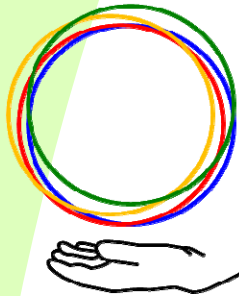


NEWSLETTER

International Federation of Environmental Health

July 2015 Edition



Global Environmental Health Faculty Forum

COIMBRA – PORTUGAL
22-26 September 2015

IFEH 1st World Academic Congress
on Environmental Health

Hosted by
College of Health Technology of Coimbra

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2015 Global Environmental Health Faculty Forum

Following last years successful conference in Las Vegas the IFEH decided to alternate the world conference with a world academic and student conference. This year will therefore see the first Global Environmental Health Faculty Forum take place from 22 to 26 September, sponsored by College of Health Technology of Coimbra, in Coimbra – Portugal. It will provide interaction between the academic community and professionals.

The themes covered by this event are Public Health, Climate Change, Indoor Air Quality, Exposure to Bioaerosols, Occupational Safety, Psychosocial Risks, Food Safety, Children Health and Safety and Environmental and Occupational Toxicology.

The conference fee will cover courses including: Indoor Air Quality, given by Gary Brown and Carolyn Harvey, with the duration of 6 – 8 hours. This course aims to understand the proper operation of Heating, Air Conditioning and Ventilation Systems, understand and control moisture in buildings, diagnose Indoor Air Quality problems, identify the various governmental standards and their limits, study the methods to Improve Indoor Air Quality issues and have the ability to utilize instrumentation to diagnose Indoor Air Quality issues. There will also be other themes like: Water pollution; Event safety at festivals and sport events; Development and protection of water sources in less developed countries, etc. For an extra fee there will also be the opportunity to attend Environmental Health and Disaster Management Training, given by Peter Davey, Benjamin Ryan and Tim Hatch, from 21st to 25th September. This course will cover themes such as Disaster Management, Drinking Water, Food Safety, Wastewater, Solid Waste and Hazard Materials, Vector Control, Shelters, Building Health Assessments, Responder Safety, Animals in Disasters, Media Management and Communicable Diseases in Disasters. For further information, see the official website: www.gehff2015.pt. Registration is now open with reduced prices for those who register before June. So hurry. Prices range from 75€ to 300€ depending on the subscribed status.

IFEH President Perspectives

By Henning I. Hansen, President IFEH



Dear friends and colleagues

In this article I will give some reflections on what has happened lately and give some indication on my perspectives on the near future.

Let me start by thanking Janet Russell producing this IFEH Newsletter and also thank Bernard Forteach for initiating the production of IFEH Newsletters and having produced the IFEH Newsletter for years previous to Janet.

In July 2014 at the successful Las Vegas World Congress I succeeded Dr Peter Davey as IFEH President. I would like to send my sincere thanks to Peter Davey who in his presidency worked tirelessly (and still does) to move the Federation forward.

I am looking forward very much to our first IFEH World Academic Conference on Environmental Health which takes place in Coimbra, Portugal 22 - 26 September 2015. The host, Coimbra University (the oldest university in Europe), is working very hard on making this a great success. I would like to give my personal thanks, especially to Prof. Susana Paixao and her organising committee for organising this great event. I look forward to meeting many of you in Coimbra. Please look up the Conference website:

www.gehff2015.pt and don't forget to see their great Conference streaming on YouTube:

www.youtube.com/watch?feature=player_embedded&v=Q03cfrEgBE4

MY PERSONAL OVERALL PRIORITIES

As new president of the IFEH I have (at least) 4 general items on my personal agenda that I would like to be strengthened in my period in office:

1. To ensure that all of our individual members in the IFEH member organisations and associated organisations get the full use of the very great pool of experience that resides in the Federation through its 50,000 plus individual professionals in the field of Environmental Health. In this way each of the 50,000+ professionals inside the IFEH membership can easily reach out for the experience from their colleagues throughout the World when needed - to get this experience down on each office desk - just by a few clicks. This great pool of wisdom through the IFEH should be easily available for all individual members at any time.

In order to initiate this, the IFEH forms groups using new web technology that can make this possible.

And next to this that those groups could help the Federation engaging in other projects - be that run by the IFEH, the UN, the WHO, the OECD or other relevant.

2. That the IFEH gets formally engaged in the work done by the UN and hereunder the WHO and the UNEP as well as regional UN / WHO Offices, the EU, the African Union and similar. Also that the IFEH welcomes partnership with other organisations as the IFEH when partnership is in our interests and does not conflict with the IFEH objectives.

3. That the IFEH gets more national member organisations onboard – particularly from Central and South America. India, China and Russia are welcomed as well, and more organisations from the Middle East region. But we have gaps in both Europe and South East Asia as well that would be great to have covered.

In this potential expansion, it is my hope that the IFEH is well aware that “Environmental Health” is not typically a name of national Ministries – these would typically be “Ministry of the Environment” and “Ministry of Health” and this typically reflects how the countries are governed at local, regional and national level – and also reflects how different kind of professional national organisation are organized.

My hope is therefore that the IFEH will keep an open mind when we get in touch with relevant national organisations. We need to be open-minded in this regard. We need “Environmental Health Officers” on board the IFEH membership – but in real life most of the countries by default don’t use English words in their defining of special professionals – and the IFEH needs to agree that the way how the countries in the World have organized their education and offices in general doesn’t always fit into the typical IFEH definition on an environmental health officer.

I agree to our previous decision – one country one national IFEH member organisation. Having said this I think we should welcome additional member organisations as associate member organisations in order to complete the whole idea behind the IFEH which encompasses the complete picture of the Environment and Health – and how the exposure on the environment does affect human health. And more – as it has been well established since the UN Rio Congress in

1992 – how Environment – Social factors – and Economy do affect each other and every bodies life. Nobody in the IFEH neglect this fact and of course the IFEH will act in accordance with this.

4. That the IFEH will attract even more financial means – be that from IFEH sponsorships or from specific projects that the IFEH engage to.

WHO & IFEH

26th September 2014 – An IFEH delegation, represented by Peter Archer and Janet Russell from CIEH together with Peter Wade, ENVINA met with the WHO at the UN City in Copenhagen, Denmark in order investigate possibilities of developing a WHO/IFEH Partnership. The reference being the IFEH Declaration of Health Equity – Closing the Gap in a Generation. IFEH Policy No.10, August 2012. (This initiative is further described in the article by IFEH President Elect Peter Archer, following this article)

27–29th August 2014 – Henning Hansen, President of the IFEH, was invited by the WHO, to participate in the WHO International Congress on Health and Climate at WHO Headquarters in Geneva. This conference on Health and Climate was the first of its kind organised by the WHO as emphasised by Dr Margaret Chan, Director General, WHO. The Congress was attended by 400 participants, including Health and Environment Ministers from WHO Member States, senior civil servants, technical experts, UN Agencies, NGOs, Chief Executives from Health Authorities and relevant private sector entities.

At the final plenary session, discussing the outcome and conclusions of the conference, I as IFEH President took the floor where I stressed the need for including

Environmental Health Professionals in the coming processes as EHP's are at the very core when it comes to the daily work of facing the challenges that climate change imposes on human health. EHP's are representing the regulatory body in the interface with affected people. Also I stressed the need for capacity building relating to Environmental Health in response to the challenges arising from Climate Change. Finally I enlightened the assembly about the IFEH EH Disaster Management and Risk Reduction Initiative which is very relevant in acute responses to the impact of climate change.

The meeting welcomed my intervention and it was noted by the WHO chairman of the meeting in her final summarising remarks. Just after the meeting I was approached by several representatives including, United Nations Environment Programme (UNEP), regional office of the WHO as well as several state officials etc.

We are currently building on these opportunities of co-operation with the IFEH. The meeting produced a summary that recognised the need to strengthen health resilience to climate change and the opportunity to make gains in public health through well planned mitigation measures. The summary notes weaknesses in the international health responses to climate change, including: weak engagement of the health sector in national and international climate policy processes, the lack of technical capacity to create and implement health adaptation plans, and inadequate financing. It further identifies needs, including for: supporting the health sector in UNFCCC engagement and in the development of NAPs; creating common metrics; providing guidance to the health sector on climate risks and emission reduction benefits; and guidance on resource mobilisation.

WHO expressed its intention to host a platform on climate change and health, as well as to finalise a summary as an outcome document and use it to input to UNFCCC COP21, the post-2015 development agenda discussions, and the 2nd Hyogo Framework for Action on Disaster Risk Reduction in 2015



Delegates at the first-ever WHO Health and Climate Conference (IFEH President: center 4th row)

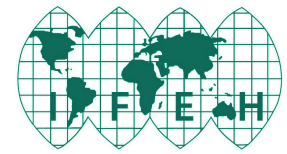


Delegates settle into the plenary to discuss the final summary and conclusions

More information about the WHO Conference on Health and Climate:

www.who.int/globalchange/mediacentre/events/climate-health-conference/en/

Official reporting service on the Conference produced by IISD: www.iisd.ca/who/hcc/ and the summary



www.iisd.ca/download/pdf/sd/crsvol224num1e.pdf

The final WHO Conference report:

www.who.int/globalchange/mediacentre/events/climate-health-conference/whoconferenceonhealthandclimatechangefinalreport.pdf?ua=1

IFEH & UNEP

As one of the outcomes of IFEH participation in the WHO Health and Climate Conference, I as IFEH President, have had several tele-conference meetings with representatives from the United Nations Environmental Programme UNEP. The UNEP is in a phase where they are preparing a new strategy to more systematically address the linkages between environment and health through the UNEP work programme.

Through our talks IFEH and UNEP have identified several topics where co-operation would be beneficial and which we are following up on. These are the mutual conclusions so far:

1. Important areas where the UNEP could collaborate with IFEH to our mutual advantage and that the scientific and technical expertise that IFEH represent can be a great asset for UNEP as UNEP defines their strategy to more systematically address the linkages between environment and health through the UNEP work programme.

2. Partnership with UNEP can be considered to our mutual advantage, notably the IFEH Environmental Health Disaster Management Principles and Practices, the World Environmental Health Day, Sustainability Indicator Initiative (SII), and the annual scientific Congress.

3. Possible IFEH participation in on-going UNEP/WHO work in the Africa Region under the frame of the commitments of the Libreville declaration of ministers of Health and the Environment in the region. Further information:

http://www.who.int/afro/progress_on_the_Libreville_Declaration.

Regarding item 1. it is my intention to set up an IFEH Committee with representation from all IFEH Regions which has been welcomed by UNEP.

Regarding item 2. Dr. Peter Davey and his project team on the IFEH EH Disaster Risk Reduction and Management Initiative is following up on the potential partnership with UNEP. UNEP would welcome an invitation to give a presentation at the IFEH World Academic Conference in Coimbra in September 2015.

Regarding item 3. Jerry Chaka, Chair of the IFEH Africa Regional Group has welcomed the possible partnership in relation to the UNEP/WHO regarding the Libreville declaration of ministers of Health and the Environment in the region. UNEP would welcome an invitation from the IFEH African Group to give a presentation at the All African Congress on Environmental Health, Nigeria in December 2015.

NEW IFEH STANDING SPECIAL INTEREST GROUPS

The IFEH Board of Directors has approved a proposal from the IFEH President to form several standing IFEH Special Interest Groups (SIG) in relation to many of the EH topics that the IFEH member organisations and their individual members are engaged with. The purpose of this initiative is to get full use of the very great pool of experience that resides

in the Federation through its 50,000 plus individual professionals in the field of Environmental Health. In this way each of the 50,000 plus professionals inside the IFEH membership can easily reach out for the experience from their colleagues throughout the World when needed and also each of the groups can help the Federation in producing positioning papers etc. The SIGs could also play an important role when the Federation is engaging with other official organisations as the WHO, UNEP, OECD etc. as well as other international organisations and potentially, on behalf of the IFEH, take part in specific international projects etc.

Each of the Standing Special Interest Groups is intended to have a named chairperson. The groups for the moment are intended to be on a global level but, if needed, regional groups could be created as well. Groups can be established or can be put to rest depending on the need. New Groups are to be acknowledged by the IFEH Board of Directors.

The IFEH Board of Directors has decided initially to form these standing IFEH Special Interest Groups (SIG) – (the order of numbering of the SIG is of no significance)

1. Disaster Risk Management
2. Communicable Disease
3. Food Safety & Security
4. Waste Management
5. Drinking Water
6. Wastewater Management
7. Air Pollution
8. Noise pollution
9. Pollution from Industry
10. Nature & Wild Life Protection
11. Public Health & Health Equity
12. Housing and Shelter
13. Environmental Health & Climate Change

There will be a consultation for comments from IFEH members – and call for nominations of chair persons.

The chair person of each SIG has to be member of one of the IFEH Member organisations or IFEH Associate/Academic members but doesn't need to be an IFEH Council Member. Initially the chairmen will be approved by the BOD based on the inputs from member organisations but when running, the SIG can chose the chairman (annually) by themselves. As President I wish to encourage that the chairmen is elected from the great pool of members not being delegates to the IFEH Council but not excluding IFEH Council Members, especially in the start up phase.

For each of the SIGs the Federation will establish a LinkedIn Group with protection where membership has to be granted by the chairman of the Group or before such is established by authorisation by me as President or another person that the BOD give authorisation to. I hope that somebody who is not a member of one the IFEH member organisations or associated/academics would like to participate and I welcome this but if they are not a member of an IFEH Member Organisation etc. they will need to be an individual member of the Federation before being authorised to join an SIG. When this is confirmed they are welcome to participate in the SIG.

IFEH – WFPHA

I proposed and The Federation has approved, through the IFEH Board of Directors, that we form a partnership with the World Federation of Public Health Associations (WFPHA) www.wfpha.org

WFPHA and IFEH are now mutual associate members of each of our organisations. The WFPHA is a similar organisation to the Federation but with greater public health interest. They have national member organisations in approximately 100

countries. Their main focus is on the health aspects but also on the Environment and its impact on human health. I met with their CEO Betinna Borisch in Geneva during the WHO Conference. And here we set out the partnership which includes:

An associate membership of both organisation vice versa could be envisaged;

A collaboration of the WFPHA working group on environmental health and the IFEH seems to be a great opportunity

Joint activities such as crossed posting on newsletters and websites of the two organisations would be another tool of advancing environmental health.

IN CONCLUSION

The IFEH is still growing in size and in terms of activities, collaboration and in terms of recognition. It is my impression that the Federation is on the right path and I am confident that this development will continue.



Henning I. Hansen
President IFEH

Additional information from the May 2015 IFEH Board meeting

IFEH Magazine – Peter Davey reported that after considering members ideas/responses for a new IFEH Peer Reviewed Journal he concluded that the investment required would prohibitive in respect of cost and time at this stage for our organisation. It is suggested Members could be notified on the website to publish in the existing NEHA and or CIEH Peer Reviewed Journals.

2016 WORLD Conference, Malawi. The dates for Congress are confirmed as 3rd–6th May 2016. The Congress website is under development, in addition, the Research and Technical Committee is working on the program for the conference to upload on the website. Furthermore, two email addresses have been created for the conference and can be accessed by visiting the website.

The website can be accessed online on <http://www.2016wceh.org>.

Abstracts can be uploaded through a link on the website or can be submitted through email to

abstract@2016wceh.org. There will be a call for papers in June.

Declaration of Health Equity – closing the gap in a generation

IFEH Policy No. 10 – August 2012

By Peter Archer, IFEH President Elect

It is the International Federation of Environmental Health's declared intention to work through our member organisations and partners to work to reduce health inequalities and to close the gap in a generation. In August 2012 the IFEH Council approved the new policy (www.ifeh.org/docs/ifeh_policies/policy10.pdf). The targets set within the policy are diverse and every environmental health professional has a personal responsibility to work to reduce the inequalities in health.

In 2008 a WHO Commission, led by Professor Sir Michael Marmot, reported that a girl born in some countries could expect to live more than 80 years but in others just 45 years. However, the difference is not just restricted to being born in different countries, in parts of the UK life expectancy is 82 years but in others, only a few miles away, it is just 54. It is not just a matter of poor water, inadequate sanitation, or good nutrition; there is a 'social gradient' in health. This is related to social scale & extent of control over one's life. Sir Michael Marmot's WHO report concludes 'social injustice is killing on a grand scale' & calls on all governments 'to close the gap in a generation'. The WHO Commission in 2008 argued that 'achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it'. The WHO outlined the following three principal actions for all member states.

- Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age;
- Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally;
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health;

At the IFEH World Congress in Vancouver in 2010 Dr Stephen Battersby, former President of CIEH, presented a paper detailing the recent work of WHO and outlined EHPs' potential contribution in tackling the wider social determinants of health. Since then Peter Wade of ENVINA, and Janet Russell and Peter Archer from CIEH have been working to ensure that IFEH Policy 10 is fully understood and that projects for reducing health inequality are evaluated and monitored. On 26th September 2014, World Environmental Health Day, Peter Wade, Janet Russell and Peter Archer met WHO colleagues at UN City in Copenhagen to see if we could develop a WHO/IFEH Partnership. In November 2014 Peter Archer met Prof. Michael Marmot, from the Institute of Health Equity in London to see how the involvement of IFEH Member Organisations could contribute to the overall programme on health equity.

At the World Congress in Las Vegas in July 2014 Janet Russell and Peter Archer presented a paper 'Closing the gap – 101 postcards' when we highlighted numerous projects being undertaken by EHPs on every continent. From clean water initiatives in

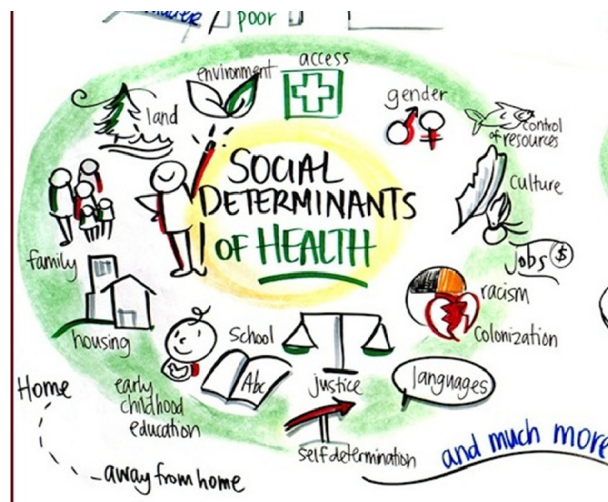
Kenya to high tech air quality warning services in London, we were able to describe how EHP involvement makes the difference to everyday life! It is the intention to monitor and evaluate the projects over a period of years.

If you would like to see the Las Vegas presentation, please go the IFEH website www.ifeh.org, direct link

We want to add many more projects to the '101 postcards', it has been suggested we should try for '1001 postcards'! If you would like to join us, please contact Peter Archer at peter.archer@thcp.org you will be most welcome.

Peter Archer, CIEH

101 Postcards for Health Equity



Many issues relevant to environmental health professionals are matters of health equity

- Warm healthy housing
- Safe nutritious food, water & good sanitation
- Absence of harmful emissions & reduction of greenhouse gases
- Safe workplace & healthy schools
- Healthy transport
- Epidemiology & infectious disease control
- Lifestyle diseases (e.g. cancer, obesity, cardio-vascular)
- Environmental determinants of disease etc. etc.

In 2008 WHO Commission, led by Professor Sir Michael Marmot, reported that a girl born in some countries could expect to live more than 80 years but in others just 45 years

The IFEH is gathering examples of work that is happening around the world that contributes towards improving health equity. We want to be able to showcase the valuable contributions Environmental Health makes to improving peoples lives.

We want to know

What the issue is you are addressing

What you did

What the outcomes were

Please send any examples to pro@ifeh.com

Examples can be found on the following pages.

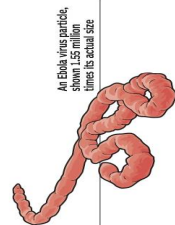
Please send your examples to pro@ifeh.org

EBOLA

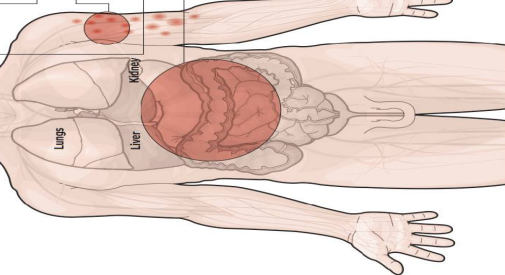
(All text references and pictures from www.who.int)

THE EBOLA EPIDEMIC

One of the world's deadliest diseases, the ebola virus is currently sweeping the African continent, which is experiencing its worst outbreak ever. Symptoms can be horrific, and it has a case fatality rate of up to 90%, making it a nightmare for health officials.



The incubation period, or the time interval from infection to onset of symptoms, is from two to 21 days. Patients become contagious once they begin to show symptoms.



SYMPTOMS AND EFFECTS

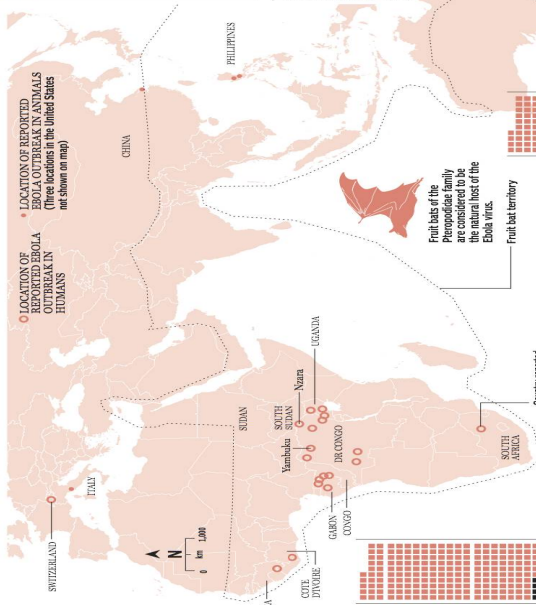
- At the development stage of ebola virus disease (EVD), patients have inflammation of the throat and mucous membranes of the eyes (conjunctivitis), abdominal pains and vomiting.
- When the infection attacks, it causes severe damage to the skin. Small white blisters develop along with red spots, referred to as maculopapular rash. These spots develop into blisters as the skin becomes puffy in texture. They randomly appear, allowing blood to pour out. The skin is so weak it easily tears with any movement of the patient.
- The surface of the tongue becomes a brilliant red and eventually sloughs off. It may even be spit out or swallowed.
- The virus is known to be systemic, which means the infection attacks every tissue and organ of the body, except the skeletal muscles and bones. The virus is also characterized by hemorrhaging and blood clotting.
- It also causes blood clots in the bloodstream. These clots tend to get stuck in the blood vessels, which in turn causes tiny red spots on the skin. The red spots show down the course of the blood vessels, which are the kidneys, spleen, adrenal glands, testicles and breasts. All these organs become severely damaged and eventually stop functioning.

Because of the many devastating effects on the body, death may be caused by shock, renal failure or loss of blood.



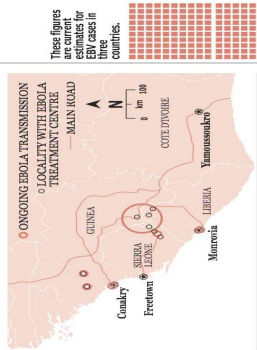
DISTRIBUTION OF PREVIOUS OUTBREAKS

Ebola first appeared in 1976 in two simultaneous outbreaks, in Yambouli, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name.



RECENT OUTBREAKS IN WEST AFRICA

Guinea: 412 cases (206 deaths)
Liberia: 115 cases (75 deaths)
Sierra Leone: 252 cases (147 deaths)



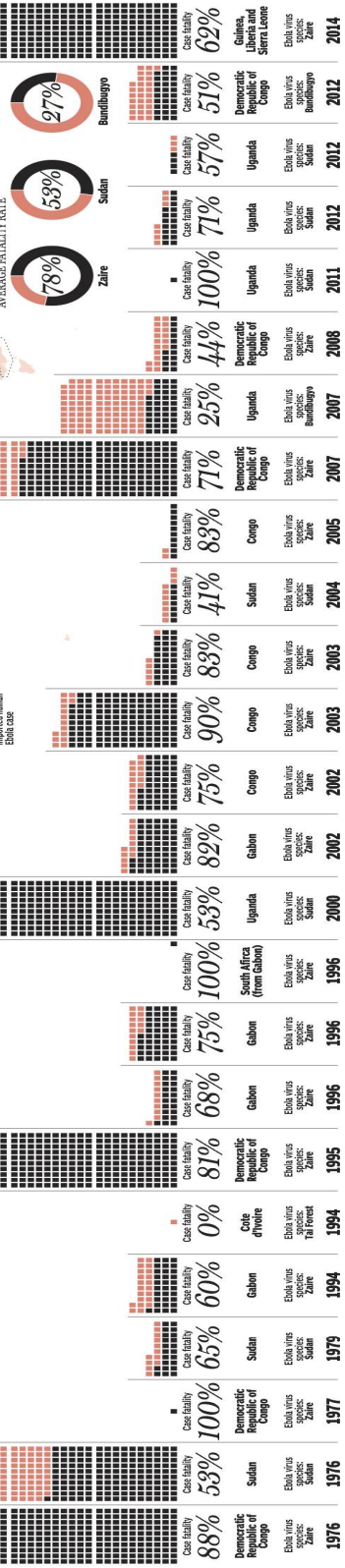
TRANSMISSION

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. In Africa, infection has occurred through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead in the forests. It can spread within the community from human to human. Infection occurs from direct contact (through broken skin or mucous membranes) with the blood, or other bodily fluids or secretions (sweat, urine, saliva, semen) of infected people.

DEADLY EBOLA SPECIES

There are five known species of Ebola virus. The Bundibugyo, Zaire and Sudan species have been associated with large EVD outbreaks in Africa, whereas Reston and Tai Forest have not. The Reston species, found in Philippines and the People's Republic of China, can infect humans, but no illness or death in humans from this species has been reported to date.

AVERAGE FATALITY RATE



SOURCES: WORLD HEALTH ORGANIZATION, THE HERTZBERG GROUP, WHO/FAO/UNEP

Symptoms of Ebola virus disease

The incubation period, that is, the time interval from infection with the virus to onset of symptoms is 2 to 21 days. Humans are not infectious until they develop symptoms. First symptoms are the sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools). Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

Diagnosis

It can be difficult to distinguish EVD from other infectious diseases such as malaria, typhoid fever and meningitis. Confirmation that symptoms are caused by Ebola virus infection are made using the following investigations:

- antibody-capture enzyme-linked immunosorbent assay (ELISA)
- antigen-capture detection tests
- serum neutralization test
- reverse transcriptase polymerase chain reaction (RT-PCR) assay
- electron microscopy
- virus isolation by cell culture.
- Samples from patients are an extreme biohazard risk; laboratory testing on non-inactivated samples should be conducted under maximum biological containment conditions.



Prevention and control

Good outbreak control relies on applying a package of interventions, namely case management, surveillance and contact tracing, a good laboratory service, safe burials and social mobilisation.

Community engagement is key to successfully controlling outbreaks. Raising awareness of risk factors for Ebola infection and protective measures that individuals can take is an effective way to reduce human transmission. Risk reduction messaging should focus on several factors:

- **Reducing the risk of wildlife-to-human transmission** from contact with infected fruit bats or monkeys/apes and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.
- **Reducing the risk of human-to-human transmission** from direct or close contact with people with Ebola symptoms, particularly with their bodily fluids. Gloves and appropriate personal protective equipment should be worn when taking care of ill patients at home. Regular hand washing is required after visiting patients in hospital, as well as after taking care of patients at home.
- **Outbreak containment measures** including prompt and safe burial of the dead, identifying people who may have been in contact with someone infected with Ebola, monitoring the health of contacts for 21 days, the importance of separating the healthy from the sick to prevent further spread, the importance of good hygiene and maintaining a clean environment.

The IFEH and the WFPHA have become mutual associate members

About the WFPHA

The World Federation of Public Health Associations (WFPHA) is a non-governmental organisation that seeks to promote effective health practices and policy to improve population health globally. As a membership-based organisation, the WFPHA supports the work of over 100 national public health associations and other public health organisations worldwide. With its Headquarters based in Geneva, the WFPHA is also accredited with official relations with the World Health Organisation (WHO) and seeks to support global policy setting at the international level.

The Federation is currently involved in multiple and diverse projects. These include a project evaluating public health in the context of increasing globalisation, highlighting the increasingly interconnected nature of political, economic, environmental, and commercial determinants on health. This project has been undertaken with the WHO and is hoped that it will contribute to the creation of global frameworks that better inform health governance, and further the debate on the type of capacities public health professionals need in these changing environments. There is a recognition that public health needs to adapt to this changing and increasingly globalised environment, and it is hoped that this project will help to inform this process.

Beyond this, the WFPHA continues to support working groups in making policy suggestions

on issues as diverse as health in complex emergencies, public health education and training, global health equity and on oral health. More information on the work of these groups can be found at <http://www.wfpha.org/about-wfpha/working-groups>.

The WFPHA was happy to welcome the International Federation of Environmental Health to our Federation earlier this year, and we look forward to developing our partnership in the future. WFPHA's CEO Bettina Borisch will be speaking at the IFEH conference in September.

The WFPHA has conducted a number of projects related to raising awareness between environmental determinants and public health, including the creation of a Working Group specifically looking at environmental health. This group is currently exploring how to input effectively into the 2015 United Nations Climate Change Conference in Paris. The group is developing a survey for use by national public health associations to assess their government's actions concerning climate change for reporting prior to the December Summit.

Equally, last February the WFPHA was central to organizing a global congress on public health. The 14th World Congress on Public Health was held between 11–15 February of this year. The Congress, which had the theme of 'Healthy People, Healthy Environment', brought together public health professionals, academics, and practitioners from around the world, and was organized between the Indian Public Health Association and the WFPHA.

WORLD ENVIRONMENTAL HEALTH DAY – 26 SEPTEMBER 2015



World Environmental Health Day 2015
Children are our future
let's protect their Environment and Health

What have you planned for this years World Environmental Health Day?

Please let us know: pro@ifeh.org
..and we will publish it on www.ifeh.org/wehd

Children's Health & Safety and the Protection of their Environment is a highly important topic to all people in the World. The IFEH wants to highlight this and to focus on how to reduce exposure from the surrounding environment by announcing this theme for World Environmental Health Day 2015.

Children are one of the most vulnerable sections of our society. In comparison with adults they have less resistance to infection, poor diet & nutrition, chemical contaminants, air pollution from traffic as well as air pollution in general, and they are at higher risks in terms of injury from accidents at home and in regard to traffic accidents.

How to be involved

Many activities are taking place around the Globe in connection to this big event. The IFEH wants as many as possible of the events in this connection to be known. And let us be clear – it doesn't cost anything to get your event displayed on www.ifeh.org/wehd.

Just send information about your initiative to Janet Russell the IFEH PR officer pro@ifeh.org if you would like information on your initiative to be published on the IFEH website.

There will be big events in many parts of the World

On the next pages are some examples that we are aware of by now.

Middle East Region

WEHD 2015 is falling during the week when the entire Middle Region including the schools are on holidays due to Hajj Pilgrimage. The ME Chair has suggested to conduct the promotional activities one week prior to September 26th to facilitate participation from all health authorities in the Region.

The WEHD is being planned as a three day event with exhibits from Public Health organisations, Fire Safety, Road Safety etc. The information is being forwarded to all Health authorities in the Region to maximise participation and benefit the children as they are the focus of WEHD 2015.

Europe Region

WEHD 2015 26 September will be celebrated as an integral part of the IFEH World Academic Conference taking place in Coimbra, Portugal. Environmental Health Professionals as well as leader from the whole World will be participating.

Faculty of Health Sciences (University of Ljubljana, Slovenia)

Topic: Diet & Nutrition – Preventing health hazards arising from excessive sugar intake among children. Working title: The bitterness of sugar. Participants: Students of sanitary engineering (1st and 2nd bologna level). Planned activities: Public exhibition of suggestions for packaging warning messages related to sugar intake.

.. and many more activities in Europe.

Africa Region

Several countries and organisations Africa are planning high-level activities in conjunction with WEHD 2015. South Africa once again will take a leading part in celebrating World Environmental Health Day. The IFEH Africa Group together with The Environmental Health Officers Association of Nigeria will host the coming All African Congress later this year at which occasion the theme for WEHD 2015 will be very much on the agenda.

.. many activities will as always take place in Africa.

Asia and Pacific Region

Australia, Malaysia and Indonesia will as ever take a lead on celebrating WEHD.

In Malaysia the IFEH has been invited as keynote speakers to participate in a high-level WHO / Malaysian Conference where the theme of the WEHD 2015 will be on the scope.

Americas Region

Canada and the US as well as Jamaica are expected to set up several events in conjunction with WEHD 2015.

In general: Follow the www.ifeh.org/wehd to see which events are announced regarding WEHD.

We are sorry to say that only a few percentage of the events around the whole World in fact are announced to the IFEH. So please let it be known to everybody – just email to pro@ifeh.org . We announce both small as well as big events – just let us know.

From the internal side of the IFEH

And finally our President will be forever indebted to our colleagues in Slovenia. At their regional meeting the European delegation visited the castle overlooking Lake Bled. Henning was waving to this Public Relations Officer when his smart phone flew out of his hand and down the cliff the castle was built on. Our Slovenian hosts risked life and limb to see if they could find the phone but could only hear a faint ring some distance away. They were however not going to give up and early the following morning 2 of our hosts returned to the castle with ropes and climbing gear and not only found the phone but also managed to get to the airport to reunite Henning and phone before he boarded the plane for Copenhagen. Slovenia we salute you.



Castle of Lake Bled, Slovenia

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