14th World Congress on Public Health – Report

Introduction

February 2015 will be remembered by the global Public Health community for the 14th World Congress on Public Health that took place at Kolkata, India. The theme for the 14th World Congress on Public Health was "Healthy People – Healthy Environment". World Congress on Public Health is an international Congress conducted every three years since 1975. The congress is organized by the World Federation of Public Health Associations (WFPHA) in collaboration with national public health associations that are members of the Federation. The congress is a big international event which is supported by UN Agencies, primarily the World Health Organization and UNICEF and is closely followed for its most valuable recommendations and input in on global public health concerns.

Partnering Associations and Committees

WFPHA and IPHA were the partnering associations for the 14th WCPH and the event was organised by KW Conferences. The International Core Organising Committee, the Scientific Committee and Abstract reviewers were from many different countries.

Committees

International Core Organizing Committee

- James Chauvin, WFPHA Immediate Past-President and ICOC Co-Chair
- J. Ravi Kumar, IPHA President and ICOC Co-Chair
- Mengistu Asnake, WFPHA President
- Dipika Sur, IPHA Secretary General
- Madhumita Dobe, IPHA Organizing Secretary
- Peter Orris, American Public Health Association
- Laetitia Bourquin, Representative of WFPHA Geneva Secretariat

International Scientific Committee

- Mengistu Asnake, WFPHA President and ISC Co-Chair
- Dipika Sur, IPHA Secretary General and ISC Co-Chair
- Ulrich Laaser, WFPHA Past-President
- Bettina Borisch, WFPHA Secretariat Director
- Madhumita Dobe, IPHA Organizing Secretary
- Paul Freeman, American Public Health Association
- Ruediger Krech, WHO Designated Technical Officer for WFPHA
- Michael Moore, Public Health Association of Australia and WFPHA Vice-President/President-Elect
- Ahmed Javed Rahmanzai, Afghanistan National Public Health Association
- Roopa Dhat, International Federation of Medical Students Association

National Core Organizing Committee

- J Ravi Kumar, Organizing Chairman
- Madhumita Dobe, Organizing Secretary
- Surajit Ghosh, Organizing Treasurer, Vice President East

- Dipika Sur, IPHA Secretary General
- S S Basu, IPHA Treasurer
- G Krishna Babu, Vice President South
- Sanjay Rai, Vice President North
- P B Das, Vice President West
- Sanghamitra Ghosh, Joint. Secretary Headquarters
- R N Roy, Joint Secretary East
- Sanjeev Wamanrao Kamble, Joint Secretary West
- Sree Karuna Murthy Kolli, Joint Secretary South
- N K Yadav, Joint Secretary NorthS

Scientific Programme

The scientific sessions and workshops were meaningful and created value for all attendees. There were 1660 participants from 70 countries. There were 7 Plenary sessions including the Opening and Closing plenaries, 9 Thematic and 31 Concurrent sessions, 2 satellite sessions and 6 pre-congress workshops. The ISMOPH satellite conference provided capacity-building workshops for 500 students and young professionals.

Total 390 posters were displayed over 4 days. The Open Forum within the exhibition was an interactive area, a hub for film shows, skits, craft display, debates and panel discussions.

The 14th WCPH 2015 Scientific Committee, supported by the PCO had the following eight tasks. The tasks are listed in the approximate time sequence they need to be started. However, once started, most tasks except 1 & 4 continued in parallel till the conference date.

- 1. Definition of Congress Topics
- 2. Identifying and Reviewing Symposia
- 3. Identifying, Inviting and Confirming the Keynote and Plenary Speakers
- 4. Management of Abstract Submission & Review Process
- 5. Building the Programme
- 6. Identifying, Inviting and Confirming the Session chairs
- 7. Creating the Publications Technical Programme
- 8. Identifying the Prize Winners

Congress Topics

The following were the topics of the Congress chosen by the Scientific Committee.

| Theme |
|--------------------------------------------------------------------------------------|
| Sub Theme |
| 1. Defining the role of Public Health in today's global setting |
| 1.1 Strengthening regional public health associations - role of WFPHA |
| 1.2 Health systems development- priorities for public health |
| 1.3 Effective advocacy for public health |
| 1.4 Public health/population ethics |
| 1.5 Global health and the state of world economy |
| 1.6 Health diplomacy, international treaties and public health |
| 2. Public Health in the Sustainable Development Agenda |
| 2.1 Achievements of Millennium Development Goals through the Public Health Lens |
| 2.2 Post 2015 global development agenda - contribution of Public Health |
| 2.3 Policy development and advocacy towards post 2015 global development agenda |
| 2.4 Role of Public Health in reproductive, maternal, new-born, and child health |
| 2.5 Role of Public Health in HIV/AIDS programs- progress to-date and the way forward |

2.6 Role of Public Health in vector borne and neglected tropical diseases

3. Public Health Approaches to address new challenges of sustainable development & healthy environment

3.1 Environmental disasters, pandemics, zoonoses and health care responses

3.2 Immunisation

3.3 Health care practice and climate change: 'Mitigation and Adaptation'

3.4 Rapid urbanization and health systems

3.5 Nutrition, Food security and Public Health

3.6 Health issues in South East Asia

3.7 Technologies in Public Health - M-Health and E-Health

3.8 Policy development and advocacy towards sustainable development and healthy environment

4. Global Public Health Challenges

4.1 Public Health Challenges in South East Asia

4.2 Role of Public Health to achieve 'Universal Health Coverage'

4.3 Role of Public Health in sustaining existing 'Universal Health Coverage'

4.4 Policy development and advocacy towards "Universal Health Coverage'

4.5 Role of PH in the prevention and control of non-communicable diseases (NCDs)

4.6 Strategic directions and emerging issues on tobacco control

4.7 Strategic directions in minimizing the harm associated with alcohol and other drugs

4.8 Oral health and public health

4.9 Human resources in public health

4.10 PH Education

4.11 Armed conflicts: public health impacts including mental health, its prevention and reconciliation

4.12 Professional Migration

5. Human Rights and Law as tools for sustainable development

5.1 Health of indigenous and ethnic minorities

5.2 Public Health response to population migration

5.3 Health equity- a global social responsibility and the role of governments

5.4 Public health laws and regulations

5.5 Alternative medicines

6. OTHER PH Issues

Global Consultations:

The purpose of these consultation were to obtain congress participants' views on the following issues:

Public Health Education – are reforms sufficient or do we need a revolution?

Key questions raised:

What are the persisting gaps and failure to address the fresh and existing challenges of public health education cross cutting all levels of public health systems and all categories of public health workers?

Are the existing curricula for Professional public health education producing ill-equipped public health workers with inadequate competencies?

What should be the new framework and strategic directions for transformative professional public health education & training for a more equitable and better performing health systems?

Sustainable development & Environment- conflict or convergence?

Key questions raised:

How critical is the threat of lack of Safe water and Environmental Sanitation to Public Health What are the challenges of environmentally provoked NCD's / Vector-borne diseases

How to address the Critical challenges in maintenance of minimum ecological flows (AbiralDhara) in our rivers

What is the way forward for sustainable development vis-a-vis ecological conservation!

Health Sector Reform: Time to introspect?

Key questions raised:

1. Has scaling up program of health sector reform been balanced and matching?

2. Are Inter and Intra-household inequalities addressed and attempted to reduce?

3. Does Performance-Based Finance solve the problem of underutilization of services in the gamut?

Are we putting children in the centre of public health debate

Key questions raised:

- 1. Do the Policies and programmes taken up by various Government Departments in India for children take into account the social determinants influencing the outcomes expected from these programmes?
- 2. Are there effective mechanisms and defined protocols to ensure that the programmes meant for improving children's health complement each other in reaching the goals defined in the programmes?
- 3. How does the 'one size fits all' kind of programmes fit in with diverse social, cultural, economic realities of various regions?
- 4. Are the funds allocated under these programmes commensurate with the needs identified?

<u>Participants were encouraged to comment, voice their concerns or make suggestions</u> which are now being compiled for preparing and publishing the consultation documents

The following were the Keynote Speakers and Panellists in the Plenary Sessions of the 14th WCPH.

11 February, 2015

Opening Plenary

- Mengistu Asnake, President, WFPHA
- J. Ravi Kumar, President, Indian Public Health Association (IPHA)
- Madhumita Dobe Organizing Secretary 14th WCoPH
- Kamalesh Sharma, Secretary General, Commonwealth of Nations
- Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region

12 February

Plenary 1: Defining the role of Public Health in today's global setting

- Nata Menabde, Representative to India, World Health Organisation
- Paulo Ernani Gadelha Vieira, President, FIOCRUZ (Brazil)
- Pekka Puska, President, International Association of National Public Health Institutes (IANPHI)
- Rüdiger Krech, Director, Department of Ethics, Equity, Trade & Human Rights, WHO

Plenary 2: Public Health in the sustainable development agenda

- Michael Marmot, Director, University College London, UK
- Girindre Beeharry, Country Head, Bill & Melinda Gates Foundation
- Purnima Mane, President and CEO, Pathfinder International
- Shiriki Kumanyika, President, American Public Health Association (APHA)

13 February

Plenary 3: Public Health approaches to address new challenges of sustainable development & healthy environment

- Bolormaa Purevdorj, Head of Department on Health Promotion, National Center of Public Health, Mongolia
- Maria Neira, Director, Public Health and the Environment Department, World Health Organisation
- Dr Shu-ti Chiou, Director-General, Health Promotion Administration, Ministry of Health & Welfare, Taiwan
- Dr. Howard Njoo, Associate Deputy Chief Public Health Officer, Public Health Agency of Canada

14 February

Plenary 4: Global Public Health challenges

- Ilona Kickbusch, Professor, Global Health Programme at the Graduate Institute of International and Development Studies Switzerland
- Vesna Bjegovic, Professor of Public Health & President of Association of Schools of Public Health in the European Region (ASPHER), Belgrade University, Serbia
- Frederika Meijer, Country Representative, United Nations Population Fund (UNFPA)
- Tewabech Bishaw, Managing Director, Alliance for Brain-Gain & Innovative Development; and Secretary General, African Federation of Public Health Associations, Ethiopia

15 February

Plenary 5: Human Rights and Law as tools for sustainable development

- Sharon Friel, Professor of Health Equity & ARC Future Fellow, ANU College of Medicine, Biology and Environment and ANU College of Asia and the Pacific, Australia
- Martin McKee, Professor of European Public Health, London School of Hygiene and Tropical Medicine, UK
- Javed Rahmanzai, Member Governance Council, Executive Board Member Afghanistan PHA, WFPHA
- Dinesh Thakur, Consultant on Drug Manufacturing, EX- Ranbaxy Laboratories
- K Srinath Reddy, President, Public Health Foundation of India

Thematic Sessions

Thematic Sessions were specially designed to attract sponsors by having no more than three Thematics in parallel with no other sessions held at those times. The main 14th WCPH Programme consisted of total **9** Thematic sessions designed by different agencies. The sessions are listed in the table below. Additionally, where brief summaries were received from these agencies, they were reproduced and were accessible on the website.

| Session Title | Date |
|-------------------------------------------------------------------------------------------------------------|------|
| Public Health Services in India – Progress and Prospects by Ministry of Health & Family Welfare, Government | 12- |
| of India | Feb |
| Community Health Workers: A critical resource in last mile delivery and improved health and nutrition by | 12- |
| BMGF | Feb |
| Measles Elimination and rubella and congenital rubella syndrome (CRS) control in the WHO South by East Asia | 12- |
| Region by WHO SEARO | Feb |
| | 12- |
| Making measurement matter: Using data to improve health coverage, quality, equity, and outcomes by BMGF | Feb |
| | 12- |
| Innovation and Equitable Access to Medicines in BRICS by ABRASCO, Brazil | Feb |
| | 12- |
| Improving Quality of Care at Birth: status, challenges & action by UNICEF | Feb |
| | 13- |
| Enteric and Diarrhoeal Diseases: a global overview by BMGF | Feb |
| Reducing Neonatal Mortality – Prevention, Early Detection and Treatment of Infections – Experiences from | 13- |
| Asia and Africa by JSI | Feb |
| | 13- |
| Universal Health Coverage and Sustainable Development Goals by WHO, Country Office for India | Feb |

Concurrent Sessions

The main 14th WCPH Programme consisted of total **46** concurrent sessions designed by different agencies. The sessions are listed in the table below. Additionally, where brief summaries were received from these agencies, they were reproduced and were accessible on the website.

| | Dat |
|----------------------------------------------------------------------------------------|-----|
| Session Title | е |
| Universal Coverage and the Public Health Workforce: Sharing BRICS Innovation by PHA of | 11- |
| South Africa | Feb |
| | 11- |
| State of Maternal Health in South Asia: Moving Beyond MMR – Oxfam India | Feb |
| | 11- |
| The role of policy interventions in non by communicable disease prevention by IDRC | Feb |
| Innovations and partnerships in health systems strengthening: the PATHS2 experience by | 11- |
| Partnership for Transforming the Health System II (PATHS2) | Feb |

| Back Malaria Partnership Feb Closing the Gaps- Addressing the Social Determinants of Health by GOAL India Feb Public Health Services in India – Progress and Prospects by Ministry of Health & Family 12- Welfare, Government of India Feb Community Health Workers: A critical resource in last mile delivery and improved health 12- and nutrition by BMGF Feb Measles Elimination and rubella and congenital rubella syndrome (CRS) control in the 12- WHO South by East Asia Region by WHOSEARO Feb Making measurement matter: Using data to improve health coverage, quality, equity, and 0utcomes by BMGF Innovation and Equitable Access to Medicines in BRICS by ABRASCO, Brazil Feb Improving Quality of Care at Birth: status, challenges & action by UNICEF Feb Reducing Neonatal Mortality – Prevention, Early Detection and Treatment of Infections – 13- Experiences from Asia and Africa by JSI Feb Digital health technologies for population health and health equity by AETNA Foundation Feb Comprehensive Control by PATH HQ Feb Comprehensive Control of Cancer Cervix: Time to Act! by WHO SEARO Feb Comprehensive Control by PATH HQ Feb Comprehensive Control of Cancer Cervix: Time to Act! by WHO SEA | The development of the second generation Global Malaria Action Plan (GMAP2) by Roll | 11- | |
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| Closing the Gaps-Addressing the Social Determinants of Health by GOAL India Feb Public Health Services in India – Progress and Prospects by Ministry of Health & Family 12- Welfare, Government of India Feb Community Health Workers: A critical resource in last mile delivery and improved health 12- and nutrition by BMGF Feb Measles Elimination and rubella and congenital rubella syndrome (CRS) control in the 12- WHO South by East Asia Region by WHOSEARO Feb Making measurement matter: Using data to improve health coverage, quality, equity, and 12- outcomes by BMGF Feb Innovation and Equitable Access to Medicines in BRICS by ABRASCO, Brazil Feb Enteric and Diarrhoeal Diseases: a global overview by BMGF Feb Reducing Neonatal Mortality – Prevention, Early Detection and Treatment of Infections – 13- Experiences from Asia and Africa by JSI Feb Digital health technologies for population health and health equity by AETNA Foundation Feb Community by based approaches for improved HIV prevention and MNCH outcomes in 13- preparedness by IDRC Feb Comprehensive Control by PATH HQ Feb Comprehensive Control by PATH HQ Feb Comprehensive | Back Malaria Partnership | Feb | |
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| Innovations to Address Nutrition Specific and Nutrition – Sensitive Interventions by JSI | Feb |
| Tobacco Control: Current Status and Future Prospects – Health Promotion Administration, | 14- |
| Ministry of Health and Welfare, Taiwan | Feb |
| | 14- |
| Joining forces to address non by communicable chronic diseases by CIHR / IPPH, Canada | Feb |
| Nuclear Weapons Testing and Public Health by Comprehensive Test Ban Treaty | 14- |
| Organization and Green Cross International | Feb |
| Health Impacts of Energy Choices: The Scientific and Economic Basis by WFPHA WG | 14- |
| Environmental Health | Feb |
| | 14- |
| Global Scenario and JE control in India by PATH India | Feb |
| | 14- |
| Prioritizing Adolescent Health in India by UNFPA | Feb |
| Epidemiology and Public Health: A Joint Approach to Health in the Post-2015 Sustainable | 14- |
| Development Agenda by IEA and WFPHA | Feb |
| Leveraging Immunization Technical Support Unit to improve routine immunization in India | 14- |
| by PHFI | Feb |
| · · · | 14- |
| Public Health Advocacy on Energy by WFPHA WG Environmental Health | Feb |
| Hand-washing with Soap: The most cost effective intervention against child disease and | 14- |
| evolving infections by Hindustan Unilever | Feb |
| | 14- |
| Capturing lessons to strengthen routine immunization and introduce new vaccines by JSI | Feb |
| | 14- |
| Global Security, Sustainability, and Public Health by Green Cross International | Feb |
| Creating a Pandemic of Health: A New Initiative on Global Health Equity and Innovation by | 14- |
| Univ of Toronto | Feb |
| Public health law: drug & medicine quality – the case of falsified and falsely-labeled | 15- |
| medicines by Wellcome Trust | Feb |
| Innovative Approaches to Achieve Community Based Primary Health Care Outcomes by | 15- |
| Univ. of Connecticut | Feb |
| | 15- |
| Addressing the Needs of Adolescent Living with HIV – A Smart Investment by JSI | Feb |

Pre-Congress Workshops

The 14th WCPH features Pre-Congress Workshops on the 10th and 11th of February 2015 at Science City, Kolkata. The Workshops were targeted to provide professionals in Public Health opportunities to equip themselves with new skills and perspectives in Public Health. Participants were able to learn indepth and interact directly with international experts. A workshop lasts 3.30 hours (half day) as opposed to 90 minutes for main Congress sessions.

| Workshop | Date |
|--------------------------------------------------------------------------------------------------|------|
| Translating Academic Research to Achieve Healthy People & Healthy Environments: Politics, Power | 10- |
| and Practice | Feb |
| International trade agreements and public health: Analysing potential impacts and advocating for | 10- |
| change | Feb |
| Exploring the public health of traditional and complementary medicine: The potential to help | 10- |
| address global health issues | Feb |

| | 10- |
|-------------------------------------------------------------------------------------------------|-----|
| Faculty development and leadership for the 21st Century: from dialogue to transformative action | Feb |
| Colgate Palmolive Workshop: Public Health implications on the Current Status of Global Oral | 11- |
| Cancer Prevention and Control | Feb |
| | 11- |
| A Framework of Global Health Functions (GPHF) and Competencies | Feb |

Abstract Submission and Review

Out of **996** Abstracts received - **250** were Oral Presentations, **721** Poster Presentations and **25** were rejected based on the low scores given by the reviewers.

The Congress offered a perfect springboard for discussion from a wide spectrum of disciplines and included government agencies, international funders, and other stakeholders who develop, implement and evaluate the impact on health outcomes of public and private sector policies, programmes and practices that affect human health.

Exhibition

The 14 World Congress on Public Health's theme, Healthy People-Healthy Environment, offered a perfect platform to interact with the global community of Public Health associations, governments at all levels and other stakeholders at the conference.

| S | Organisation Name | | | | |
|----|-------------------------------------------------------------------------|-----------|--|--|--|
| no | | | | | |
| 1 | John Snow INC. | USA | | | |
| 2 | ABT Associates | USA | | | |
| 3 | State Bank of India | India | | | |
| 4 | PATH India | India | | | |
| 5 | Royal Society for Public Health | UK | | | |
| 6 | UNFPA | India | | | |
| 7 | International Development Research Centre | India | | | |
| 8 | WHO SEARO | India | | | |
| 9 | Brazil ABRASCO | Brazil | | | |
| 10 | UNICEF | India | | | |
| 11 | Unilever Foundation | India | | | |
| 12 | Oxford University Press | India | | | |
| 13 | KMC | India | | | |
| 14 | Colgate Palmolive | India | | | |
| 15 | Health Promotion Administration, Ministry of Health and Welfare, Taiwan | Taiwan | | | |
| 16 | Atlas Healthcare Software | India | | | |
| 17 | 15th World Congress on Public Health | Australia | | | |
| 18 | Deakin University | Australia | | | |
| 19 | VSO International | Nepal | | | |
| 20 | Healthy Community Association | Turkey | | | |
| 21 | Goal India | India | | | |
| 22 | e-Clinical Works India Pvt Ltd | India | | | |
| 23 | United Kingdom | India | | | |
| 24 | Ministry of Health, Govt of India | India | | | |

List of Exhibitors

Field Visits

Field visits were organised to clinics at or near urban slums. This was to provide delegates an opportunity to personally observe the activities being conducted and interact with the medical workers and the beneficiaries. Also, they experienced and seen the changes being brought about through the activities. Following is brief list of Field Visits organised.

| Field Trip Name |
|---------------------------------------------------------------------|
| Integrated Child Development Services (ICDS) |
| MR Bangur Hospital – District Headquarters |
| Health education and condom promotion program targeting sex workers |
| Missionaries of Charity |
| Public health clinics of the Kolkata Municipal Corporation |
| Institute of Post Graduate Medical Education & Research (IPGMER) |
| National Institute of Cholera and Enteric Diseases (NICED) |

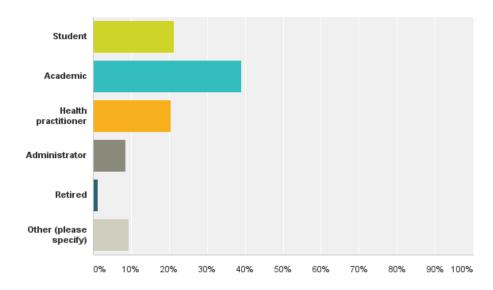
Feedback Statistics

A very comprehensive feedback survey was under taken after the congress to evaluate the current congress organization and also to enhance the standard of upcoming 15th World Congress on Public Health. We received over 400 responses on the various aspects of the Congress from the attendees. Given below are the analysis computed on the basis of the feedback received.

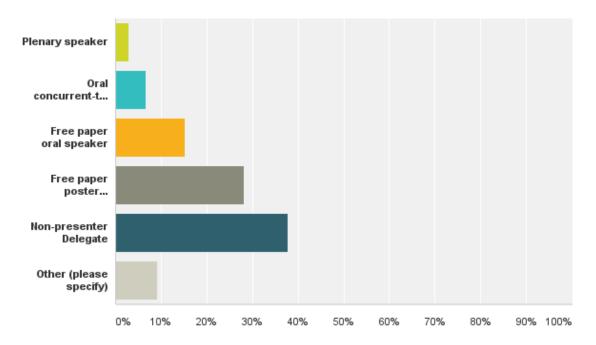
Country of Residence of Attendees

| Answer Choices | % | Responses | Answer Choices | % | Responses |
|------------------|-------|-----------|----------------|------|-----------|
| Afghanistan | 0.25 | 1 | Mongolia | 0.25 | 1 |
| Argentina | 0.25 | 1 | Nepal | 4.43 | 18 |
| Australia | 2.96 | 12 | Netherlands | 0.25 | 1 |
| Austria | 0.25 | 1 | New Zealand | 0.25 | 1 |
| Bangladesh | 4.19 | 17 | Nigeria | 5.91 | 24 |
| Brazil | 2.46 | 10 | Norway | 0.25 | 1 |
| Canada | 2.71 | 11 | Philippines | 0.25 | 1 |
| China | 0.25 | 1 | Saudi Arabia | 0.25 | 1 |
| Colombia | 0.25 | 1 | Serbia | 0.25 | 1 |
| Costa Rica | 0.49 | 2 | South Africa | 1.23 | 5 |
| Denmark | 0.25 | 1 | Sri Lanka | 0.25 | 1 |
| Egypt, Arab Rep. | 0.25 | 1 | Sudan | 0.25 | 1 |
| Ethiopia | 1.48 | 6 | Sweden | 0.25 | 1 |
| Germany | 0.25 | 1 | Switzerland | 0.99 | 4 |
| Greece | 0.25 | 1 | Taiwan | 0.74 | 3 |
| India | 56.90 | 231 | Thailand | 0.99 | 4 |
| Indonesia | 0.49 | 2 | Turkey | 0.49 | 2 |
| Italy | 0.25 | 1 | Uganda | 0.25 | 1 |
| Japan | 0.49 | 2 | United Kingdom | 1.23 | 5 |
| Lebanon | 0.99 | 4 | United States | 5.42 | 22 |
| Mexico | 0.25 | 1 | | | |

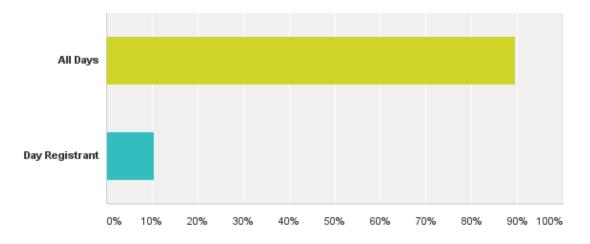
Profession of Attendees



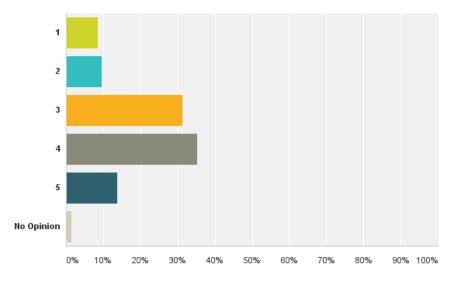
Role of Attendees at the Congress



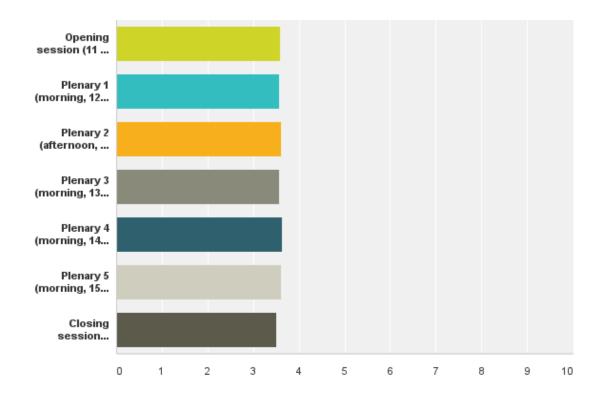
Attendees Registered for



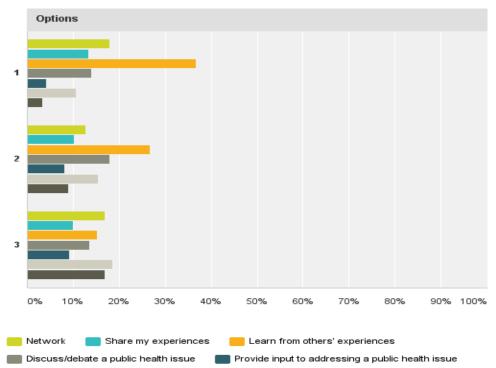
Overall Rating of the Congress (1=Poor and 5=Excellent)



Rating for Plenary sessions in terms of perceived quality/relevance to the Congress (1=Poor and 5=Excellent)

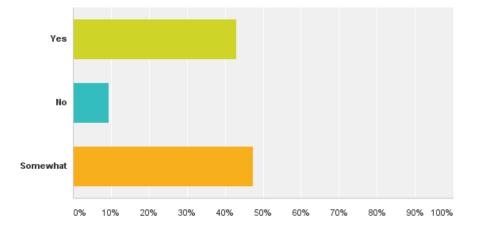


What attendees expected to achieve by attending the Congress?



Learn about the work of public health associations/the WFPHA

Create links between my organization/institution and other organizations/institu...



Did attendees achieve their objective?