



# 13<sup>th</sup> World Congress on Public Health

## R E P O R T

23–27 April, Addis Ababa, Ethiopia

# 2012



Addis Ababa, Ethiopia



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## Foreword

The Congress Secretariat is pleased to present this project closing report of the 13<sup>th</sup> World Congress on Public Health, held in the Millennium Hall, Addis Ababa, Ethiopia, from April 23-27, 2012.

The purpose of the report is to highlight the Congress's and main activities, summarize the lessons learnt and present to all concerned, especially organizers of the 14<sup>th</sup> WCPH as it can be a valuable input in their preparation.

Our special thanks goes to H.E. Dr Tedros Adhanom- Patron of the Congress, the EPHA Management, especially Dr Tewabech Bishaw-President of EPHA, Ato Hailegnaw Eshete- Executive Director of EPHA for their leadership and guidance and EPHA staff for their decisive effort and contributions for the successful achievement of organizing the Congress.

Special thanks also go to our co-organizers in Geneva and Washington DC, particularly professor Ulrich, Ex-president of WFPHA, Mr. Jim Chauvin- President of WFPHA, Ms Laetitia Bourquin from Geneva, and Ms Vina Hulamm from APHA. These colleagues worked day and night in leadership and consultation with us and gave us a lot of support. We are very much pleased with the extraordinary work of professor Ulrich especially on the work done in connection with abstract review and selection and congress program development.

The Congress Secretariat

## Acronyms

AAU/SPH	Addis Ababa University/School of Public Health
ABIDE	Alliance for Brain-Gain& Innovative Development Ethiopia
ABRASCO	Associacao Brasileira De Saude Coletiva
AMREF	African Medical & Research Foundation
ACIPH	Addis Continental Institute of Public Health
AFPHA	African Federation of Public Health Associations
AMREF	African Medical and Research Foundation
APHA	American Public Health Association
CCM/E	Country Coordinating Mechanism/Ethiopia
CCRDA	Consortium of Christian Relief and Development Association
CDC	Centers for Diseases Control
CPHA	Canadian Public Health Association
EBS	Ethiopian Broadcasting Service
EHAPCO	Ethiopia HIV/AIDS Prevention and Control Office
EHNRI	Ethiopian Health and Nutrition Research Institute
EPHA	Ethiopian Public Health Association
ETB	Ethiopian Birr
ETV	Ethiopian Television
EUPHA	European Union Public Health Associations
FDRE	Federal Democratic Republic of Ethiopia
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
ICAP	International Center for AIDS Care and Treatment Programs
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IFHP	Integrated Family Health Program
ILO	International Labor Organization
IPPH	Institute of Population and Public Health
JSI	John Snow, Inc
JU	Jimma University
LAN	Local Area Network
MEDICC	Medical Education Cooperation with Cuba
MDG	Millennium Development Goal
MDR	Multi-drug resistant
MNCH	Maternal Newborn and Child Health
MWU	Meda Walabo University
NCD	Non- Communicable Disease
NGO	Non-Governmental Organization
OCG	Organizational Core Group
PH	Public Health
SARS	Severe Acute Respiratory Syndrome

SPH	School of Public Health
TB	Tubercle Bacillus
TOR	Terms of Reference
UK	United Kingdom
UNCC	United Nations Conference Center
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UOG	University of Gondar
USA	United States of America
USAID	United States of America International Development
USD	United States Dollar
VAT	Value Added Tax
WCPH	World Congress on Public Health
WFPHA	World Federation of Public Health Associations
WSU	Washington State University

## Message from EPHA President

Let me begin by expressing my heart-felt appreciation, on behalf of the Ethiopian Public Health Association and on my own, to each and every one who was engaged in the planning, organization and conduct of the 13<sup>th</sup> World Congress on Public Health jointly organized in partnership with the World Federation of Public Health Associations. I also express my sincere thanks to all those that contributed professionally, technically, financially and materially, including those that offered emotional support. It is the synergy of these individual and collective efforts and the close working relationship between EPHA and the WFPHA and the support and guidance provided by the, Ministry of Health and Government of Ethiopia that resulted in a resounding success of this historic 13<sup>th</sup> World Congress on Public Health held from 23 -37 April 2012 in Addis Ababa, Ethiopia. Historic, because it is the second Congress in Africa, fifteen years after the first, in 1997, and only three years before the Millennium Development Goals in 2015.



Through this Congress the EPHA was able to strengthen its capacity and networking as well as increase its national, regional and global visibility as one of the credible Public Health Associations contributing to equitable Global Public Health Development. The Congress was instrumental in bringing together about 3700 public health professionals from 141 countries that deliberated on critical public health issues of global importance. It has also added to the body of knowledge in public health. We believe that the outcome of the deliberations and the “Declaration” there from will stimulate and strengthen actions and contribute to Global Health Equity and thereby enhance national and global efforts towards the achievement of the MDGs and sustaining them. It is further believed that the Congress has reinforced that health is a human right - and ensuring global health equity is the responsibility of all duty bearers in and outside of the health sector- including governments, communities, professionals, interpreter and leaders alike.

This Congress report, the first such report on World Congress on Public Health, is prepared with the intention to document and demonstrate the highlights of important actions, processes, inputs and outcomes of the 13<sup>th</sup> World Congress on Public Health to serve as a living record of its organization and for future references. It is also hoped that, from lessons learned, the document will assist National Public Health Associations and the WFPHA in the preparation of future World Congresses on Public Health.

I thank you.

Tewabech Bishaw, BSc, MPH, Dr.H.Sc

President, Ethiopian Public Health Association



## **Closing remark of Dr Tedros Adhanom, Minister of Health- FDRE**

Dr. Chauvin, the new President of World Federation of Public Health Associations

Dr. Tewabech, President of Ethiopian Public Health Association

Dr. Mengistu, the new Vice President of World Federation of Public Health Associations

Dr. Ulrich, the immediate Past President of World Federation of Public Health Associations

Excellencies,

Ladies and gentlemen,



I think the recognition before for me was not necessary because I was actually doing my duty as a member of the Ethiopian Public Health Association which I am really proud to be a member thereby acting both as a patron and as a member. I was Dr Tewabech's boss and she was my boss at the same time; so at times there was some conflict because we didn't know how to balance that. But at any rate, I am really proud to be a member of this Association and through that association member of the WFPHA. I have been a member of this Association for more than 20 years and when I think about this, I say ok. so I am getting really old; you know that is the reminder.

I would like to use this opportunity to thank Dr. Ulrich Laaser, the immediate past president of WFPHA and his team for allowing Ethiopia and for partnering with the Ethiopian Public Health Association to give Ethiopia the opportunity to host this very important global event and many thanks also to all participants both national and international for your attendance. I hope you enjoyed your stay; and please give us any feedback that you may have; especially things we need to improve.

I was informed that you had a very good evening yesterday to traditional food and also you were taught how to dance our Eskista. DrTewabech told me that many of you were really good and she promised to send you a certificate of recognition. But I am really glad that you, are able to see the other side of Ethiopia.

And thank you so much for coming and for those of you are here for the first time. I hope you will come again and again. And please consider Ethiopia as your home to which you are welcome anytime and with at least the hospitality you have been given. Given the feedback I have asked you, we should serve even much better.

The 13th World Congress on Public Health, I think the main theme "Towards Global Health Equity" was really one of the timely themes and I am very glad that we were honored by the presence of our Prime Minister. As you have heard, especially his message on equity was very strong; and I would like to thank him on my behalf and on behalf of all participants for his presence and blessing the congress which gave the congress an excellent start.

And I also would like to thank Dr. Sambo, who has been supporting the association since its inception in Cote D'Ivoire especially the African Association and his support to the World Federation and as you have seen here he has been supportive of the congress and I would like to express my gratitude for his active engagement and support he really gave.

We are honored and also proud that the first meeting of the General Assembly of the African Federation of Public Health Associations was convened during this congress in Addis Ababa. We are also glad to witness the official opening of the secretariat office. Thank you also for selecting Addis as its seat. Thank you for honoring us, thus we would be happy to help in any way possible. Thank you Dr Mathias Some. I wish you a success in the years to come as the president of this Association which has been just born.

Coming back to the Addis Ababa Declaration, I believe many important issues have been raised. One is the equity issue and has to be central, both global and national equity is the key to the success of the MDGs. The emphasis on work force, the emphasis on MDGs and the emphasis on social determinants of health, I think is timely, and I really congratulate those who have prepared this timely and very important Declaration.

So in the Declaration, what is said is said, what is needed now is renewing our political commitment to really make what we have declared happen. As you know we are left with almost three years to reach the MDG goals, and I call upon all of you to use the Addis Declaration to accelerate our push to achieve the MDGs. The most challenging of the MDGs, as you know, is reducing maternal mortality and it needs top of our attention. And as you know maternal mortality is the best indicator for equity, which is the central theme of this congress. Public health associations everywhere, both global and national, we have strong voices and we need to use of that voice to make a difference.

And also I would like to congratulate some of the awardees and of course, specially Prof. Margaret Hilson for the Lifetime Award and to my friend Prof. Redda Teklehaimanot for the 2012 Leavell Lectureship Award. I would also like to thank Dr. Jim Chauvin, the new president for being elected, and my friend Dr. Mengistu Asnake also for being elected as the vice president and representing our country really in a big way. I would like to express my gratitude and thanks for those who gave their confidence to Dr. Mengistu, and I am sure he will make a big difference. My congratulations and also appreciation goes for the successful completion of the congress. This would not have not happened without the exceptional leadership of Dr. Tewabech Bishaw whom I have known her for years from far. But I have seen her for the last one or two years very closely and her leadership quality is really incredible and I would like to congratulate her and her teams for the success of the congress.

And also I would like to thank all partners who helped us to organize this very successful congress. Of course I don't want to mention all the names and take your time, as Dr Tewabech had already mentioned, all the names although we could have forgotten some for which, I hope, you'll excuse us, but whatever may be, I endorse what she said and the whole vote of thanks.

Finally, I would like to thank Dr Chandrakant Pandav and I think it may not be a coincidence that this congress is going to India to one of the longest civilization, Ethiopia, to another one of

the longest civilization, India. India and Ethiopia have a lot in common. When I go abroad I actually go to Indian shops because the spices are almost the same and so the smell is as if I am at home actually. The trade and other relationships of India and Ethiopia has been there for several centuries and that is why the similarities. But one thing I was expecting was from the Indian Tourism Advert, the common one, “the incredible India”. I missed that here. So the congress is going to the “incredible India”. I know it will be more successful and we wish you all the best in the next congress, the 14th. I have seen from the start that you have really made excellent preparation. So good luck “incredible India”.

Finally to all participants, thank you again and have a nice journey home. This is your home and look forward to seeing you again.

Thank you so much.

## **Closing Speech of WFPHA President**

The local-global connection: A challenge for national public health associations

James Chauvin

President, World Federation of Public Health Associations

Speech at Closing Ceremony, 13th World Congress of Public Health

Addis Ababa, Ethiopia – 27 April 2012



In today's world of complex and rapid exchanges, what we think and what we do locally often has a global impact, just as what happens globally in countries far beyond our borders will ultimately affect us locally. In public health, we have long understood the linkages between local and global health problems – pandemic influenza, smallpox, SARS, polio, to name a few. Addressing global health issues and events within national-level health agendas is gaining popularity as national governments and health-based organizations have realized the benefits of transnational efforts to prevent, control and eradicate disease around the world. It's a fact that nations are paying more attention to health across international boundaries. At the same time, there is still a great debate about how to share responsibility for tackling the world's burden of preventable premature deaths, diseases, injuries and disabilities especially from the economic perspective.

We have, though, two realities with respect to the health: first, which one as local and global are deeply linked. The health or ill health of one population or one ecological sub-system can impact the health of many others. Secondly, the terms for securing health for all the communities of the world begin with equity, fairness, responsiveness and efficiency.

Public health is supposed to create and support the conditions in which people can live healthy, productive lives. Indeed, the opportunity for people and their communities to be healthy, productive and resilient begins long before they need medical care and treatment. By focusing on where health is fostered -- in our homes, our schools, our workplaces, and our communities -- we as public health practitioners support people to make healthy choices within the reality of their contexts and environments, regardless of their income, education, ethnic background, or where they live. By preventing injury, disease and sickness that are expensive to treat, public health helps mitigate disease burdens and their associated personal, health care system and societal costs.

Leaders in public health have argued for some time that extension dialogue on global health at the national level is needed to engage both politicians and citizens alike, in defining a strategy to address the threats to the health and wellbeing of peoples, nations, regions and the world. Such a strategy would define the principles, values, intent and direction of global health actions on health problems that directly, or indirectly, threaten national populations as well as defining how a nation can contribute to resolving global health issues.

My question for you today is this: Are national public health associations the natural leaders to develop such a national global health strategy? This question is highly relevant for me as I assume the two-year term as a President of the World Federation of Public Health Associations (WFPHA).

National public health associations are the unique non-governmental, politically independent and authoritative voice for public health. In some countries, they are its only voice. The past four decades have witnessed the expansion and organizational maturing of the global public health association community. From only a handful of countries having national public health associations in 1967, the year the WFPHA was founded, now over 80 countries are served by their own public health associations, and that number continues to grow.

The influence of national public health associations in the development of health related policies and programs and in the frontline practice of public health is impressive. Several have played leadership roles in the ongoing fight for tobacco control. Others have focused their efforts on public health education and training; on the prevention and control of both infectious and non-communicable diseases; on the expansion and quality of and access to public health services such as immunization and maternal-newborn and child health services. Still others have worked with their governments and allied professionals across sectors to enhance water supply and sanitation and solid waste disposal. In anti-malarial actions, many have introduced insecticide-treated mosquito bednets before their use became widespread. Some public health associations have become strong advocates within their countries for bringing a population health perspective to problem analysis, policy development and project design, and for taking a social-determinants-of-health approach to achieving health and health equity. And many associations have championed politically unpopular causes, gaining hard-won advances, for examples, over the years in the prevention and treatment of HIV and AIDS including better access to essential medicines.

In 2011 the WFPHA canvassed its member associations about their role in promoting action on the socio-economic determinants of health to achieve health equity by asking them to identify the successes, failures, opportunities, and obstacles they encountered. The respondents felt that the two primary roles of a public health association in the health determinants arena are to: 1) advocate for effective policy and program interventions (that is, “agenda setting”) and 2) provide the data or evidence to local and national decision-makers so they can take effective action. They added that public health associations can and should play a central role in raising awareness among the public, the media and politicians about health equity and the many practical means to incorporate a social-determinants-of-health approach into the health portfolio. WFPHA’s members felt the Federation has a special advocacy role to play with multilateral agencies and governments, and that it should be more vocal. They also voiced their concern about the lack of political commitment and national action on the social determinants of health, and the need for more means to exchange information about promising practices in the application of policies and strategies that promote health equity.

To support those national associations in their role as catalysts for change in their countries and regions, the WFPHA will reinforce and enhance its role as a leader in global public health advocacy. The Federation has produced over 40 resolutions, declarations and position papers on a broad range of public health topics. The Declarations from the last few triennial World Congresses on Public Health have focused on health as a global public good (in Brighton, 2004); eliminating social inequalities as a result of globalization, and the recognition of the importance of the social determinants of health (in Rio de Janeiro, 2006); and, health as the first human right (in Istanbul, 2009). And we now have the Addis Ababa Declaration, being a call to action for global health equity. For sure, resolutions and Declarations

provide direction: what we need now is action, which brings me back to the question about the leadership of national public health associations in developing national global health strategies.

These associations could provide the forum for a vibrant dialogue on health, pulling in national, regional and global perspectives presented by politicians and citizens to identify what is best for their communities, their countries, their continents and the world. As a facilitator and promoter of public health, national public health associations are a “natural fit” to convene people, catalyze discussion and encourage the adoption, implementation and monitoring of national global health strategies. The WFPHA will support its members to move in this direction.

If national public health associations are to take the lead in building consensus around and shaping the content of national global health strategies, which have as their goal health equity through a social-determinants-of-health approach, I would recommend the adoption of the following as the means to achieve this end:

1. Instill the right to health for all as the primary principle:
2. Shift the emphasis of discussion, policies and strategies from health care to health equity:
3. Adopt and apply a "health lens" for public policy and programs:
4. Engage civil society in the process through a meaningful participative and partnership process:
5. Ensure there being a law on health law as a foundation to support strategies and actions; and,
6. Deal head-on with the most fundamental determinant of health, that is personal and community well-being, resiliency and self-esteem/self-value.

The ultimate goal in all this is good health and well-being for all, not just for some. There is a role for the global community of public health associations in achieving it. The WFPHA will aim to become more pro-active in this regard and also support its members in moving in this direction. I believe together we can close the gap in a generation.

# **1. Introduction**

## **1.1 Public Health and its Importance**

Public health remains to be an art and science of preventing diseases, promoting health, and extending life through organized local and global efforts<sup>1</sup>. It is a collective endeavor for sustained population-wide health improvement. This implies the obligation of governments and communities to protect and improve the health of citizens.

The practice of public health has changed over the years. It now looks into the root causes of the high burden of disease. It has been proved that poverty, epidemics of communicable and emerging non-communicable diseases, global environmental changes, natural and man-made disasters and lack of sustainable health development are the root causes for the high burden of diseases in many parts of the world. In spite of this, the goals of the contemporary public health movements and activities are directed towards improving the health of populations and communities, reduction of health inequalities within and among populations, social determinants of health and ensuring for health-sustaining environments. In view of this, public health professionals included emergency responders, restaurant inspectors, health educators, public policymakers, scientists, researchers, public health physicians, public health nurses, occupational health and safety professionals, social workers, sanitarians, epidemiologists, nutritionists, community planners and other related professionals.

Although public health has been challenged by diverse aspects of globalization that include increases in economic, cultural, technological, physical, and environmental influences, there have been impressive gains in life expectancy in many countries in Asia, Latin America and Africa. Fertility rates have generally declined and the profile of major causes of illnesses and deaths are being transformed in low- and middle-income countries. Non-communicable diseases are also emerging competing with the previously dominant infectious diseases.

## **1.2 Creation of the World Federation of Public Health Associations**

Globalization is the major factor for the creation of the World Federation of Public Health Associations. This is to increase collective action at national, continental and global levels.

Globalization refers to the increasing interconnectedness of countries through cross-border flows of goods, services, money, people, information, and ideas, the increasing openness of countries to such flows, and the development of international rules and institutions dealing with cross-border flows. This is not a new phenomenon, the current phase of globalization, dating from the 1980s, has seen an exceptionally rapid process of interconnectedness and more radical changes in the international institutional framework than previous phases. The core component of globalization is economic interconnectedness and interdependences including the associated ascendancy of deregulated markets in international trade and investment. Two other important domains are technological globalization, especially of information and communication technologies, and cultural globalization. There is also an

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<sup>1</sup> Anthony McMichael and Robert Beaglehole, *The Global Context of Public Health*, 2009

emerging globalization of ethical and judicial standards which may render social and individual rights more secure.

In order to align public health policies and practices with globalization, the World Federation of Public Health Associations (WFPHA) was founded in 1967, with its headquarters in Geneva. WFPHA is an international non-governmental organization with 193 member states of the World Health Organization (WHO), 6 regional offices, and 75 member state Public Health Associations and Unions. WFPHA members have a number of benefits which include collaboration with a large international health organization, forging partnership with other national public health associations and organizations, attending public health meeting and whereby theyfor international and national policies and strategies.

WFPHA works in cooperation with the WHO, other UN organizations and international public agencies and civil society organizations. The Federation has a voice in influencing the development of international public health policies and it is a very important tool and plat-form to address global public health issues

The 13<sup>th</sup> World Congress on Public Health held in Addis Ababa, Ethiopia from 23-27 April 2012 was undertaken at a time when the impact of globalization became intense and the disparity between the haves and non-haves became wider. The theme that was selected by the GA of WFPHA during the Istanbul (Turkey) Congress of 2009 was a manifestation of this. It was intended to bring together large number of professionals of public health to discuss and come out with recommendations to addressa global crisis connected with health equity within the globalized world.

### **1.3 The World Congress on Public Health**

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.

Participants of the congresses include delegates from public health associations of the world countries, as well as representatives from the public and private sectors, representatives from public health related sectors and NGOs based in member states of the World Federation of Public Health Associations.

The organization and conduct of the Congress and generated information generated there from,including major decisions, as well as declarations made at the Congress, are shared with all public health institutions and NGOs ofthe 75 member states of WFPHA. These are also shared with193 WHO Member States during the World Health Assembly attended by ministerial delegations of WHO member states. At the end of each Congress, a World Public Health Declaration is publicized, indicating the host of the respective Congress so as to inform and draw the attention of the world to the Congress and its outputs. There have twelve congresses so far conduct since 1975. The last Congress was held in 2009 in Istanbul, Turkey. The countries, cities and the years when each congress was held are:



- Bonn, Germany (1975)
- Halifax, Canada (1978)
- Calcutta, India (1981)
- Tel Aviv, Israel (1984)
- Mexico City, Mexico (1987)
- Atlanta, United States (1991)
- Bali, Indonesia (1994)
- Arusha, Tanzania (1997)
- Beijing, China (2000)
- Brighton, UK (2004)
- Rio de Janeiro, Brazil (2006)
- Istanbul, Turkey (2009)

## **1.4 The 13<sup>th</sup> World Congress on Public Health**

During its General Assembly in May 2008, the WFPHA selected EPHA to host the 13<sup>th</sup> Congress. The selection was made by an independent committee from WFPHA and was endorsed by the General Assembly of the Federation. As a result, in 2012, the 13<sup>th</sup> World Congress on Public Health was held in Addis Ababa, Ethiopia from 23-27 April.

The Congress was expected to bring together over 3000 public health professionals, researchers, academicians, service providers and students of public health and medicine from all over the world both from the public, a private, from the NGO sectors. In addition to providing a platform for exchange of information, new knowledge and experiences on issues related to global equities on health; at the end of the deliberations, the Congress produced a Declaration: “The Addis Ababa Declaration on Public Health” which will be shared at the General Assembly of the WHO with the aim to influence global decisions and direction on public health policies and strategies towards global health equity.

EPHA’s selection to host this International Congress of global importance is a great achievement and success for both Ethiopia in general and the Association in particular. It was intended to provide an excellent opportunity, among others, to EPHA’s global visibility and bring a historic moment in the strengthening of the African Federation of Public Health Associations and its joining the WFPHA.

## **1.5 Goals and Objectives of the 13<sup>th</sup> World Congress**

### ***1.5.1 Goal***

The Goal of the 13<sup>th</sup> WCPH was to successfully host the Congress and to contribute towards protecting and promoting global public health.

### ***1.5.2 Major Objectives***

The major objectives were:

- 1) Make the Congress a forum for the exchange of knowledge and experiences on prominent public health issues among the global public health community by
  - ensuring that the main global, continental and national public health issues are adequately addressed in the congress
  - creating better understanding about by the Global Public Health community Africa's major public health challenges
- 2) Facilitating and supporting the strengthening of "African Federation of Public Health Associations"
- 3) Ensuring the effective organization, process, conduct and documentation of the Congress

### **1.5.3 The Main Theme**

The main theme of the 13<sup>th</sup> World Congress on Public Health was ***"Moving Towards Global Health Equity: Opportunities and Threats"***. This is a follow up of the last two congress themes and connected with the Millennium Development Goals (MDGs).

The theme of the 2006 congress (Rio de Janeiro, Brazil) was ***"Public Health in a Globalized World: Breaking Down the political, social and economic Barriers"*** while that of Istanbul (Turkey), 2009 was ***"Making a Difference in Global Public Health: Education, Research and Practice"***.

*The theme of the 13<sup>th</sup> WCPH was therefore a logical continuation of these preceding two Congresses focusing on the achievement of the MDGs which is only three years away.*

## **1.6 Ethiopian Public Health Association (EPHA)**

The Ethiopian Public Health Association (EPHA) is a health professionals association established in 1989 G.C. and envisions the attainment of an optimal standard of health for the people of Ethiopia. It promotes better health services to the public and high professional standards through advocacy, professional competence, relevant policies, and effective networking. EPHA is committed to improve the health and living standard of the people of Ethiopia through the dedicated and active involvement of the organization and its members and through collaboration with stakeholders. EPHA was re-registered as a professional society in January 2010 as per the Ethiopian Government Proclamation Number 621/2009.

EPHA is an association of public health professionals of varying categories and levels of training. EPHA members are distributed all over the country occupying positions at different levels of health care and management from 'woreda' (*district*) health office and health facilities to the level of a minister. EPHA members are also in private, government and non-government organizations. EPHA is among the strongest professional associations in Ethiopia with a current membership of more than 4000. EPHA has its head quarters in Addis Ababa, Ethiopia and over 18 chapters in different regions of the country. The Association is working closely with its partners and collaborators to facilitate and accelerate activities on the country's priority public health issues and has years of experience and success in implementing

national as well as continental projects. EPHA has a good working relationship with governmental and non-governmental organizations, and universities within the country and abroad.

The Association has proven track records in strengthening professional skills and capacity of its members through annual conferences, continuing education, and sponsorship of members to participate in international conferences, training, development of curricula, guidelines and research.

## **1.7 Benefits of Hosting the 13<sup>th</sup> World Congress in Ethiopia**

Ethiopia's benefits of hosting the Congress were many. But the most important ones are:

- a) It created an opportunity for the country, specifically, the Federal Ministry of Health (FMoH) to share with the global public health community its achievements, challenges and innovative practices within the Ethiopian health sector development program (presentation of six abstracts under the title; count down 2015 and in field visits).
- b) It allowed Ethiopian public health professionals to attend in a large number.
- c) The congress created an opportunity for EPHA members and other Ethiopian participants to gain more understanding on international public health issues, approaches and strategies.
- d) It helped EPHA in building its capacity to host major international events and promote its visibility on the international arena.
- e) It enhanced the promotion of closer collaboration and partnership between EPHA and other international organizations such as WFPHA and its members, WHO and other similar organizations.
- f) It helped EPHA in strengthening collaboration with governmental, non-governmental and private organizations at the national and international levels.
- g) It improved EPHA's partnership with other public Health associations, institution and key stakeholders in the health sector.
- h) Created an opportunity to strengthen networking and partnerships among public health associations of African countries.

## **2 Organization and Planning of the 13<sup>th</sup> WCPH**

### **2.1 Scenario Development and Adoption**

#### **2.1.1 Pre-establishment of the Congress secretariat**

Soon after the Congress in Istanbul, the EPHA embarked on taking critical steps in preparation for the organization of the 13<sup>th</sup> World Congress on Public Health.

These included

- a) Development of the *Guiding Principles of the 13<sup>th</sup> WCPH*, a document that outlined the detailed goal, objectives, key activities, organizational structure including defining resources and the establishing of the different committees and subcommittees, required for the Congress. This document was approved by the EPHA board and endorsed by the EPHA Advisory Council asking its members to serve as the Core Congress Organizing Committee

- and to lead in the preparation. This document was shared with the WFPHA and agreed upon to serve as a guide for preparation of the Congress.
- b) Participating in the Geneva WFPHA executive committee and Geneva assembly meetings in May 2010 where WFPHA and the EPHA agreed on the overall work schedule of main lines of action and modalities of work for joint action. While in Geneva, EPHA got the confirmation of the APHA support to sponsor Confex for Congress Abstract management
  - c) In May 2010, with a visit by the president of the WFPHA Prof. Ulrich Lasser to Addis Ababa a *Joint WFPHA and EPHA Planning Document* was jointly developed and agreed upon. As the key planning document highlighted the national and international planning and organizational set ups, of the Congress. It also defined responsibilities, the financial management system, the abstracts and their review systems, proposed key sessions that included plenary, invited/special sessions and abstracts, key topics, the program time table, fee structures the MoU, advocacy, media, and budget..
  - d) In July 2010, a MoU defining the co-sponsorship contract between WFPHA and EPHA was signed by the presidents of the two organizations.
  - e) On 26 August 2010, the National Congress Planning Committee for the 13th WCPH was officially launched in the presence of over 80 national and international organizations and stakeholders. The meeting was chaired by H.E. Dr Tedros Adhanom, Minister of Health of the FDRE and Patron of the National Congress Planning Committee.
  - f) In September 2010, a call for abstracts was sent out by the EPHA detailing the main theme and various sub-themes and giving the deadlines.

In October 2010 the General Assembly endorsed the creation of a Congress Secretariat under the EPHA Secretariat to coordinate activities and be responsible for the organization of the Congress.

## **II. Establishment of the Congress Secretariat**

The intensive preparatory phase started in January 2011 with recruitment and deployment of the Congress Executive Coordinator and designation of a Program Assistant from existing EPHA staff. The two staff members were hosted within the EPHA secretariat office. Then first task was to collect and review all documentations related to past congresses and EPHA's Guiding Framework and other communications and documents relevant to the preparation of the 13th world congress. This was followed by the identification of basic requirements to kick off the planning and preparation of the congress. A number of scenarios were developed and a draft plan of action for the organization and implementation of the congress was drawn.

Plans A, plan B and plan C were suggested to EPHA president and executive director to choose from. Plan A was based on the establishing a full scale-congress secretariat with its own full time staff and budget while plan B was to use the existing and staff of EPHA. Plan C was rather a mix of Plans A and B where fulltime critical staff would be employed and the staff of EPHA would be mobilized at the different phases of the organization and conduct of the congress. This called for identifying of relevant project and administrative staff and agreeing with the EPHA management on how much of their time would be used for the Congress.

After discussing the pros and cons of the three suggested scenarios, Plan C was selected and an aggressive congress preparation was started. The first move was to identify the project and administrative staff that will be involved and decide on how much of each individual is weekly/monthly working days would be required at the different stages of the congress preparation. This was monetized to account for the contribution of EPHA to the congress.



Figure 1:EPHA Advisory Council in Session Deliberating on the Congress

## 2.2 Plan of Action and Budget Preparation

Here, the first task was to identify all potential activities that would be undertaken from the beginning to the end of the Congress. In order to do this, although limited, documents on previous congresses were reviewed in which two formats were considered for the preparation of the plan of action for the 13<sup>th</sup> Congress.

One was the classical format with columns for activities, timeframes by month, responsible body and column for status of implementation while the other format included the Critical Path format suggested by CPHA. Both formats were used to have a better presentation of the plan of action. Both were shared with OCG in Geneva and the former (conventional/classical) format was agreed upon.

The plan of action was an evolving oninclusive of emerging activities. The first plan of action had over 134 milestone activities under seven major functional categories (coordination, promotion, advocacy and documentation, fundraising and sponsorship, accommodation, exhibition and transport, registration, visa and participants support, scientific presentation and awards, scholarship and so on. (Plan of action is attached as **Annex 1**).

It was against the background of the detailed plan of action that an indicative budget was prepared and agreed to by the Core Committee. Accordingly, an indicative budget with core and specific items of expenditures was prepared for the congress and discussed at the WFPHA executive committee meeting in Geneva in May 2011. That budget was estimated of US\$ 1,880,330. Out of this, the funded portion was US\$ 529,113 (28%), while the unfunded was 1,351,217 (72%). A revenue forecast of US\$1,652,557 was prepared in connection with the budget proposal. The forecasts suggested the sources of funding which included donors, sponsors, exhibition, commercial adverts and participants' registration fees.

As the discussion between the EPHA and WFPHA continued in view of the potential impact of the global economic crisis on the fund raising efforts, it was agreed to prepare budget scenarios and agree on the most feasible one. Accordingly, the following budget options were prepared and reviewed for adoption. This summary of the three options:

### **Congress Budget Options (Summary)**

There were three broad budget options for the Congress based on the number of expected international delegates and the level of expenses anticipated. All three options did not include external financial from donors, sponsors or advertising; although there had been some verbal promises of external financial support by UNICEF, UNFPA, USAID and CDC, at that time no were received nor confirmed in writing. Hence they were not included in the option calculations of the three options.

Table 1 Initial Congress budget Options

Item (approximated)	Option 1: original	Option 2: balanced	Option 3: minimum
Participants	1800 delegates: (800 international) Exhibitors: 50	Delegates: 1800 (800 international) Exhibitors: 50	Delegates: 1500 (500 int.) Exhibitors: 50
Revenue	\$450,000	\$450,000	\$275,000
Expenses	\$600,000	\$440,000 (no daily lunches for delegates; low grade delegate bags and reduced publicity)	\$327,000 (no lunches, low grade delegate bags, no radio & TV advertising, no publication of ‘‘Evolution of Public Health in Ethiopia’’, reduced EPHA staff salary and 50% less travel by invited guest expenses)
Result	\$150,000 deficit	\$10,000 (nearly balanced with no significant surplus)	\$52,000 deficit

The final budget was agreed in July for a net budget of US\$ 523,108 or US\$568,705 with 10% contingency. The major items of expenditure in all scenarios were (Refer to **Annex 2** for the details):

- Full salary of congress secretariat staff
- Office furniture and equipment for the congress secretariat
- General administration/operational
- Promotion, advocacy , information
- Scientific presentation and awards
- Registration, visa and participants support
- Logistics, exhibition and transport
- Fund raising and sponsorship
- Congress facilities and services including catering services.



Figure 2: OCG Meeting, Addis Ababa January 2012

## **2.3 Congress Administration Governing and Technical Bodies**

Congress coordinating and technical committees were established at national and international levels in 2010.

### **2.3.1 *National coordinating and technical committees***

In order to provide oversight and guidance, a multi-sectoral multi-agency institutional structure, the National Congress Planning Committee, was established under the patronage of H.E. Dr. Tedros Adhanom, Ethiopia's Minister of Health. A congress coordination secretariat, a core congress organizing committee and five sub-committees were also established. **Annex 3** (A-F) shows the list of members of the core committee and the sub-committees.

The committees aimed at maintaining the ICASA 2011 standard for the organization of the 13<sup>th</sup> World Congress on Public Health and its delivery of services at a very high standard that put a lot of pressure on the various organizing teams. However the hard work paid off and, in the end the Congress was successfully held and the organization and conduct of the 13<sup>th</sup> WCPH was said to have set an example standard for future WFPHA's World Congresses on Public Health. For it was indeed has been a daunting task.

The Core Congress Organizing Committee and the sub-committees established at national and international levels had their compositions and major functions defined. The operational structure and the working relations between the national and international operational entities are shown in Figure 3 below.

### **2.3.2 *Core Congress Organizing Committee***

This committee consisted of the Advisory Council members and Board members of EPHA and was chaired by EPHA President. However, as the Congress date approached, learning from the experience of ICASA 2011, and in order to expedite matters to ensure national ownership and to mobilize national and international support and resources, the last few sessions were chaired by H.E Dr. Tedros Adhanom, Minister of Health and Patron of the National Planning Committee. The committee had 19 members from government and non-government organizations and met every two weeks (and weekly towards the end), and its main function was to review progress reports from the congress secretariat and give guidance on future actions to overcome challenges encountered.

### **2.3.3 *Core Executive Committee***

This comprised the EPHA president, executive director, congress executive coordinator and assistant congress coordinator. This was a committee that reviewed and made quick decisions on urgent and decisive matters.



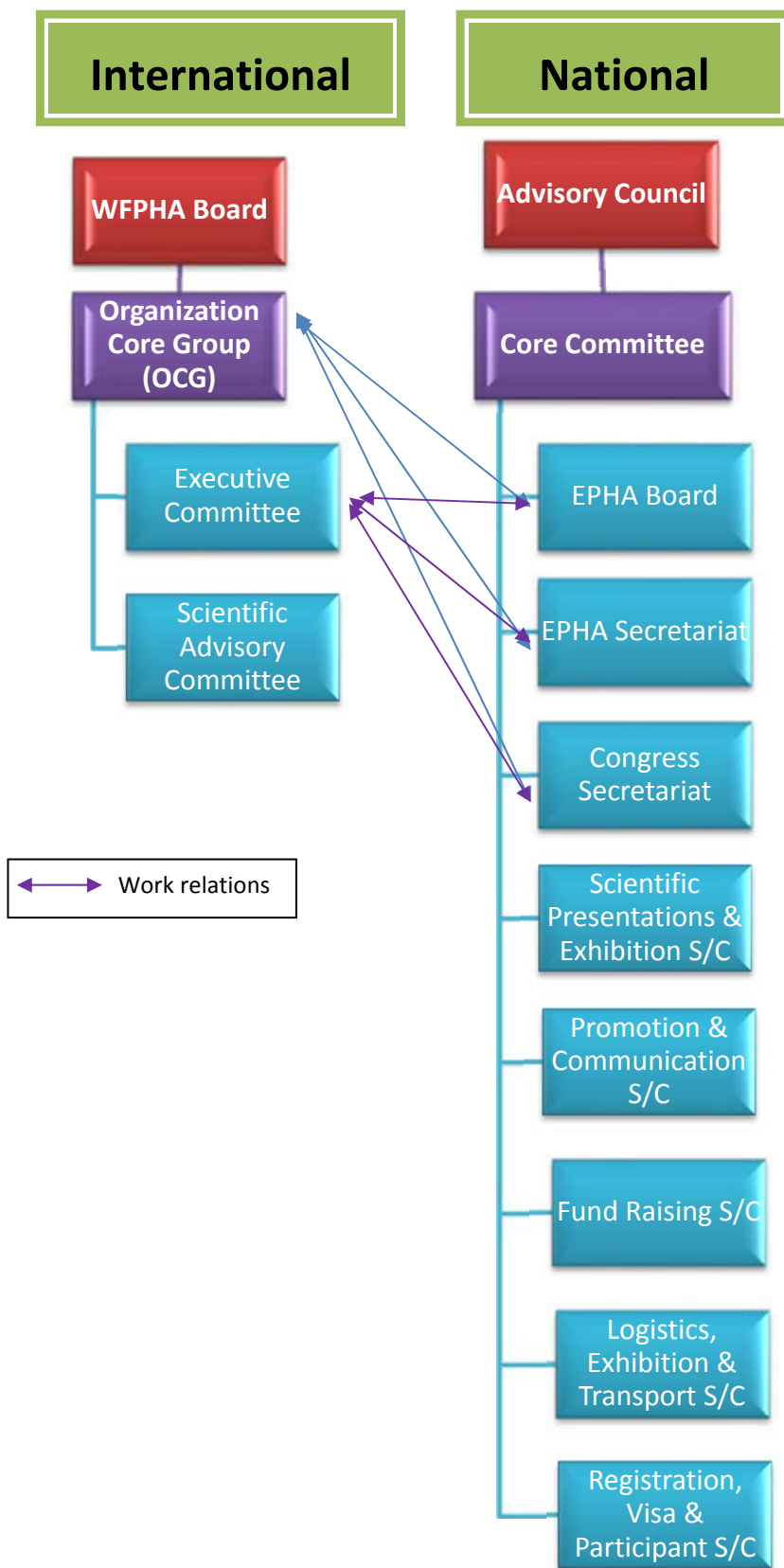


Figure 3:13<sup>th</sup> WCPH Project Organization Structure

#### **2.3.4 Sub-committees**

Seven sub-committees, led by the advisory council and EPHA executive board with members from different government and non-government institutions, were first established. These committees had their own TOR, chairpersons and secretaries. And report to the Core Congress Organizing Committee and the Congress Secretariat while their secretaries were members of EPHA staff. This arrangement linked the committees with the congress secretariat and facilitated follow-up and implementation of the decisions of their respective committees.

The initial job designations of sub-committees were:

1. Congress Promotion, Media, and Conference Documentation sub-committee
2. International Relations sub-committee
3. Delegates' Well being, Tours, Visits and Social Events sub-committee
4. Fund Raising and Sponsorship sub-committee
5. Accommodation and Transportation sub-committee
6. Scientific Presentations, Awards and Exhibition Coordinating sub-committee
7. Finance and Administration sub-committee

However, reviewing their TOR as per evolving needs and the challenges being encountered by some of the Sub-committee, the seven sub-committees were streamlined to five by abolishing the International Relations and the Finance and Administration sub-committees.

#### **2.3.5 Task forces**

As the congress date approached and as many specific activities emerged, that took part in establishing small task forces and the reassignment of EPHA staff and involvement of key individuals with hands on experience in the organization conduct of ICASA 2011 was necessary. As many as 15 small one and four bigger task forces (refer **Annex 4** for the bigger task forces) with designated lead person were established. Members and functions of each task force were defined and each task force had members ranging from three to five. The task forces included the following:

- Registration and participants data base management
- IT and related services organization and support
- Service facilities and preparations at venue, decorations, signage, exhibition
- Accommodation
- Transportation
- Visa and customs
- Interpretation system organization and support
- Promotion and communication
- Media center organization and management
- Program organization and oversight
- Overall congress oversight and evaluation
- Production of documents and delegate items

- Organization and oversight of opening and closing ceremonies
- Cultural and social events organization and management
- Tour and project site to visits organization and management

### **2.3.6 *Internal monitoring committee***

After the plan of action was adopted, the various committees were strengthened and mobilized to implement planned activities, which were further intensified. A monitoring committee, which was chaired by the congress secretariat and involved secretaries of sub-committees, the administration and finance heads and other relevant staff members, who were involved in the implementation of specific activities was established. The committee had set a schedule to meet every 15 days at the initial stage.

In the end, this monitoring committee merged with the Core Congress Organizing Committee and met on a weekly basis involving the EPHA president, executive director, and members of EPHA Board and the various task forces.

The main objective of the committee was to monitor performances by the different actors and overcome challenges when they arise. Detailed planning, performance reporting, minutes of the committee meetings were the main instruments and features of the meetings of this committee.

### **2.3.7 *Committees at the international level (Geneva)***

At the international level, committees where Ethiopians participants were represented were established. Members of the various committees are shown in **Annex 5** (A-D) while the details are as follows:

- **Executive Board of the WFPHA:** Dr. Tewabech Bishaw and Dr. Mengistu Asnake were members, while Ato Hailegnaw Eshete and Ato Workneh Kassie participated as observers. Teleconferences were conducted and reports were made to the WFPHA Board and critical issues concerning the congress were discussed.
- **Executive Committee of the 13<sup>th</sup> World Congress on Public Health:** Dr. Tewabech Bishaw, Ato Hailegnaw Eshete and Ato Workneh Kassie were members from Ethiopia. As with the EB, teleconferences were conducted and reports were made to the Board and critical issues concerning the congress were discussed and decisions made.
- **Organizing Core Group (OCG):** This consisted of four members from WFPHA Geneva Office; the president and the president elect two members from the EPHA Dr. Tewabech Bishaw and Ato Workneh Kassie, CPHA WFPHA president elect, Mr. James Chauvin and one member from ABRASCO, Mr. Alvaro Matilda were represented. This group met for planning and programming, convening in Geneva in May 2011 and in Addis Ababa in January 2012. During the January OCG meeting in Addis Ababa, two members from the APHA, the EPHA sub-committee chairs, executive director and critical staff of the EPHA and members of its Board also participated.

- **The international Scientific Advisory Committee:** This committee had of over 24 members from different countries and organizations. Like Prof Yemane Berhane, Prof Mekonen Asefa and Prof Yewoinhareg Feleke, Dr Mengistu Asnake, Dr Yayehyirad Kitaw and Dr Getnet Mitike who served as members of this committee from Ethiopia.

## 2.4 Design and Use of Congress Logo and Headed Paper



Since it has been traditional to design and use a logo for the various world congresses on public health, and since official correspondence has to be carried on with partners and stakeholders, the AIDS Resource Center and a private firm (ELSA) were contacted for the design of a logo that very well conceptualizes the 13<sup>th</sup> World Congress theme and aspirations.

The Brazilian Public Health Association (ABRASCO) was also contacted for their contribution and to help in identifying contacts with designers. Although it looked simple, the process has not been easy and short.

Over 12 proposals were received from the above mentioned three organizations and there were back and forth communication in order to have a design acceptable to all national and international parties. Finally, a hybrid logo design which reflected the theme of the congress and proposals of the various partners and stakeholders was accepted through local and international vote. The process in fact took almost two months. Fortunately, the printing of a headed paper took no time since the major bottleneck to this process had been already dealt with.

## 2.5 Construction of the Congress Website

Cognizant of the fact that a website is a platform to launch ideas, thoughts, and research findings, policies, program this and future events, and the role it plays in the organization of the Congress, the construction of a website for the 13th World Congress on Public Health was called for and the EPHA IT staff was given the responsibility to lead the process and to again involve the AIDS Resource Center in this important task

There were two opinions regarding this. One asked why have a new website? Why not use the EPHA website? while the other view was to have a separate website in the name of the congress that interfaces with EPHA, APHA, WFPHA and Confex software (programme software) to make the congress more visible and friendly to upload and access information. Although the idea of having a separate website was strongly supported, its construction nevertheless took longer time than expected. The agreed website was [www.worldhealthcongress2012.com](http://www.worldhealthcongress2012.com) and served as an excellent platform for information, exchange, registration and update.

## **2.6 Selection of a Firm for Event Organization**

The issue of having a subcontracted event organization firm had been deliberated on by the core organizing committee which resolved to hire an experienced firm to handle matters related to accommodation, venue management, exhibition hall management, on-site registration, transportation, catering and related issues.

A ToR was prepared and a bid floated in newspapers and websites. Eighteen firms had shown interest and submitted their technical and financial proposals for handling various components of the congress package based on their areas of expertise. A review team composed of the standing bid committee of EPHA and Congress secretariat staff was established and, it analyzed the proposals. Three options had been presented to the Core committee on selection of the firm, and in the end to recruit Shebelle Conference Service plc were recruited as the official event organizing firm to support the Congress Secretariat. This did facilitate the organization process.



Figure 3:EPHA Executive Board, Congress and EPHA Staff

## **3. Programme Organization**

### **3.1 General**

This part of the congress preparation was shared among the APHA in Washington represented by Ms Vina Hulamm, the Geneva office handled by Professor Ulrich Laaser, President of WFPHA and EPHA Addis Ababa by Dr Tewabech Bishaw and Ato Workneh Kassie. This involved preparing the call for abstracts which was done by EPHA in collaboration with WFPHA posting of the callon website by EPHA and accepting of the abstracts and updating was done using the status by CONFEX sponsored by APHA.The call of abstract reviewers, review of the abstracts and disaggregation of the accepted ones by oral and poster presentations; and organizing the program of work of the entire congress was carried out as per designated tasks. Preparations undertaken with regard to all the above were:

### 3.2 Call for abstracts and abstract review processes

As mentioned above, the call for abstracts was posted on the EPHA website in September 2010 and later on the congress website in July 2011 and the deadline for submission was set for 21 October 2011. The APHA contracted a software program website: [www.wfpha/Confex.com](http://www.wfpha/Confex.com) which was designated to accept online abstract submissions, regularly analyze and report the status.

A lot of promotion and communication was done by the secretariat to get a high number of abstracts from the different parts of the world. Well known international journals of medicine and public health like the *Journal of Public Health policy*, *The Cuban Medical Journal (MDICC)* Newsletters of WFPHA, CPHA, APHA, EUPHA, the local print and electronic media, brochures, posters and flyers were prepared and widely used.

With this comprehensive promotion and communication, and the extension of the deadline for abstract submission work from 21 October to the end October 2011, a total of 791 abstracts were received but 75 abstracts of them were withdrawn. Ethiopia was the second country after Brazil in the number of abstract submissions which amounted to 108. Abstract review and approval deadline was 16 January 2012.

While the submission of abstracts was going on, the call and selection of abstract reviewers took place simultaneously in Addis Ababa and Washington. The Congress's scientific sub-committee took charge of the selection of Ethiopian reviewers and selected and submitted the names of over 40 reviewers. The necessary screening, which focused on availability for the work, area of specialization and other factors was taken and out of all suggested names of reviewers, the names of 22 reviewers were submitted suggesting them to the Washington and Geneva offices of WFPHA (**Annex 6** shows the list of reviewers suggested by EPHA.)

The call for abstract reviewers was then paged on the congress websites for online application and registration. Ethiopians both those who had not been identified and those identified were encouraged to apply and register for this professional work as a contribution to the congress and for their professional career and development. Despite all efforts made, only nine reviewers were able to apply and register and out of the 180 abstracts assigned to the nine reviewers 161 (89.4%) were reviewed.

To sum up, out of the 791 abstracts submitted 640 were accepted for oral and poster presentations and only 46 abstracts were not accepted. After this was done, acceptance and non-acceptance letters and e-mails were sent out from the Washington D.C. office to all those that submitted abstracts.

The abstracts were then disaggregated by oral and poster presentations and henceforth 114 high ranking abstracts (score >3.5) were assigned for oral presentations and 546 for poster presentations. The 114 presentation were again organized under a total of 19 sessions. Other than the abstracts, 16 special papers were identified for the plenary sessions.

Grouping of the sessions was:

#### Sessions I

- MDG
- Global Health

(7 presentations)

### **Sessions II and III**

- Armed conflict
- Disaster preparedness

(11 presentations)

### **Session IV**

- Climate change
- Household food security
- Resetting financial aid

(4 presentations)

### **Sessions V and VI**

- HIV/AIDS
- Sexual Health

(12 presentations)

### **Sessions VII and VIII**

- Health equity
- PH law

(11 presentations)

### **Sessions IX, X, XI, XII**

- Health insurance
- Health systems
- Human resource PH

(26 presentations)

### **Sessions XIII, XIV, XV**

- MCH
- PHC

(17 presentations)

### **Session XVI**

- NCDs

(7 presentations)

### **Sessions XVII and XVIII**

- Capacity and PH education

### **Session XIX**

- Indigenous health

- Migration and health

The next step was grouping of the high ranking abstracts into one presentation of 10 minutes and one session of 90 minutes and the programming of the 10 workshops, 14 plenary sessions, 46 solicited and 134 free abstract sessions.

### **3.3 Moderators and rapportuers selection**

#### **3.3.1 Moderators selection**

The identification and selection of international and national moderators to co-chair solicited and free abstract sessions started after organizing the overall congress program in the above manner. The international moderators were selected by WFPHA while the national co-moderators were selected by the EPHA national core group in consultation with the scientific sub-committee.

Through an online call system and a head hunt, 79 international and the same number of national co-moderators were selected for the solicited sessions and 23 international and another 23 national co-moderators for the free abstract sessions were selected and deployed while the chairs of the plenary sessions were designated by the OCG. (**Annex 7** shows the list and addresses of the moderators selected by WFPHA and by EPHA).

#### **3.3.2 Rapportuers selection**

Learning from the positive experience during the ICASA 2011 conference, at the January 2012 OCG meeting EPHA proposed to have documentation of the Congress and key highlights of each presentation for sharing with all participants at the end of the Congress as well as for documenting of the proceeds as a record for future reference. This is also believed as very useful for future world congresses on public health to serve as lesson learned. Since the preparation of a congress report had not been the tradition, EPHA had literally no information or reports on past congresses. However, recognizing of the importance of such a report for future congresses and for the record, the need for organizing a rapportuers team was necessitated. The TOR and the mechanism of selecting coordinators were thoroughly discussed with the national scientific sub-committee and decided to get them through invitation of all PhD students in all Ethiopian universities and head hunt for the lead consultants. There was a lot of discussion on how to organize the team, assign the individual rapportuers and the task and reporting system.

The ICASA 2011 experience was used for this purpose. Accordingly, the ICASA 2011 programme officer, Dr Fikre-Ab Kebede, was asked and it was helpful. He shared the TORs of the lead and assistant coordinators; thus were taken and after a thorough discussion with the rapportuers organizing and supervisory team and congress executive coordinator, the assistant rapportuers were assigned by conference hall to record highlights of the presentations, major issues raised and the recommendations made and the rapportuers briefly reported the issues at the closing ceremony of the congress. Accordingly, four lead and 12 assistant rapportuers were engaged for the intended purpose. (Refer to **Annexes 8 and 9** for the list of rapportuers and summary of the report respectively).



### 3.4 Awardees Selection

The traditional awards of WFPHA are the Lifetime Award, Leavell Lecture Award and Organizational Award. EPHA was one of the organizations that were asked to submit nominees for these awards. The task of selecting the awardees was the scientific committee.

EPHA submitted to WFPHA one nominee for the Leavell Lecture Award and one nominee for the organizational on. Accordingly, Margaret Hilson from CPHA took the Lifetime Award while Professor Redda Teklehaimanot, from Ethiopianominated by EPHA for the Leavell Lecture Award for which hewas accepted by WFPHA Governing Council.



Figure 4: Margaret Hilson-The WFPHA Lifetime Awardee



Figure 5: Leavell Lecture Awarding

Gondar Health Sciences College nominated by EPHA for the organizational award, although a strong candidate, failed to be selected. Instead the African Medical and Research Foundation (AMREF) which is based in Nairobi, Kenya has been selected to take the award.



Figure 6: AMREF-The WFPHA organization award winner

### **3.5 Organization of Book Launches**

One of the milestone activities during the 13th congress was a book launch that took place on 25 April 2012. This had been a tradition of past WFPHA congresses. Books from USA, Brazil and Ethiopia were envisaged for the launch. A revised version of the book “The Evolution of Public Health in Ethiopia” was prepared from Ethiopia for the launch. Arrangements were made to have the book revised and edited by a team of consultants and reviewed by 5-6 peer reviewers.

This book was launched with other books from USA on the third day of the congress, Wednesday, 25 April 2012.

## **4. Activities and Accomplishments in Major Work Areas**

### **4.1 Promotion and communication**

Promotion and communication activities were considered as one of the pillars for the successful organization of the Congress. Appreciating this fact, a communication officer for the Congress Secretariat was appointed, in addition to EPHA’s Communication & Information Coordinator. The Promotion and Communication Committee had prepared a detailed action plan that was executed to the end of the Congress.

The main objectives of the promotion and communication activities were creating awareness on the 13 WCPH and its theme, increasing the level of national and international participants, and re-enforcing the commitment and actions on the part of partners and stakeholders at all levels.

To this end, the committee successfully accomplished its objectives by way of designing communication strategy, training and orientation of media personnel, developing and disseminating communication and promotion materials, organizing and facilitating press conferences and meetings, engaging the local and international media, producing media outlets and creating the necessary awareness and interest about the theme of the Congress.

The promotion and communication activities had started during the 12 WCPH in Istanbul where the EPHA had an exhibition booth and played a 10 minute documentary video introducing the 13 WCPH host, EPHA of Ethiopia. In addition banners were posted, 13 WCPH bookmarks were distributed, and the first press conference for media people was carried out in the presence of the immediate past president of EPHA, Dr Mengistu Asnake. Using a 10 minute documentary promotion of the congress was also made during the 2010 and 2011 APHA conferences. Later on subsequent press conferences were held with the president and immediate past president of the WFPHA, the Ethiopian Minister of Health, Director General of the FMOH, President and other lead high officials of the EPHA.

Some of the major activities that were undertaken by the committee and the communication officers in particular were:

- The first and second consultative meetings were undertaken with the presence of various stakeholders and senior officials from FMOH
- The Congress communication strategy was developed
- A Congress communication officer was recruited
- A user-friendly website was designed and developed which was the dominant and favorable channel of communication to national and international congress participants
- Various promotional materials were printed and distributed at national and international events such as the ICASA Conference, EMA Conference, various workshops and meetings, APHA, and other international conferences where EPHA delegates attended. In the main the promotional materials were 6000 brochures, 4000 book marks, 2000 information kits, 1500 flyers, 520 posters, 3000 CDs, 5 roll-up banners, 50 banners and similar items.
- An intensive promotional campaign was carried out during the 22<sup>nd</sup> EPHA conference where more than 1000 members have attended
- Coordinated effort was exerted to promote the 13 WCPH at WFPHA, APHA, CPHA, EUPHA, ABRASCO, WHO general Assembly in Geneva, WHO Regional Committee meeting in Yamoussoukro in Cote d'Ivoire, founding meeting of the AFPHA and MIDCC meetings while advertisements were published in their program books, other publications and websites.
- The call for abstracts was made using the congress website, on posters, and EPHA publications that were distributed to all members via their postal addresses.
- A media orientation program was organized for journalists and reporters in connection especially

with the 13th World Congress on public health which was honored by the presence of the Ethiopian's minister of health and other high ranking officials from Government Communication Affairs Office.

- As part of the effort to ensure extensive media coverage of the 13th World Congress, a half-day training session for more than 40 journalists working both for the print and the electronic media was organized with the objective of creating awareness among media people about the objectives, significance and its expected outcomes.
- Media kits were prepared and distributed to various media house. These kits contained: Concept of Global Health Equity (English Version), Concept of Global Health Equity (Amharic version), Press releases and a Congress brochure.
- 30 second advertisement on Radio Fana and Sheger FM Morning news were intensively during the preceding weeks of the Congress.
- Exclusive interview programs, during different weeks of the pre-conference phase, were carried out on TV and radio programs such as Meet ETV, EBS, and Ethiopia Radio and in radio English. The interviews were done with the participation of FMOH and EPHA officials, Prof Ulrich, the immediate former president of the World Federation of Public Health Associations, Dr Tewabech Bishaw, President of the Ethiopian Public Health Association, and Mr. Jim Chauvin the current president of WFPHA.
- Banners and billboards were printed and posted at selected locations in Addis Ababa and Adama.
- Media Public Health Week on “Towards Global Health Equity: Opportunities and threats” successfully conducted with intensive participation of Fana Broadcast Corporate, Ethiopia Radio and Television Agency, *The Ethiopian Herald*, *Adis Zemen*, Sheger FM and with other private media.
- Social media and other promotions was intensively done mainly with Facebook, twitter, ICASA social network, ARC social network and Lancet social network.
- Press releases and media notices were distributed to a large number of journalists across Africa.
- During the Congress week, media center was established with the purpose of preparing and providing a daily press briefing, publishing a daily congress bulletin and press conferences.
- The opening ceremony of the 13 WCPH was transmitted live on Ethiopia's national television, ETV, and watched by millions throughout the country
- The congress was publicized and promoted at the WHO general Assembly in Geneva, WHO Regional Committee meeting in Yamoussoukro in Cote d'Ivoire, and the founding meeting of the AFPHA.
- The Congress activities were documented in still and motion pictures

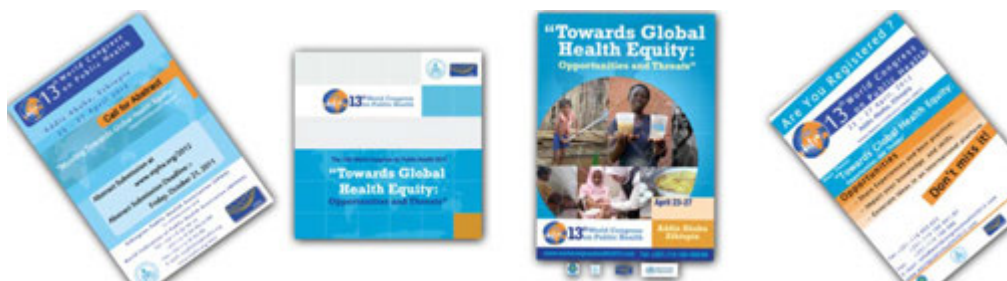


Figure 7: Some of the congress promotional materials

The major challenges that were faced in contribution with the 13<sup>th</sup> congress of public health included conflict on venue information following the change of venue from UNCC to Millennium Hall, and delay in getting printed materials on time for the intended purpose.

## **4.2 Fund Raising and Sponsorship**

The first thing done immediately after the establishment of the congress secretariat was to prepare an indicative budget to be discussed by EPHA executive board and the Core Committee in Geneva which determines the scope and depth of the congress.

The first draft indicative budget proposed on 21February 2011 was US\$ 1,280,855. This included a 10% contingency. This was reviewed and brought down to US\$ 899, 342. The budget proposal showed the items of expenditure, and the funded and unfunded portions. The income/revenue side was also indicated by sources (registration, exhibition, sponsorship, pledges, commercial adverts and the like).

It was against this budgetary background that the need for a strong and dynamic fundraising and sponsorship committee become necessary. Time was taken to identify and bring on board dynamic individuals from EPHA members, government offices and from international organizations and NGOs such as the World Bank, UNICEF, and CCRDA, Ethiopian Health and Nutrition Research Institute and others. The immediate past president of EPHA was appointed as chairperson of the committee and the congress secretariat was made to closely work with the committee in view of the importance of this undertaking.

The development of a fundraising and sponsorship strategy was the next step. This strategy outlined the objectives, the targets (the gap portion of the budget:1,174,971.00) which had to be mobilized from different sources, the potential sources of income, and the strategies to achieve the target.

The committee then prepared a pledge form, identified potential donors and sponsors, organized fundraising events one at the Intercontinental Hotel for International donors and another at the Global Hotel for national donors and sponsors.

Jointly signed letters by the presidents of the WFPHA and the EPHA were sent out to potential donors and follow up and reminder letters signed by the Ethiopia's Minister of Health were sent out and many were physically approached to respond to the call for financial assistance and sponsorships. The total amount of money collected locally through direct cash assistance and sponsorship was USD 527,636.97 primarily from USAID and CDC.

There were other contributions such as from WHO and IDRC that went for supporting participants in terms of registration, accommodation and subsistence allowance. The IDRC contribution amounted is USD 68,229.18. Out of this 80% of the fund was used to support travel and congress registration costs of developing country public health researchers to attend the congress and the remaining 20% went to support the congress organization. The EPHA contribution through funding from WHO Brazzaville

amounting to USD 75,000 was used to increase participation of about 40 African public health professionals from 40 African countries.

This achieved by overcoming many challenges. The economic crisis was to blame for the low financial flow from mother donors and overall donor fatigue due to ICASA 2011 that was held only four months earlier.

### 4.3 Registration

This refers to the registration of participants. Since this was an important task, an arrangement was made between the WFPHA and EPHA to have shared responsibilities.

The development of a new registration guideline and form or updating those used for the 12th congress and studying and proposing registration fees for international and national participants was left to EPHA. Accordingly, it reviewed the last guideline and registration fee structure of the 12th congress and suggested a lower registration fee that took into account the global economic crisis.

After a number of consultations between the congress executive committee in Geneva and EPHA, the following registration fees were agreed.

Type of registration	Early Bird	Full	Onsite	Daily
<b>National</b>	200 Birr	250 Birr	300 Birr	100 Birr
Student (50% discount)	100 Birr	125 Birr	150 Birr	50 Birr
Accompanying person (50% discount)	100 Birr	125 Birr	150 Birr	50 Birr
<b>International</b>	450 USD	600 USD	800 USD	200 USD
WFPHA Member (10% discount)	400 USD	540 USD	720 USD	180 USD
Student (50% discount)	225 USD	300 USD	400 USD	100 USD
Accompanying person (25% discount)	340 USD	450 USD	600 USD	150 USD
Foreign resident of Ethiopia (50% discount)	225 USD	300 USD	400 USD	100 USD

The registration guideline outlined the benefits that were to be received from by each category of registration and the deadlines set for early bird, full and onsite registrations. The benefits were:

**Full registration fee included:** Opening ceremony and welcome reception, cultural show, access to all sessions, poster presentations and the exhibition hall, congress bag (including program catalogue, ID badge, pen and notebook), shuttle services (between official accommodation venues and congress venue).

**Daily registration fee included:** Access to all sessions, poster presentations and the exhibition hall.

**Accompanying person fee included:** Access to all sessions, poster presentations and exhibition hall; opening ceremony and welcome reception; cultural show and shuttle services.

The bank account details in Geneva and Addis Ababa were the following:

### **Geneva**

**Bank name & address:** UBS, Avenue Appia 20, 1211 Geneva 27, SWITZERLAND

**Branch name:** WHO Branch

**Account name & number:** WFPHA, D3-589,234.1

**Currency:** US Dollar

**Swift Code:** UBSWCHZH80A

**IBAN:** CH41 0027 9279 D358 9234 1

### **Addis Ababa**

**Bank name & address:** Commercial Bank of Ethiopia

**Branch name:** Addis Ababa Branch

**Account number:** 01718-532037-00

**Currency:** Ethiopian Birr (ETB)

Since EPHA was not allowed to have a foreign currency bank account, it was agreed that all registrations that involve foreign currency be deposited at the Geneva WFPHA bank account while payments be deposited at the special bank account of EPHA. Registration of participants had to be undertaken online, that involved sending registration forms by e-mail or by fax to Geneva or Addis Ababa.

The registration guideline and form and the software for registration were then uploaded on the congress website in July 2011. A registration software was developed by in-house IT experts about three months prior to the congress that helped us in monitoring and providing compiled registration status.

All registrants were entered and the basic information and the software made it possible to generate information provided by aggregated and disaggregated: total registered paid/unpaid, international/national, (students /others and the likes Registrations made online were converted to the local software application. The software was manned by a few selected trained EPHA personnel.

Other registration-related activities were data clearance of registered participants, preparation of list of participants with their e-mail addresses for reminding payment and sending them invitation letters, badge printing, arrangement of the registration site with the necessary equipment at the congress venue, training of ushers and overseeing the registration process and reporting the daily registration status.

Final report shows that a total of 3657 (666 international and 2991 national) participants from 141 countries attended the 13<sup>th</sup> World Congress on Public Health. The highest numbers of participants were from Ethiopia (2991) made up of national and expatriate participants, Nigeria 116, USA (123), Brazil (68), Kenya (39), Uganda (34), South Africa (31) and United Kingdom (25).

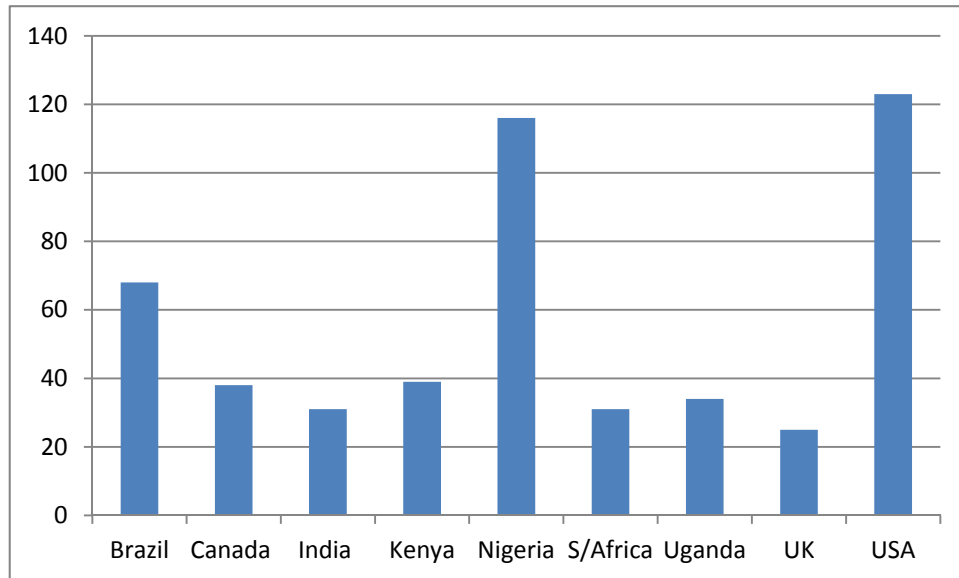


Figure 8: Largest Numbers of International Participants by Country

#### 4.4 Visa Processing

An official letter had been circulated from the FDRE Ministry of Foreign Affairs (MoFA) to all Ethiopian embassies regarding visa facilitation for participants of the 13 WCPH. The information on visa was posted on the Congress website to enable participants have the right information and be able to obtain their visa in good time.

Participants submitted their visa related inquiries via [logistics@ethioconference.com](mailto:logistics@ethioconference.com) and/ or [visa@worldcongresshealth2012.com](mailto:visa@worldcongresshealth2012.com). The inquiries were generally of three types: a) General questions about the visa application process b) requests for letter of invitation and c) applications for visa on arrival. General questions about the visa application process were addressed by referring the inquiring participant to the visa information made available on the congress website. Invitation letters were sent to 124 registered participants who had asked the letter for their Ethiopian visa application from their respective countries.

A total of 134 people applied for visa on arrival to the Ministry of Foreign Affairs. Out of these, 7 visas were rejected because of technical reasons. Although clear instructions were sent out, some participants from some countries arrived at the airport without any visa confirmation and were held at the airport until being released shortly after processing their papers.

The support obtained from the FDRE Ministry of Foreign Affairs, in particular the officials assigned to support the Congress activities, was magnificent in all manners.

The event organizer had assigned 20 airport protocol personnel to meet and greet participants around the clock at the, and facilitate customs related issues for delegates that have carried items subject to customs declarations. The guests did appreciate the assistance they received in this regional too.



One of the significant challenges in the visa application & processing was the fact that participants were applying for visa on arrival virtually up until the last day before the congress begun. The fact that there was no cutoff date for visa applications may have encouraged participants to wait until the last minute to make their visa applications although they were repeatedly reminded to finalize earlier than that.

For the future it is recommended to set a deadline to be fixed for visa applications perhaps a week before the commencing of the meeting. This way, the remaining week time can be used to process the last visa applications and entertain exceptional.

#### **4.5 Conference Bags and Stationery**

Open bid was issued to find potential suppliers of conference bags for the Congress to which number of suppliers provided their quotation and from which INAS International Trading PLC won the bid based on quality and reasonable price. Purchase order was issued for 3000 bags by the sponsor (Pathfinder) guaranteeing the payment.

An additional printing cost of nearly ETB 103,000 was incurred during the work as sponsor logos were to be printed on the bags which was not included on the initial bid document.

Bags delivery was delayed due to delay in selection of the traditional cloth pattern to be used for the bags.

Although negotiation was carried out with ARC for sponsoring notebooks, pens and key chains, it was possible to secure only 3000 pens 3000 notebooks with the Congress logo printed on them, this were ordered and delivered on time.

#### **4.6 Accommodation and Hotel Bookings**

A total of 38 hotels and 7 guest houses were selected based on their overall quality of service and experience. An official letter from the event organizing firm (SECS) was sent to all the establishments asking them to allocate rooms for the congress and to let us know the number of rooms they had done so along with their costs.

All establishments responded by providing what was asked of them rates along with their contact details, modes of payments and various amenities they intended to include with their negotiated roomfees. A total of about 1200 rooms were allocated for congress participants coming from abroad - a number higher than the expected. The full contact details of each establishment along with their fixed accommodation rates were then posted on the Congress website. To make searching easier, the establishments were put into three groups based on their kilometer proximity from to meeting venue. The list of available accommodations was posted under the "Travel and Accommodation" tab of the website. A brief orientation was given in the "General Guide about Accommodations, Transportation and Flight Details" to allow provided to give participants pointers and directions as they got ready to make their flight and hotel arrangements.

In order to help guests with their arrival and provide a smooth transfer, it was necessary to get all their flight itineraries ahead of time. Accordingly, information was posted on the Congress website inquiring participants to provide all their flight details. The information that participants presented on the website was communicated to the event organizer on a weekly basis.

However, as the date of the congress approached, only few participants shared their flight details which were not enough. Therefore, mass emails and reminders were sent to all the registered participants on a weekly basis and in the end twice a week and finally three times a week. This helped in getting more information on participants booking status.

Finally, 435 participants had shared their flight details which made it easy for the event organizer to communicate the respective hotels about the arrangements shuttle and also for the assigned airport protocol people to meet and greet all the guests on their arrival at the Bole International Airport.

When making their room bookings, participants were informed to contact the establishments directly by using the code "13WCPH". Similarly, the establishments were informed to recognize the code so that any participant, who mentioned the code would be recognized as such, should get the negotiated hotel rate. Although the event organizer or the congress secretariat did not guarantee any of the rooms through payment, participants were assisted to various degrees in securing their accommodations and negotiations. A weekly report on how many rooms were booked by participants was being generated to monitor the status of international participants and plan transportation schedules.

Overall, participants were glad about their accommodation choices and their experiences during their stay. The event organizer and the congress secretariat felt that almost all the hotels and guesthouses involved had been fully cooperative.

The one challenge faced with regard to accommodation was: one hotel had failed to honor the room rate it initially offered by adding a 15% VAT. Nevertheless, the issue was resolved amicably by negotiation with the hotel manager.

## **4.7 Venue and Conference Facility Organization**

### **4.7.1 *Conference rooms and seating***

The original plan was to hold the Congress at the UNCC. However, taking into consideration the possibility of securing the Millennium Hall for free and the spaciousness of its conference rooms, exhibition and poster halls, it was decided to move the Congress venue from UNCC to the Millennium Hall. The decision forced the Secretariat and the Committees to revise their plans to go with the new venue.

As agreed with the Executive Committee from Geneva, the following facilities were to be made available and were prerequisites.

- One plenary hall with 3500 seats.
- Seven conference halls with 300-500 seats.

- An exhibition hall with 9 m<sup>2</sup> and 18 m<sup>2</sup> size booths.
- A poster hall with 550 poster boards.
- A reception room.
- An internet café with laptop computers.
- A media center.
- A registration area and rooms.
- IT room.
- A VIP hold room.
- Office rooms for organizers and rapportuers.
- A reception counter.
- A book launch corner/counter.
- A medical service room with examination beds, a wheel chair, stretchers, a table and chairs.



Figure 9 Partial view of the Plenary Hall

In order to ensure that all these things were available and put in place, frequent visits and discussions were made between the Addis Park Management and the congress core committee that included the event organizer, Shebelle Conference Plc. The Addis Park Management was so kind and supportive that it met our requirements and facilitated the acquisition of some equipment and materials even from other sources.

Inside the venue the flags of the thirteen countries who had hosted the preceding World Congress on Public Health were hanged. In addition, the national flags of participants attended the 13<sup>th</sup> Congress were hanged around the conference compound.

A couple of ushers were assigned for each conference hall with the responsibility to provide information to participants, look after the smooth running of the facilities and report in case of any adverse situation so that the problem would be resolved as quick as possible.

#### **4.7.2 Naming of conference halls**

As per the tradition of the WFPHA, conference rooms were named after eminent public health professional leaders. A task force was appointed to select personalities public health eminent from Ethiopia, Africa and the rest of the world to designate the eight conference rooms names.

Preliminary suggestions were made by each member of the task force, the profiles of the nominees were reviewed and out of the 14 suggested eminent, seven were selected and used to name the conference halls. These selected eminent public health leaders were: Halfden T. Mahler (Denmark), Aklilu Lema (Ethiopia), Adanech Kidanemariam (Ethiopia), Olikoye Ransome-Kuti (Nigeria), Denis G. Carlson (USA), Andrija Stampar (Switzerland) Wangari Maathi (Kenya) and Yohaannes Tsigie (Ethiopia). (Refer to **Annex 10** for the bios of the above mentioned PH eminent persons).

The plenary hall was named after Halden T. Mahler. The other hall that required naming were the halls for the exhibition and poster presentation and for the reception. They were named by the big Ethiopian rivers Abay (where the Grand Renaissance dam is being built) and Awash (the life line river in Ethiopia). (Refer to **Annex 11** for the floor plan of the congress venue).

For each of the eight conference rooms, all EPHA board member was designated as a focal person. This was to ensure that the sessions run effectively and with no problem while at the same time serving as stand by session chairs when if needed be.



Figure 10: Partial view of one of the Congress hall

#### **4.7.3 Audio-visual**

Each session room was equipped with two screens (left & right) and effectively displayed the presentations. The high table in each session room was also equipped with a 42'' TV to allow the speaker and moderator's to view the presentation from their table. Each session room was equipped with:

- LCD projector with screen
- 2 LCD projector
- 2 projection screen; and
- Clicker with laser pointer

AV equipment operators were assigned for each session room.

#### **4.7.4 *Internet connectivity***

The Millennium Hall network infrastructure was initially configured to fulfill ICASA 2011 conference requirements and customization had to be done to meet WCPA needs.

Afcor PLC was sub-contracted for enhancement of the Millennium Hall network infrastructure and the company went through the requirements of WCPH and redesigned the wired and wireless network configuration to fully comply with the services required.

To fulfill WCPH requirements these tasks were undertaken:

- Testing the fiber backbones and splice where there was wear and tear or cut down.
- Testing and maintaining the existing wired LAN.
- Install additional wired LAN (cables) on the new podiums and lounge.
- Install wired LAN to the media center and Awash hall.
- Install additional 4 wireless access points for Cybercafé.
- Install additional 3 Aps to Halfden T.Mahler Hall, and 2 Aps at Olikoye Hall.
- Install 4 additional wireless access points at the Exhibition.

To support the expected over 500 simultaneous user connections, fiber optic broadband access of 60 Mbps internet bandwidth had been leased from Ethio-Telecom.

The average bandwidth usage was 25Mbps and the average and maximum number of users were 260 and 321 respectively with maximum bandwidth usage of 45mbps. Overall the internet speed was good enough to accommodate users visiting the internet.

#### **4.7.5 *Interpretation equipment and services***

Interpretation equipment and services were required to render translation services from English, into French during the congress opening ceremony. Simultaneous interpretation was performed by two interpreters and the serving was needed for about two hours on one of the most important event of the congress (Opening Ceremony). For which, 500 headsets and receivers were available, even though, very few of these were requested by congress participants.

Installation and operational services of interpretation equipment was sub-contracted to EBBA Engineering PLC and the company led the installation team, ensuring that the machines were dismantled from Addis Ababa University, installed safely and fully tested at the Millennium Hall. During the

Congress the company technicians operated the system to ensure its optimum operation and they played an important role in communicating with interpreters to ensure that the interpretation process runs smoothly. In the end these machines were carefully dismantled and returned to the AAU thanking for giving us some free of charge.

#### **4.7.6 *Other services (electricity, water, sanitary, toilet facilities)***

The Ethiopian Electrical and Power Authority (ELPA), Addis Ababa Water and Sewerage Authority, and Addis Park Plc were approached for ensuring their continued and efficient facilities and service at the congress venue area. They were organized in the form of a “command post” whereby all organizations had representatives around the congress for quick action in case of trouble.

#### **4.7.7 *Ramp for disabled participants***

To cater to the needs of some participants with disabilities, EPHA was interested to install ramps for wheel chair. The Ethiopian Airlines was approached for this but the attempt was unsuccessful. Also Dan Technocraft, the company well known for the manufacture and installation of lifts in buildings was also approached to see if it could install a temporary lift. That was unsuccessful as well due to the high cost and the time needed for installation. It is extremely difficult to get this service in the country. Hence it is suggested that the Millennium Hall consider installing a lift for wheelchair in at least one location.

#### **4.7.8 *Exhibition hall and booth***

A target was set to have at least 60 exhibitors with 3x3 m floor space and a booth for each exhibitor. The necessary promotion and communication activities were undertaken not only to achieve the minimum target set but to get also exhibitors well above that and were to include the various levels of sponsors eligible to have an exhibition booths. When the congress venue was moved from UNCC to the Millennium Hall, different potential of booths were identified but finally the Addis Park Development and Management Private Limited Company came up with the complete set of booths. The hall used for ICASA 2011 was also easily agreed for exhibition hall. (Refer to **Annex 12** for the exhibition hall floor plan).

#### **4.7.9 *Poster presentation hall and poster boards***

Poster presentation was one of the most important activities of the congress. Since the total number of oral and poster presentations was clearly identified, Professor Ulrich Laaser, asked for sufficient poster boards to have the presentations displayed for the entire duration of the congress week. After physically looking at the exhibition hall, it was decided to have the exhibition and the poster presentations in the same exhibition hall.

It was necessary to secure 550 poster boards and a number of potential sources were identified including HAPCO, CCRDA, the Exhibition Center, Ethiopian Red Cross Society, GIZ, National Museum, Mekelle University and others. While it was possible to get 150 poster boards from HAPCO, which were used during ICASA 2011, it was difficult to get additional poster boards either by leasing them or other means. The last option was to use the remaining booth boards from Addis Development Park as poster boards,

was again kind enough to agree to our request and the poster board requirement was thus met by HAPCO and Addis Development Park. Hence it was possible to have each poster remain posted for the entire duration of the conference giving the chance to participants to see the posters as much as they wanted.

#### **4.8 Transportation**

Following the preliminary transport plan that had been prepared and proposed by the event organizer, it was decided to rent some 22 midi and mini buses to shuttle congress participants from hotel to venue and back to the hotel. A number of service providers were chosen and a contract was signed accordingly. The condition of the buses was inspected in the presence of the event organizer and EPHA staffs.

The final transportation schedule was prepared providing the detailed information on hotels and the pickup& drop times. Based on the schedule, the event organizer had assigned transportation coordinators for each bus. That was responsible in managing their respective buses in all respects.

Moreover, each bus was identified and a parking location for it was also determined early on before the congress started. And buses were able to get into the venue using the security passes arranged for them so they could park at their assigned without any inconvenience.

Transportation was also arranged for additional events such as the launching of the AFPHA house and the subsequent reception, presidential dinner and cultural dinner whereby buses were on time to pick up invited guests to fetch these the spaces and back to their hotels at the end.

All in all, the transportation arrangement throughout the congress was smooth and well-organized.

#### **4.9 Exhibition**

A total of 53 organizations participated in the 13<sup>th</sup>WCPH as exhibitors. The composition included public health federations/societies, government agencies, UN agencies, international/national universities, non-profit organizations/societies, and business firms. Fascia labels were prepared and posted on each exhibitor booth.

The list of exhibitors and their booth size is available as attachment to this document.

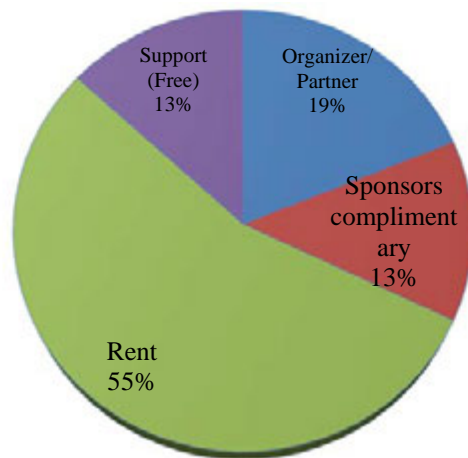


Figure 11 Exhibitors Categorized by Mode of Payment

The Freight forwarding and clearing agent, Panafric Global plc, was hired to assist exhibitors and congress participants in dealing with customs procedures and transporting materials from the airport cargo section to the exhibition site located within the premises of the Millennium Hall. Panafric was select based on its good performance during ICSA 2011.

To ensure the swift and unhindered clearance of exhibition materials, a Customs Clearance Handbook containing detailed information about Ethiopia's taxation and customs clearance rules and procedures were prepared and posted on the 13 WCPH website. The exhibitors were informed that they had to pay taxes for permanent items while temporary materials will have to be returned at the end of the Congress.

A consultative meeting and number of correspondences were made with various stakeholders and government agencies in order to ensure a smooth customs clearance facilitation of exhibition items. Frequent communications were made with exhibitors informing them that wherever applicable import permits was required in advance from the concerned authorities for items such medical equipment and medicines for which they to send their packing lists in advance, to pay taxes on arrival for permanent exhibition materials and to pack and return temporary exhibition goods at the end of the Congress.





Figure 12 Partial view of Congress Exhibition

## **4.10 Others**

### **4.10.1 *DKT/UNFPA condomization zone***

DKT and UNFPA staged a condomization program at a special corner outside the exhibition hall which was frequently visited by the participants.

The program consisted of condom distribution, distribution of condom promotion materials; give away literature, traditional coffee ceremony, cultural music and dance, a circus show, and hair salon. The DKT/UNFPA group was requested to sponsor one of the major activities of the congress costing ETB 30,000 in return.

### **4.10.2 *Cultural shows***

In order to have cultural shows at the opening and during the awards and the welcoming ceremonies, a TOR was developed and presented to three prominent theatrical troupes in the City (The National theatre, Ager Fikir and Addis Ababa City Administration) to submit technical and financial proposals for the shows on the three occasions. The National Theatre was selected by the EPHA tender committee and did stage its preparation prior to and after the opening ceremony. However the show was performed at the opening ceremony in spite of the contractual agreement. This caused some confusion on the day's program.



Figure 13: Cultural show on the Opening

#### **4.10.3 Security**

As the prime minister as the guest of honor for the opening of the congress, all necessary actions were taken by appropriate offices to ensure security and safety. This was also true in terms of ensuring this safety and security of every participant from arrival to departure. To this effect a series of discussions were held between the Core Congress Committee and representatives from The National Security Agency and The Federal Police Force and the Ministry of Foreign Affairs.

Consultations and discussions also took place between a representative of the Federal Security Agency on the design, categories and printing of identification (ID) cards. All discussions at the different levels resulted in the necessary measures being taken by the respective government agencies. The 13<sup>th</sup> World congress on Public Health was held and concluded with no snags and all participants enjoyed their peaceful stay and departed safely.

#### **4.10.4 Fire brigade**

Since it was important to have a fire brigade around the congress venue, a team of 12 men with the necessary machinery and equipment was assigned for the duration of the congress. This was effectively done as per the agreement with the Addis Ababa Emergency Fire Prevention Agency.

#### **4.10.5 Medical Services**

To ensure emergency medical care for participants and all involved in its organization and implementation, this service was outsourced. A tender was publicized on the being of which St. Paul Hospital, Addis Ababa Health Bureau and the Ethiopian Red Cross Addis Ababa Branch were invited to take part in providing their services. Technical and financial proposals were received from these three organizations for review and decision.

After an extensive review of the proposals from the three institutions, agreement was reached for the service to be provided by the St. Paul Hospital and the Ethiopian Red Cross Society, Addis Ababa Branch. The Ethiopian Red Cross Society was to avail two of its modern ambulances with driver and first aidpackage. St. Paul hospital agreed to run a medical service at the clinic in the Millennium Hall and, to also provide transient inpatient service to those that require admission.

Fortunately, with the exception of a minor ankle injury, no medical emergency situation was encountered during the Congress week. .

## **5 Catering services**

### **5.1 Coffee Breaks and Lunch**

After rounds of negotiation and lobbying, it was possible to get discounted price on lunch, coffee/tea and for the opening reception. Some of the service costs for these were sponsored by Sheraton Addis Hotel.

Offer supplement the participants with varieties, including some snacks and national dishes, two additional service providers (Lalibela Hotel and Engocha Café & Restaurant) were selected to provide the service at negotiated and reduced prices which were much less than those of Sheraton Addis.

The service was provided by Sheraton Addis for up to 2000 participants during morning and afternoon breaks.

EPHA also sponsored lunch for the following delegates during the congress:

- Moderators and co-chairs
- Rapportuers - 27-30
- Security/protocols - 20 (150 on the first day)
- Media staff – 37
- Scholarship awarded students -13
- Board members- 8
- EPHA Staff - 63
- St. Paulos Medical staff + Red cross – 22
- VIP - 2

In addition, IDRC sponsored 39 and CRDA 52 lunch coupons for their delegates.

An agreement was made with a water bottling company, ASKU plc, to offer ten dispensing machine for the congress week, and provide twenty 20L jars of water daily free of charge. In return, the company was allocated a space to promote and sell its products of bottled water, ‘Aqua Addis’.

## **5.2 Reception**

The following receptions were given during the Congress week:

- Opening reception, jointly organized by the FMOH and EPHA, the Sheraton Addis for 2500 delegates on the 23rd of April;
- African Federation of Public Health Associations inauguration reception at the Dream liner hotel for 130 invited guests on April 24th, 2012;
- Presidential reception at Sheraton Addis for 80 VIPs and invited guests.

## **5.3 Breakfast, Lunch and Dinner Arrangement at the Ambassador Hotel**

The following services were arranged for special events organized by the WFPHA team.

- Tea break arranged for WFPHA is Executive Committee and EPHA EB meeting for 20 persons on April 21, 2012.
- Breakfast arranged for WFPHA early morning meeting for 25 persons on April 24th and 25th, 2012.
- Lunch arranged for the WFPHA team for 99 persons from April 22nd to April 27th, 2012.
- Skill building workshops by PHASA, and other organizations on Sunday 22 April.
- AFPHA General Assembly on Sunday 22 April from 03:00 am till 12:30 pm.

## **5.4 Traditional Ethiopian Dinner**

The traditional dinner program was organized for those participants that paid additional fee for the service and those sponsored by the EPHA. The event took place at Yod Abyssinia Cultural Restaurant - Bole Branch on Thursday April 26, 2012. The event was attended by about 400 guests and participants of the Congress.

EPHA sponsored the social dinner for 63 EPHA regional staff member, 8 board members, 20 advisory council members, 4 MoFA delegates, 4 MoH delegates, and 15 IT support staff, 5 media personnel, 6 Shebelle and 3 Millennium Park employees.

Participants were treated to a traditional buffet dinner that included a wide array of vegetarian and non-vegetarian dishes, cultural dance entertainment and various traditional drinks. The well performed traditional songs and dances were wonderful and gave participants a pleasant memory of the 13 WCPH and their stay in Ethiopia.

## 6 Visits

### 6.1 Project Site Visits

Nearly 70 local and international participants of the 13<sup>th</sup> World Congress on Public Health that had shown interest and registered, visited three health project sites in Bishoftu, Selale, and Butajira towns on 28 of April 2012, a day after the official closure of the Congress.

The overall objective of the visits was to showcase and exhibit services of the 16 health extension program packages being provided at the grassroots community level. These were aimed towards accelerating disease prevention and basic health care promotion and thereby give visitors first hand insight and observation on the larger picture of the HEP taking place as the flagship PHC program at the national level.

Three of the health posts visited namely Denkeke (Bishoftu), Butajira and Anan Jiru (Selale) are 58, 130 and 155 km away from Addis Ababa respectively. To each of the visiting sites, one EPHA and one FMOH were accompanied the team of visitors to facilitate things all through the program.

All the necessary preparations were already in place so that health extension workers were ready to describe the health situation as well as procedures and results of their intervention. This gave a clear indication of the services provided to the community by the HEW. In Butajira health post, the uniquely Ethiopian coffee ceremony was also prepared and served to visitors, thereby giving them an opportunity to enjoy the hospitality of Ethiopians.

During the visit, the tireless efforts being exerted by the Ethiopian government in collaboration with partner organizations in promoting primary health care services far into the rural community was seen through the health extension program and provided useful information to the visits of the project sites.

Among other things, the visitors viewed demonstrations of the effect of the long-term model insecticides bed-net for malaria prevention, model for hazardous waste management and simple pit latrine system display, antenatal care, safe delivery and immunization within the health posts followed by discussions.

In addition, the following also took place in Butajira health center:

- An observational visit and discussion on the health information System of the health center
- A visit to EPI expanded program of immunization unit
- Visit to a TB screening and DOT Unit
- Gross child monitoring and evaluation (nutritional status) and its proper intervention for PEM VAD, and the like.

Along with the health posts being established nearer to the rural community, model families that have registered successful results from the health extension program were visited in Bishoftu and Selale towns as HEP is a community-based health service delivery program whose educational approach is based on the expansion of model families, which holds that community behavior is changed step by step: HEP

assumes that health behavior can be enhanced in communities by creating model families that others will admire and emulate.

## **6.2 Tour program**

Participants who were interested to do a city or countryside tours were contacted with tour providing agencies to meet their needs.

## **7 Other issues**

### **7.1 Property Damage**

Generally, no major property damage to venue or its properties was reported during the congress other than the damage to the "Registration" signage at the information desk caused when peeling off the "Information Desk" signage which was posted over the "Registration" sign. The repairs cost to fix these was paid and the sign was fixed by Addis Park staff.

### **7.2 Lost Items**

A participant had reported that he could not find his laptop which, he claimed, had left in one of the conference rooms. He reported this to the Information Desk a day after the event.

Another incident reported after the closing of the Congress was the loss of one water dispensing machine that was being used in the registration room.

Both cases had been communicated to Addis Park, but the items were not found.

## **8. Financial Matters of the Congress**

### **8.1 Budget preparation**

As explained above (section 2.2), an indicative budget was prepared and presented to WFPHA in three scenarios by EPHA. After reviewing the different situations, one budget plan was selected and agreed by both parties.

### **8.2 Sources of Funding**

Based on the approved plan, EPHA had collected funds from different sources. The main ones being donors, sponsors, exhibitors and registration fees.

#### **8.2.1 Donors**

WHO, USAID, CDC, UNICEF, UNFPA and IDRC were the major donors that provided funding ranging from \$10,000 to \$200,000 in support of the Congress.

### **8.2.2 Sponsors**

A number of organizations participated as sponsors including Polio Core Group (CCRDA), Pathfinder, Clinton Health Initiative, JSI, TB-care, IPAS and the Development Bank of Ethiopia.

### **8.2.3 Exhibitors**

It was decided to charge USD\$620 each for national organizations and USD\$1200 international organizations per exhibition booth of 9 m<sup>2</sup>. Based on this, a rental fee for the booth were collected from national and international exhibitors and is included in the report.

### **8.2.4 Registration Fees**

National and International delegates were registered at EPHA office and online. The sum collected summarized below and included in the report.

### **8.2.5 In-kind contribution**

MIDROC Corporation allowed the use of Millennium Hall free the value of which was estimated to be more than USD\$100,000. In addition, Sheraton Hotel provided a special discount on the meal, refreshment and cocktail services as well as for AV equipment and services.

Ethiopian Airlines provided as about 3000 lanyard in addition to 10% discount on tickets for all participants. Pathfinder International provided 3000 conference bags amounting to USD\$17242. The support received from UNICEF was in kind contribution directly paid to Sheraton Addis for refreshment and cocktail receptions.

All funds collected in cash are included in the income part of this report. However, USD\$200,000 from USAID has not yet been transferred to EPHA's account, but USAID promised EPHA to reimburse the expenditures already incurred for congress related activities or to make an equivalent amount available to build EPHA internal capacity until next April. Since the fund was granted to support congress activities, we have already included it in our report as an income.

## **8.3 Expenditures**

The collected fund was utilized properly based on the agreed budget. Estimated cost for on-going congress related activities are also included in this expenditures report. In addition, EPHA staff and core committee members' calculated contribution is included in the expenditure part of the report.

## **8.4 Verification**

All financial documents are available in the EPHA's finance department and ready for verification at any time.

As summary of incomes and expenditures is shown below detailing the financial status report in table form that shows the actual income collected by EPHA from sources in Ethiopia, local expenditures and the balance attached as Annex 13.

## 8.5 Summary of incomes Vs expenses

### Income

CDC	185,110.88
USAID	200,000.00
Registration	98,154.59
Exhibition	22,632.84
Sponsorship	128,673.87
<b>Income from Geneva</b>	<b>284,777.70</b>

**Total Income 919,349.88**

### Expenses

Personnel	86,540.06
Admin & Operations	51,153.85
Promotion, advocacy	60,225.36
scientific publication and Awards	19,397.41
Registration, visa & support to delegates	23,844.66
Travel & accommodations	53,738.00
Logistics, exhibition & transport	42,144.41
Congress facilities and services	75,204.01
Planning committee	3,740.21

Estimated Costs for Outstanding bills (*Congress Documentary, staff benefist, award ceremony, Publication, EPHA staff contribution* ) 108,470.06

**Expenses at Geneva 71,400.06**

**TOTAL Expenses 595,858.09**

**Balances 383,491.79**



## 9. Evaluation of the Overall Congress by Participants

### 9.1. General

Copies of congress evaluation forms were one of the inserts of the congress bag. Over 2500 copies were inserted in each bag prior to participants' arrival and registration. More copies were distributed with a reminder about returning the completed evaluation forms. The Collection completed forms started on the third day of the Congress. Nevertheless, despite all efforts made to get as many completed evaluation forms as possible, only 137 (4%) forms were collected from the 3,657 registered participants. This is believed to be due to i) the start of collecting the form on the third day of the congress and ii) early departure of most participants.

### 9.2 Summary of Feedback about the 13th WCPH

Highlights of the findings of the evaluation are reflected by the following graph. A special report is attached as an **Annex 14**.

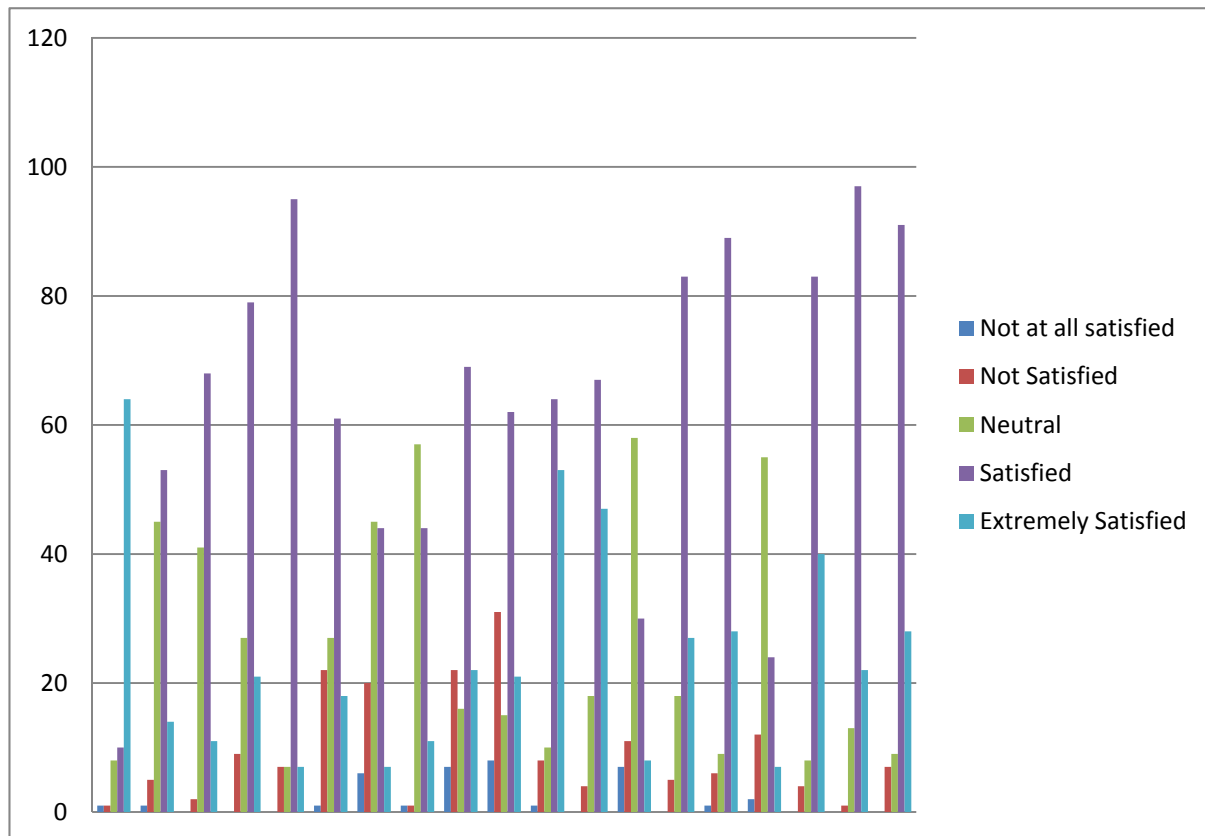


Figure 14: Satisfaction Level of the 13 WCPH of Participants

### **9.3 Donors and Partners Recognition Ceremony**

EPHA has decided to host a donors and partners recognition ceremony in July 2012 where more than 42 government and non-government partner organizations, donors, sponsors and around 180 individuals residing in Ethiopia are to be invited receive token small and also gifts and certificates in recognition and appreciation of their support and contributions. Special guests of honor and other selected invitees will also include. Speeches expressing EPHA's gratitude speeches to all involved in the successful organization of the congress will be made by the congress patron, H.E. Dr Tedros Adhanom, Minister of Health and EPHA president Dr Tewabech Bishaw. The program will be concluded with a modest reception of appreciation.

The following are to be recognized on the occasion:

- selected individuals at the leadership level
- EPHA board members, core committee members and sub-committee chairpersons
- sub-committee members
- task force members
- abstract reviewers
- co-moderators
- rapporteurs
- partners, donors and sponsoring organizations

## **10. Overall Achievements, Challenges, Lessons and Recommendations**

### **10.1 Achievement of objectives**

It can be concluded that, in general, the Congress has achieved its objectives:

- Making the congress a forum for exchange of knowledge and experience on prominent PH issues was achieved by the high quality scientific papers and deliberations in the forms of oral and poster presentations, skill building workshops, plenary and special session presentations.
- The objective to create better understanding on Africa's major public health challenges was achieved as a wide range of issues were raised during the panel and special discussions of especially issues related with African health systems strengthening and human resource development and management, and challenges related to the achievement of MDG 4, 5 and 6 in the African region, taking note of the scientific papers presented in the different halls.
- supporting the strengthening and visibility of the "African Federation of Public Health Associations" was achieved in many ways: i) It conducted its First general assembly meeting on the eve of the congress in the presence of Ms Bience Gawanas, Commissioner of Social Affairs of the African Union and Dr Luis Sambo, WHO Regional Director for Africa and the President of the FPHA and Representative of Public Associations from the US and Norway. ii) it took part in the joint meeting of the WFPHA and EPHA; iii) participated in the workshop on increasing policy influence and engagement of national public health associations (NPHA) and lastly iv) the seat of the Federation, its secretariat office were officially inaugurated;

- The objective to ensure the effective organization, processing, conduct and documentation of the Congress was achieved as the Congress had its own website to communicate necessary information. Necessary organizational arrangements were put in place and the required support from all stakeholders were, by in large, obtained, and the congress plan, communications, decisions, reports and others were documented. In line with this, preparation of a documentary video about the Congress is underway.

The 13<sup>th</sup> World Congress on Public Health declaration known as: “**The Addis Ababa Declaration on Global Health Equity: A Call to Action**” is attached as **Annex 15**.

## 10.2 Challenges

Many of the challenges faced in connection with the congress were overcome with the synchronized efforts of all stakeholders and actors. Some of the challenges faced during the process of organizing the Congress were:

- Shortage of professional staff at the planning and budget preparation stage of the project.
- Limitation on the level of effort from WFPHA to mobilize financial resources from partners at the international level.
- Limitation to raise enough financial resources in time.
- Delay caused by a large number of international participants theregistration that caused problems for a more efficient planning of Congress input materials and visa processing.
- Shortage of financial resources specifically allocated to attract and support international scholar applicants.
- Late request for exhibition space by some organizations.
- Late arrival of exhibitors’ shipments.

## 10.3 Opportunities

- A supportive government and a highly committed minister of health and his team.
- The Availability of modern conference center with all facilities free of charge while giving
- Supportive philanthropists who gave the conference significant discount for all catering services
- Supportive EPHA members who genuinely served in different committees and task forces.
- A national carrier (EAL) that was able to provide easy access to African delegates from various locations, and gave discount to all participants and also sponsor some activities.
- Commitment and supportive guidance of EPHA’s Advisory Council, excellent leadership its Board, effective action of EPHA executive secretariat and staff and dedicated and untiring engagement of the Congress Secretariat.
- Strong professionalism and collegial collaboration and partnership between WFPHA and EPHA.
- Supportive participation and sharing of experience by ICASA organizing members.

- Active, committed and sustained media participation.
- Commitment from donors and partners in support the Congress.
- The Addis Ababa population for its hospitality.
- Strong and unfailing support from the MoFA.

## **10.4 Lessons Learnt**

Overcoming the challenges mentioned above and other constraints, these lessons were learnt by all that were actively involved in the project:

- The need to start such events as early as possible.
- The need and benefit of having alternative plans by sighting alternative scenarios;
- Setting timeline and a monitoring mechanism for the implementing activities
- The benefit of putting additional flavor by scheduling such a congress during seasonal festivals while at some time attracting more international participants.
- The importance of having and selecting a well facilitated conference venue to accommodate multiple sessions with out walking long distances;
- The benefits of selecting official carriers (Air lines) and negotiate discounts so as to attract more international participants;
- Organizing major international conferences by one sector with few months gap creates fatigue to partners, organizers and participants in terms of finance and time.

## **10.5 Recommendations**

1. Give an incentives such us giving transport, telephone and lunch vouchers) to those coming outside the responsible organization (EPHA in this particular case) to assist the organization and conduct of the congress.
2. Allocate more resource to provide scholarships to participants of public health student associations, oral and poster presenters who are really in need of support, and to certain invited guests.
3. Strengthen the partnership between the host national organization and WFPHA in all areas. The partnership in connection with the 13<sup>th</sup> Congress preparation and coordination while very weak in fund raising, and practiced coordination of the program during the congress week.
4. Keep the momentum and legacy of the 13<sup>th</sup> World Congress on Public Health by identifying projects and implementing them. This includes advancing the 13<sup>th</sup> WCPH them in Ethiopia or implementing other public health initiatives relevant to Ethiopia and for the 21<sup>st</sup> century.
5. Assign one person who will keep records of the congress and provide adequate information to those who request it. Ms. Wudnesh Mamo would be the right person, as she has closely worked with the congress coordinators and knows practically everything about it.

## Annexes

### Annex 1: Plan of Action- Work Breakdown

Period: 01 January 2011 – 31 December 2011

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
Congress secretariat															
1	Identify requirements for the establishment of the congress secretariat													Congress secretariat	
2	Determine staffing needs of the congress secretariat													Congress Secretariat	
3	Get suitable office and meeting rooms with office furniture, equipment and other facilities													EPHA Secretariat	
4	Employ or get staff from EPHA for the congress secretariat													EPHA secretariat	
5	Look for the possibility of interns and volunteers													Congress secretariat	
6	Prepare and submit a draft activity plan													Congress secretariat	
7	Revise the draft activity plan based on the comments and inputs													Ditto	
8	Prepare and submit a provisional budget													Congress secretariat	
9	Revise the draft budget based on the comments and inputs													Congress secretariat	
10	Develop a financial Mgt system for the management of the congress budget													Ditto	
11	Open a bank account for the Congress													EPHA secretariat	
12	Develop and submit a draft resource mobilization concept paper													Congress secretariat	
13	Organize and conduct meetings with AUC														

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
	Commissioner and UN Resident													Ditto	
14	Get vehicle for the congress secretariat													EPHA secretariat	
15	Design and use a congress logo													Congress Secretariat	
16	Launch the congress logo													Ditto	
17	Reconstruct congress website													Ditto	
18	Launch the reconstructed website													Ditto	
19	Update congress website on weekly basis													Ditto	
20	Design and get printed letterhead papers and envelopes													EPHA Secretariat	
21	Reorganize and strengthen sub-committees													Congress Secretariat	
22	Assist committees by providing necessary information													Congress Secretariat	
23	Identify and book congress venues													Ditto	
24	Post the information on website so that participants can send the information within the set timeframe													Ditto	
25	Work with UN Conference center on the preparation and issuance of congress badges													Congress Secretariat	
26	Compile list of delegates and share the same to responsible committees													Congress Secretariat	
27	Develop conference center layout with WFPHA Secretariat staff													Ditto	
28	Ensure that all conference printed materials are ready for transportation to AA													WFPHA and Congress Secretariat	
29	Facilitate and support the transportation of printed congress materials to Addis Ababa													Ditto	Mar 2012
30	Design and purchase congress bags													Congress Secretariat	Jan 2012
31	Determine bag inserts													Ditto	

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
32	Check the fittings and readiness of the congress centers													Ditto	2 <sup>nd</sup> week of April 2012
33	Ensure a speedy process for the issuance of an entry visa for participants													Congress Secretariat and MoFA	2 <sup>nd</sup> week of April 2012
34	Prepare and post on website a form for online registration													congress secretariat	up to beginning
35	Regularly make follow ups on online registrations													congress secretariat	up to beginning
36	Identify and select an event manager that would cater food drink services at conference venues													Ditto	
37	Prepare and get printed refreshment and food coupons													Congress Secretariat	February 2012
38	Prepare and distribute to delegate refreshment and food coupons													Event manager	3 <sup>rd</sup> week of April 2012
39	Determine the number of hostesses required at congress venues, airport, and some VIP hotels													Congress Secretariat and delegates well-being committee	February 2012
40	Recruit and train the recruited hostesses													Event Manager	1 <sup>st</sup> week of April 2012
41	Assign the hostesses to specific places at the right time													Ditto	3 <sup>rd</sup> week of April 2012
42	Monitor the performance of sub-committees and persons													Congress Secretariat	
<b>Fund Raising</b>															
1	Develop a fund raising and sponsorship strategy													FRC	
2	Develop a concept on fund raising and sponsorship													Ditto	
3	Identify and conduct meetings with													Ditto	

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
	international funding agencies														
4	Identify and conduct meetings with national funding agencies													FRC	
5	Prepare and send out fund and sponsorship request letters													FRC and congress secretariat	
7	Conduct congress sponsorship meetings with co-sponsors													Ditto	
8	Make follow ups on funding and sponsorship requests													congress secretariat	up to end of Congress May 2012
<b>Logistics, Exhibition and transport</b>															
1	Prepare a guideline outsourcing of even organization and transport													LETC + congress secretariat	
2	Make a call for event organizers													congress secretariat	
3	Select an event organizing company and award services													LETC + congress secretariat	
4	Establish collaboration and cooperation with the event organizer													congress secretariat	
5	Select secured and suitable accommodations													event organizer	
6	Identify and get entry visa requirements from MoFA													congress secretariat	
7	Identify and get requirements for badge preparation													RVPS + congress secretariat	
8	Post on website the hotels with their location, picture and room rates													congress secretariat	
9	Inform participants via website for booking hotels of their preference													Congress Secretariat	
10	Prepare and post on Congress website information related to accommodation and transportation													Congress Secretariat	
11	Establish collaboration and													RVPS +	



S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
	cooperation with AA Police Commission on security issues													congress secretariat	
12	Monitor the work of the police force around venue and hotels													RVPSC	
13	Identify and designate a hospital for emergency services													RVPSC	2 <sup>nd</sup> week of April 2012
14	Assist participants in solving reported problems													RVPSC	3 <sup>rd</sup> 4 <sup>th</sup> week of April 2012
15	Plan and arranges reception and cultural show													RVPSC	January 2012
17	Arrange and provide transport services for VIP participants													LETC	End of 3 <sup>rd</sup> week to end of 4 <sup>th</sup> week of April
18	Arrange reception, refreshment (coffee/tea breaks) and business lunches													Well-being Committee	4 <sup>th</sup> week of April 2012
<b>Congress promotion, advocacy and documentation</b>															
<b>1. Promotion and advocacy</b>															
1	Prepare information kits on the 13 <sup>th</sup> Congress and distribute to print and electronic media													Promotion committee	
2	Conduct advocacy and communication activities													Promotion committee	
3	Organize TV and radio interviews													Promotion committee	
4	Prepare articles and publish in EPHA newsletters and bulletins													Promotion committee	
5	Public monthly bulletin on the 13 <sup>th</sup> congress													Promotion committee	Till end of congress
6	Identify and invite sponsors for Congress sessions and other events.													Promotion committee	
7	Get and review sponsorship applications													Promotion committee	
8	Select and contract the sponsors													congress secretariat	
9	Prepare promotion and communication materials													Promotion committee	

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
10	Print and distribute the congress promotion materials													congress secretariat	
11	Organize two pre-congress conferences in appropriate venues													Promotion committee	
12	Share the outcomes of the congress to WFPHA and others													congress secretariat	
13	Make a follow up on the printing and distribution of communication materials													Congress secretariat	
14	Design posters determine the type and number													promotion committee	
15	Printing of the posters (quality, delivery date etc.)													promotion committee	
16	Distribute posters and ensure their appropriate posting													promotion committee	
17	Design billboards determine quality to be distributed													promotion committee	
18	Identify existing billboards in town (location, size, number, owner etc.)													Promotion committee	
19	Invite contractors for the preparation of the billboards)													Promotion committee	
20	Select and recommend the most competitive contactor													Promotion committee	
21	Monitor the preparation (quality, delivery date, etc.) of the billboards													Congress Secretariat	
22	Post the billboards on appropriate date and selected locations													promotion committee	
<b>2. Documentation and reporting</b>															
1	Prepare schedule for press coverage and press releases													Ditto	January 2012
2	Prepare directory of participants from the registration forms													Ditto	January 2012
3	Prepare congress activity and financial reports													Congress Secretariat	May 2012
4	Prepare and provide with WFPHA certificates to moderators and presenters													WFPHA and	May 2012

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
														Congress Secretariat	
5	Prepare and give certificates to all who participated in the congress.													Congress Secretariat	May 2012
6	Download presentations on congress website													Ditto	May 2012
<b>Scientific abstracts, and exhibition</b>															
<b>1. Abstracts</b>															
1	Work closely with WFPHA on call for abstracts													Scientific Com. and Cong. Secretariat	
2	Post on congress website the online call for abstracts													Congress Secretariat	
3	Follow the online submission of abstracts													Scientific Committee	
4	Identify and select Ethiopian abstract reviewers													Ditto	
5	Consult the selected reviewers for their willingness													Congress Secretariat	
6	Submit to WFPHA the names and other details of the selected reviewers and get approval													Ditto	
7	Officially inform the Ethiopian abstract reviewers (by letter) of their appointment													Ditto	
8	Provide them the necessary tools/guidelines for review of abstract													Ditto	
9	Prepare a revised version of the book: <i>The Evolution of Public Health in Ethiopia</i>													Scientific Committee	
10	Plan oral presenters panels by topic													Scientific committee	
10	Finalize preparation and execute presentations													Ditto	3 <sup>rd</sup> and 4 <sup>th</sup> week of April 2012
<b>2. Leave Lecture</b>															
1	Identify and select potential candidates													Ditto	
2	Confirm willingness of candidate													Congress secretariat	
3	Inform WFPHA on selection													Ditto	

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
4	Give official appointment letter and the necessary guideline for the preparation of the lecture to the selected lecturer													Ditto	
5	Provide the necessary support and guidance to the lecturer													Ditto	
6	Receive copy of abstract of lecture and send it to WFPHA													Ditto	
<b>3. Awards</b>															
1	Identify/develop criteria for the selection of potential awardees													Scientific committee	
2	In collaboration with WFPHA identify and select potential candidates													Ditto	
3	Ensure that the award is given to the awardees on the closing date of the congress													Scientific Committee and Congress secretariat	4 <sup>th</sup> week of April 2012
<b>4. Product exhibition</b>															
1	Identify/develop guideline for product exhibition													Scientific committee	
2	Prepare call for exhibition organizers and managers													Congress Secretariat	
3	Select event organizers and sign contract													Scientific Committee and Secretariat	
4	Prepare the call for exhibitors													Congress Secretariat	
5	Make a call to exhibitors													Ditto	
6	Review and select exhibitors													Event organizer	
7	Inform the selected exhibitors and work with them on space/booth allocation													Ditto	
8	Distribute booth instructions (set up, furniture reservations and other essentials to confirm participation)													Ditto	March 2012
9	Monitor the overall organization and running of the exhibition													Scientific committee	April 2012

S. No.	Activities	Months												Responsible body	Remark
		Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec		
5. Poster exhibition															
1	Develop guideline for poster exhibition													Scientific committee	
2	Identify and select an event manager for the organization and management of the poster exhibition													Scientific Committee and Secretariat	
3	Call for poster exhibitors													Congress Secretariat	
4	Receive proposals and select poster exhibitors based on the criteria													Event Organizer	
5	Identify and allocate for poster Exhibitors													Ditto	March 2012
6	Develop a program for exhibition tour														January 2012
7	Oversee poster exhibition organization and implementation													Ditto	May 2012
Scholarship application, selection and granting															
1	Design a form for scholarship/sponsorship applications (with due dates)													Congress Secretariat	
2	Develop criteria for selection of scholarship/sponsorship applicants													Ditto	
3	Post the form on website and advise applicants for online application													Ditto	
4	Follow and compile applications													Ditto	
5	Select scholarship applicants based on the criteria													Congress Secretariat and WFPHA	
6	Inform applicants of their status													Congress Secretariat	
7	Transfer transportation and accommodation funds to the selected scholarship applicants													Congress Secretariat	March 2012

## Annex 2: Indicative Congress Budget

### A. Estimated Income

Item	Qty and unit price	Total
1. Registration: International	800x450	360,000.00
National	1000x14.50	14,500.00
2. Exhibition	60x620	33,232.00
3. Sponsorship and advert (30 adverts)	412x30	12,360.00
4. Donor assistance	48x0.5x20000	480,000.00
<b>Grand Total</b>		<b>900,092.00</b>

### B. Expenditure

Item of expenditure	Unit of Measurement	No. of units	Frequency	USD			
				Unit Price	Total cost	Funded	Unfunded
<b>Secretariat</b>							
<b>Personnel</b>							
<b>Salary (full time)</b>							
Congress Executive Coordinator	# permonth	1	18	1,765	31,770.00		31,770.00
Assistant Coordinator	"	1	11	882	9,702.00	-	9,702.00
Congress Programme Assistant	"	1	15	412	6,180.00		6,180.00
Hostesses (10 days)	"	30	10	12	3,600.00	-	3,600.00
Interns	"	10	3	59	1,770.00	-	1,770.00
<b>Staff support cost in kind</b>							
EPHA staff	"	22	-	-	59,418.00	45,300.00	14,118.00
EPHA executive board ( <i>% of time</i> )	"	7	12	353	29,652.00	29,652.00	-
Sub-committee members ( <i>% of time</i> )	"	36	12	706	304,992.00	304,992.00	-
Sub-committee members (12 months) ( <i>% of time</i> )	"	15	4	706	42,360.00	42,360.00	-

Item of expenditure	Unit of Measurement	No. of units	Frequency	USD			
				Unit Price	Total cost	Funded	Unfunded
<b>Sub total</b>					<b>489,444.00</b>	<b>422,304.00</b>	<b>67,140.00</b>
<b>1.2 Office furniture and equipment</b>							
Desks with computer table	pcs	1	N/A	455	455.00	455.00	-
Guest chairs	"	8	"	53	423.00	423.00	-
Executive chairs	"	2	"	118	235.00	235.00	
Computer and accessories	"	3	"	1,176	3,528.00	2,353.00	1,176.00
Printer (black)	"	1	"	754	754.00	754.00	-
Scanner	"	1	"	152	152.00	152.00	-
Phone apparatus	"	3	"	59	176.00	176.00	-
Shelves	"	2	"	306	612.00	612.00	-
<b>Sub total</b>					<b>6,335.00</b>	<b>5,160.00</b>	<b>1,176.00</b>
<b>1.3 General administration /operational</b>							
Fuel and maintenance	/month	1	12	294	3,528.00	-	3,528.00
Stationery including headed paper and headed envelopes	# of paper/month	2000	12	118	1,416.00	-	1,416.00
Mobile telephone cards (for congress staff and committee chairs)	/month	12	12	12	1,728.00	-	1,728.00
Fixed telephone bill payment	No of sets	3	15	30	1,350.00	-	1,350.00
Cultural dresses for hostesses	Each	20	1	90	1,800.00	-	1,800.00
Expenditure for congress related meetings	lump sum				5,000.00		5,000.00

Item of expenditure	Unit of Measurement	No. of units	Frequency	USD			
				Unit Price	Total cost	Funded	Unfunded
<b>Sub total</b>					<b>14,822.00</b>		<b>14,822.00</b>
<b>2. Programs</b>							
<b>2.1 Promotion, and communication</b>							
Banners	pcs	25	1	91.00	2,275.00	-	2,275.00
Logo design	"	1	1	176	176.00	176.00	-
A4 back and front monthly Newsletter bi monthly- January 2012	No of copies	1000	4	1	4,000.00	-	4,000.00
Radio and TV advertisement production fee	No of productions	1	N/A	3,000	3,000.00	-	3,000.00
Radio and TV transmission fee (10 spots)	No of transmissions	2	10	552	11,040.00	-	11,040.00
Brochures	No of copies	2000	N/A	0.5	1,000.00	-	1,000.00
Posters	"	1000	N/A	2	2,000.00	-	2,000.00
Press kit	"	500	N/A	1	500.00	-	500.00
Writing pad	No of copies	3500		1.50	5,250.00	-	5,250.00
Ball point pen	pcs	3500		1	3,500.00	-	3,500.00
Bookmark	"	2000		1	2,000.00	-	2,000.00
Billboards	"	4	4	1,091	17,456.00	-	17,456.00
Folders	"	3000		1.5	4,500.00	-	4,500.00
Documenting the congress (video and photo)	contract based payment				3,000.00		3,000.00
Congress bag	each	1800	1	12	21,600.00	-	21,600.00



Item of expenditure	Unit of Measurement	No. of units	Frequency	USD			
				Unit Price	Total cost	Funded	Unfunded
Badge /ID	"	2500	1	2.5	6,250.00	-	6,250.00
Certificates for participants	"	2500	1	0.5	1,250.00	-	1,250.00
<b>Sub total</b>					<b>88,797.00</b>	<b>176.00</b>	<b>88,621.00</b>
<b>2.2 Scientific and awards</b>							
Publication of a special issue of EJHD on the 13th WHC theme	No of publications	1	N/A	5000	5,000.00	-	5,000.00
Preparation of a revised version of the book " <i>Evolution of Public Health in Ethiopia</i> "	lump sum		1	-	6,764.00	-	6,764.00
Printing of the book	copies	2000	-	6	12,000.00	-	12,000.00
Payment to Confex company	lump sum	1	N/A	13,500	13,500.00	-	13,500.00
<b>Sub total</b>					<b>37,264.00</b>		<b>37,264.00</b>
<b>2.3 Registration, visa and participants support</b>							
Event organizer	contract based payment	1	N/A	10,000	10,000.00	-	10,000.00
<b>Sub-total</b>					<b>10,000.00</b>		<b>10,000.00</b>
<b>2.4 Logistics, exhibition and transport</b>							
Transport service (buses and minibuses) ( 5 days)	number of buses/day	15	5	300	22,500.00	-	22,500.00
Payment to transport service and manager	contract based payment	1	N/A	5,000	5,000.00	-	5,000.00
Event organizer (exhibition)	"	1	N/A	10,000	10,000.00	-	10,000.00
Local students sponsorship per diem and transport	Number of persons/day	350	9	59	28,650.00	-	28,650.00
<b>Sub total</b>					<b>66,150.00</b>		<b>66,150.00</b>
<b>2.5 Fund raising and sponsorship</b>							

Item of expenditure	Unit of Measurement	No. of units	Frequency	USD			
				Unit Price	Total cost	Funded	Unfunded
Fund raising event meeting (hall and refreshments) 200 persons	# of days/event	1	1	182	1,352.00	-	1,352.00
<b>Sub total</b>					<b>1,352.00</b>		<b>1,352.00</b>
<b>3. Congress facilities and services</b>							
<b>3.1 Facilities</b>							
UN Conference Center (5 days) including space for exhibition	each	1	5	7610	43,050.00	-	43,050.00
Millennium Hall	each	1	1	13,298	13,298.00	-	13,298.00
Conference translators (English to French)	# of translators	2	1	500	1,000.00	-	1,000.00
<b>3.2 Services</b>							
- Opening day refreshment services	No of persons	3000	1	5	15,000.00	-	15,000.00
- Reception and cultural show	"	2000	1	2371	37,647.00	-	37,647.00
- Business lunch for officials	"	50	1	12	588.00	-	588.00
- Lunch box for participants	"	1800	5	9	81,000.00	-	81,000.00
- Daily refreshments	"	1800	5	5	45,000.00		45,000.00
<b>Sub total</b>					<b>236,583.00</b>		<b>236,583.00</b>
<b>Grand Total</b>					<b>950,747.00</b>	<b>427,640.00</b>	<b>523,108.00</b>
<b>Personnel</b>					<b>489,444.00</b>	<b>422,304.00</b>	<b>67,140.00</b>
<b>Grand total without personnel</b>					<b>461,303.00</b>	<b>5,336.00</b>	<b>455,968.00</b>
<b>10% Contingency</b>					<b>46,130.00</b>	<b>533.00</b>	<b>45,597.00</b>
<b>Grand total including personnel cost + 10% contingency in USD</b>					<b>996,877.00</b>	<b>428,173.00</b>	<b>568,705.00</b>

**Annex 3: National Core Committee, Sub-committees and Congress Secretariat (A-F)****Annex 3A: Core Committee**

<b>S.No</b>	<b>Name</b>	<b>Organization</b>
1	H.E. Dr Tedros Adhanom	Federal Ministry of Health/Minister
2	Dr Tewabech Bishaw	Ethiopian Public Health Association- President
3	Dr Wakgari Deressa	AAU/SPH
4	Dr Yigeremu Abebe	Clinton Health Initiative
5	Dr Mengistu Asnake	Integrated Family Health Program (IFHP)
6	Dr Mirgissa Kaba	Consultant
7	Dr Alemayehu Mekonnen	AAU/SPH
8	Dr Assefa Seme	AAU/SPH
9	Ato Seifu Hagos	AAU/SPH
10	Ato Abreham G/Giorgies	WHO
11	Sr.Worknesh Kereta	Integrated Family Health Program (IFHP)
12	W/ro Hiwot Mengistu	Consultant
13	Dr Yayehyirad Kitaw	Consultant
14	Dr Getachew Tadesse	Consultant
15	Sr. Haregewoin Chirenet	Consultant
16	Ato Tiruneh Sinneshaw	Private
17	Dr Tesfaye Bulto	Integrated Family Health Program (IFHP)
18	Prof. Yemane Berhane	Addis Continental Institute of Public Health
19	Ato Hailegnaw Eshete	EPHA
20	Ato Workneh Kassie	EPHA
21	Ato Mesfin T/Haimanot	EPHA
22	W/ro Wudnesh Mamo (secretary)	EPHA

**Annex 3B: Scientific Presentations and Exhibition Coordinating Sub-committee**

<b>S.No</b>	<b>Name</b>	<b>Organization</b>
1	Yayehiyrad Kitaw ( chair)	Private
2	Seifu Hagos	AAU, SPH
3	Yemane Berhane	Addis Continental Institution Of Public Health
4	Mekonen Assefa	Private
5	Getnet Mitike	AAU, SPH
6	Fisseha Abinet	EVA
7	Tekleab Mekibib	Population Council
8	Asfawossen G/Yohannes	AHRI
9	Alemayehu Bekele (member and secretary)	EPHA

**Annex 3C: Promotion and Communication Sub-committee**

<b>S.No</b>	<b>Name</b>	<b>Organization</b>
1	Tesfaye Bulto (chair)	IFHP
2	Assefa Seme	AAU/ SPH
3	Abebe Bekele	CRDA
4	Elias G/egziabheir	Private
5	Abera Yassin	Population Media Center
6	Getachew Tadesse	Private
7	Firew Bekele	Population Services International
8	Jeilan Ali	Government Mass Media Office
9	Bona Hora	CCM/E
10	Solomon Abebe (member and secretary)	EPHA

**Annex 3D: Fund Raising Sub-committee**

<b>S.No</b>	<b>Name</b>	<b>Organization</b>
1	Mengistu Asnake (chair)	IFHP
2	Philimona Bisrat	CCRDA
3	Agonafer Tekalegne	Malaria Consortium
4	Endale Zewde	PSI
5	Saba Kidanemariam	IPAS
6	Getachew Eyob	EHNRI
7	Gebresellassie Okubagzi	WB
8	Ashenafi Dereje (member and secretary)	EPHA

**Annex 3E: Logistics, Exhibition and Accommodation Sub-committee**

<b>S. No</b>	<b>Name</b>	<b>Organization</b>
1	Mirgissa Kaba (chair)	Private
2	Worknesh Kereta	Pathfinder
3	Showandagn Belete	EPHA
4	Addisu Wordofa	Ministry of Transport
5	Hiwot Mengistu (EB)	Private
6	Ali Beyene (Member and Secretary)	EPHA

**Annex 3F: Registration, Visa and Participants Support Sub-committee**

<b>S.No</b>	<b>Name</b>	<b>Organization</b>
1	Alemayehu Mekonnen (c hair)	AAU/ SPH
2	Haregewoin Chirenet	Private
3	Ashagre Tilahun	Ethiopian Nurses Association
4	Teshome Gebre	Carter Center
5	Mitiku Woldgeorgis	IFHP
6	Girma Mengesha	MoFA

7	Daniel Moges	Ministry of Culture and Tourism
8	Meseret Fisehatsion (Member and Secretary)	EPHA

**Annex 3G: Congress Secretariat Staff**

S.No	Name	Organization
1	Workneh Kassie	Congress Executive Coordinator
2	Mesfin Teklehaimanot	Congress Executive A/ Coordinator
3	Tesfaye Bikes	Communication Officer
4	Wudnesh Mamo	Program Assistant
5	Misrach Hailu	Congress Secretary

**Annex 4: Task Forces Members****Annex 4A: Members of task force for selecting public health eminent professionals**

S. No	Name	Organization
1	Tewabeche Bishaw	EPHA/ABIDE
2	Yayehyirad Kitaw	Private
3	Haile Mariam Kahssay	Private
4	Ahmed Ali	AAU/SPH
5	Tiruneh Sinnesshaw	Private
6	Hailu Yeneneh	JSI
7	Workneh Kassie	EPHA

**Annex 4B: Peer reviewers of the Revised Book “*Evolution of Public Health in Ethiopia*”**

S. No	Name	Organization
1	Yayehyirad Kitaw	Private
2	Yemane Berhane	Addis Continental Institute of PH
3	Getnet Mitikie	AAU/ SPH
4	Hailu Yeneneh	JSI -John Snow
5	Elias G/Egziabher	Private
6	Tiruneh Sineshaw	Private
7	Hailemariam Kahsay	Private

**Annex 4C: Task Force on Conceptualizing 13th WCPH theme**

S. No	Name	Organization
1	Yayehyirad Kitaw	Private Consultant
2	Tesfaye Bulto	Integrated family Health Programme
3	Elias Gebre Egziabheir	Private consultant
4	Workneh Kassie	Congress Executive Coordinators

**Annex 4D: Task force for the Identification of PH challenges in Ethiopia**

S. No	Name	Organization
1	Merawi Aragaw	FMoH
2	Yayehyirad Kitaw	Private
3	Tewabech Bishaw	EPHA
4	Workneh Kassie	EPHA
5	Alemayehu Bekele	EPHA

**Annex 4E: Task Force for Selecting of Scholarship Applicants**

S. No	Name	Organization
1	Wakgari Deressa	AAU/SPH
2	Yihune Lakew	EPHA
3	Misrach Hailu	EPHA



## **Annex 5: International Coordinating Committees**

### **Annex 5 A: Scientific Advisory Committee**

<b>No</b>	<b>List of members</b>	<b>Country/Organization</b>
1	Adang Bachtiar	Indonesia
2	Bettina Borisch	Switzerland
3	Cai Jiming	China
4	Debbie Klein-Walker	USA
5	Dineke Zeegers	EUPHA
6	Francisco Cabo	Mozambique
7	Gabriel Scally	UK
8	Vesna Bjegovic	Serbia
9	Madhumita Dobe	India
11	Margaret Hilson	Canada
11	Mengistu Asnake	Ethiopia
12	Mike Daube	Australia
13	Robert Otok	ASPHER
14	Paulo Buss	Brazil
15	Makonnen Asefa	Ethiopia
16	Weyenhareg Feleke	Ethiopia
17	Rebecca Baily	WHO INT
18	Ruediger Krech	WHO INT
19	Samir Banoob	USA
20	Theo Abelin	Switzerland
21	Toshitaka Nakahara	Japan
22	Getnet Mitike	Ethiopia
23	Wilhelm Kirch	Germany
24	Yayehyirad Kitaw	Ethiopia

**Annex 5B: Organizational Core Group (OCG)**

No	Name	Position
1	Ulrich Laaser	President WFPHA, Chair
2	Tewabech Bishaw	President EPHA, Co-Chair
3	Hailegnaw Eshete	Executive Director, EPHA
3	Workneh Kassie	Executive Congress Coordinator
4	Laetitia Bourquin	Managing Director
5	Jim Chauvin	CPHA, WFPHA Finance Committee
6	Alvaro Almatida	ABRASCO
7	Vina HuLamm	APHA

**Annex 5C: Executive Committee**

No	Name	Position
1	Ulrich Laaser	President WFPHA, Chair
2	Tewabech Bishaw	President EPHA, Co-Chair
3	Jim Chauvin	CPHA, WFPHA Finance Committee
4	Hailegnaw Eshete	Executive Director, EPHA
5	Workneh Kassie	Congress Executive Coordinator
6	Bettina Borisch	Director, WFPHA
7	Cai Jiming	Asia Pacific PHA
8	Laetitia Bourquin	Manger, WFPHA/ Secretary

**Annex 6: Abstract reviewers suggested from Ethiopia**

No	Name	Organization
1	Abeba Bekele	Save the Children USA
2	Abreham Asefa	Armaurer Hansen Research Ins. (AHRI)
3	Ahmed Ali	Addis Ababa University, School of Public Health
4	Alemayehu Worku	Addis Ababa University, School of Public Health
5	Dereje Kebede	World Helath Organization-Harare
6	Eyasu Mekonnen	Addis Ababa University, School of Medicine
7	Fikru Tesfaye	Addis Ababa University, School of Public Health
8	Getnet Mitike	Addis Ababa University, School of Public Health
9	Getu Degu	Gonder University, School of Public Health
10	Hailu Yeneneh	JSI -John Snow
11	Kelmot Kloos	Researcher- California
12	Mekonnen Assefa	Addis Ababa University, School of Public Health
13	Melke Edris	Gonder University
14	Mengistu Asnake	Integrated Family Health/ Pathfinder
15	Mesganaw Fantahun	Addis Ababa University, School of Public Health
16	Redda Teklehaimanot	Grarbet Tehadiso Mahber
17	Tekleab Mekbib	Population Council
18	Tsige Gebremariam	Addis Ababa University, School of Pharmacy
19	Yemane Berhane	Addis Continental Institute of public Health
20	Yetnayet Asfaw	Engender Health
21	Yigzaw Kebede	Gonder University, School of Public Health

# **Annex 7: Co-moderators for Solicited and Free Abstract Sessions**

<b>S.No</b>	<b>National Co-moderators</b>	<b>International moderators</b>	<b>Title deliberated about</b>	<b>Date</b>
1	Ato. Adamu Mengesha	Julian Goodman	Develop Schools of Public Health	27-Apr-1
2	Ato. Elias Gebregziabhier	Helmut Brand	Global Health Europe	26-Apr-1
3	Ato. Hailu Meche	Tedros Amanuel	Primary Health Care	25-Apr-1
4	Ato. Leulseged Azage	Dr. Tom Kenyon	Spending II	24-Apr-1
5	Ato. Meskele Lera	Joseph Inugu	HIV/AIDS	24-Apr-1
6	Ato. Shallo Daba	Yvette Benjamin	Health Equity	25-Apr-1
7	Ato. Tilahun Teshome	Michele Forzley	Global Public Health Law	24-Apr-1
8	Ato. Tiruneh Sinneshaw	Demissie Habte	HRH	24-Apr-1
9	Ato. Wondu Bekele	Luis A. Caceres	Tobacco	27-Apr-1
10	Ato. Woubshet Tadele	Sumi Mehta	Stoves and Fuels (Incl. 35)	27-Apr-1
11	Ato. Yohannes Gorge	Theo Abelin	Lesson from Chernoby	26-Apr-1
12	Dr. Abrham Assefa	Elena Ambrosino	Public Health Genomics	26-Apr-1
13	Dr. Alemu Asgedom	Alex Gatherer	Prison	25-Apr-1
14	Dr. Amir Aman Hagos	Eliana Martinez	Capacity Building I	24-Apr-1
15	Dr. Atalaye Alem	Nancy Blard	World Justice Project	25-Apr-1
16	Dr. Davison Munodawafa	Devi Nair	Inequality and Health	25-Apr-1
17	Dr. Debru Negash	Michael Moore	The Health of Indigenous Populations	26-Apr-1
18	Dr. Deogratias Sekimpi	Paul Walker	Disarmament	24-Apr-1
19	Dr. Ermias Mulugeta	Tesfai Gabrekidan	The private Health Sector: an indispensable Provider of key public health services	27-Apr-1
20	Dr. Eugene Owusu	Rebecca Hasson	MDGs	24-Apr-1
21	Dr. Fatoumata Traore	Vesna Biegovic	Regional coordination	27-Apr-1
22	Dr. Fiker Meles	Kelli Cappelier	Immunization	26-Apr-1
23	Dr. Filimona Bisrat	Ciroa De Quadros	Vaccines	26-Apr-1
24	Dr. Flavia Senkubuge	Roman Tesfay	Countdown for the MDGs 2015	24-Apr-1

25	Dr. Gebreab Barnabas	Andres Foldspang	Victims of Armed Conflict	26-Apr-12	14:00-15:00
26	Dr. Gebresellassie Ekubagzhi	Toshitaka Nakahara	Primary Health Care and Health Promotion	26-April-12	11:00-12:30
27	Dr. Girma Azene	Jean Margaritis	Performance and Spending for Health	25- April -12	14:00-15:30
28	Dr. Haileyesus Getahun	Dr. Amha Kebede	Liver Tigray	25- April -12	14:00-15:30
29	Dr. Lewis Person	Gwendolyn Hudson	MDG 4: Child Health	24- April -12	16:00-17:30
30	Dr. Lucien Maga	Alvaro Matide	Going Beyond Rio	25- April -12	14:00-15:30
31	Dr. Mathias Some	Joseph W. Eshun	Building the Right Institution in Africa for Public Health	25- April -12	11:00-12:30
32	Dr. Mengistu Asnake	Paul Walker	Disarmament	24- April -12	14:00-15:30
33	Dr. Mengistu Hailemariam	Lisa K. Oot	MDG's	24- April -12	14:00-15:00
34	Dr. Mesfin Araya	Jay Pearson	Human Resource and Mental Health	27- April -12	14:00-15:30
35	Dr. Meshesha Shewarega	David Sanders	Civil Society and Public Health	26- April -12	14:00-15:30
36	Dr. Mirgisa Kaba	Agarwal	The Impact on Public Health of Urbanization	27- April -12	14:00-15:30
37	Dr. Muna Abdullah	Mercede Michal Gasco	Maternal and Child Health I	25- April -12	16:00-17:30
38	Dr. Negussu Mekonnen	James A. Rice/ Hailegnaw Eshete	Governing for Health Gains	25- April -12	11:00-12:30
39	Dr. Nejmunudin Kedir	Patrek M. Rathi	Health Insurance	25- April -12	16:00-17:30
40	Dr. Seleshi Luelseged	Serge C. Raharison	Diarrhea	26- April -12	14:00-15:30
41	Dr. Tadesse Ketema	Weung Wook Lee	Breastfeeding	26- April -12	11:00-12:30
42	Dr. Tedila Woldegiorgis	Bience Gawanias	Professional Migration	25- April -12	14:00-15:30
43	Dr. Tesfaye Bulto	Dan Owino Kaseje	Health System Change	27- April -12	11:00-12:30
44	Dr. Teshome Gebre	Paul Vincke	Corruption in Health Services	26- April -12	14:00-15:30
45	Dr. Tewoldeberhan Gebregziabheir	Peter Orris	Climate Change and Health	25- April -12	11:00-12:30
46	Dr. Tibebu Alemayehu	Deborah Klein Walker	Material and Child Health II	26- April -12	16:00-17:30
47	Dr. Wakgari Deressa	Peter Orris	Climate Change and Health	25- April -12	11:00-12:30
48	Dr. Wondwossen Fantaye	Myron Allukian	Oral Diseases	25- April -12	11:00-12:00

49	Dr. Wuleta Lemma	Wen Hung Kuo	Global health	26- April -12	16:00-17:30
50	Dr. Yayehyirad Kitaw	Seni Kouanda	Retention of Health Workers	27- April -12	14:00-15:30
51	Dr. Yetnayet Asfaw	Maheswar Satpathy	Sexual Health	26- April -12	16:00-17:30
52	Dr. Yigeremu Abebe	Michele Young	HIV/AIDS Policy	25- April -12	14:00-15:30
53	Dr. Yirgu Gebrehiwot	Miriam Were	MDG 5 Maternal Health	24- April -12	16:00-17:30
54	Dr. Zenebe Melaku	Sudha Rani Kotha	Capacity Building II	26- April -12	16:00-17:30
55	Dr. Zewede Woldegebriel	Carol J. Henry	Nutrition	25- April -12	14:00-15:30
56	Dr. Zerihun Tadesse	Dedi Supramatan	Indonesian Government	27- April -12	14:00-15:30
57	Dr.Mulualem Gessesse	Deborah Klein Walker	Material and Child Health II	26- April -12	16:00-17:30
58	Mr. Giammichele Demaio	Wendemagegen Kegne	Disaster	26- April -12	16:00-17:30
59	Mr. Greg Hallen	Robert Geneau	NCDs	26- April -12	11:00-12:30
60	Mr. Josiah Ogina	Wen Hung Kuo	Migration and Health	25- April -12	16:00-17:30
61	Mr. Ruediger Krech	Alvaro Matida	Social Determination of Health : Going beyond Rio	25- April -12	14:00-15:30
62	Mrs. Hiwot Mengistu	GAVI Core Group	Polio	27- April -12	14:00-15:30
63	Mrs. Saba Kidanemariam	Joel Ngwa Ambebila	Tools for Decision Making	24- April -12	16:00-17:30
64	Mrs. Wuleta Betemariam	Miriam K. Were	Community Participation	22- April -12	11:00-12:30
65	Mrs. Yemsrach Belayneh	Mary A. Carnell	Barriers to MCH	25- April -12	14:00-15:30
66	Ms. Frehiwot Worku	Wendemagegen Kegne	Disaster	26- April -12	16:00-17:30
67	Ms. Judy Overall	Ahud Miron	WGEDU	26- April -12	11:00-12:30
68	Ms. Laetitia Rispel	Georges Benjamin	Health Disparity	25- April -12	11:00-12:30
69	Prof. Ahmed Raja	Bettina Borisch	NCDs	26- April -12	14:00-15:30
70	Prof. Beyene Petros	Barbara Krimgold	Equity and Health	26- April -12	14:00-15:30
71	Prof. Bogale Worku	Nino Berdzuli	MDGs 4 and 5	24- April -12	14:00-15:30
72	Prof. Damene Hailemariam	Thomas Lund	Trajectories of Inequality	25- April -12	14:00-15:30
73	Prof. Kebede Oli	Henock Haile	Non Communicable Diseases I	24- April -12	16:00-17:30
74	Prof. Makonnen Assefa	Selena Gray	Certificate of Public Health	27- April -12	11:00-12:30
75	Prof. Misganaw Fantahun	Rhonda Small / Mika Gissler	MCH Among Migrants	27- April -12	14:00-15:30

76	Prof. Tilahun Teshome	Stepanie Gill	Diarrhea	25- April -12	11:00-12:30
77	Prof. Yemane Berhane	Chris Birt	Competencies for Public Health	26- April -12	11:00-12:30
78	Prof. Yemane Berhane	James Johnson	Human Resource for Public Health	26- April -12	16:00-17:30
79	Prof. Yewoyenhareg Feleke	Jay Pearson	Communicable Diseases II	25- April -12	16:00-17:30

**Annex 8: Rapportuers**

<b>S. No</b>	<b>Name of the rapportuers</b>	<b>Organization</b>
1	Ato Achenef Motbainor	MadaWlabo University
2	Ato Abebaw Gebeyehu	University of Gonder
3	Ato Tesfaye Gobena	Haramaya University
4	Ato Biftu Geda	Haramaya University
5	Ato Saba H/Meskel	Haramaya University
6	Ato Ayalew Astatkie	Hawasa University
7	Ato Abera Kifle	Save the children
8	Ato Gashaw Andargie	University of Gonder
9	Ato Bezatu Mengistie	Haramaya University
10	Ato Mistir Lingerew	Wollo University
11	Ato Amsalu Feleke	University of Gonder
12	Ato Abyot Asres	Mizan-Teferi University
13	Ato Fasil Tessema	Jima University
14	Ato Henok Tadesse	Dilla University
15	Ato Berhanu Seyoum	Haramaya University
16	Ato Worknesh Ayele	EHNRI
17	Ato Araya Mengistu	University of Gonder
18	Ato Frehiwote Mesfine	Haramaya University
19	Ato Gurmesa Tura	Jima University
20	Ato Wubegzier Mekonnen	AAUniversity
21	Ato Techalew Shimelis	Hawassa University
22	Ato Bineyam Taye	AA University
23	Ato Misiganaw B/Silassie	Hawassa University
24	Ato Hunachew Beyene	Hawassa University
25	Ato Adugnaw Berhane	Debre Birhan University
26	Ato Girma Temam	Arba Minch University
27	Ato Mamo Wubshet	University of Gonder
28	Ato Biruhalem Taye	AA University /ALIPB
29	Ato Asaye Birhanu	AA University
30	Ato Samuel Kinde	AA University
31	Ato Kassahun Alemu	University of Gonder
32	Ato Kassu Desta	AAUniversity
33	Ato Yenetu Dessalegn	University of Gonder
34	Ato Yisrak Abraham	WSU



## **Annex 9: Summary of rapporteurs presentation**

A number of lead and assistant rapporteurs were involved to develop this summary report categorized under four major thematic areas.

### ***Thematic area 1: MNCH/HIV***

Under this thematic area, 14 sessions and 68 presentations were made. Huge disparity in maternal, newborn and child mortality between different regions of the world was observed, and Sub-Saharan Africa bears the greatest burden. Health equity is particularly important to address MNCH problems. Disparities by residence, education and wealth were presented.

Challenges in accessing RH services(rural, illiterate and the poor are disadvantaged) included:

- Health seeking behaviors and community norms
- Geographical accessibility and transportations
- Service quality (performance of facilities and providers)

In order to overcome the challenges, the following strategies were highlighted:

- Community-based strategies for providing MNCH and other RH services
  - Experiences from different countries, Bolivia, Nigeria, Madagascar, Ethiopia, Tanzania, Peru...
- Vaccine initiatives towards improving child survival and achieving MDG4
  - Immunization programs
  - New vaccine for Group B streptococcal infection, salmonella...
- Nutrition for mothers and children
  - Community-based nutrition programs
  - Breastfeeding
- Strengthening the role of partners and networking between associations in order to influence policy and to do advocacy.

### ***Thematic area 2: Health Systems:Policy, Laws and Health Services***

Under this 35 sessions and 160 presentations were made.

On the topic related to health policies, the presentations highlighted some of the following points:

- Unmet need for human rights in accessing to health commodities exists in many countries.
- Policy and legal framework need to address the process of selection, procurement, distribution and use of resources having management support as a central point.
- Laws and their enforcement are essential to increase equitable and sustainable access to health services by all and especially for poor and marginalized populations.

On the sub-topic Global Health Equity, the following points were highlighted:

- Some countries are making substantial progress towards the achievement of the MDGs.
- High disparities have been observed in per capita health expenditure, for instance, 16 USD for Ethiopia and 3,233 USD for developed countries.
- The current aid flow is insufficient, fragmented, ineffective and below commitment, in words and resolutions rather than actions.

- Matching aid effectiveness with development effectiveness and having sector strategy and transparency that enhance good governance.
- Strong solidarity at the local, national and global levels is required to effectively implement and utilize a community based health insurance scheme.

On the sub-topics related to social determinants, the following points were highlighted:

- Social determinants have not yet been prioritized among important problems in the globe because of weak advocacy and this requires the engagement of governments, different sectors, social organization, society and others.
- Behavioral change is paramount to bring health equity and control as social determinants.
- Countries need social mobilization, information and education to tackle inequity and social determinant problems.
- Ministries of health should empower public health professionals to work with policy makers, revising curriculum, involve in advocacy and communicate about social determinants and inequity.

On the sub-topics related to human resources for health, the following points were highlighted:

- The pull-push factors are important in either favoring or hindering the migration of health professionals.
- There is an urgent need for constructive engagement and joint actions to manage migration of health professionals in light of global social responsibility and global health equity.
- Developing countries are experiencing shortage of the health professionals. This affects the performance of countries in the attainment of MDGs.
- Acute shortage of health workers is posing the greatest challenge as a consequence of inadequate production and a legacy of chronic underinvestment in human resources.
- “Redesigning Master of Public Health (MPH)” curriculum based core-competencies is necessary

### ***Thematic area 3: Environmental Health and Climate Change***

Under this thematic area 10 sessions and 43 presentations were made. On this theme, the presentations highlighted the following points:

- Chemical and biological agents pose serious threats to public health and the environment.
  - A joint effort to promote best practices to minimize releases of organic pollutants and mercury.
- Nuclear disaster causes death, impaired quality of life, mental health and has societal and economic consequences.
  - Universal membership and full national implementation of legally binding treaties
  - Verification and inspection of military and commercial facilities for nonproliferation of nuclear weapons.
  - Prevention by replacing nuclear power by renewable energy.
- Promote universal adoption of clean, efficient cooking solutions can greatly reduce the burden of indoor air pollution, save lives, improve livelihoods, empower women, and combat climate change.

- Addressing health care in prisons leads to improvement of public health
  - It is vitally important to avoid the isolation of prison health services from health services in the wider community
  - Rapid unplanned urbanization is an important challenge to public health and, reducing urban health inequities requires political commitment, increased research and knowledge, translating of knowledge in to action using an inclusive approach.

***Thematic area 4: Communicable and Non-communicable Diseases***

Under this thematic area 17 sessions and 64 presentations were made. The presentations highlighted the following points:

***Health-related MDGs***

- Global progress.
- The African situation (mostly not on track to meet MDGs). From 46 nations, 8 on track to meet MDG4 and 2 on track to meet MDG5.
- Strong growth of African economies (6% average), and increased partnerships and aid were the opportunities; while global economic situation, contracting budgets, and inflexibility of aid were considered as threats

***NCD***

- Shifting epidemiological paradigm - the dual burden of NCD in the developing world (political declaration of the high level meeting of the general assembly on the prevention and control of non-communicable diseases).
- NCDs due to:
  - Exposure to toxic chemical in the environment
  - Unhealthy dietary habits and initiatives to respond to these
  - Physical inactivity

***CD (polio, cancer, diarrheal diseases, TB/MDR TB, malaria, SARS)***

- Success stories like polio (approaching eradication), others such as diarrheal diseases
- Oral diseases
- Others
  - Public health genomics; public health application of genomic medicine, uncovering the genetic basis of disease interaction of genetic factors with with external factors for specific health outcome, possibility to use as diagnostic screening tools
  - Nutrition-based interventions to promote health
  - Armed Conflict and Health

## Annex 10 Bio-data of Renowned PH Persons

### 1. Dr. Halfdan T. Mahler



Halfdan T. Mahler was born on 21 April 1923 in Vivild, Denmark. He obtained his medical degree at the University of Copenhagen in 1948 and holds a post-graduate degree in public health.

He joined WHO in 1953 and spent ten years in India as Senior WHO Medical Officer with the Tuberculosis Control Program. From 1962 on, he was Chief of the Tuberculosis Unit at WHO Headquarters in Geneva until 1969, when he was appointed Director, Project Systems Analysis. From 1970 to 1973, he served as an assistant director general of several divisions.

In 1973, Dr Mahler was elected as the WHO's third director general. He was then re-elected for two successive five-year terms, in 1978 and 1983, respectively, to serve in the same position. After retiring from the WHO in 1988, he directed the International Planned Parenthood Federation until 1995.

Many believe that Dr Mahler is the greatest world leader in health so far. His greatest achievement was his leadership in the movement from the vertical programme approach to the horizontal, known as The Primary Health Care Approach (PHC). In 1986, Dr Mahler led the World Health Assembly to adopt the District Health System, (DHS), as a further elaboration and enhancement of the PHC approach.

### 2. Professor Olikoye Ransome- Kuti (1927-2003)

Professor Kuti was an eminent health professional of Nigeria who served his country's health services system with exemplary leadership qualities. He was the longest serving minister of health of Nigeria



(1985-1993), a celebrated leader and the principal architect of the major achievements recorded by Nigeria in the health field in the 1990s. He was a prominent spokesperson for equity, human rights and social justice in the implementation of Nigeria's health care delivery system.

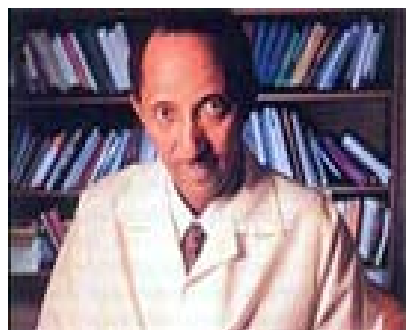
His development of successful community-based child health programs proved to be a turning point in his career. He provided a foothold for the institutionalization of Primary Health Care in Nigeria, acting as an advocate, implementer, and a key policy proponent on all aspects of PHC.

As a minister of health, he distinguished himself by his humility, transparency, honesty, patriotism, dedication to duty and punctuality. His work as a minister of health involved complete overhaul of the Nigerian health system by strengthening the

local government sector (districts) through decentralization, provision of direct federal financial block grants, training and support using federal technical facilities (FTFs). He then established the PHC Institute of Nigeria to serve as an independent PHC research and training center for the country. Professor Kuti served as the chairman of the WHO executive board from 1986-1988. During his tenure at the World Bank, he was able also to expand the concept of Primary Health Care to other parts of Africa.

### **3. Professor Aklilu Lemma (1934-1997)**

Professor Aklilu Lemma was an eminent Ethiopian scientist who discovered a local agent to kill the mollusc intermediate host of the disease known as Bilharziasis or Schistosomiasis from the berry of a local plant, Endod (*Phytolaca dodecandra*). He was a graduate of the Johns Hopkins University in Baltimore – USA - with a doctorate science degree in pathobiology.



Professor Aklilu was the founding dean of the faculty of science and the founder and the first Director of the Institute of Pathobiology at Addis Ababa University. Aklilu Lemma established the Institute of Pathobiology in 1966, and directed a team to carry out systematic research on Endod for the subsequent 10 years. The Institute is today named as the Aklilu Lemma Institute of Pathobiology in his honor. He was the chief organizer and vice chairman of the national Committee for the establishment of the National Scientific and Technical Research Council of Ethiopia. He became chief advisor for science and technology to the Ethiopian government in the 1960s and led the establishment of the first Ethiopian Science and Technology Commission.

In 1976 he was offered a position at the United Nations as senior advisor of technology of health and development. In 1988, he became deputy director of UNICEF's International Child Development Centre in Florence, Italy. Working in various capacities for the UN Center for Science and Technology for Development, he was responsible for the conceptualization and development of the Advanced Technology Alert System (ATAS) - an international mechanism designed to benefit developing countries by alerting them in advance to the potential positive and negative implications of new technologies.

Professor Aklilu Lemma and Dr Legesse Wolde Yohannes founded the Endod Foundation in 1992 to serve as an umbrella for all Endod-related work. Following collaboration with Professor Aklilu Lemma, the University of Toledo in the United States was granted a US patent on an Endod-based molluscicide intended to control the Zebra Mussels which have recently invaded the American lakes and caused extensive damage to water supplies.

Professor Aklilu Lemma and his research associate Dr. Legesse Wolde Yohannis were awarded the Swedish Right Livelihood Award in November 1989 in Sweden for their research and pioneering discoveries on *Endod*. Other honors of Prof. Aklilu include various fellowships from the Ethiopian Government, the International Atomic Energy Agency, the World Health Organization and Johns Hopkins University in the United States. He was also a recipient of the Emperor Haileselassie's Gold Medal for achievements in scientific research in Ethiopia.

#### **4. H. E. Ato Yohannis Tsige (1928- 1995)**

H.E. Ato Yohannis Tsige had MSc in Biochemistry (1952) and MPH in epidemiology (1954), from the University of Washington, USA.

He served in various capacities under the imperial ministry of public health, including as an advisor, director of basic health services, vice minister and minister of state between 1954 and 1972. He was then appointed as Ethiopia's Permanent Representative at the UN (1970 – 1972) and later as Ethiopia's ambassador to the soviet union (1972 -1975).

H.E. Ato Yohannis Tseige played leading roles in the establishment of the Gonder Public Health College dedicated to the training and deployment of a team of health officers, community nurses and sanitarians to serve the rural people of the country at a critical and formative stage of health systems development in Ethiopia. He was also pivotal and instrumental in the establishment and relatively successful operation of the Ethiopian Malaria Eradication Program. Further, he formulated and implemented program of developing capacity building for middle and high level leadership for national and regional health structures demonstrating dedications in disease prevention and control of major endemic diseases. His role in the establishment of the first Medical School in Ethiopia and considerable attention to enhance equitable distribution of the meager health services resources of the country deserves great recognition as well.

#### **5. Professor Dennis G. Carlson**

Professor Dennis Carlson, (MD, MPH) is a lifelong friend of Ethiopia and an ardent proponent of public



health. He came to Ethiopia as a young physician in the late 1950s to give care for the needy population at Ambo Hospital with field trips to Arsi and several other places. In the mid 1960s-he was assigned to the Gonder Public Health College (PHC) Training Center where he served as an instructor and Dean. Among many of his legacies, Professor Carlson 's influence in promoting the spirit of "Team Work" among graduates of the college, namely, health officers, community nurses, sanitarians, and later laboratory technicians remains a landmark in the health service of Ethiopia. He also strengthened the PHC through staff development by sending young Ethiopians abroad (mainly USA).

After his graduate studies in his home country, USA, Prof. Carlson came back to Ethiopia and continued teaching at Addis Ababa University and also served in various consultancies in public health. Later he worked for various NGOs in Ethiopia, notably Save the Children/USA and helped rural communities get access to basic services in health and nutritional support.

In the late 1990s, Prof Carlson took up the challenge of reinvigorating the concept of the "Gonder Health Center Team" (which was abandoned in the early 1980s when the Gonder College was transformed to a medical school). After the EPRDF came to power, training of health officers was reintroduced in Gonder, and also expanded to newly established colleges/universities. But, by then, the concept of team work had almost disappeared. Prof. Carlson used the opportunity to revive the concept and was instrumental in the establishment of the Ethiopia Public Health Training Initiative (EPHTI) through The Carter Center



(TCC). The EPHTI served as a networking establishment that enabled seven Ethiopian universities with health science colleges work jointly in health workforce training.

Currently, Professor Carlson is managing a unique project in Kossoye, north of Gonder. The project has resulted in the marked improvement of basic health services, education, nutritional status and environmental health.

Prof. Carlson's attachment to Ethiopia is so strong that he has mentored his son who has now stepped in to continue the work in Kossoye and more, while Prof. Carlson still maintains a minimum of once yearly visits to Ethiopia. The long legacy will thus pass through generations of this family!

**6. Dr Adanech Kidane Mariam** ( 20 December 1942 - 2 April 2006), An Ethiopian Public Health



Professional remembered as public health leader , academician and advocate for women rights was born in Borkosha village in SPNNR Ethiopia in 1942. She graduated as community nurse mid-wife from the Gonder Public Health Training Center in September 1962, Further educated in US Universities having earned a BSc, 1970, Syracuse; a MSc in 1975, Columbia; a PhD, 1986 Loma Linda, Ca. She served as midwifery instructor 1970-1974 Gonder Public Health College; Lecturer, 1975-1980 Gonder Public Health College; in 1986-1991 assistant professor Addis Abeba University, Faculty of Medicine; 1991- July 1994, she became the first Ethiopian Female minister of health, of the Transitional Government of Ethiopia.

She has contributed to community, national, regional and global public health policy and strategy developmentserved as a member and initiated several nongovernmental organizations related to women development. She was among the founding members of the “Ethiopian Women Lawyers Association” as well as the Ethiopian Women Writers Association”. She was well known for her strong and persistent advocacy for woman and children rights. Dr Adanech Kidane Mariam died in 2006.

**7. Dr Andrija Stampar:** Hewas born on September 1<sup>st</sup>, 1888 in Brodski Drenovac, part of the then Austro- Hungarian Empire.He attended grammar school in Vinkovci from 1898 to 1906. Andrija



was a brilliant pupil writing his first literary in 1902. He entered the medical school in Vienna in 1906. He started his medical career by working at the hospital in Karlovac.

At only 31 years old, he became the principal of the former Yugoslav health services when he established the special Institute of Social Medicine. As a consequence of a conflict with King Alexander, Dr Andrija Stampar retired in 1931 from service and in the same year became an advisor at the World Health Organization.

He travelled to Canada and the United States of America and gave lectures in most of the universities in these countries. Dr Stampar was honored by the League of Nations for the many important tasks he vigorously undertook.

In 1927 in Zagreb, Dr Stampar founded the School of Public Health and was arrested following the German occupation.

The International Health Conference held in 1946 in New York which was attended by official representatives of 51 nations, accepted with a few changes the draft bylaw of the World Health Organization (WHO). This was mainly the work of Dr Stampar. At its 8<sup>th</sup> regular session in Mexico City in 1955 Dr Andrijo Stampar was awarded the Leon Bernard Foundation Prize and Medal.

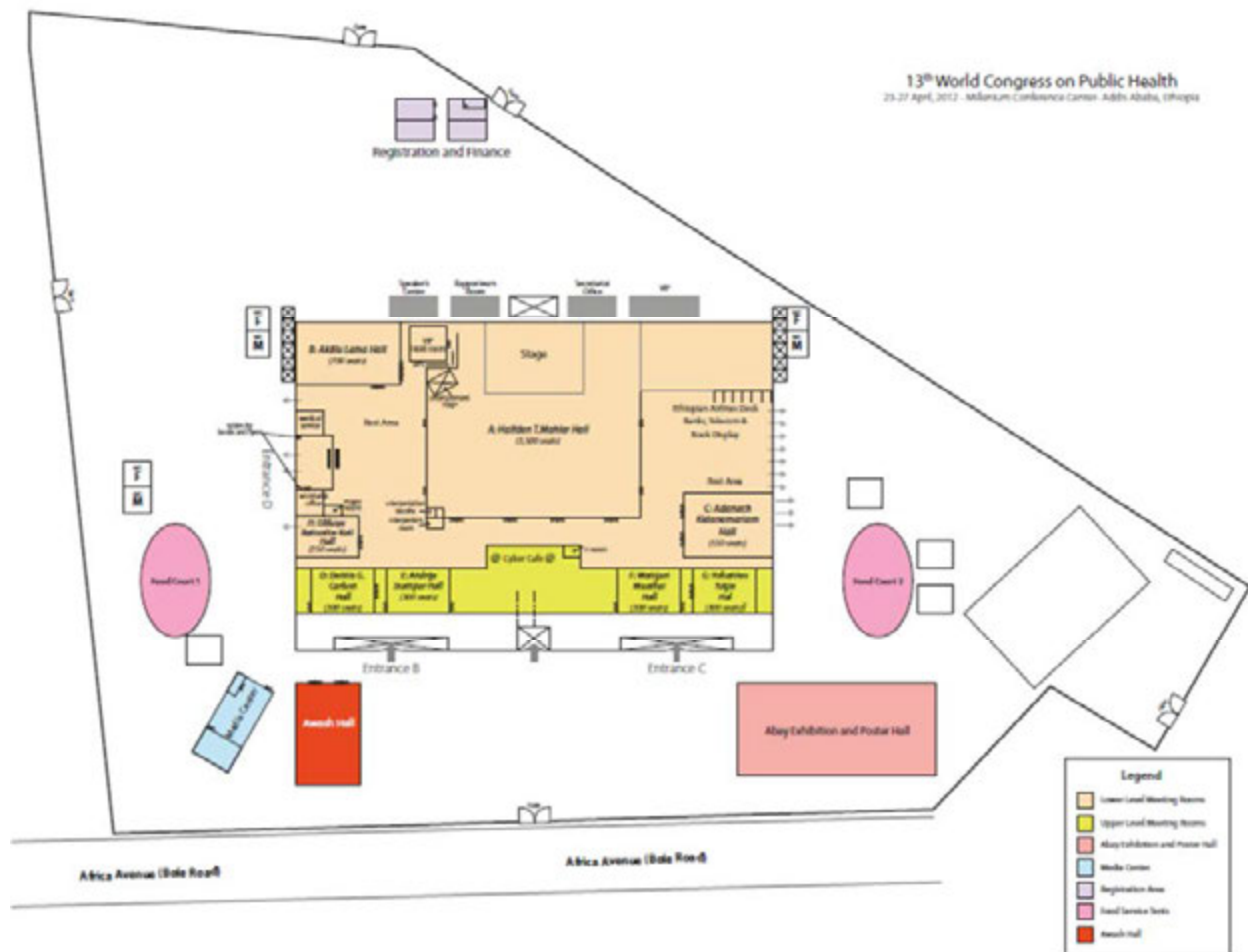
- 8. Wangari Muta Mary Jo Maathai** (1 April 1940 – 25 September 2011) was a Kenyan environmental and political activist. She was educated in the United States at Mount St. Scholastica and the University of Pittsburgh, as well as the University of Nairobi in Kenya. In the 1970s, Maathai founded the Green Belt Movement, an environmental non-governmental organization focused on planting trees, environmental conservation, and women's rights. In 1986, she was awarded the Right Livelihood Award, and in 2004, she became the first African woman to receive the Nobel Peace Prize for "her contribution to sustainable development, democracy and peace." Maathai was an elected Member of Kenyan Parliament and served as assistant minister for environment and natural resources in the government of President Mwai Kibaki between January 2003 and November 2005. In 2011, Maathai died of complications from ovarian cancer.



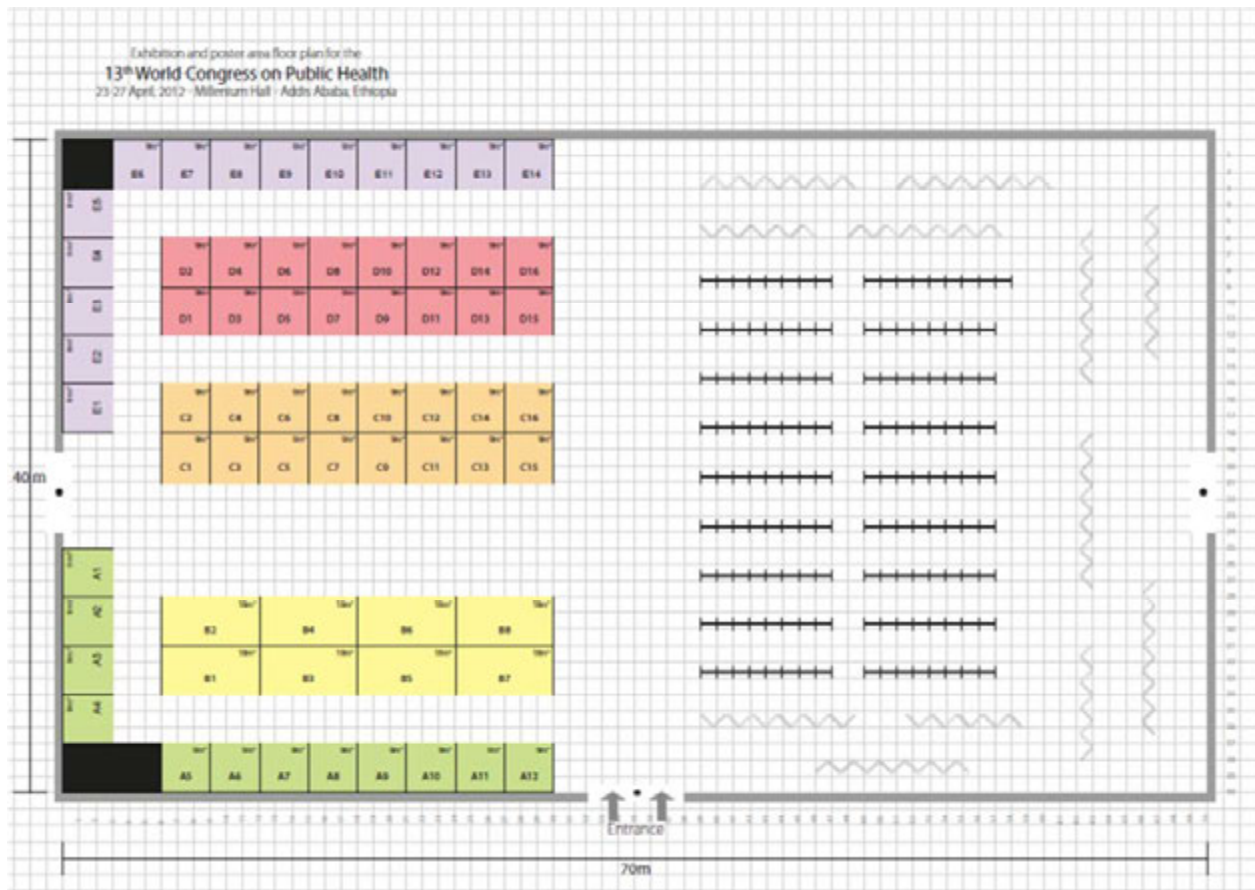
Through her contribution to environment, peace and democracy Dr Wangari Maathai has made significant contribution to sustainable development, health and well being of the African people.



## Annex 11: Floor Plan of the Conference Hall



## Annex 12: Floor Plan of the Poster and Exhibition Hall



# Annex 13: Detailed Financial Status report

<b>I. Income</b>		<b>In USD</b>
CDC		185,110.88
USAID		200,000.00
Registration		98,154.59
Exhibition		22,632.84
Sponsorship		128,673.87
<b>Income at Geneva</b>		<b>266,424.37</b>
<b>Total Income</b>		<b>900,996.55</b>
<b>II. Expenses</b>		
<b>Personnel</b>		
Executive director		38,822.27
Assistant coordinator		8,856.39
Program assistant		10,415.30
Communication officer		7,426.69
Secretary		2,423.40
Driver		2,191.98
Interns		921.66
Hostesses		-
Overtime		15,482.36
<b>Sub-Total</b>		<b>86,540.06</b>
<b>Admin and Operations</b>		
Computer and accessories		11,388.84
Furniture		2,381.89
Laptop rent		3,953.05
Stationary		2,757.36
Fixed telephone line		-
Mobile telephone cards		3,187.29
Fuel and maintenance		4,894.71
First aid medical service		5,018.85
Labor cost for exhibition booth		598.85
Broadband connection at congress hall		7,219.59
Backup IT support		2,819.43
Other administration cost (tele, house rent, sec.services...)		6,933.99
<b>Sub-Total</b>		<b>51,153.85</b>
<b>Promotion, advocacy</b>		
Banner		521.96
Banner -backdrop in conference hall		5,416.19
Bi-monthly newsletter		-
Radio and TV ads production fee		556.89
Radio andTV transmission fee		-
Advertisement on publications and tele directory		6,690.19
Media orientation		2,247.67
Brochures		3,181.84
Poster		1,868.26
Poster board rental and maintenance		-
Press kits		581.61
billboards		299.37

Abstract and program printing	16,150.86
Delegates bags	6,798.13
Writing pads with logo	1,663.79
Custom made all points pen engraved	494.07
Book marks	2,775.86
Folders with logo	2,878.44
Certificates for participants	1,285.99
Documenting the congress	601.44
Delegates nametags and plastic covers	6,212.80
<b>Sub-Total</b>	<b>60,225.36</b>
<b>Scientific publication and awards</b>	-
Special issue of EJHD	-
Revised version of the book " <i>evolution of public health in Ethiopia</i> "	8,218.39
Printing book	11,179.02
Payment to Confex(Purchase of software)	-
<b>Sub-Total</b>	<b>19,397.41</b>
<b>Registration, visa and support to delegates</b>	-
Event and Exhibition Organizer	<b>23,844.66</b>
	-
<b>Travel and accommodations</b>	-
Travel for invited guests	33,314.77
Accommodation for invited guests	20,423.23
	<b>53,738.00</b>
<b>Logistics, exhibition and transport</b>	-
Transport service to congress site	19,334.44
Payment to transport service and manager	517.24
Local students perdiem that include accommodations	14,190.12
Local students transport	8,102.61
<b>Sub-Total</b>	<b>42,144.41</b>
<b>Fundraising and sponsorship</b>	-
<b>Congress facilities and services</b>	-
Millennium Hall arrangement (Audio-visual and others)	18,363.69
Translation	1,937.93
Refreshment service(before sessions)	3,304.60
Welcoming	27,732.63
Cultural show	8,176.55
Business lunch	1,839.08
Lunch Coupon for support staff	3,465.25
Daily coffee/tea services	2,089.38
President reception	3,472.88
AFPA reception	4,822.02
<b>Sub-Total</b>	<b>75,204.01</b>
<b>Planning committee</b>	-
Jan 2012 pPlanning meeting	2,445.87
Jan 2012 Planning meeting WFPHA travel expense	181.75
WFPHA Executive board travel expense	549.63
WFPHA main ffile travel expense	-
WFPHA advisory board members travel expenses	562.97

**Sub-Total** **3,740.21**

**Total expense ( before estimated costs)** **415,987.97**

<b>Add: Estimated costs for outstanding bills</b>	-
EPHA contribution (staff andCore committee)	77,933.39
Award and recognition Ceremony (GO, NGO,Donors +Partners)	11,494.25
Publication (congress report)	8,620.69
Documentary video (13th WCPHA)	6,896.55
Terminal grant (congress secretariat)	3,525.18
<b>Sub -Total of estimated costs</b>	<b>108,470.06</b>
<b>Expenditure at Geneva</b>	<b>73,455.47</b>

**Grand total** **597,913.50**

**Balance** **303,083.04**

## **Annex 14: Report on the Feedback from the participants on the 13<sup>th</sup> WCPH**

### **Introduction and Background**

The Ethiopian Public Health Association (EPHA) along with the World Federation of Public Health (WFPHA) and FMoH hosted the 13<sup>th</sup> World Congress on Public Health (WCPH) in Addis Ababa, Ethiopia, 23-27 April 2012 at the Millennium Conference Hall. The Theme of the Congress was “Towards Global Health Equity: Opportunities and Threats”.

The Congress did bring together some 3,657 public health researchers, experts, academics, scientists, educators, programmers, policy makers and student representatives from around the globe. It had a very high number of attendants, and was concluded successfully.

<b>S. No.</b>	<b>Participants</b>	<b>Number</b>
	<b>Registered participants</b>	
1	Registered international participants	1085
2	Registered national participants	4486
	<b>Registered total</b>	<b>5571</b>
	<b>Participants who attended the congress</b>	
3	International participants attendants	666
4	National participants attendant	2991
	<b>Attended total</b>	<b>3657</b>

Feedback from the participants was collected and analyzed in order to know the level of satisfaction, identify the lessons to be learned and see areas for improvement. For this purpose, Congress evaluation forms were prepared and inserted in the bags distributed to the participants. For some of the participants, additional forms were distributed during the Congress. The format was divided into two main parts: the first was all about the pre-conference and conference conditions with responses to be given in rating scales while the second consisting of open ended questions in which participants could reflect their feelings and ideas by writing.

Using the forms, feedback of the Congress participants was collected starting on the third day of the Congress.

The total number of persons who responded to the feedback questions was 137. Therefore, from the total of 3657 participants (actually the total number of persons who attended the Congress varied with sessions and the number of days), 137 (4 % of all) participants did give their feedback about the conference. It is

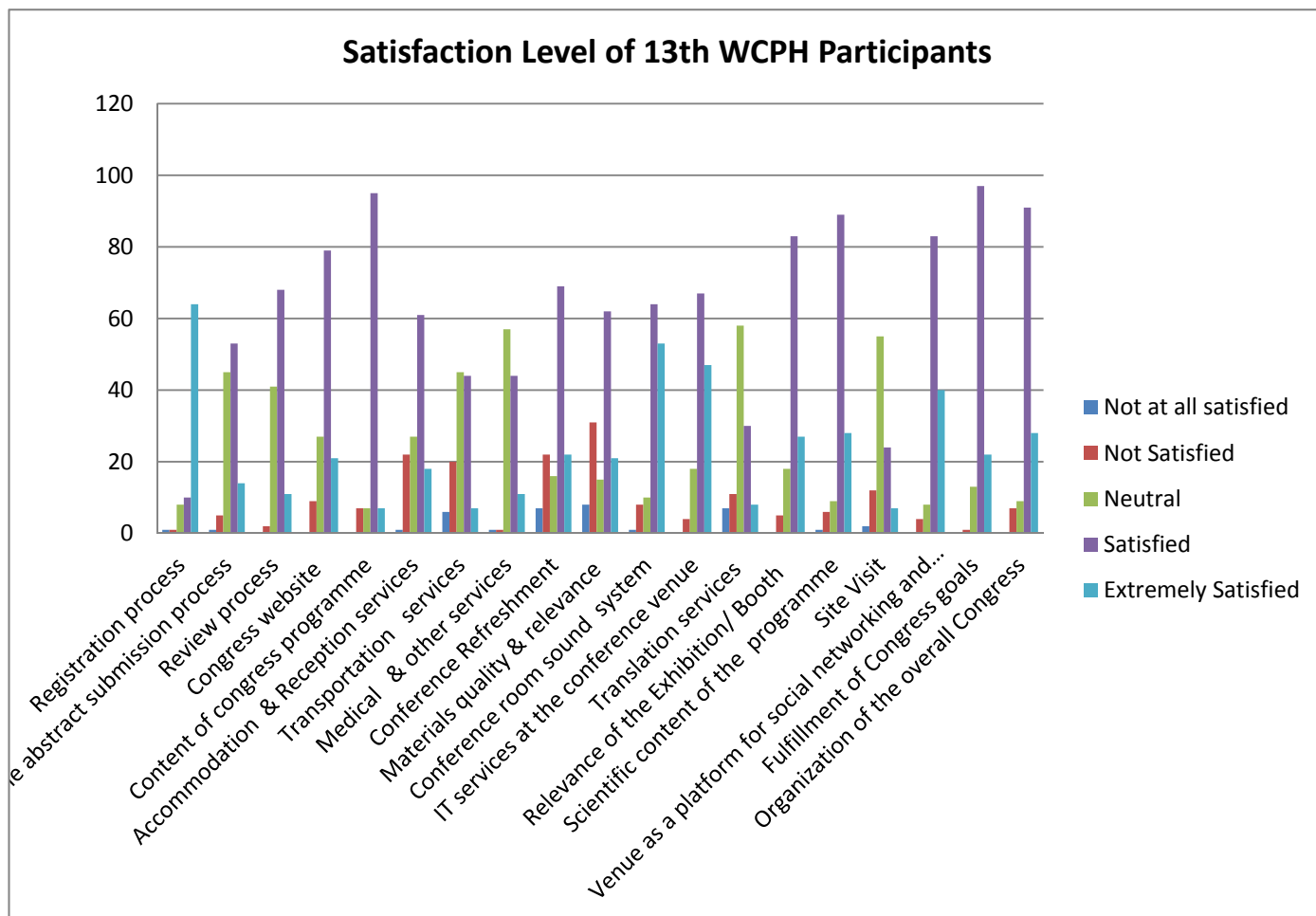
clear that all participants had not attended all sessions up to the end of the Congress to give their feedback; and some who did attend the Congress until the last day did not fill the form. Since the feedback was collected starting on the third day of the congress, it can be said that most of the participants did not stay up to then and hence did not give their feedback. Based on the collected feedback, the following results are summarized.

#### Findings from Questions in Rating Scale

More than 88% of the responding participants did attend four and more days of the Congress. Therefore, it can be said that many of the participants giving their feedback were those who attended almost all the days of the program. Some of them had attended including the two days pre-congress sessions. And the plenary sessions were the most attended ones. The participants appreciated those plenary sessions as well. Next to the plenary sessions were the meetings on the AFPHA, tobacco dependence, the achievements of MDG, sessions dealing with non-communicable disease, poster presentations, MNCH related sessions and the like.

Of the participants who gave their feedback, 90% of them (46% wanted to recommend and 44.5% did so) showed their interest to recommend to others for participation in the coming congress (14<sup>th</sup> WCPH) that will be held in India in 2014.

The overall summary of the feedback is indicated in the following table.



As can be stipulated from the above graph, most participants were satisfied with the overall organization of the Congress. In almost all cases, more than half of the participants were satisfied. Participants were satisfied very much by the registration process. In this respect, the least mentioned was site visit because the feedback was collected before the main site visit. More than half of the respondents were indifferent about the translation services. Many participants expressed their dissatisfaction with the quality and relevance of the conference materials as well as the services related to transport. Further details of the findings from ranking scale are summarized here under.



### Summary of Feedback about the 13<sup>th</sup> WCPH

S. No.	Questions		Responses						
			Not at all satisfied	Not Satisfied	Neutral	Satisfied	Extremely Satisfied	NA and others	Total
1	Organization of the registration process	#	1	1	8	10	64	53	137
		%	1%	1%	6%	7%	47%	39%	100%
2	Organization of the online abstract submission process	#	1	5	45	53	14	19	137
		%	1%	4%	33%	39%	10%	14%	100%
3	Organization of the review process	#	0	2	41	68	11	15	137
		%	0%	1%	30%	50%	8%	11%	100%
4	Content of the Congress website	#	0	9	27	79	21	1	137
		%	0%	7%	20%	58%	15%	1%	100%
5	Quality of the scientific content of the congress program	#	0	7	7	95	7	21	137
		%	0%	5%	5%	69%	5%	15%	100%
6	Accommodation and reception services	#	1	22	27	61	18	8	137
		%	1%	16%	20%	45%	13%	6%	100%
7	Transportation services	#	6	20	45	44	7	15	137
		%	4%	15%	33%	32%	5%	11%	100%
8	Medical and other services	#	1	1	57	44	11	23	137
		%	1%	1%	42%	32%	8%	17%	100%
9	Conference refreshment	#	7	22	16	69	22	1	137
		%	5%	16%	12%	50%	16%	1%	100%
10	Conference materials quality and relevance	#	8	31	15	62	21	0	137
		%	6%	23%	11%	45%	15%	0%	100%
11	Conference room sound system	#	1	8	10	64	53	1	137
		%	1%	6%	7%	47%	39%	1%	100%
12	IT services at the conference	#	0	4	18	67	47	1	137

S. No.	Questions		Responses						
			Not at all satisfied	Not Satisfied	Neutral	Satisfied	Extremely Satisfied	NA and others	Total
	venue	%	0%	3%	13%	49%	34%	1%	100%
13	Translation services	#	7	11	58	30	8	23	137
		%	5%	8%	42%	22%	6%	17%	100%
14	Relevance of the exhibition to the theme of the conference	#	0	5	18	83	27	4	137
		%	0%	4%	13%	61%	20%	3%	100%
15	Quality of the scientific content of the Congress program	#	1	6	9	89	28	4	137
		%	1%	4%	7%	65%	20%	3%	100%
16	Site visits	#	2	12	55	24	7	37	137
		%	1%	9%	40%	18%	5%	27%	100%
17	Venues as a platform for social networking and exchange of ideas	#	0	4	8	83	40	2	137
		%	0%	3%	6%	61%	29%	1%	100%
18	The fulfillment of Congress goals	#	0	1	13	97	22	4	137
		%	0%	1%	9%	71%	16%	3%	100%
19	Overall organization of the Congress	#	0	7	9	91	28	2	137
		%	0%	5%	7%	66%	20%	1%	100%

## **Findings from the Open Ended Questions**

As a general issue, all the areas of discussions and the sessions were mentioned by one or more participants as being important, although there were some issues suggested for improvements. Hence, the Congress sessions were deemed very relevant for the participants as a whole.

### **Appreciation and Participation**

Many of the participants said that all plenary sessions were comprehensive and detailed; and “most policy issues and the theme of the congress were addressed so that “they gave diverse knowledge”. Barriers to maternal health, breast feeding, community level health services, development of core competence for public health, health equity and social determinants of health, health system (performance) and MNCH and RH in general were topics most frequently mentioned and attended by many of the participants.

PHC curriculum, nutrition, environmental health, tobacco and tobacco dependence treatment, quality improvement strategies, issues on NCD, governance, contemporary medicine, e-pharmacy, community-based health insurance, poster exhibitions in general, genomics, prison and PH, and the like were also pointed out.

Moreover, the effort and success in establishing the African Public Health Federation did satisfy many of the participants.

Global health issues, MDG, new vaccine initiatives toward improving child survival, HIV/AIDS, sexual health, immunization, primary health care were also repeatedly mentioned. Satisfaction in general was mentioned in different ways and many of them appreciated the efforts and achievements as “all was best and wonderfully organized except shortage of snacks during the tea breaks”. Others also said: “I am proud of Ethiopia, EPHA, MOH and WFPHA”. Also, there were many others who said, “the organization of the conference was excellent; EPHA should be rewarded for that” and “I am really satisfied”, and “Keep it up”, so on.

Many of the country case studies and research findings were mentioned as being important to the participants as well.

The main reasons cited for attending the sessions were related to the relevance of the issues for the participant’s background, current professional assignments, their special interests and the current relevance of the discussion topics to current regional as well as international concerns. It is therefore possible to say that the Congress was accommodating the interests of the participants (public health and related professionals); it was meeting the main expectations and was in line with the theme.

### **Problems/Weaknesses Raised**

One issue raised was time management about which the participants expressed their dissatisfactions by saying that the sessions did not start on time so it was hard to wait: “Time management was a problem throughout.” It was also stressed that unacceptable weight of mental disability and mental health.

The book of abstracts was said to be unclear particularly and very difficult to navigate; and several sessions were on African time which made it impossible to move between sessions and pinpoint the themes they wanted to attend.

The other issue of comment was the arrangement and service related to refreshments and lunches; this was mentioned as an area improvement; “catering services should be improved”. In this regard, the first day was mentioned as being disorganized by most participants. Many of the participants also mentioned to include others choices like fruits etc. in the lunch. Translation services were also mentioned as areas for improvement. It was also mentioned that book launch was advertised “but unclear as to location, information on the books as for example, indicating within available for sale or not”. Others expressed their concerns as: “I was interested also in traditional medicine/indigenous approaches for health maintenance but the sessions were poorly attended for example the workshop on Thursday afternoon. I suggest more focus on this issue.”

Some asked for strong and attractive gag and stationeries while some others commented about the poor quality of the materials, “we found many who said the materials were of poor quality”.

It was also said that members (local) were not well treated in all respects (disappointing and discouraging). “Some of the papers were very weak either in layout or content and methodological parts.”

### **Participants’ Recommendations**

Some recommendations and ideas were also forwarded by the participants such as:

Focus on professional inequality in Ethiopia. The EPHA should strongly work to bring about equality.

Expanding membership; reach out not only to those in cities but also those who are in the rural areas; and prepare and present at least a few of the benefits for members. It was also recommended for further publication of the abstracts; “I hope the abstracts will be published in one journal of PH”.

It would be better if you have more scholarships so that many especially local professionals could benefit. It is good to have more scholarships for young researchers and graduate students from less developed countries.

In subsequent congresses presentations/ sessions should be uploaded on the Congress website, this will not only serve as tools for education but will be informative to the general public who access them.

Increase the registration fees so that you can provide quality congress materials like bags which are below standard in this case.

Introductions of speakers could be shortened significantly given the limited time for speakers and participants’ interaction. Reduce the length of introduction by plenary moderators and reduce the length of closing ceremony; strengthen the scientific part of the congress.

More timely response on hotel confirmations and also assure hotel charges.

Please improve the IT system of the congress. We cannot access and chat with Skype.

Translation services for English, Arabic, and Portuguese would have been very nice and helpful; the lack of translation was unfair to other languages other than English. “I speak English and Russia what would my congress participation be if I could not speak and understand English. However, I understand and...”

The congress was great but it didn't include public health issues related to veterinary medicine (veterinary public health issues) and also laboratory technology.

Project site visits and tourist attraction visits would be better appreciated if included within the schedule of the conference.

Please work with all associations that are comparable; technology improves health conditions. Please include the biomedical engineering activities in the association.

It is not, in fact, good to ask payment for participation, however, the congress should provide at least food service and transportation, and all participants who attended the congress should have been certified. This shows that there was an information gap about the issuance of certificate of attendance.

## **Annex 15: Speeches Made During the Opening Ceremony**

### **Annex 15 A: Prof. Ulrich Lasser's speech**

Dear Tewabech, president of the Ethiopian Public Health Association,

Dear Excellencies

Dr Jean Ping, Chairperson of the African Union Commission

Dr Sambo, Regional Director of the African Region of WHO

Mr Meles Zenawi, Prime Minister of the Federal Democratic Republic of Ethiopia

D. Tedros Adhanom, Minister of Health of Ethiopia

Dear colleagues and friends,

It is a great honor together with Dr. Tewabech Bishaw, the President of the Ethiopian Public Health Association, to open the 13<sup>th</sup> World Congress on Public Health. This is the second time in the history of the World Federation of Public Health Association's triennial global congress that it takes place in Africa. The first time was in 1997, when the Tanzania Public Health Association hosted the 8<sup>th</sup> World Congress. However, I want also remind you that Andrija Stampar, the president of the 1<sup>st</sup> World Health Assembly in 1947 and name giver of one of our lecture halls, visited Ethiopia in 1957, a few month before his death, to discuss medical education here.

Like many of us, also me I have been fascinated by the history of Ethiopia from my very young age. The oldest proof of Ethiopia's influence on European thinking I found in Charles-Louis Montequieu's writings from the first half of the 18<sup>th</sup> century (*Esprit*, livre XXIV, ch. 3,4) in which he notes that it was a kingdom of justice and influence far beyond its borders.

However, legends about a strong kingdom somewhere in eastern Africa circulated in Europe much earlier. From the 10<sup>th</sup> century A.C. they told about a king and patriarch Prester John, reportedly being a descendant of one of the Three Magi or Kings who visited Jesus after his birth, bearing gifts of gold, frankincense and myrrh. The legends tell us also that Prester John's kingdom included among its treasures a mirror through which every province could be seen.

This Congress is also like the ancient legendary mirror. Through the Congress we can see not only all the provinces of Ethiopia but even more, all countries of the world through the mirror of the presentations in its program.

We have delegates from over 100 countries. There will be 15 plenary speakers and around 450 oral presentations as well as 9 workshops and a satellite student conference. I welcome all of you.

In my first presidential letter in April 2010 to the WFPHA member associations I reflected on how much the world has changed in the last two decades. Our world is globalizing at a speed and to a degree unforeseen even during the early nineties. With reference to my German background I wrote that flying today from Frankfurt to Tokyo, a distance of 9,300 kilometers, takes me about as long as it would have taken four decades ago to travel from Berlin to Heidelberg, a distance of 525 kilometers, for which I had to pass through two lengthy and humiliating border controls.

What are the consequences of this transformation called Globalization? One of the most obvious is the global health inequity, a gap which is persistent or even widening. Major forces contribute to it: climate change which hits the poorest populations most; ongoing armed conflicts which strain the

resources of the least developed countries; a short-sighted and vertical global aid structure which has the potential to disrupt regular health services. In addition we see gross injustices in trade and professional recruitment, aggravated even more by the present financial crisis of the Western economies.

It is against this background that we chose the theme of the 13<sup>th</sup> World Congress as “Towards Global Health Equity: Opportunities and Threats”. The opportunities, in my opinion, are threefold: first, the opportunity to achieve the Millennium Development Goals by 2015, actually the year of the next World Congress; second, to ensure universal access for all to high quality primary health care; and third, to combine forces and work together at the regional and global level to address the determinants that condition the public’s health. You will hear many presentations that touch on these three opportunities, as well as on many more.

The WFPHA is pleased to be associated with two important steps over the past few years to promote regional action for public health. Our colleagues in the Asia Pacific region have held since 2009 three regional public health conferences with the support of the WFPHA regional office in Beijing. Another highlight is the recent development in the African Region where 27 delegations came together last August in Yamoussoukro, Ivory Coast to found the African Federation of Public Health Associations (AFPHA). It was also decided that the regional African office would be in Addis Ababa. I am very grateful for the support given by the Ethiopian Government, the African Union and last but not least the WHO regional office for Africa and Dr. Sambo in particular.

In spite of these encouraging developments we are aware of several important challenges even obstacles - like this overburdened donkey obviously is afraid of them in Gaza city.

I want to underline especially the low prestige and influence of the public health services and public health professionals in almost all countries of the world.

That is why we look for a closer collaboration with the regional associations of schools of public health, the main resources for postgraduate education and continuing training of our professionals. I particularly encourage a close collaboration between AFPHA and the new Association of Schools of Public Health in Africa (ASPHA) which was founded in Accra last year.

Our professionals as a whole need to be engaged in education, research and practice at the academic, political and service level. Let me conclude by sharing with you what I consider to be 6 key challenges for us in the immediate future.

- 1) Achievement of the MDGs by 2015
- 2) Equitable access to efficient and high quality health services
- 3) Food security and access to safe water and sanitation
- 4) Reducing the impact of NCDs
- 5) Strengthening disaster preparedness and
- 6) Securing a certified high quality public health workforce

I am sure that in Africa and worldwide a decade of intensified collaboration has begun. Together we shall meet these challenges!

Thank you

## **Annex 15 B: Dr Tewabech Bishaw's speech**

His Excellency Prime Minister Meles Zenawi, Prime Minister of the Federal Democratic Republic of Ethiopia,

Honorable DrTedros Adhanom, Minister of Health and Patron of the 13<sup>th</sup> WCPH

Honorable ministers and members of the parliament

Ambassadors and members of the diplomatic corps

Professor Ulrich Laaser, President of WFPHA

Distinguished representatives of local and international organizations,

Participants of the congress

Colleagues,

Ladies and Gentlemen,

It gives me the greatest honor and pleasure to welcome you all to the 13<sup>th</sup> World Congress on Public Health hosted by the Ethiopian Public Health Association and jointly organized with the World Federation of Public Health Associations (WFPHA). I am very pleased that this congress is taking place in Ethiopia known for its hospitality and regarded as the cradle of humankind.

The theme of the congress is entitled “Moving Towards Global Health Equity: Opportunities and Threats”. From the outset, let me reiterate that the state and condition of our health and well-being is central to the lives of all people, and an important factor for societal development no matter how rich or poor, large or small a country or a community may be.

In this context, truly global health equity is when everyone has the opportunity to attain their full health potential and no one is disadvantaged or left out from achieving this potential because of their social positions or other socially determined circumstances. This congress is taking place at a time when, indicators show, that health inequalities and disparities are on the rise globally and widening among different population groups. This is the right moment for all of us to take stock of the different opportunities and threats, and identify possible solutions in order to move forward with concerted efforts to bringing global health equity for all.

Excellencies, Ladies and Gentlemen,

On 1st May 2009 at the closing ceremony of the 12<sup>th</sup> World Congress on Public Health in Istanbul, Turkey, the Ethiopian Public Health Association was given the official responsibility of hosting the 13<sup>th</sup> World Congress on Public Health in Addis Ababa, Ethiopia. Since then the Ethiopian Public Health Association has embarked on focused activities towards the realization of the congress as a host association by working tirelessly and closely with a wide range of authorities and institutions



including the Ethiopian Government ministries, local and international organizations, the WFPHA and quite a few professionals.

Through these coordinated efforts several achievements have been made and to mention a few, it was possible to:

- Form a national organizing committee and sub-committees to follow up the preparation of the congress.
- Mobilize different resources (human, financial, material and logistical);
- Review and accept over 40 papers for special sessions, 134 for oral presentations, and 550 for poster presentation at the congress; plus 16 panel presentation.
- About fifty national and international organizations have taken the opportunity to display their activities.
- A total of close to 4000 local and international participants from 141 countries, including from several African countries, this was facilitated by the African Federation of Public Health Associations.

None of these achievements in the preparation and realization of the Congress would have been possible without the support of so many of you. And on behalf of the EPHA and the national organizing committee, I want to take this opportunity to extend my deepest appreciation to those who stood alongside EPHA in all its efforts in hosting this congress.

1. I take great pride in recognizing the Government of Ethiopia for the unconditional support given to our association from the day the announcement was made to host this congress. In particular, the Federal Ministry of Health and its leadership especially His Excellency Dr Tedros Adhanom as a patron for the national organizing committee.
2. WFPHA and the international core organizing committee.
3. The Addis Park Development and Management PLC staff and its owner Sheik Mohammed Hussien Alamoudin for kindly allowing us to freely use this prestigious conference facility and other resources for the congress. We also extend our thanks to Ato Abenet Gebremeskel for his continued support.
4. The World Health Organization (WHO) particularly the WHO-AFRO, in particular Dr Luis. G. Sambo, the United States Agency for International Development (USAID-Ethiopia), the Center for Disease Prevention and Control (CDC-Ethiopia), The United Nations Children's Fund (UNICEF-Ethiopia), International Development and Research Center (IDRC-Canada); and
5. Different Government ministries and agencies, and

6. Several local and international organizations and individuals provided their support for the realization of the congress.

Excellencies, Ladies and Gentlemen,

The Congress will offer an excellent opportunity for health professionals to exchange knowledge, experiences, and views and share good practices on what has been achieved at national, regional and global levels towards bringing health equity. There is a call for urgent action to realize and further increase commitments by all countries, development partners and professionals to address the root causes of health inequalities in order to create a better health for all.

We all have a lot to share with each other and take every opportunity during the congress to interact and network with a wider range of professionals to enhance our capacity and collaboration and contribute more to our respective communities towards health equity for all.

I wish you a pleasant and productive stay in Addis Abeba. Please let us know if there is anything more you would like us to do to make your stay in Ethiopia pleasant.

Once again, on behalf of EPHA I welcome you all to the 13<sup>th</sup> World Congress on Public Health and let this congress be another springboard to remind everyone that public health is not only a concern of health professionals, but the core business and concern of everybody, and that the attainment of the highest standard of health is not a charity but a human right.

I thank you.

23 April 2012, Addis Ababa, Ethiopia

## **Annex 16: The Addis Ababa Declaration on Global Health Equity**

More than 3,000 delegates from approximately 120 countries assembled at the 13th World Congress on Public Health in Addis Ababa from the 23rd to 27th of April 2012.

The World Federation of Public Health Associations (WFPHA) has listened to the many wise voices, the rich range of experiences, and the spectrum of viewpoints on many important issues. Although diverse, we spoke with a united voice.

At our World Congress we collectively called for immediate action to not only promote, but to actually achieve health equity for all in the shortest time possible. The voices at the Congress re-affirmed the 2009 Istanbul Declaration on 'Health, the First Human Right' as well as the 2011 Rio Political Declaration on the Social Determinants of Health and the 2012 Bangkok Statement on Universal Health Coverage.

We recognize the ever-changing context within which we operate and the many acute challenges to the achievement of global health equity. In particular, we are cognizant of the global economic crisis and its impact on individuals, families, communities and countries. The WFPHA calls on all governments and stakeholders to safeguard and promote the essential values of public health. These include, but are not restricted to: good governance, solidarity, equity and fairness, empowerment and participation, and social justice to achieve the highest possible standards of health for all.

On behalf of its member associations, the WFPHA pledges to:

1. Promote and facilitate the linkage between the academic and public health association communities, in cooperation with WHO, for innovative research and the generation of evidence to expand the knowledge base about the social determinants of health and health equity.
2. Advocate for the utilization of evidence as the basis for formulating healthy public policy and informing practice to reduce health inequity.
3. Make health equity an integral part of local, national and global policy and development agendas and ensure that structural issues such as food insecurity, rapid urbanization, migration, man-made environmental degradation, conflict and militarization, climate change and economic crisis are taken into consideration.
4. Advocate for equitable access to high quality health services.
5. Advocate for fair trade in all commodities that affect human health.
6. Advocate for and encourage linkages between public health actors and communities as a means of fully engaging people at the front line in our discussions and to be accountable to them in our actions.
7. Give a voice through its member associations to frontline health practitioners and community workers.
8. Strengthen partnerships with other international federations and organizations as a means of taking common action on global public health priorities.
9. Strengthen networking and collaboration among national and regional public health associations to facilitate the sharing of experience and the building of capacity to enhance both and influence policy and action on health equity; and.
10. Bring to the 14th World Congress on Public Health, to take place in Kolkata (India) in February 2015, a progress report on how the public health association movement has achieved these aforementioned actions and contributed to achieving Healthy People – Healthy Environments.

We, the WFPHA, call on the World Health Organization to take up its leadership role on global public health and to revisit all the MDGs from a public health perspective to ‘close the gap’.

We, the WFPHA, call on all governments and all parties to recognize and live up to their responsibility for global health equity. This includes working across sectors and disciplines and in true partnership with communities to:

1. Promote and attain social justice and equity in health by acting through a ‘Social Determinants of Health’ approach.
2. Accelerate the attainment of national and international development goals by building and redistributing resources to strengthen international, national and local capacity and leadership in public health.
3. Ensure that better context-specific, comprehensive and equitable targets covering universal health coverage and health for all are integrated into and made more visible within the MDGs as soon as possible.
4. Enhance and strengthen, both numerically and in capability, the public health workforce, in addition to developing new and effective strategies to retain qualified health professionals.
5. Combat fraud and corruption, as these are major determinants of health that affect all, but especially the poor and vulnerable.
6. Recognize physical and mental disabilities and injuries prevention as critical components of a public health approach to health equity; and,
7. Fulfill their financial pledges in respect of the MDGs and to, in addition, fulfill their pledges with respect to the Paris Declaration and to the political declarations on non-communicable diseases and the social determinants of health.

We, the WFPHA, call on the various communities represented at this 13th World Congress on Public Health to engage with their governments and other stakeholders, including their national public health associations, to formulate and put into place the conditions that support healthy environments and healthy communities, and the attainment of health equity.



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