilot project to test new approach for increasing community participation in PHC



Initiative Occupational Health and Safety
Active Dates 1984 – 1985
Geographic Spread India
Partners All India Engineering Industry

Selection of Important Results Achieved

- ✦ Education of health workers about occupational health and safety measures
- ✦ Study on workplace health and safety issues in selected industries

MIDDLE EAST & NORTH AFRICA

Initiative Occupational Health & Manpower Training
Active Dates 1982 – 1985
Geographic Spread Sudan
Partners Sudanese Society of Preventive and Social Medicine

Selection of Important Results Achieved

- ✦ developed curriculum on occupational health and safety for workplace supervisors
- ✦ baseline survey on nature and extent of workplace accidents and illness
- ✦ over 100 graduates from first program on occupational health and safety



Initiative Industrial Safety
Active Dates 1984 – 1986
Geographic Spread Egypt
Partners Arab Society for Industrial Safety and Health (later renamed the Arab Society for Occupational Safety and Health)

Selection of Important Results Achieved

- ✦ educational seminars for industrial and agricultural workers on occupational health and safety
- ✦ development of syllabus for training of health personnel in occupational health and safety

Initiative Strengthening Public Health in Turkey
Active Dates Phase 1: 1991 – 1995
Phase 2: 1995 - 1998
Geographic Spread Turkey
Partners UNICEF Turkey, Turkey Medical Association

Selection of Important Results Achieved

- ✦ establishment of the Public Health Association – Turkey, the country’s first non-governmental organization promoting and representing public health issues
- ✦ rehabilitation and re-equipping of 14 rural primary health care clinics in south-east Turkey
- ✦ training of rural PHC clinic staff in health promotion and disease prevention strategies
- ✦ establishment of a coalition of 34 NGOs for advocacy on tobacco control
- ✦ increased awareness on the risks to human health of poor environmental conditions in urban areas



Initiative Palestinian Public Health Association
Active Dates 1993 - 1999
Geographic Spread Palestinian Territories (West Bank and Gaza)
Partners Palestinian Health Authority, Palestinian Public Health Association

Selection of Important Results Achieved

- ✦ establishment of first non-governmental organization dedicated to public health in the Palestinian Territories
- ✦ Palestinian health workers increase knowledge and skills through public health training workshops on tobacco control, environmental health, women’s health, adolescent health, and new approaches in health promotion
- ✦ First public health information centre opened
- ✦ Dialogue established with members of public health community in Israel on issues of mutual interest
- ✦ assessed the National Health Plan for the Palestinian People



Initiative Technical Advisor to the Canadian Delegation at the Palestine/Israel Peace Talks
Active Dates 1993 - 1998
Geographic Spread Middle East countries in which Palestinian refugees live
Partners Canadian Department of Foreign Affairs

Selection of Important Results Achieved

- ✦ Provided technical advice on issues related to the health situation and health services for Palestinian refugees
- ✦ Development of proposal on regional approach to improving public health competence for Palestinian refugees
- ✦ Study on factors affecting access to hospital services for Palestinian refugees in Lebanon

SUB-SAHARA AFRICA

Initiative Southern Africa AIDS Training Programme (renamed the Developing Community Competence for HIV Prevention in Southern Africa in 2004)
Active Dates Phase 1: 1991 – 1996
Phase 2: 1996 – 2002
Phase 3: March 2002 – March 2008
Geographic Spread Phase 1: Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia, Zimbabwe
Phases 2 & 3: Malawi, Mozambique, Tanzania, Zambia, Zimbabwe
Partners Over 200 local NGOs and community-based organizations in southern Africa region

Selection of Important Results Achieved

- ✦ Since 1991, over 250 community-based and regional African organizations have received technical and financial support from SAT

- ✦ The graduation of over 20 organizations from fledgling local NGOs to becoming self-sufficient, mature NGOs capable of mentoring other emerging NGOs in HIV prevention and AIDS care and support
- ✦ The total population covered by the SAT-supported organizations exceeds 5 million people, including 500,000 children affected and infected by HIV
- ✦ SAT published over 40 publications on a wide variety of HIV and AIDS issues that have been used by its local partners and other organizations in Africa to improve their HIV prevention and AIDS care, support and treatment activities
- ✦ Country-level networks have been formed in the 5 SAT countries of operation
- ✦ Case studies carried out on the effectiveness of both the NGOs/CBOs in terms of their impact on responding to the HIV and AIDS situation of their client communities, as well as on several key issues and factors that affect the capacity of these organizations to have an impact on HIV/AIDS
- ✦ Transition from a project-based initiative to a program carried out through a new regional African NGO (Southern African AIDS Trust), including the establishment and organizational nurturing of SAT



Initiative Family & Reproductive Health Project
Active Dates March 1996 – March 1999
Geographic Spread Malawi, Zambia
Partners UNFPA (Malawi), Planned Parenthood Association of Zambia, University Teaching Hospital of Zambia (UTHZ)

Selection of Important Results Achieved

- ✦ Reproductive and family health services introduced at five rehabilitated rural clinics
- ✦ 490 health personnel trained in reproductive and family health best practices
- ✦ Sexually transmitted infection (STI) diagnosis and treatment improved in five district hospitals
- ✦ Quality of reproductive health services improved at two family planning centres
- ✦ New approach to adolescent reproductive health piloted
- ✦ Health personnel at UTHZ trained in emergency contraceptive methods
- ✦ New reproductive health curriculum introduced in syllabus for UTHZ students



Initiative Adapting to Change: Program on Population, Reproductive Health and Health Sector Reform and Leadership Program on HIV/AIDS
Active Dates May 2001 – Sept. 2004
Geographic Spread Francophone West Africa
Partners World Bank Institute

Selection of Important Results Achieved

- ✦ contributed to the development of a Population/Reproductive Health and HIV/AIDS regional training program framework and curriculum design for francophone Africa
- ✦ public health associations in Niger and Burkina Faso trained in reproductive health and HIV/AIDS strategies



Initiative Family & Reproductive Health Project II
Active Dates May 2000 – Apr. 2006
Geographic Spread Malawi
Partners UNFPA, Ministry of Health of Malawi

Selection of Important Results Achieved

- ✦ first baseline survey on reproductive health knowledge, attitudes and practices
- ✦ essential drugs, supplies and equipment for reproductive health services provided to local clinics
- ✦ five dilapidated rural health clinics renovated
- ✦ over 200 health service providers trained in clinical skills to provide safe motherhood and family planning services

Initiative Family & Reproductive Health Project II
Active Dates Apr. 2001 – Aug. 2006
Geographic Spread Zambia
Partners Churches Medical Association of Zambia (CMAZ), Planned Parenthood Association of Zambia (PPAZ)

Selection of Important Results Achieved

- ✦ over 100 health service providers trained in clinical skills to provide safe motherhood, family planning and adolescent health services
- ✦ traditional birth attendants trained to provide assistance with deliveries and pre- and post-natal care of mothers and infants
- ✦ community-based distributors of condoms trained to also provide education and counselling on family planning and STI prevention

LATIN AMERICA & CARIBBEAN

Initiative Occupational Health & Safety in Colombia
Active Dates 1983 – 1988
Geographic Spread Colombia
Partners National Association of Industries (ANDI)

Selection of Important Results Achieved

- ✦ education of medical personnel about occupational health and safety
- ✦ baseline survey about workplace accidents and illness in selected industries



Initiative International Health Seminar for the Americas
Active Dates 1984
Geographic Spread Several countries from Latin America
Partners In association with PAHO, Health & Welfare Canada, and the Canadian Society for Tropical Medicine and International Health

Selection of Important Results Achieved

- ✦ identification of priority health issues and potential response to improve health in the Americas



Initiative Caribbean Regional HIV/AIDS Program
Active Dates Phase 1: Jan. 1996 – Dec. 2000
Phase 2: Nov. 2002 – Feb. 2007
Geographic Spread English-speaking Caribbean Basin region
Partners Caribbean Epidemiology Centre (CAREC)

Selection of Important Results Achieved

- ✦ strengthened national and regional HIV and AIDS surveillance and health information systems and operational capacity
- ✦ strengthened capacity of national decision-making, inter-organization alliance building and community mobilization on HIV prevention and AIDS care, support and treatment policy and programs
- ✦ strengthened national capacity to deliver HIV/AIDS services in clinical and diagnostic management, including care and psychosocial support
- ✦ expanded and enhanced quality of youth-friendly STI and HIV/AIDS services
- ✦ enhanced effectiveness of interventions targeting particularly vulnerable populations (youth, people living with HIV/AIDS [PLWHA], men who have sex with men [MSM], sex workers)
- ✦ development of regional HIV/AIDS strategy for Caribbean Basin
- ✦ improved capacity within CAREC to implement, manage and evaluate a regional HIV/AIDS program

Initiative Health Promotion in Action
Active Dates Jan. 1999 – Jan. 2003
Geographic Spread Brazil
Partners National School of Public Health (ENSP), Brazilian Association for Post-Graduates in Public Health (ABRASCO)

Selection of Important Results Achieved

- ✦ Improved access to and quality of services available at the ENSP's health services centre for residents of Manguinhos favela
- ✦ Transformation of an acute care centre into a "health promoting" centre
- ✦ ENSP enhances its graduate curriculum to include health promotion
- ✦ ENSP expanded and enhanced its health promotion research capacity
- ✦ ABRASCO increasingly involved in promoting a "determinants of health" approach within Brazilian public health community.



Initiative Intersectoral Action for Health
Active Dates Nov. 2006 – Oct. 2009
Geographic Spread Brazil
Partners National School of Public Health (ENSP), Brazilian Association for Post-Graduates in Public Health (ABRASCO) and municipal institutes of public health in 6 municipalities in Brazil

Selection of Important Results Achieved

- ✦ Project commenced field activities in January 2007. Expected outcomes are:
- ✦ Collaboration between academic institutions, municipal authorities, health services, civil society and private sector on the planning and implementation of community-focused health promotion and disease prevention services and activities
- ✦ Training methodology for health workers, community volunteers and other sectors to increase knowledge and skills in health promotion principles and practice, intersectoral actions for health, and participatory evaluation, is developed and implemented
- ✦ Local intersectoral action plans that are responsive to priorities identified by each site are developed
- ✦ Conceptual and methodological tools (i.e., resource manuals) for participatory evaluation and monitoring practices are developed and applied



Initiative Healthier Futures: Improving the Health of Aboriginal and Rural Women in Formosa Province
Active Dates Nov. 2002 – Sept. 2006
Geographic Spread Argentina
Partners Federal Ministry of Health and Formosa Province Ministry of Human Development

Selection of Important Results Achieved

- ✦ Canadian models/strategies on aboriginal health and women's health transferred to health workers
- ✦ Syllabus on sexual and reproductive health and women's health developed based on adaptation of Canadian resource materials
- ✦ Increased access to better quality sexual and reproductive health services for rural and aboriginal people
- ✦ "gender" as a "transversal focus" integrated into the Ministry of Human Development's health and social programming

Initiative Strengthening Human Resource Capacity in Public Health in Support of the Millennium Development Goals

Active Dates July – Sept. 2005

Geographic Spread Costa Rica (workshop)

Partners Representatives of public health associations in Mexico, Costa Rica, Jamaica, Brazil, Chile and Peru

Selection of Important Results Achieved

- ✦ inventory of current initiatives to address the issue of enhancing public health human resource core competencies in the Americas
- ✦ preparation of a strategy for the scaling up of human resources for public health in the Americas



Initiative Pilot Study to Test a Methodology for Characterization of the Public Health Workforce in the Americas

Active Dates Dec. 2005 – Dec. 2006

Geographic Spread Costa Rica, Mexico

Partners Public Health Association of Costa Rica (ACOSAP), Institute of Public Health of Veracruz (Mexico)

Selection of Important Results Achieved

- ✦ development of innovative methodology for characterizing the public health workforce
- ✦ pilot surveys to characterize the public health workforce in Costa Rica and Mexico

EAST/CENTRAL EUROPE

Initiative Health Sector Reconnaissance Mission to Kosovo (Post-Conflict Reconstruction)

Active Dates 1999

Geographic Spread UN-administered province of Kosovo

Partners WHO, UN Health Administration, Institute of Public Health Pristina

Selection of Important Results Achieved

- ✦ Analysis of health sector needs to rehabilitate and revitalize health care and essential public health services



Initiative Maternal and Child Health

Active Dates 2000

Geographic Spread Former Republic of Yugoslavia

Partners UNICEF Former Republic of Yugoslavia (FRY)

Selection of Important Results Achieved

- ✦ Analysis of impact of UNICEF’s maternal and child health project in Former Republic of Yugoslavia (FRY) (Serbia and Montenegro)



Initiative Romanian Public Health & Health Management Association (RPHHMA)

Active Dates Phase 1: 1992 - 1996
Phase 2: 1997 - 2000

Geographic Spread Romania

Partners Romanian Public Health & Health Management Association

Selection of Important Results Achieved

- ✦ Establishment and organizational capacity building of Romanian Public Health & Health Management Association
- ✦ RPHHMA advocates successfully for introduction of legislation on limitation of tobacco product advertising
- ✦ Health promotion summer schools launched, and training of over 100 Romanian health professionals in new health promotion theory and practice
- ✦ RPHHMA implements USAID-funded national reproductive health survey

Initiative Strengthening and Expansion of the Russian Public Health Association (RPHA)

Active Dates Phase 1: 1994 - 1997
Phase 2: Dec. 1998 – March 2003

Geographic Spread Russian Federation
Partners Russian Public Health Association

Selection of Important Results Achieved

- ✦ Establishment and organizational capacity building of Russian Public Health Association
- ✦ RPHA branches created and nurtured in 7 districts of Russia
- ✦ RPHA expands membership country-wide to 1,700 members
- ✦ RPHA launches first website
- ✦ RPHA carries out first Global Youth Tobacco Survey in Russian Federation
- ✦ RPHA advocates to Ministry of Health on policy for tobacco control, iodine deficiency among children, health protection for youth and alcohol use/abuse
- ✦ creation of a national non-governmental tobacco control coalition
- ✦ Global Youth Tobacco Survey conducted for first time in Russian Federation
- ✦ enhanced advocacy skills for RPHA on the WHO Framework Convention on Tobacco Control (FCTC)
- ✦ publication of a textbook on tobacco control for university health sciences faculties



Initiative Russia and Tobacco Control

Active Dates Feb. 1999 – Sept. 2003

Geographic Spread Russia
Partners Russian Public Health Association and the Russian Cancer Research Centre

Selection of Important Results Achieved

- ✦ First qualitative study on the determinants of youth smoking in Russia
- ✦ Development of a patient-centred smoking cessation assistance strategy



Initiative Continuing Medical Education and Renewal of Public Health

Active Dates March 2000 – March 2002

Geographic Spread UN-administered province of Kosovo
Partners UN Health Administration, WHO, Pristina University Hospital, Institute of Public Health Kosovo, Kosovo Nursing Association, Kosovo Public Health Association

Selection of Important Results Achieved

- ✦ Rehabilitation of maternity ward at Pristina University Hospital, which resulted in considerable reduction in maternal and infant mortality
- ✦ Continuing education syllabus implemented in maternity nursing, laboratory management and operations, hospital infection control and hospital environmental services
- ✦ Health information system framework for Kosovo developed
- ✦ Public Health Association of Kosovo and Kosovo Nursing Association founded



Initiative Strengthening Essential Public Health Functions in the Balkans

Active Dates Dec. 2001 – June 2005

Geographic Spread Republic of Serbia and Montenegro, Republic of Bosnia and Herzegovina, Albania, UN-administered province of Kosovo
Partners Ministries of Health, Institutes of Public Health (at municipal, district/entity and national levels), local NGOs and health facilities, Public Health Association of Serbia, Public Health Association of Montenegro, Public Health Association of Kosovo

Selection of Important Results Achieved

- ✦ strengthening infectious disease control capacity for HIV/AIDS
- ✦ strengthening tobacco control legislation/ regulations and raised public awareness about the risks to health as a result of tobacco consumption (direct and secondary effects)

- ✦ strengthening HIV prevention and AIDS care and support capacity within government and non-government organizations
- ✦ increasing knowledge and skills within Institutes of Public Health (federal and municipal levels) with respect to health promotion theory and practice
- ✦ demonstrating the effectiveness of the patronage (home visiting) nurse program in Belgrade, which led to the extension and enhancement of this program elsewhere in Serbia
- ✦ generating new knowledge about smoking prevalence and attitudes among youth about tobacco (through the Global Youth Tobacco Survey) and among health sciences university students (through the Global Health Professionals Survey), as well as supporting the first-ever study on smoking prevalence and smoking cessation relapse among post-partum women;
- ✦ the development of civil society organizations, such as the public health associations in Serbia, Kosovo and Montenegro as a means of improving civil society participation in the development of public health policy, programs and best practice



Initiative Romanian Adolescent Health, HIV Prevention and Social Services
Active Dates March 1987 – Dec. 1999
Geographic Spread Romania
Partners UNICEF Romania and Romanian HIV community organizations

Selection of Important Results Achieved

- ✦ knowledge and skills of Romanian health and social sector professionals improved with respect to HIV prevention and AIDS care and support practices
- ✦ development and implementation of youth-oriented social marketing strategy and materials on HIV prevention
- ✦ organizational capacity building for 5 Romanian organizations serving the needs of PLWHA and involved in HIV prevention
- ✦ development of first five-year HIV/AIDS strategy for Romania
- ✦ launching of first HIV/AIDS information centre



Initiative Romanian Adolescent Health, HIV Prevention and Social Services
Initiative Strengthening Regional and National HIV/AIDS and Youth Capacity in South-East Europe
Active Dates 2000 – 2005
Geographic Spread Moldova, Romania, Bulgaria, Croatia, Bosnia & Herzegovina, Serbia & Montenegro, Albania, Macedonia, UN-administered province of Kosovo
Partners UNICEF, Ministries of Health, AIDS Service Organizations and NGOs involved in HIV/AIDS

Selection of Important Results Achieved

- ✦ preparation of national HIV/AIDS strategies
- ✦ design and implementation of youth-focused social marketing campaigns for HIV prevention
- ✦ first rapid assessment of HIV and AIDS situation among particularly vulnerable population groups
- ✦ capacity of NGOs and ASOs targeting HIV and AIDS interventions strengthened
- ✦ new information gathered on legal issues related to PLWHA and HIV prevention strategies
- ✦ first regional conference on HIV/AIDS in south-east Europe, with governments making commitments to support (morally and with resources) HIV prevention and AIDS care and support services
- ✦ preparation of first-round proposals to Global Fund for HIV/AIDS, Tuberculosis and Malaria



Initiative Strengthening HIV/AIDS Surveillance
Active Dates Jan. – June 2005
Geographic Spread Bulgaria
Partners Ministry of Health of the Republic of Bulgaria

Selection of Important Results Achieved

- ✦ enhanced local capacity in HIV surveillance
- ✦ implementation of improved HIV and AIDS epidemiological surveillance system

Initiative Building Civil Society's Voice for Public Health
Active Dates Sept. 2005 – June 2009
Geographic Spread Republic of Serbia, Republic of Bosnia and Herzegovina
Partners Public Health Association of Serbia, working groups for the establishment of Public Health Associations in the FBiH and RS (Bosnia and Herzegovina)

Selection of Important Results Achieved

Project commenced field activities in June 2006. Expected outcomes are:

- ✿ PHAs in Serbia and Bosnia & Herzegovina fully functional and operating effectively (governance, administration, programming, fund-raising, membership)
- ✿ Production of studies on tobacco control, gender issues, disease prevention and protection that produce evidence for policy and programming advocacy and action
- ✿ Active networks of NGOs in Serbia and Bosnia & Herzegovina that have a strong advocacy voice on public health issues
- ✿ Increased access by members of public health communities to up-to-date, relevant information about public health issues and responses
- ✿ Active participation of PHAs in Serbia and Bosnia & Herzegovina in dialogue and action on public health issues of a national, regional and international importance.

Annex C

Glossary

Capacity building

The development of an enabling environment and the core competencies (skills and capabilities) to support an organization's or program's effectiveness and sustainability.

Civil society

The community of non-governmental organizations, bodies and social movements acting as independent advocates for policy and action for the public good. Depending on whose definition is consulted, civil society may or may not include the for-profit business sector. The common characteristic is that they are not under the direct influence or control of government.

Essential public health functions

The set of actions that should be carried out specifically to achieve the central objective of public health. The essential functions of the Canadian public health system have never been officially defined although a national working group has recommended the following list:

- Population health assessment;
- Health surveillance;
- Health promotion;
- Disease and injury prevention;
- Health protection.

Adapted from the Pan American health Organization and the Canadian Institute for Health Research

Knowledge exchange/transfer

A collaborative, consultative problem-solving approach among a community of practice (researchers, decision makers, practitioners) which results in mutual learning through the process of planning, producing, disseminating, and applying existing or new evidence to influence policy, action and practice.

Adapted from Canadian Health Services Research Foundation. Available from: http://www.chsrf.ca/keys/glossary_e.php

Primary health care

The principle elements of primary health care, as per the *Alma-Ata Declaration*, are: education concerning prevailing health problems and means for their prevention and control; promotion of an adequate food supply and proper nutrition; basic sanitation and adequate supply of safe water; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of drugs. This would be done through a comprehensive, coordinated and mutually supportive primary health care services approach that focuses on dimensions within the health care system.

Public health

Public health focuses on the health of populations. It is a social and political concept aimed at the improving health, prolonging life and improving the quality of life through health promotion, disease prevention, health protection and other forms of interventions that promote equal access for all to the conditions that affect health.

Public health association(s)

Independent, politically non-partisan, non-governmental voluntary membership organizations representing the public health community that advocate for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy

Public health capacity

The mechanisms, systems, activities/services and infrastructure necessary to meet a population's needs in terms of ensuring that the risks to the public's health are minimized

Sustainability

Meeting the needs of the present without compromising the ability of future generations to meet their needs

Adapted from the World Commission on Environment and Development, 1987

Public health rarely works through magic bullets – public health professionals need [to combine] ingenuity, evidence, common sense, passion, a sense of urgency and above all a sense of justice. [But] we have not applied two political and systemic lessons of the past to the developing world: first, the link of progress in public health to a wider context of social reforms and investments such as redistribution of wealth and access to education and second the lessons of the great sanitary revolution which underlined the need to build strong and sustainable public health systems. ... Either we reorient and strengthen public health within both modern and developing societies as a joint endeavour and institute a resilient system of global governance for health or we will face dire consequences in terms of human, social and economic development.

Ilona Kickbusch
Hugh R. Leavell Lecture "The End of Public health as we know it:
Constructing global health in the 21st Century";
10th International Congress on Public Health, April 2004