

APHA
International Health Section

Annual Report
2008-2009



November 2009

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Chair's Report

Miriam Labbok

Dear IH Section Members:

I would like to take this opportunity to thank you again for your trust in me to take on the important job of Chair for our Section. It has been a very busy time just learning what it is to be Chair, and trying to stay in touch and support as much as possible the Committee and other work of our Section.

The following were stated goals at last year's meeting, and, very briefly, the actions taken:

1. Work with APHA Executive Director, Board and Staff to improve mutual understanding of the potential for IH Section policy and advocacy:
Actions: to date we have had several meetings and communications are on the upswing!
2. Improve internal IH Section coordination and interactive communication
Actions: Efforts were made to individually chat with each member, and the listserv has been updated.
3. Develop Section materials, "experts" listing, and other products to complement and be posted on the Website, so that the IH Section is seen as the "go-to" place
Actions: Please visit the website regularly and offer blogs.
4. Ensure membership involvement through encouragement of Committee work, through encouragement created by a newsletter linked to the website and blast emails, and through surveys to assess members needs, with feedback to all
Actions: regular brief surveys have begun. Stay tuned!
5. Increase development efforts to meet the challenge grant
Actions: we need help here... Right now, in these tricky economic times, we must increase our development efforts, both internal and external. One very kind member offered to match funds raised – but a match only occurs when funds are raised!! If you are interested in development and fund raising, please contact me directly.
6. Expand interactions with other Sections
Actions: the global health committee and others are increasing efforts to develop improved liaison work. We are particularly energized to support Maggie Huff-Rouselle in her candidacy for Executive Board!
7. Work towards a longer term strategic plan
Action: The survey findings will be presented at the meeting, and will inform our new Strategic Planning effort. Our Monday morning meeting will be dedicated to this effort, with attendance limited to elected officers and selected others.

We are all facing the challenges of the global health, economic, environmental and political situations. This is a mighty burden for you, the members, and for our Section to take on, especially given the domestic orientation of the American Public Health Association. So, as the committees' reports below reflect on excellent progress, I would like to call upon each of you to renew your dedication to strengthening the US role in International Health, and to help follow your interest through Section activities.

This year the Section is trying new and innovative approaches to serving the needs of membership. In addition to ongoing active committees (please join one or more) and the

innovation of a website and blog, we also have recently initiated a regular, very brief email from the Chair, and short surveys. In this manner we hope to:

1. Ensure that your interests are heard
2. Develop an “Experts” bank for access by member and for use by APHA Executive staff to identify support with our issues (stay tuned!)
3. Continue our excellent policy and advocacy work with ever-increasing emphasis on membership’s concerns
4. Expand our global reach while we bring APHA into the current international health reality.

Right now, in these tricky economic times, we must increase our development efforts, both internal and external. We desperately need a fund-raising initiative: one kind member offered to match funds raised – but a match only occurs when funds are raised!! If you have a special interest or skill in this area, please contact me.

We will also be launching a new Strategic Planning effort this year with a special meeting of the section’s elected leadership on Monday morning for a planning session. For other innovations, please see the reports below.

I am pleased to offer the following summary of our first short survey as food for thought. We need to act on our members’ interests and keep membership growing. Here are some thoughts to ponder, and to consider what our next actions must be.

We were successful this year to recruit a notable luncheon speaker: Dr. Susan Brems, the deputy assistant administrator for global health at USAID.

Looking forward to our work together in the City of Brotherly Love.

Warmest regards,
Miriam Labbok, MD, MPH, Section Chair

Summary of Findings from your responses to the Q&D Survey:

Our first concern was that members are not receiving APHA ballots or our IH Section Surveys. This direct mailing to the membership received 125 responses in 3 weeks, more than double that received for any mailing in the previous 2 years. It revealed that while **78% report having received the election ballot but only 50% report having received the IH Survey sent out by APHA**. This confirmed the need for the listserv used. Future brief surveys will be disseminated in this manner.

Your comments seemed to fall under four general groupings: Strategic plan, Communications, Interest areas and Other:

General Approach for Strategic Plan: Members call for us to: Define the vision and mission; define measurable goals and objectives; define a plan of action, to include the voluntary participation of most (preferable all) members of the IH Section, while maintaining a broad perspective. Plan of action should include sustainable networks mechanisms to strengthen the mission of the Section and the work of its members, including research and service. Several noted the need to bring sections and disciplines together, disseminate international health research and foster research partnerships and program interest exchange. There is mention of getting increased involvement of non-US members and students, increased mentoring roles,

greater attention to a wide interest of members: integrated community-based primary health care, and other integrated approaches. Support interest group meetings and information exchange. Seek support from groups like Gates, etc and link for action. Build on popular issues like human rights to seek support for health.

Communications: Members mention the need for: APHA to continue its efforts in communicating with its members about mobilizing our group to speak out about issues/policies that are important to the community, and our section to increase communications with our members, whether they live in the US or abroad. Several members call for more regular contact from the Section rather than calls for political action from APHA. Members would like to be called upon to speak or inform APHA. (The call for a listserv and for information about the Google group has been partly addressed – we need to better disseminate possibilities) Many members asked for direct contact with folks in leadership positions.

Interest Areas: Members’ interests vary significantly and reflect great breadth, depth, geographic variety, as well as research, education and service. These will not be presented herein due to space limitations, but will be discussed at the annual meeting.

Other Responses: Member responses varied from “Don't know. Am very uninvolved in section” to “I think what IH is doing now is fine, thanks for asking” and “You're all doing a good job and I hope to be more engaged in the future.”

Bring you thoughts and ideas to the meeting!! See you there!

Report from Chair-elect

Malcolm Bryant

The IH section has a two-year period for the Chair and Chair-elect, and as such the first year of the Chair-elect role is spent “learning the ropes” from the Chair. This year it has been a pleasure to learn from and work with Miriam as she has wrestled with some difficult issues that have dogged the section for many years. Miriam’s openness to joint planning, working together, and to making the transition from Chair-elect to Chair as seamless as possible is much appreciated.

Together we have worked on the way forward for our strategic planning process, met with the executive of APHA to resolve many outstanding issues and clarify the way forward to working more closely with them and other sections. This year APHA restricted the attendance at the Chair-elect orientation to those with one-year terms or to “two-year-termers” in their second year, so I will not be “oriented” until next year. I did however attend my first ISC meeting this summer (by conference call) to represent the section. The ISC received detailed briefings from Dr. Benjamin on the advocacy and support role that APHA is playing in the health reform debate, and also looked at the strategy needed to stabilize the membership in a time of economic decline. My first full ISC meeting will be at the annual conference, and I look forward to working with Miriam even more closely in the coming year.

A message from the past president

Samir Banoob

This annual meeting is the second one that I am missing since 1978. The reason is a conflicting travel schedule of a project. I definitely will miss the meeting, the Section and all of you.

Since last year, the World is changing dramatically around us:

- The financial crisis is reaching the developing countries while industrial ones claim recovery. Its health impact is yet to hit these countries. (see my article on the Section web site, pub in the Journal of Public Health Policy, (2009)30 doi:10.1057, 243-247)
- Regional and local wars in Africa are still waxing and waning
- The Swine Flu hits badly and proved its pandemic spread.
- Domestically, the World and the US welcomed the election of President Obama looking for the "Change"

Our Section has been active in shouldering with other organizations on key global policy issues. The Section proved its role during the WFPHA meeting in Istanbul on April 2009. We are still hoping to develop the strategic plan for the Section that we started in 2007 to guide our work and the APHA policies for Global Health, and have a leadership role on global and national health issues, bringing back home, lessons of success.

We as well as APHA need to work together with the American citizens to prevent " Killing Health Reform: Not this Time" (see my article on the Section Web)

I wish you all the best of success and a fruitful meeting

Samir N. Banoob, M.D, D.M, DPH, Ph.D
sbanoob@aol.com

A message from the secretary

Amy Hagopian

The secretary's duties include taking minutes of the section meetings (conference calls and annual meeting), compiling the annual and mid-year reports, serving on the section's nominating committee, transferring reports to the APHA section affairs office, processing resolutions, assisting the website manager, and compiling a roster of the section officers and committee chairs.

I took and distributed minutes of our section phone conference calls this year on December 2, 2008; February 10, 2009; April 7, 2009; June 2, 2009; and August 4, 2009. I will take minutes for our upcoming meetings on October 7, and we are likely to have an interim call before then, as well. I have forwarded all minutes to our website manager with the request to post them on the website.

We had our mid-year meeting in Washington DC on May 28. Carol Dabbs, secretary-elect, took minutes at the mid-year meeting.

I worked with Mary Anne Mercer, section nominating committee chair, to ensure our officers and committee chair names were properly listed on the website and forwarded updates to our website manager after the 2009 election.

I forwarded all section minutes to Frances Atkinson, APHA Director of Component Affairs, frances.atkinson@apha.org (202-777-2483).

I worked with Meg-Ann Whitney to establish and maintain the list-serve for the section leadership, apha-international-section@googlegroups.com.

I worked with section members to process their proposed resolutions and responses to requests for revisions from APHA's Joint Policy Committee (on war & public health, A8, and on the Gaza blockade, A5), and worked with the advocacy committee to be sure we will represent the resolution well at the hearings. I also took minutes for the advocacy committee phone calls.

I will serve as secretary during the meetings in Philadelphia, before turning over the secretarial duties to the capable and dedicated Carol Dabbs at the end of the November 2009 meeting.

For the 2009 annual meeting, the staffing of the booth will be managed by Lisa Pawloski, lpawlosk@gmu.edu.

Action Board

Donna Barry

The Action Board currently has 4 formal committees – Policy, Advocacy, Communications and Operations. Since the 2008 APHA meeting, we have had 3 conference calls to discuss our activities and also had our mid-year meeting in Washington DC on May 18-19.

The Advocacy Section is hosting a panel at the 2009 meeting on successful advocacy campaigns in public health. As IH presented on this panel last year, we are not participating this year.

There is a monthly legislative review that Don Hoppert leads every month on a conference call. If you would like to have Donna forward you information on these calls, please contact her at the email address above.

APHA Policy Review:

New policies:

As part of the Action Board's policy work, nearly 10 members of the IH section reviewed the new APHA policies for consideration at the 2009 annual meeting and submitted our comments to the Action Board policy team. These comments will be shared with the policy review team and should have been forwarded to policy authors if the JPC members considered them appropriate. Thanks so much to everyone for the great participation this year – we went from 2 to 10 members contributing!

Archived policies:

Comments on archived policies were also solicited from all IH members. 14! IH section members submitted comments on policies which could have been archived this year. We had excellent participation in comparison to the 4 who participated last year. Thanks to everyone who assisted with the process.

Donna Barry
djbarry@earthlink.net

Policy & Advocacy Committee

Jirair Ratevosian

DRAFT Reframed IH 2010 Agenda within APHA priorities*:

**note that this is still in progress. Final agenda to be released during 2009 Annual Meeting in Philadelphia.*

Rebuild and Strengthen Public Health Infrastructure and Health Workforce Worldwide

1. Support efforts to strengthen health systems and build health workforce capacity in resource-poor countries, including development of laws and regulations to curtail recruitment from developing countries suffering health worker shortages
2. Support efforts to reconstruct health systems and reduce threats posed to health workers as a result of armed conflict, natural disaster, humanitarian emergencies, or political repression

Improve Quality of Care and Eliminate Health Disparities

1. Prioritize maternal, newborn and child health, within an integrated global health strategy for strengthening integrated primary care systems
2. Support universal coverage with effective interventions, including efforts to expand prevention, care and treatment for HIV/AIDS, tuberculosis and malaria; and food security improvement programs

Ensure Equitable and Maximum Access to Care

1. Promote a comprehensive US approach to global health oriented towards fulfilling commitments of the Millennium Development Goals, with an emphasis on strengthening health systems to deliver integrated services with community level involvement
2. Support proportionate, consistent, predictable and robust funding for all global health agencies, policies and programs
3. Contribute to conflict prevention efforts as a proactive measure to preserve health infrastructure and workforce and protect population health.

Chair: Jirair Ratevosian: jratevosian@gmail.com

Co-Chair: Amy Hagopian: hagopian@u.washington.edu

Members (random order):

1. Section Chair: Miriam Labbok:
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Internal APHA organizational and communication achievements:

- Nearly doubled committee membership from 2008-2009.
- Committee name was expanded to include “policy” and better reflect scope of work.
- Used listserv for IH section to inform members of opportunities to advocate.
- Sponsored scientific sessions on IH section issues at various international and national conferences and meetings.
- Formulated new resolutions and leveraged the effectiveness of past resolutions.
- Worked collaboratively with APHA staff; APHA’s Action Board and other APHA section to pursue joint advocacy issues.
- IH Section Chair Miriam Labbok and Chair-Elect Malcolm Bryant met with APHA ED Georges Benjamin and APHA staff in May 2009 to discuss challenges with advancing IH advocacy agenda. Dr. Benjamin asked Section to establish priority interest areas, in line with APHA’s, to the extent possible.
- In August 2009, Policy and Advocacy Committee initiated effort to reformulate and expand existing committee goals. Committee Chair Jirair Ratevosian met numerous times with APHA lobby staff during this process. An agenda for 2010 will be released during the 2009 Annual Meeting in Philadelphia.

The 2009 Annual meeting will feature an IH panel devoted entirely on advocacy, entitled: **Successful International Experiences in Advocacy** (see below)

3043.0

Monday, November 9, 2009: 8:30 AM

Oral

Advocacy: An art or science? This session will explain the eight key steps in setting up, executing and maintaining an international advocacy campaign. Using examples from successful, real-life efforts from across the world on a variety of international health issues, participants will learn how to replicate similar campaigns, using the powerful voices of public health professionals to leverage governments and other policy-making institutions to make change.

Session Objectives: Session will demonstrate what it takes to set-up and maintain an advocacy campaign for international health issues. Participants will learn why public health professionals are uniquely qualified to advocate for health policies. Participants will learn how to replicate successful international experiences in advocacy.

Moderator: *Jirair Ratevosian, MPH*

8:30 AM

[Partners in HIV Prevention and Stigma Reduction: Islamic Leaders Promote HIV Education through Religious Schools in Indonesia](#)

Britt L. Herstad, MA and Claudia Surjadjaja, Dr

8:48 AM

[Advocating for the right to water: Haiti, the US and the IDB](#)

Donna Barry, NP MPH, Amanda Klasing, Monika Kalra Varma, Margaret Satterthwaite, Loune Viaud, Jude Jean, Evan Lyon, MD and Mary Kay Smith Fawzi, ScD

9:06 AM

[Advocacy in Action: The Role of Health Professionals in Reauthorizing the US Global AIDS Program \(PEPFAR\)](#)

Jirair Ratevosian, MPH and Pat Daoust, MSN, RN

9:24 AM

[PHR's Colleagues at Risk program: The promise and peril of health professional advocacy](#)

Sarah Day Kalloch, Susannah Sirkin, Jonathan Hutson, JD, Pete Witzler, John Bradshaw, JD, Olga Khazan and Richard Sollom, MA, MPH

9:42 AM

[Engaging Religious Leaders to Strengthen the Advocacy and Policy Response to Female Genital Cutting in Mali](#)

Modibo Maiga, Daouda Toure, Myra Betron and Margot Fahnestock

See individual abstracts for presenting author's disclosure statement and author's information.

Organized by: [International Health](#)

Endorsed by: Socialist Caucus, Women's Caucus

The agenda (goals) for the APHA International Health Advocacy Committee for 2009 was:

#	Goal	Lead advocate
1	Ensure US International aid policy advances humanitarian public health priorities and health as a human right as its primary motivators. In +2009, this will allow us to focus on PEPFAR financing, the HIV travel ban, and other issues as they arise.	Wendy Johnson
2	Raise awareness of the issues associated with aid effectiveness in strengthening the public sector's ability to provide health services and infrastructure (including water and sanitation) in low-income countries.	Elvira Beracochea
3	Build health workforce capacity in low-income countries.	Amy Hagopian
4	Maternal and child health by improving child survival and decreasing maternal mortality through prevention, through strengthening integrated primary care delivery systems, and by ensuring special attention to especially life-saving interventions such as breastfeeding, emergency obstetric care and others.	Miriam Labbok Donna Barry
5	Encourage US and other donors to address issues of low-income country food aid and food security.	Donna Barry
6	Seek opportunities to demonstrate APHA International Health Section solidarity with colleagues, health systems and health workers facing threats, especially from war, natural disaster and humanitarian emergencies.	Leonard Rubenstein
7	Promote universal coverage in US, and sustain public health systems abroad.	Meredith Fort

Activities to report this year (in no particular order):

- Committee members worked with APHA lobbying staff during public commenting period for HIV travel ban. Committee members provided input on APHA letter to Department of Health and Human Services letter. (see enclosed)
- Committee members worked with APHA lobbying staff regarding support for removal of federal ban on funding for syringe exchange programs. (see enclosed)
- Committee members were involved as individuals in various efforts to draft policy recommendations to the new administration on various global health issues. Members published opinion-editorial pieces, letters to editors and signed on to various letters from partner organizations supporting a variety of efforts that were in alignment with our agenda, including issues related to currency transaction levy and the FY10 appropriations process for IH and development.
- Committee members presented, Advocacy in action: The role of health professionals in reauthorizing the US global AIDS program (PEPFAR) at 12th World Congress on Public Health in Istanbul.
- Committee prepared action alert with list of “quick-fix” recommendations to the new Obama administration to expand existing global health and development initiatives to better reflect the realities on the ground. These action items included: immediately repeal the Global Gag rule, instruct Department of Health and Human Services to revise the necessary rules to allow all individuals living with HIV to travel to the United States, move the Senate towards ratifying key international human rights instruments essential to gaining international legitimacy and credibility and maintain and increase commitments to robust funding of bilateral and multilateral development agencies.

- Committee members worked with APHA to release a statement to Secretary Clinton, in support of signing and ratifying the United Nations Convention on the Rights of Persons with Disabilities (see enclosed).
- Committee members worked with APHA staff to provide global health recommendations to Congresswoman Barbara Lee for upcoming legislation (see enclosed)
- Committee members worked with APHA staff to submit questions during Secretary-Elect Sebelius Hearing Set on March 31 regarding the HIV Travel Ban.
- Committee members presented Code of Conduct for NGOs working in International Health to ensure health system strengthening at 12th World Congress on Public Health in Istanbul.
- Committee members organized and presented a panel, A Global Health Argument for Maximizing Local and International Investment in the Public Sector, at 12th World Congress on Public Health in Istanbul.
- Committee members have several scientific sessions on our advocacy agenda items at the 2009 conference in Philadelphia.
- Committee members disseminated action alert for additional support for child survival programming
- Committee members spearheaded effort to organize an international sign-on letter to call attention to two bills in the U.S. Congress that would have the intent of attracting health workers from abroad to work in the U.S. (specifically, about 60,000 nurses and 15,000 doctors).
- Committee members organized and presented a panel, Health Impact of Wars and Armed Conflicts, at 12th World Congress on Public Health in Istanbul.
- Committee worked with APHA and World Federation to release letter to both the Palestinian Authority in Gaza and the Israeli government calling for attention to the health of the citizens of Gaza.
- Committee worked closely with Injury Control section to urge Congress and the President to commit to making roads safe around the world during first UN-sanctioned Global Ministerial Conference on Road Safety, specifically urging sponsors for the House Concurrent Resolution 74 (H. Con Res. 74), which outlines these needs and urges U.S. involvement in global road safety.
- Committee members worked developed letter to Secretary-General Ban Ki-moon on health and human rights situation in Iran (see enclosed)
- Committee members were involved in writing and/or sponsoring four APHA resolutions approved by Joint Policy Committee (JPC) including: (1) Border Crossing Deaths: A Public Health Crisis along the US-Mexico Border; (2) Food Crises: Addressing the Current Crisis and Preventing the Next One; (3) Ensuring the achievement of the Millennium Development Goals: strengthening U.S. efforts to reduce global poverty and promote public health; and (4) The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War. A fifth resolution, Access to Health Care for Gaza Residents, was rejected by the JPC.



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Protect. Prevent. Live Well

March 31, 2009
Hillary Rodham Clinton
Secretary
U.S. Department of State
2201 C Street, NW
Washington, DC 20520

Dear Secretary Clinton:

On behalf of the American Public Health Association (APHA), I write in support of signing and ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and clearly stating our commitment to the 54 million Americans and 650 million persons globally who have disabilities affecting their full societal inclusion in education, health care, employment, and public and private life. Founded in 1872, APHA is the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities.

The Convention is the first human rights treaty of the 21st century and the U.N. opened the Convention for signatures on March 30, 2007. Since then, 137 nations have signed the treaty indicating their intent to ratify and 50 nations have ratified the treaty. The United Nations estimates that when broadly implemented, the Convention will help one quarter of the world's population because its benefits will flow to both children and adults with disabilities—the 'poorest of the poor'— as well as to their families.

A recent study commissioned by the National Council on Disability found that the aims of the CRPD are consistent with U.S. disability law and several segments of the treaty were inspired by our substantive disability rights movement. Ratification of the CRPD would reaffirm our commitment to fully implementing U.S. disability law and ensuring that children and adults with disabilities receive the health care, education and training, transportation, and other social services needed to live independently in integrated communities and participate fully in all aspects of life. Additionally, signing and ratifying the CRPD is an opportunity for the U.S. to share best practices with the other nations and identify legal frameworks, capacity building, and reforms that could better address the quality of life, supported decision-making and high unemployment rate among persons with disabilities nationally and globally.

We strongly urge the U.S. to join the 50 developed and developing nations that have already ratified the CRPD and demonstrate our clear support for the principles of this landmark civil rights treaty. We look forward to working with you on this and other important public health issues this year.

Sincerely,

/S/

Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director

Cc: The Honorable Harry Reid
The Honorable John Kerry
The Honorable Tom Harkin



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Protect, Prevent, Live Well

July 14, 2009

The Honorable David Obey
Chairman, Appropriations Committee
U.S. Capitol
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
House Appropriations Committee House
U.S. House of Representatives
Washington, DC 20515

Chairman Obey and Ranking Member Lewis:

On behalf of the American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, I write in support of the House Appropriations Subcommittee on Labor-HHS-Education's decision to remove the ban on the use of federal funds for needle exchange programs and to urge the full Appropriations Committee to oppose any efforts to impose additional restrictions on the use of these funds.

Since 1994, APHA has advocated for the development, implementation, evaluation, and funding of needle exchange programs to help prevent HIV and hepatitis C infection. All APHA public policy is adopted by the Association's Governing Council and is required to meet strict scientific criteria. APHA policy on needle exchange is no different – an enormous body of published research, including several federally sponsored reports, demonstrates that needle exchange programs reduce the spread of HIV and hepatitis C while not increasing drug use by program participants or others in the community where the program is conducted. Moreover, needle exchange programs increase the contact that health professionals have with injectable drug users, thereby increasing opportunities to conduct health education and disease prevention activities, including drug treatment and counseling.

The efficacy of these programs is proven and communities should have the ability to determine the prevention methods best suited to serve their HIV/AIDS and hepatitis epidemics without unwarranted restrictions by the federal government.

Thank you for your attention to this important public health issue. We look forward to working with you as the Labor-HHS-Education Appropriations bill moves forward this year.

Sincerely,

/S/

Georges C. Benjamin, MD, FACP, FACEP (E)
Executive Director



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Protect. Prevent. Live Well

August 6, 2009

Re: Docket No. CDC- 2008- 0001
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
Attn: Part 34 NPRM Comments
1600 Clifton Road, NE.,
MS E-03
Atlanta, Georgia 30333

On behalf of the American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, I write to express our strong support for the proposed rule entitled, "Medical Examination of Aliens—Removal of Human Immunodeficiency Virus (HIV) Infection From Definition of Communicable Disease of Public Health Significance."

For the last 22 years, the U.S. has restricted HIV- positive people from immigrating to the country; restricted HIV- positive immigrants already in the U.S. from attaining permanent resident status; and restricted HIV- positive people from traveling to the U.S. for non- tourism purposes. The U.S. is one of only 12 countries that impose immigration and travel restrictions on HIV- positive persons.

The inclusion of HIV in the definition of communicable diseases of public health significance is unjustifiable on public health grounds. HIV positive immigrants and travelers do not pose a public health risk to the general population because HIV infection cannot be transmitted among individuals through casual contact—it cannot be acquired through air, food or water. Moreover, there is no scientific evidence to support the claim that the restriction is an effective way to prevent the spread of HIV or that it reduces costs to the public healthcare system. Restriction on HIV- positive immigrants and travelers undermines individual and public health by discouraging immigrants and visitors from seeking HIV testing and deterring HIV- positive immigrants from seeking healthcare services, including HIV treatment and counseling. Ultimately, such restrictions can impede the effectiveness of our public health response to HIV and drive HIV prevention and care issues, as well as those living with HIV, underground, with negative outcomes for both individual and public health. Thus, HIV infection should be removed from the definition.

Thank you for your continued efforts to address public health concerns. Please feel free to call on us at any time if you have questions or need additional information.

Sincerely,

/S/
Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director



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Protect. Prevent. Live Well.

February 12, 2009

The Honorable Barbara Lee
U.S. House of Representatives
2444 Rayburn House Office Building
Washington, DC 20515

Dear Congresswoman Lee:

On behalf of the American Public Health Association (APHA), I would like to thank you for your leadership in addressing public health challenges, not just in the United States, but around the globe, and the opportunity to submit recommendations for legislation you are drafting to improve the effectiveness of our global health assistance. Founded in 1872, APHA is the oldest and most diverse organization of public health professionals in the world and has a long-standing commitment to promoting global health and protecting the health of all citizens of the world from preventable, serious health threats. In particular, we urge you to:

Focus on health systems strengthening. We urge you to include in your legislation support for comprehensive, sustainable approaches to strengthening health systems abroad. Countries must be engaged in long-term planning that addresses the complex needs of their populations. Global health assistance should focus on helping countries build their capacity for effective, strategic planning and use of human, financial and other resources. It should also focus on strengthening the links among HIV/AIDS and other health services, as well as between health facilities and community-based health programs, food security and nutrition programs, economic development programs, legal services, psychosocial support groups, and services to address gender-based and domestic violence. International NGOs receiving this assistance also should focus on helping communities strengthen their capacity to take responsibility for and ownership of their health development and to become partners in the health system.

Support effective and tailored country strategies. We urge you to require that global health assistance work in concert with and facilitate countries' long-term strategies. Global health assistance should help support a country's public sector rather than create an unmanageable burden on its Ministry of Health. International NGOs receiving U.S. funding should help to coordinate the operations of public and private actors and align them with a country's strategy. They also should foster communication, collaboration and information sharing among all actors to avoid duplication of effort and waste of resources.

Implement stronger health workforce planning. We urge that global health assistance be used to improve countries' capacity for health workforce planning in an effort to achieve staffing levels of at least 2.3 doctors, nurses and midwives per 1,000 population as called for by the World Health Organization. Health workforce planning involves an evaluation of the human resources situation in a country and an analysis of the types of health professionals and workers needed to address the critical gaps in access to essential health services. Health workforce planning also helps a country determine the education and training programs needed to support an adequate health workforce. A commitment to

providing adequate education and training, including pre-service and in-service training, is essential to recruiting, retraining and maintaining health professionals and workers as well as achieving the Millennium Development Goals.

Create incentives to retain health workers. The shortage of health professionals and workers and poor distribution to the areas of most critical need demands further attention. We urge you to establish incentives and other strategies to encourage trained health professionals and workers to practice in underserved areas and serve vulnerable populations, including adequate compensation and benefits and supportive environments to improve working conditions and management for health care workers to enhance their ability to care for their patients as well as themselves. In addition, international NGOs receiving U.S. funding should not create situations that draw health professionals and workers from shortage areas or underrepresented sectors of public health and primary care.

Ensure the health and safety of all health professionals and workers. We urge the adoption of health and safety standards for health professionals and workers employed by international NGOs receiving U.S. funding. Health professionals and workers should be entitled to health coverage or access to confidential and affordable health care services, as well as the needed resources to safely and properly perform their jobs. These resources should include infection control training; adequate supplies of gloves, sharps disposal boxes and other equipment required for full implementation of universal precautions; ensuring rapid access to post-exposure prophylaxis in the event of exposures to HIV; and support for the development of policies that will help secure and sustain these measures. Improving staffing levels at points of service delivery will also relieve overburdened health professionals and workers and help to provide higher quality care to patients. We look forward to working with you on this and other important public health issues this year.

Sincerely,

/S/

Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director



1001 Street, N.W. • Washington, DC 20001-3710
Phone: (202) 773-APHA • Fax: (202) 773-2334
www.apha.org • contact@apha.org

Protect. Prevent. Live Well

October 1, 2009

Secretary-General Ban Ki-moon
United Nations
First Avenue at 46th Street
New York, NY 10017

Dear Secretary-General:

On behalf of the American Public Health Association (APHA), the world's oldest and most diverse organization of public health professionals with a long-standing commitment to promoting global health, I write to express our concern about the dire health and human rights situation in Iran. The aftermath of the June elections has been marked by reports from within Iran highlighting horrific human rights violations that are having deleterious impacts on the public health of Iranians. These violations include assaults on human rights activists by government-controlled military and police, the denial of medical care to persons suffering injuries, the removal of deceased protesters from hospitals without family notification and the torture and sexual assault of Iranian prisoners arrested without charge.

APHA urges the United Nations (UN) to condemn this devastating violence, demand restoration of rule of law and take decisive action on insisting the return of human rights protection, including access to needed health care services for all Iranians, as well as for visitors and humanitarian workers throughout the country. On December 10, 1948, Iran and 47 other countries came together to sign the UN Universal Declaration of Human Rights (UDHR). During this post-election period, Iran has violated many of the basic tenets of this Declaration, including the rights to express opinion and engage in peaceable assembly, the right not to be subjected to cruel and unusual punishment, including torture, and the right to healthcare and well-being.

UDHR articles 19 and 20 outline the right to freedom of opinion, expression and peaceable assembly; the Iranian constitution itself guarantees the right to free assembly. Yet during massive rallies in June, and during continued protests in the months since the election, the Iranian government has used brutal tactics to disperse demonstrators, killing some and injuring many more. This violence, already damaging to public health, has been compounded by reports of alleged violations of medical neutrality by the Iranian government. The International Campaign for Human Rights in Iran has reported that people seeking medical attention for injuries suffered during demonstrations are being arrested in hospitals, and that doctors are being forced to report to state security any injuries that appear to be related to protests. This puts doctors in Iran in an ethically untenable and desperate position: to obey the state or care for their patients. Healthcare professionals have an ethical duty to prevent and limit suffering of patients in their care and a duty to practice in a neutral way without fear or favor. As such, the Iranian government must allow health professionals to treat patients regardless of their political leanings and activities.

Finally, Iran is patently disregarding the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted by the UN in 1975, as evidenced by the increasing reports of the torture and rape of political detainees in the aftermath of the June elections. Many of Iran's human rights lawyers and journalists have been detained and potentially tortured, creating a chilling effect in all forms of political activity and freedom of expression that must be condemned by the world community.

This torture will also create lasting physical and emotional scars in those tortured that Iran's medical community must have access to and freedom to help heal. The Iranian government's denial of basic human rights protection constitutes a very serious offense that affects not only the health of Iran's citizens, but also the ability and safety of health care workers to provide appropriate care and assistance to those in need. Representing internationally-recognized voices within the global community, it is APHA's moral responsibility to unify and speak out against such violations that threaten individuals' fundamental health and human rights. Believing the UN has a comparable responsibility, we urge you to condemn the Iranian government's violent acts towards its citizens and commit to taking all steps necessary to meet the health and humanitarian needs of the people of Iran, citizens and humanitarian workers alike.

Sincerely,

/S/

Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director
cc: Susan Rice, US Ambassador to the UN

Awards Committee

Paul Freeman

The Awards Committee solicits nominations for section awards, evaluates nominees, recommends awards, notifies winners, organizes the program at the Awards ceremony at the annual meeting, and presents awards.

Chair: Paul Freeman, freeman.p.a@att.net

Co-chair: Padmini (Mini) Murthy, minimurthy@aol.com

Members: H. Azzam, T. Baker, G. Berggren, E. Coates, M. Forzley, M. Bryant, N. Pielemeier, W. Reinke, G. Sankaran, R. Schneider, L. Smith, C. Swezy.

Objectives for 2009:

This year our objective was to maintain the high standards we had established last year.

To do this we plan to maintain our systematic processes for:

- a) soliciting nominations for awards
- b) voting on nominations for awards
- c) finalizing and announcing of award recipients.

Progress by May 2009:

This year I am pleased to report that all but two members of the Committee actively took part in voting on the suitability of the nominees for our awards. Although the process was complicated by the pleasingly large number of nominees for the major awards, the nomination and voting processes proceeded smoothly. The two members of the committee who did not vote could not be reached despite many tries. All other members voted independently on each of the Awards, except when they were nominees in which cases they were excluded from the processes. There were three nominations for the Life-time Achievement Award, three for the Mid-Career Award and two for Section Distinguished Service awards. Morgan Taylor and Vina Hulamm were nominated by four members of the section leadership for Special Awards recognizing their contribution to supporting section activities.

The decision of the Awards Committee is that the awards be given as listed below.

Life-Time Achievement Award in International Health

Thomas Hall

Mid-Career Award in International Health

Padmini Murthy

Distinguished Section Service Awards

Elvira Beracochea

Paul Freeman

Special Award Certificate of Recognition of Dedicated Support

Morgan Taylor
Vina Hulamm

The *Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology and Practice* was awarded by the CBPHC Working Group to Henry Perry

Future plans

It is planned to award all the above awards at the section annual social and awards meeting at the annual meeting of the American Public Health Association in November 2009, along with the Student Award which will be decided just before the November meeting.

Global Health APHA Connections Committee

Gopal Sankaran

The purpose of the Global Health APHA Connections Committee is to reach out to other sections in APHA to involve their members in international health activities, policy advocacy and in welcoming international attendees at the annual meeting.

Note: Given the overlap between some of the goals and functions of the Global Health External Connections Committee and the Global Health APHA Connections Committee, it was agreed that the two connections committees would merge and consolidate their efforts. The new combined committee will be known as the Global Health Connections Committee (GHCC). The GHCC was constituted in November 2008.

Chair: Gopal Sankaran (gsankaran@wcupa.edu)

Co-chairs: Hala Azzam (hala_azzam@yahoo.com) and Padmini Murthy (minimurthy@aol.com)

Members

The list is extensive and is available from the Chair.

Overall Vision and Mission

Promote global health solutions by connecting people in the following areas: Education and training; policy and advocacy; research; and service.

Strategic Priorities

- Goal 1. Promote intersectoral collaborations/partnerships within APHA.
- Goal 2. Increase participation of overseas members in all activities of APHA including the Annual Meeting.
- Goal 3. Facilitate joint sessions at the APHA annual meeting.
- Goal 4. Keep Connections Committee members stay connected.

Plan of Action for 2008-2009

Available at International Health (IH) Section Website
(<http://www.apha.org/NR/exeres/C9460DFA-4AE4-4659-810C-07F18A91A548,frameless.htm?NRMODE=Published>)

Accomplishments

Goal 1:

Sent a request to chairs of all Sections, SPIGs, Caucuses and Forums to nominate a liaison to IH Section. An updated list of all liaisons developed, shared with members and posted on the IH Section Website.

The New York Medical College School of Public Health held thematic presentations/panels on Children's Environmental Health and Careers in Public Health on March 31, 2009 and April 2, 2009 respectively. Additionally, a screening of Super-Size Me was held on April 1, 2009 to relate to the theme of National Public Health Week 2009 – *Building the Foundation for a Healthy America*.

Committee members evaluated abstracts submitted to the IH section for the Annual Meeting, reviewed APHA Policies considered for archival, and continued to facilitate dialogue, collaboration and concerted action among members of various APHA units on issues pertaining to international/global health.

Goal 2:

A survey to assess the needs of the overseas members is in preparation. With the help of Morgan and Vina, our APHA Staff liaisons, the survey would be shared with all overseas members (over 650) through SurveyMonkey. Activities will be planned based on assessed needs.

The committee's efforts have led to a separate Welcome Counter, to be located in the Registration area, for all overseas participants at the 2009 APHA Annual Meeting. The committee expresses its thanks to Dr. Georges Benjamin and staff of APHA and notes that this is the first time that such a Welcome Counter is being included at an APHA Annual Meeting. Request for staffing the Welcome Counter is being made.

The committee continues to advocate for lowered registration fee for overseas members from resource poor settings. The downturn in economy has made it impossible to offer discounts for the 2009 Annual Meeting.

Goal 3:

The committee continues to work with other APHA units for joint sessions at annual meetings and serves as a liaison to connect the different APHA units with the program chair of IH section.

Goal 4:

Continue to hold conference calls every two months. Summaries of Conference calls are disseminated to all members and posted on IH section Website. Developed the GHCC Mid-year Report and disseminated it to members and posted it on IH Section Website. The Chair presented the Mid-year Report at the IH Section Mid-year Meeting in Washington, D.C., on May 28, 2009. Promoted IH Website and IH Blog among members and requested them to contribute materials for both.

We welcome student members to actively participate and strengthen the work of GHCC. Conference calls are held every two months. Please join us!

Global Health Connections Business Meeting

Sunday, November 8, 11.00am-Noon at APHA Annual Meeting, Philadelphia, PA

Submitted by Gopal Sankaran, Chair; (610) 436-2300

Annual Meeting Program Committee

Omar Khan

The program committee works to collect, assess, select and schedule session proposals submitted to the International Health Section for presentation of scientific sessions and posters at the annual meeting.

Omar Khan ih.apha@gmail.com* /Chair

Mike Bailey ih.apha@gmail.com* / Co-Chair

Elvira Berocachea Elvira@midego.com

Malcolm Bryant malcolmbryant@comcast.net

Carlos Castillo-Salgado castillc@paho.org

Josefa Ippolito-Shepherd ippolitoshepherdj@yahoo.com

Dory Storms dstorms@jhsph.edu

Progress related to planned activities has been on target. All deadlines for planning were met ahead of time. The following objectives were met:

- All processes downstream of Call For Papers were implemented, to support the goal of a final IH program of high quality
- All sessions proposed by IH section leaders ahead of time were approved as invited sessions.
- All working group meetings requested by IH section leaders were approved.

Program:

- We received 470 submissions as mentioned in the conference call.
- We have in the IH program:
 - 9 poster sessions (10 posters each = 90 posters)
 - 41 paper sessions (4-5 papers each = approx. 175 papers)
 - IH Business meetings, 2 sub-group working group meetings, 1 workshop, 1 social, 1 lunch
 - IH film festival of 3 full sessions

The success of recruiting high-quality presentations depends on a number of factors and processes:

- Participation of section members on the program committee
- The support of the section's leaders and active members, specifically, in not only proposing great invited sessions but sticking to the submission deadlines.
- The willingness of the section leadership to be volunteered for chairing/moderating other paper sessions as requested
- Our keeping to fairly strict deadlines to get the work done, in terms of a) soliciting papers b) organizing reviews c) choosing the top ones d) organizing into panels e) co-sponsoring other interesting sessions.
- Multi-tasking with invited panels, submitted panels, posters, and the film festival and organizing it into what we see as the final program.

The help and support of the section leadership and members is, as always, gratefully received!

The final IH program can be viewed at:

<http://apha.confex.com/apha/137am/webprogram/IH.html>

The information is included below as well (up to date as of 8/3/09).

Italicized sessions are those IH is co-sponsoring. (Moderators' names are in parentheses.)

[I] indicates [Invited session].

APHA International Health Section Sessions 2009 Philadelphia meeting

Saturday, November 7, 2009

8:30 AM-5:00 PM

102.0 Workshop on Community-Based Primary Health Care

Sunday, November 8, 2009

11:00 AM-12:00 PM

223.1 Global Health Connections Business Meeting

2:00 PM-4:00 PM

242.0 International Health Business Meeting 1

4:30 PM-5:30 PM

2065.0 Poster session: Global Water Issues 1

Monday, November 9, 2009

6:30 AM-8:00 AM

303.0 International Health Business Meeting 2

8:30 AM-10:00 AM

3040.0 Food Security Policy and Addressing Malnutrition [I] (Donna Barry)

3041.0 Strengthening Health Systems (Amy Hagopian)

3042.0 Global Pharmaceutical Issues [I] (Maggie Huff-Rousselle)

3043.0 Successful International Experiences in Advocacy [I] (Jirair Ratevosian)

*3048.0 Expanding maternal and child health care services in developing countries:
Advances and challenges*

10:30 AM-12:00 PM

3138.0 Tuberculosis (including joint TB/HIV programs) (Hendrika Maltby)
3139.0 Water issues of global importance 1 (Merri Weinger)
3150.0 A Global View of Contraceptive Choices

12:30 PM-1:30 PM

3167.0 International Human Rights and Health
3182.0 Policy, community practices and interventions in global maternal and child health
3183.0 A Global View on Abortion and Post Abortion Care

12:30 PM-2:00 PM

3230.0 Child Survival & Child Health 1 (Gopal Sankaran)
3231.0 International Perspectives on Water and Public Health: Royal Society of Public Health Session [I] (Fiona Sim)
3232.0 Women's Health (Mini Murthy)
3233.0 Nutrition and Malnutrition (Maggie Huff-Rousselle)

2:30 PM-3:30 PM

3277.0 HIV and Africa

2:30 PM-4:00 PM

3299.0 Human Trafficking as a Human Rights Issue
3333.0 Water Borne Diseases 1 (prevention, diagnosis, epidemiology or management) (Anwar Huq)
3334.0 Aid Effectiveness [I] (Elvira Beracochea)
3335.0 Histories of international public health initiatives [I] (Sheryl McCurdy)
3336.0 Health Promotion [I] (Josefa Ippolito-Shepherd)
3337.0 Innovations in International Health 1 (Mary Anne Mercer)
3338.0 Monitoring, Evaluation, and Quality Improvement (Ray Martin)

4:30 PM-6:00 PM

3422.0 Reproductive Health & Family Planning 1 (Sheryl McCurdy)
3423.0 HIV/AIDS 1 (Helene Carrabin)

6:00 PM-9:00 PM

328.0 International Health Section Awards & Social Event

Tuesday, November 10, 2009

8:30 AM-10:00 AM

4027.0 Global Water Crisis and Issues of Access
4040.0 HIV and Asia
4042.0 Emerging Infectious Diseases including Avian & Pandemic Influenza (Basil Safi)
4043.0 Community Based Primary Health Care (Paul Freeman)
4044.0 Displaced Populations & Refugee Health (Jirair Ratevosian)
4045.0 Student Panel [I] (Scott Harris)

10:30 AM-12:00 PM

4085.0 Sea Change: How Altered Oceans and Climate Can Affect Waterborne Diseases
4086.0 Public Health and Global Water Issues: Policies for Collective Action
4112.0 Waterborne Diseases 2 (prevention, diagnosis, epidemiology or management) (Helene Carrabin)
4113.0 Infectious Diseases (non-HIV) (Elvira Beracochea)
4114.0 Lactational Amenorrhea Method (LAM): Friend or Foe of Family Planning? [I] (Miriam Labbok)

12:30 PM-2:00 PM

- 4193.0 *Existing and Emerging Challenges for Waterborne Disease Prevention: CDC's Domestic and Global Approach to Protecting Public Health*
- 4210.0 Social Determinants of Health (Carlos Castillo-Salgado)
- 4211.0 Malaria (Matt Lynch)
- 4212.0 Megacities & Global Health [I] (Omar Khan)
- 4219.0 *International Mental Health*
- 4222.0 *Health Effects of War in the Middle East*

2:30 PM-4:00 PM

- 4297.0 Water Management through Multi-disciplinary Collaborations ---- Lessons from Philadelphia's History and Current International Outreach [I] (Christiaan Morssink)
- 4298.0 Workforce issues & human capacity development (Eckhard Kleinau)
- 4299.0 Careers in Global Health [I] (Samir Banoob)
- 4300.0 Allan Rosenfield Commemorative Session in International Maternal & Child Health [I] (John Santelli)

4:30 PM-5:30 PM

- 4330.0 Poster session: Global Water Issues 2
- 4331.0 Poster session: Reproductive Health
- 4332.0 Poster session: Infectious Diseases
- 4333.0 Poster session: Innovations in International Health

5:00 PM-6:30 PM

- 418.1 Community-Based Primary Health Care Working Group

6:00 PM-8:30 PM

- 420.0 International Health Business Meeting 3

Wednesday, November 11, 2009

8:30 AM-9:30 AM

- 5010.0 *HIV in International Settings*
- 5013.0 Poster session: Community Health
- 5014.0 Poster session: Maternal & Child Health 1
- 5015.0 Poster session: Maternal & Child Health 2
- 5016.0 Poster session: Health Systems

8:30 AM-10:00 AM

- 5054.0 Health Communication/ Behavior Change Communication (Doug Storey)
- 5055.0 Cholera in sub-Saharan Africa (Laura Altobelli)
- 5056.0 Innovations in International Health 2 (TBA)
- 5057.0 Child Survival & Child Health 2 (Elvira Beracochea)
- 5058.0 HIV/AIDS 2 (TBA)

10:30 AM-12:00 PM

- 5114.0 Water, Health and Human Rights [I] (Gopal Sankaran)
- 5115.0 Water issues of global importance 2 (Maria Elena Figueroa)
- 5116.0 Systems Thinking [I] (Mike Bailey)
- 5117.0 Reproductive Health and Family Planning 2 (Arzum Ciloglu)

12:30 PM-2:00 PM

- 5168.0 International Health Luncheon

Membership Committee

Rose Schneider

Membership Committee

Chair: Rose Schneider, rschneider@jhu.edu **Co-Chair:** Alison Gernand, agernand@jhsph.edu

Members: Curtiss Swezy, honorary member Ray Martin.

The total count for the active members of the IH Section as of August 31, 2009 is 1,535. The membership committee has attempted to stimulate membership in the section during this past year with a number of activities. A welcome email has been sent out to new members joining the section to complement the official welcome letter from the APHA. This year, a special effort has been made by the committee to actively respond to new members who express interest in the section and provide them one on one interaction and encouragement to be involved. Pro-active mentoring has been provided to explore their interests and link them with committees, information and resources for more active involvement in the section. An example is a new member Pattama Ulrich, USPHS Commissioned Officer from Health and Human Services/Office of the Secretary/ Assistant Secretary for Preparedness and Response, was mentored by the membership committee during her initial involvement in the section, the review of IH policies. Pattama has gone on to contribute to the IH Section's other committees. Another new member (from Nepal) is in the process of starting a Nepali university public health association. He was contacted by Curtiss Swezy and encouraged to be active. Curtis also spoke with several Nepali students at George Mason University, where he teaches, and is encouraging a dialogue of interchange and support to this new member.

Membership in the section remains high, and at more than 1500 in 2009, is one of the largest sections in APHA. The trends in membership have fluctuated over a long period of time but have remained essentially constant over the past decade. In support of membership recruitment and retention, the IH Section Chair in 2009 sent out a survey to assess member's needs and interests.

Previous leadership efforts to recruit and retain members have been reviewed this year. These past efforts have included communicating more directly with members via email, providing a strengthened IH section web site, preparing an IH Primer and a history of the IH Section for distribution, etc. The IH leadership and membership have also been encouraged to encourage individual professionals and students to join the section and to be active in its committees and activities.

Although the IH Membership Committee has not defined which effort provides the best incentives, in 2010, we plan to build on previous efforts to increase interest and participation among members. Special efforts will continue to be made to reach out to new members and involve them in IH section's work.

The committee chair, Rose Schneider, working with co-chair Allison Gernand, Advocacy Member, Curtiss Swezy, and honorary member Ray Martin will set a conference call in early December to discuss other activities to promote membership and increased involvement in the section.

Nominations Committee

Mary Anne Mercer

Chair: Mary Anne Mercer, mamercer@u.washington.edu

The goals for the APHA International Health Advocacy Committee are to select qualified candidates for the routine 2009 elections, and to replace vacancies as they arise.

Serving as an officer in the International Health Section is a great way to get to know other members of the section and become involved in section activities. The Nominations Committee solicits candidates for office and presents them to the administration of APHA, which organizes an election of officers every spring. The goals for the APHA International Health Nominations Committee for 2008/09 included selecting qualified, well-matched candidates for the routine 2009 elections and addressing a gap in Section Council seats due to early resignation of one SC member.

The election was held in spring 2009. One concern expressed by several members of the section was that not all members received the notice of the election, and the section chair has communicated that concern to APHA. Results of the election are as follows:

For Secretary-elect:

Jean Meyer Capps

For Section Council:

Helene Carabin

Jirair Ratevosian

David Fitch (for a one-year term)

For Governing Council:

Wendy Johnson

Amy Hagopian

Laura Altobelli

Nominations are now open for the 2010 election. Interested members should send an email to the nominations chair at the address below. The Nominations Committee also welcomes additional members.

Section Organization and Management Committee

Carol Dabbs and Amy Hagopian

Chair: Carol Dabbs, 202-647-2613, dabbscj@state.gov

Secretary: Amy Hagopian, 206-616-4989 or 543-8382; hagopian@u.washington.edu

Morgan Taylor (ex-officio), 202-777-2428, morgan.taylor@apha.org

Booth manager: Lisa Pawloski

Duties

For Mid-Year Meeting: Arrange for agendas, food and room set-up

For Annual Meeting:

- Organize Saturday night dinner

- Organize the content of the booth and the staffing for the booth

- Consult with the secretary to advise her on her annual meeting responsibilities:

 - Update manual

 - Produce annual report

 - Produce agendas for annual meeting

 - Produce section materials for booth & meeting handouts

 - About the Section Flyer

 - Sessions flyer

 - Manual for new officers

 - Policy agenda

 - Sign in sheets for the meetings

 - Roster of section leadership

- Discuss the budget with the Chair

For Section business meetings: Arrange room set-up, food orders

For Section luncheon:

- Arrange speaker

- Assist APHA convention manager w/menu and room selection

- Arrange for decorations

- Assist section chair to invite individuals to head table

- Arrange publicity

- Arrange for photographs

- Reserve a table for VIPs (Award winners, Section Leadership)

For Section Awards event:

- Same as for luncheon, in concert w/Awards Committee

Raise funds for Section enrichment budget

- Identify point person (Dabbs must recuse self due to employment)

- Obtain information regarding donation procedures

Prepare committee reports for mid-year and annual meetings

Activities Completed toward Goals

The committee had a conference call September 29, 2009, to arrange for the completion of the above duties.

Community Based Primary Health Care Working Group

Paul Freeman

Chair: Paul Freeman, freeman.p.a@att.net

Co-Chair: Malcolm Bryant, malcolmbryant@comcast.net

Secretary: Yana Sigal

Other Executive Members: Emily Lavallo, Monica Dyer

Ketan Chitnis (*List Server Administrator*), H. Perry (*Past Chair*)

Connie Gates (*Administrator learning resources for CBPHC*) Connie@jamkhed.org

Members: I. Aitken, R. Martin, L. Altobelli, J. Capps, A Hershberger, S. Hoar, E. Kleinau, S. Lamstein, R. Mataya, J. Mouch, E. Peca, S. Ruiz, S. Williams, P. Ulrich, C. Teller, T. Reichel, J. Mukair, J. Dettinger, D. Barry, C. McLaughlin We also have many additional members through our list server.

Objectives for 2009:

(1) To complete and disseminate the results of our research-- The Effectiveness of Community-Based Primary Health Care in Improving Child Health: A Review of the Evidence and Findings from the Field.

(2) To improve our promotion of CBPHC.

(3) To aid in the re-establishment and administration of the American Public Health Association - International Health Section Award Program, sponsored by the Colgate-Palmolive Company.

(4) To administer the Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology and Practice.

Progress as of May 2008:

(1) The Effectiveness of Community-Based Primary Health Care in Improving Child Health: A Review of the Evidence

A journal supplement is currently in the process of being prepared for the Journal of Health, Population and Nutrition. A book is also in process.

(2) Promotion of CBPHC is being followed small group work following on from commitment that members made at the 2008 annual workshop through our list server and website and planning of our Pre-APHA annual conference meeting later this year. Our resources for CBPHC collection is being maintained by Connie Gates.

(3) This year we heard the good news that the Colgate-Palmolive Company is interested in re-establishing its small grants for young researchers program in community-based personal hygiene that they funded until last year. We are working with Barbara Hatcher to re-establish this program.

(4) This year the Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology and Practice will be awarded to Henry Perry.

Plans for the remainder of the year:

(1) In August we released the document : H. Perry, P. Freeman, S. Gupta, B. Rassekh *A Review of the Evidence How Effective Is Community-Based Primary Health Care in Improving the Health of Children? Summary Findings Report to the Expert Review Panel*. This summary report presents the key findings of our review. Is it available for unrestricted distribution from the International Health Section website. It is planned to complete a journal supplement containing the detailed findings of the Review for the Journal of Health, Population and Nutrition by the end of this year. A book is also in process.

(2) Planning is already progressing towards our pre-APHA annual meeting workshop. This year Dr. Diana R. Silimperi, the Vice President of the Center for Health Services at Management Sciences for Health will lead the workshop. The themes of the workshop will be Urban Health in Developing Countries, a major area of neglected health. We will also report on the finalized findings of our Review and current progress in the implementation of CBPHC for child health through multilateral and bilateral donors. Promotion of networking and consultation –especially by young professionals with regards to work in CBPHC- will also be a feature of our workshop and subsequent dinner and meetings during the annual APHA Conference.

(3) The Gordon-Wyon Award will be presented at the section’s annual award evening.

Pharmaceuticals Working Group

Maggie Huff-Rouselle

As of this summer, we have approximately 250 people on the distribution list for the APHA Pharmaceuticals Interest/Working Group. This group is sent email, and the content is generally something that one member has sent in and is then routed on, or something from the coordinator. The membership on this list has extended beyond International Health, and includes members from other sections, particularly Medical Care. A few members are very active and the majority are passive (i.e. have signed up and receive email only). We avoid duplicating what other groups (e.g. e-drug and NLARx) are already doing, and e-traffic is relatively light through most of the year.


Although email traffic is light, there has been an increasing exchange about US-domestic issues around pharmaceuticals and global issues (intellectual property rights, access because of high prices, and global safety issues). Most members from International Health appear to be largely concerned with supply chain issues around the supply of the “new essential drugs” especially HIV-AIDS, malaria and TB drugs (basically those funded by PEPFAR, the Global Fund, and other donors). Much of the email traffic is a good example of civil society critiquing the pharmaceutical industry and the lack of good regulation and/or incentives provided by government to help better align industry and public health goals, with specific examples of this.

We organized a panel for the World Federation of Public Health Associations Conference held in Istanbul in May, **Public Interests & the Pharmaceutical Industry: A Changing World for Public Health?** The panel presenters examined the intersection of the pharmaceutical industry and public health priorities from four perspectives: 1) an economic-market perspective, considering the distortions and failures that mean the pharmaceutical sector can never be a truly open competitive market; 2) the changing face of the industry as generic competition, compulsory licensing and the rise of new players change the face of industry; 3) trade and intellectual property rights and the shifting ground and perspective around those, and :4) Brazil's experience, as one of the ground-breaking national experiments. A number of the participants at the session later requested PowerPoints for some sessions, and presentations are being translated in Portuguese and other languages.

We have been much more effective this year in succeeding in getting panels organized and placed in different sections for the conference. The International Health Section has one pre-planned panel: **"Global Pharmaceutical Issues."** The Medical Care Section has a pre-planned panel where state legislators will present their strategies to regulate Big Pharma: **"Evidence Based Prescribing and Conflicts of Interest in Drug Policy & Pharmacy Services"** and a second panel, **"Drug Policy & Pharmacy Services"** that will have both a US and global focus. There are also four students whom we have supported who are making pharmaceutical-related presentations, three as posters, and one as a presentation on a Trade and Health Forum panel. Finally, the Alcohol, Tobacco, and Other Drugs Section has a panel that we were not involved in but will promote: **"Prescription Drug Misuse: A continuing challenge in the new millennium."**

We intend to have a meeting at this year's conference to discuss what other activities we might take on, and how we can more effectively create synergy across section boundaries. These might include future panels, publications, and position papers.

WFPHA 2008 - Istanbul
**Public Interests & the Pharmaceutical Industry:
A Changing World for Public Health?**



**Tuesday, April 28, 2009
Louis Pasteur Room**

- Reinaldo Guimaraes, MD, MS
- Jack Warren Salmon, PhD
- Ellen Schaffer, PhD
- Maggie Huff -Rousselle, PhD, MBA

They're working on a new formula that will prolong the life of our patents.

Cartoon: Radical Community Medicine

Trade and Health Liaison

Mary Anne Mercer

Trade and Health Liaison Representative: Mary Anne Mercer, mamercer@u.washington.edu

2009 Liaison Report – Forum on Trade and Health:

The Forum on Trade and Health was created because of widespread interest and concern regarding the adverse impact of international trade agreements (such as NAFTA, CAFTA, and GATS) on public health, both internationally and within the United States. As a Forum, we work to educate APHA members about the impact of trade issues on public health, and to protect public health priorities in international trade policy. Our goal is to develop and promote policies that advance economic development while sustaining life, healthy societies and the environment, and to advocate for policies that improve access to affordable, accountable vital human services, including health care, water and sanitation, education and energy.

The interests and concerns of Forum members include the impact of free trade agreements on access to medicines and intellectual property rules, tobacco control policies, the migration of health care professionals, corporate social responsibility, occupational health and safety, and the role of states, localities and public health advocates in trade policy making. Activities of the past year have focused on advocating for strong public health representation on the US Trade Representative's advisory committees. A Forum officer, Ellen Shaffer, testified before congress on the need for a public health presence on all three tiers of trade advisory committees, given that health-related industries are so robustly represented on the trade advisory committees, including pharmaceuticals, tobacco, health insurance, processed foods, and alcohol beverages). She also advocated for pending legislation that would establish a Public Health Advisory Committee on Trade (PHACT). That testimony can be read online at <http://waysandmeans.house.gov/media/pdf/111/shaffer.pdf>

Other forum interests, activities and publications this past year have included working conditions in the global electronics industry, access to medicines as a result of CAFTA, and the effects of intellectual property rules on access to medicines. This year the Forum is planning a range of sessions and other activities for this year's meeting in Philadelphia.

The Forum holds a quarterly teleconference call that includes an informational presentation as well as discussion of business. IH section Maggie Huff-Rouselle was one of the quarterly presenters, speaking on access to medicines as a trade issue. The Forum welcomes new participants from any section. Forum officers for 2009 are: Susanna Bohme, chair; Bill Wiist, program planner; Garrett Brown and Ellen Shaffer, co-call coordinators.

Section Leadership Team

Section Officers (elected to 2-year terms):

Chair: Miriam Labbok (expires 11/2010), miriam_labbok@unc.edu
Chair Elect: Malcolm Bryant (becomes chair after meeting 11/2010) malcombryant@comcast.net
Immediate Past Chair: Samir Banoob, (expires 11/2010) sbanoob@aol.com
Section Secretary: Amy Hagopian (expires 11/2009), hagopian@u.washington.edu
Secretary Elect: Carol Dabbs (becomes secretary 11/2009, until 11/2011), dabbscj@state.gov
Secretary Elect in waiting: Jean Meyer Capps (becomes secretary 11/2011), jcapps@erols.com

Section Councilors (elected to 3-year terms):

Alfonso Rossales, (expires 11/2009) arosales06@gmail.com
Hélène Carabin, (ends 11/2009; re-elected to 11/2011) helene-carabin@ouhsc.edu
Wendy Johnson (ends 11/2010, overlaps with Governing Council) wendyj@igc.org
David J. Fitch, replacing Adesanya (expires 11/2010) dfitch7@yahoo.com
Padmini Murthy (expires 11/2011) minimurthy@aol.com
Lisa Pawloski (expires 11/2011) lpawlosk@gmu.edu
Jirair Ratevosian (assumes duties 11/2009, expires 11/2012) jratevosian@gmail.com

Governing Councilors (elected to 2-year terms):

Malcolm Bryant (expires 11/2009) malcombryant@comcast.net (COUNCIL WHIP)
Laura Altobelli, (ends 11/2009; re-elected to serve until 11/2011) laura@future.org
Carlos Castillo-Salgado, (expires 11/2009) castilloc@paho.org
Elvira Beracochea, (expires 11/2010) elvira@midego.com
Gopal Sankaran, (expires 11/2010) gsankaran@wcupa.edu
Leonard Rubenstein (expires 11/2010) lrubnst@jhsph.edu
James Pfeiffer (expires 11/2010) jamespf@u.washington.edu
Wendy Johnson (assumes 11/2009, expires 11/2011) wjohns@u.washington.edu
Amy Hagopian (assumes 11/2009, expires 11/2011) hagopian@u.washington.edu

IH Section committees (appointed by Chair):

Nominations: Mary Anne Mercer <mamercer@u.washington.edu>
Program: Omar Khan <IH.APHA@gmail.com> chair; Mike Bailey <mibailey@jhucpp.org> assistant chair
Awards: Paul Freeman <freeman.p.a@att.net> chair; Mini Murthy <Minimurthy@aol.com> assist. chair
Communications Chair and Website Manager: Eckhard Kleinau, <ekleinau@masimax.com> co-chair
Newsletter Editor: Josefa Ippolito-Shepherd <ippolitoshepherdj@yahoo.com>
Membership: Rose Schneider <rschneider@jhu.edu>
Students & New International Health Professionals: Helene Carbin <helene-carbin@ouhsc.edu>
Policy and Advocacy: Jirair Ratevosian <jratevosian@gmail.com>
Section Management: Carol Dabbs <dabbscj@state.gov>

IH Section working groups:

Community-Based Primary Care: Paul Freeman <freeman.p.a@att.net> & Malcolm Bryant
Pharmaceuticals: Maggie Huff-Rousselle <mhuffrousselle@ssds.net> chair, Bob Eilers
<Robert.eilers@dhs.state.nj.us>
Trade and Health Liaison: Mary Anne Mercer <mamercer@u.washington.edu>
Global Health Connections Committee: Chair Gopal Sankaran <gsankaran@wcupa.edu>; Co-chairs Mini
Murthy <Minimurthy@aol.com> and Hala Azzam <hala_azzam@yahoo.com>

APHA wide responsibilities:

Action Board Representative: Donna Barry <djbarry@earthlink.net>
Global Health Manager (APHA Staff): Morgan Taylor <morgan.taylor@apha.org>
Trade and Health Liaison: Mary Anne Mercer <mamercer@u.washington.edu>
International Human Rights Committee (ends 11/2010): Elvira Beracochea <elvira@midego.com>
APHA Nominating Committee (ends 11/2009) - Amy Hagopian <hagopian@uw.edu>
Science board & liaison to publications board - Omar Khan <okhan@jhsph.edu>

Updates posted to: <http://www.apha.org/membergroups/sections/aphasections/intlhealth/committees/>