Final Results of the PHA Survey (N=57 out of 82 PHAs / 70% Response rate)

1. Prioritized roles and responsibilities of the PHAs)
   (Importance of the activities on a scale of 1-5 where 1 is not very important and 5 is critically important)

Other important roles for public health associations are:
   1) Support research and teaching activities in the public health domain by its institutional members
   2) Advocate for universal and equitable access to healthcare
   3) Public health activism
   4) Promote civil society’s role
   5) Influence health policy
   6) Create a network of public health professionals, and link up all the public health workers and their organized groups for collaborative actions for health promotion
7) Sub-regional (ECSA), African regional and international networking on public health issues
8) Raising awareness about major health problems and mobilization of citizens for active participation in health promotion
9) Encourage the local provision of training
10) Regularly provide new research findings to national audience by publishing a Public Health Journal
11) Create pilot project or models of successful public health intervention and present them to public
12) Build networking among public, private, government, nongovernment sector with aim to support positive public health interventions
13) Advocate for the adoption of public health policies which address the social and ecological determinants of health
14) Networking with international agencies
15) Increase the understanding of individuals, community and decision makers about the need for specific public health interventions such as action on tobacco, alcohol, obesity and preventing the spread of infectious disease
16) Join the debate on ethical issues in health
17) Inter-sectoral processes
18) Serve as a forum for technical discussion and public health policy
19) Organize events (congresses, symposia) with autonomy and independence from government and industry
20) International academic cooperation
21) Ensure scientific update of its members
22) Active participation in political decision-making
23) Establish a platform for inter-professional dialogue and socialization in public health

2. Factors constraining the governance effectiveness of PHAs
(On a scale of 1-5, where 1 is very little constraint, and 5 is very big constraint)
Other factors constraining the governance effectiveness of PHAs are:

1) Lack of time for the persons involved in the PHA affairs who have their full time job and work for the PHA on voluntary basis
2) District branches are currently weak because of lack of funds to allow national leadership to periodically visit and guide them
3) Lack of Government support / frequent change of government authorities / lack of interest from the public authorities in the PHA
4) Very bad seeds of inter-professional and work group rivalries sown by past professionals and now very difficult to overcome
5) Lack of a plan for developing PHA comprehensively and commitment to implement it
6) Inadequate information and communication mechanisms and lack of a strategic plan
7) Lack of regularity in Governing Body Meetings (General Assembly, Board of Directors)
8) Lack of feasible projects
9) Little or no interest from young professionals in the activities of PHA
10) Lack of time for the governing body to engage in the task of governing the association
11) Public health is little studied in some health professions (pharmacists, dentists, physiotherapists), limits their participation
12) Lack of proper physical space for the PHA
13) Little active participation of the members and lack of true social cohesion of the members of the association
14) Lack of commitment from members / lack of understanding of the values and professional principles / politicization of the PHA
15) Lack of active participation of partners
16) Absence of state health policy post

3. Factors supporting the governance effectiveness of PHAs
(On a scale of 1-5, where 1 is very little support, and 5 is very big support)

Other factors supporting the governance effectiveness of PHAs are:

Financial resources for staffing and other activities / Government support / Participation in International events / Strategic planning / Stakeholder engagement / Democratic political environment / No more funds for international cooperation projects / Will, altruism, motivation / Social engagement experience of the senior leadership / Loyalty of members to the PHA
4. Current governance practices of the PHAs
(On a scale of 1-5, where 1 is very little, and 5 is fully)

**Cultivating accountability**
- Shares information: 4.1
- Fosters internal accountability in the association: 4.0
- Cultivates personal and collective accountability: 3.8
- Nurtures accountability of the PHA to its external stakeholders: 3.7
- Provides effective financial and quality oversight: 3.7
- Measures performance: 3.5

**Engaging stakeholders**
- Engages with PHA members: 4.0
- Builds relationship of trust with...: 4.0
- Promotes equity: 4.0
- Practises gender-responsive...: 3.8
- Engages PHA's diverse...: 3.7
- Collaborates with other sectors: 3.7
- Engages with health workers...: 3.6
- Engages with communities: 3.5

**Setting shared strategic direction**
- Defines a strategic plan for the PHA: 4.1
- Establishes shared vision among key stakeholders: 4.0
- Monitors progress in implementing the strategic plan: 3.7
- Builds leadership capacity within the PHA: 3.7

**Stewarding resources**
- Practises ethical and moral integrity: 4.4
- Eradicates corruption: 4.3
- Wisely uses resources: 4.1
- Pursues efficiency and sustainability: 3.9
- Uses information, evidence and technology in governance...: 3.9
- Mobilizes resources: 3.5
5. Awareness among PHAs of WFPHA’s Strategic Plan and Goals

- We are aware that WFPHA has adopted 2013-2017 Strategic Plan: 80%
- We are aware that this Strategic Plan has five key goals: 64%
- We are aware what these five key goals are: 55%
6. **WFPHA’s likelihood of accomplishing its Strategic Plan goals in the next 5 years**  
(On a scale of 1-5, where 1 is will not accomplish and 5 is will fully accomplish)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Likelihood</th>
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<tbody>
<tr>
<td>Goal 1: Advocate for effective global policies to improve the health of populations</td>
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<td>4.0</td>
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<tr>
<td>Goal 2: Advance public health practice, education, and training and research</td>
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<td>3.8</td>
</tr>
<tr>
<td>Goal 3: Expand and strengthen partnerships</td>
<td></td>
<td>4.1</td>
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<tr>
<td>Goal 4: Promote and support the advancement of strong member associations</td>
<td></td>
<td>3.9</td>
</tr>
<tr>
<td>Goal 5: Build an effective, responsive and sustainable WFPHA</td>
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</tbody>
</table>

1) **Goal One**: Advocate for effective global policies to improve the health of populations (e.g., implement the WFPHA-WHO collaboration plan, advocate WFPHA policies, and organize World Congress on Public Health)

2) **Goal Two**: Advance public health practice, education, and training and research (e.g., implement WFPHA Fellowship Program, establish framework of public health competencies, use the Journal of Public Health Policy for communicating WFPHA positions on public health issues, and facilitate collaboration at regional and national levels)

3) **Goal Three**: Expand and strengthen partnerships (e.g., strengthen partnerships with WHO and others, and develop new partnerships)

4) **Goal Four**: Promote and support the advancement of strong member associations (e.g., expand the number of member PHAs, contribute to strengthening organizational capacity of member PHAs)

5) **Goal Five**: Build an effective, responsive and sustainable WFPHA (e.g., implement a resource generation strategy, operate an effective Geneva office, provide regular reports to member PHAs on resolutions and declarations, plan for WFPHA 50th Anniversary in 2017)
7. Public health topics by their importance for the PHAs
(On a scale of 1-5, where 1 is not much important and 5 is very important)

Other important public health topics from the perspective of the PHAs:

Occupational health, health policy and health services assessment, sanitary and epidemiological surveillance, social control and people participation in health policies and services, Allergy, Alcoholism, Traditional medicine, Occupational Health and Safety, especially the Health of Health Care Workers, Access to quality health services, Social protection in health for all, Evaluation of health technologies,
organization and strengthening health information system, prevention of cardiovascular diseases, fight against epidemics, human resource development for community health, Public health careers, sexual health, is crucial because of reproductive health. The gender-based violence, Promotion of exercise and physical activity, Alternative medicine to solve health problems, and Leadership and accountability in public health

8. **PHAs' willingness to be involved in the implementation of core PH functions in the coming 3-5 years**
(On a scale of 1-5, where 1 is will not be much involved, and 5 is will be very involved)

<table>
<thead>
<tr>
<th>Function</th>
<th>Willingness</th>
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<tbody>
<tr>
<td>Advocate on public health issues</td>
<td>4.2</td>
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<tr>
<td>Develop national network for public health experts</td>
<td>3.8</td>
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<tr>
<td>Develop and disseminate a review of the scientific evidence base for...</td>
<td>3.8</td>
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<tr>
<td>Provide continuing education opportunities for the public health workforce</td>
<td>3.7</td>
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<tr>
<td>Encourage broad partnerships among public and private health...</td>
<td>3.7</td>
</tr>
<tr>
<td>Develop and support the public health workforce</td>
<td>3.6</td>
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<tr>
<td>Define the goals of the public health system</td>
<td>3.6</td>
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<tr>
<td>Reach consensus on essential functions of the public health system</td>
<td>3.4</td>
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<tr>
<td>Strengthen public health legislation &amp; regulations</td>
<td>3.4</td>
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<tr>
<td>Establish national public health leadership capabilities</td>
<td>3.2</td>
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<tr>
<td>Strengthen public health system structures</td>
<td>3.2</td>
</tr>
<tr>
<td>Implement public health system performance assessments</td>
<td>3.2</td>
</tr>
<tr>
<td>Establish standards for minimum public health programs and services</td>
<td>3.1</td>
</tr>
<tr>
<td>Strengthen public health service delivery</td>
<td>3.1</td>
</tr>
</tbody>
</table>

### Other important public health functions of interest from the perspective of the PHAs:

- Strong relationship with Academic Societies of public health
- Insufficient stakeholder consultations in policymaking on the part of the policy and decision makers
- Install local and regional observatories for the promotion of public health across the country
- Mobilize and coordinate civil society organizations involved in issues of public health
- Serving as the benchmark for highest academic and scientific technical level in matters of public health
- Violence/Injury Prevention
- Health Reform efforts in the US-- Protecting the Affordable Care Act (including the Prevention and Public Health Fund)
- Ensuring transportation policies help public health
- Strengthening of the health system
9. What do PHAs expect from the WFPHA?

1) Indian Public Health Association needs full support, cooperation and encouragement to organize 14th World Congress on Public Health 2015 at Kolkata. Expecting financial support from WFPHA, WHO & UNICEF and partnership with governments at all levels and other stakeholders and public and private sectors for the success of 2015 World Congress.

2) Advance public health practice, education, and training and research

3) Enhance cooperation and exchange of information between PHAs

4) Provide the technical support to improve the PHA’s capacity (for example, skills training at APHA)

5) Create more opportunity for regional cooperation, cross-border cooperation and so on.

6) More active participation of the WFPHA in global forums, especially those hosted by WHO

7) Information exchange

8) Public Health Competencies and functions to support health services and also continuing public health education for public health workforce

9) Mobilize resources for implementation of activities involving many national PHAs for example in mental health, migrant health or alcoholism prevention and control.

10) Short term workshop for future leaders

11) Coordination of key issues

12) Advocacy for effective global policies to improve the health of populations and which address the multinational dimensions of trade agreements that do not consider the health of a nation in its determinations

13) Enhance our public health workforce

14) Assist PHAs in low and middle income countries to access financial resources and become more sustainable

15) Build a strong partnership / Expand and strengthen partnerships

16) Strengthen coordination and collaboration with Afghanistan National Public Health Association

17) Help us in strengthening our organizational capacity to become national leaders in public health arena

18) Establish working groups dealing with main constraints and limitations of public health associations and issues appeared to be priorities for future actions

19) Promote the collaboration between financially more independent PHAs with financially more constrained PHAs, because we are in a global village, where public health issues have no borders. So we need to solve the world’s public health problems together.

20) Capacity building support for the capacity building of the PHAs

21) Strengthen organizational capacity of the member PHAs

22) Share its experience as well as its achievements with its member associations

23) Promote international collaboration

24) Networking among existing PHAs

25) Work more on Global Health Issues such as air pollution and climate change that have impacts on health and also have more collaboration with multi-sector organizations and partnership.

26) Continue to be an effective advocate for the adoption of healthy public policy at the global level.

27) Provide grant based support in key areas of Public Health for promotion of public health on regional basis

28) Promote the public health issues of developing world through global, regional and national advocacy

29) Create a dialogue forum to influence policy on international public health agenda
30) To the 2017 World Federation Congress in Melbourne as a tool to build capacity and appropriate networking opportunities for PHAs across the globe but particularly in the Asia Pacific region
31) Pair the Chadian Association of Public Health with an established association
32) Organize a meeting in Tunisia the 2016 WFPHA ... a gathering of all members of the WFPHA for 3 days of collaboration, workshops, and twinning
33) Capacity building in mobilizing financial resources to implement the action plans.
34) Socialization experiences to support the development of national public health associations
35) Strengthen partnerships between different organizations worldwide and be a facilitator in this context
36) Facilitate and finance the participation of Bolivia in conferences, forums, and international symposia.
37) Undertake joint research
38) Increase the dissemination of scientific information
39) Advance practices in public health, education, training and public health research in Costa Rica, ensuring the effectiveness of publications and increase the number of annual issues of the Costa Rican Journal of Public Health and facilitate cooperation at national and regional level
40) Provide information and facilities to personally participate in the activities of the Federation.
41) Strengthen the skills of management teams for collective work and the development of a new role of our organizations
42) Support in strengthening technical and scientific members of the Government and the main committees for the efficient management and governance of the PHA
43) Support for the mobilization of resources
44) Create a Platform for online courses for the PHAs, in conjunction with universities with public health programs
45) Ensuring the WFPHA fulfills Goal 5 (Build an effective, responsive and sustainable WFPHA) as a priority and to the best of its ability. Without it, efforts to fulfill the other goals in the Strategic Plan will not be as successful.
46) Technical support for political advocacy and media relations within the field of public health
47) Back and forth dissemination of ideas between the WFPHA and PHA for global debates to advance in the country
48) Assistance for participation in the WCPH
## 10. Respondent PHAs

<table>
<thead>
<tr>
<th>English</th>
<th>French</th>
<th>Spanish</th>
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<tr>
<td>2. Australia</td>
<td>2. Burkina Faso</td>
<td>2. Chile</td>
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<td>4. Bosnia And Herzegovina (2)</td>
<td>4. Chad</td>
<td>4. Cuba</td>
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<td>5. Brazil</td>
<td>5. Congo, Republic of the</td>
<td>5. Mexico</td>
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<td>7. China</td>
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