

3rd Health Programme

Call: HP-FPA-2017
(Operating grants 2018-2021)

Topic: FPA-01-2017

Type of action: HP-FPA-OG
(Framework Partnership Agreement)

Proposal number: 785284

Proposal acronym: HP-FPA-OG_ASPHER2017

Deadline Id: HP-FPA-2017

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How to fill in the forms

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Proposal ID **785284**

Acronym **HP-FPA-OG_ASPHER201**

1 - General information

Topic FPA-01-2017

Call Identifier HP-FPA-2017

Type of Action HP-FPA-OG

Deadline Id HP-FPA-2017

Acronym HP-FPA-OG_ASPHER2017

Proposal title* ASPHER Work Programme 2018-2021

Note that for technical reasons, the following characters are not accepted in the Proposal Title and will be removed: < > " &

Duration in months 48

Free keywords ASPHER, Public Health, Schools of Public Health, Public Health Education, Public Health Training, Public Health Workforce, Public Health Professionalisation

Abstract

A well-trained public health workforce that is adequately supported and sufficient in number is a condition to tackle current and future public health challenges. Insecurity, ageing, health of vulnerable populations, burden of non-communicable and rare diseases, spread of infectious diseases, and the growing prevalence of mental health problems are prominent examples, which also put the sustainability of European health systems at risk.

Academic organisations are instrumental to achieve a competent, effective and flexible public health workforce. ASPHER is determined to strengthen the role of public health by improving education and training of public health professionals for practice and research.

Therefore, the main objective of this proposal is to support the development of the public health workforce through the following strategic objectives:

- 1 Public health workforce professionalisation*
- 2 Public health education and training*
- 3 Translation of evidence into educational practice*
- 4 Communication, collaboration and wide stakeholder involvement*
- 5 Public Health Leadership*

The objectives will be achieved with carefully planned deliverables, including: Workforce Professionalisation Commission, Professional Public Health Competency Framework, Public Health Workforce Development Plan to be used by EU Member States, Good Practice Award in Public Health Education, Public Health Training Academy, research translation platforms, a number of position and policy papers, leadership development, a compendium of accreditation and licensing systems, and a film about European public health professionals including life stories. A wide group of stakeholders will be engaged and included in the proposed agenda. Multi-level dissemination will be carried out.

ASPHER's proposed work programme contributes to public health capacity-building and to innovative, efficient and sustainable European health systems – a laudable goal that will bring European added value to EU Member States.



Proposal ID **785284**

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Remaining characters

3

Has this proposal (or a very similar one) been submitted in the past 2 years in response to a call for proposals under any EU programme? ☐ Yes ☒ No

Declarations

1) The applicant declares that the information contained in this proposal is correct and complete.	<input checked="" type="checkbox"/>
2) This proposal complies with ethical principles (including the highest standards of integrity-as set out, for instance, in the European Code of Conduct for Research Integrity- and including, in particular, avoiding fabrication, falsification, plagiarism or other misconduct).	<input checked="" type="checkbox"/>
3) The applicant confirms that:	
- he/she carried out for his organisation the financial capacity self-check at https://ec.europa.eu/research/participants/portal/desktop/en/organisations/lfv.html The applicant confirms to be aware that a guarantee may be requested in accordance with the Financial Regulations of the EU	<input checked="" type="checkbox"/>
4) The applicant hereby declares that:	
- it is fully compliant with the exclusion and eligibility criteria set out in the Call for proposals;	<input checked="" type="checkbox"/>
- it has adequate financial and operational resources in order to carry out the proposed activities for the 4-year duration of the grant.	<input checked="" type="checkbox"/>

The applicant is responsible for the correctness of the information relating to his/her own organisation. If the proposal is to be retained for EU funding, the applicant will be required to present a formal declaration in this respect.

According to Article 131 of the Financial Regulation of 25 October 2012 on the financial rules applicable to the general budget of the Union (Official Journal L 298 of 26.10.2012, p. 1) and Article 145 of its Rules of Application (Official Journal L 362, 31.12.2012, p.1) applicants found guilty of misrepresentation may be subject to administrative and financial penalties under certain conditions.

Personal data protection

The assessment of your grant application will involve the collection and processing of personal data (such as your name, address and CV), which will be performed pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Unless indicated otherwise, your replies to the questions in this form and any personal data requested are required to assess your grant application in accordance with the specifications of the call for proposals and will be processed solely for that purpose. Details concerning the purposes and means of the processing of your personal data as well as information on how to exercise your rights are available in the [privacy statement](#). Applicants may lodge a complaint about the processing of their personal data with the European Data Protection Supervisor at any time.

Your personal data may be registered in the Early Detection and Exclusion system of the European Commission (EDES), the new system established by the Commission to reinforce the protection of the Union's financial interests and to ensure sound financial management, in accordance with the provisions of articles 105a and 108 of the revised EU Financial Regulation (FR) (Regulation (EU, EURATOM) 2015/1929 of the European Parliament and of the Council of 28 October 2015 amending Regulation (EU, EURATOM) No 966/2012) and articles 143 - 144 of the corresponding Rules of Application (RAP) (COMMISSION DELEGATED REGULATION (EU) 2015/2462 of 30 October 2015 amending Delegated Regulation (EU) No 1268/2012) for more information see the [Privacy statement for the EDES Database](#).



Proposal ID **785284**

Acronym **HP-FPA-OG_ASPHER201**

List of participants

#	Participant Legal Name	Country
1	THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE EUROPEAN REGION	Belgium



Proposal ID **785284**

Acronym **HP-FPA-OG_ASPHER2017** Short name **ASPHER**

2 - Administrative data of the organisation

PIC

939959004

Legal name

THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE EUROPEAN REGION

Short name: ASPHER

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Postcode 1040 Etterbeek

Country Belgium

Webpage <http://www.aspher.org>

Legal Status of your organisation

Research and Innovation legal statuses

Public body no

Legal person yes

Non-profit no

International organisation no

International organisation of European interest no

Secondary or Higher education establishment no

Research organisation no

Enterprise Data

SME self-declared status..... 20/03/2014 - no

SME self-assessment unknown

SME validation sme unknown

Based on the above details of the Beneficiary Registry the organisation is not an SME (small- and medium-sized enterprise) for the call.



Proposal ID **785284**

Acronym **HP-FPA-OG_ASPHER2017** Short name **ASPHER**

Department(s) carrying out the proposed work

No department involved

Department name

☒ not applicable

☐ Same as organisation address

Street

Please enter street name and number.

Town

Postcode

Country



Proposal ID **785284**

Acronym **HP-FPA-OG_ASPHER2017** Short name **ASPHER**

Person in charge of the proposal

The name and e-mail of contact persons are read-only in the administrative form, only additional details can be edited here. To give access rights and basic contact details of contact persons, please go back to Step 4 of the submission wizard and save the changes.

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3 - Call specific questions

Financial contributions by the EU may be awarded to the functioning of a non-governmental body.

The applicant hereby declares that:

- the applicant organisation is non-governmental, non-profit-making and independent of industry, commercial and business or other conflicting interests; and ☒
- the applicant organisation is working in the public health area, playing an effective role in civil dialogue processes at the Union level; and ☒
- the applicant organisation is pursuing at least one of the specific objectives of the third Health Programme; and ☒
- the applicant organisation is active at the Union level and in at least half of the EU Member States (e.g. has members in at least half of the Member States); and ☒
- the applicant organisation has a balanced geographical coverage of the Union; and ☒
- the applicant organisation's activity is compatible with the principles of the European Union as stated in Articles 8 to 12 of the [Treaty on the Functioning of the European Union](#). In case of applicants working with the private sector, this also applies to the activities of the latter. ☒

THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE EUROPEAN REGION (ASPHER)

Framework Partnership 2018-21 with
The Association of Schools of Public Health in the European Region (ASPHER)

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1. APPLICANT ORGANISATION'S CONTRIBUTION TO PUBLIC HEALTH AT THE EU LEVEL

1.1. Mission, vision statement and values guiding the applicant organisation's strategic level definition of aims and objectives

Mission and vision

The Association of Schools of Public Health in the European Region (ASPHER) is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research.

The main functions of ASPHER are:

- To support the *professionalisation of the public health workforce* in Europe, whilst respecting the diversity of national and regional contexts in which each school of public health operates, and thus;
- To sustain *capacity building in public health*, so that it balances with national and European population health challenges, and threats as well as burden of disease and health system context and is supported by best standards of public health education and training, scientific research, and practice.

The general objectives of ASPHER are:

- To sustain, in theory and practice, *member schools* in achieving their missions of education, training, scientific research and service;
- To develop models for *public health education and training* at all academic and professional levels, and the interaction of education and training with population health, health systems and services;
- To promote structured processes of sharing *evidence-based public health* models of innovation and good practice;
- To build *coalitions* with other programmes and public health organisations whose mission is to improve public health, specifically in an effort to put forth high standards in and strengthen public health education and training, and to improve the quality of the public health workforce in Europe and its competitiveness globally.
- To engage in the *public health policy development* which can affect or impact education and training of public health workforce, thus, contributing to its professionalisation.

ASPHER is a membership organisation of institutions, spread across EU and wider across WHO European Region, which are collectively concerned with the professional education and training, and professionalism, of those entering and working within the public health workforce. It promotes activities which foster exchange of information and best practices amongst its members in an effort to ultimately achieve high standards of public health education and training across Europe.

ASPHER strategic development is supported by three guiding principles or values:

- ✓ *Collaboration and inclusion* – building and sustaining strong and effective relationships with members and partners; here, the tribute is paid to the power of partnerships and collective efforts. Only more coherent and interconnected initiatives, with a strong inter-sectoral component, bringing together many stakeholders may have impact on favourable public health policies and regulations; a special attention is placed on the collaboration with and inclusion of associations and networks of young public health professionals.
- ✓ *Creating performance enhancing culture* – giving support and visibility to various initiatives of the Association's members such as best practice sharing, development of collaborative project proposals, students and professional exchanges as well as publications.
- ✓ *Accountability and responsibility* – ASPHER puts special attention to the accountability for its activities, democratic decision-making, governance processes and results in front of the Association's members, partner organisations, and stakeholders, who are involved or related to ASPHER's activities.

Founded in 1966, ASPHER currently has over 100 members in 43 countries in Europe.

Problem analysis, target groups and broader context

Health systems in Europe and their sustainability are under pressure. Today, the problems caused by the economic crisis, coupled with more structural changes in demography and the types of diseases include: ageing, health of vulnerable populations (elderly, migrants, minorities, other), cultural challenges, multi-comorbidities, non-communicable and rare diseases, the spread of infectious diseases – especially HIV, tuberculosis TB and Hepatitis, antimicrobial resistance and healthcare-associated infections, growing burden of mental health problems more and more affecting young people, a range of unmet health needs of the European populations, as well as insufficient or insufficiently supported public health workforce.

Key challenges such as lifestyle and related risk factors for chronic diseases, cross-border threats and insecurity put tremendous demands on organisations, which develop competent, capable, well trained and flexible public health workforce “contributing to innovative, efficient and sustainable health systems”.

It seems that never more than now, public health professionals equipped with interdisciplinary knowledge and skills, political savvy and leadership capabilities, able to work across sectors, understanding their role through the structure of public health functions/operations, lifelong learners able to adapt and actively develop their professional path are needed to address a complex and evolving nature of current European public health problems.

Public health professionals contribute to prolonging and promoting lives of populations and individuals through organised efforts of society (Acheson, 1994) and they should be assured the education and training which address the current burden of disease in European member states, make use of the newest evidence translating it into practice and education as well as provide the skills of advanced methodology of health technology and impact assessment, and leadership capabilities.

Nothing can be achieved without the people – well-educated and trained, competent, effective, efficient public health workforce. Ensuring that such a workforce exists and functions effectively requires the development and/or expansion of public health training programmes and educational systems in each country, based on the country's own needs but incorporating international best practices and norms.

Unfortunately, public health contrary to medicine or nursing still struggles to achieve European recognition of professional qualifications. There is a profound need for the development of European principles, methods and dynamic and effective tools to assess the present public health human capacities needs and to foresee future needs. There is a lack of adequate job profiles in public health systems with uniform certification procedures.

There is no standard European model allowing for testing individual public health competences profiles in lifelong learning/continuing professional development (LLL/CPD), thus, shaping a profession and forming the basis for certification and licensing of professionals, which would lead to free movement and recognition of qualifications.

Public health education across Europe has been disjointed. Consequently the labour market for the public health workforce is complicated by the absence of international standards for public health degrees. Challenges faced today by stakeholders within the European public health domain include: non-comparability of national degrees by potential employers; lack of transparency/convergence between national accreditation systems; limited possibilities for public health graduates to work across borders, thus, hindering the creation of a common European Higher Education Area (EHEA) and blocking economic prosperity within the European community.

There is a documented need to identify, define and accredit competences acquired by European public health workforce reflected in the robust needs analysis performed within the Association's operating grant agenda 2011-2012 (ASPHER_FY2011, ASPHER_FY2012). There now appears to be a growing consensus that higher education institutions should engage to make public health a wanted, important profession for the young generation, and for those who are already in the field but experience lack of professional identity due

to unclear professional profiles and vague job descriptions. We should make public health to be the first and informed choice and not a less wanted alternative, when medicine is no longer an option.

Therefore, the main objective of the ASPHER strategic agenda is to support the development of public health workforce through:

Public health workforce professionalisation

Public health education and training

Translation of evidence into educational practice

Communication, collaboration and wide stakeholder involvement

Public Health Leadership

The proposed programme addresses a wide group of stakeholders including: Schools of Public Health in Europe who are ASPHER Members, academic and non-academic institutions providing public health education and training; Schools of Public Health which are still not members of ASPHER; Public Health Professionals, and a wider Public Health Workforce; Professionals who want to specialize in Public Health; Alumni organisations, students and prospective students of Public Health Programmes; Public Health Associations; Professional Public Health and Health organisations at a European and global level, members of the EU Health Policy Platform; Public Health employer organisations; Supranational European organisations such as the European Union and WHO Europe; Policy- and decision-makers at a European, national and local levels; National Public Health Institutes; National Governments, Ministries of Health, Science and Education, also Local Governments' Public Health Departments; National Accreditation Agencies and perspective Licensing Agencies and Professional Chambers for the Public Health Workforce; General public.

Though ASPHER's principal role includes the promotion of highest quality public health education/training and of the highest standards of public health practice, it also assumes full participation in the wider public health movement, with direct concern for both quality of health and equity in health, in each country, across Europe and globally, in order to achieve the goal of attaining a high level of health for all in Europe.

1.2. Strategic relevance and contribution of the applicant organisation's activities to the implementation of the objectives of the Third Health Programme and other relevant EU policies

Relevance for the Third Health Programme and the EU added value

First of all, ASPHER acknowledges and shows relevance through its strategic plan and respective activities of the Commission wider priorities including the link between: (i) the health status of the population and its contribution to growth and jobs through labour market participation and labour productivity; (ii) investment in health as a source of economic prosperity and social cohesion; (iii) societal challenges (such as demographic ageing, inequalities, burden of chronic diseases, effectiveness, sustainability and resilience of health systems) (Investing in Health, EC 2013).

Second, ASPHER's proposed strategy directly contributes to the Third Programme of Community Action in the Field of Health (3HP) (2014-2020) by supporting public health capacity-building and innovative, efficient and sustainable health systems. ASPHER believes that “*Contributing to innovative, efficient and sustainable health systems*” (Specific Objective 3) is a laudable goal, which, if well addressed, can bring European added value to European countries. Thereby, setting high standards for education/training in public health and enhancing the quality and professionalism of the European public health workforce through the development of the systems allowing to link public health challenges, operations/functions and competences and, thus, form effective tools for testing and certification of individual professionals and for systems management. In this, ASPHER aims to contribute specifically to Objective 3.3 of 3HP: “*Health workforce forecasting and planning*”, including education and training issues as well as professionalisation and public health workforce governance. ASPHER's proposal links also with the Programme's horizontal priority area,

which is to support the “*Health information and knowledge system to contribute to evidence-based decision-making*”.

Third, ASPHER’s activities also indirectly contribute to: (i) Specific Objective 1: “*Promote health, prevent disease and foster supportive environments for healthy lifestyles*”, (ii) Specific Objective 2: “*Protect Union citizens from serious cross-border threats*”, and (iii) Specific Objective 4: “*Better and safer healthcare for Union citizens*”, via the operational dimension of the Programme, by identifying and promoting the up-take of innovative, evidence-based and good practices, developing coherent approaches, mechanisms and tools, facilitating access to cross-border expertise and application of research results, through the education and training programmes and professional competences, as well as the scientific exchange.

Fourth, ASPHER agenda additionally addresses other EU policies, especially EU2020, as concerns lifelong learning/continuing professional development (LLL/CPD), human capacity development, new skills and new jobs, and workforce mobility; also expressed via the Copenhagen process (Bruges Communiqué, 2010), enhancing the attractiveness, quality and performance of vocational education/training systems; improving transparency, information and guidance; recognition of competences and qualifications; strengthening the European dimension. Defined professional qualifications are essential to make the fundamental Internal Market freedoms work effectively in the EU (EC 2011) and their definition would imply promotion of the agenda for new skills and jobs (EC 2008) and a European single market. The lack of clear definitions of the profession hinders professional mobility and integration of public health professionals in the single market. EC consultations on the Professional Qualifications Directive (2005/36/EC) and consecutive impact assessment stressed the need for access to information; efficiency of recognition procedures; automatic recognition; and transparency of professions.

Moreover, ASPHER is also concerned with the potential consequences of the current demographic and migration trends facing EU. Accordingly, it works hard with its members to ensure that public health becomes a more visible series of purposeful activities for young people, especially in terms of their future career aspirations. It also adjusts its annual work programmes so as to better accommodate the EU Health Strategy.

Last but not least, in 2016 ASPHER led on the development of the EU Health Policy Platform (EU HPP) Joint Statement calling for a collaborative and consensus-building action in the area of the Public Health Workforce Development and Professionalisation. The Joint Statement has been endorsed by some of the key European public health networks, including the European Public Health Alliance (EPHA), the European Public Health Association (EUPHA), EuroHealthNet and the European Network of Medical Residents in Public Health (EuroNet MRPH), to name a few.

Structure and membership

Founded in 1966, based on a WHO initiative, the Association of Schools of Public Health in the European Region (ASPHER) is a non-for-profit organisation representing European schools of public health – teaching institutions, scientific/research institutes, and other structures with a role in education and/or training in public health. Individuals and institutions which do not qualify for admission as full members, but with a legitimate interest in public health or public health education/training specifically, and willing to support the Association in its mission, can join ASPHER as associate members. As of 15 June 2017, ASPHER has 107 full members and reaches more than 150 public health training and education institutions through network structures belonging to the Association. ASPHER is represented in 43 European countries (all EU member states except Luxembourg), with more than 5000 academics and experts employed in its member institutions; also in the following other regions via associate members: Eastern Mediterranean Region, Region of the Americas and Western Pacific Region. Read more in the ASPHER’s 50th Anniversary Book.

ASPHER is managed by the ASPHER Executive Board, implements its strategy through the ASPHER secretariat and ultimately serves the collective need of all ASPHER members expressed via the ASPHER General Assembly (see more under *section 3.1*). A number of ASPHER Working Groups/Task Forces and

Project Groups, formed by the Executive Board, support the Executive Board and the Secretariat in their mission. ASPHER is also the founding member of the APHEA consortium (Agency for Public Health Education Accreditation) formed by the five leading European membership organisations in the field of public health: EPHA (European Public Health Alliance), EUPHA (European Public Health Association), EHMA (European Health Management Association), and EuroHealthNet.

ASPHER is an active member of the EU Health Policy Platform (EU HPP) and the Coalition of Partners (CoP) – set up by WHO Europe under the framework of the European Action Plan for Strengthening Public Health Capacities and Services. Moreover, the Association maintains close links with its counterpart organisations in other regions, e.g. Asian-Pacific Consortium for Public Health (APACPH), US Association of Schools and Programs of Public Health (ASPPH), and Association of Schools of Public Health in Africa (ASPHA). It is also an active member of the World Federation of Public Health Associations (WFPHA).

The Association's two main yearly events providing a platform for meetings in which a great part of its membership takes part are: (i) the Deans' and Directors' Retreat hosting the General Assembly of ASPHER (May/June); and (ii) the Annual Forum at the European Public Health Conference (October/November).

The recently concluded ASPHER presidency 2016-2017 has not only marked the start of the implementation process of the ASPHER 2020 strategy (see more under *section 2*) but also the Association's 50th anniversary celebrations (1966-2016) (see more in the *Annex 3. ASPHER Annual Report 2016*).

ASPHER's website is available at <http://www.aspher.org>. An online, open access journal of the Association – Public Health Reviews – can be accessed via <http://www.publichealthreviews.net>.

2. APPLICANT ORGANISATION'S MULTIANNUAL WORK PROGRAMME 2018-2020

In 2009-2010, the Association conducted a Delphi survey to set priorities through 2015. The agendas for the two consecutive operating grants (ASPHER_FY2011, ASPHER_FY2012) were based on the outcome of this detailed long-term strategic plan. A mid-term reflection process (2013) to adjust and refine its work programme has further resulted in successful application for another operating grant (ASPHER_FY2014) and initial formulation of the ASPHER strategic plan 2016-2020 (ASPHER 2020). Intensive discussions accompanied two rounds of a Delphi consultation process in January and May 2014, involving ASPHER members and partner organisations, further resulted in the identification of the following five strategic objectives and respective programmes:

Strategic objective 1:

Improving quality of academic programmes and CPD for public health

Strategic objective 2:

Strengthening research capacity among all members

Strategic objective 3:

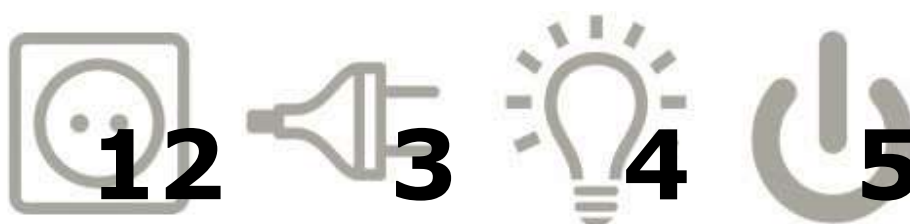
Setting up a public health profession for public health services in Europe

Strategic objective 4:

Developing the global dimension of education and training for public health

Strategic objective 5:

Strengthening governance, management and sustainable development of ASPHER



The currently on-going mid-term reflection process over the ASPHER 2020 implementation coincides with the Association's presidency handover and, thus, the 2020 strategy is being refined taking into account the upcoming presidency priorities 2018-2019. The **proposed Conceptual Model** (see: Figure 1) is expected to guide the Association's strategic agenda through the remaining period of the 2020 agenda. As such it also serves as the basis for this proposal.

Figure 1. Conceptual Model guiding the Association's strategic development through 2021



2.1. Objectives, means and methods, as well as expected outputs of the applicant organisation's multiannual work programme 2018-2021

Figure 1 illustrates the conceptual model that integrates the past, present and future efforts of ASPHER, its members and collaborating partners. The individual components of the model, closely corresponding with the original ASPHER 2020 framework, specify the strategic areas for the Association's work which include: (i) **public health workforce professionalisation** (ref. ASPHER 2020 strategic objective 3); (ii) **public health education and training** (ref. ASPHER 2020 strategic objective 1); and (iii) **translation of evidence into educational practice** (ref. ASPHER 2020 strategic objective 2). The implementation of the three core agendas will require: (iv) development of strong **leadership**, (v) **communication, collaboration** and **wide stakeholder involvement** (ref. ASPHER 2020 strategic objective 4 and 5). Table 1 presents the ASPHER work programme 2018-2021 strategic areas and horizontal dimensions, with the corresponding activities.

Table 1. ASPHER work programme 2018-2021: Strategic areas and horizontal dimensions of the programme, with the corresponding core/flagship activities

Strategic area I: PUBLIC HEALTH WORKFORCE PROFESSIONALISATION
Activity 1.1. <i>Development of the Commission on Public Health Professionalisation (CPHP)</i>
Activity 1.2. <i>Development of the Core Competences Framework for Public Health Professionals</i>
Activity 1.3. <i>Development of the Strategy Template for Public Health Workforce Development</i>
Strategic area II: PUBLIC HEALTH EDUCATION AND TRAINING
Activity 2.1. <i>Development of the Compendium of Case Studies on PH Accreditation and Credentialing Systems</i>

Activity 2.2. *Development of the ASPHER Public Health Training Academy (PHTA)*

Activity 2.3. *Introduction of the ASPHER Good Practice Award (in Public Health Education and Training)*

Strategic area III: TRANSLATION OF EVIDENCE INTO EDUCATIONAL PRACTICE

Activity 3.1. *Development of the forum to initiate and sustain scientific debates and policy dialogues over public health issues, facilitation of joint research between members and mobility at doctoral and postdoctoral level*

Activity 3.2. *Development of the platform of research expertise among ASPHER members, supporting the culture of evidence-based learning*

Activity 3.3. *Encourage the open access interface and sharing of knowledge between academia and practice*

Horizontal dimension I: COMMUNICATION AND WIDE STAKEHOLDER INVOLVEMENT

Activity I.1. *Development of the Compendium of Case Studies (in the form of short films, life stories) on the added value of the Public Health Professional Workforce*

Horizontal dimension II: PUBLIC HEALTH LEADERSHIP

Activity II.1. *Development of the CPD curriculum on “Leading change for Public Health”*

Below is a detailed description of the background, objectives, means and methods, as well as expected outputs of the ASPHER’s work programme 2018-2021 in the individual strategic areas identified:

Strategic area I: Public Health Workforce Professionalisation

Development of the Commission on Public Health Professionalisation (CPHP)

There is urgent need to support the professionalisation of public health workforce. Therefore, ASPHER proposes to establish the *Commission on Public Health Professionalisation* which will develop a road map for shaping this profession in Europe. Members of this Commission will be selected based on their expertise on: (public health) law, professional self-governments and professional regulations in the EU member states, ethics and professionalism, public health education, standards and norms, competence-based education and continuing professional development (CPD), career development models, licensing and accreditation, certification and recognition of public health competences, policy lobbying and advocacy.

The main objective of the programme here is to develop a road map including a detailed, systematically developed set of recommendations for public health policy (including governments), education (higher education and training organisations) and employer organisations, whose mission is to provide public health services and operations.

The deliverables address the pressing need to: (i) define the public health workforce; (ii) support the governments in developing policies related to public health workforce enumeration, developing, planning and forecasting; (iii) support public health employers in the development of public health meaningful career development paths; (iv) make public health a needed and required choice for the profession and career; (v) strengthen the professional identity of public health workforce; (vi) offer clear-cut solutions and scenarios for the development of a public health profession in Europe (vii) align public health services and operations with public health workforce development and professionalisation.

The foreseen deliverables include: (1) A document featuring a comprehensive set of recommendations in order to professionalize public health workforce in Europe considering various health systems, cultures and educational and learning contexts (**D.1.1.1.**). It will be developed around the principles, which need to be met for the profession to be acknowledged and recognized (skills based on abstract knowledge which is certified/licensed and credentialed, provision of training and education, certification based on testing of competences, formal organisation, professional integration, professional value system and adherence to a code of conduct, and recognition of the altruistic service). Vast attention will be paid to education, training

and CPD and possible scenarios allowing for professionalisation. (2) A toolkit, shortened version of the public health workforce professionalisation road map, which will include main areas and steps which need to be considered by end users (serving as a guide and resource, which will be linked with ministries, public health institutes and professional chambers) **(D.1.1.2.)**.

The deliverables will target governments, academic and non-academic institutions providing public health education and training, public health employer organisations, public health students, public health professionals and the wider public health workforce.

ASPHER will lead on the process being responsible for: (i) developing a strategy, vision and mission for the Commission; (ii) identification of experts, invitation and relevant communication; (iii) forming thematic groups; (iv) organising meetings; (iv) guiding and supervising the process, collecting the input of the thematic groups and developing the road map and recommendations. The contributing partners will represent selected members of the Association and interested members of the EU Health Policy Platform (EU HPP) who can support the professionalisation development process. Other, prospective partners will be identified using the snowballing method and relying on the recommendation of the approached partners.

The deliverables will be widely accessible among European countries; however, the priority will be given to the three pilot countries that will be identified for the period 2018-2021 as the best fit and need.

Development of the Core Competences Framework for Public Health Professionals

To date, there is no specific public health competency framework to support professional development and credentialing in the European public health service context. Therefore, ASPHER proposes a collaborative and consensus building attempt to develop a competency framework through the process of review, analysis and synthesis of existing competency frameworks for public health professionals, subsequent aggregation of competences into categories including generic, specific and interpersonal areas, systematic expert review process using expert panels, workshops and nominal group techniques for producing an integrated and all-embracing tool supporting professionalisation of the public health workforce.

The main objective of the programme here is to design, develop and test an integrated competences framework/model for public health professionals. The developed instrument/tool will enable an ongoing standardized and consistent assessment and development of public health knowledge and skills at individual, service, organisational, regional and country level thus supporting public health professionalisation and credentialing.

It is anticipated that an increasing focus will be directed onto building the public health knowledge and skills of wider groups of the health sector workforce and that the core public health workforce may be expected to increasingly show consistently higher levels of specialized public health competences.

The foreseen deliverable will feature in two formats: (1) A publication including the model with categories/building blocks, competences and explanation of the use at: (i) *individual level* (performance assessment and development processes using Dreyfus' scale from novice to expert and in case of high leadership positions luminary); (ii) *service level* (assessment of competences across a team or public health function/operation, against what is required to deliver a service, thus allowing identification of workforce development needs and any additional expertise required at service level); (iii) *organisation level* (organisation-wide assessment against contracted requirements and strategic plans to advise managers and leaders of the workforce development and inform workforce planning by showing overlaps, gaps, and under-utilisation of existing competences); (iv) *country/regional level* (to inform public health workforce planning and development) **(D.1.2.1.)**; (2) An online self-assessment tool to operationalize the model **(D.1.2.2.)**. The tool will allow for the adaptations and, through its systematic use, it will be possible to observe trends and changes in the competency priorities. Moreover, the proper piloting of the tool in different public health system and organisational structures and cultures will allow for specific adaptations.

The deliverable will target public health professionals, entry career individuals and professionals who want to specialize in public health, education and training institutions, public health employer organisations, national governments, local governments' public health departments, accrediting bodies and professional chambers. The framework/model has many benefits to offer; these include: (i) opportunity for more consistent measurement of competences across organisations and countries, which makes knowledge and skills meaningful and more transportable; (ii) opportunity for open and transparent discussions about the knowledge and skills required for a public health role or position which has the potential to result in greater job satisfaction, performance assessment or appraisal, as a matter of meaningful career guidance.

ASPHER will lead on the process supported by selected members of the Association. The contributing partners, which will take active part in the review, synthesis and the development process throughout the subsequent phases of the refinement of the competency framework, will come from within the interested organisations of the EU Health Policy Platform (EU HPP), and other relevant stakeholders (e.g. ECDC once it comes to competences in the area of communicable diseases prevention and control). The prospective partners may include public health associations in different European countries and all other interested institutions involved in public health practice (including global setting).

The framework will be tested at each level and duly adapted in three pilot countries that will be identified for the period 2018-2021 as the best fit and need.

Development of the Strategy Template for Public Health Workforce Development

All countries should develop and implement appropriate strategies addressing the public health workforce development. Consequently, the design of a (unified/standardized) strategy template for public health workforce development is proposed to help European countries develop feasible strategies addressing: assessment of the current public health capacity, forecasting public health workforce requirements, conducting a gap analysis, restructuring, training/retraining, recruitment and retention, performance assessment, monitoring and evaluation.

The main objective of the programme here is to introduce a well-designed/tailored template for public health workforce development strategy in order to support the effort of the European member states, public health organisations and programmes in addressing the existing public health workforce needs and support its planning and development in alignment with the public health challenges they face.

There are many important issues which will be addressed in this programme: (i) need for comprehensive public health services; (ii) health inequities/gaps both between and within European countries; (iii) population ageing; (iv) questionable allocation of country resources; (v) public health responsibilities are not the same in each country and so are the frameworks/tools for developing and enhancing knowledge, skills and training abilities; (vi) lack of uniform terminology, definitions, targets and aims; (vii) closer focus on needs, assets, and priorities.

The foreseen deliverable will feature in two formats: (1) A booklet developed as an evidence-based aid to assess the current status of the public health workforce and its capacities to inform policy-makers and to enable the countries to prioritize requirements and future actions (**D.1.3.1.**). It will be designed in a way that to enable a rapid assessment of the public health workforce and develop a preliminary plan for a long-term strategy of the adequate human resources planning. (2) Ultimately, a standardized toolkit will be set up incorporating the strategy template booklet and operationalizing it in the online environment (**D.1.3.2.**). Following a robust validation process (by means of piloting the tool in selected countries), the toolkit will support the delivery of comprehensive public health services. The deliverable will attempt to give a clear and directional solution to support countries, which need to change, reform or develop human resources for public health and do not have a systematic and system based approaches.

The deliverable will target a wide array of agencies involved in public health practice, public health organisations and programmes which need to plan and develop human resources to meet their strategic objectives, governments, health policy- and decision-makers at a European, national and local levels.

ASPHER will lead on the process supported by selected members of the Association. This will include: (i) researching the existing strategies and plans; (ii) designing the template; (iii) validation and further dissemination of the template. ASPHER will approach selected members of the Association, as well as interested organisations from within the EU Health Policy Platform (and their members) to provide feedback to the draft template before it is piloted in different locations and at different organisational levels.

The template can be used in any European country and will be tested in three pilot countries that will be identified for the period 2018-2021 as the best fit and need.

Table 2. Strategic area 1, including the corresponding core activities, delivery method and timeline

Strategic area I: PUBLIC HEALTH WORKFORCE PROFESSIONALISATION	
Activity 1.1. <i>Development of the Commission on Public Health Professionalisation (CPHP)</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Developing terms of reference of the CPHP	Development of the toolkit (D.1.1.2.)
Invitation and relevant communication with experts	Pilot in countries and presentation via the EU HPP
Workshop I	
Research and development work in working groups	
Report from preliminary work and collating findings	
Workshop II	
Work and communication among experts	
Review of the parts produced by working groups	
Collating and drafting the final document	
Workshop III	
Elaboration of the final document (D.1.1.1)	
Activity 1.2. <i>Development of the Core Competences Framework for Public Health Professionals</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Review of the existent (specific) frameworks	Development of the online self-assessment tool
Expert panel/Workshop I	(D.1.2.2.)
Analysis and development work	Pilot in countries and presentation via the EU HPP
Expert panel/Workshop II	
Adaptation of the framework/model	
1st consensus nominal group or Delphi round online	
Adaptation of the list/framework/model	
2nd and 3rd Delphi rounds online	
Endorsement of the framework/model (D.1.2.1.)	
Activity 1.3. <i>Development of the Strategy Template for Public Health Workforce Development</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Review of the existent strategies and templates	Development of the online toolkit (D.1.3.2.)
Consultation I – agreeing on the structure/format of the template	Validation of the template by means of pilot/test in countries and presentation via the EU HPP
Designing the draft template	

Strategic area II: Public Health Education and Training

Development of the Compendium of Case Studies on PH Accreditation and Credentialing Systems

European national accreditation frameworks are based around generic educational standards which are applied equally to all education sectors and workforces. The systematic focus on the competency requirements of a public health workforce based on social accountability is lacking. Likewise there are presently no clear career development paths for the public health workforce in Europe. Therefore, ASPHER proposes to create a compendium which will serve as a guiding tool for the national education and health systems and/or public health associations to inform or support the public health professionals in the choices they make concerning education, training and further recognition of acquired competences. The tool can complement national systems in a structured and transparent manner. It then seeks collaborative sector based actions to facilitate workforce learning whilst sharing and promoting international good practices.

The main objective of the programme here is to develop a compendium of case studies on the European accreditation and credentialing systems and models, to support education, training and individual career paths of public health professionals, based on reflective international good practice: (i) literature review; (ii) stakeholder/expert exchanges, consensus building meetings and interviews with experts related to existing good practice in the two respective fields, to discuss the results of the review process and agree on the criteria and format of the case studies which will form the compendium; and (iii) instigation of a sustainable web-platform for ensuring that public health workforces are aware of effective mechanisms and for the sharing and promotion of good practices across Europe.

The foreseen deliverables include: (1) A booklet with the compendium of case studies on existing accreditation and credentialing systems across Europe; *accreditation* referring to evaluation of institutions and educational programmes and *credentialing* encompassing both licensing and certification of public health professionals. A report from the collaborative meeting between ASPHER, the Agency of Public Health Education Accreditation (APHEA) and other interested stakeholders to agree on the format of the case studies and the specific methodology to compile the compendium will be addressed in the introductory part of the publication (**D.2.1.1.**); (2) A web-platform incorporating the booklet/publication in a dynamic open source format, allowing for updates by registered users allowing for the programme wider impact, sharing and promotion of the relevant good practices across Europe, identification of possible joint/European solutions and sustainability (**D.2.1.2.**). A report from the consultative and consensus-seeking meeting between ASPHER, APHEA and identified key stakeholders to inform the development of the web-based platform, together with the accompanying material (e.g. short videos with the interviewed experts) will be uploaded onto the platform in the section providing background information.

The deliverables will target a wide range of stakeholders, including local, national, regional and international public health workforces, education and training providers in public health, public health associations, policy- and decision-makers across Europe, governments – ministries of health and education, national accreditation agencies and perspective licensing agencies for public health workforces.

ASPHER will lead on the process in close collaboration with APHEA, being responsible for hosting and organising of both consultative meetings and expert interviews, developing and editing the compendium booklet. APHEA will review the existing accreditation systems and ASPHER will review the existing credentialing (licensing and certification) systems. Both organisations will develop developing the online open source platform. Key sectorial stakeholders from within the EU Health Policy Platform (EU HPP) and wider (groups/projects addressing competences and credentialing of the public health workforce) will be responsible for stakeholder input within the consensus building process.

The compendium will be available for all European countries to be accessed and consulted.

Development of the ASPHER Public Health Training Academy (PHTA)

Continuing Professional Development (CPD) has been proven to be effective for a variety of professions in helping professionals to better perform their jobs. However, the current public health CPD offer in Europe is scattered and difficult to navigate. This makes it complicated for professionals within the public health workforce (with or without a public health background) to access the training that they need in order to further professionalize and advance in their career.

For that reason, ASPHER aims to establish an umbrella structure that brings together high-quality training in public health by taking advantage of the capacity of its membership network. The ambition of this structure, the Public Health Training Academy, is to address the needs for training of the public health workforce by providing cutting-edge short courses that allow public health professionals to advance in their career.

The PHTA will be implemented in three successive phases: (1) Phase 1 (2018): the first step will be to set up an online repository through which ASPHER members will be able to register and advertise the CPD that they offer for the public health workforce (**D.2.2.1.**). The repository will be coordinated by ASPHER (to ensure quality); (2) Phase 2 (2018-2020): the second step will be to establish a centre in Brussels in which the ASPHER members can impart CPD courses (**D.2.2.2.**). Following Brussels, other centres will be established in different locations within the PHTA based on partnership agreements that have yet to be negotiated, e.g. in Berlin, with a focus on public health law, and in Salzburg, with a focus on public health training for healthcare professionals in clinical practice; (3) Phase 3 (2020-2021): the third and the last phase will aim to further strengthen both the online repository and the different specialized centers of the Academy. By then, the PHTA will also present a strong basis for the development of the European CPD scheme supporting the public health workforce professionalisation at the European level (**D.2.2.3.**).

On regular basis throughout the development of the PHTA, ASPHER will perform needs analyses and will launch periodic calls for schools/experts when the need for specific training has been identified. In this sense, the PHTA aims to become the go-to centre for both public and private bodies seeking to train their workforce and staff members. Once the training has been designed it will be provided either in a selected ASPHER member's location or via one of the PHTA specialized centres. These new trainings will be designed between the leading ASPHER member/members consortia with the support of the ASPHER Secretariat, and under supervision of ASPHER Executive Board.

The PHTA will complement and run in full synergy with other components of the ASPHER work programme 2018-2021. It will target public health professionals and the wider public health workforce, ASPHER membership community, education and training institutions, public health associations and public health employer organisations.

ASPHER will lead on the process in close collaboration with the collaborating members and partners. The Brussels centre, being a flagship initiative of the PHTA, will require particular support of the Maastricht University's Campus Brussels – the key partner in this specific endeavour; the UM Campus Brussels hosts the ASPHER Secretariat in Brussels and Maastricht University holds the current presidency of the Association. ASPHER will seek other partnership arrangements to develop other specialized centres. As indicated above some initial discussions took place regarding possible centres in Berlin and Salzburg.

Introduction of the ASPHER Good Practice Award (in Public Health Education and Training)

ASPHER will develop an award scheme that will recognize the excellence of the best master programmes and Continuing Professional Development (CPD) courses that are put forward by ASPHER members. This competition, open to all ASPHER full members, aims to enhance the exchange of good practice in public health education and training by showcasing the best master level and CPD offerings. First, APHEA (Agency for Public Health Education Accreditation) curriculum validation methodology will be used to

determine those programmes/courses that can take part in the competition. Additionally, in order to determine the winners, the levels of *Impact*, *Innovation* and *Internationalisation* of programmes/courses will be assessed by the ASPHER Executive Board. How these three will be measured will be determined and included in the *ASPHER Good Practice Award: Terms & Conditions* document that will be developed. Programmes/courses taking part in the competition will be required to address all 3 criteria, each of them having a weighted value. The context in which schools operate will also be taken into account.

The foreseen deliverables include: (1) *ASPHER Good Practice Award: Terms & Conditions* document outlining all the relevant rules applicable (**D.2.3.1.**); (2) Annual reports from the competition (**D.2.3.2.**).

The deliverables target the ASPHER membership community, schools of public health in Europe, but will also serve to inform a wider audience – the public health workforce, students/prospective students, and other parties interested in the education and training offerings across Europe. ASPHER will lead on the process in close collaboration with APHEA.

Table 3. Strategic area II, including the corresponding core activities, delivery method and timeline

Strategic area II: PUBLIC HEALTH EDUCATION AND TRAINING	
Activity 2.1.	
<i>Development of the Compendium of Case Studies on PH Accreditation and Credentialing Systems</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Review of the existent accreditation and credentialing systems and models in Europe	Expert interviews related to existent good practices
Stakeholders' meeting I: to agree on the format of the case studies and the specific methodology to compile the compendium	Stakeholders' meeting II: to inform the development of the web-based platform for the sharing and promotion of good practice across Europe
Editorial work and publication of the compendium of case studies (D.2.1.1.)	Development of the web-platform incorporating the compendium in a dynamic open source format (D.2.1.2.)
Activity 2.2. <i>Development of the ASPHER Public Health Training Academy (PHTA)</i>	
<u>2018</u>	<u>2018-2020</u>
Developing terms of reference of the PHTA	Establishing specialized centres within the PHTA, including the Brussels centre – Phase 2 (D.2.2.2.)
Setting up the online platform to host the PHTA repository – Phase 1 (D.2.2.1.)	Periodic needs analysis followed by call for (interested/available) schools/experts
Invitation of all members and partners to enter their CPD offer onto the PHTA repository	<u>2020-2021</u>
Periodic needs analysis followed by call for (interested/available) schools/experts	Developing terms of reference of the European public health CPD scheme – Phase 3 (D.2.2.3.)
	Periodic needs analysis followed by call for (interested/available) schools/experts
Activity 2.3. <i>Introduction of the ASPHER Good Practice Award</i>	
<i>Competition process will run on the annual basis according to the following schedule:</i>	
Call for applications announced at the ASPHER Deans' and Directors' Retreat (May/June); <i>ASPHER Good Practice Award: Terms & Conditions</i> document to specify all the relevant rules applicable (D.2.3.1.)	
Applications collected by the end of the year each year with a last-minute reminder circulated at the European Public Health Conference (October/November)	
Review of the applications and announcement of the winners at the annual ASPHER's Deans' and Directors' Retreat (May/June); annual reports developed as part of the Retreat reporting (D.2.3.2.)	

Strategic area III: Translation of Evidence into Educational Practice

Development of the forum to initiate and sustain scientific debates and policy dialogues over public health issues, facilitation of joint research between members and mobility at doctoral and postdoctoral level

The present main public health problems and emerging challenges are better addressed by multidisciplinary teams able to develop effective responses in relatively short time spans. During the last decades, multiple high quality research consortia have been created in Europe and are pursuing their activity being able to effectively recruit funding from diversified sources. ASPHER will approach such groups already in place, particularly those that work in the field of public health and/or allied sciences to build on their expertise.

The main objective of the programme here is to develop a forum to discuss complementarities and the ability to address the most relevant public health questions, promoting a virtuous balance between the quest of established research questions and the ability to confront imposing problems (often viewed as less challenging or less prone to obtain successful funding) (D.3.1.1.). ASPHER will advocate towards such balance influencing the relevant agendas, and initiating and sustaining within the forum both scientific debates and policy dialogues linking academia, policy and practice. The facilitation of joint research proposals resulting from the forum discussion will be promoted in annual workshops run in the context of the Association's Deans' and Directors' Retreat (on topics of identified interest).

The quality of the public health workforce depends on a strong research commitment, thus, facilitating mobility at doctoral and postdoctoral level, for short time tasks and/or training is essential. To implement it, a repository on the available mobility schemes will be created (D.3.1.2.).

Development of the web-platform of research expertise among ASPHER members, supporting the culture of evidence-based learning

The main objective of the programme here is to develop a web-platform of research expertise among ASPHER members (D.3.2.1.), based on the following elements: (1) a survey amongst ASPHER members on the available research expertise – the areas of interest pursued by each school, their scientific outputs and offer in advanced training; this will provide a quantitative picture of the items that can contribute to the platform content; (2) a Delphi panel with key informants to evaluate under a qualitative perspective the willingness to cooperate and ways to participate/collaborate in order to meet the convenience and the expectations of schools and possible financing structures; (3) a review of the existing literature on research platforms (how to design, implement and sustain them); (4) an inventory of information on potential common resources, e.g. laboratories and other research structures such as cohorts, registries, databases.

In turn, the platform will be developed with two major objectives: (i) to create a database keeping up-to-date information on available individuals and structures to be contacted in due time to build consortia or specific responses to internal or external demands; (ii) to actively promote research interactions between members and regular evidence to training translation practices/routines. In addition, a dedicated module of the platform will support (iii) dissemination of the EU and WHO relevant policies and actions through education and training provided by ASPHER member schools (D.3.2.2.)

All ASPHER members will be invited to submit their experience onto the platform. Every two years ASPHER will select good practice examples and invite their authors to make a presentation at the annual Deans' and Directors' Retreat.

Encourage the open access interface and sharing of knowledge between academia and practice

ASPHER will encourage and promote open access by: (1) developing a series of short position papers on the importance of open access to equity in research (D.3.3.1.), advocating in the European setting for the central role of open access to increase literacy and science citizenship; and (2) promoting Public Health Reviews

(PHR) (**D.3.3.2.**), the open-access journal of ASPHER, to make it one of the leading journals in the field of public health.

The PHR journal promotes public health knowledge and best practices, placing a special emphasis on the integration of state of the art information and translational issues, interdisciplinary approaches, innovations, and emerging public health concerns. It publishes thematic series of high quality review articles on key topics in public health that aim to inform public health practitioners, teachers, students and policy-makers. It also presents historical and contemporary reviews to emphasize new possibilities for public health, to translate research into recommendations for best practices in the real world and to promote discussion in the public health community. All articles published by Public Health Reviews are made freely and permanently accessible online immediately upon publication, without subscription charges or registration barriers.

Table 4. Strategic area III, including the corresponding core activities, delivery method and timeline

Strategic area III: TRANSLATION OF EVIDENCE INTO EDUCATIONAL PRACTICE	
Activity 3.1. <i>Development of the forum to initiate and sustain scientific debates and policy dialogues over PH issues, facilitation of joint research between members and mobility at doctoral and postdoctoral level</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Consultation with relevant experts and groups to develop term of reference and the Forum's agenda	Launch of the Forum (D.3.1.1.)
Setting up a repository on available mobility schemes at doctoral and postdoctoral level (D.3.1.2.)	Annual workshops to facilitate joint research proposals amongst ASPHER members
Annual workshops to facilitate joint research proposals amongst ASPHER members	
Activity 3.2. <i>Development of the web-platform of research expertise among ASPHER members, supporting the culture of evidence-based learning</i>	
<u>2018-2019</u>	<u>2020-2021</u>
A survey amongst ASPHER members	An inventory of information on potential common resources as part of the systematic monitoring and upgrade of the platform development
A Delphi panel with key informants	
A review of the existing literature	
Launch of the web-based platform of research expertise among ASPHER members (D.3.2.1.)	
Developing a module for dissemination of EU/WHO relevant policies through training (D.3.2.2.)	
Activity 3.3. <i>Encourage the open access interface and sharing of knowledge between academia and practice</i>	
<u>2018-2019</u>	<u>2020-2021</u>
Setting up a task force for the development of position papers series (D.3.3.1.)	Public Health Reviews to obtain impact factor/IF
Continuous promotion and strengthening of the Public Health Reviews journal (D.3.3.2.)	

In order to achieve the proposed agenda, ASPHER will focus its attention on the cross-cutting issues:

Horizontal dimension I: Communication and wide stakeholder involvement

It is through the systematically developed communication and Public Relations strategy, stakeholder involvement and advocacy that ASPHER will contribute to the development, leveraging and sustainability of the public health workforce in Europe. Moreover, ASPHER will engage the identified stakeholders in all its

activities and will make sure using the proposed dissemination strategy that they are both informed about the deliverables and their scope as well as involved in their development, especially the ASPHER members and also partners as reviewers or experts. ASPHER president will initiate opening a direct democracy online platform for the members to propose different topics of interest, to answer important questions for ASPHER. The platform will make the members more involved and included in the development of ASPHER multi-year agenda.

Development of the Compendium of Case Studies (in the form of short films, life stories) on the added value of the Public Health Professional Workforce

In times of complex public health challenges and efforts to sustain health and public health services and systems, there is a growing consensus that public health should be more recognized as a profession and public health professionals and their work should be described, presented and shown as a contextualized story to have stronger impact on professionalisation of public health workforce and addressing their needs. While there are many efforts to build a critical mass of public health human resources there seems to be a lack of clarity concerning individual development paths, public health positions, responsibilities and future career opportunities. Nothing is more powerful as a real person behind a story helping others recognize the same struggles, successes, needs and failures.

The main objective of the programme here is to develop a compendium of short films/case studies based on stories told by public health professionals working in European health systems contexts and fulfilling public health operations (between 9-12 stories in the period of 2018-2021). By showing and promoting the examples of people and their work, the programme will help build identity, social capital and recognition as well as facilitate acknowledgement among other health professionals, employers, citizens and educators of the roles and positions which public health can entail.

The case studies and real stories or life examples of people who work for public health will contribute to better understanding of the profession, defining of a public health professional and providing more clarity related to employability, assessment and credentialing.

The series of short films/case studies will also serve as a promotion material, which will be used by ASPHER, its members and partners, in their activities or interventions related to assuring a competent and professional public health workforce.

The foreseen deliverables will be a collection of short films (life stories) portraying public health professionals who work within diverse European public health system settings and who fulfill different public health functions/operations (**D.I.1.1.**). Their stories will include the information about the education, current public health work and professional public health achievements and challenges; ideally the professionals will be filmed in their work environment setting. ASPHER will also organize a premier of the film (including short stories developed in the given year) in the context of the annual European Public Health Conference (**D.I.1.2.**).

The proposed deliverable will target European citizens in general and the public health community in particular, more specifically: public health education and training organisations, potential public health employer organisations, health policy- and decision-makers at European, national and local levels, entry career individuals and professionals who want to specialize in public health.

ASPHER will lead on the process supported by Maastricht University as holder of the ASPHER 2018-2019 ASPHER Presidency, being responsible for: (1) designing the case study; (2) developing questions which should be addressed by recorded professionals; (3) film-making, development and production which will be done by Maastricht University Science Vision Studio specializing in film-making and development of educational and promotional materials using video. The contributing partners will be selected from within the organisations of the EU Health Policy Platform (EU HPP) to help identify professionals who will serve as best examples to be recognized and shared among the identified audience and help draft short written

information in a format of an online booklet to support the films. All members of the EU HPP will be addressed and informed accordingly.

The compendium can be used in any European country and by any organisation which wants to contribute to making public health a recognized and valued profession.

Table 5. Horizontal dimension I, including the corresponding core activities, delivery method and timeline

Horizontal dimension I: COMMUNICATION AND WIDE STAKEHOLDER INVOLVEMENT
Activity I.1. <i>Development of the Compendium of Case Studies (in the form of short films, life stories) on the added value of the Public Health Professional Workforce</i>
<i>The production will include 2-3 films per year according to the following annual schedule:</i>
Developing a list of public health professionals to be approached
Developing the model scenario, questions which should be addressed in the story
Developing information package, objectives, audience, ethical aspects and informed consent form
Communication with the professionals (telephone, email, skype)
Agreeing on the format of the interviews with the media production experts from UM
Developing a schedule of the filming missions and agreeing on the dates with the selected professionals
Arranging travel and accommodation if the trip is required to film a professional in his/her place of work
Film production and editing (D.I.1.1.)
Organizing a premier of the film (including short stories developed in the given year) (D.I.1.2.)

Horizontal dimension II: Public Health Leadership

Given the complex and wicked nature of public health problems, there is a developing consensus that public health organisations should engage in building leadership capacity at every level. A report from the recent ASPHER survey concluded that it is still not common for leadership development to be included in European public health training programmes. The authority of public health leaders will arise from their ability to convince others of the central importance of population health and well-being through influence rather than control. This means that contemporary public health leaders require new skills, related to transformational, adaptive and servant leadership.

Therefore, ASPHER will support the development of leadership capabilities through encouraging the inclusion of leadership courses in public health curricula, providing short public health leadership courses within the Public Health Training Academy (PHTA) and participating in debates on public health leadership.

Development of the CPD curriculum on “Leading change for Public Health”

Public health is a dynamic field and so are public health challenges, interventions and policies. This has a strong impact on public health institutions and organisations on both national and international levels. While introducing the health systems reforms, public health organisations need to change their behaviour to stay aligned with their environment, or to disrupt their environment by creating new value propositions. For both, they have to change their so-called “organisational temple” (interaction between structures, cultures, people and systems). Therefore, the presence of competent leaders is crucial to achieve progress in the field. Public health leaders must know and understand the process, influencing factors, effective strategies and useful theories/models to initiate and conduct change. While change management and leading change are well known topics in the business management curricula there are no specially tailored short CPD courses on leading change specifically addressing public health practice and professional context.

The objective of the programme here is twofold: (1) to develop a CPD training curriculum on managing and leading change in public health organisational and institutional context; and (2) to pilot the course in three

European public health systems settings within the Public Health Training Academy (PHTA) framework to support European member states introducing change (public health or health system reform).

The foreseen deliverable will consist of the following two elements: (1) A short CPD course: “Leading change for public health” (**D.II.1.1.**) will be described in three documents: (i) *nominal plan* – detailing the context of change within public health public health functions/operations, main objectives, outputs and competences gained by participating in the course, target audience, practical application and possibility of use in different system contexts. It will also include some relevant literature and weight in ECTS which can be important for professional development or licensing and information about the trainers and experts who will deliver the course; (ii) *participant guide* – including the specific system context, the meaning of change, leading change and short description of theories and models, objectives of the course and learning outcomes, format, methods, explanation of self-study and group work as well as relevant problems and case studies. It will also include self-assessment guide, suggested reading, and information about the trainers and experts who will deliver the course); (iii) *trainer guide* – including objectives and learning outcomes of the participants, self-assessment with the explanation of the scoring system, cases and problems with possible discussion scenarios, information about the participants (this will be based on the context and enrolment) as well as lecture slides with some additional explanations. The trainer guide should support trainer training and transfer of knowledge so that the course can be translated and used across Europe. The proposed CPD course will be competency based so it will concentrate on the end outcomes of the training and will be very practical considering, constructive and collaborative processes of adult learning. It will support the European member states in training the leaders in introducing change and innovation at the same time giving them the tools and methodologies to be effective in sustaining the change. It will be replicable and adaptable to different system context, as cases will be based national contexts scenarios; (2) Reports from the three capacity building seminars in selected European countries (**D.II.1.2.**), to serve as piloting sites for the course/training.

The course will target the public health leaders who support the introduction of health systems reforms in selected European countries and public health professionals who want to improve their competences in the area of managing and leading change in the public health context.

ASPHER will lead on the process together with Maastricht University, being responsible for designing and providing the content of the course. Depending on the country and system where the course will be delivered ASPHER will consult organisations of the EU Health Policy Platform (EU HPP) (and their members) that represent a given country to inform and support the development of specific problems or case studies for a given public health services context

Table 6. Horizontal dimension II, including the corresponding core activities, delivery method and timeline

Horizontal dimension II: PUBLIC HEALTH LEADERSHIP	
Activity II.1. <i>Development of the CPD curriculum on “Leading change for Public Health”</i>	
<u>2018</u>	<u>2019-2021</u>
Expert consultation on leading change to discuss the most modern contents and methods of training	3 pilots (one per year)
Developing a draft Nominal Plan and expert review	Final product to be used and replicated
Development of Participant Guide and expert review	<i>For each pilot:</i>
Development of Trainer Guide and expert review	Design and development of the materials, writing cases and problems, compiling a reading list, developing exercises and lectures
The course description including nominal plan, participant guide and trainer guide (D.II.1.1.)	Evaluation and improvement: short reports on the development of the course (integrated with the PHTA annual reporting) (D.II.1.2.)

2.2. Planning of the applicant organisation's activities for the four year period 2018-2021 (Table 7)

Activity	Responsible person/team (p.24)	2018		2019		2020		2021		Related deliverable & Delivery month	Delivery Month	Dissemination level
		S1	S2	S1	S2	S1	S2	S1	S2			
Strategic area I: PUBLIC HEALTH WORKFORCE PROFESSIONALISATION (pp. 08-12)												
Activity 1.1. (p.08)	EB: JM/LC/KC S: RO									D.1.1.1.	M-23	PU-ER
	EB: JM/LC/KC S: RO									D.1.1.2.	M-33	PU-ER
Activity 1.2. (p.09)	EB: JM/KC/LC S: RO									D.1.2.1.	M-17	PU-ER
	EB: JM/ KC/LC S: RO									D.1.2.2.	M-29	PU-ER
Activity 1.3. (p.10)	EB: JM/KC/LC S: RO									D.1.3.1.	M-33	PU-ER
	EB: JM/KC/LC S: RO									D.1.3.2.	M-45	PU-ER
Strategic area II: PUBLIC HEALTH EDUCATION AND TRAINING (pp. 12-14)												
Activity 2.1. (p.12)	EB: KC S: JG/RO									D.2.1.1.	M-11	PU-ER
	EB: KC S: JG/RO									D.2.1.2.	M-29	PU-ER
Activity 2.2. (p.13)	EB: KC S: FRC/RO									D.2.2.1.	M-05	PU-ER
	EB: KC S: FRC/RO									D.2.2.2.	M-29	PU-ER
	EB: KC S: FRC/RO									D.2.2.3.	M-41	PU-ER
Activity 2.3. (p.13)	EB: KC S: FRC/JG									D.2.3.1.	M-05	PU-ER
	EB: KC S: FRC/JG									D.2.3.2.	M-17/29/41	PU-ER
Strategic area III: TRANSLATION OF EVIDENCE INTO EDUCATIONAL PRACTICE (pp. 15-16)												
Activity 3.1. (p.15)	EB: HB S: RO/FRC/LL									D.3.1.1.	M-35	PU-ER
	EB: HB S: RO/FRC									D.3.1.2.	M-11	PU-ER
Activity 3.2. (p.15)	EB: HB S: RO/FRC/LL									D.3.2.1.	M-17	PU-ER
	EB: HB S: RO/FRC									D.3.2.2.	M-17	PU-ER
Activity 3.3. (p.15)	EB: HB S: LL/RO									D.3.3.1.	M-05/17	PU-ER
	EB: HB S: LL/RO									D.3.3.2.	M-11/23	PU-ER
Horizontal dimension I: COMMUNICATION AND WIDE STAKEHOLDER INVOLVEMENT (pp. 16-18)												
Activity I.1. (p.17)	EB: KC S: RO/FRC									D.I.1.1.	M-10/22/34/46	PU-ER
	EB: KC S: RO/FRC									D.I.1.2.	M-11/23/35/47	PU-ER
Horizontal dimension II: PUBLIC HEALTH LEADERSHIP (pp. 18-19)												
Activity II.1. (p.18)	EB: KC S: FRC/RO									D.II.1.1.	M-12	PU-ER
	EB: KC S: FRC/RO									D.II.1.2.	M-19/31/43	PU-ER

2.3. Dissemination and evaluation of the applicant organisation's multiannual work programme

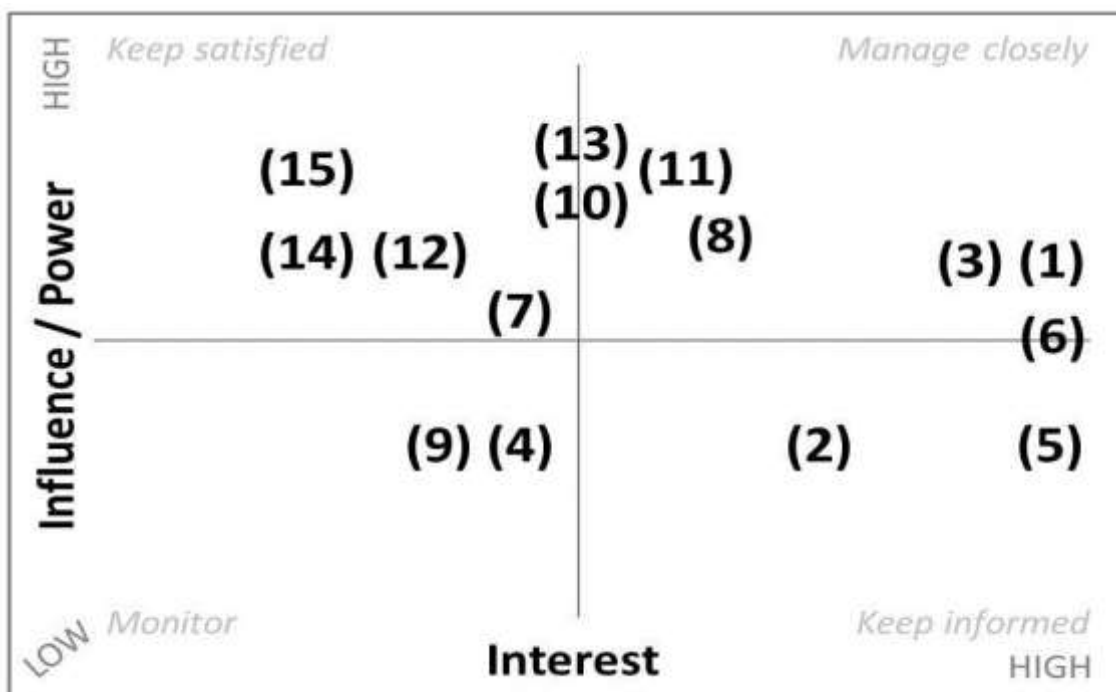
Dissemination strategy

ASPHER has an important and ambitious strategic agenda related to the development and professionalisation of public health workforce linking it closely with a wide involvement of the stakeholders and specially targeted communication. In order to be effective the dissemination strategy is structured as follows: (i) first, the stakeholder analysis will guide the level of engagement and kind of communication needed; (ii) second, the specific methods and communication channels are defined to address the target groups on four different levels: micro scale, meso scale, macro-Pan European scale, and policy; (iii) third, the specific dissemination strategy targeting European public health community and global public health community is considered.

Stakeholder analysis

The proposed programme addresses a wide group of stakeholders including: (1) Schools of Public Health in Europe who are ASPHER Members, academic and non-academic institutions providing public health education and training; (2) Schools of Public Health which are still not members of ASPHER; (3) Public Health Professionals, and (4) a wider Public Health Workforce; (5) Professionals who want to specialize in Public Health; (6) Alumni organisations, students and prospective students of Public Health Programmes; (7) Public Health Associations; (8) Professional Public Health and Health organisations at a European and global level, members of the EU Health Policy Platform; (9) Public Health employer organisations; (10) Supranational European organisations such as the European Union and WHO Europe; (11) Policy- and decision-makers at a European, national and local levels; (12) National Public Health Institutes; (13) National Governments, Ministries of Health, Science and Education, also Local Governments' Public Health Departments; (14) National Accreditation Agencies and perspective Licensing Agencies and Professional Chambers for the Public Health Workforce; (15) General public.

Figure 2. Stakeholder mapping for the ASPHER work programme 2018-2021



Methods and communication channels on four levels with the division of the stakeholders to specific levels

Micro scale (1): Stakeholders will be reached by e-mail, professional contacts, ASPHER regular communication channels such as the Association's website, newsletter and secretariat updates on the

ongoing activities. They will also have a possibility to engage in the direct democracy platform to state their needs, answer questions or vote for some solutions or ideas developed by ASPHER during its multi—year strategic agenda

Meso scale (2) (3) (4) (5) (6) (7) (8) (9): Here the communication will be done through ASPHER website, social media and distribution lists, as well as the following European Public Health Conferences (October/November): 2017 Stockholm (Sweden), 2018 Ljubljana (Slovenia), 2019 Marseille (France), and annual Deans' and Directors' Retreats (May/June): 2018 London (United Kingdom), 2019 Sofia (Bulgaria), 2020 Sicily (Italy), EU Health Policy Platform website and face-to-face meetings, WHO Europe's Coalition of Partners meetings to support implementation of the European Action Plan on Strengthening Public Health Capacities and Services, and ASPHER's open-access journal – Public Health Reviews.

Macro Pan-European scale (10): In this case, the information will be shared through the official communication channels such as email, targeted correspondence, invitation letters, reports, professional publications and invitations to the annual European Public Health Conference as well as Deans' and Directors' Retreat securing the space for the stakeholders on this level to be informed and involved in the implementation of the ASPHER strategic agenda.

Policy scale (11) (12) (13) (14): These stakeholders will be informed through the policy briefs, position papers, recommendations, publications, invitations to important, high-level stakeholder meetings led by ASPHER (such as the plenary sessions at the annual European Public Health Conference and/or satellite events to EU Presidency Health Conferences and WHO Europe's Regional Committees). We will also use professional contacts and press releases for mass media (15).

The dissemination strategy also considers segmenting the stakeholders into European public health community and global public health community

European public health community: presentations and promotional stands at high level key conferences and meetings such as the annual European Public Health Conference (the forum provides opportunity for disseminating the results of actions pursued as well as best practices derived; attracting ca. 1500 individuals yearly), the annual ASPHER Deans' and Directors' Retreat (attended by vast majority of ASPHER members presenting ultimate opportunity to target the community of schools of public health; reaching out to 100+ schools of public health), and ASPHER Honours Committee with a newly established ambassador function.

Global public health community: dissemination via Global Summit of Schools of Public Health (involving ASPHER and its counterparts from other regions: APACPH, ASPPH, ASPHA, etc.) and ASPHER's membership in the World Federation of Public Health Associations (WFPHA). The object will be to ensure the relevance of the developed elements globally and to enable transferability globally.

Additionally it is foreseen to: (i) use a mixture of general and targeted information products towards relevant stakeholders, scheduled appropriately so that the recipients can utilise the information appropriately. This will include promotional printed material, a promotional video and other web-based tools (with the use of selected social/professional media platforms) and appearance in exhibition areas of key events; (ii) make available all of the foreseen deliverables through the ASPHER website and newsletter in the form of quarterly messages from the president and updates from the secretariat. This has been proven to be effective when disseminating the results of ASPHER work in the past years attracting the attention of a large number of institutions and individuals.

Evaluation strategy

The framework for the evaluation strategy will take advantage of ASPHER's multi-layered internal evaluation and external evaluation systems, with the latter being based on the communication with key stakeholder groups. The programme will employ very rigorous quality assurance (QA) and quality improvement (QI) measures which will be related to the multi-year strategic agenda of ASPHER. The

measures will be implemented at both internal and external level in order to detect strengths and weaknesses, to improve the diagnose of the causes of strengths and weaknesses, and to foster innovation.

QA and QI indicators will relate to the three strategic areas and the two horizontal dimensions of the proposed work programme, and will address the following aspects: (1) Governance and organisation; (2) Human resources involved; (3) Deliverables developed and available; (4) Financial resources; (5) Stakeholders; (6) Process; (7) European and international dimension; (8) Internal quality management.

The proposed methodology to be used for the evaluation strategy is as follows:

Internal Level: Qualitative feedback will be collected from ASPHER members through open ended questionnaires and discussion with the representatives of member organisations. The questions will be based on the proposed indicators. Members will be consulted once a year, at the time of the annual Deans' and Directors' Retreat (May/June). A similar consultation, involving members of the ASPHER Executive Board, will be organised two times a year, in March and September. In addition, self-evaluation of the operational capacity of the Secretariat will be introduced, as a systematic, quarterly review addressing the Secretariat workload, effectiveness and performance. The Executive Board will oversee and advise the process.

External level: Qualitative feedback will be obtained through periodic preliminary expectations questionnaires, satisfaction feedback questionnaires, and feedback discussions with stakeholders with respect to individual components of the ASPHER strategic agenda/individual annual work plans.

An objective evaluation tool will guide the evaluation strategy on both levels. A document will be created that highlights the successes and/or failures of each activity that will be undertaken. The report will be filled in over time (based on the set of protocols and the reports from individual actions performed), as activities are completed, thus, adhering the projected schedule of the activities planned. Draft half year reports will be discussed with ASPHER members at the Deans' and Directors' Retreats (May/June) and then finally – the draft yearly reports – at the annual European Public Health Conferences (October/November).

We will propose, for each yearly work plan, a specific impact and evaluation guide that addresses the QA and QI in operational terms using SMART indicators and their targets. *Process indicators* will include: number of technical meetings with ASPHER core staff; realization of the action points (minutes from the meetings, dates of the actions planned and their realization); structured and timely communication with stakeholders (number of emails, teleconferences, other); number of staff engaged; cost of production/delivery. *Output indicators* will include: final reports and QA evaluation feedback, recommendations for QI based on expert review on content and format criteria, dissemination goals, timelines and deadlines; number of expert meetings related to achieving the objectives; number of documents/review rounds; and number of training offerings developed. *Outcome/impact indicators* will include: number of members, and number and level of stakeholders involved; number of people and institutions informed, number of people trained, size and scope of the conferences and meetings organized/participated, number of media communications.

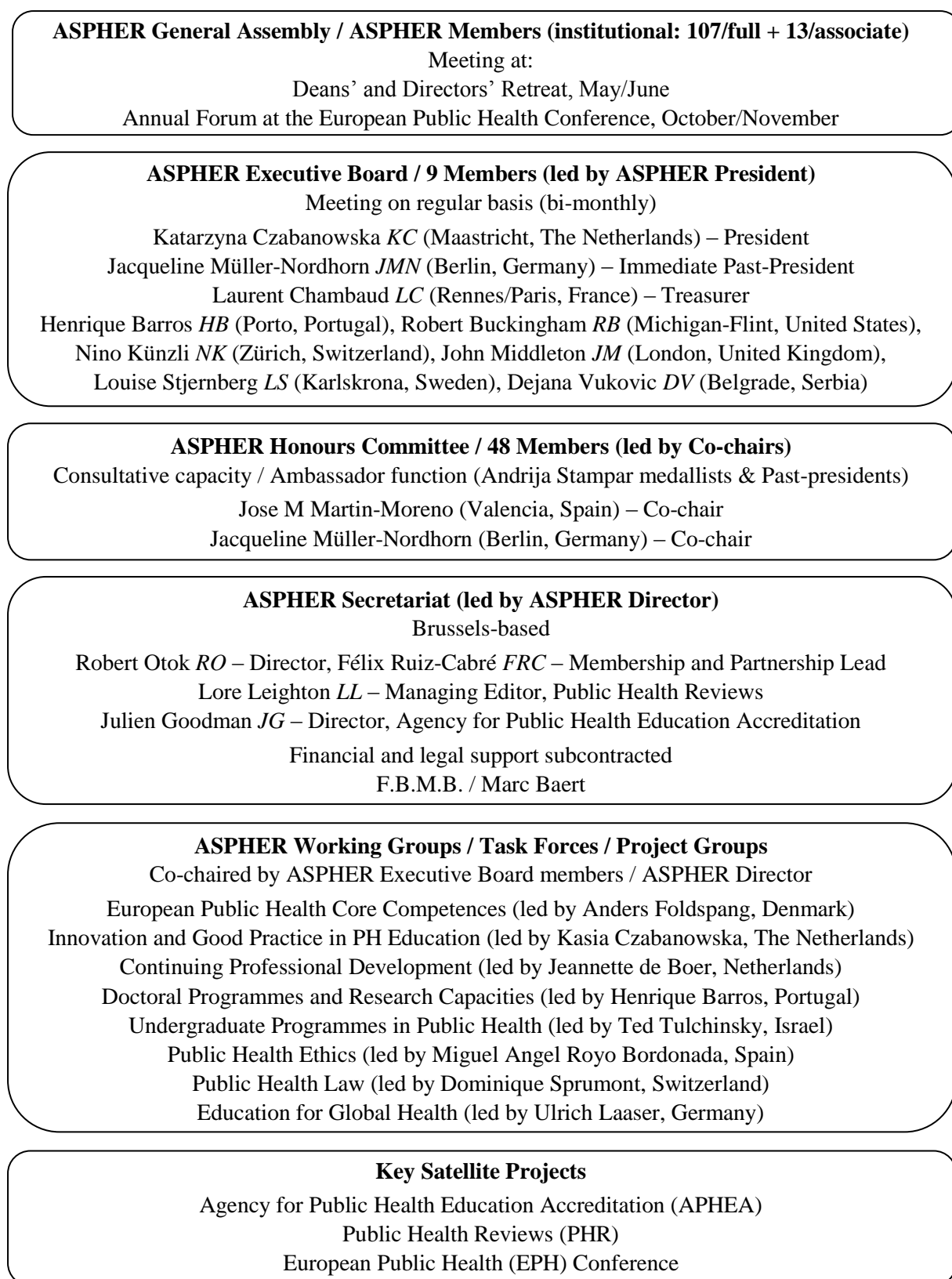
3. MANAGEMENT AND IMPLEMENTATION OF THE APPLICANT ORGANISATION'S MULTIANNUAL WORK PROGRAMME 2015-2017

3.1. The applicant organisation's overall structure and processes regarding the planning, execution and monitoring of the multiannual work programme

Founded in 1966, based on a WHO initiative, the Association of Schools of Public Health in the European Region (ASPHER) is a non-for-profit organisation representing European schools of public health – teaching institutions, scientific/research institutes, and other structures with a role in education and/or training in public health. Individuals and institutions which do not qualify for admission as full members, but with a legitimate interest in public health or public health education/training specifically, and willing to support the Association in its mission, can join ASPHER as associate members. As of 15 June 2017, ASPHER has 107 full members and reaches more than 150 public health training and education institutions through network

structures belonging to the Association. ASPHER is represented in 43 European countries (all EU member states except Luxembourg), with more than 5000 academics and experts employed in its member institutions; also in the following other regions via associate members: Eastern Mediterranean Region, Region of the Americas and Western Pacific Region. Read more in the [ASPHER's 50th Anniversary Book](#).

Figure 3. ASPHER overall structure



ASPHER is managed by the ASPHER Executive Board, implements its strategy through the ASPHER secretariat and ultimately serves the collective need of all ASPHER members expressed via the ASPHER General Assembly (see Figure 3).

The Association's board consists of a president and eight board members, who are all elected by secret ballot at a gathering of the ASPHER General Assembly. The Executive Board sets out the annual work plan of the Association, priorities and targets. The board members also provide public health expertise, policy and management advice to the secretariat. ASPHER Working Groups/Task Forces are formed by the Executive Board to support the Board and the Secretariat in their mission (see below for details).

The Secretariat of ASPHER fulfills the resolutions of the annual work plan. It is led by the Association's director who acts as the organisation's main representative; he is also responsible for hiring additional staff as and when required. Each year, the ASPHER secretariat offers also two placements for students and recent graduates coming from ASPHER member schools.

The Association's two main yearly events providing a platform for meetings in which a great part of its membership takes part are: (i) the Deans' and Directors' Retreat hosting the General Assembly of ASPHER (May/June); and (ii) the Annual Forum at the European Public Health Conference (October/November).

The Association's long-term development follows 5-year strategic frameworks devised on regular basis through attentive consultation with all members of ASPHER. In 2009-2010, the Association conducted a Delphi survey to set priorities through 2015. The agendas for the two consecutive operating grants were based on the outcome of this detailed strategic plan (ASPHER_FY2011, ASPHER_FY2012). A mid-term reflection process (2013) to adjust and refine its work programme has further resulted in successful application for another operating grant (ASPHER_FY2014) and initial formulation of the ASPHER 2020 strategic framework.

The Executive Board has regular meetings every 2 months to discuss the progress of ASPHER's ongoing agenda, including the work programmes of individual working groups/task forces. At least 4 meetings of the board per year are face-to-face meetings. All working groups/task forces have regular teleconferences and occasional face-to-face meetings usually held during the annual membership events.

ASPHER maintains an efficient dialogue with its members by (i) continuously updating the website which provides an excellent dynamic platform for communication and material sharing for and between members, (ii) sending periodic memos to members such as president's updates and updates from the secretariat every quarter (newsletter), (iii) holding an annual Deans' and Directors' Retreat hosting the Association's General Assembly, a key event of the year during which senior officials from the majority of ASPHER member institutions come together to discuss key issues in public health academia, policy and beyond.

The working groups/taskforces post updates of their work on the ASPHER website, send regular updates to the secretariat and the executive board, and report to members at the annual Deans' and Directors' Retreats.

Risk analysis

The following risks must be anticipated:

(i) If not enough funding is secured through the various parts of the programme, this could lead to costs of activities only being partially covered. This risk is estimated at 20% (level of risk: medium). In order to avoid this risk, a thorough and highly feasible action plan is being devised and will be adjusted given the situation. Effective financial management including sufficient cash flow will be applied.

(ii) There may be delays in deadlines set to achieve work programme elements resulting in organisational problems. This risk is estimated at 40% (level of risk: high). To offset this risk, ASPHER will strictly adhere to work programme timetable, set reasonable deadlines for all steps prior to start of the process, make full

use of its organisational capacity including Executive Board, and obtain clear commitment from selected members and partners, as well as individuals key to fulfilling the work programme.

(iii) Another risk that must be foreseen is that of partner organisations supporting the work programme dropping out, resulting in organisational problems. This risk is estimated at 15% (level of risk: low to medium). Good communication will therefore be of the essence, letting the partners know exactly what they are being held accountable to as far as meetings, reports etc., as well as clear and fair division of tasks.

(iv) Loss of working time of ASPHER's key personnel/office staff must also be accounted for, as unplanned issues may arise requiring urgent attention from the staff, thereby diminishing the amount of time they can devote to the work programme. This risk is estimated at 25% (level of risk: medium to high). A systematic review of workload of each individual involved in the work programme will be performed regularly so as to optimize the amount of time spent on each activity.

3.2. The applicant organisation's operational capacity

The current composition of the ASPHER executive board includes the following individuals:

Professor Katarzyna Czabanowska (Maastricht, Netherlands) – President

Katarzyna Czabanowska is an Associate Professor position at the International Health Department, Maastricht University, the Netherlands, where she directs the Governance and Leadership in European Public Health programme. Her research focus is on public health workforce development and professionalisation in Europe, European public health leadership, women leadership in health care and academia, employability, Lifelong Learning and competence-based education. She has developed the public health leadership competency framework which supports training and continuous professional development of public health professionals. Her research is reflected in many publications including articles published in peer reviewed journals, books, and book chapters. She holds honorary positions at: Jagiellonian University Medical College, Krakow, Poland and the University of Sheffield and the IU Richard M. Fairbanks School of Public Health, Indiana, the US. She serves as a WHO expert on issues related to public health services, workforce planning and leadership. She is the President the European Public Health Association (EUPHA) Working Group on Public Health Leadership and winner of the Polish Person 2015 in the Netherlands Award in the category Science and Technique.

Professor Jacqueline Müller-Nordhorn (Berlin, Germany) – Immediate Past-President

Professor Laurent Chambaud (Rennes/Paris, France) – Treasurer

Professor Henrique Barros (Porto, Portugal)

Professor Robert Buckingham (Michigan-Flint, United Kingdom)

Professor Nino Künzli (Zürich, Switzerland)

Professor John Middleton (London, United Kingdom)

Professor Louise Stjernberg (Stockholm, Sweden)

Professor Dejana Vukovic (Belgrade, Serbia)

The ASPHER secretariat staff and regular consultants include:

Robert Otok – Director

- Coordination of ASPHER Executive Board work
- Strategic planning and representation of ASPHER in international contexts

Robert joined ASPHER in 2008. Responsible at the beginning for the setting up and organisation of the Association's office in Brussels, he now coordinates the work of the ASPHER executive board, managing the largest network of school of public health in the world. He studied public health/health policy at the Jagiellonian University in Krakow. He also holds a degree in business administration from the Polish Open University and a certificate in Higher Education from the University of Sheffield; Robert is also an alumni of

the Leadership for European Public Health (LEPHIE) programme of Maastricht University. During his professional career, he worked for the number of public health authorities and consultancies as well as taught and participated in numerous research projects as a faculty member at the universities in Krakow (Poland), Sheffield (UK) and Utrecht (Netherlands).

Fèlix Ruiz Cabré – Membership and Partnerships Lead

- Coordination of membership and partnerships affairs at ASPHER

Fèlix has a highly international profile, having been trained in Spain, UK, Netherlands and Belgium. With a background in Political Science and in European Public Policy, Fèlix performs a dual role as Policy Officer for the Maastricht University Campus in Brussels (UMCB) and as the Membership and Partnerships Lead of ASPHER. With UMCB, Fèlix advises on new education opportunities, being involved in the set-up of executive postgraduate programmes and short courses. With ASPHER, Fèlix is responsible for the design and implementation of the membership and partnership policies. He also coordinates the communication with ASPHER members.

Lore Leighton – Managing Editor, Public Health Reviews

- Coordination of the Public Health Reviews/ASPHER journal

Lore studied for her MSc in biochemistry at Northern Michigan University. She worked for ten years in laboratory settings as a Research Technician at Rockefeller University in New York and a Research Specialist at the University of California, Berkeley. She spent a year as a Research Assistant on Project GAP (Guard, Anticipate, Protect), at INSERM in Paris, France. From 2009-2014, she took on the role of Managing Editor for the journal *Public Health Reviews*, initially with EHESP Presses at the French School of Public Health and was welcomed back to the position in 2016 by ASPHER. Lore has also illustrated several journal articles and a biophysics textbook.

Julien Goodman – Director, Agency for Public Health Education Accreditation

- Coordination of accreditation function/APHEA consortium

Julien first joined ASPHER in 2001 where he managed the large scale development project for the Association and the Open Society Institute (OSI) which focused on the establishment and development of schools and programmes of public health in the Central and Eastern European region. During this time Julien also negotiated and ran a series of faculty capacity development workshops with ASPHER, OSI and the national institutes of health. Julien carried on his development work in the Middle East between 2008 and 2013 working on projects establishing schools across the region. Rejoining ASPHER in 2012 he organised and ran a 26-country research project on the status and needs of programmes of public health toward gaining accreditation. In 2013, he was appointed to run the accreditation function at ASPHER/APHEA.

Financial circuit and accounting office

The ASPHER yearly budget is established by the Secretariat in consultation with the accounting office (see below), reviewed by the ASPHER Executive Board, and further presented to and approved by members at the yearly General Assembly meeting. An adequate cash flow and regular book keeping are ensured throughout the year via monthly check ups by the director and the treasurer.

The ASPHER director also holds regular meetings with the accounting office on a monthly basis. He further reports to the ASPHER treasurer and all other members of the Executive Board at the board meetings organised every second month.

ASPHER treasurer reports on the Association's finances to members at the annual Deans' and Directors' Retreat in May/June.

The annual accounts are developed in time for reporting and discussion at the yearly General Assembly that takes place in May/June. The treasurer and the director present a detailed financial report and the General Assembly decides on whether to approve and discharge the yearly budget.

ASPHER annual accounts and selected analytic/project accounts are audited and the auditors' reports are further communicated accordingly by the director and the treasurer.

ASPHER accounting is taken care of by the accounting office – F.B.M.B., providing expertise also in the areas of company law, VAT, and company tax. ASPHER contact at F.B.M.B. is Marc Baert, an approved taxation specialist and accountant as well as founder/manager of F.B.M.B.; Marc holds degrees in accountancy and taxation, as well as corporate management; he established F.B.M.B. in 1994.

Organisation's general sources of finance for core activities and specific projects

1) ASPHER collects annual membership fees from its members. This yearly contribution is calculated based on single criterion of the GDP per capita of the institution's respective country. The fee ranges from € 750 to € 2,500 for full members. The fee applicable to associate members follows the same formula and ranges from € 375 to € 1,250 for institutions; for individuals the fee is set at a flat rate of € 50. This income is used to cover the secretariat costs of the Association mainly, to fund a great number of ASPHER core activities.

2) In 2011-2012 and 2014, the organisation received operating grants from the EU Health Programme (20103202–ASPHER_FY2011, 20113204–ASPHER_FY2012, 20133303–ASPHER_FY2014), on account of which it was able to enhance its core programmes and build capacity.

3) ASPHER has been recently involved in two EU funded projects, both financed by the Erasmus+ Programme: (i) *Public Health Education Reform for Equity in Quality of Training (PERFEQT) – LLP Erasmus Accompanying Measures Programme (527903-LLP-1-2012-1-BE-ERASMUS-EAM)*. ASPHER was the lead partner in 5-member consortium to carry out the project in 2013. The aim of the project was to understand the range of reforms required by schools of public health in order to achieve accreditation and to identify practicable actions which can be undertaken by the schools to realize these reforms. The grant allowed ASPHER to expand the secretariat capacity to coordinate the project work; (ii) *Leaders for European Public Health (LEPHIE) – LLP Erasmus Curriculum Development Programme (510176-LLP-1-2010-1-NL-ERASMUS-ECDCE)*. ASPHER was the partner in charge of dissemination in this project. The aim of the project was to develop a curriculum for a leadership course for public health professionals using a problem-based, blended-learning methodology to be piloted and then run throughout Europe. The project attracted a lot of high level international attention, being also referenced in the letter exchange in The Lancet (Czabanowska K, Smith T, Stankunas M, Avery M, Otok R. *Transforming public health specialists to public health leaders. The role of LEPHIE project*. The Lancet: 2013, Feb 9;381(9865):449-50).

4) Between 2013 and 2016, ASPHER was also a beneficiary of the Open Society Foundations' Public Health Programme (OSF PHP). The Association received two grants (*FOSI OR2013-10192 and FOSI OR2015-25179*) to run a comprehensive programme on *Human Rights in Patient Care – strengthening teaching, research and leadership* on the topic. The OSF PHP also supported the development of the *special issue of Public Health Reviews on Migrant and Minorities Health (FOSI OR2015-25316)* and two seminars the Association organized within a series of the OMI Salzburg Seminars in 2016.

5) In specific cases, each time with a clearly defined goal/purpose, ASPHER may request from its members a voluntary extraordinary contribution to support the realization of selected activities of the Association, e.g. organisation of the annual Young Researchers' Forum – sponsorship of the awards for best oral/poster presentations or supports towards the development of Public Health Reviews, the open-access journal of ASPHER. Interested members sign an agreement with ASPHER that further manages the budget strictly following agreed procedure/purpose of funding.

The funding policy of the Association is transparent, with the rules and procedures applicable clearly outlined in the *Guiding Principles Concerning Partnership, Sponsorship, and Conflict of Interest* document available at the Association's website and uploaded with this application (Annex 4).

3.3. Budget overview in support of the applicant organisation's multiannual work programme 2018-2021

The table below (see *section 4*) includes the basic overview of the budget for 2018-2021. The staff costs comprise the majority of the budget. The allocated amounts will allow for employing 3 FTEs at the Brussels secretariat. The administrative costs have been historically assessed. The expenditures category linked to regular operations includes the budget to cover the costs of the staff and expert missions, organisation of meeting, etc. The income generated by ASPHER to balance the expenditures side of the operating grant budget comes from the membership fees of the Association's members.

4. BUDGET OVERVIEW TABLE 2018-2021 (in EUR) (Table 8)

Year	Direct personnel costs (a)	General Administrative Expenditure (b)	Expenditure linked to normal operations (c)	Total estimated eligible costs (d) = (a)+(b)+(c)	Maximum reimbursement rate (e)	Maximum EU contribution (f)	Requested grant (g)	Income generated by the WP (h)	Financial contributions given by third parties (i)	Total Receipts (j) = (g)+(h)+(i)
2018	150,000	35,000	90,000	275,000	Up to 60%	165,000	165,000	110,000	-	275,000
2019	150,000	35,000	90,000	275,000	Up to 60%	165,000	165,000	110,000	-	275,000
2020	150,000	35,000	90,000	275,000	Up to 60%	165,000	165,000	110,000	-	275,000
2021	150,000	35,000	90,000	275,000	Up to 60%	165,000	165,000	110,000	-	275,000

5. CURRENT AND PAST APPLICATIONS RELEVANT TO THE PROGRAMME

ASPHER: ASPHER_FY2011 20103202
EU Health Programme: *Operating Grant 2011*

ASPHER: ASPHER_FY2012 20113204
EU Health Programme: *Operating Grant 2012*

ASPHER: ASPHER_FY2014 20133303
EU Health Programme: *Operating Grant 2014*

Developing Public Health Capacity in the EU: EAHC/2009/Health/05
EU Health Programme:
A review of the capacity of EU MS to develop and implement public health policies and interventions

LEPHIE: 510176-LLP-1-2010-1-NL-ERASMUS-ECDCE
EU Lifelong Learning Programme: *Leaders for European Public Health*
PERFEQT: 527903-LLP-1-2012-1-BE-ERASMUS-EAM
EU Lifelong Learning Programme: *Public Health Education Reform for Equity in Quality of Training*

ASPHER HRPC: FOSI OR2013-10192
OSF Public Health Program:
Human Rights in Patient Care: Strengthening teaching, research, and leadership

ASPHER HRPC: FOSI OR2015-25179
OSF Public Health Program:
Expanding Human Rights in Patient Care via Translation

ASPHER – Public Health Reviews: FOSI OR2015-25316
OSF Public Health Program:
Minorities and Migrant Health: special issue of Public Health Reviews

The Association of Schools of Public Health
in the European Region (ASPHER)

List of Members

31 May 2017

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This list covers i. ASPHER Full members (n = 107), ii. ASPHER Associate Members (n = 13), and iii. Schools being part of the network structures belonging to ASPHER (n = 42).

ASPHER Full Members

Nr	COUNTRY	SCHOOL	UNIVERSITY
1	Albania	Faculty of Public Health	University of Medicine
2	Armenia	School of Public Health	American University of Armenia
3	Austria	ULG – Public Health	Medical University of Graz
4	Austria	Department of Public Health and Health Technology Assessment	UMIT - The Health and Life Sciences University
5	Austria	Institute for Hygiene and Social Medicine	Medical University of Innsbruck
6	Austria	Department of International Health and Social Management	MCI Management Center Innsbruck
7	Belgium	Department of Public Health Sciences	University of Liege
8	Bulgaria	Faculty of Public Health	Medical University of Pleven
9	Bulgaria	Faculty of Public Health	Medical University of Plovdiv
10	Bulgaria	Faculty of Public Health	Medical University of Sofia
11	Bulgaria	Faculty of Public Health	Medical University of Varna
12	Croatia	Andrija Stampar School of Public Health	University of Zagreb
13	Cyprus	Public Health Program	European University Cyprus
14	Cyprus	Cyprus International Institute for Environmental and Public Health	Cyprus University of Technology
15	Czech Republic	Faculty of Medicine and Dentistry	Palacký University Olomouc
16	Czech Republic	School of Public Health	Institute of Postgraduate Medical Education
17	Denmark	Department of Public Health	University of Aarhus
18	Denmark	Department of Public Health	University of Copenhagen
19	Estonia	Department of Public Health	University of Tartu
20	Finland	Institute of Public Health and Clinical Nutrition	University of Eastern Finland

Nr	COUNTRY	SCHOOL	UNIVERSITY
21	Finland	School of Health Sciences	University of Tampere
22	France	ISPED School of Public Health	University of Bordeaux
23	France	School of Public Health	University of Lorraine
24	France	EHESP School of Public Health	NA
25	Georgia	International School of Public Health	Tbilisi State Medical University
26	Germany	Berlin School of Public Health – Charité	Medical University of Berlin – Charité
27	Germany	NRW Centre for Health	NA
28	Germany	School of Public Health	University of Bielefeld
29	Germany	Department of Health Sciences	Dresden University of Technology
30	Germany	Institute for Medical Sociology	Heinrich Heine University
31	Germany	Düsseldorf Academy of Public Health	NA
32	Germany	Department of Social Work and Health	University of Applied Sciences
33	Germany	Faculty of Health, Safety, Society – Applied Health Sciences	University of Applied Sciences
34	Germany	Faculty of Life Sciences	University of Applied Sciences
35	Germany	Institute of Public Health	Heidelberg University Hospital
36	Germany	Centre for Applied Health Sciences	Leuphana University of Lüneburg
37	Germany	Department of Social and Health Sciences	University of Applied Sciences
38	Germany	Institute of Medical Informatics, Biometry and Epidemiology	Ludwig-Maximilians University
39	Greece	National School of Public Health	NA
40	Hungary	Faculty of Public Health	University of Debrecen
41	Iceland	School of Health and Education	University of Reykjavik
42	Israel	School of Public Health	University of Haifa
43	Israel	Braun School of Public Health and Community Medicine	Hebrew University Hadassah
44	Ireland	Department of Epidemiology and Public Health	University College Cork
45	Ireland	School of Public Health, Physiotherapy and Sports Science	University College Dublin

Nr	COUNTRY	SCHOOL	UNIVERSITY
46	Italy	Board of Directors of the Italian Postgraduate Schools of Hygiene and Public Health	Societa Italiana di Igiene, Medicina Preventiva e Sanita Pubblica (SIItI)
47	Italy	Centre for Training and Research in Public Health	NA
48	Kazakhstan	Kh. Dosmukhamedov School of Public Health	S. Asfendiyarov Kazakh National Medical University
49	Kazakhstan	Kazakhstan School of Public Health	NA
50	Kosovo*	National Institute of Public Health of Kosovo	NA
51	Latvia	Faculty of Public Health and Social Welfare	Riga Stradins University
52	Lithuania	Physical Activity and Public Health	Lithuanian Sports University
53	Lithuania	Faculty of Public Health	Lithuanian University of Health Sciences
54	Lithuania	Department of Public Health	University of Klaipeda
55	Lithuania	Institute of Public Health	University of Vilnius
56	Macedonia	Centre for Public Health	Ss. Cyril and Methodius University
57	Moldova	School of Public Health Management	State University of Medicine and Pharmacy "Nicolae Testemitanu"
58	Montenegro	Institute of Public Health	NA
59	Netherlands	Department for Health Sciences	VU University Amsterdam
60	Netherlands	Netherlands School of Public and Occupational Health	NA
61	Netherlands	Faculty of Health, Medicine and Life Sciences	University of Maastricht
62	Norway	Department of Community Medicine	UiT The Arctic University of Norway
63	Palestine	Faculty of Public Health	Al-Quds University
64	Palestine	Public Health Department, Faculty of Medicine and Health Sciences	An-Najah National University
65	Poland	Department of Public Health and Social Medicine	Medical University of Gdansk
66	Poland	Faculty of Public Health	Medical University of Silesia
67	Poland	Institute of Public Health	Jagiellonian University
68	Poland	Department of Preventive Medicine	Poznan University of Medical Sciences
69	Poland	NIPH Public Health Training Centre	NA
70	Portugal	Institute of Preventive Medicine	University of Lisbon

Nr	COUNTRY	SCHOOL	UNIVERSITY
71	Portugal	Institute of Health Sciences	Portuguese Catholic University
72	Portugal	National School of Public Health	New University of Lisbon
73	Portugal	Institute of Public Health	University of Porto
74	Romania	National School of Public Health, Management and Professional Development	NA
75	Romania	Department of Public Health and Health Management	University of Medicine and Pharmacy "Carol Davila"
76	Romania	Division of Epidemiology and Primary Care	Iuliu Hatieganu University of Medicine and Pharmacy
77	Russia	Arkhangelsk International School of Public Health	Northern State Medical University
78	Serbia	Centre - School of Public Health	University of Belgrade
79	Serbia	Faculty of Medical Sciences	University of Kragujevac
80	Serbia	Institute of Public Health of Vojvodina	NA
81	Slovakia	Faculty of Public Health	Slovak Medical University
82	Slovakia	Department of Public Health	University of Trnava
83	Slovenia	Faculty of Health Sciences	University of Primorska
84	Slovenia	Angela Boškin Faculty of Health Care	NA
85	Spain	Andalusian School of Public Health	NA
86	Spain	ISCIII National School of Public Health	NA
87	Spain	Master in Public Health	Public University of Navarra
88	Spain	Valencian School of Health Studies	NA
89	Sweden	Faculty of Health Sciences	Blekinge Institute of Technology
90	Sweden	Division of Community Medicine	University of Linköping
91	Sweden	Division of Social Medicine and Global Health	Lund University
92	Sweden	-	The Swedish Red Cross University College
93	Sweden	Division of Epidemiology and Global Health	University of Umea
94	Switzerland	Swiss School of Public Health+	NA
95	Turkey	Institute of Public Health	Hacettepe University

Nr	COUNTRY	SCHOOL	UNIVERSITY
96	Turkey	Department of Public Health	Dokuz Eylul University
97	Ukraine	School of Public Health	National University of Kyiv-Mohyla
98	United Kingdom	Public Health and Wellbeing Research Group	University of the West of England
99	United Kingdom	Cambridge Institute of Public Health	University of Cambridge
100	United Kingdom	Institute of Primary Care and Public Health	University of Wales
101	United Kingdom	Department of Public Health and Policy	University of Liverpool
102	United Kingdom	School of Health, Sport and Bioscience	University of East London
103	United Kingdom	UK Faculty of Public Health	NA
104	United Kingdom	London School of Hygiene and Tropical Medicine	University of London
105	United Kingdom	School of Health Sciences	University of Salford
106	United Kingdom	School of Health and Related Research	University of Sheffield
107	United Kingdom	Department of Health Sciences	University of York

ASPHER Associate Members

Nr	COUNTRY	SCHOOL	UNIVERSITY
1	Australia	School of Public Health	Griffith University
2	Australia	School of Public Health	Queensland University
3	Canada	School of Public Health	University of Saskatchewan
4	Japan	Center for Preventive Medical Sciences	Chiba University
5	Lebanon	Faculty of Health Sciences	American University of Beirut
6	Malta	Malta Association of Public Health Medicine	NA
7	Mexico	Instituto Nacional de Salud Pública	NA
8	Morocco	Institut Européen des Sciences de la Santé	NA
9	Syria	Centre for Strategic Health Studies	NA
10	Ukraine	Department of Medical Law	Danylo Halytskyi Lviv National Medical University
11	United States	Department of Public Health and Health Sciences	University of Michigan-Flint
12	United States	Richard M. Fairbanks School of Public Health	University of Indiana
13	United States	The New York Academy of Medicine	NA

Schools being part of the network structures belonging to ASPHER

Nr	COUNTRY	SCHOOL	UNIVERSITY
1	Italy	School of Public Health, Preventive Medicine and Public Health	University of Ancona
2	Italy	School of Public Health, Preventive Medicine and Public Health	University of Bari
3	Italy	School of Public Health, Preventive Medicine and Public Health	University of Bologna
4	Italy	School of Public Health, Preventive Medicine and Public Health	University of Brescia
5	Italy	School of Public Health, Preventive Medicine and Public Health	University of Cagliari
6	Italy	School of Public Health, Preventive Medicine and Public Health	University of Catania
7	Italy	School of Public Health, Preventive Medicine and Public Health	University of Catanzaro
8	Italy	School of Public Health, Preventive Medicine and Public Health	University of Chieti
9	Italy	School of Public Health, Preventive Medicine and Public Health	University of Ferrara
10	Italy	School of Public Health, Preventive Medicine and Public Health	University of Firenze
11	Italy	School of Public Health, Preventive Medicine and Public Health	University of Genova
12	Italy	School of Public Health, Preventive Medicine and Public Health	University of L'Aquila
13	Italy	School of Public Health, Preventive Medicine and Public Health	University of Messina
14	Italy	School of Public Health, Preventive Medicine and Public Health	University of Milano Bicocca (Varese)
15	Italy	School of Public Health, Preventive Medicine and Public Health	University of Milano Statale
16	Italy	School of Public Health, Preventive Medicine and Public Health	University of Milano San Raffaele
17	Italy	School of Public Health, Preventive Medicine and Public Health	University of Modena e Reggio Emilia
18	Italy	School of Public Health, Preventive Medicine and Public Health	University of Napoli – Federico II
19	Italy	School of Public Health, Preventive Medicine and Public Health	University of Napoli – Campania "L. Vanvitelli"

Nr	COUNTRY	SCHOOL	UNIVERSITY
20	Italy	School of Public Health, Preventive Medicine and Public Health	University of Padova
21	Italy	School of Public Health, Preventive Medicine and Public Health	University of Palermo
22	Italy	School of Public Health, Preventive Medicine and Public Health	University of Parma
23	Italy	School of Public Health, Preventive Medicine and Public Health	University of Pavia
24	Italy	School of Public Health, Preventive Medicine and Public Health	University of Perugia
25	Italy	School of Public Health, Preventive Medicine and Public Health	University of Pisa
26	Italy	School of Public Health, Preventive Medicine and Public Health	University of Roma Catholic
27	Italy	School of Public Health, Preventive Medicine and Public Health	University of Roma Sapienza
28	Italy	School of Public Health, Preventive Medicine and Public Health	University of Roma Tor Vergata
29	Italy	School of Public Health, Preventive Medicine and Public Health	University of Salerno
30	Italy	School of Public Health, Preventive Medicine and Public Health	University of Sassari
31	Italy	School of Public Health, Preventive Medicine and Public Health	University of Siena
32	Italy	School of Public Health, Preventive Medicine and Public Health	University of Torino
33	Italy	School of Public Health, Preventive Medicine and Public Health	University of Udine (Trieste)
34	Italy	School of Public Health, Preventive Medicine and Public Health	University of Verona
35	Switzerland	Department of Public Health	University of Basel
36	Switzerland	Department of Public Health	University of Bern
37	Switzerland	Department of Public Health	University of Lucerne
38	Switzerland	Department of Public Health	University of Zurich
39	Switzerland	Department of Public Health	University of Geneva
40	Switzerland	Department of Public Health	University of Lausanne
41	Switzerland	Department of Public Health	University of Neuchâtel
42	Switzerland	Department of Public Health	Università della Svizzera italiana



The Association of Schools of Public Health
in the European Region (ASPHER)

ASPHER's Statutes Rules of Procedure for Management of ASPHER



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ASPHER Statutes

ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH OF THE EUROPEAN REGION (ASPHER)

Association Internationale Sans But Lucratif

0548.742.658

Av. de l'Armée 10

à 1040 Bruxelles

I. NAME, REGISTERED OFFICE, PURPOSE AND VISION

Article 1

"The Association of Schools of Public Health in the European Region" (in abbreviation ASPHER) hereafter referred to as "The Association" or "ASPHER", is hereby constituted and incorporated as an International Non Profit Association, in accordance with the Belgian law of 27 June 1921 (Title III).

Article 2

The Association has its registered office in Belgium, 1040 Brussels, avenue de l'Armée 10. It may be transferred to any other location in Belgium by simple decision of the Executive Board, published within the month in the Annexes au Moniteur Belge.

The Association is constituted for an indefinite period. In case of dissolution, article 12.2. shall apply.

Article 3

The Association is a non-profit organisation.

ASPHER is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research.

The main functions of the Association are:

- To support the professionalisation of the public health workforce in Europe, whilst respecting the diversity of national and regional contexts in which each school of public health operates, and thus:
- To sustain capacity building in public health, so that it balances with national and European population health challenges and threats, and is supported by best standards of public health education and training, scientific research and practice.

The general objectives of ASPHER are:

- To sustain, in theory and practice, member schools in achieving their missions of education, training, scientific research and service;
- To develop models for public health education and training at all academic and professional levels, and the interaction of education and training with population health, health systems and services;
- To promote structured processes of sharing evidence-based public health models of innovation and good practice;

- To build coalitions with other programmes and organisations whose mission is to improve public health, specifically in an effort to put forth high standards in an strengthen public health education and training and to improve the quality of the public health workforce in Europe and its competitiveness globally.

II. MEMBERS

Article 4

4.1. The following shall be eligible for full membership in the Association: schools/teaching institutions, scientific/research institutes, and other structures, (i) with a role in education and/or training in public health, (ii) established within the European Region, as defined by World Health Organization.

4.2. (i) Individuals and (ii) institutions which do not meet the criteria for admission as elaborated in article 4.1., with a legitimate interest in public health education and/or training, and willing to support ASPHER in its mission as outlined in article 3., shall be eligible for associate membership.

Associate members will have no voting right whatsoever. They will be invited to participate in selected activities about matters that concern their field of expertise.

4.3. Full and associate members must be accepted by the General Assembly. Applications for full or associate membership of the Association must be submitted in writing to the Executive Board, which will examine them and decide whether the applicants meet the criteria for admission. If so, the applications are then submitted to the General Assembly for decision.

The Executive Board may decide to grant to the applicants a candidate member status. Candidate members will be invited to participate in selected activities of the Association but will have no voting rights until their membership is officially approved by the General Assembly.

The Executive Board decides what information should be included in the applications for membership.

4.4. The members' main obligations will be the following: (i) to cooperate to the best of their ability in the achievement of the Association's goals; (ii) to refrain from all activities contrary to these statutes or which may jeopardize the achievement of the Association's goals; (iii) to pay the membership fees determined by the General Assembly.

Article 5

5.1. A member may resign from the Association at any time of any calendar year by addressing a registered letter to the President of the Association.

Any member who ceases to be part of the Association shall have no right to any part of the assets of the Association.

5.2. A member can be excluded from the Association by the General Assembly: (i) if such a member fails to comply with the membership obligations; (ii) if a member acts in violation of the law, the statutes, the decision of the General Assembly or more generally the general interest of the Association;

(iii) if a member engages in practices which might engage the Association's civil or criminal liability; (iv) if a member has been declared bankrupt.

A member whose exclusion is proposed will be heard by the Executive Board before a final decision is made. The exclusion is proposed by the Executive Board to the General Assembly.

Article 6

Members are liable for the debts and obligations of the Association only to the extent of funds or assets contributed or otherwise made available to the Association.

Any commitment entered into by the Association in its name shall be binding upon the Association and shall not create any legal rights or obligations which may extend to its members.

Article 7

Membership fees of full members and associate members shall be approved annually by the General Assembly by a majority of two thirds of the voting members, on the basis of the annual budget that has been approved for the following year.

Candidate members shall pay pro rata the membership fee of full members as from the date of their appointment as candidate members.

III. ORGANISATION AND OPERATION

Article 8

The affairs of the Association shall be conducted by: (i) General Assembly; (ii) Executive Board; (iii) Director of the Secretariat

Article 9

9.1. The General Assembly is the governing body of the Association.

9.2. The General Assembly shall be composed of the Association's full members. Each full member can appoint two representatives to the General Assembly meetings. However, it shall be entitled to one vote.

A member may confer upon another member the right to represent it at the meetings. Such proxy must be in writing and must be delivered to the Director of the Secretariat in advance of each meeting. One member cannot hold more than two proxies. Exceptionally, the full member to which the President of the Association belongs may hold as many as ten proxies, and those to which other members of the Executive Board belong can hold as many as five.

The associate members of the Association may be called by the President to attend the General Assembly with a consultative voice.

9.3. The General Assembly shall be convened each year, by the Executive Board, on the day, time and place mentioned on the convening. The General Assembly has an exclusive power to make the following decisions: (i) approval or exclusion of members; (ii) electing the President; (iii) electing members of the Executive Board; (iv) amending the statutes; (v) approving the annual work programme and the budget for the next financial year; (vi) approving the financial accounts and discharging the Executive Board from its responsibilities of the previous financial year; (vii) dissolving the Association;

(viii) transacting any other business competent to General Assembly in accordance with these statutes; (ix) any other decision specifically entrusted to the General Assembly pursuant to these statutes.

9.4. Extraordinary meetings of the General Assembly may be called at any time by the President of the Association, and must be called within two months upon receipt of a request made in writing to the President of the Association by at least one fourth of the Association's full members.

9.5. Notice of the annual meeting and of any extraordinary meeting, together with a copy of the agenda, shall be sent by email by the President of the Association to all members at least two weeks before the date of the proposed meeting. If the object of the meeting is to amend the statutes, the agenda and all relevant accompanying documents must be sent at least four weeks before the date of the proposed meeting.

9.6. The Executive Board will draw up the agenda that will only include propositions made by the Executive Board itself and propositions that were brought to its attention at least four weeks prior to the meeting, bearing the signature of at least one tenth of the Association's full members.

9.7. The General Assembly is chaired by the President of the Association or, in his absence by the Vice-President. In the absence of both, another member of the Executive Board will be elected to chair the meeting. S/he will appoint a secretary of the General Assembly.

9.8. An attendance sheet shall be filled out and signed by the members of the Association upon their arrival and shall be attached to the minutes.

9.9. The quorum for any meeting of the General Assembly shall consist of at least half of the Association's full members. Except where these statutes state otherwise, decisions of the General Assembly shall be adopted by a simple majority of the votes expressed by the full members present or represented.

If the quorum is not reached, a new General Assembly shall be convened with an immediate effect, which will validly and conclusively decide upon the points of the agenda, irrespective of whether or not the quorum is reached.

In the event of a deadlock, the resolution shall be deemed to be rejected by the General Assembly.

9.10. The resolutions of the General Assembly shall be recorded in minutes drafted by the person who has been appointed to serve as secretary of the General Assembly. The draft minutes shall be circulated for comments to all members within two weeks after the General Assembly. Members shall have up to two weeks to comment, and the final draft shall be confirmed at the next meeting of the Executive Board and signed by the President of the Association.

9.11. In case of urgent matters which necessitate a rapid decision in the interest of the Association, the Executive Board can request the General Assembly to vote by email. Only the Executive Board shall be able to decide on the urgent character of the situation. The same quorum and voting requirements apply as set forth in article 9.9.

Article 10

10.1. The Executive Board shall be composed of maximum nine members, including: (i) President of the Association, (ii) Vice-President of the Association, and (iii) seven members at large elected by secret ballot at the General Assembly.

No more than two members of the Executive Board shall come from the institutions established in the same country, and no more than one from any given institution.

10.2. Members at large shall be elected for a period of three years, each year representing the time between two yearly General Assemblies, and shall be eligible for one further consecutive three year term, a total of six consecutive years.

The members at large shall be elected by the General Assembly. Nominations shall be received by the Director of the Secretariat at least two weeks before the General Assembly. Each nomination requires support of two different full members other than that to which a candidate belongs. Only full members may make nominations.

The voting procedure for the election of the Executive Board members at large will be as follows: (i) candidates are elected based on the highest number of votes obtained (plurality system). In case of a tie between two candidates for only one available seat the full member to which the person chairing the meeting belongs has a casting vote; (ii) should there be only one candidate or more vacant seats than nominated candidates, the person chairing the meeting proposes to accept the candidate/s by acclamation.

10.3. The President of the Association shall preside over the Executive Board. The President will be responsible for carrying out the resolutions of the Executive Board and for the good functioning of the Association.

The Vice-President shall deputise for the President as required. Also, should the President cease to hold office for whatever reason, the Vice-President shall act as President until a new President is appointed.

The President is elected by the General Assembly one year prior to taking office. S/he will become a member of the Executive Board for four years: one as President-Elect (Vice-President), two as President and as Chair of the Executive Board, and one as Immediate Past-President (Vice-President). No immediate re-election of the President of the Association is allowed.

Only full members may nominate candidates. Nominations shall be received by the Director of the Secretariat at least two weeks before the General Assembly. The nomination requires support of two different full members other than that to which a candidate belongs.

The voting procedure for the election of the President/Vice-President will be as follows: (i) candidates are elected with an absolute majority (i.e. half of the valid votes plus at least one) after a confidential vote (secret ballot). Should there be only one candidate, the person chairing the meeting proposes to accept the candidate by acclamation; (ii) if any candidate does not receive more than half of the votes on the first count, there shall be a second ballot with the two candidates that received highest number of votes on the first count. In case of a tie between two candidates the full member to which the person chairing the meeting belongs has a casting vote.

10.4. One member of the Executive Board will serve as Treasurer. The Treasurer will be responsible for the monitoring of the Association's accounts and their presentation at the annual General Assembly meetings.

The Treasurer shall be designated from among the Executive Board members by secret ballot. The President shall have a deliberative and casting vote.

10.5. The Executive Board shall meet at least once a year and each time, when necessary, it shall be convened by the President of the Association.

The agenda shall be set by the President.

The presence of at least one third of the members shall be required for the validity of the resolutions of the Executive Board. A member of the Executive Board cannot be represented by another member; no proxies are allowed.

The Executive Board shall make its decisions in a collegial manner. In case no consensus can be reached on one or more issues and a vote is necessary, the resolution shall be passed with the simple majority of votes of the members who are present, each member having one voting right. In case of division of votes, the President will have a casting vote.

10.6. The resolutions of the Executive Board shall be recorded in minutes. The draft minutes shall be circulated for comments to all members of the Executive Board, confirmed at the next meeting, and further signed by the President of the Association.

10.7. The Executive Board is responsible for the overall direction and management of the interests of the Association and for making all decisions not specifically reserved to the General Assembly by these statutes. It shall ensure the proper implementation of the decisions of the General Assembly.

Specifically, the Executive Board: (i) reports to the General Assembly on the execution of the Association's work programme and submits relevant accounts; (ii) submits to the General Assembly proposal regarding the annual work programme and the budget of the Association for the next financial year; (iii) shall propose changes in the Association's statutes to the General Assembly when this is in

the interest of the Association; (iv) is responsible for the appointment, dismissal, and remuneration of the Director of the Secretariat.

The Executive Board may be assisted by any Committee, Working Group and/or Task Force of its choice; it sets their goals and composition, and their attribution will always be consultative.

10.8. Legal actions, whether as plaintiff or as defendant are pursued by the Executive Board, represented by the President of the Association.

10.9. The members of the Executive Board may not personally get any kind of remuneration in consideration of their missions.

The sole reimbursement of costs will be possible; each time, it shall be subject to a resolution of the Executive Board.

Article 11

The Director of the Secretariat will be responsible for the effective day to day management of the Association, under the leadership of the President of the Association.

S/he will organise and direct the Secretariat of the Association, and s/he will assist and represent the President of the Association in his/her work for Association, upon his/her request and within the limits set by the Executive Board.

IV. AMENDMENTS TO THE STATUTES AND DISSOLUTION

Article 12

12.1 The present statutes can be amended at any time by the General Assembly, at an annual meeting or at an extraordinary meeting, convened by the President of the General Assembly for that purpose. No amendment shall be adopted by the General Assembly unless at least half of the members are present or represented, and unless the modification is approved by a majority of at least two thirds of the voting members, present or represented.

Amendments to the statutes will not take effect until approved by the competent Authorities under Article 50 § 3 of the Law and until they have been published in the *Annexes au Moniteur Belge* in accordance with Article 51 § 3 of the Law of 27 June 1921.

12.2 The rules of article 12.1 above will also be applicable in the case of a proposed dissolution of the Association, in which case however the resolution of the General Assembly must be adopted unanimously. In that case the General Assembly shall determine the modalities of dissolution and liquidation of the Association.

In case of a dissolution pronounced by a General Assembly, the General Assembly shall appoint one or several referees in charge of winding-up the assets of the Association in ways congruent with the objectives of the Association.

V. ANNUAL ACCOUNTS AND BUDGETS

Article 13

The Director of the Secretariat will keep a record of incomes and expenditures of the Association.

The Executive Board shall submit to the General Assembly the annual accounts of the past year and an annual budget of the following year.

Article 14

The financial year of the Association shall be the calendar year.

VI. MISCELLANEOUS

Article 15

The official language of the Association will be the French language. The working language of the Association will be the English language.

Article 16

Matters not covered by these statutes, including publications in the *Annexes au Moniteur Belge*, will be governed by the provision of the law of 27 June 1921.

Rules of Procedure for Management of ASPHER

- I. MEMBERSHIP AND GENERAL ASSEMBLY
- II. EXECUTIVE BOARD AND PRESIDENT
- III. DIRECTOR OF THE SECRETARIAT AND OTHER STAFF
- IV. DEANS' AND DIRECTORS' RETREAT AND ANNUAL FORUM
- V. ANDRIJA STAMPAR MEDAL
- VI. HONOURS COMMITTEE AND AMBASSADOR FUNCTION
- VII. FINANCIAL MANAGEMENT

I. MEMBERSHIP AND GENERAL ASSEMBLY

RULE 1: MEMBERSHIP – CATEGORIES OF MEMBERSHIP AND APPLICATION

*"The following shall be eligible for **full membership** in the Association: schools/teaching institutions, scientific/research institutes, and other structures, (i) with a role in education and/or training in public health, (ii) established within the European Region, as defined by World Health Organization"(4.1).*

*"(i) Individuals and (ii) institutions which do not meet the criteria for admission as elaborated in article 4.1., with a legitimate interest in public health education and/or training, and willing to support ASPHER in its mission (...), shall be eligible for **associate membership** (...)"(4.2).*

*"Full and associate members must be accepted by the General Assembly. Applications for full or associate membership of the Association must be submitted in writing to the Executive Board (...). The Executive Board may decide to grant to the applicants a **candidate member status** (...). The Executive Board decides what information should be included in the applications for membership"(4.3).*

Members' main obligations include: (i) cooperation to the best of their ability in the achievement of the Association's goals; (ii) refrainment from all activities contrary to ASPHER's statutes or which may jeopardize the achievement of the Association's goals; (iii) payment of the membership fees.

RULE 2: MEMBERSHIP – RESIGNING AND EXCLUDING FROM THE ASSOCIATION

"A member may resign from the Association at any time by addressing a registered letter to the President of the Association (...)"(5.1).

"A member can be excluded from the Association by the General Assembly: (i) if such a member fails to comply with the membership obligations; [and] (ii) if a member acts in violation of the law (...) [and] the general interest of the Association (...). A member whose exclusion is proposed will be heard by the Executive Board before a final decision is made. The exclusion is proposed by the Executive Board to the General Assembly"(5.2).

RULE 3: MEMBERSHIP – FEES AND LIABILITY

"Membership fees of full members and associate members shall be approved annually by the General Assembly by a majority of two thirds of the voting member (...). Candidate members shall pay pro rata the membership fee of full members as from the date of their appointment as candidate members"(7).

The Secretariat circulates the membership fee invoices to members during the 1st quarter of the year. In case it is not paid, a reminder is sent to request the payment before the annual General Assembly meeting in May/June. In case the payment remains due at the time of the meeting the voting rights of the given member are suspended and the final reminder is issued with the deadline for payment on September 1st. Further the case is being transferred for consideration of the Executive Board.

"Members are liable for the debts and obligations of the Association only to the extent of funds or assets contributed or otherwise made available to the Association. Any commitment entered into by the Association in its name shall be binding upon the Association and shall not create any legal rights or obligations which may extend to its members."(6)

"(...) Any member who ceases to be part of the Association shall have no right to any part of the assets of the Association."(5.1)

RULE 4: GENERAL ASSEMBLY – COMPOSITION AND POWERS

"The General Assembly is the governing body of the Association"(9.1).

"The General Assembly shall be composed of the Association's full members (...).The associate members of the Association may be called by the President to attend the General Assembly with a consultative voice"(9.2).

The General Assembly has an exclusive power to make the following key decisions: (i) approval or exclusion of members; (ii) electing the President; (iii) electing members of the Executive Board; (iv) amending the statutes; (v) approving the annual work programme and the budget for the next financial year; (vi) approving the financial accounts and discharging the Executive Board from its responsibilities of the previous financial year; (vii) dissolving the Association.

RULE 5: GENERAL ASSEMBLY – MEETINGS AND DECISION-MAKING

*"The General Assembly shall be convened each year, by the Executive Board, on the day, time and place mentioned on the convening (...)"*9.3.

The annual General Assembly takes place in the context of the ASPHER Deans' and Directors' meetings in May/June.

"Extraordinary meetings of the General Assembly may be called at any time by the President of the Association, and must be called within two months upon receipt of a request made in writing to the President of the Association by at least one fourth of the Association's full members"(9.4).

"In case of urgent matters which necessitate a rapid decision in the interest of the Association, the Executive Board can request the General Assembly to vote by email. Only the Executive Board shall be able to decide on the urgent character of the situation (...)"(9.11).

"The Executive Board will draw up the agenda that will only include propositions made by the Executive Board itself and propositions that were brought to its attention at least four weeks prior to the meeting, bearing the signature of at least one tenth of the Association's full members"(9.6).

"Notice of the annual meeting and of any extraordinary meeting, together with a copy of the agenda, shall be sent by email by the President of the Association to all members at least two weeks before the date of the proposed meeting. If the object of the meeting is to amend the statutes, the agenda and all relevant accompanying documents must be sent at least four weeks before the date of the proposed meeting"(9.5).

The draft agenda of the annual ordinary General Assembly meeting shall be circulated by the Secretariat on behalf of the President to all members in March; the final agenda shall be circulated not later than 2 weeks before the meeting. The latter applies also to the agenda of the extraordinary

General Assembly meetings. If the meeting assumes the amendment of the statutes, the agenda with relevant background documentation should be circulated at least 4 weeks before the date of the meeting.

"The General Assembly is chaired by the President of the Association or, in his absence by the Vice-President. In the absence of both, another member of the Executive Board will be elected to chair the meeting. S/he will appoint a secretary of the General Assembly"(9.7).

"An attendance sheet shall be filled out and signed by the members of the Association upon their arrival and shall be attached to the minutes"(9.8).

"Each full member can appoint two representatives to the General Assembly meetings. However, it shall be entitled to one vote. A member may confer upon another member the right to represent it at the meetings. Such proxy must be in writing and must be delivered to the Director of the Secretariat in advance of each meeting. One member cannot hold more than two proxies. Exceptionally, the full member to which the President of the Association belongs may hold as many as ten proxies, and those to which other members of the Executive Board belong can hold as many as five"(9.2).

Quorum for any meeting of the General Assembly: 1/2 of the Association's full members; proxies are allowed (ref. 9.2). If the quorum is not reached, a new General Assembly shall be convened with an immediate effect, which will decide as to the outcome of the points on the agenda, irrespective of whether or not the quorum is reached. In order to conclusively validate the decisions, the minutes from the meeting must be voted and approved by the needed majority. In the event of a deadlock, the resolution shall be deemed to be rejected by the General Assembly.

Decision-making: except where the statutes state otherwise, decisions of the General Assembly shall be adopted by a simple majority of the votes expressed by the full members present or represented.

Only full members have voting rights. Candidate members have no voting rights until their (full) membership is officially approved by the General Assembly.

The resolutions of the General Assembly shall be recorded in minutes drafted by the person who has been appointed to serve as secretary of the General Assembly. The draft minutes shall be circulated for comments to all members within 2 weeks after the General Assembly. Members shall have up to 2 weeks to comment, and the final draft shall be confirmed at the next meeting of the Executive Board and signed by the President of the Association.

II. EXECUTIVE BOARD AND PRESIDENT

RULE 6: EXECUTIVE BOARD – COMPOSITION AND POWERS

"The Executive Board is responsible for the overall direction and management of the interests of the Association and for making all decisions not specifically reserved to the General Assembly (...). The Executive Board may be assisted by any Committee, Working Group and/or Task Force of its choice; it sets their goals and composition, and their attribution will always be consultative"(10.7).

"The Executive Board shall be composed of maximum nine members, including (i) President of the Association, (ii) Vice-President of the Association, and (iii) seven members at large elected by secret ballot at the General Assembly. No more than two members of the Executive Board shall come from the institutions established in the same country, and no more than one from any given institution"(10.1).

"One member of the Executive Board will serve as Treasurer (...)"(10.4).

The Executive Board is granted the widest powers to act on behalf of the Association and to do or authorize all operations allowed by the Association and that are not reserved to the General Assembly. The Executive Board ensures also the proper implementation of the decisions of the General Assembly

to which it is accountable. The President and the Treasurer report on the activities of the Association and the Association's finances on behalf of the Executive Board to the members during the General Assembly.

RULE 7: EXECUTIVE BOARD – MEETINGS AND DECISION-MAKING

"The Executive Board shall meet at least once a year and each time, whenever necessary, it shall be convened by the President of the Association (...). The Executive Board may be assisted by any Committee, Working Group and/or Task force of its choice; it sets their goals and composition, and their attribution will always be consultative"(10.5).

The Executive Board shall seek to meet four times a year, supported with telephone conferences whenever necessary; the minimum number of meetings is one per year.

Quorum for the validity of the resolutions: 1/3 of the Executive Board members; no proxies allowed.

Decision-making in collegial manner; if voting is necessary, simple majority of votes of the members who are present shall apply, with each member having one voting right and the President – a casting vote. The resolutions of the Executive Board shall be recorded in minutes.

The Executive Board may invite specialists, observers and other guests of its choosing to its meetings.

RULE 8: EXECUTIVE BOARD – ELECTIONS

"Members at large shall be elected for a period of three years, each year representing the time between two yearly General Assemblies, and shall be eligible for one further consecutive three year term, a total of six consecutive years. The members at large shall be elected by the General Assembly (...)"(10.2).

Maximum number of terms: 2 consecutive (6 years), otherwise unlimited.

Eligibility to run in the elections: any individual supported by 2 full members of the Association.

Nominations: by full members only; each nomination requires support of two different full members other than that to which a candidate belongs. Should be received by the Director of the Secretariat at least two weeks before the elections.

Voting procedure (secret ballot): plurality system (i.e., candidates are elected based on the highest number of votes obtained), in case of a tie – the full member to which the person chairing the meeting belongs has a casting vote; acceptance by acclamation should apply if there is more or same number of vacant seats than/as nominated candidates.

RULE 9: PRESIDENT – POWERS

"The President of the Association shall preside over the Executive Board. The President will be responsible for carrying out the resolutions of the Executive Board and for the good functioning of the Association. Vice-President shall deputise for the President as required (...)"(10.3).

The President is the head of the Association. The President can delegate competences and tasks to the Director of the Secretariat and other members of the Executive Board.

RULE 10: PRESIDENT – ELECTIONS

"(...) The President is elected by the General Assembly one year prior to taking office. S/he will become member of the Executive Board for four years; one as President-Elect (Vice-President), two as President and as Chair of the Executive Board, and one as Immediate Past-President (Vice-President). No immediate re-election of the President of the Association is allowed"(10.3).

Maximum number of terms: unlimited, no immediate re-election is allowed though.

Eligibility to run in the elections: any individual supported by 2 full members of the Association

Nominations: by full members only; each nomination requires support of two different full members other than that to which a candidate belongs. Should be received by the Director of the Secretariat at least two weeks before the elections.

Voting procedure (secret ballot): absolute majority system (i.e., successful candidate needs to obtain half of the valid votes plus one), in case any candidate does not receive more than half of the votes on the first count there shall be a second ballot with the 2 candidates that received highest number of votes on the first count; acceptance by acclamation should apply if there is only one candidate.

In the event that no nominations are received 3 months before the General Assembly/elections, a Search Committee will be established whose purpose will be to identify an individual willing to run in the election and whose composition will be determined by the Executive Board.

III. DIRECTOR OF THE SECRETARIAT AND OTHER STAFF

RULE 11: DIRECTOR OF THE SECRETARIAT – POWERS AND APPOINTMENT

"The Director of the Secretariat will be responsible for the effective day to day management of the Association, under the leadership of the President of the Association. S/he will organize and direct the Secretariat of the Association, and s/he will assist and represent the President of the Association in his/her work for the Association, upon his/her request and within the limits set by the Executive Board" (11).

The Director of the Secretariat, recruited by the Executive Board to which s/he remains accountable, acts as the key representative of the Association in its day-to-day operation. The Director of the Secretariat attends the Executive Board meetings as advisor, and is a member ex-officio of the Association's Committees, Working Groups and Task Forces.

The Association may employ extra members of staff and/or engage consultants as needed and subject to the available budget; the Director of the Secretariat coordinates the relevant recruitment processes.

IV. DEANS' AND DIRECTORS' RETREAT AND ANNUAL FORUM

RULE 12: DEANS' AND DIRECTORS' RETREAT – AGENDA AND ORGANISATION

The ASPHER Deans' and Directors' Retreat shall take place each year in May-June in various locations of the membership network, gathering senior representatives of all members of the Association. Individual associate members are also welcome to attend the meeting, as well as representatives of partner organisations and other key stakeholders of relevance to the agenda.

It is advisable that the preparatory meeting is held in the location of the retreat early in the given year, involving the local team and representatives of the Secretariat and the Executive Board.

The provisional agenda of the Retreat shall be set by the Executive Board in consultation with the host member school and circulated to all members in January. The final agenda with all background documentation shall be circulated at least 2 weeks before the Retreat. The agenda of the annual Deans' and Directors' Retreat must reflect the current business, management and future planning of the Association. The Retreat hosts the annual General Assembly of the Association.

The main responsibility of the organization of the Retreat lies with the host member school. The host member school may however rely on the Secretariat and the Executive Board support. Financial

support remains subject to available funds and authorization of the Executive Board following the proposal of the Treasurer and the Director of the Secretariat.

The annual Deans' and Directors' Retreat consists of 3-4 days. During the 1st day, the annual ordinary General Assembly takes place, followed by 2 days of the Retreat proceedings. The last day is devoted to satellite meetings, if any, and social programme activities.

The report from the Retreat shall be published on the Association's website.

RULE 13: ANNUAL FORUM

The ASPHER Annual Forum shall take place each year in the last quarter of the year. The Forum is fully integrated within the programme of the annual European Public Health (EPH) Conference.

The key sessions of the Forum include: pre-conference hosting the Andrija Stampar Medal Ceremony, the annual Young Researchers' Forum, and the ASPHER plenary during the EPH Conference. The programme of the Forum is complemented by workshops and satellite meetings taking place during the regular programme of the EPH Conference.

The provisional programme of the Annual Forum shall be set by the Executive Board and circulated to all members in June. The final programme shall be circulated at least 2 weeks before the EPH Conference. The Annual Forum hosts the Andrija Stampar Medal Ceremony.

The main responsibility of the organization of the Retreat lies with the Executive Board and the Secretariat. The funds are allocated each year in the annual budget towards the organization of the Annual Forum.

The Annual Forum consists of 4 days. During the 1st day, the Andrija Stampar Ceremony takes place, followed by 3 days determined by the EPH Conference scenario.

The report from the Annual Forum shall be published on the Association's website.

V. ANDRIJA STAMPAR MEDAL

RULE 14: ANDRIJA STAMPAR MEDAL

Each year, during its Annual Conference, ASPHER awards the prestigious Andrija Stampar Medal to a distinguished person for excellence in the field of Public Health.

Call for nomination is launched during the General Assembly and the annual Retreat of Deans' and Directors in the year preceding the year for which the medal is awarded. Nominations can be made by all members of the Association and partners.

The Executive Board makes the decision at its meeting prior to the annual forum (during the EPH Conference) in the year preceding the year for which the medal is awarded. The proposed medalist is being notified and confirmed accordingly.

The ceremony takes place during the annual forum of the Association year after the proposal is confirmed. The ceremony consists of the laudatio and the acceptance speech. The medalist is invited to take active part in the remaining programme of the annual forum.

The medalist becomes automatically a member of the Association's Honours' Committee.

VI. HONOURS COMMITTEE AND AMBASSADOR FUNCTION

RULE 15: HONOURS COMMITTEE

Stampar Medalists and Past Presidents represent a considerable wealth of experience and knowledge in terms of management of the Association and strategies for public health capacity development in Europe. The Association can benefit greatly from such a resource. The Honours Committee provides the framework and structure for the collaboration between ASPHER and its Past Presidents and the Stampar Medalists (members of the Committee).

The mission of The Honours Committee is to support ASPHER by: (i) Giving recommendations when requested to do so by the President or the Executive Board; (ii) Taking initiative to comment on and give advice on developments concerning the themes of ASPHER's mission, i.e. Public Health capacity building in Europe and in other parts of the world, and on ASPHER's present and future roles; (iii) By request and as far as possible participate in ASPHER's projects, programmes and activities, including the further development of accreditation, lists of competences, mentoring, etc.; (iv) Participating in Executive Board meetings by specific invitation; (v) Participating in ASPHER's General Assembly and Deans' and Directors' Retreat; (vi) Producing an annual report, to be presented by the Committee's chair and discussed at the General Assembly, and including two main components: a. A strategic report commenting on ASPHER's work during each year, from general assembly to general assembly; b. A report on the Committee's work.

Members of the Honours Committee are entitled to: (i) Participate in the General Assembly without any voting right, unless they represent their institution; (ii) Participate in the Deans' and Directors' Retreat without any voting right, unless they represent their institution; (iii) Participate in and decide about the collective work of the Honours Committee, including the production of the annual report; (iv) Communication of the annual report at the general assembly; (v) Receipt of the minutes from Executive Board meetings, by request.

The Committee is governed by a chair and a co-chair, the co-chair being the immediate Past President of ASPHER. By majority vote, Committee Members elect the chair for two years, with the possibility of re-election once. Election takes place every second year at the Committee's annual meeting. ASPHER's immediate Past President calls for candidates among committee members at the latest one month before the annual meeting in question. Each committee member has one vote with no right to delegate a member to represent him.

The Committee functions by: (i) Meeting once a year during the Deans' and Directors' Retreat. The annual meeting is called by the Chair; (ii) Communication at meetings and by use of teleconferences and mail, whether on paper or electronic.

Members of the Committee will pay the costs of the Committee's activities themselves, unless costs are covered by a specific external grant.

RULE 16: AMBASSADOR FUNCTION

Whereas paid consultancy by ASPHER is only possible in the framework of funded projects, senior public health professionals belonging to ASPHER should provide their rich experience on a strictly honorary basis (except for travel and daily allowance): They should act as ASPHER Ambassadors in a network organised by ASPHER.

Mission of ASPHER Ambassadors: (i) To visit school of public health throughout Europe in order to strengthen the ties between ASPHER members, to provide free of charge advice on major problems, and to contribute to further harmonisation of training for research and service of Public Health in Europe; (ii) To function as advocates in other contexts, coordinated by ASPHER.

All members of the present Executive Board and of the Honours Committee can act as Ambassadors as well as other experts if needed. Their missions are coordinated by the elected co-chair of the Honours Committee and approved by the Executive Board of ASPHER. If appropriate, a specific mission is to be

discussed and approved by the two co-chairs of the Honours Committee. After the mission a free report has to be delivered to the Honours Committee. The Honours Committee reports annually to the Executive Board or on request.

The initiative can be taken by eligible professionals, by the Executive Board, the Honours Committee or by a member institution in need of advice respectively by the responsible ministry. A short proposal has to be submitted by the initiating party, describing the problem, the expected support and the source of required funding for travel and accommodation. The mission can be defined as a one-time visit or as programme with repeated visits as long-term mentoring.

ASPHER's Ambassadors should have a clear understanding of their role. Their task is to help and to advice to their best knowledge. They are not decision makers, nor should they have a top down approach in discussing local problems, questions, and proposals. They must be proficient in communicating ASPHER's programmes and policies. Each mission should last at least two days. On the other hand their visit(s) must not have a touristic image (therefore the accommodation should usually be e.g. at 3 star hotel, not a hotel of 4 or 5 stars).

The elected co-chair of the Honours Committee is keeping a list of all qualified public health professionals who declared their principal interest in voluntary missions and their area of expertise. The list will be published on ASPHER's website.

VII. FINANCIAL MANAGEMENT

RULE 17: RELEVANT FUNCTIONS

The General Assembly approves the financial report from the previous year and approves the budget overview for the following one; it approves the reporting from the Treasurer.

The Treasurer is responsible for the monitoring and the presentation of the financial standing of the Association to the annual ordinary General Assembly. The Director of the Secretariat oversees the financial management of the Association on day-to-day basis.

RULE 18: REIMBURSEMENTS

"The members of the Executive Board may not personally get any kind of remuneration in consideration of their mission. The sole reimbursement of costs will be possible; each time, it shall be subject to a resolution of the Executive Board" (10.9).

The Executive Board members are expected to secure funding for any activities linked to their position in the Executive Board. Any possible support from the Association must be authorized by the Treasurer in consultation with the Director of the Secretariat.



The Association of Schools of Public Health
in the European Region (ASPHER)

Annual Report 2016

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Joint message from ASPHER President and ASPHER Director

This year we celebrate 50 years of working together for public health - a good moment to look back at everything we have accomplished, take stock, and reflect on the way forward.

2016 has been a year of celebrations. We commemorated the Association's half a century by organising several activities in different countries; activities that brought together ASPHER members, partners, policy-makers and public health stakeholders at large, and which served as excellent platforms to build up on the work of the last years. These celebratory events reassured us yet once again that ASPHER has played and will continue to play a unique and essential role in public health in Europe and beyond.

2016 has been a year of reflections. ASPHER has a busy agenda that ensures the Association takes a holistic approach to the issues it deals with. Despite that, we took time to carry out an association-wide consultation to reflect upon how to further strengthen the membership policy of the association. With extremely positive and valuable feedback from our members, we have designed an updated membership policy that will be implemented as of 2017.

2016 has been a year of successes. We have continued to enlarge our membership community, reaching the impressive number of 112 full members! We have also increased the capacity of the ASPHER secretariat in order to offer more dedicated services to our members. We have signed partnership agreements with multiple stakeholders, successfully engaged with policy-makers, and made important advancements laying out a strong foundation for the implementation of the ASPHER 2020 strategy.

With this in mind, we look at the years ahead with excitement and with the certainty that ASPHER, drawing on the strength of its members, will continue to succeed in all its endeavours.

Finally, once again we would like to thank everyone who has shaped ASPHER through this last half-century to become the strong organization it is today!

Jacqueline Müller-Nordhorn
ASPHER President

Robert Otok
ASPHER Director



ASPHER Mission

The Association of Schools of Public Health in the European Region (ASPHER) is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research.

The main functions of the Association are:

To support the **professionalization of the public health workforce** in Europe, whilst respecting the diversity of national and regional contexts in which each school of public health operates, and thus:

To sustain **capacity building in public health**, so that it balances with national and European population health challenges, and threats as well as burden of disease and health system context and is supported by best standards of public health education and training, scientific research, and practice.

The general objectives of ASPHER are:

To sustain, in theory and practice, **member schools** in achieving their missions of education, training, scientific research and service;

To develop models for **public health education and training** at all academic and professional levels, and the interaction of education and training with population health, health systems and services;

To promote structured processes of sharing **evidence-based public health** models of innovation and good practice;

To build **coalitions** with other programmes and public health organisations whose mission is to improve public health, specifically in an effort to put forth high standards in and strengthen public health education and training, and to improve the quality of the public health workforce in Europe and its competitiveness globally.

To engage in the **public health policy development** which can affect or impact education and training of public health workforce, thus, contributing to its professionalization.



ASPHER Governance and Membership

ASPHER is a membership organisation of institutions, spread across EU and wider across the WHO European Region, which are collectively concerned with the education and training, and professionalism, of those entering and working within the public health workforce. It promotes activities which foster exchange of information and best practices amongst its members in an effort to achieve high standards of public health education and training across Europe.

The **ASPHER General Assembly**, composed of all ASPHER members, elects the **ASPHER Executive Board** and **the ASPHER President**, which are responsible for the good functioning of the Association. In turn, the ASPHER Executive Board appoints the **ASPHER Director**, which manages the day-to-day business of the association as well as facilitates and supports the work of the ASPHER Executive Board through the **ASPHER Secretariat**, which he coordinates.

ASPHER goes from strength to strength, reaching a record membership in 2016:

112 members from **43 European countries**

Reaching out to the **EMRO, PAHO and WPRO** regions with **14 associate members**

<http://aspher.org/members.html>



ASPHER 50th Anniversary Celebrations

2016 was a special year for ASPHER as it marked the 50th anniversary since the inception of the Association. It came with numerous celebrations to take stock about the achievements of the past half-century and to reflect about the direction to take in the future.

Celebratory events

Reflecting on the role of Schools of Public Health
An account for Brussels-based stakeholders

Brussels, 7 April 2016

Taking advantage of the ASPHER offices in Brussels, we kicked-off the 50th anniversary celebrations with Brussels-based stakeholders to debate about the role of Schools of Public Health. We also discussed the ASPHER 2020 Strategy with them and received very useful feedback that will help in the implementation of the strategy.

You can find a short video with impressions from the meeting as well as greetings from some of the participants here: <http://vimeo.com/168900283>



ASPHER Deans' and Directors' Retreat – Athens 2016
National School of Public Health, Athens (Greece)

Athens, 25-27 May 2016

The 2016 retreat, hosted in Athens at the Hellenic School of Public Health, was a great success with more than 130 participants!

As a central part of ASPHER's 50-year anniversary celebrations, this was a very special moment. We took time to reflect on the past and to think about the future, making some key decisions during the General Assembly to ensure the continued success of the Association. We would like to highlight the following events:

Presidential elections: the ASPHER 2016 General Assembly elected Professor Katarzyna Czabanowska (Maastricht University) as the next ASPHER President. She will take over the presidency from Professor Jacqueline Müller-Nordhorn in May 2017.

Executive Board elections: the General Assembly elected two new board members – professor John Middleton (UK Faculty of Public Health) and professor Dejana Vukovic (University of Belgrade) were elected for the period 2016-2019. We are also happy to inform that professor Laurent Chambaud (EHESP) was re-elected for his second term in the ASPHER Executive Board.



Admission of new members: the General Assembly approved applications for full membership from the following Schools: (1) The Department of Epidemiology and Public Health of the University College Cork, Ireland; (2) The Department of Public Health and Medicine of the Swedish Red Cross University College, Stockholm, Sweden. While the following Schools were admitted as associate members: (1) The School of Public Health of the University of Queensland, Australia; (2) The Richard M. Fairbanks School of Public Health of Indiana University, United States. A very warm welcome to them to the ASPHER community!

Presentation of the Athens accord: ASPHER published the Athens Accord, calling for opinion leaders in Europe, in academia and politics for greater support of public health. [Here you can read the full text of the accord.](#)

ASPHER-PHR Seminar on New Issues in Public Health Education
OMI Seminar Series

Salzburg, 21-25 November 2016

As part of the reflection on the way forward, ASPHER and Public Health Reviews (PHR) organised a one-week seminar on New Issues in Public Health Education. The thematic sessions included the following topics: (1) Global Policy for Public Health Workforce, (2) Migrant and Minority Health, (3) Community Health Worker Programmes, and (4) Public Health Undergraduate Training. In addition, there was also a fruitful panel discussion with Deans and Directors of Schools of Public Health, including topics such as Public Health Schools and Programmes Development.

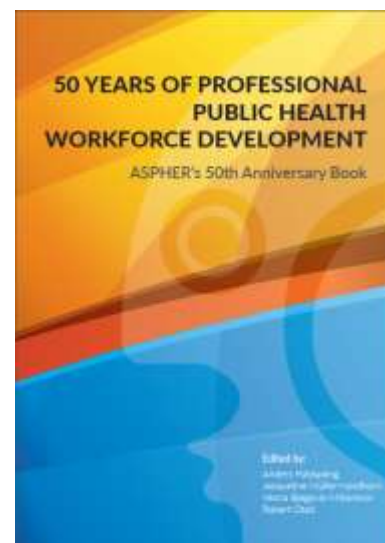


Celebratory publications

With the occasion of the 50th anniversary, ASPHER also published several documents to leave a written footprint of the ongoing celebrations.

Anniversary book

The highlight publication of the year was the ASPHER 50th anniversary book, which includes ASPHER's development and policies as well as the history of many of the Association's member schools. The book has been widely distributed and has proven to be a strong advocacy tool for public health training and education. [The on-line version of the first edition of the book can be read here.](#)



Eurohealth special issue

The quarterly publication of the European Observatory on Health Systems and Policies also dedicated a special issue to celebrate the ASPHER 50-year anniversary. The publication focuses on ASPHER's main areas of work as well as accomplishments over the last 50 years. Additionally, it includes two position papers, one on refugee health and one on public health workforce development and professionalisation, showing ASPHER's commitment and important connection to relevant policy contexts. [You can read the on-line version of the Eurohealth special issue here.](#)



IJPH editorial

A celebratory editorial was also published in the Int Journal of Public Health to briefly take stock of accomplishments. [You can read it here.](#)

Visionary talks

During the ASPHER Retreat in Athens, we had the opportunity to learn from and discuss with high-level public health experts. In this context, there were four visionary talks on different issues. Two of these visionary talks were published on-line at the Eur Journal of Public Health, one [on the training needed in the future of Public Health](#), and one [on the future of public health practice in Europe](#).

ASPHER European Public Health Reference Framework (EPHRF)

The EPHRF was further developed with the publication of [a three-volume text](#) detailing and explaining the Public Health Core Competences for Essential Public Health Operations. We also had multiple fruitful discussions throughout the year with academics and practitioners, who provided feedback that will be included in future editions. You can find two viewpoints published in the Eur Journal of Public Health, [one by Anders Foldspang](#) and [one by Kasia Czabanowska](#).



Public Health Reviews

<http://www.publichealthreviews.net>

ASPHER has been lending support to Public Health Reviews (PHR) since 2010 when the journal was run by the press of the EHESP French School of Public Health. In 2015, ownership of PHR was transferred to ASPHER, which contracted with BioMed Central (BMC) to publish the journal.

PHR is an online, open-access journal publishing comprehensive review articles. The journal is focused on promoting public health knowledge and practice, with special emphasis on the integration of state of the art knowledge and translational issues, interdisciplinary approaches, innovations, and emerging public health issues in Europe and around the world. To this end, PHR prioritizes publication of papers representing the experience from a diversity of countries (Figure 1) and viewpoints with emphasis on relevant thematic collections. Collections featured in 2016 were **Migrant and Minority Health** and **Climate Change and Health**.

Readership of the journal grew steadily over the year as demonstrated by the number of times articles were accessed from the BMC website (Figure 2). We continue to work with the publishers at BMC to improve the website and the visibility of PHR. An important step in this process will be listing in PubMed Central (PMC). Application to PMC will be submitted in early 2017.

PHR will be undergoing a transition in 2017 as our longstanding Deputy Editor, **Ted Tulchinsky** will be retiring with our warm appreciation for his years of service. The journal will be welcoming **Fred Paccaud** who has accepted to take on the responsibilities of this position.

We look forward to integrating the journal with the activities of ASPHER members and we invite your support, input and submissions both to help PHR serve your interests and the broader needs of the public health community in Europe and globally.

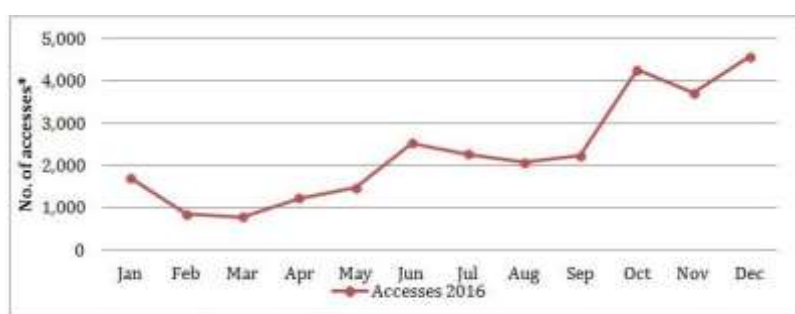


Figure 2: Article accesses by month, 2016. *Article accesses reflect number of times abstract, full text or PDF versions of articles are accessed directly from the BMC journal website and Springer Link.

Editor in Chief:

Laurent Chambaud, Rennes, France

Deputy Editors:

Theodore Herzl Tulchinsky, Jerusalem, Israel

Fred Paccaud, Lausanne, Switzerland

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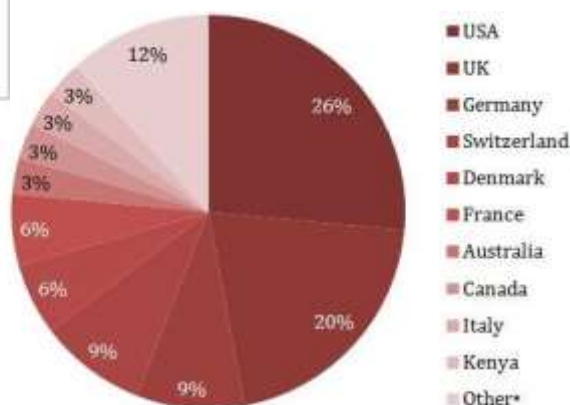


Figure 1. PHR publications by country, 2016.

* Other section is comprised of Malaysia, Slovenia, Spain and Sweden.

ASPHER 2020: Implementing the Strategy

Implementation plans

At the end of 2013, the Executive Board of ASPHER initiated the debate on the Association's agenda 2016-2020 (ASPHER 2020). By the end of May 2014, the agreement was reached on the framework of 5 strategic objectives specifying ASPHER's core mission within "education and training for research and service". In the subsequent phase, the 5 strategic objectives were discussed in several consultation rounds, involving ASPHER members and partner organisations, advancing the cohesion of the ASPHER community and resulting in the ASPHER 2020 operational action plan. The ASPHER 2020 agenda was adopted in early June at the General Assembly 2015 to guide ASPHER's community through the following 5 years. The objectives are as follows:

Strategic objective 1:

Improving quality of academic programmes and CPD for public health

Strategic objective 2:

Strengthening research capacity among all members

Strategic objective 3:

Setting up a public health profession for public health services in Europe

Strategic objective 4:

Developing the global dimension of education and training for public health

Strategic objective 5:

Strengthening governance, management and sustainable development of ASPHER

The reflection process that the Association underwent in 2016 as part of the 50-year anniversary was also useful in carrying out the design of the **implementation plans of ASPHER 2020's five strategic objectives**.

The strategic and implementation planning efforts, among other things, have indicated members' enormous dedication to the Association and strong and cohesive vision for the future. Members seek to continually make the Association stronger, assure continuity, sustainability and growth of successful endeavors as well as the involvement of all member institutions in the Association's activities. We are truly proud of the fact that the Association keeps growing and making an ever larger and more noticeable impact within European health policy and higher education and training. The Association's agenda through 2020 reinforces this impact even more.

You can find all the information on the ASPHER 2020 Strategy, including the implementation plans at the [online ASPHER Repository](#).

ASPHER focus areas 2016

ASPHER and the ASPHER community work on a wide range of issues. In order to ensure its effectiveness, ASPHER concentrated the work of 2016 in three focus areas, in line with the overall ASPHER 2020 Strategy: (1) Public Health Workforce Development and Professionalisation, (2) Migrant Health, and (3) Public Health Law.

ASPHER and the Public Health Workforce: strengthening our professionals

ASPHER concentrates the majority of its efforts in working towards the development of the Public Health Workforce, those which are responsible for the population's well-being. ASPHER fosters the international exchange of good practices among Schools of Public Health, which increases the quality of the training they provide to public health professionals.

A fundamental part of the work that ASPHER carries out is to define the competences required in public health training and education at a European level so that our public health professionals are trained to effectively tackle the challenges that we face and will face in the future. In this respect, in 2016 the ASPHER-led **European Public Health Reference Framework (EPHRF)** Council published a manual on Public Health Core Competences for Essential Public Health Operations, with Anders Foldspang as the editor.

An indispensable element in ensuring that ASPHER's efforts result in a societal impact is to inform decision-makers about the Association's work so that they can take it into account when designing new policies. A major endeavour in this respect was the publication of an ASPHER-led **joint statement on Public Health Workforce Development and Professionalisation** ([click here to read it](#)), which was co-written endorsed by key European Public Health organisations. The statement, which was written in the context of the European Commission's Health Policy Platform, calls for a collaborative and consensus-building action to set up an international agenda in the field. Follow-up meetings with the European Union institutions and relevant stakeholders will be held in order to realise this objective.

Finally, an issue which is of key importance to ASPHER is engagement with students and young public health professionals. ASPHER offers a platform to our youngest professionals so that they can learn from senior colleagues as well express their point of view and concerns. In this aspect, the **I am Public Health (IAMPH) campaign** was launched to encourage not only these young professionals, but also society at large, to reflect about the role they play in improving public health. In this context, [here you can watch a video as part of the campaign](#).



ASPHER and Migrant Health: the role of Schools of Public Health

Sadly, migrant health has been one of the most salient issues of recent years. It poses numerous complex challenges to our health systems which require a well-trained public health workforce that is equipped with the adequate tools to tackle them. As such, Schools of Public Health play an essential role in ensuring that our public health professionals, from senior health systems planners to those working with patients on the ground, are as prepared as possible.

In this line, we organised, in collaboration with the Open Medical Institute (OMI) and Public Health Reviews (PHR), **a one-week seminar on Migrant and Minority Health**. The seminar took place from April 3rd to April 8th and focused on discussing a wide range of issues together with decision-makers and agencies so as to gain a holistic understanding on how to tackle these issues. [You can find the programme here](#). The seminar resulted in [the publication of a series of articles in Public Health Reviews, which you can view here](#).

ASPHER is also proud to have issued a position paper on Migrant and Minority Health, prompting EU member states to act on five different areas in order to meet the health needs of refugees in Europe. This position paper was published as part of the Eurohealth special issue dedicated to celebrate the accomplishments of ASPHER's half a century of work. [You can read the Eurohealth issue here](#) – see page 36 for the position paper.

ASPHER and Public Health Law, raising awareness

In 2016, as part of the finalisation of the OSF-funded project on Human Rights in Patient Care (HRPC), the Association organised the following two events:

24 May 2016, Athens, Greece

HRPC Seminar for medical/public health students at the National School of Public Health (Athens), prior to the ASPHER annual Deans' and Directors' Retreat

9 June 2016, Madrid, Spain

HRPC Workshop on international and regional human rights mechanisms and procedures and HRPC, at the 2015 annual conference of the National Health Lawyers' Association of Spain

Moreover, ASPHER and the Swiss School of Public Health+ (SSPH+) began collaborating on the design of an ASPHER Working Group on Public Health Law with the aim to sensitize the group members in particular, and schools of public health in general, about the fact that public health law is an important social determinant of health. This is a real change of paradigm in the perception of the real contribution that law can bring to public health. The group will work closely with members and relevant project groups such as the one on Human Rights in Patient Care, which has been running successfully for some years.

The launch of the group will take place in the framework of the next Deans' & Directors' Retreat that will be hosted by EHESP in Rennes, France from May 31st until June 2nd, 2017.

ASPHER Synergies

ASPHER is an active member of the EU Health Policy Forum/Platform and WHO Coalition of Partners operating within the framework of the European Action Plan for Strengthening Public Health Capacities and Services.

It also belongs to and works closely with the European Public Health Alliance (EPHA) and the European Public Health Association (EUPHA).

The Association maintains close links with its counterparts in other regions, e.g. US Association of Schools and Programs of Public Health (ASPPH), and is a member of the World Federation of Public Health Associations (WFPHA) and World Federation of Academic Institutions for Global Health (WFAIGH).

ASPHER has also built close partnerships with other key public health organisations throughout the years. In particular, in 2016 we would like to highlight the following synergies with our partners.



Agency for Public Health Education Accreditation

ASPHER is the founding member of the APHEA consortium (Agency for Public Health Education Accreditation) formed by the five leading European public health organisations: European Public Health Association (EUPHA), European Public Health Alliance (EPHA), European Health Management Association (EHMA), and EuroHealthNet.

ASPHER and APHEA regularly work together on a variety of issues. In particular, APHEA's links with ASPHER were strengthened in 2016 by offering free APHEA validation to holders of the enhanced service package of ASPHER, an action that contributes to increasing the exchange of good practices in public health education and training in Europe.

Furthermore, the decision was taken to align APHEA's meetings with ASPHER Deans' and Directors' Retreats, bringing the two organisations closer, generating more synergies, and taking more advantage of face-to-face meetings.



European Public Health (EPH) Conference

ASPHER plays a salient role in the European Public Health (EPH) Conference. In 2016, ASPHER was present in the EPH Conference in Vienna from November 9th until 12th. This year, ASPHER organised plenary session on planetary health as well as various satellite events on a wide range of topics. In addition, ASPHER was present with an exhibition stand to welcome members, partners, and attendants to the conference.

Also, as an important highlight, ASPHER awarded the prestigious **Andrija Stampar Medal** to **Dr Richard Horton** for his outstanding accomplishments and contributions to public health throughout his career. Here you can read [an interview with Dr Richard Horton by Elsevier](#), where he discusses the award, and here you can read [an editorial about Andrija Stampar written by Dr Horton himself](#), shortly after being awarded with the medal.



European Health Forum Gastein (EHFG)

ASPHER and the European Health Forum Gastein (EHFG) have long worked together. Many ASPHER members have strong ties to EHFG and, as such, both organisations strive to engage in joint activities as often as possible. In 2016, ASPHER held a session on the future of Public Health Training in Europe as part of the Young Forum Gastein. You can find an interview to the ASPHER delegates [by clicking here](#).



World Health Organization (WHO)



ASPHER and WHO have been closely linked since the inception of the Association in 1966 as a WHO initiative. ASPHER has been a committed supporter of the WHO's European Action Plan for Strengthening Public Health Capacities and Services since the very beginning when it was endorsed by the Regional Committee in 2012. The Association remains an active member of the **Coalition of Partners (CoP)** that has been set up in 2016 to support the implementation of the Action Plan. The CoP aims at **strengthening the enablers of public health services** through the following six objectives:

1. The public health workforce is recognized and valued as a profession
2. There is alignment between the allocation of human resources and the priorities determined by the burden of disease
3. Public health leaders have the knowledge and skills required to function as effective change agents
4. Member states have strong public health legislation enabling effective delivery
5. Member states effectively advocate for investment in public health services and apply strategic financial management practices
6. Public health services are organized and governed effectively and efficiently

The European Centre for Disease Prevention and Control (ECDC)



ASPHER and ECDC also have a longstanding history of successful collaboration. In 2016, this collaboration was further strengthened and formalised by signing a Collaboration Agreement. This agreement has the aim of building on the strengths of both organisations in order to become more effective in delivering training to the communicable disease prevention and control workforce as well as to facilitate connections between academia and public health institutes, translating the collaboration at the EU level to the national level, particularly in the area of serious cross-border threats to health. [You can read the full text of the collaboration agreement here.](#)

ASPHER and ECDC will continue looking for synergies in other areas in order to expand this collaboration agreement, particularly in the areas of Continuous Professional Development, competency development, network strengthening, public health training strategy, training needs assessment, workforce development, accreditation issues, training methodologies and delivery formats as well as any other areas of interest.

ASPHER Financial Information 2016

ASPHER is an independent organisation, registered under Belgian law as an AISBL (Association internationale sans but lucratif).

Source of income	Amount (EUR)	%
Membership fees	111 653,50	58%
Supporting Membership Contributions		12%
EHESP School of Public Health (for Public Health Reviews – PHR)	20 000,00	
EHESP School of Public Health & Swiss School of Public Health (for Young Researchers Forum)	3 000,00	
Projects: Open Society Foundations		30%
HRPC: Expanding Human Rights in Patient Care via Translation	17 913,73	
PHR special issue on Migrant and Minority Health	22 392,16	
ASPHER-PHR seminars in Salzburg	17 489,54	
Total	192 448,93	100%



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Lore Leighton
Public Health Reviews

Julien Goodman
Agency for Public Health Education Accreditation









The Association of Schools of Public Health
in the European Region

of public health professionals
for both practice and research



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Andreea Steriu @SteriuMD
It's great to hear the news @ASPHERoffice @VesnaBjegovic @martinmckee pic.twitter.com/dmnTLKcMcv
Retweeted by ASPHER

13 Jun



ASPHER @ASPHERoffice
To finish, un TRÈS GRAND MERCI to the @EHESP staff who made #ASPHER2017 Retreat possible! Régine, Anne, Virginie, L...
twitter.com/1/web/status/8...

07 Jun

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[CMS panel]

Guiding Principles concerning Partnership, Sponsorship, and Conflict of Interest

ASPHER's policy concerning partnership, sponsorship, and conflict of interest is in accordance with its statutes and mission statement: *To promote education, research and service in public health, in order to foster a creative and dynamic academic and practical educational infrastructure for public health workforce development.*

ASPHER is a not-for-profit and non-governmental organisation that must maintain independence and integrity.

Any partnership that ASPHER undertakes should in no way compromise, or be seen to compromise, the independence of ASPHER's functioning or decision-making processes. The independence of the internal policy making, political judgement and all planned annual activities of ASPHER should not be influenced by the financial support on account of a partnership.

ASPHER can therefore only enter into partnerships with and accept financial support from organisations which hold views and practices that are not contrary to its mission and values. The partnership shall in no way compromise ASPHER's core principles.

ASPHER will maintain an open and transparent relationship with all partners.

ASPHER is fully independent from all entities representing industry, commercial and business or other conflicting interests, and therefore does not accept any funds from industry or commercial interests.

Before accepting funding from any entity, the Board must be satisfied that:

- There are strong grounds for believing the donation, grant or sponsorship will result in benefit to the organisation and its members.
- No adverse publicity will result from accepting the funds.

ASPHER will closely review all potential partners' governance policies, and their reputation in working with non-governmental organisations. If there is any cause for concern, the partnership will not be undertaken and funds will not be accepted.

ASPHER will not endorse or promote individual products or services.

A partner's support will be acknowledged in an appropriate way following discussions with the partner concerned.

ASPHER should always be able to demonstrate to its members and the public that a given sponsorship does not exert any influence on its own policies and practices and that its independence and integrity are maintained in any financial relationship with another organisation.

For 2016, the most recent year for which accounting data is available, ASPHER's funding came from two sources:

1. [ASPHER Members](#): 70%, of which 58% were regular membership dues and 12% additional voluntary contributions.

Financial Independence Form

In order to be considered financially independent, a non-governmental body or a network and its coordinating body must not receive more than 20 % of their core funding from private sector organisations representing a conflicting interest, or from other sources representing a conflicting interest during the financial year covered by the grant. The term 'private sector' covers 'for-profit' companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Operating Grant Acronym: HP-FPA-2017_ASPHER

Operating Grant Agr. Nr.: HP-FPA-2017_ASPHER Funding year: 2016

(A) Core Income / in the Funding Year

Core funding shall mean financing required for the basic structure of an organisation, including salaries of full-time staff, facilities, equipment, communications, and the direct expenses of day-to-day work. Core funding also includes financing of all permanent or regularly repeated activities (e.g. annual general assembly or other statutory meetings, website, databases, newsletters). Core funding requirements are usually budgeted separately from other costs such as specific actions or projects.

(A.1) Funding from Private sector **with potential conflict** of interest

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
			0	+	-
			0	+	-
			0	+	-
		Subtotal A.1	0		

(A.2) Funding from Private sector **without potential conflict** of interest

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
			0	+	-
			0	+	-
			0	+	-
		Subtotal A.2	0		

(A.3) Funding from Public sector

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
			0	+	-
			0	+	-
			0	+	-
		Subtotal A.3	0		

Total A: Core income in the funding year
(= Subtotal A.1 + Subtotal A.2 + Subtotal A.3)

0

(B) Non-core Income / in the Funding Year

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

(B.1) Funding from Private sector

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro
			0 + -
			0 + -
			0 + -
Subtotal B.1			0

(B.2) Funding from Public sector

Definition:

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro
			0 + -
			0 + -
			0 + -
Subtotal B.2			0
Total B: Non core Income (project funding) in the funding year (= Subtotal B.1 + Subtotal B.2)			0


Funding Year **2016**

(C) Other Operating Income / in the Funding Year

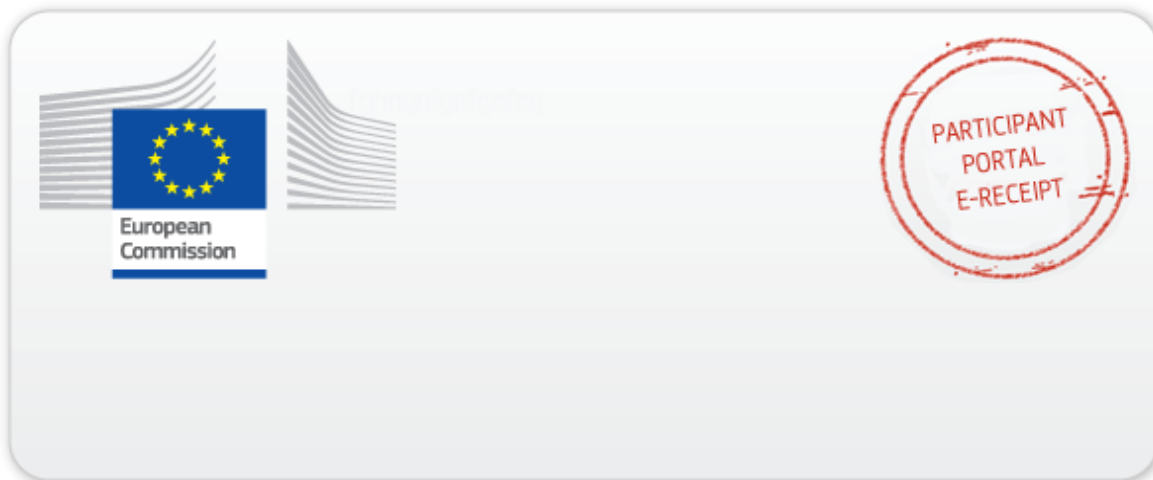
Please refer to the 4 prefilled lines.

Source	Amount in Euro
Membership and subscriptions	111 654
Conferences & workshop fees	17 490
Sale of publications	0
Other	63 305
Total C: Other Income in the funding year	192 449
Total Income in the funding year (Total A + Total B + Total C)	
	192 449

The applicant declares that the information contained in this financial independence form is correct and complete.

Date:	15/06/2017
Name of the applicant:	The Association of Schools of Public Health in the European Region (ASPHIER)
Signature and stamp of the applicant:	 Robert Otok, Director

Please fill this form, print and sign, and scan into a PDF file.



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