

A close-up photograph of a young child with dark skin and short hair, drinking water from a wooden well. The child's hands are cupped around the spout, and water is dripping from their fingers. The background is slightly blurred, showing wooden posts and a hint of a rural setting.

The Public Health ASSOCIATION MOVEMENT

25 years
of building a
civil society voice
for **public health**

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Foreword by the first Director of the SOPHA Program

Since the early 1980s CPHA has been privileged to work with over 30 national public health associations around the world. In 1985, the Canadian International Development Agency (CIDA) recognized the contribution CPHA could make to global public health and provided it with its first multi-year grant. This allowed the Association to develop stable partnerships with both nascent public health associations (PHAs) and those with a longer history of public health advocacy in their own country. The overall objectives of CPHA's activities were to strengthen primary health care, support the development of national PHAs and promote partnership and collaboration between Canadian public health practitioners and our overseas partners.

With a modest amount of seed money through the funds provided by CIDA and with a great deal of voluntary action on the part of our partners and CPHA members, extraordinary work was undertaken. In most cases, our partners chose to carry out activities in some of the more neglected public health areas that did not attract the attention of most international donors and that lacked appropriate national health policies and programs. It is impossible to list all the remarkable activities of our partner PHAs, but this publication provides several examples. These range from advocating for a better response to the health issues of elderly women in Central America; to training health personnel and workers in the area of occupational health and safety in several countries in Latin America, Africa and Asia; to using common public health concerns as a strategy to promote dialogue and peace-building in the Middle East.

In addition to carrying out project activities, our partners also expanded their membership, provided a national forum for public health issues, strengthened their financial and advocacy capacity and became involved in international global health issues through the World Federation of Public Health Associations. It is with pride that CPHA has supported its partners in leadership roles within the Federation, several of them hosting the Federation's prestigious Triennial World Congress on Public Health in Tanzania, Indonesia, Brazil and Turkey.

The effectiveness of civil society collaboration to address a global public health issue was never more evident than during the long process and tremendous efforts to achieve the World Health Organization's goal to control the worldwide epidemic of tobacco-related diseases through the landmark international agreement, the Framework



Margaret Hilson participating in the first regional workshop on building a public health movement in Francophonie Africa, held in Burkina Faso (1994)

Convention on Tobacco Control (FCTC). National PHAs around the world joined with others to support the FCTC, to support their own country's ratification and subsequent compliance with the Convention and to support activities to counter the tobacco industry's aggressive marketing tactics, particularly those directed towards youth and young women.

CPHA members, representing a vast range of expertise and experience in public health, from front-line practice to macro policy development and implementation, could not have achieved the past 25 years of international cooperation without the enthusiastic participation of its own members. From senior policy makers and program planners to front-line public health workers, CPHA members shared their experiences, knowledge and skills, and resource materials and worked side by side with our partners to achieve their goals. Our overseas partners also shared their experiences and contributed to new ways of thinking about and taking action on Canadian public health issues. In some cases, their public health materials and strategies proved useful for Canada's immigrant communities. Long-term professional collaboration and friendships have been developed through participation in the Strengthening of Public Health Associations (SOPHA) Program. The common commitment to improve health has overcome language and cultural differences and given all of us involved in the SOPHA Program a true sense of being an active participant in moving towards the global goal of Health for All.

Margaret Hilson

Director/Global Health Programs (1985–2005)
WFPHA President (1999–2001)

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Acknowledgments

This publication commemorates the 25th anniversary of the Canadian Public Health Association's flagship international program Strengthening of Public Health Associations, better known as the SOPHA Program. Its intent is to document the work that has been done by the CPHA, its members and partners to foster the development of public health associations around the world since 1985.

CPHA would like to acknowledge the work of its Global Health Programs team,

particularly Annie Horricks, Manjula Alles, Violette Pedneault and James Chauvin, as well as university students Katie Ablett and Nichole Williams, who researched, compiled and edited the articles for this publication. CPHA also thanks Margaret Hilson, the founder of the SOPHA Program and former Director of CPHA's Global Health Programs for her contribution to the publication and for writing the Foreword.

CPHA acknowledges the contributions and involvement of its members and

technical advisers, as well as partner public health associations who wrote about their experiences. They include Doug Angus, Ron de Burger, Debbie Grisdale, Phillipe Guerrier, Thomas Rathwell, Sherryl Smith, Isaac Sobol, Hélène Valentini and David Zakus, as well as Jean-Robert Antoine (Haiti); Mengistu Asnake (Ethiopia); Naim Ismail (Palestine); Robert Machangu (Tanzania); Federico Paredes (Costa Rica); D.K. Sekimpi (Uganda); and Yvette Saya (Congo).

Finally, CPHA would also like to recognize

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An account of 25 years of program accomplishments, strengthening public health associations worldwide

the exceptional contribution of the Canadian government, through the Canadian International Development Agency, for 25 years of continuous financial support to the SOPHA Program. CPHA benefited as well from the support and collaboration of other organizations and agencies, including the International Development Research Centre, Foreign Affairs and International Trade Canada, the World Health Organization, the Pan American Health Organization, the World Bank Institute, UNICEF, the US Centers for Disease Control and Prevention (CDC), Health

Canada, and the Public Health Agency of Canada, as well as the many members of the Canadian public health community who tirelessly and generously gave their time as volunteer technical advisers.

CPHA would like to give a special thanks to all its partners and associates for 25 years of continued collaboration to build a strong and vibrant civil society public health voice to achieve Health for All.

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International
Development
Agency

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canadienne de
développement
international

In the Beginning...

The Canadian Public Health Association (CPHA) became engaged in international health when it joined the World Federation of Public Health Associations (WFPHA) in 1973. Since then CPHA has provided technical and financial assistance to over 400 partners in 80 countries in support of their efforts to enhance public health functions and primary health care services. The Strengthening of Public Health Associations (SOPHA) Program, through which CPHA provides technical and financial assistance to establish and nurture national and regional public health associations (PHAs), is the centrepiece of CPHA's global health activities.

In 1978, CPHA organized and hosted the WFPHA's second World Public Health Congress in Halifax, Nova Scotia. The Congress adopted a Statement of Principle on the involvement of non-governmental organizations (NGOs) in support of national health goals. That same year, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) requested that the WFPHA prepare a paper on the principles of primary health care that would reflect the position of NGOs working in health. CPHA was given the responsibility of working with more than 100 NGOs to prepare the paper, entitled *The Role of Non-Governmental Organizations in Achieving Health for All by the Year 2000*.

Gerry Dafoe, then Executive Director of CPHA and President of the WFPHA, presented the paper at the **Alma Ata International Conference on Primary Health Care** in September 1978. Alma Ata was a defining moment for CPHA, and soon afterwards the CPHA's Board of Directors affirmed the Association's commitment to support the *Declaration of Alma Ata*.

In 1982 CPHA launched its first international project with funding provided through the Canadian International Development Agency (CIDA). This 3-year project, in partnership with the Sudanese Society of Preventive and Social Medicine, trained rural agricultural and urban industrial workers in occupational health and safety. The project was soon followed by three other OHS projects in India, Colombia and Egypt.

Other international initiatives followed, including a twinning project between the Haldimand-Norfolk Health Unit in Ontario and St. Ann's parish in Jamaica (1983–84), and the International Health Awareness Program, an effort to engage and inform the Canadian public and health professionals about international health issues.

In 1985, CPHA signed its first multi-year contribution agreement with CIDA for funding in support of the Block Funding program (the precursor of the present Strengthening of Public Health Associations [SOPHA] Program). With this funding, CPHA established its International Health Secretariat (IHS) to support projects with PHAs in developing countries. Margaret Hilson was appointed its Director, and a Review and Evaluation Committee was established to assess the merit of and take funding decisions on project proposals submitted by potential partners and to evaluate CPHA's international activities.

In November 1986, CPHA co-hosted and organized with the WHO and Health Canada the **First International Conference on Health Promotion** in Ottawa. The Ottawa Charter for Health Promotion was developed at this conference and was subsequently embraced by the international community as a key component of the global strategy to achieve Health for All by the Year 2000. The Conference was the launching pad for the Healthy Cities movement and also served as the release site for the document *Achieving Health for All: A Framework for Health Promotion*. This



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In 1989, CPHA's Board of Directors convened a Task Force on the Sustainable Development of Primary Health Care Services in Developing Countries. This initiative was undertaken to address concerns about the direction of donor-driven health reform initiatives being implemented in developing countries in response to structural adjustment strategies endorsed by global financial institutions, such as the World Bank.

The output was the CPHA position paper entitled *Sustainability and Equity: Primary Health Care in Developing Countries*. In it, CPHA reaffirmed its commitment to the goals and values articulated in the *Declaration of Alma Ata* and embraced a broad-based strategy built on collaboration and community involvement as the way to achieve primary health care goals in developing countries.

In 1990, CPHA underwent a restructuring of its Board of Directors, which resulted in an increased commitment to international health activities. This included the creation of an elected representative on its Board specifically responsible for international health, as well as the establishment of the National and International Policy Planning Committee, which reviewed emerging health issues and recommendations for action to the Board.

Over the next decade CPHA started implementing a number of large international health projects. The first of



(3) Community public health educators trained through the Reproductive Health Project in Zambia (2001 – 2006);

(4) A local vaccinator in India, pictured with vaccine carrier and new born vaccination tracking booklet (CIII);

(5) Dr. Gordon Lee (left) receives a map of Jamaica from Dr. Lou Grant to commemorate the successful twinning program between the Regional Health Unit of Haldimand-Norfolk, Ontario, and the St. Ann Board of Health in Jamaica (1983).

Key Milestones in CPHA's International Programs



these was the CIDA-funded **Southern Africa AIDS Training Programme**. The initiative's goal was to enhance the capacity of community organizations in southern Africa to design and deliver effective HIV prevention and AIDS care, support and treatment activities. The project was carried out in three phases from August 1990 until June 2008. Initially a regional initiative managed through a team located in Zimbabwe, it was transformed in late 2003 into an autonomous African regional NGO called the Southern African AIDS Trust, based in South Africa.

Other large projects managed by CPHA's IHS followed. These included initiatives to create and nurture a civil society for public health through the creation of PHAs in Romania (1992–2000), the Palestinian Territories (1993–1999) and Russia (1994–2003); a maternal and child health project in Turkey, which resulted in the creation of that country's national public health association (1991–1998); reproductive health projects in Malawi and Zambia (1996–2006); and the Romania Adolescent Health Project (1997–2000). CPHA also provided technical

advice and assistance to UNICEF for a regional HIV prevention and AIDS care and support initiative in the Balkans region (1999–2005) and to the Caribbean Epidemiology Centre for the Caribbean Regional HIV/AIDS Program (1996–2007). In the Americas region, CPHA supported the strengthening of health promotion capacity and the introduction of an intersectoral approach for health in Brazil (1999–2010), and contributed to increasing access to and quality of maternal/child health services in a remote region of Argentina (2002–2006).

CPHA has also played a leadership role in international tobacco control. This started in 1996, when CPHA hosted the International Tobacco Workshop in Ottawa, an event that was co-sponsored by the IDRC and attended by representatives from PHAs in Zimbabwe, Tanzania, Uganda, Costa Rica, Russia and Turkey. Since then, CPHA has partnered with more than a dozen countries on initiatives and strategies for tobacco control advocacy, policy and programs. It is also a partner with WHO and the US Centers for Disease Control and Prevention in the Global



Tobacco Surveillance System.

Over the years, CPHA has played a leadership role within the WFPHA. It has been a member of the WFPHA's Executive Board on several occasions, and on two occasions CPHA held the position of WFPHA President: Gerry Dafoe (CPHA's Executive Director between 1973 and 2004) from 1978 to 1980 and Margaret Hilson (Director of CPHA's Global Health Programs between 1985 and 2005) from 1999 to 2001. CPHA has also played a major role in helping to strengthen the Federation's governance and operational capacity, and has contributed to several WFPHA position papers and statements on public health issues.

In May of 1992 CPHA was awarded the **Sasakawa Health Prize** from the WHO for its work on strengthening national PHAs and primary health care in developing countries. This was the first and only time that a Canadian organization has received this prestigious award. The CPHA's nomination was presented to the WHO jointly by Canada's federal and provincial governments.

In 2007, in recognition of the changing international health environment, CPHA produced a 10-year strategic plan for its global health activities. A *Public Health Approach for Global Development* (CPHA's *Global Public Health Strategy 2007-2017*) defines the goal of CPHA's global program as building public health capacity in low- and middle-income countries with a strategy based on four elements: strengthening the civil society voice for public health; enhancing and expanding public health leadership; fostering and managing effective partnerships for public health; and mobilizing the Canadian public health community for the development of a strong, competent, international public health community. The SOPHA Program remains the cornerstone of CPHA's global health strategy.

The History of the Strengthening of Public Associations Program



SOPHA | **PRASP**

For 25 years the Canadian Public Health Association (CPHA) has supported the establishment and organizational development of national public health associations (PHAs) in low- and middle-income countries worldwide as a means to create and strengthen civil society's voice for public health. A non-governmental public health association brings a unique and objective perspective to national and international debates on health issues. PHAs provide sound, credible evidence and represent a multidisciplinary, independent voice without the constraints of professional licensing, certification or self-interest. They enhance and reinforce the role of civil society and raise the level of awareness and understanding of the impact of public policy on human health and well-being.

The purpose of the SOPHA (Strengthening of Public Health Associations) Program is to strengthen the organizational and performance capacity of professional voluntary membership associations to advocate for and provide sound technical input to discussions around health policy and programs. SOPHA endeavors to nurture the associations' ability to function as effective national PHAs; take a leadership and advocacy role for health; promote and support broad public participation in health issues and action; and build partnerships and alliances with other agencies, organizations and professional associations for action on important health issues. SOPHA's goal is accomplished by working closely with the PHAs to provide the training and support required to improve their ability to function as national health resources. Moreover, support from the SOPHA Program has successfully fostered and enabled PHAs to gain international visibility, and build networks and alliances with other PHAs and organizations.



Health

The support provided by CPHA has enabled PHAs to become strong advocates for evidence-informed sound public policy, to implement and manage public health interventions and research initiatives, to independently pursue funding opportunities, to mentor other PHAs, and to effectively increase their impact and role in public health in their communities, countries and around the world.

The Early Years (1985-1994)

In 1985, CPHA received its first multi-year financial contribution from what is today known as the Canadian Partnership Branch at the Canadian International Development Agency (CIDA) for a 3-year project referred to as the Block Funding program for the strengthening of public health associations. This permitted CPHA to establish an International Health Secretariat (IHS) that could identify and support projects undertaken in

collaboration with partner PHAs in developing countries. The program reconfirmed CPHA's commitment to support the guiding principles of the *Alma Ata Declaration* through technical and financial support for public health activities carried out by non-governmental organizations (NGOs) in developing countries.

This inaugural block funding phase (1985–1988) included partnerships to support five PHAs in **Bolivia, Costa Rica, Egypt, Sudan** and **Indonesia**. Support focused on improving the operating capacity of the PHAs and their own public health projects, which dealt with occupational health and safety, human resources training, reproductive health, care of the elderly and health promotion.

At the end of this initial phase of the Block Funding Program in 1988 CIDA applauded the successes achieved and the contribution that CPHA had made to the expansion of the global community of PHAs. This was just the beginning.

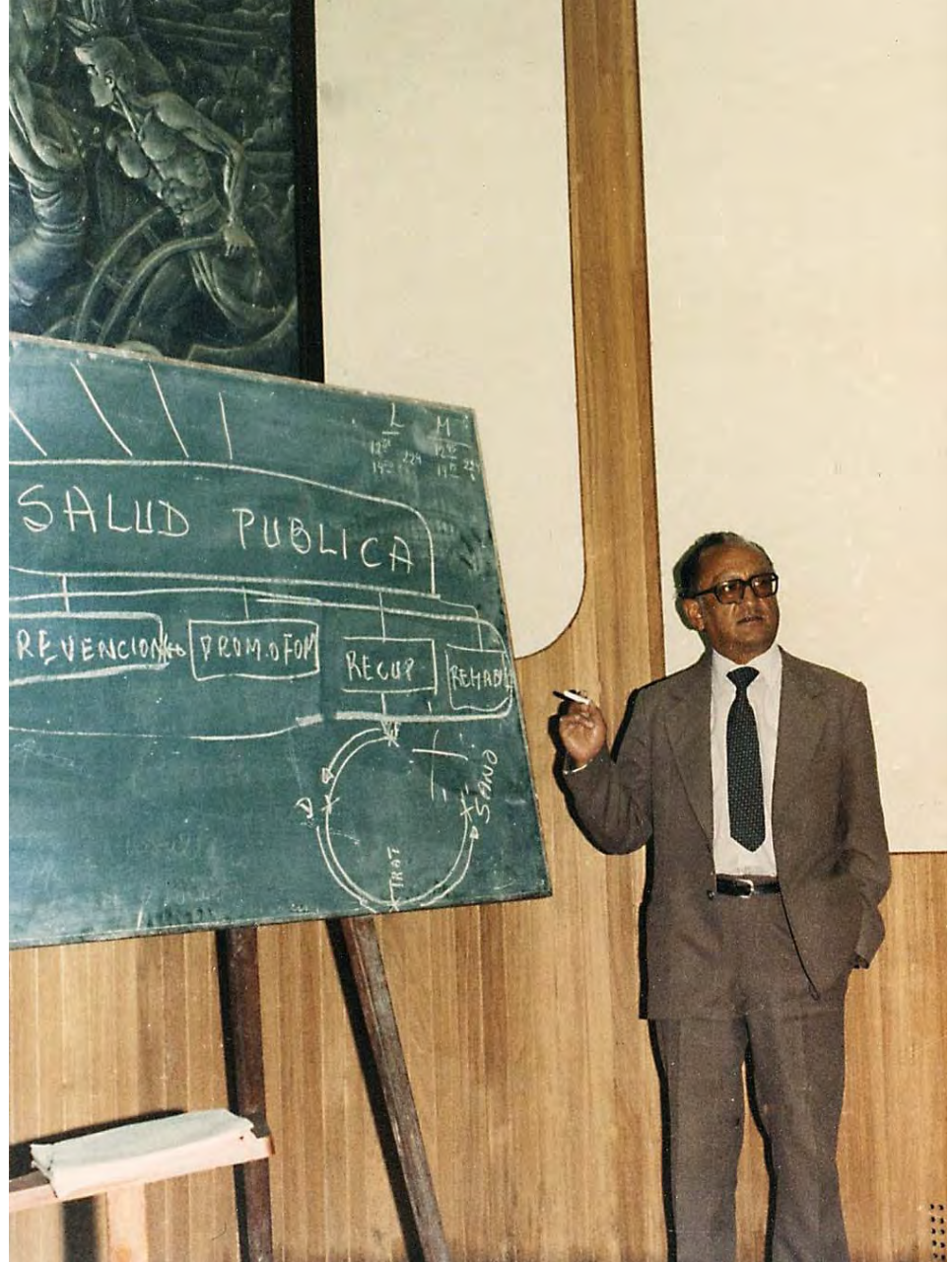
BOLIVIA 1986-1995

The Sociedad Boliviana de Salud Pública (SBSP) was created in 1958 and was one of CPHA's first public health association partners. CPHA received SBSP's first project proposal in 1985 for an initiative designed to increase the visibility of and improve local response to occupational health and safety (OHS) in Bolivia. Studies done by the National Institute of Occupational Health (INSO) found a high frequency of occupational hazards and associated ill health among Bolivian workers in the mining, agricultural and manufacturing industries. The objectives of the project were to respond to these OHS challenges by establishing an educational network between the higher education system and the Ministry of Health; training human resources; and creating a permanent human resource and information capacity in the INSO. The support to SBSP was renewed in 1991 with a focus on strengthening its institutional capacity. CPHA support ended in 1995. The SBSP had made an important contribution to building awareness of and means to improve the OHS situation for many Bolivian workers.

PALESTINIAN TERRITORIES 1993- 1998

The signing of the Oslo Accords between Israel and the Palestinian Liberation Organization in September 1993 created a new environment within which initiatives to enhance the capacity of Palestinians to improve the health and well-being of their populations could take place. It was in this context that, with financial support from CIDA, CPHA started a project whose goal was to support Palestinian civil society in its response to public health issues. This initiative was predicated on the belief that a Palestinian PHA would provide an effective vehicle through which to support the efforts of public health professionals working in the West Bank and Gaza to identify, design and put into action effective disease prevention, health promotion and health protection programs. It would also

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A member of the *Sociedad Boliviana de Salud Pública* leading a local training workshop (circa 1990)

The second 3-year Block Funding Program phase, from 1988 to 1991, resulted in an increase in the number of partnerships and an expansion of the program's geographic reach. It included the PHA partners supported through the initial phase as well as several new and emerging PHAs in the **Caribbean, Chile, Mexico, Tanzania, Thailand** and the first partner from a French-speaking country, Zaire (today's Democratic Republic of the Congo). Another notable and new element in the program was the support provided for the establishment of a regional PHA in Africa. The **Eastern, Central, Southern African Public Health Association (ECSAPHA)** was officially inaugurated in 1990 under the leadership of the Tanzania Public Health Association with the technical and financial support of CPHA and the Commonwealth Secretariat.

The third and final phase of the Block Funding Program (1991–1994) included 11 partner associations (eight from the previous two phases and three new partners from **Peru, Uganda and Zimbabwe**). By the end of this phase, 13 of the original 15 partner PHAs were implementing public health related activities in their respective countries, acting as conveners for public health events and, in some cases, were influencing policy and programming. As well, they had become members of the World Federation of Public Health Associations (WFPHA), which brought them into the global public health movement.



Mr. Ali Juma, Vice-President of the United Republic of Tanzania, opens the WFPHA 8th Public Health Congress (Tanzania) October 13, 1997



(LEFT) Members of SOPHA public health association partners and CPHA staff, WFPHA 7th World Congress, Bali (Indonesia), 1994



(RIGHT) Hygiene and sanitation education for campesinos in Ollyantambo, Peru (Asociación Peruana de Salud Pública)

Over the three project phases, CPHA facilitated networking, knowledge exchange and collaboration among national PHAs. This resulted in CPHA hosting two **Partners around the World** workshops. The first one was held in Ottawa in June 1988, and the second workshop was held in Bali, Indonesia, in December 1994 (held immediately before the 7th World Congress of the WFPHA, hosted by the Indonesian Public Health Association). The theme of both workshops was *Strengthening our Associations*. They were designed to provide partner PHAs with the skills and tools to strengthen their organizational financial sustainability, governance processes and capacity to carry out public health programs. Ten PHAs attended the Ottawa meeting. The Bali meeting attracted more than 40 representatives from 18 public health associations. It was during this second workshop that participants identified tobacco control as an emerging issue for PHAs in developing countries.

The SOPHA Program (1995-2010)

The evaluation of the third phase of the Block Funding Program gave CPHA cause to reflect on what had been achieved over the previous 10 years. This initiative had succeeded in increasing the number of PHAs in Africa, Asia, Latin America and the Caribbean. Through Canada's support, the organizational and programmatic capacity of 15 PHAs had been enhanced. All the PHA partners had contributed in some way to improving the conditions that affect the public's health, whether in the work place, the home or the community. The goal of this initiative was consistent with the aims of CPHA's other international initiatives: to build local organizational capacity and competence for sustained, equitable and real improvement in the health and well-being of all people, based upon the principles enunciated in the Alma Ata Declaration and the CPHA position paper on *Sustainability and Equity: Primary Health Care in Developing Countries*.

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help create a civil society voice to guide the Palestinian Authority on public health policy.

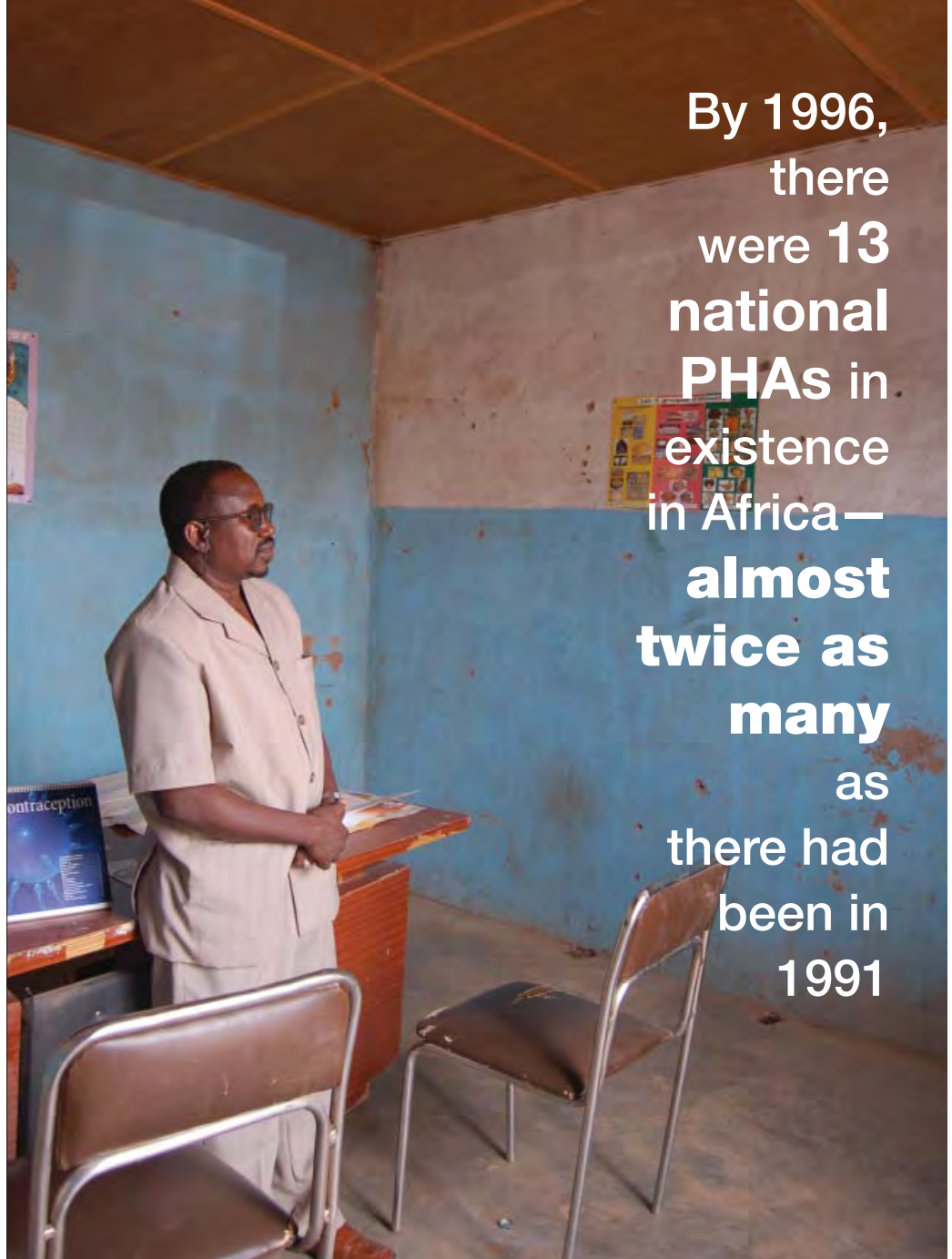
In 1994 the Palestinian Public Health Association (PPHA) was officially established as a democratic, multi-disciplinary and membership-based association with several branches. The PPHA organized seminars, scientific conferences and meetings, and disseminated information about domestic and international public health issues. It developed professional relationships with other NGOs, academic institutions and the Ministry of Health. It worked to raise awareness of and assist in implementing services to address the health needs of Palestinian refugees in Gaza and the West Bank. When the project ended in 1998, the PPHA had been very successful at disseminating information through its publications and newsletters. For example, the PPHA publication on breast cancer and self-examination was reported to be used extensively by the Ministry of Health in its women's health education program.

ETHIOPIA 1994- 2003

Created in 1989 with a membership of 40 dedicated health professionals, the Ethiopia Public Health Association (EPHA) was among the first PHAs to be established in Africa. The EPHA was a CPHA partner from 1994 until 2003, when it graduated from the SOPHA Program. Through this partnership, EPHA's organizational and operational capacity was strengthened, its capacity to publish and disseminate its scientific journal (the *Ethiopian Journal of Health Development*) and its newsletter (*Felene Tega*) was enhanced, and the quality of EPHA's Annual Scientific Conference and continuing education programs were improved. EPHA conducted many seminars and workshops on a wide range of public health issues.

During its partnership with CPHA the EPHA expanded significantly its membership base and developed several collaborative

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Member of the Tillabéri branch of the *Association nigérienne pour la promotion de la santé publique*

By 1996,
there
were 13
national
PHAs in
existence
in Africa—
almost
twice as
many
as
there had
been in
1991

Given the central focus of the initiative, CPHA changed the name to better reflect its intention. The Strengthening of Public Health Associations (SOPHA) Program was launched in 1995 when CIDA renewed funding for a new 3-year phase. The Program would continue to receive CIDA funding for three additional phases through to 2011 and would become CPHA's flagship global health initiative.

Along with a change in name, the SOPHA Program adopted some other modifications. For instance, starting in 1995, public health themes were identified and adopted by the partner PHAs to encourage knowledge exchange and collaborative thinking and action on common areas of interest. This strategy also facilitated synergies in the Program and among partners as the number of PHAs included in the Program increased.

The first phase of the SOPHA Program (1995–1998) would see continued work with some previous PHA partners (**Chile, Costa Rica, Dominican Republic, Peru, Tanzania, Uganda and Zimbabwe**) as well as new partnerships (**Burkina**



Members of the Tanzania Public Health Association on an educational field trip to the local landfill

Faso, Ethiopia and Niger). This phase marked the beginning of an increasing number of African PHAs in the program and particularly newly established PHAs in French-speaking countries. By 1996, there were 13 national PHAs in existence in Africa—almost twice as many as there had been in 1991. In 1997, the Tanzania Public Health Association successfully hosted the 8th WFPHA International Public Health Congress, the first time that the event had been held in Africa, with technical support provided through the SOPHA Program.

From the mid to late 1990s, CPHA began to see the results of many years of technical and financial support to PHAs. Some partners had clearly enhanced their organizational capacities, attracted other sources of funding and demonstrated achievements in their public health activities at the community and national level. This meant that these PHAs would no longer require support from the SOPHA Program and that they would “graduate” from the Program. In 1995, the Indonesian Public Health Association and the National Health Association of Thailand would become the first SOPHA graduates. Shortly thereafter, in 1998, the PHAs in Costa Rica and Tanzania would also graduate from the SOPHA Program.

The concept of “SOPHA Graduates” was adopted to refer to the more mature and experienced PHAs, which would mentor emerging ones. This strengthened the “south-

south” technical cooperation aspect of the Program.

The next phase of the SOPHA Program (1998–2001) saw new PHAs replace the SOPHA graduates in the Program. They included the PHAs of **Cuba, Haiti, Mozambique and Pakistan**. Nevertheless, the recently graduated partners continued to play a role in mentoring new PHAs in their regions.

In 2000, at the time of the 9th WFPHA International Public Health Congress, held in Beijing, a call to action was made that emphasized the goal of a reduction of health disparities and the elimination of health inequities. CPHA and its SOPHA partners gained a renewed sense of purpose as global actors to address these international health challenges and were inspired to adopt a global focus within the Program’s next phase.

The third phase of the SOPHA Program (2001–2006) covered a 5-year period, allowing an expansion of the number of partner PHAs. This phase involved a total of 10 partner PHAs, including emerging associations in the **Republic of Congo and Malawi**. The continued effectiveness and relevance of SOPHA’s support and collaboration became evident with the graduation of Ethiopia in 2003, Uganda in 2005, and subsequently Burkina Faso and Cuba in 2006. SOPHA had developed a set of tools to assist PHA partners to assess and determine

projects with other organizations and institutions. In the mid-1990s, the Transitional Government of Ethiopia invited EPHA to be involved in the preparation of several health and health-related policies. The EPHA demonstrated its valuable leadership in public health when it published a position paper on gender and health. Today, the EPHA has more than 3,000 members across Ethiopia, continues to publish a scientific journal and a newsletter regularly and holds a scientific conference, hosted by its different regional branches, each year.

EPHA's international recognition has also grown significantly. In 2003, the EPHA was elected to the WFPHA's Executive Board, and in 2012 it will host the 13th World Congress on Public Health, in Addis Ababa.

CHARACTERISTICS OF AN EFFECTIVE PUBLIC HEALTH ASSOCIATION

- Has a democratic organizational governance structure;
- Fosters voluntarism & active membership engagement;
- Undertakes strategic planning;
- Active in key national public health issues;
- Active in research, policy and advocacy work;
- Have annual meetings, workshops and/or conferences;
- Maintains a small secretariat to establish institutional and management capacity.



criteria for graduation. These included an institutional assessment, based on a model produced by the International Development Research Centre (IDRC), which examines PHA capacity in the areas of governance and leadership, mission and strategy, physical and human resources and internal operations, management policies and procedures, program development, resource generation, membership engagement, and relations with government and other organizations.

At the time of the preparation of this publication, the SOPHA Program is in its fourth phase (2006–2011) and continues to provide technical and financial support to eight PHAs in Africa and Latin America. The newest SOPHA partners included in this phase are the PHAs of **Cameroon, Nicaragua and Mali**. This phase has placed specific emphasis on south-south technical collaboration through mentorship activities by graduated SOPHA partners (from Burkina Faso, Uganda and Costa Rica) with the newer SOPHA partners, as well as support for the development and revitalization of the two African regional networks, ECSAPHA and *Réseau des associations de santé publique d'Afrique francophone* (RASPAF).

The SOPHA Program has achieved much over the past 25 years. Today there are vibrant PHAs in countries where few existed previously. It has placed issues such as tobacco control on the national and international agenda and has provided a venue for and supported the discussion of high-priority and emerging public health topics. The SOPHA Program has also been instrumental in building strong civil society voices for public health in several



countries, in many cases a voice welcomed and encouraged by national ministries of health and international agencies. The SOPHA Program has contributed to a strengthening of the global PHA movement by sponsoring and supporting membership of PHAs from low- and middle-income countries in the WFPHA and the participation of PHA members at international public health fora. Although the current phase of the SOPHA Program will come to an end in December 2011, its legacy will endure through the actions of many PHAs around the world.

Strengthening Public Health Associations in the Middle East and Eastern Europe

In the early 1990s, CPHA started developing and implementing projects for building a civil society voice for public health in the Middle East and in Central and Eastern Europe. These projects were supported through a financial contribution provided by the Canadian Department of Foreign Affairs and International Trade (DFAIT), IDRC and CIDA's bilateral

program funding mechanism. Although not managed directly under the rubric of the SOPHA Program, these initiatives were directly linked to the Program's objectives and modus operandi.

The first of these initiatives led to the establishment in 1992 of the Turkish Public Health Association (HASAK). Originally formed as the public health section of the Turkish Medical Association, HASAK evolved quickly as an independent multi-disciplinary PHA. It identified tobacco control and mother/child health promotion as two areas of focus. Over the past 17 years, HASAK has evolved into an important voice for public health in Turkey and is a member of several coalitions addressing public health issues. It became a member of the WFPHA in the mid-1990s and in 2009 hosted the 12th WFPHA World Congress on Public Health.

The political and economic transformation in Eastern and Central Europe in the early 1990s offered an opportunity for CPHA to support the

A city-street cleaning and sanitation activity organized by MPHA, the City Assembly and over a hundred school children, teachers and parents from the Masasa Community, Mzuzu, Malawi (2009). Violet Sichinga, Executive Committee member of MPHA, is pictured at right in orange; and Edward Kayange, MPHA Masasa Project Coordinator, is at left in the dark suit



Three delegates from MPHA are preparing to present their paper on water and sanitation at the UNACOH Scientific Conference on Primary Health Care (September 2008)

UNACOH HOSTS MPHA DELEGATES IN KAMPALA

The Uganda National Association of Community and Occupational Health (UNACOH), a SOPHA graduate, hosted three delegates from the Executive Committee of the Northern Branch of the Malawi Public Health Association (MPHA) in September 2008. The purpose of the visit was to strengthen the organizational capacities of the MPHA through an exchange with an experienced PHA in Africa, such as UNACOH. The delegates from Malawi were able to fully participate in, and learn from, the Annual UNACOH Scientific Conference held in Kampala. They were coached in the preparation and oral delivery of a paper on water and sanitation to an audience of 100—a first experience for these delegates from Malawi.

SOPHA PROGRAM GRADUATE PUBLIC HEALTH ASSOCIATIONS:

- Have a strategic plan;
- Are able to intervene successfully in public health policy and programs;
- Have democratic, participatory and functional governance structure;
- Have an open and multi-disciplinary membership ;
- Hold regular national congresses and circulate publications;
- Are known and recognized by national and international health institutions.



Kurdish women at a community water source, southeast Turkey (1992)

emergence of the nascent non-governmental sector. In 1992, in collaboration with a small group of public health professionals in Romania, CPHA launched a project that would result in the establishment of the Romanian Public Health and Health Management Association (RPHHMA). The RPHHMA became a leader for tobacco control and also played important roles in HIV/AIDS prevention and reproductive health. It provided continuing education in health promotion for its members and held the country's only annual conference dedicated to public health. The project relationship with CPHA ended in 2000. CPHA also helped launch the Russian Public Health Association (RPHA). Between 1994 and 2003, CPHA provided financial and technical support to the RPHA in its efforts to create a civil society voice for public health. The RPHA established several regional branches and became a leader in advocating for strong tobacco control (a role it continues to play to this day).

Following upon the signing in 1993 of the Oslo Accords, CPHA was engaged by Canada's Department of External Affairs (known today as DFAIT) as a technical adviser on public health issues related to Palestinian refugees. CPHA was initially recruited by DFAIT, which held the gavel in the peace negotiations on refugee issues. Health was the one topic that could bring the two sides together to look at areas of peace building. It was the start of CPHA's interest and commitment to health as a catalyst for conflict resolution.

Through this process, CPHA met several public health professionals



(TOP) Epi Info (statistical software for epidemiology) training by CDC's Office on Smoking & Health in the Balkans (2003); (BOTTOM) CPHA member Odette Laplante (left) co-facilitating a strategic planning workshop in Niamey, Niger (2009)

from the Palestinian Territories, who voiced their interest in establishing a non-governmental PHA as a means of contributing to building a public health movement for the Palestinian people. The Palestinian Public Health Association (PPHA) was established in 1994, and for the next 6 years, with financial and technical support provided through CPHA, it advanced discussion about and action on several important public health issues (environmental health, health promotion, mother/child health and mental health).

In 1999, following the cessation of military hostilities in the countries of the former Yugoslavia, CPHA became one of several Canadian organizations to provide technical assistance in the rebuilding of the Balkans region's health sector. Initially CPHA managed a program in Kosovo that contributed to the reconstruction of health facilities and the training of a new cadre of public health practitioners. The program also included the founding of the Kosovo Public Health Association. Shortly thereafter, CPHA launched a new regional initiative to strengthen essential public health functions in Serbia, Montenegro, the UN-administered province of Kosovo, Bosnia and Herzegovina, and Albania. This CIDA-funded initiative, which came to an end in December 2009, supported the establishment and organizational nurturing of PHAs in the Republic of Serbia (the Public Health Association of Serbia, launched in October 2004) and in Bosnia and Herzegovina (the Partnership for Public Health of the Federation of BiH and the Public Health Association of Republika Srpska, both launched in mid-2007).

SOPHA PROGRAM THEMES

from 1995-2010

PHASE I 1995-1998

From the 1994 Partners Around the World workshop PHA partners highlighted three priority themes for action: **health reform; health and the environment; health promotion and social justice**. This phase also placed emphasis on the theme of Women in Development. Beginning in this phase **gender equity** was to be incorporated as a theme in the subsequent phases of the SOPHA Program.

PHASE II 1998 -2001

In a workshop held during the WFPHA International Congress in 1997 in Tanzania, the SOPHA partners decided to continue with the previous phase's themes and added **tobacco control**, given its emerging importance as a public health issue and the global movement that was beginning to take form through WHO's leadership for the development and ratification of the Framework Convention on Tobacco Control.

PHASE III 2001-2006

PHAs focused their work on transnational issues of **globalization, tobacco control and essential public health functions**.

PHASE IV 2006-2011

The partner PHAs met during the WFPHA's International Congress in August 2006 and selected the theme of **strengthening the public health workforce** for this phase in recognition that a strong, effective global health work force is essential to achieve the Millennium Development Goals.

African Regional Public Health Association Networks

Regional networks of public health associations (PHAs) reinforce collaboration and consensus among different organizations and across geographic and linguistic borders. They provide a consultative forum through which PHAs can coordinate advocacy and action on public health issues of common interest and urgency. These networks also improve institutional visibility and create a dynamic environment for both internal and external partners to push for common public health development strategies. The networks can also facilitate mentorship, mutual learning and technical cooperative support among associations. The regional public health associations in Africa are more than just an association of associations. They provide a critical space for civil society actors to coordinate and prioritize global health action, transfer and integrate knowledge, and identify best practices.

CPHA has played a key role in supporting the creation and development of two regional networks of public health associations in Africa: The East, Central and Southern African Public Health Association (ECSAPHA) and more recently, the *Réseau des associations de santé publique d'Afrique francophone* (RASPAF).

The East, Central and Southern African Public Health Association (ECSAPHA)

The ECSAPHA was created in August 1988 at a regional meeting in Lilongwe, Malawi, that brought together delegates from eight African countries with two CPHA representatives as facilitators. Although ECSAPHA was launched at the end of this meeting, the official inauguration and adoption of ECSAPHA's constitution took place 2 years later in a meeting hosted by the Zimbabwe Public Health Association (ZPHA) in Harare, in June 1991, and held in conjunction with ZPHA's first Biennial Scientific Conference. In attendance were 60 participants representing 14 different countries. Professor Wen Kilama of the Tanzania Public Health Association (TPHA) was elected as Chairperson and Dr. Godfrey Woelk (ZPHA) as Vice-Chairperson. It was agreed that TPHA would act as the Secretariat for the network. Responsibility for the ECSAPHA Secretariat was transferred to the Uganda National Association of Community and Occupational Health





Participants of the ECSAPHA Revitalization Workshop in Entebbe, Uganda, April 2007. Shannon Turner (pictured front row, third from left), from the Public Health Association of British Columbia was the main facilitator of the workshop. Manjula Alles (front row, fourth from right) represented CPHA and the SOPHA Program.

(UNACOH) in 1997, when it assumed the ECSAPHA presidency.

CPHA partnered with the Commonwealth Health Secretariat for East, Central and Southern Africa in order to support the establishment of ECSAPHA and promote the formation of national public health associations in the region.

The reason for the creation of ECSAPHA, as stated in its constitution, was the realization and consensus by members "that countries in the East, Central and Southern Africa have similar health problems that could be solved through common and concerted strategies, and that they could benefit from each other's experience in the establishment and organization of voluntary public health institutions..."

Over the next 4 years, ECSAPHA held four conferences jointly with national PHA conferences. However, other than the conferences ECSAPHA was unable to implement any additional activities, principally because of the difficulty in securing funding over and above that provided through CPHA. The last formal ECSAPHA conference was held in Arusha in 1997, during the 8th WFPHA World Public Health Congress.

ECSAPHA remained dormant for 10 years. In 2007, UNACOH, with CPHA's support, hosted the ECSAPHA

Revitalization Workshop in Entebbe. This meeting reunited ECSAPHA members from nine countries, including representation from Botswana. That same year a presentation was made about the plan to revitalize ECSAPHA at the WFPHA Annual General Meeting. Another presentation on ECSAPHA was made at the 12th

WFPHA World Congress on Public Health in Istanbul, in April 2009. With these initiatives ECSAPHA once again has begun to gain regional visibility and assert its importance.

"...countries in the East, Central and Southern Africa have similar health problems that could be solved through common and concerted strategies, and ...they could benefit from each other's experience in the establishment and organization of voluntary public health institutions..."

Réseau des associations de santé publique d'Afrique francophone (RASPAF)

The concept of a network of French-speaking PHAs dates back to a 1994 workshop organized by CPHA and hosted by the *Association burkinabé de santé publique* (ABSP). French-speaking PHAs wanted a forum where they could discuss issues of mutual interest in their own language and advocate for and support the exchange of resources in French. The first meeting of PHAs in Francophone Africa took place in Ouagadougou (Burkina Faso). Participants from Benin, Rwanda, Burkina Faso, Mali, Chad, Niger and Zaire attended the meeting, as well as four representatives from CPHA who facilitated discussions.

In 2004, at the 10th WFPHA World Congress on Public Health, held in Brighton (UK), strategic discussions first started about the formation of a francophone PHA



(LEFT) Participants of the April 2007 RASPAF workshop, hosted by the *Association burkinabé de santé publique*; (RIGHT) CPHA Technical Assistant, Hélène Valentini, facilitator for the inaugural RASPAF meeting.

network, which would require the moral and technical support of the WHO Africa Regional Office. In 2006, the foundational stones were laid for RASPAF during an international training workshop for health promotion hosted by the Réseau francophone international pour la promotion de la santé held in Yaoundé, Cameroon.

In April 2007, the RASPAF was launched in Ouagadougou after a workshop meeting with PHAs from six African French-speaking countries. This meeting, organized and hosted by the ABSP, was supported by CPHA and facilitated by a CPHA technical adviser. Since the inaugural RASPAF meeting in 2007, several new PHAs have been created in French-speaking Africa, in Cameroon, Cote d'Ivoire, Chad, Mali and Senegal.

RASPAF, through its mission and goals, aims to create an environment favouring the expansion of the public health movement in Francophone Africa, organize a PHA network and develop a plan of action. This would also be an opportunity to address the under-representation of francophone African PHAs in international meetings and in international organizations like the WFPHA.

ECSAPHA and RASPAF join their efforts

The inauguration workshop of RASPAF and the revitalisation of ECSAPHA in 2007 served as a stepping stone for subsequent joint efforts and collaboration. The first opportunity was the WHO and CPHA supported regional workshop in Burkina Faso which coincided with the International Conference on Primary Health Care and Health Systems in Africa, in Ouagadougou in April 2008. Representatives from both RASPAF and ECSAPHA participated in this conference and parallel

PHA meeting which resulted in a continental *Declaration of Commitment of African Public Health Association Networks* for the revitalization of primary health care (PHC) signed by a total of 17 PHAs from both ECSAPHA and RASPAF networks.

The declaration outlined a strategy and visibly positioned African PHAs and civil society, for 1) advocating for equity in health services delivery and utilization; 2) strengthening operational research and evaluation to make public health systems more vigilant; 3) carrying out social and community mobilization in support of PHC; and 4) empowering members of the community to participate in their own public health interventions/initiatives.

Members of ECSAPHA and RASPAF are motivated to make a real difference and collaborate. As Luis Caceres, a former SOPHA Project Officer and advisor who worked with the African regional networks,

writes: "The regional public health associations in Africa are more than just an association of associations. They provide a critical space for civil society actors to coordinate and prioritize global health action, transfer and integrate knowledge, and identify best practices. Despite a range of governance, human resource, and connectivity challenges, the regional PHAs are networks that build collaboration in public health among African countries ..."

At the end of 2009, both ECSAPHA and RASPAF were pursuing the goal of an African Public Health Federation. The next World Congress on Public Health will be hosted by the Ethiopian Public Health Association (EPHA) in 2012 which will provide an exciting opportunity for African PHAs to demonstrate and discuss on the outcomes resulting from their efforts to support the African and global public health movement.

THE WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS

CPHA has been an active and engaged member in the Federation since 1973. Over its 37 years of involvement with the Federation, CPHA has played a leadership role in contributing to WFPHA's organizational development. CPHA has held the WFPHA presidency on two occasions (CPHA's former Executive Director, Gerry Dafoe [1978–1980] and the former Director of CPHA's Global Health Programs, Margaret Hilson [1999–2001]). CPHA has also assisted WFPHA to develop and revise its by-laws and recently has taken the lead in establishing and chairing the Federation's Finance Committee. CPHA has been a member of WFPHA's Executive Board on several occasions, most recently over the period 2006–2011, and has played an important role in the development of the Federation's strategic plan. It has also been actively involved in the revitalization of the WFPHA's tobacco control working group.

In 1978 the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) asked the WFPHA to prepare a position paper discussing the position of health sector non-governmental organizations (NGOs) on the principles of primary health care. CPHA collaborated with over 100 other NGOs to prepare the paper, *The Role of Non-Governmental Organizations in Achieving Health for all by the Year 2000*. Gerry Dafoe made a plenary presentation on this topic at the WHO/UNICEF International Conference on Primary Health Care in Alma Ata in September, 1978. WFPHA's presentation became an integral contribution to the Declaration of Alma Ata, a major landmark document that set the global goal of Health for All.

In its presidency of the Federation during the WFPHA Public Health Congress

in Beijing, in 2000, CPHA hosted an invitational high-level Leadership Forum with 20 participants representing all regions of the world. The significance of the global objective of Health for All by Year 2000, as given in the *Declaration of Alma Ata*, the gains made since 1978, the opportunities missed and the challenges for the future were all debated. The Leadership Forum drafted the Federation's Call to Action, which



Dr. Allen Jones, former WFPHA Secretary-General (†2008), presents a plaque to honour Dr. Theo Abeilin and Margaret Hilson's service to the WFPHA at the Federation's 38th AGM in Brighton (UK), 2004

was subsequently ratified by the entire body of the Congress and disseminated to all participating countries. This landmark event marked a turning point in consolidating the Federation's capacity to convene the world's public health leaders and to develop a global advocacy strategy for equitable access to health.

The triennial global public health congress is the WFPHA's flagship event. In 1978, CPHA organized and hosted the second World Congress on Public Health in Halifax, Canada. Over the years, several national PHAs, which were also SOPHA partners, have hosted this important international event. In 1994, the WFPHA Global Public Health Congress was hosted by the Indonesia

Public Health Association, in Bali; in 1997, the Tanzania Public Health Association hosted the first WFPHA Congress in Africa, in Arusha; and in 2009, the Turkish Public Health Association hosted the 12th WFPHA Congress in Istanbul. The next congress, in 2012, will be hosted in Addis Ababa by the Ethiopian Public Health Association, another SOPHA Program graduate.

Through the SOPHA Program, CPHA has made a substantial in-kind contribution to the Federation. CPHA has helped WFPHA increase its membership to include representation from low- and middle-income countries, especially from francophone, anglophone and lusophone Africa. Many SOPHA Program graduates have taken leadership roles in the WFPHA and its Executive Board and committees.

CPHA remains an active member and supporter of the WFPHA through its long-term commitment to the building of a global civil society voice for public health.

The WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS (WFPHA)

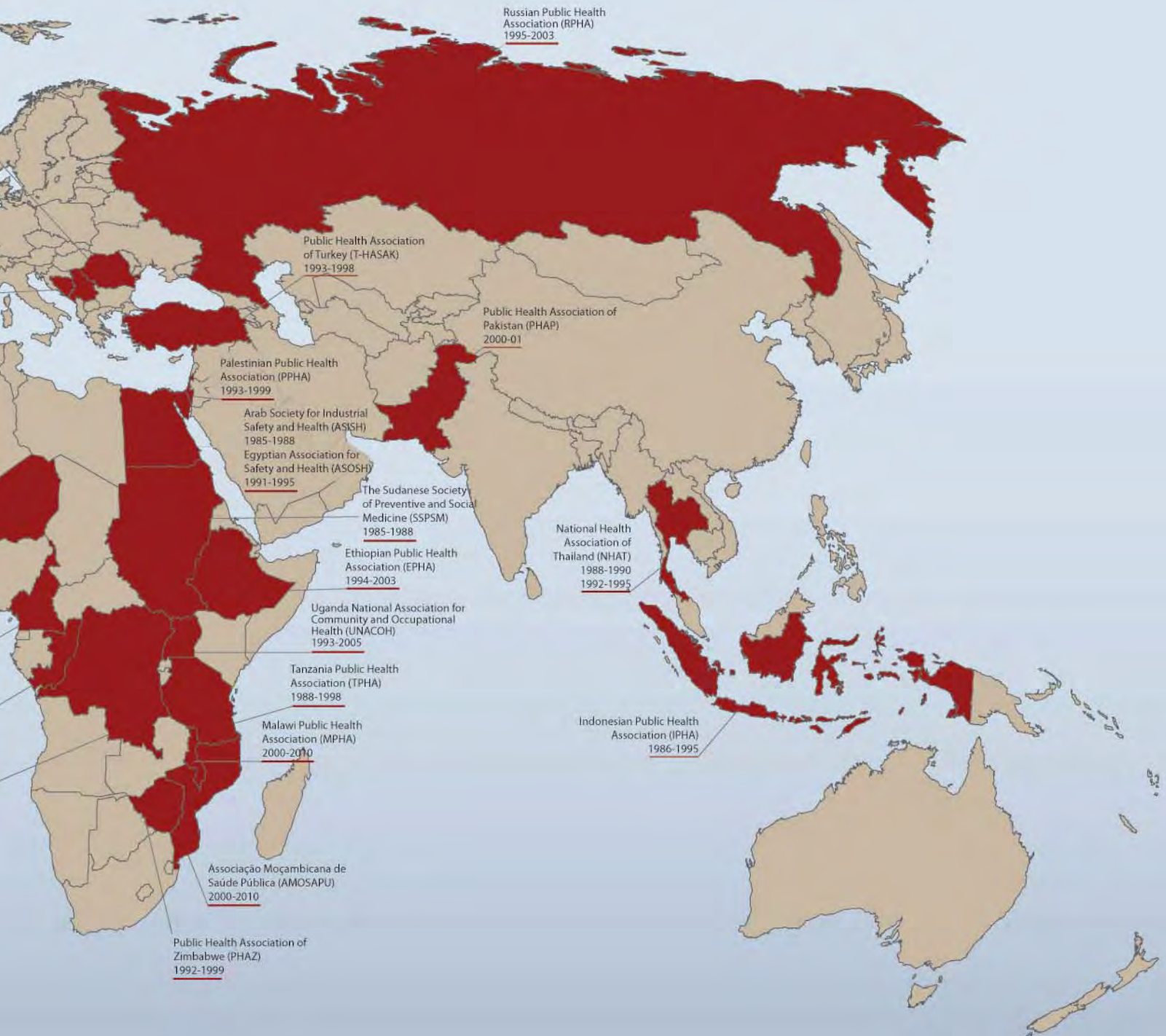
founded in 1967 in Geneva, Switzerland, is the only worldwide professional society representing and serving the broad area of public health and the community of national and regional public health associations (PHAs) and affiliated organizations. Today, the WFPHA counts more than 50 members, including national and regional PHAs as well as regional associations of schools of public health. **For more information, please visit: www.wfp ha.org**

SOPHA Partners Around the World

1985-2010



SOPHA PRASP

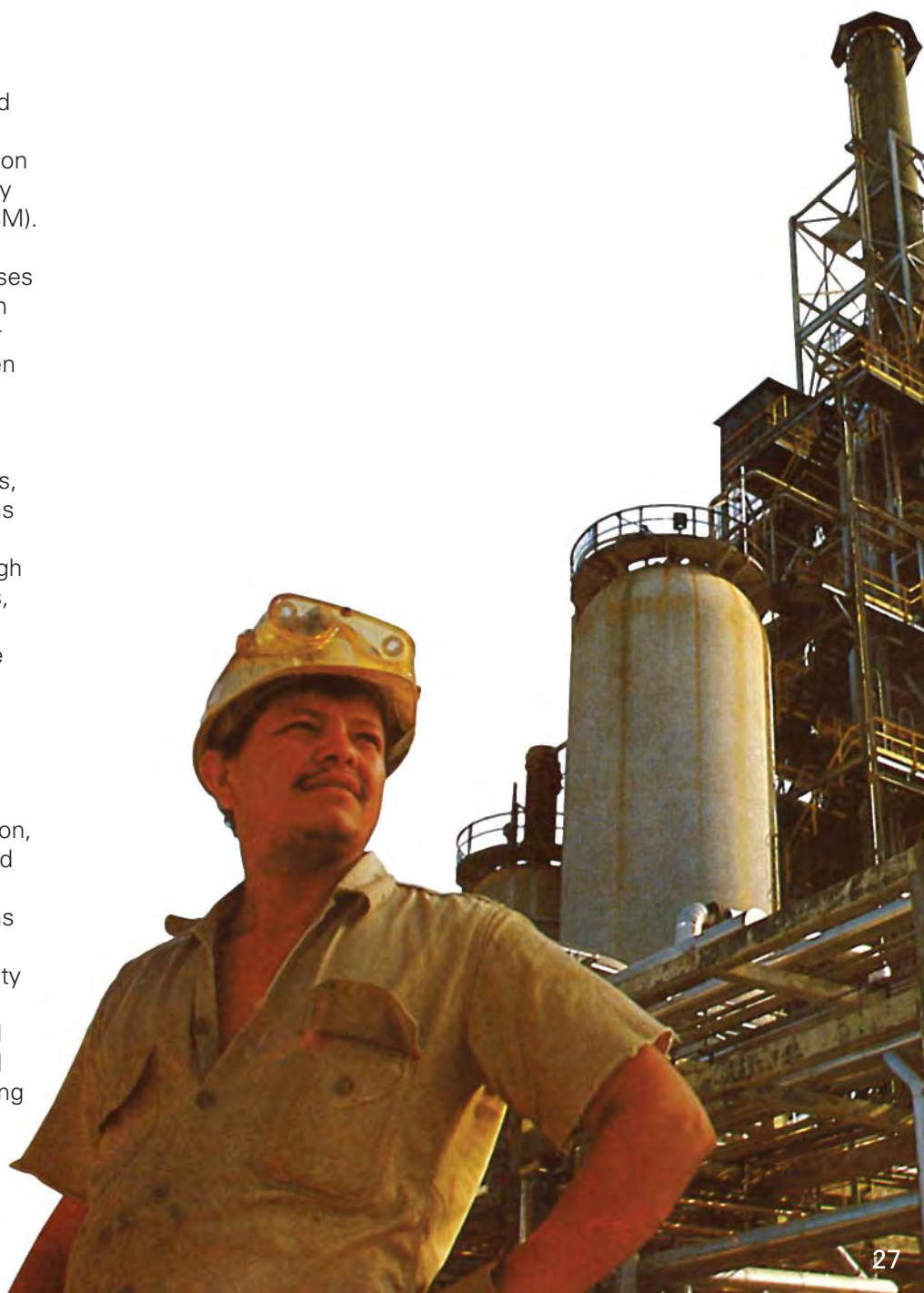


Occupational Health and Safety

CPHA's initial international projects focused on occupational health and safety (OHS). Its first international partnership with a public health association began in 1982 with the Sudanese Society of Preventive and Social Medicine (SSPSM). It was a 3-year project to examine the extent of workplace accidents and illnesses in small industries and farms, and to train employees as OHS supervisors. Another objective of the project was to strengthen the capacity of the SSPSM to undertake other primary health care activities.

Throughout the 1980s and into the 1990s, CPHA partnered with health organizations in Colombia, India and Egypt on OHS-related projects. It also supported, through the Block Funding and SOPHA programs, OHS activities initiated by its public health association partners in Bolivia, the Dominican Republic, Thailand, Turkey, Uganda and Ethiopia.

Several important results were achieved through these initiatives: the formulation and passing of workplace safety legislation, the opening of on-site OHS clinics staffed by full-time physicians and nurses, the delivery of seminars and training sessions for both employees and employers and the provision of OHS resources and safety equipment for workers. These projects addressed both urban industrial and rural agricultural workplaces, and saw marked improvements in the health and well-being of labourers in both sectors.



A Colombian textiles manufacturing plant, one of the participant industries in ANDI's OHS project



COLOMBIA

Occupational Health Development Program for Industry (1983 - 1990)

Workplace accidents were considered to be among the leading causes of death in Colombia in the early 1980s.

Workplace-related accidents were considered to be among the leading causes of death in Colombia in the early 1980s. In addition, more than half of non-fatal workplace accidents resulted in lifelong disablement. Despite this situation there was no OHS policy in place at the time in Colombia.

In 1983, CPHA and the Occupational Health and Safety Committee of the *Asociación Nacional de Industriales* (ANDI) began implementing an Occupational Health Development Project for Industries in Colombia. This initiative was funded by the Canadian International Development Agency. The major foci of the project were to develop occupational health programs in several pilot sites, to provide professional development opportunities for occupational health personnel and to strengthen ANDI's organizational capacity to convince industries to develop and implement OHS programs. All of these objectives were achieved by the project's completion in 1985. Dr. Jorge Segovia, a technical adviser to the project, reported that "skilled professionals have been trained and are now in place in Colombia, professionals

who are playing an increasingly important role in developing occupational health and safety programs."

The second phase of the project, from 1986 to 1990, focused on improving OHS conditions in the industrial sector through organizational development, manpower training and research. As a result of the project's first phase, several educational institutions had introduced OHS elements into the teaching curriculum of health-related professional programs, such as nursing and oral hygiene.

The CPHA-ANDI project concluded in early 1990 and was considered a success. ANDI would continue to grow as an association and is today one of 14 non-governmental members of Colombia's National Regulatory Health Commission (*Comisión Reguladora de Salud*).



INDIA

Occupational Health Development Project (1984 - 1987)

CPHA's third occupational health project began in 1984 in India. The project was developed and implemented in partnership with the Confederation of Engineering Industry (CEI)¹ and the Indian Aluminum Company (INDAL). The project's goal was to promote and sustain a healthy workforce through improvements in the availability and quality of health services in the workplace. Through the project CEI promoted and facilitated the development and implementation of OHS programs within its membership, while INDAL developed an occupational health program, including a pilot site in its Alupuram smelter in Kerala State, for its workers and for workers in other smaller industries in the area.

An evaluation conducted at the end of the project in 1987 found that it had achieved most of its objectives. A network of individuals with expertise in OHS, capable of pursuing OHS initiatives, was created and nurtured. Moreover, the INDAL Occupational Health and Safety Centre was established and delivered programs and services for INDAL plant workers, their families and to small- and medium-scale industries in the surrounding area. The Centre developed into a hub of OHS expertise and resources.

¹ Formerly known as the Association of Indian Engineering Industry.



(TOP) The worker's lunch room, prior to the establishment of OHS practices and regulations. According to the trip report of a technical consultant: "even though these workers handled insecticide, they did not wear (nor were they provided with) any protective equipment or gloves, nor could I observe any handwashing facilities they could use before they ate their meals. Apparently, these workers digest as much insecticide dust as they breath or is absorbed through their skin."

(ABOVE) Margaret Kerr (Alcan) and representatives of the Association of Indian Engineering Industry at a ceremony commemorating the opening of the INDAL health centre.

(LEFT) The INDAL Hearing Conservation Program stated that high noise areas be designated and warned with prominent sign boards in order to reduce hearing damage.

A man wearing a wide-brimmed straw hat, a blue respirator mask covering his nose and mouth, and orange protective gloves is working in a field. He is holding a long-handled tool, possibly a hoe or a similar agricultural implement. The background shows lush green vegetation and trees, suggesting a rural or agricultural setting. The overall scene is brightly lit, indicating it is daytime.

THAILAND

Occupational Health Programs in Rural Communities (1992 - 1995)

In its second partnership with the National Health Association of Thailand (NHAT) through the Block Funding mechanism, CPHA supported a small project that addressed occupational health in village cottage industries. Development of small enterprises had been encouraged in Thailand's rural areas as a means to diversify and increase sources of revenue. Although income was being generated, workers were being exposed to health hazards as a result of manufacturing processes in village-based cottage industries. The NHAT initiative identified and addressed occupational health problems of rural workers in village agricultural and cottage industry in four provinces. It developed an innovative model for an occupational health program that could be easily integrated into the country's primary health care system. The model included the development of new tools and technologies, as well as the analysis of managerial and organizational issues. The pilot program addressed issues such as repetitive strain injuries and workplace safety in cottage industries such as mat weaving, wood milling, stone cutting, market gardening and fish processing. The project was deemed very successful, and the Ministry of Public Health agreed to continue funding the pilot initiative and scale it up after the CPHA-NHAT partnership concluded in 1995.

EGYPT

Industrial Health and Safety Survey and Human Resources Development Project (1984 - 1988)

In 1984, CPHA began another occupational health project in partnership with the Egypt-based Arab Society for Occupational Safety and Health (ASOSH). The project's goal was to strengthen the organizational capacity of ASOSH to act as an influential voice for occupational safety and health issues in Egypt. Specifically, the project supported a survey about industrial and agricultural safety and health problems; the development of a curriculum and training for industrial and agricultural safety supervisors; and the development of ASOSH's leadership capacity in occupational health and safety.

When the project ended in 1988, it had succeeded in meeting its objectives and had visibly contributed to improvements in occupational health, particularly in the agriculture sector. Notably, ASOSH had completed for the first time surveys on industrial and agricultural issues; trained a large number of industrial and agricultural



Graduates from ASOSH's Women in Agriculture Course, 1987.

safety supervisors as well as field specialists for injury prevention; trained nurses in OHS; and increased the visibility of OHS issues through conferences and the publication of several newsletters. ASOSH had also increased its membership.

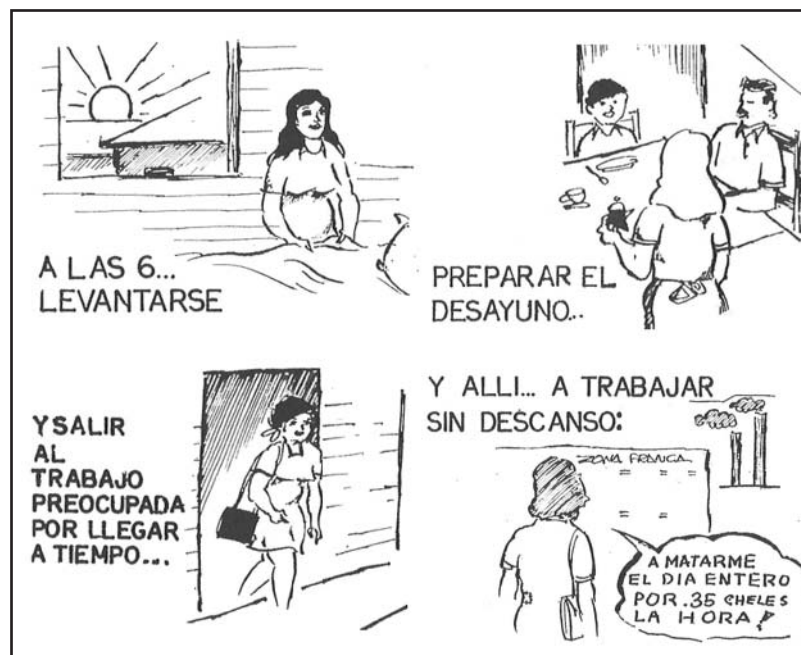
Between 1992 and 1995 CPHA renewed its partnership with ASOSH under the Block Funding program in support of a project to expand and strengthen training and advocacy for OHS legislation in the agricultural sector. The project was particularly successful in that it influenced the Ministry of Health to recognize the importance of expanding OHS to agriculture sector workers.

DOMINICAN REPUBLIC

Occupational Health Project (1994-1999)

In 1994 CPHA began a partnership through the SOPHA program with the *Asociación para la Promoción de la Salud Pública* (ASAP) in the Dominican Republic. ASAP sought to improve the health of workers in industrial tax-free zones as well as of Haitian sugar cane workers by advocating for workers' rights and the formulation and application of OHS regulations. The specific objectives were to ensure that workers had access to health information in order to improve their living and working conditions; to upgrade environmental and health conditions in selected municipalities; and to work with the national and local governments to address shortcomings in legislation that affected workers' health.

ASAP advocated for new social security and occupational health and safety legislation; provided training on OHS and OHS leadership among the workers in free trade zones and promoted the creation of local health and safety committees; provided health information to workers; and advocated for better working conditions among sugar cane workers.



A comic published in ASAP's Journal, *Salud Publica*, depicting an average day in the life of a factory worker. *Translation:* At 6am, I wake; I prepare breakfast; and I leave for work hurrying to arrive on time; once there I work without breaks: "I kill myself all day for 35 cents an hour!"

Tobacco Control Efforts

CPHA has been involved in tobacco control since 1959. That year saw CPHA pass a pioneering resolution urging health agencies to support anti-tobacco educational campaigns in the hope of preventing tobacco use among youth. After nearly four decades of work in the national arena, CPHA took its tobacco control expertise to the international sphere in the 1990s.

In 1994, at the second Partners Around the World workshop in Bali, Indonesia, representatives from 18 public health associations (PHAs) concluded that tobacco use was a pressing issue. Consequently, CPHA took the initiative to convene the first International Tobacco Workshop for public health associations in Ottawa in 1996. The workshop brought together international representatives from six PHAs (Costa Rica, Uganda, Tanzania, Russia, Turkey and Zimbabwe), Canadian health sector representatives and experts in tobacco control to develop national frameworks for future action on smoking and tobacco in the PHA partner countries. Eight years later, several of the groups represented at the workshop (in particular, the PHAs of Costa Rica, Russia and Tanzania) are acknowledged in their respective nations as leaders in the field of tobacco control.

CPHA subsequently expanded its involvement in international tobacco control. In 1999, it became an associate partner with the World Health Organization (WHO) and the US Centers for Disease Control and Prevention in the Global Youth Tobacco Survey (GYTS), bringing into the survey framework partner PHAs from several countries as participating organizations. The survey was used as a first step in the development of tobacco control programs and as a tool to monitor youth tobacco use. There are currently 17 PHAs that have been involved in carrying out the GYTS, some for a second time in order to generate time-series results on smoking prevalence, knowledge, attitudes and behaviour among school-aged children.

In 2000, CPHA worked with the World Federation of Public

Health Associations (WFPHA) to organize an international workshop on Tobacco and Smoking as a Public Health Issue at the 9th World Congress on Public Health in Beijing. The workshop informed national PHAs around the world about the need for strong advocacy by the public health community for the adoption of the Framework Convention on Tobacco Control (FCTC). Since FCTC's implementation in February 2005, CPHA has been actively supporting the efforts of PHAs in Africa, Asia and the Americas to strengthen local advocacy for and action on the ratification, implementation and monitoring of the FCTC.

Tobacco control was one of the SOPHA Program's thematic foci for the 2001–2006 period. CPHA extended its support for the GYTS by providing financial and technical backing for PHAs in Burkina Faso, Niger, Haiti and Cuba to participate. Through another CIDA-funded initiative, CPHA helped develop and enhance the tobacco control efforts of PHAs in Central and Eastern Europe, most recently in the Balkans region.

CPHA provided technical and financial support to research teams in the Republic of Serbia and in the Federation of Bosnia and Herzegovina for the implementation of the pilot Global Health Professions Student Survey (GHPSS). This was the first time that data had been collected through an international survey methodology to assess smoking prevalence and knowledge/attitudes about tobacco control among students enrolled in health professional faculties. CPHA also supported the development of a methodology and the implementation of both a pilot and subsequent national study in Serbia on smoking prevalence and the factors that influence smoking behaviour and smoking cessation relapse among pregnant and post-partum women. Carried out in association with the Ontario Tobacco Research Unit, this was the first project of its kind in Eastern Europe, and the results are being used to develop effective smoking prevention and cessation programs for women.

Since becoming involved in international tobacco con-

trol in 1996, CPHA has supported and strengthened the work of 18 PHAs in the area of tobacco control. As part of these efforts, it has provided support for PHAs to design and implement tobacco control activities such as awareness campaigns; collection of quantitative and qualitative data about youth tobacco use; strengthened advocacy for the adoption and ratification of the FCTC and other tobacco-related policies; workplace surveys; research on pregnancy-associated smoking prevalence; and promotion of the role of traditional healers in tobacco control. In 2008, CPHA provided technical and financial support to the PHA in Mozambique (*Associação Moçambicana de Saúde Pública*), which held a regional conference for PHAs in East and Southern Africa to develop a common framework for action on tobacco control. CPHA is now taking a lead role within the WFPHA to revitalize the Fed-

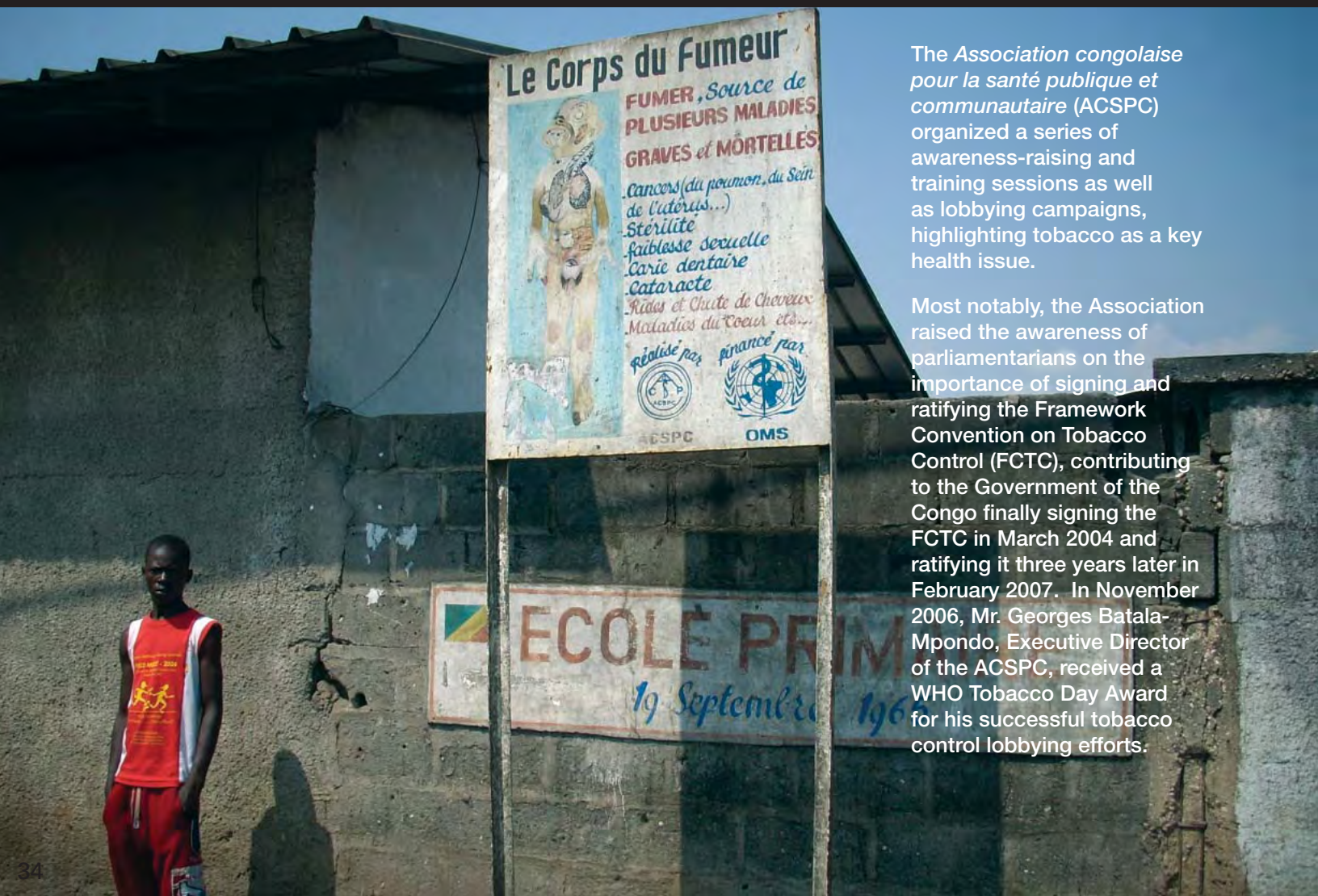
eration's tobacco control working group as a means of expanding and strengthening efforts to involve PHAs in tobacco control and support their efforts in this regard.

The public health association movement has played an important leadership and advocacy role in tobacco control. It has galvanized the public health community on the issue; conducted important research and transformed the knowledge generated into policy and program inputs; helped to initiate and nurture alliances among diverse groups; and given voice to civil society's perspective on tobacco control issues. Many PHA partners have pursued successful anti-tobacco efforts, among the most notable success stories being Mozambique, Congo and Romania.

REPUBLIC OF CONGO

The *Association congolaise pour la santé publique et communautaire* (ACSPC) organized a series of awareness-raising and training sessions as well as lobbying campaigns, highlighting tobacco as a key health issue.

Most notably, the Association raised the awareness of parliamentarians on the importance of signing and ratifying the Framework Convention on Tobacco Control (FCTC), contributing to the Government of the Congo finally signing the FCTC in March 2004 and ratifying it three years later in February 2007. In November 2006, Mr. Georges Batala-Mpondo, Executive Director of the ACSPC, received a WHO Tobacco Day Award for his successful tobacco control lobbying efforts.



ROMANIA

The Romanian Public Health and Health Management Association's (RPHHMA) anti-tobacco efforts led to legislative change on the advertising and sale of tobacco to minors and the inclusion of health warnings in tobacco product advertising. The RPHHMA instigated its tobacco control efforts after its President participated in the Health Promotion Summer School in Canada in 1997.

This is an example of the results of RPHHMA's lobbying efforts for the inclusion of health warning messages on tobacco advertising in Romania.

The message at the bottom of the sign reads: "Smoking is very harmful for your health"



MOZAMBIQUE

The *Associação Moçambicana de Saúde Pública* (AMOSAPU) is a very active and influential association in the area of tobacco control in Mozambique and in Africa. The Association has conducted advocacy aiming to reduce youth tobacco use, including the successful removal of billboard tobacco advertisements targeting children.

AMOSAPU has also worked with the Government of Mozambique to adopt and enforce tobacco control measures. For example, the Ministry of Health implemented a smoke-free environment and imposed similar restrictions in other Government offices. AMOSAPU has also encouraged the Government to participate in the Intergovernmental Negotiating Body (INB) of the WHO for the Framework Convention on Tobacco Control (FCTC). In June 2003, the Government of Mozambique signed the FCTC. A year later, AMOSAPU organized a workshop for Parliamentarians to prepare for the ratification of the FCTC. Later that year, AMOSAPU won an award from the WHO for its anti-tobacco lobbying work.



Policy and Advocacy

Public health associations (PHAs) play a critical role in the public health system and in successful community and social developments by acting as a strong civil society voice for public health through advocacy activities. In their role as advocates, PHAs participate in the formulation of policies and strategies by providing evidence-based research and recommendations, representing the views of a wide range of members and providing an independent, non-partisan voice on public health issues.

The CPHA, through the SOPHA (Strengthening of Public Health Associations) Program, has sought not only to improve the institutional capacity of new and existing PHAs but also to enhance their ability to participate in a transparent, democratic way as civil society voices for public health. The contributions PHAs have made to building

strong and vibrant democratic societies and sound health governance should not be underestimated.

One of the contributions of the SOPHA Program to global public health has been its capacity to bring a multi-country voice to the discussion of global public health issues through strengthening PHAs and encouraging their participation in international discursive action. However, equally important have been the guidance and support provided to partner PHAs to undertake advocacy activities in their countries.

Over the past 25 years, many of the advocacy efforts of CPHA's partner PHAs have resulted in policy changes and other actions taken by public sector decision-makers at the municipal, regional and national levels.



Boys Smoking, Romania. Photo credit: Matthew Moore

Policy Advocacy Initiatives by Public Health Associations

Indonesia

In the early 1990s, the Indonesian Public Health Association (IAKMI) gained considerable credibility at the national level by contributing to public health policy debate, advocacy and consensus building.

In 1992, IAKMI's commitment to providing national leadership and advocating for public health development led to its involvement in lobbying for a strategy called the New Paradigm in Health. This innovative concept promoted health as a mainstream agenda item in the national economic development planning process. Throughout 1992, IAKMI maintained discussions at various levels of government, as well as with private health sector stakeholders. Its lobby efforts were aimed at reorienting a larger share of health resources towards health promotion

**Advocacy is a core
function of public
health associations**

Advocacy is defined as the process of influencing outcomes, including public policy and resource allocation decisions with political, economic and social systems and institutions that directly affect people's lives.



A student in the Balkans, completing the Global Youth Tobacco Survey (GYTS).

and disease prevention. IAKMI's proactive advocacy was successful in gaining support within the Ministry of Health. The concept was presented to a parliamentary sub-committee that same year. In 1994 a new law was passed that incorporated public health indicators into pre-investment environmental assessment studies.

IAKMI's advocacy work contributed to building a positive consultative relationship with the government for policy analysis and development while maintaining its independence to debate and advocate on public health issues. A 1994 CIDA evaluation remarked that IAKMI had become "a highly respected source of ideas used by government for consultation on public health issues".

Costa Rica

The *Asociación Costarricense de Salud Pública* (ACOSAP) has been active in the area of tobacco control for many years. In fact, it was the first non-governmental organization in Costa Rica to tackle this issue. However, ACOSAP realized that civil society group action would be necessary to build consensus and to move the national tobacco control agenda forward. It therefore set out to develop a national coalition of like-minded organizations. The result?—the launch of Costa Rica's national tobacco control coalition (RENATA) in 2007.

This coalition successfully generated awareness and advocated for the government's ratification and application of the Framework Convention on Tobacco Control (FCTC) in Costa Rica. ACOSAP's efforts through RENATA came to fruition on June 1, 2008, when the National Congress unanimously approved the ratification of the FCTC after years of unyielding advocacy efforts.

Bosnia & Herzegovina (BiH)

In 2009, the Partnership for Public Health (PPH), one of two PHAs in BiH active in tobacco control, released the results of the second round of the WHO Global Youth Tobacco Survey (GYTS). This international survey collects data on smoking prevalence, and knowledge, attitudes and practice with respect to tobacco use among young teenagers attending school. The findings showed an increase in smoking prevalence among youth. For example, between 2003 and 2008, tobacco use increased from 11.9% to 14.3% among students under the age of 10 years. The GYTS results also showed that young people were exposed to high levels of tobacco product advertising as well as to second-hand smoke.

In reaction to these worrying trends, the PPH established a partnership with the Ministry of Health of the Federation of Bosnia and Herzegovina to design and implement a school-based intervention program addressing some of the issues identified through the GYTS.

PPH continues to use the results of the GYTS to advocate for the implementation of tobacco control actions, such as enforcing existing smoking bans in public places, supporting anti-smoking campaigns and banning the sale of tobacco to minors under the age of 18 years. The PHA of Republika Srpska played a leadership role by introducing a smoking cessation program in the medical faculty at the university in Banja Luka. This program has since expanded throughout the university and is held up as a model by the Ministry of Health for other academic institutions.



Port au Prince, Haiti

SOURCES

Most of the resources consulted in the writing of this publication are unpublished documents found in the SOPHA and CPHA archives. The SOPHA team reviewed project and funding proposals, evaluations, agreements, reports and newsletters. Other information was generously provided by SOPHA partners and technical advisers.

For additional information, please see the published resources used in this publication, listed below:

Published Resources:

Canadian Public Health Association. "A Public Health Approach for Global Development: CPHA's Global Public Health Strategy 2007-2017." CPHA, 2008 <www.cpha.ca/uploads/policy/global_strategy_e.pdf>.

CPHA Health Digest. Volumes 20-33 (Winter 1996 – Winter 2010) <www.cpha.ca/en/about/digest.aspx>.

"Leadership in Public Health: A guide to advocacy for public health associations." CPHA, 2009 <www.cpha.ca/uploads/progs/_/sopha/advocacy-booklet-colour-en-final.pdf>.

Partners Around the World. Issues 1-14 (Winter 1989 – Fall 1996).

Chauvin, J. et al. "Public Health Association and Civil Society's Voice for Public Health." In Public Health Strategies: A Tool for Regional Development, eds. S. Scintee, et al. Lage: Hans Jacob Publishing Co., 2005.

For additional information, please consult the following PHA websites:

SOPHA:	sopha.cpha.ca
CPHA:	www.cpha.ca
WFPHA:	www.wfpfa.org
SBSP (Bolivia):	saludpublica.bvsp.org.bo/sbsp
ABRASCO (Brazil):	www.abrasco.org.br
ABSP (Burkina Faso):	www.absantep.org
EPHA (Ethiopia):	www.epha.org.et
PJZ (FBiH, BiH):	www.pjz-pph.ba
IPHA (Indonesia):	www.iakmi.org
SMSP (Mexico):	www.smsp.org.mx
AMOSAPU (Mozambique):	www.amosapu.org.mz/2009
ANSAP (Nicaragua):	www.ansap.org
UJZS (Republic of Serbia):	www.ujzs.org
UJZRS (Republika Srpska, BiH):	www.ujzrs.org
T-HASAK (Turkey):	www.t-hasak.org
UNACOH (Uganda):	www.unacoh.org