

WFPHA: World Federation of Public Health  
Associations  
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THE FEDERATION'S PAGES

*Editorial: A message from our President*

I am totally convinced that Public Health is the most dynamic and agile activity of all the human ones. Public health is the driving force of many social transformations, also the discipline that has enabled the greatest advances in our people's progress. That is why our goal as the international, non-governmental organization that represents and serves the broad field of public health all over the world, must be to build capacity and develop of strong national, regional, and international public health policies and programs. We must provide leadership for institutional change.

Health is not only a personal medical concern, it constitutes the sum of efforts of a multidisciplinary staff; epidemiologists, administrators, biologists, nurses, lawyers, nutritionists, social workers, and others intervene. Health is everybody's right, and it is also everybody's responsibility. That's why government, non-governmental organizations, academic organizations, and the general population must grapple with public health's challenges. Public health is a very strong social movement, and WFPHA should promote and lead it.

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*Special Reports*

*I. Global Health Watch*

With existing knowledge, science and technology; the huge amounts of wealth generated over the past century; and the widespread

ratification of the Universal Declaration of Human Rights, it is both perplexing and scandalous that so many people live in a state of poor health. Nearly 10 times the number who died in the twin towers attack, die every day as children. More than 2.7 billion people live in poverty, a proportion of the world's population that is growing.

In 2004, the World Commission on the Social Dimension of Globalization noted “deep-seated and persistent imbalances in the workings of the global economy, which are ethically unacceptable and politically unsustainable”. It emphasized the importance of civil society in making globalization work for everyone. Among those noted were non-government organizations, scientists and physicians.

The Global Health Watch (GHW) is one manifestation of the realization among some health professionals that a trans-national “movement” of progressive health professionals can help to promote universal rights to health and health care. By cutting across national, religious, racial, and political boundaries and acting as a *global community of health professionals*, some reality can be brought to the concept of “global civil society”. It can also help bring some pressure upon political decision-makers and pull other levers of power to support a fair and meaningful global health agenda.

The *Global Health Watch* is an initiative, which consists of both product and process. As a product, it is an “alternative world health report” produced every 2 years. The first was released in July 2005 and incorporated contributions from more than 120 individuals and 70 organizations. As a report, it is distinct from other health reports in a number of respects.

- (1) It is written and produced as a civil society enterprise.
- (2) It has an explicit equity orientation, as opposed to one that is focused on the poor. The former implies looking at the health of both the poor/powerless *and* the wealthy/powerful, *and* the relationships between the two.
- (3) It is written on the understanding that most of the barriers to improved and equitable health are political.
- (4) The report acknowledges, in the best traditions of public health medicine, the fundamental importance of the broader determinants of health. The first report thereby included chapters on climate change, food security, conflict, and access to water.

(5) The report deliberately sets out to be a counter-balance to the prevailing neo-liberal climate of opinion.

Finally, a fundamental feature of GHW is to provide an evidence-based assessment of the actual policies and actions of key institutions. In this sense it is a vehicle for the promotion of public accountability, transparency, and good global health governance. Chapters that interrogate the role and performance of WHO, as well as the policy outcomes of the world's forums for the provision of "water for all", are two examples of a report on "what is and isn't being done about health", as opposed to a report about the state of health *per se*.

As a process, the GHW is a platform to promote links between NGOs operating within the health sector; between health NGOs and NGOs operating in other sectors; between academics and activists; and between actors from different regions of the world. The Watch aims to facilitate a unified voice for a collaborative network of academics, policy analysts, researchers, public health practitioners, and activists. The importance of this is underlined by the aim of the Watch to be an instrument for advocacy and social mobilization. For this reason, an accompanying advocacy document, *Global Health Action*, was also produced as part of the GHW process.

Both *Global Health Watch 2005–2006* and *Global Health Action* can be downloaded for free at: [www.ghwatch.org](http://www.ghwatch.org). A link to purchase hard copies of the report is also available at this web address. The process for developing the framework for the next Global Health Watch (2007–2008) has just begun. There are many ways in which the WFPHA could contribute to GHW. Indeed, it could be argued that WFPHA should play a role in guiding the GHW initiative. To keep informed of developments, subscribe to our newsletter by emailing [GHWatch-newsletter-subscribe@yahoo.com](mailto:GHWatch-newsletter-subscribe@yahoo.com).

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## II. AuthorAID

*In 2004, Anthony Robbins presented a poster on AuthorAID at the Brighton WFPHA conference. He also described the concept to the WFPHA leadership as part of our earliest discussions of partnership between WFPHA and the Journal of Public Health Policy. It was one of the most exciting ideas we heard about at the Brighton meeting. We have invited the JPHP editors to update us about progress on making AuthorAID operational. Also, elsewhere in this issue of JPHP is a short piece about the problem that inspired AuthorAID.*  
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AuthorAID will address a publishing gap between rich and poor and its consequences for improving health globally. Researchers who are closest to the problems of poor health that beset the developing world confront major obstacles when they seek to publish their work and ideas in science and policy journals that can influence understanding of these troubles, programs, and policy. (See <http://www.scidev.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm>).

AuthorAID will be the first global effort directed at gaining access for authors to competitive peer-reviewed scientific journals, improving journal content where good articles on pressing problems are in short supply. No existing program has an explicit mission to increase the number and quality of articles by authors closest to global health problems. No effort to date takes a developmental editing approach to supporting authors from low- and middle-income countries, helping them present their work in ways most likely to survive peer-review and result in publication. None targets the research, commentaries, and editorials that have the potential to influence policy locally, regionally, and globally.

We developed the AuthorAID concept in 2002, then proposed the science journals strategy for AuthorAID to colleagues. In 2003–2005, we tested the concept at *JPHP* through an intensive developmental editing experience with recipients of International Health Research Award from 20 developing countries (supported by the Rockefeller Foundation). Presentation of a series of concept papers at meetings and an informal consultative process with researchers, editors, publishers, WFPHA, INASP, SciDev.Net, WHO, the Forum of African Medical Editors and many others

worldwide culminated in sponsorship by Council of Science Editors (CSE) in 2005, and active collaboration with its Task Force on Science Journals, Poverty and Human Development (established by CSE President Richard Horton, Editor of *The Lancet* and chaired by Paul Bozuwa) and an invitation from the Swedish International Development Agency (Sida) to discuss start up.

AuthorAID will encourage publication of evidence for policy and practice. During 5 years, we envision:

- Using web tools to *match* authors with promising work to experienced scientist mentors and professional editors worldwide, to foster collaborations that enhance capacity to communicate knowledge locally and globally, particularly in and from developing countries.
- Creating a web-based *knowledge community*, where editing to improve communication of findings and their implications for policy and practice to improve global health, is the common interest.
- Gleaning lessons from both the matching and knowledge community components of AuthorAID to inform increasing of *coverage*. Creative replication and adaptation of AuthorAID will expand coverage to more problems and disciplines, to local and regional settings, to additional languages, and to other forms of written communication.

Authors in resource-rich settings often benefit from editorial assistance of “author’s editors”. This resource, and the competitive advantage it confers, remains largely hidden from the view, perhaps because authors are reluctant to acknowledge how important editing is to their success. (K. Shashok, Author’s editor: facilitators of science information transfer. *Learned Publishing*, 2001;14(2):113–121). As AuthorAID strengthens the voices of developing world researchers, we believe it will create a new respectability for developmental editing and encourage a new generation of leadership by drawing talented potential contributors to global debates into view.

Our fundamental strategic notion is to engage from the start, editors, and publishers of journals, including highly visible, scientific ones. Inquiries to date suggest this approach offers great advantages for attracting volunteer mentors affiliated with well-respected

research institutions. In turn, the reputations of the early groups of mentors can enhance the stature of AuthorAID. This approach has already attracted support and small donations, from Science, Cell, Rockefeller University Press, Proceedings of the National Academy of Sciences, Genetics Society of America, and CSE. We are now in discussions with major funding organizations and with INASP to provide an institutional home for AuthorAID.

Phyllis Freeman and Anthony Robbins  
Co-Editors, JPHP

#### WFPHA NEWS AND NOTES

##### *The 11th World Congress on Public Health*

The World Federation of Public Health Associations (WFPHA) and the Brazilian Association of Collective Health (ABRASCO) invite the public health leadership from all parts of the world to come to Rio de Janeiro, Brazil, and join the 11th World Congress on Public Health, and the 8th Brazilian Congress on Collective Health. The Congress theme: "Public Health in a Globalized World: Breaking down Political, Social and Economic Barriers". August 21–25, 2006 (see [www.wfpha.org](http://www.wfpha.org)).

More than 600 abstracts have been submitted from countries other than Brazil, 198 from Latin America, 181 from the European Region, 134 from Canada and the US, 76 from the Middle East and Asia, and 31 from Africa. More than 10,000 public health professionals have pre-registered, almost 9000 from Brazil, an indication of the rapid progress in the country.

Review results of abstracts sent will be available as from March 27, 2006.

##### *The WFPHA Policy Committee: Call for Resolutions on Global Public Health Issues*

Dear colleagues:

Each year our member associations have the opportunity to propose policy resolutions to be considered by the Policy Committee and adopted by the forthcoming Annual Assembly of WFPHA in Rio de Janeiro.

After the passing of some very important declarations in the last years (see [www.wfpha.org/pg\\_about\\_policy.htm](http://www.wfpha.org/pg_about_policy.htm)), please submit

resolutions on important public health issues relevant globally and to the Federation as well. In doing so, consider the wider spectrum of the New Public Health, reaching far beyond the medical paradigm. Issues such as equity, trade (the WTO), violence, social health insurance, environmental health, public health training and research, schools of public health, professional organization, and workforce development – to mention only a few – have an impact on the health of the people.

You can reach a worldwide audience by passing a resolution in Rio de Janeiro this August. To proceed properly, a letter with your arguments and a draft version of the proposed resolution must arrive before the end of July 2006 at the WFPHA office in Washington DC or at my address in Germany (see below). The drafts will be discussed, edited, and sent to the members of the Policy Committee for comments. They will be finalised by the Policy Committee just before the Assembly.

Please consider also the option to amend an existing resolution by adding appendices which can be published at the WFPHA website.

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#### **Technical resolution submission instructions:**

Future resolutions of the WFPHA should have a length of 4–6 standard pages and use the following format:

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#### *World Federation of Public Health Associations (WFPHA) policy resolution*

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Title  
Date of approval  
Proposing association  
Introduction and background  
Problem analysis  
Recommendations  
Implementation  
References

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