

Global Network for Academic Public Health

Programme for 2025-2027

1. Support the GNAPH regional associations
 - 1.1. GNAPH will provide support for developing essential infrastructure, including basic governance and membership structures, and determining funding sources for the secretariat. This may include supporting the recruitment of new membership through personal contacts and other global public health bodies in addition to exploring access to funding and assisting in the development of global teaching consortia.
2. Expand reach through new regional involvement
 - 2.1. Supporting regional associations includes helping to establish them where none currently exist. GNAPH stands ready to support – though not lead – the establishment of a Middle East North Africa (MENA) /Eastern Mediterranean Regional (EMR) Schools of Public Health Association, and will be a willing facilitator of this, ensuring regional ownership.
 - 2.2. We will seek exploratory discussions with key Canadian public health authorities to engage their great expertise and pedigree in public health teaching and identify opportunities for collaboration with GNAPH.
3. Respond to changes in health funding and global health policy
 - 3.1 Current challenges to science impact global public health teaching, research, and services. GNAPH is committed to fostering support for our members and partners.
 - 3.2 Our global partners and schools of public health have been directly affected by the loss of funding and related impacts, including staffing constraints, information access, restrictive conditions on grants and aid, and uncertainty around education accreditation and standards, among others. GNAPH will devote sustained effort to support these valued partners and safeguard public health.
 - 3.3 Coordinated action by partners in health protection and improvement is needed at every level – from local to global – and across institutions. We must develop a greater understanding of how major political events impact health outcomes, including what funding and what sources of influence shape these outcomes.
4. Progress existing GNAPH priorities
 - 4.1. Advance work on identified priority subject areas
 - 4.1.1. Workforce capacity. This remains of highest priority. GNAPH, in collaboration with WFPHA, will continue to co-chair the Action Area 2 (Competency-Based Education) implementation workgroup and advance

its 2025 – 2027 action plan. A new nomination from GNAPH may be considered to replace John Middleton as co-chair of the workgroup.

- 4.1.2. Climate change and health education. **Lead:** ASSPH/GCCCHE
- 4.1.3. Ethics and law. **Lead:** ASPHER/EUPHA/UKFPH
- 4.1.4. Artificial intelligence and digital public health education. **Lead:** APACPH
- 4.2. Continue development of programmes/schemes
 - 4.2.1. Health diplomacy
 - 4.2.2. Faculty development in climate education, including completion of the first cohort of the Climate-Ready Classrooms course and communities of practice in collaboration with GCCHE
 - 4.2.3. Riegelman This is Public Health® (TIPH) Global Grant Program
5. Advance teaching innovation
 - 5.1. Explore ways to develop a low-cost, high-access online teaching model with a clearly laid out membership value proposition and sustainable fee structure (e.g., tiered access, paywalls, member benefits to be determined). Build on the successful GCCHE approach coordinated by Columbia University that has been delivered through the Regional Associations of Schools of Public Health in Europe, Africa, Latin America & the Caribbean, and, most recently, the Western Pacific. Leverage local experts for live webinars and archive recorded sessions for later reuse in curricula by schools and programs. This provides timely, expert content and helps bridge gaps where schools do not have in-house, up-to-date knowledge or materials.
 - 5.2. Commit to and design an “Innovative Teaching”, “Quality Improvement”, or similar awards scheme, ensuring involvement from all regional representatives in scheme development. *
6. Center equity. Commit to addressing and reducing inequities in health, including by embedding Indigenous rights and DEI principles (US), as an issue of saving lives, reducing disability, and improving quality of life.
7. Build trust in public health through community partnership. Review and promote Asset-Based Community Development (ABCD) (McKnight) and “social capital” (1916 Lyda Hanifan, revived in 1990s by Robert Puttnam) approaches. Inventory which schools teach community development and invest in community partnerships (e.g., Morehouse School of Medicine).
8. Strengthen partnerships with schools of journalism. Formalize collaborations with schools of journalism to co-design training and/or joint workshops (building on ASPPH’s well-attended session) in media literacy and communication for students and faculty.
9. Ensure a strong GNAPH presence at the 2026 World Congress of Public Health (Cape Town). Consult with organisers and the plenary committee on how to secure workforce

and education themes either as a dedicated plenary or through GNAPH contributions across multiple plenaries. Identify partners for a World Leadership Dialogue session on workforce development and education. Encourage individual abstract submissions from GNAPH members on education and training themes.

10. Maintain and strengthen governance

- 10.1 Develop and adopt a five-year strategy that transcends presidential terms and better reflects the realities of developing teaching programmes for schools of public health. *
- 10.2 Drive engagement of GNAPH members by activating regional leadership. Nominate regional representatives to lead on current and emerging priorities starting with Climate & Health faculty training (Sept 2025) and continuing with designated leads, which could be, for example, in these areas:
 - Regional preparedness networks
 - Geopolitical health
 - Community development/engagement
 - One Health
 - Inequalities and inequities
 - Indigenous health
 - Reproductive health
 - Law Enforcement and Public Health
- 10.3 Develop a strategy for young professionals' involvement in all levels of GNAPH activity. All Regions to be represented. *
- 10.4 Convene presidents and chief officers of GNAPH, WFPHA and IANPHI to discuss areas of shared interest, identify where a unified global public health voice is needed, and set a common agenda. This would include joint bids for funding where collaborative action would be more powerful and moving towards becoming a consultative group for WHO HQ.
- 10.5 Apply to WHO for Non-State Actor status. GNAPH will initiate its planning in January 2026. WHO process runs June – May of following year (World Health Assembly).
- 10.6 Institute semi-annual 1:1s of the President and Vice President with each regional association. Offer additional 1:1s on request.
- 10.7 Continue engagement with the World Health Summit, building on the participation of the immediate past president and leveraging our negotiated two-year fee waiver.
- 10.8 Increase the visibility of GNAPH through strategic communications, including: *
 - GNAPH President will author one blog/news piece per month
 - Regional members will commit to circulating statements and news items and to submitting proposed blog pieces on a regular basis
 - GNAPH will consider issuing a bi-monthly newsletter
 - GNAPH will ensure its branding features strongly on all joint publications

- An update will be issues of the 2021 manifesto, “[Global Governance for Improved Human, Animal, and Planetary Health: The Essential Role of Schools and Programs of Public Health](#),” to reflect current priorities and partnerships.
 - GNAPH will look to hold an annual meeting online to report to the wider constituents of its member associations
- 10.9 Agree on and implement the renegotiated fee structure effective January 2026.
- 10.10 Assess the value and criteria for an associate membership category for the express purpose of engaging with other supra-national bodies.
- 10.11 Ensure all GNAPH activities and functions comply with the legal terms of the tax-exempt and NGO status of its host body, ASPPH.
- 10.12 Develop a GNAPH risk register with quarterly review of identified top risks and mitigation strategies.
- 10.13 Systematically scan for and pursue funding sources and bid opportunities
- 10.14 Appoint a part-time Riegelman GNAPH Fellow to support the Board and enact implementation of the suggested action areas *

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