



# ACTIVITY REPORT 2012—2013



IUHPE – UIPES

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION  
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ  
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD



# ACTIVITY REPORT

## 2012-2013



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## Chapter 1:

# THE IMPORTANCE OF HEALTH PROMOTION



# Chapter 1: THE IMPORTANCE OF HEALTH PROMOTION

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**Health Promotion empowers people to gain control over their health and well-being by addressing determinants such as culture, economy, environmental living conditions, as and social and personal behaviours that strongly influence their lives.**

Health, as a resource for the everyday life of individuals and of societies, is the result of complex social and economic developments and constructs. It is created when individuals, families and communities are afforded the income, education and power that enable them to have control over their lives, needs and rights, which are also supported by systems, enabling environments and policies that are conducive to better health.

Health promotion is a vital part of the global social development agenda. It aims to empower people to gain control over their health and well-being by addressing the underlying factors and other determinants such as culture, economy and environmental living conditions, as well as social and personal behaviours that strongly influence their lives. Health

promotion implies a paradigm shift from a deficit model of health focused on disease to a socio-ecological model aimed at strengthening resilience and assets for health – in particular by addressing the social determinants of health and the capabilities for health. (Kickbush, 2010)

In practice, a key characteristic of health promotion is its emphasis on human behaviour and the planned articulation of a wide range of complementary actions in an organized context: academic, government or community. Core activities include a focus on health literacy, health education and advocacy to support cross-cutting and multi-sectorial policies which help to improve health status while minimizing or preventing potential threats that could undermine it. They are based on and enhanced by collaborating and building alliances across all sectors of society, undertaking applied research to improve the quality and effectiveness of health promotion interventions, and building professional and institutional capacity-building to ensure that health promotion practitioners have the requisite skills to engage effectively in and implement a robust health promotion agenda, which can contribute to achieving the globally agreed on Millennium Development Goals by 2015, and beyond.

The background of the slide is a solid light blue. Overlaid on this is a large, dark blue, stylized illustration of a globe. The globe is composed of vertical and horizontal bands. In the upper left quadrant, three stylized human figures are depicted in a darker shade of blue. They are standing on the globe, with their arms raised in a gesture of celebration or unity. The figures are simple, with circular heads and Y-shaped bodies.

## Chapter 2:

# WHO WE ARE

## Chapter 2: WHO WE ARE



IUHPE  
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[www.iuhpe.org](http://www.iuhpe.org)

Health is created when individuals, families and communities are afforded the income, education and power to have control over their lives; and their needs and rights are supported by systems, environments and policies that are enabling and conducive to better health.

As a membership organisation, the **International Union for Health Promotion and Education (IUHPE)** gathers people and institutions from all over the world, working in all areas that health promotion encompasses: knowledge development, transferability, capacity building, partnership, health promoting environments, social determinants of health, non-communicable diseases prevention and control, etc.

**The IUHPE works at the service of health promotion to empower people to control their own health and factors that influence health.**

The IUHPE has a Global network to strengthen dialogue and cooperation that works to meet critical needs for health development and to contribute to the reduction of inequalities in health. Its work is based upon public health professionals that share information and knowledge, research outcomes and best practices. Its programmes solicit the advice of peers to participate in an ongoing dialogue and reflection about public health and more specifically health promotion, and health education. As an NGO it has a mission to develop collaborations that lead to active research and practice networks in public health.

In order to support the mission of IUHPE, the organization has a family of journals, global and regional conferences, forums for discussion electronically or otherwise, specific global working groups on essential issues (competences and capacity building, surveillance, social determinants of health, health impact assessment, healthy settings, research) and a broad range of partnership organizations at international and national levels, including noted public health agencies.

One goal of IUHPE is to serve as a ready platform to assist and conduct the research and practice our members identify as “cutting edge” public health. For example, the IUHPE gathers and synthesizes evidence to inform policy taken by public health decision makers and practitioners. Much of IUHPE’s work concerns developing conceptual frameworks, tools, standards, guidelines to serve health professionals and practitioners across the world. Our niche is our technology/scientific approach in terms of effectively building learning systems, developing tools and resources by a global, professional network for itself to serve its members as well as the broader health promotion community. IUHPE is unique in its global reach, diversity of expertise (research, practice, policy), and multi-lingual capacity.

## Chapter 2: WHO WE ARE

The **IUHPE** is a **unique** worldwide, **independent, global, professional network** of people and institutions committed to improving the health and wellbeing of the people through education, community action and the development of healthy public policy.



The **mission** of the IUHPE is to **promote global health and wellbeing** and to contribute to the achievement of **equity in health** for all countries of the world.

## THE IUHPE IN ACTION

The IUHPE fulfils its mission by encouraging and facilitating the free **exchange** of **ideas, knowledge, expertise** and **experience** and their dissemination, and by conducting **collaborative projects**, both at global and regional levels, with major intergovernmental institutions, such as Agencies of the United Nations and the European Commission, global, regional and local non-governmental organisations, national agencies, foundations, academic institutions and a broad range of practitioners.

## Goals

IUHPE projects and collaborations, its advocacy activities and its input in policy making and in the global dialogue on health promotion, are all contributing to the articulation of research outcome to policy development and implementation and to best practice; therefore to the attainment of the following goals:

- ◇ Increased health and wellbeing of populations throughout the world;
- ◇ Greater equity in health between and within countries of the world;
- ◇ Effective alliances and partnerships to produce improved health promotion and health education outcomes;
- ◇ Broadly accessible evidence-based knowledge and practical experience in health promotion and health education;
- ◇ Excellence in policy and practice for effective, quality health promotion and health education;
- ◇ High levels of capacity in individuals, organisation and countries to undertake health promotion and health education activities.



## Chapter 2: WHO WE ARE



The IUHPE is an open and inviting organisation, providing a unique opportunity for high level dialogue and exchange, and facilitating the development of collaborative projects at global and regional levels. Members range from government bodies, to universities and institutes, to NGOs and individuals, including students across all continents.

In addition to providing its members access to a global network of committed specialists in the field, the IUHPE offers the opportunity to be part a global network of people and organisations with common goals which facilitate the exchange of ideas, information and

## A GLOBAL NETWORK OF EXPERTS

experiences. There are a range of important services to keep its members connected and to offer them opportunities to learn and progress. These include renowned global and regional Conferences on health promotion; high quality scientific journals, in particular *Global Health Promotion* and its supplements; and the possibility to engage in our various Global Working Groups, Interest Groups or Networks on projects of global, regional and local scope. These provide opportunities for members to align themselves and collaborate around areas of interest, language groupings, geographical area or any combination of these. Members of the IUHPE have opportunities to engage with the work of the organization in ways that are most serving to them.

### CONTACTS

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## Chapter 3: Why the IUHPE is Unique

The **IUHPE continues to be the only, global, independent professional Organisation in the field of health promotion** gathering a global network of individuals and organisations which believe in and are committed to advance the Organisation's mission. The core values of health promotion fundamentally relating to equity and social justice, it is therefore only natural that the IUHPE has been and is increasingly concerned with devoting priority to health inequalities that result from the inequitable distribution of the social determinants of health and to the specific contribution that health promotion can bring to address the global challenges that threaten the health and wellbeing of individuals, communities and populations across the globe.

**An obvious distinctiveness of the IUHPE:**

- ◇ its global reach in every continent;
- ◇ a strong focus and presence in low and middle income countries;
- ◇ the diversity of expertise for public policy development, academic research, and community-based practice, contained in its network;
- ◇ the multi-lingual capacity;
- ◇ the independence as a not-for profit Non-Governmental Organisation that provides operational flexibility.

The IUHPE is not a thematic Organisation but encompasses every topic or health issue, group of population or life setting, or strategy as an entry point for partnership for the development of global health. Through its member network of experts all over the world, and through its Global Working Groups focusing on public health priority



strategies, **the IUHPE can:**

- ◇ gather the best experts or advisers and form teams to collect informed evidence in health promotion and global health across the world;
- ◇ gather conceptual frameworks, tools, standards and disseminate them as broadly as possible through various available supports to serve many actors across the world;
- ◇ organize policy development dialogues; and to advocate effectively to influence global health.

What is unique about the IUHPE is its systematic health promotion and equity input in the public health and, increasingly, the sustainable development agendas to advance and support further intersectoral discussions, knowledge exchange and development of guidance to achieve joint actions for “healthy people in healthy societies on a healthy planet” to recall the slogan of the 20th IUHPE World Conference on Health Promotion held in Geneva in July 2010.

## Chapter 4:

# A MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR



The writing of this Report of Activity provides an opportunity to reflect on the years 2012 and 2013 and our major achievements across the past two years. As anticipated, a highlight was the 21st IUHPE World Conference on Health Promotion, which took place in Pattaya Thailand in August 2013. We would like to pay tribute to the leadership and team of Thai Health Promotion Foundation who conducted this global event with us and to all stakeholders who took part in the success of the IUHPE World Conference. An excellent scientific programme, inspiring speakers, and well-organized arrangements allowed us to feature the scientific work of the IUHPE and of our members and partners.

The Conference focused on **Best Investments for Health** and more particularly on the importance of knowledge creation, civil society engagement and political involvement to ensure that our viewpoints and messages are clear, evidence-based, persuasive, supportive and effective at getting to those best placed to take action. A strong message about intersectoral collaboration reinforced the fact that much of what we seek to change to improve health and equity in health globally involves sectors outside the health sector alone and often outside of government sectors as well. An interesting advocacy opportunity arose during the conference when a Thai court upheld a stay on the

implementation of recently passed plain tobacco packaging legislation. Participants in the World Conference enthusiastically supported the right of the Thai government to stand up to big tobacco and signed a petition to show support. The World Conference also took forward messages that support social movements for health with local examples from Thailand demonstrating that social movements, governments and non-government sectors can successfully work together for improvements in health and social determinants. There were also calls for new ways of evaluating health promotion, the development of different outcome measures, alternative standards for quality beyond randomized control trials, and better methods for evaluating complex interventions. It was a stimulating, sometimes challenging, and ultimately inspiring meeting.

The conference was also notable for the high level of participation from all parts of the world and for increasing the profile of key issues being addressed by the IUHPE global membership. It was a dynamic event with over 1400 abstracts accepted and 2184 participants from 81 countries. Every three years this impressive gathering of the health promotion professional community and related fields provides us with an opportunity to confirm the needs and expectations of our members and partners and to identify priorities for our work during the next three

years. The inspiring insights from the World Conference now provide us with a strong impetus to follow this up in our day-to-day professional practice and leadership of the Organization. We would like to invite all of you who could not participate in the 21st IUHPE World Conference on Health Promotion to read more about it in the corresponding section of this Report of Activity.

Another major achievement in 2012 and 2013 was the further implementation of the reform of the governance of the IUHPE. The previous governance structures have, by vote of the IUHPE membership, made way for a new, smaller Executive Board and an Advisory Forum. The reform has increased our capacity to respond quickly to arising issues as well as to be more proactive in representing the issues that are important to our organization, and to the field of health promotion. The new Advisory Forum provides an opportunity for input from trustee members as well as IUHPE members who are engaged through IUHPE Networks, Interest Groups, Global Working Groups, Regions and partnerships. This gives an even broader base for membership participation in advising the Executive Board on future directions and strategic approaches than we had with our previous governance structure.

The first Executive Board has been elected to lead the work of our Organization for the next three years and to collaboratively develop priority action areas for the IUHPE for that period. Through a process of reflective practice and collaboration with all our members and partners, we will expand, strengthen and enhance the priority areas upon which we agree.

For the years to come we want the IUHPE to be a truly global organisation, an organisation that members join because they want to be linked to and contributing to a global effort.

The new IUHPE online communication platform ([www.iuhpe.org](http://www.iuhpe.org)) is also a highlight of our achievements from the past two years. It is an integral website in the Health Promotion field, facilitating the networking and exchange between IUHPE members and partners and gathering important resources and tools for health promotion practice.

Finally, the IUHPE European Health Promotion Accreditation System – which is being expanded to other parts of the world – offers professional recognition for Health Promotion practitioners and accreditation of Health Promotion courses that are assessed as meeting specified competency-based criteria.

We hope that this report of activity will stand clearly as evidence of the great work we do with a small but dedicated team and that it will be used to convince people of the importance of our work and the wisdom of being a part of the IUHPE.

***Michael Sparks***

***President***

***Marie-Claude Lamarre***

***Executive Director***



Chapter 5:

2012 - 2013

ACTIVITIES BY

PRIORITY ACTION

AREA



## Chapter 5:

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2012 - 2013

# ACTIVITIES

BY AREA

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## IUHPE PRIORITY ACTION AREAS FOR 2011—2016:

- ◇ SOCIAL DETERMINANTS OF HEALTH
- ◇ HEALTH PROMOTION AND SUSTAINABLE DEVELOPMENT
- ◇ NON-COMMUNICABLE DISEASES PREVENTION AND CONTROL
- ◇ HEALTH PROMOTION SYSTEMS
- ◇ ONGOING OPERATIONS OF THE IUHPE



## Chapter 5:

# SOCIAL DETERMINANTS OF HEALTH

**H**Health Promotion, as a field of action, has a vital role in the continued effort to improve policies and programmes that aim to tackle the unequal and unfair distribution of the Social Determinants of Health (SDH).

In keeping with its mission to promote global health and well-being and contribute to the achievement of equity in health between and within countries of the world, the IUHPE contributes to the SDH agenda by supporting the development of a health promotion response including : **facilitating dialogue, increasing capacity, advancing knowledge, and improving dissemination.** The work is aligned with the organization's strategies and carried out across a range of partnership initiatives.

Equity is a foundational principle of the organization, but the SDH framework has contributed to a renewed emphasis on equity. As such, the organisation has emphasised putting in practice what it advocates: **respect for human rights, increased community participation and citizen involvement, identification and documentation of good practices and lessons learned in health promotion, and ensuring a platform for the civil society's 'voice' in health policy and health promotion practice.**

In 2012 and 2013, this renewed equity emphasis set the foundation for the Global Working Group on SDH to focus on expanding IUHPE's social policy discourse, reaching out to the larger international development community, not just the health sector, through advocacy to accelerate action on SDH in low and middle-income countries. Building on this Global Working Group platform, the IUHPE has also been proactive in expanding its partnerships with other 'like-minded' academic units, professional organisations and civil society organisations and engaged in strategic collaborations through several multi-partner projects.

Simultaneously, within the organization itself, the renewed equity focus linked to the SDH framework has led to a transformation process to increase the inclusion of members from low and middle-income countries through regional representation and the establishment of networks and interest groups (newer avenues for participation in global discussions and debates). In a complementary fashion, the IUHPE has supported the integration of the SDH framework in the agendas of the other IUHPE Global Working Groups.

**Building on its Global Working Group on SDH as a platform, the IUHPE remains committed to:**

- ◇ **Furthering the discussion and debate** on challenges for action on the Social Determinants of Health, with the aim of advancing collective reflection on these issues through various global dissemination channels;
- ◇ **Improving scientific knowledge and evidence** on what works, including reflection on the perspectives and methods from which research on social determinants of health may benefit;
- ◇ **Contributing to international efforts** that develop the capacity of professionals and decision-makers to address Social Determinants of Health; and
- ◇ **Facilitating dialogue** on health promotion policy and practice with a SDH lens, that includes specifically sharing experiences to improve the effectiveness of action and practices at various societal levels—globally, nationally and sub-nationally.



## Chapter 5: SOCIAL DETERMINANTS OF HEALTH

## — ACTIVITIES

**COMMUNITY HEALTH PROMOTION- a Learning Exchange, between US REACH Communities and Communities for Health in England, working towards reducing health inequalities**

**M**ulti-sectoral and multi-disciplinary approaches are the cornerstone for collaborative efforts to address non-communicable diseases. In the context of the growing burden of health inequalities globally, where the health gap between the rich and the poor is widening, health promotion interventions carried out in deprived and marginalized communities and focusing on addressing the social determinants of health to reduce health inequalities, are an important strategy to prevent and control non-communicable diseases and promote the health of the seldom heard and seldom served groups.



Community health promotion interventions, targeted at deprived and marginalized populations and focusing on addressing the social determinants of health to reduce health inequalities, are an important strategy to prevent and control Non-Communicable Diseases (NCDs) and promote the health of underprivileged and under-resourced groups.

While there is extensive documentation on the nature of health inequalities, there is an essential need to share and develop a better understanding of strategies for actions that can effectively address the social determinants of health and health inequalities.

To address this need, the US Centers for Disease Control and Prevention (CDC), the International Union for Health Promotion and Education (IUHPE), the Department of Health (DH) of England, and Health Action Partnership International (HAPI) have worked together on a learning exchange project between Communities for Health in England and the Racial and Ethnic Approaches to Community Health across the US (REACH US) to tackle health inequalities.

It was a twinning exchange between these two organizations to explore and share knowledge, skills and tools in addressing social determinants of health and to work towards reducing health disparities through interventions addressing the social determinants of health and promoting the health of deprived and marginalized populations. This twinning exchange was informed by the work of the World Health Organization's Commission on Social Determinants of Health (WHO CSDH).

**The key objectives of the learning programme were to:**

- ◇ contribute to advancing knowledge around good practice and community health promotion initiatives addressing the social determinants of health that have been successful at reducing health inequalities; and
- ◇ contribute to addressing recommendations of the WHO Commission on Social Determinants of Health through action on the social determinants of health.

**For more information please visit**

**[http://www.iuhpe.org/uploaded/Activities/Scientific\\_Affairs/CDC/TwinningExchangeUSREACH&C4HEngland\\_AQualitativeAnalysis.pdf](http://www.iuhpe.org/uploaded/Activities/Scientific_Affairs/CDC/TwinningExchangeUSREACH&C4HEngland_AQualitativeAnalysis.pdf)**

## **CROSSING BRIDGES - Developing methodologies and building capacity to advance the implementation of HiAP and achieve health equity**

The IUHPE has been one of the partners of the project 'Crossing Bridges' which aimed to advance the use of Health in All Policies approaches in the Member States of the European Union. This project, was funded by the European Commission (EC Contract No. 20091223) for a period of 18 months (January 2011-June 2012). It had continued the work begun by other European projects, 'Closing the Gap' (2004-2007) and 'DETERMINE' (2007-2010), and contributed to the 'EU Joint Action on Health Inequalities' (2011-2014).

The project 'Crossing Bridges' was based on improving health and wellbeing and reducing inequalities in health as two objectives that cannot be achieved solely by the health sector, given that policies and measures taken in many other sectors may also have had an impact on health. Two priority areas (education and transportation/planning) were identified for further analysis. In each area some examples of effective and successful use of Health in All Policies' (HiAP) approaches were identified and analyzed as case studies, conducting direct interviews with actors who had participated in developing these policies and initiatives in different European countries.

This consultation aimed to generate an overview of the processes needed to ensure health and equity are integrated in all policies, and identify what steps can be taken by health professionals to enhance cooperation with other sectors, to achieve

greater equity in health. The outcomes of this analysis, after a validation through a Delphi process, were used as the basis for an interactive training workshop for partners and national trainers, who, in turn, are expected to promote capacity building in their own country .

As part of this project, the IUHPE was responsible for the development of one of the case studies on transport and planning, which was conducted in 2011 and focused on two examples of the application of Health in All Policy approaches and/or inter-sectoral cooperation in France, namely the French National Plan for Health and Environment (Plan National Santé Environnement- PNSE) and on the Inter-Ministerial Coordinator for the promotion of bicycle use. For more information, please visit the project website [http://www.health-inequalities.com/health-inequalities/Crossing\\_Bridges.html](http://www.health-inequalities.com/health-inequalities/Crossing_Bridges.html)

The IUHPE participated in the final Crossing Bridges Conference "*Working together for Health and Wellbeing*" in May 2012 to showcase the importance of health across policies, by providing concrete examples of how this was being done. For the final conference report visit <http://www.equitychannel.net/uploads/Report%20of%20CB%20final%20conference.pdf> and for presentations visit [http://www.health-inequalities.eu/HEALTHY/EN/projects/crossing\\_bridges/#Partners](http://www.health-inequalities.eu/HEALTHY/EN/projects/crossing_bridges/#Partners).



# MAINSTREAMING THE SOCIAL DETERMINANTS OF HEALTH (SDH) AGENDA: Perspectives from across the globe

This research aims at understanding why and how some countries are showing more success in preserving social determinants of health agenda in health promotion than others. Based on the recognition of the existing gap between the agenda of the WHO Commission on Social Determinants of Health and the way some countries are presently positioned regarding the SDH issue (some of them are dominated by a behavior and risk factor agenda), this global 'wisdom-gathering' study aims to surface the successful and unsuccessful strategies that health promotion policy makers are using to drive the social determinants of health agenda in health promotion.

The research conducted a set of approximately 30 interviews, in 4 different languages with high officials in different countries with the intention to use their experience to reshape the approach in this field which could help to improve the integration of the social determinants of health agenda into governments' policies. This research is led in collaboration with the University of Calgary, Canada, and the IUHPE Global Working Group on Social Determinants of Health.





## **Community Health - A systematic review of community health promotion strategies to address non-communicable diseases (NCDs) and health inequities**

**T**he IUHPE has been actively involved, in close collaboration with the US Centers for Disease Control and Prevention (CDC), Vic Health and the Cochrane Public Health Group, in a systematic review to examine existing documentation and peer-reviewed literature to identify evidence-based strategies that address non-communicable and chronic diseases in populations that experience health inequalities globally. By doing this, the review was meant to stimulate global action to reduce disparities.

The review was conducted in 2011 and its results were published in 2012, providing an important tool for addressing NCDs and health inequities.

## **Inter – Sectoral Governance for Health in All Policies (HiAP): A framework for analyzing examples of how governance structures can trigger governance actions**

**T**he IUHPE and the WHO European Observatory on Health Systems and Policies (with the support from the Department of Health of England) collaborated on a study to advance knowledge on how to include HiAP through inter-sectoral governance with the objective to help health policy makers building bridges between different Ministries and sectors to introduce HiAP.

An analytical framework for profiling inter-sectoral governance structures was developed and used to showcase examples. This publication provides a condensed volume of accessible, relevant and convincing arguments and success stories that can educate and equip policy makers on the governance tools and instruments available to support inter-sectoral action. This resource was developed for use to support ministries and policy-makers in countries where there is scope to use additional governance tools to build bridges for HiAP. The publication was launched in the fall of 2012 and is accessible [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf).



## Chapter 5: HEALTH PROMOTION AND SUSTAINABLE DEVELOPMENT

**I**n a globalized world, the dynamics of modernization and urbanization pose major challenges for ecological sustainability and equitable, sustainable health development. Environmental threats and competition for resources are eroding social solidarity and exacerbating existing social inequalities. The sustainable improvement of health and well-being therefore calls for strengthened and expanded partnerships going beyond

the health sector, skilled advocacy, and evidence based and ethically sound practice and policy.

Health promotion also implies a paradigm shift from a deficit model of health focused on disease to a socio-ecological model aimed at strengthening resilience and assets for health – in particular by addressing the social determinants of health and the capabilities for health.

The IUHPE has therefore identified Health Promotion and Sustainable Development as one of the four external priority areas of its work to address **equity, production, access, affordability, and governance issues related to the food system, climate change, the impact of urbanization on health, urban planning and poverty**, as well as whole systems approaches, partnership across sectors, environmental approaches, disaster prevention and post-disaster management.

All IUHPE Global Working Groups of experts have the potential to contribute to this agenda to create social, economic and environmental conditions for health and health equity within and between populations and to progress shared interests.

The UN Conference on Sustainable Development, Rio+20, in June 2012 presented a crucial opportunity to fully integrate health into the sustainable development agenda in order to protect and promote the health and wellbeing of current and future generations.

## Chapter 5: HEALTH PROMOTION AND SUSTAINABLE

### DEVELOPMENT

## — ACTIVITIES

**Projects supporting physical activity, supportive environments, tobacco control, healthy eating, and capacity building**



The IUHPE is engaged in concerted action to strengthen programmes and interventions using a health promotion approach focusing on advocacy and capacity building, in particular in low and middle income countries. In particular it has partnered with the Center for Disease Control and Prevention (CDC) for Emergency and Environmental Health Services, the CDC Division of Nutrition, Physical Activity and Obesity, Ciclovía Procreativa, Fundación FES Social,

International Development Research Center of Canada on a project aimed at supporting physical activity, supportive environments, tobacco control, healthy eating, and capacity building. This project aimed:

- ♦ to generate local coalitions for the active participation of the civil society and other sectors outside the health sector to create supportive environments that prevent chronic diseases;
- ♦ to increase local capacity to collect data in mortality, morbidity, risk factors and environmental characteristics and make chronic disease problem more visible;
- ♦ to advocate for policies that improve environmental factors that promote physical activity, healthy diet and tobacco control;
- ♦ to assess these processes;
- ♦ to share the experience at the national and international level.

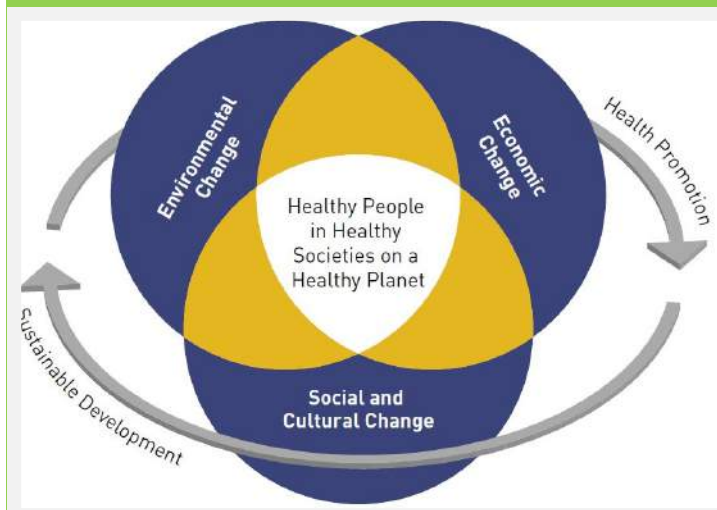


Climate change is a significant and emerging threat to public health. It changes the way we look at promoting health in particular that of vulnerable and disadvantaged populations in low and middle income countries. The evidence that humans are affecting global climate and thus influencing human health, growingly contributes to the global burden of disease. A major concern is that climate change will increasingly impact on the distribution of health and its determinants and inevitably worsen health inequities at the global level making the most vulnerable more vulnerable. Climate change-related health risks are however avoidable through existing programmes and/or interventions.



There is existing evidence that current accelerated urbanization and globalization

processes are linked to drastic changes in the ways of life resulting in increased sedentary lifestyles, unhealthy nutrition habits and tobacco consumption, subsequently deteriorating the health of our populations. It urges for inter-sectoral actions, both at the political, civil society and community levels to promote healthy environments, using socially and culturally adapted advocacy strategies and building local capacity to face the challenges of



preventing NCDs.

Latin America has and continues to experience rapid urbanization, with rising magnitude, pattern of inactivity and other detrimental factors to health. The IUHPE supports inter-sectoral interventions to address NCDs in low- and middle-income countries. In particular, in Colombia, the IUHPE supported these efforts through an initiative dedicated to **bridging the gap between evidence and action through capacity building and advocacy actions to face the chronic disease epidemic in six cities in Colombia.**





# Chapter 5:

## NON-COMMUNICABLE DISEASES

### PREVENTION AND CONTROL

*“ NCDs present a complex picture of associated risk factors, causes, and causes of the causes in social contexts that are highly varied and complicated to understand. They present the kind of patterning that the field of health promotion has long recognized, understood, and tried to address with limited funding, limited capacity, and little support from governmental and international agencies across the globe ”*

The International Union for Health Promotion and Education (IUHPE) has a keen interest to play its part among the broad range of stakeholders involved in NCDs prevention and control and is eager to advocate for the important role of health promotion globally to change the political, social and economic environment to one that is conducive to the prevention of NCDs.

As the only global organization with a specific global mandate for health promotion the IUHPE has a unique and important role and responsibility in providing advice and influencing outcomes. It has a network and specific working groups of leading experts and organizations, and a strong presence in all regions. The IUHPE is willing and able to contribute its solid and unique experience and expertise in health promotion and play a vital role in advising on health promotion effectiveness and mobilizing its members to implement the NCD strategy, and recommendations contained in the Political Declaration of the High Level Meeting of the United Nations.

#### **1 An expanded role for comprehensive health promotion.**

A comprehensive approach to health promotion embraces actions directed at strengthening the skills and capabilities of individuals to improve their health alongside actions directed towards changing social, environmental and economic conditions which have an impact on health. This is especially important in low and middle income countries where health promotion can contribute not only to better health but to sustainable development, equity and social justice. This is of course valid in higher income countries where the gap of inequalities is broadening.

#### **2 Coordinated actions that impact on the determinants that underpin the NCDs epidemic across populations.**

Any effective NCDs strategy must move beyond a ‘lifestyles’ approach and address determinants such as education, employment, housing, income, access to health care and lack of access to effective health promotion. We call for actions on the structural drivers of inequitable distribution of power, money and resources, human rights, and support the Millennium Development Goals.

McQueen D. (2011). A Challenge for Health Promotion. Global Health Promotion. 18 (2).

Kickbush I, 2010 – « The Food System : a prism of present and future challenges for health promotion and sustainable development “ – Health Promotion Switzerland

**3 Health systems to redirect resources to health promotion and prevention of NCDs and prioritize health promotion as an essential function of the Departments of Health.**

The expansion of health promotion needs to be explicitly and securely funded. Within this commitment, health systems need to invest in research into the evidence of effectiveness and cost-effectiveness of health promotion policies and interventions, and enable a new paradigm of research-policy-practice interface that allows for knowledge exchange and application.

**4 An expansion of engagement with sectors outside health where many of the economic, social, and environmental policy solutions to NCDs can be best advanced.**

“The health system ends up owning the problems that result from the chronic disease epidemic and must deal with these. However it does not own the ways of addressing the causes of the problems as the answers are not medical or clinical but environmental and social” (Kickbush, 2010).

**5 An increased investment in ensuring a health promotion workforce that is prominently placed and equipped with the core competencies to implement current knowledge, policies and practices.**

The IUHPE has invested in developing global consensus around domains of core competency for health promotion. These competencies should inform the supply of an expanded and skilled workforce of health promotion specialists.

**6 A specific and considered approach to the three critical areas of healthy eating, physical activity and tobacco control, and an agreement on robust indicators in each of these three areas.**

Effective health promotion action on healthy eating, physical activity and tobacco control will make the most important contributions to reducing the burden of NCDs in the global population.

The IUHPE recognizes that reducing NCDs will require focus in a number of areas. This includes tobacco control, improving food supply and system and safe environments for physical activity, reducing hazardous alcohol intake and delivering cost-effective and affordable essential drugs and technologies. While all of the above are important, a significant proportion of heart disease, stroke, type 2 diabetes and cancer would be prevented if the major common risk factors (tobacco, physical inactivity, unhealthy diet) were eliminated. This would save many millions of premature deaths.

**7 A central focus on equity both between and within nations, and a specific focus on addressing the needs of disadvantaged groups.**

Risk factors are clustered in disadvantaged populations and communities, and those in these communities often have the poorest access to health services, healthy environments and health promotion programs.

## Chapter 5: Non-Communicable Diseases

### Prevention and Control

### —ACTIVITIES

#### Community Health Promotion– Cervical Cancer Prevention and Control Project in Lusaka, Zambia



Women Marriage Counsellors (aged 60+ years)

The incidence of cervical cancer is significantly higher in Eastern Africa than in other parts of the world. In an effort to reduce the high incidence and mortality rates of cervical cancer, the **Center for Infectious Disease Research in Zambia (CIDRZ)** initiated a 'See and Treat Cervical Cancer Prevention Intervention' program, which targets both HIV and non-HIV infected female patients who

are at high risk of this cancer and who visit the anti-retroviral clinics in Lusaka, Zambia.

Since 2008, the IUHPE, through its collaboration with CDC, has been supporting and continues to support the Center for Infectious Disease Research in Zambia (CIDRZ <http://www.cidrz.org>). The Cervical Cancer Prevention and Control programme in Zambia (CCPPZ) led by CIDRZ, has engaged existing community structures to impart cervical cancer knowledge to the traditional marriage counsellors and to the young women they counsel before marriage. This education was performed through first gaining the trust between the local group and team of experts, providing training workshops, and lastly in 2012 a training manual for cervical cancer peer educators was developed [http://www.iuhpe.org/images/PROJECTS/COMMUNITY/CervicalCancer\\_TrainingManual\\_EN.pdf](http://www.iuhpe.org/images/PROJECTS/COMMUNITY/CervicalCancer_TrainingManual_EN.pdf).

This initiative has trained 70 counsellors on various aspects of cervical cancer, and the program is now expanding to eastern and central provinces.



"Innovative approaches to promoting cervical health and raising cervical awareness by use of existing cultural structures in resource-limited countries: experiences with traditional marriage counseling in Zambia" – Global Health Promotion

Other documents developed include:

- ◊ **A Frequently Asked Questions booklet** - Questions Frequently asked by the community to cervical cancer peer educators in Zambia was produced [http://www.iuhpe.org/images/PROJECTS/COMMUNITY/CervicalCancer\\_FAQ.pdf](http://www.iuhpe.org/images/PROJECTS/COMMUNITY/CervicalCancer_FAQ.pdf).
- ◊ A clinic offering women a **package of preventive tests** in addition to cervical cancer screening, "healthy lifestyle" advice, stressing the importance of physical activity and including more servings of fruits, vegetables and fiber in the diet. This facility offers an opportunity for detecting other non-communicable diseases and referral for treatment, when available. Several hundred women have been registered in the clinic.
- ◊ The project supports an **exchange programme between Zambia and the United States** of America, for the development of students and young professionals, to strengthen the work CIDRZ does. As a result of this exchange programme, competency-based, focused, accessible, and culturally appropriate online learning modules were developed to train cervical cancer nurses, doctors, and peer educators, with the aim to improve and increase follow-up as well as raising awareness around what cervical cancer is and the need for screening. These modules are available for download: <http://www.iuhpe.org/index.php/en/social-determinants-of-health-sdh/community-health-promotion>.

Amuyunzu-Nyamongo, Mary; Owuor, Jared O.; Blanchard, Claire, 2013 – "The Consortium for NCD Prevention and Control in Sub-Saharan Africa (CNCD-Africa): from concept to practice" – Global Health Promotion

## **Mainstreaming Non-Communicable Disease Control (NCD) and Prevention Partnerships in Sub-Saharan Africa**

The Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa) - a regional NCD platform aimed at maximising efforts for addressing NCDs in the region, was established in 2009 in response to and in recognition of the continuously increasing burden of diseases such as injuries, non-communicable diseases (NCDs) and mental health in low and middle-income countries, and specifically in countries of sub-Saharan Africa. Through the collaboration of the IUHPE and CDC, we have continued efforts to respond to the growing need for integrated approaches to tackle the NCD burden and associated risk factors in the region. CNCD-Africa aims to comprehensively address specific objectives while building capacity in the region to prevent and control NCDs.



In October 2012, the CNCD-Africa in collaboration with the WHO-AFRO hosted a consultative meeting that brought together representatives from regional communities in Africa to consider the implications of the global-level NCD goals and targets on the Member States, and explore the role of the different regional bodies. This was also in response to the UN-HLM that recognizes regional bodies as key in technical support to countries and in monitoring the progress made on attaining the various targets. The meeting participants agreed to work together to ensure that NCDs remain high on the development agenda of the Member States. Furthermore, the CNCD-Africa and various partners began coordinating and implementing two key research projects in 2012:

- ◊ A Nutrition Study – to be implemented in five African countries aimed at assessing salt intake;
- ◊ The Partnership for Child Nutrition project - to be implemented in Kenya, Ghana, and Zambia.

For more information visit <http://www.iuhpe.org/index.php/en/non-communicable-diseases-ncds/building-the-case-for-ncds-in-africa>.

## **Building Global Capacity for Non-Communicable Diseases (NCD) Prevention: Defining Direction and Roles**

In response to the United Nations High Level Meeting that took place in September 2011 in New York, placing NCDs at the top of the agenda for global health, the IUHPE and the U.S. Centers for Disease Control and Prevention (CDC) led a three day meeting held in July 2012 in Atlanta, GA to identify priorities for action and defining roles for building capacity for NCDs globally. A wide spectrum of participants representing many sectors of global health, including ministries of health from several low and middle-income countries (LMICs), governmental institutions, non-

governmental organizations, national disease associations, academia, and global and regional institutions participated. These stakeholders identified several key observations including:

1. Capacities to address NCDs remain low in all countries, especially in LMICs
2. Both the type of burden and the causes varied among LMICs
3. The roles of the different institutions varied and often conflicted

4. The identification of what is needed is easier to define than what to do

5. NCD capacity building is not only complex but is highly contextual and varied within and between countries

6. Despite the complexity of the current situation, there is a sense of urgency to address the capacity issue

Presentations and group discussions led to an agreement on a number of key requirements for addressing the current lack of capacity in LMICs and actions that should be taken to increase capacity for coping with NCDs in LMICs. The discussions focused on:

1. Engaging non-health sectors in NCD prevention and health promotion;
2. Identifying the NCD capacity needs of LMICs;
3. Adequate data for decision making, sustainability and political commitment, improving data utilization;
4. Lessons learned from tobacco;
5. The importance of strong leadership for NCD prevention;

6. The integration of the NCD workforce;

7. The integration NCD prevention into health care systems as a creative way of leveraging the better resourced health care sector to enlarge the public health workforce.

Key areas of discussion were on the role of research, workforce development, resources, and governance.

While there was a considerable agreement on what should be done, the workshop participants had difficulty in prioritizing these activities. This led to an agreement by the gathered participants that a follow-up Delphi Study be conducted to help with prioritization and consensus building. It was clear from this meeting that although it can be challenging to prioritize issues between various stakeholders, contexts and limited resources, there is a considerable amount of interest in building capacity and defining directions for major institutions that will be involved.

McQueen, David; Pratt, Michael; and Blanchard, Claire 2013 – "Commentary on a meeting entitled 'Building global capacity for non-communicable diseases (NCD) prevention: Defining direction and roles'" – Global Health Promotion

## PROMOTING PHYSICAL ACTIVITY AND HEALTH IN THE LATIN AMERICAN Global Advocacy for Physical Activity (GAPA)- Advocacy Council of the International Society of Physical Activity and Health (ISPAH)



The World Health Organization (WHO) recognizes physical inactivity as one of the leading causes of death due to non-communicable diseases (NCDs) worldwide. The benefits of action over inactivity can cut across health, environment, transportation, sport, culture, and the economy. Despite the evidence, the policies and strategies to increase population-wide participation in physical activity receive insufficient priority from high, middle and low-income countries; where physical inactivity is a rapidly-emerging issue. There is an increased need for all countries to invest in policies, strategies and supportive environments that inform, motivate and support individuals and communities to be active in ways that are safe, accessible and enjoyable.

The International Union for Health Promotion and Education (IUHPE) and the U.S. Center for Disease Control and Prevention (CDC) have collaborated to prioritize the advancement of global networking and policy discussion around physical activity and health. In 2006, the Global Alliance for Physical Activity (its original name) was created. GAPA is the Advocacy Council for the International Society of Physical Activity and Health, aiming to support an increase in commitment to national level action on physical activity and encourage governments and interested parties to develop, disseminate and implement policies, programmes and services to support physical activity.



The development of public health strategies for physical activity is used as an entry point for much needed health promotion and chronic disease prevention action, and a key strategy to address the prevention of NCDs

Key activities of 2012 and 2013 include:

- ◇ GAPA advocacy workshop was held at the World Congress of Cardiology.
- ◇ Global Physical Activity Network (GlobalPANet) was launched. Key partners include: IUHPE, CDC, ThaiHealth, National Heart Foundation of Australia, Vic Health, Healthway, GAPA and network partners.
- ◇ GAPA mobilized concerted global advocacy for the inclusion of a PA target and indicator in the WHO-NCD monitoring framework.
- ◇ GAPA collaborated with IUHPE to deliver training workshops on advocacy for NCD prevention in Colombia and Thailand. Key partners were the IUHPE, CDC, National Heart Foundation of Australia, Inter-American Heart Foundation, local partners in Colombia and Thailand.
- ◇ GAPA, along with other global and regional physical activity networks have supported the inclusion of the proposed target on physical inactivity in the WHO Global Monitoring Framework for NCD Prevention which was called for in the Political Declaration on the Prevention and Control of NCDs, adopted at the UN High Level Meeting in September 2011. They have drafted a position statement proposing a global target and indicator for physical inactivity, signed March 27, 2012.

The promotion of physical activity (PA) in Latin America has developed in the last 10 years through two International Networks: the **Agita Mundo Network**, which acts globally to advocate and promote physical activity in all continents, and the **Physical Activity Network of the Americas (RAFA/PANA)**. The IUHPE continues to support these efforts and work towards strengthening the existing national networks in a regional network enabling exchange of knowledge, experiences and to develop a population-based approach to physical activity and health promotion adapted to the regional needs, culture and context.

In 2012 and 2013, activities included:

- ◇ Celebration of the annual World Day of Physical Activity (WDPA) with over 575 events in 44 countries registered on the Agita Mundo website.
- ◇ International Courses offered on physical activity and public health in El Salvador and Venezuela.
- ◇ A close collaboration between GAPA, the Communities of Health programme in England and the US Racial and Ethnic Approaches to Community Health (US REACH), contributed to efforts at the UN High Level meeting through advocacy from physical activity to key government representatives in Latin America.



## **Towards a global framework for capacity building for non-communicable disease advocacy in low and middle-income countries: Two Pilot Advocacy Courses**

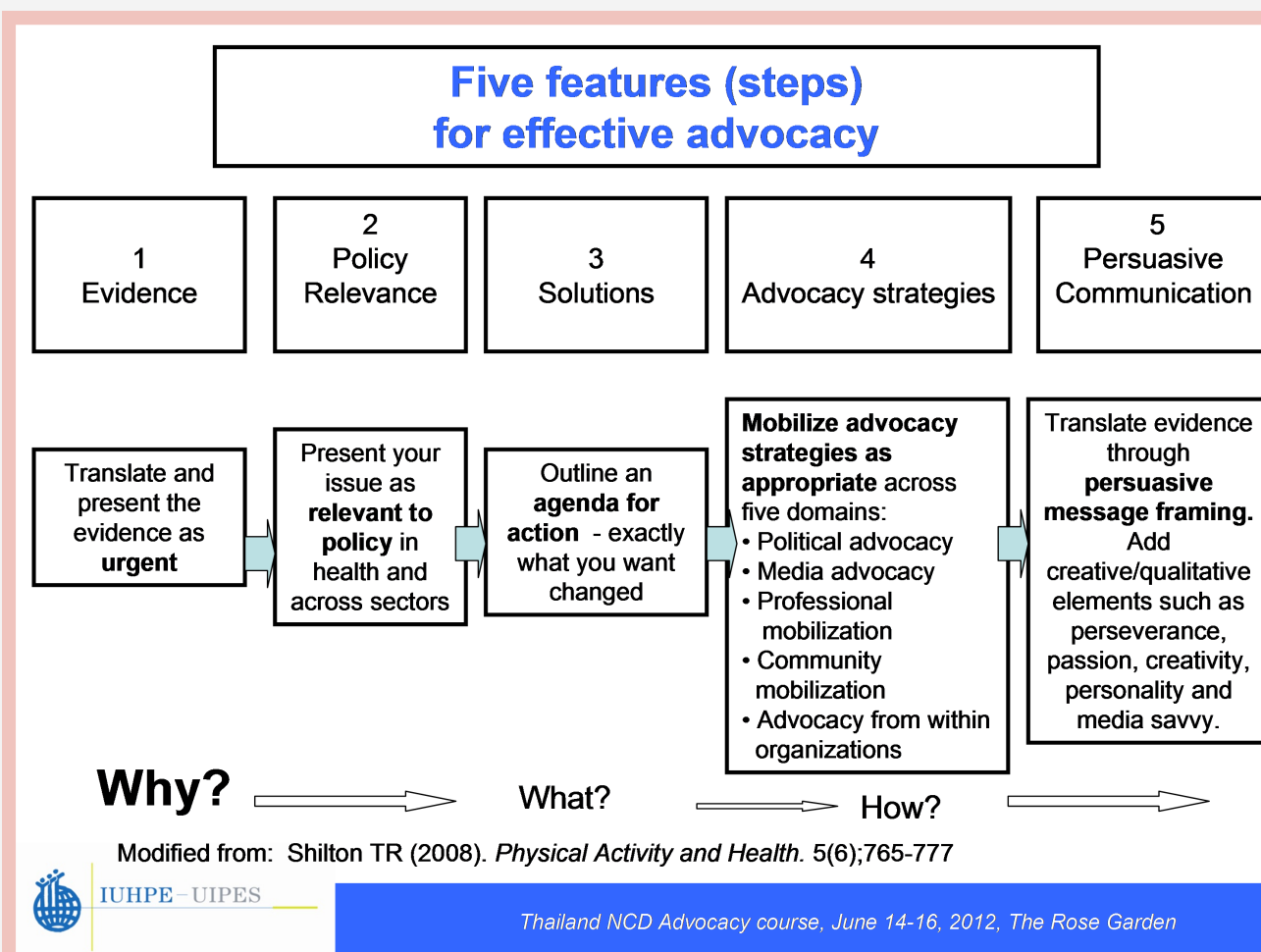
**Non-communicable Diseases (NCDs) represent an increasing proportion of morbidity and mortality throughout the world.** Sustained advocacy, carried out by a skilled workforce, is an important strategy to realize the political will and implement the policy changes necessary to reduce the global burden of NCDs. Competencies for effective advocacy include a combination of scientific and technical as well as communications based skills. Recognizing the need to build local capacity for NCD advocacy in low and middle-income countries (LMICs), the International Union for Health Promotion and Education (IUHPE), the US Center for Disease Control and Prevention (CDC), the National Heart Foundation of Australia and the Inter-American Heart Foundation joined efforts to conduct two pilot advocacy courses, one in Thailand (June 2012) and one in Colombia (July 2012).

A Global Advisory Group engaged a Local Organizing Committee in each country to ensure the courses would meet the needs of the local stakeholders. While both courses contained a set of key competencies and helped participants develop joint strategies for moving forward with consensus advocacy targets, the courses differed in content and participant background depending on the local context.

**A key goal of the courses was to determine and describe the lessons learned and make recommendations for a framework to be used for future advocacy capacity-building activities in LMICs.** The planning and execution of each course generated lessons in the following five areas that informed the development of a global framework for capacity building for NCD advocacy:

1. Using a comprehensive theoretical framework to teach advocacy competencies
2. Engaging key stakeholders
3. Meeting local needs and priorities
4. Planning local logistics
5. Ensuring the skills obtained through training are applied to sustained advocacy for NCDs

Below is an education tool used in the courses to educate effective advocacy:



The experience of both NCD advocacy training courses in Thailand and Colombia reinforces the importance of combining theories and key health promotion principles with recognizing the realities and needs of the context in which advocacy actions would be carried out.

The diversity and dynamics of the socio-political context of each location make it challenging to define a generic framework for advocacy capacity building. Nevertheless there were some common theoretical considerations as well as definitional aspects of advocacy that were common elements of the courses. This included recognition that advocacy is principally an endeavor to bring about change, and that the principal target of advocacy is change in policies, environments, and systems that determine health. Additionally, advocacy strategies can be implemented to effect change in political, media, professional, community, and organizational spheres. Both the Thailand and Colombia courses used the model shown above, providing a highly appropriate mechanism for working through typical steps in advocacy strategy development. However, flexibility needs to be retained for use of other models and paradigms.

Shilton, Trevor; Champagne, Beatriz; Blanchard, Claire; Ibarra, Lorena; Kasesmup, Vij, 2013 – "Towards a global framework for capacity building for non-communicable disease advocacy in low- and middle-income countries" – Global Health Promotion

## INJURY PREVENTION AND ROAD SAFETY

Worldwide, 1.27 million people are killed and 20-50 million injured in road crashes every year, with almost half of them being pedestrians, motorcycles and bicyclists, and more than 90% of them in low and middle income countries.





As a consequence, **Injury prevention and road safety have become a growing public health priority, everywhere in the world and particularly in low- and middle-income countries.** Non-Communicable Diseases (NCDs) are now the first cause of morbidity and mortality in most countries. In the 2011 UN Assembly urged the necessary inclusion of NCDs on the political agenda of all countries globally. However, injuries were yet to be part of the discussions.

The IUHPE believes road safety forms an integral part of an integrated health promotion approach and, with the support of CDC, works to:

- ✦ **advance knowledge around and raise the profile of road safety and injury prevention in a broader Health Promotion agenda and through an equity lens;**
- ✦ **ensure injury prevention is considered a key strategy for addressing Non-Communicable Diseases globally and more specifically in low and middle income countries;**
- ✦ **develop youth safety advocates to promote road safety globally;**
- ✦ **contribute to global road safety promotion with a special focus on road safety efforts in low and middle-income countries;**
- ✦ **contribute to the achievement of the Decade of Action for Road Safety goals from a health promotion and equity perspective;**
- ✦ **support advocacy efforts and create partnerships for law change towards global compulsory use of helmet for motorcyclist drivers and passengers.**



In particular, in 2012 and 2013, IUHPE supported and contributed to:

- **IUHPE 5th Latin American and 4th Inter American Conference on Health Promotion and Education** in Mexico in April 2012, with the technical support from the Centers of Disease Control and Prevention (CDC).



- the expansion of the **Global Helmet Vaccine Initiative (GHVI)** in Cambodia and Uganda to encourage policy changes and investment decisions that lead to increased and sustainable motorcycle helmet wearing.

- **FACES in Latin America**, a publication, presenting first-hand accounts of the impact of road traffic crashes on victims, families and communities, together with the Association for Safe International Travel (ASIRT) and the Gonzalo Rodriguez Memorial Foundation. It provides **a framework for civil society involvement in road safety efforts** in their respective countries and is used by road safety NGOs to raise awareness of the social and economic magnitude and impact of road crashes in Latin America, and also emphasizes the need to address key risk factors.

- the World Bank, CDC, and Global Road Safety Facility (GRSF) collaboration, to develop **"Improving Global Road Safety: Towards Equitable and Sustainable Development - Guidelines for Country Road Safety Engagement"** as a key tool to assist the identification, preparation and implementation of multilateral development bank investment projects designed to improve country road safety performance and to encourage stronger linkages between the health and transport sectors. For more information visit <http://www-new.iuhpe.org/index.php/en/iuhpe-thematic-resources/892-global-road-safety>.

- **Road Safety Plan for Children** - EDU-CAR, implemented by the Fundación Gonzalo Rodriguez (FGR) in Uruguay, aiming to protect children and their education as tomorrow's drivers, promoting a cultural change that value and respect safe practices in traffic. It also created a **Best Practices Manual**, to be distributed in Latin America and the Caribbean. This document is available for download in Spanish and in English.

- activities achieving the goals of **'a Decade of Action for Road Safety'** (2011-2020)

- the development of a **tool kit** to introduce individuals to the global road safety problem and avenues for action, and encourage them to become road safety activists, created on April 16th, 2012, with Youth for Road Safety (YOURS), a global youth-led NGO for road safety that acts to keep young people safe on the worlds' road. To visit the tool

# Chapter 5: Health Promotion Systems



Health promotion systems comprise all organizations, people and actions whose primary intent is to promote health.

It is a broad category that includes the supporting work and infrastructure that underpins the other health promotion work that the IUHPE does. The critical building blocks include: organizational capacity for health promotion action, strong partnerships, skilled workforce, sustainable financing,

leadership and governance, good information base (including research and evaluation), and new technologies (websites and social networks). Strengthening health promotion systems is a prerequisite for being able to achieve major health improvement goals.

Capacity building for health promotion is a key priority for the IUHPE and actions for strengthening health promotion systems are addressed through a number of Global Working Groups and projects. Key issues being addressed include:

- ◇ research,
- ◇ surveillance (World Alliance for Risk Factor Surveillance - WARFS),
- ◇ evidence and effectiveness (Global Programme on Health Promotion Effectiveness - GPHPE, Global Working Group on Health Impact Assessment, Cochrane reviews),
- ◇ competencies, accreditation and workforce development (CompHP),
- ◇ IUHPE European Health Promotion Accreditation System
- ◇ intersectoral governance (Health in All Policies monograph, HiAP),
- ◇ sustainable financing (position statement), and
- ◇ development and dissemination of key tools and methods (Global Working Groups on healthy settings, health impact assessment and health literacy).

# Chapter 6: Health Promotion Systems

## — ACTIVITIES

### Global Programme on Health Promotion Effectiveness

The GPHPE was launched in 2000 as a multi-partner project coordinated by the IUHPE in collaboration with WHO and a broad range of institutions from across the world. The GPHPE is concerned with how to stimulate the evaluation of effectiveness, champion the development of appropriate tools and methods to do so, and espouse the implementation of this body of knowledge to its best use in practice and for advocacy.



The programme has transitioned into an IUHPE Global Working Group, as a part of the more comprehensive effort of the IUHPE to streamline the governance and operations of the IUHPE global network of experts and their input into the IUHPE priorities and scientific agenda. The GPHPE serves as an entry point for the IUHPE to play an active role in the arena of health promotion policy and practice development through constructive participation in those networks which connect to the IUHPE's scientific portfolio and engage in dialogue.

The GPHPE's distinguishing features include:

- ◇ operating as a world-wide programme, with strong regional programs in Africa and Latin America
- ◇ advocating the importance of effectiveness to researchers, practitioners and decision-makers
- ◇ cultivating regional specificity, encouraging input from the developing world with a focus on non-Western views of effectiveness
- ◇ promoting the development of unique and novel evaluation approaches to accommodate emerging areas of interest
- ◇ employing the diversity emanating from the regional projects to foster opportunities for regions to exchange and learn from each other.

It is also engaged in producing a series of publications in which the emerging debates and questions regarding evidence of health promotion effectiveness are pursued such as:

**GPHPE Monograph Volume I: a symposium in a book** is a document with significant implications for practitioners involved in implementing health promotion programmes. It serves as a vital source of frontline knowledge for researchers and students of public health.

**GPHPE Monograph Volume II: a focus on "how to"** concentrates on the processes and contexts for moving from evidence to effectiveness. It is a two part document:

- \* A framing document which is constructed of chapters invited for submission from key network and specific individual professionals who will address specific areas very practically
- \* A workbook document with concrete examples from practice collected through a call for case studies and published in the IUHPE journal Global Health Promotion.

**8th World Alliance for Risk Factor Surveillance (WARFS) Global Conference - *"Challenges in Developing Behavioral Risk Factors Surveillance Globally for Monitoring Non-Communicable Diseases and Social Determinants of Health"***

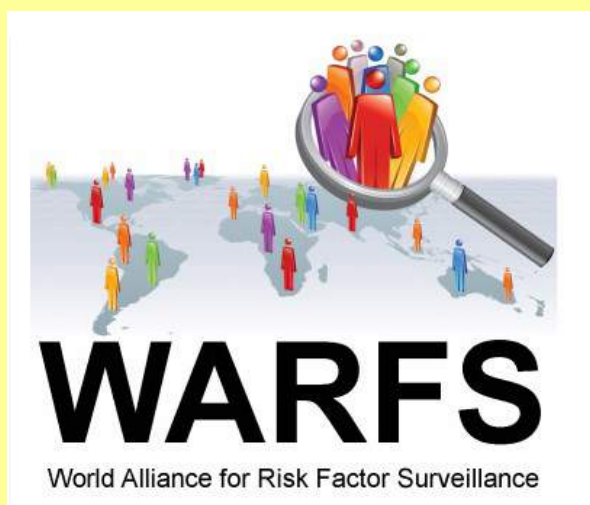
- October 29<sup>th</sup> - November 1<sup>st</sup> 2013 in Beijing, China

The World Alliance for Risk Factor Surveillance (WARFS) 2013 Global Conference was co-hosted by the Chinese Center for Disease Control and Prevention (CCDC) and the Chinese Preventive Medicine Association (CPMA). With more than 200 participants from 16 countries, the WARFS Beijing Conference was one of the most attended WARFS conferences since inception in 1999 in Atlanta, USA. The theme of the 2013 global conference was the past, present and future of risk factor surveillance.





The global conference has made significant contributions to global NCD risk factor surveillance on several fronts. It opens up the conceptual thinking of risk factor surveillance: in time, by going back to the past to learn lessons for the future; in space, by exchanging experiences from developed and developing countries; and in content, by blending theory and practice. Outcomes of debates and discussion at the conference have provided important leads to revise and finalize the IUHPE WARFS white paper, a tool to open discussion on the fundamental aspects and role of surveillance, and then to offer the result of this effort to all IUHPE members and other stakeholders. The WARFS Global Conference is held every two years. The 2015 conference is scheduled to be held in Antigua & Barbuda. For more information visit <http://www.warfs.info/2013-conference.html>



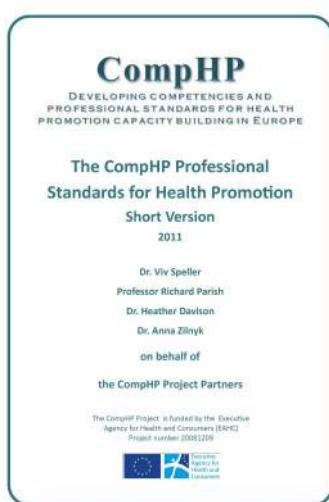
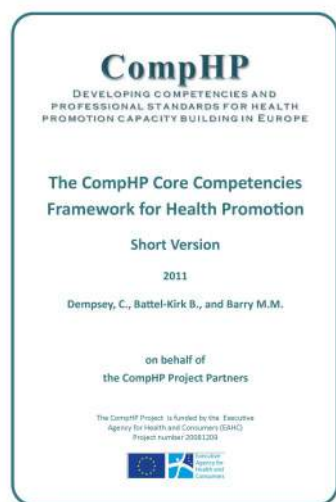
WARFS (World Alliance for Risk Factor Surveillance) is also an IUHPE (International Union for Health Promotion and Education) Global Working Group, an informal international network of surveillance practitioners and researchers that have met since 1999 in Global Conferences to discuss theoretical and practical aspects of risk factor surveillance.

## The CompHP Project: Developing competencies and professional standards for health promotion capacity building in Europe



To be effective at improving the health of populations, health promotion requires a workforce equipped with a specific set of knowledge, skills and ethical values. The CompHP Project engaged in consultation with practitioners, policymakers and education providers across Europe and beyond, to build a consensus on the core competencies and professional standards needed for effective health promotion practice.

The main publications of the project, The CompHP Core Competencies Framework for Health Promotion Handbook, the CompHP Professional Standards for Health Promotion Handbook, and the Pan European Accreditation Framework for Health Promotion Handbook, as well as a number of other reports and literature reviews prepared by the Project are available on the CompHP website <http://www-new.iuhpe.org/index.php/en/comphp>.



**develop competency-based standards and an accreditation system for health promotion practice, education and training**

The CompHP Project aimed to develop competency-based standards and an accreditation system for health promotion practice, education and training that will positively impact on workforce capacity to deliver public health improvement in Europe. The frameworks developed by the CompHP Project form the basis for the IUHPE European Health Promotion Accreditation System launched in November 2013.

The project used consensus-building approaches to establish means and methods by which quality governance standards in Health Promotion can be implemented across Europe to stimulate innovation and best practice. The general objectives of the project were:

- To identify, agree and publish core competencies for health promotion practice, education and training in Europe.
- To develop and publish competency-based professional standards for health promotion practice.
- To promote quality assurance through the development of a Europe-wide accreditation system.
- To map competencies and standards in academic courses across Europe and link to accreditation for academic settings.
- To pilot competencies, standards and accreditation with practitioners in a range of settings across Europe.
- To engage in consultation with key stakeholders and disseminate information on the project outcomes throughout the 27 member states and all candidate countries.

## The IUHPE European Health Promotion Accreditation System



The IUHPE European Health Promotion Accreditation System launched the official pilot program in November 2013 with the leadership from the IUHPE Competencies Workforce and Development Group (CWDG) and offers professional recognition for Health Promotion practitioners and accreditation of Health Promotion courses that are assessed as meeting specified competency-based criteria. The criteria for eligibility for practitioners and courses within the System build on the agreed CompHP Core Competencies and Professional Standards, which have been endorsed at national and European levels.

The goal of the IUHPE European Health Promotion Accreditation System is to promote quality assurance, competence and mobility in Health Promotion practice and education through a Europe-wide accreditation system. The System is designed to be flexible and sensitive to different contexts while maintaining robust and validated criteria.

The Accreditation System comprises a devolved model within which National Accreditation Organizations (NAOs) interact with the IUHPE as the European Accreditation Organization (EAO). The National Accreditation Organisations (NAOs) are responsible for the registration of practitioners, while the key role of the European Accreditation Organisation is the approval of NAOs and the accreditation of full Health Promotion courses. Practitioners in countries where a NAO is not available may apply directly to the IUHPE. The European and national organizations each have specific functions and tasks, but will use the same criteria, policies and procedures to ensure





While the longer term aim is to establish NAOs in every country, it is recognized that Health Promotion is at different stages of development across Europe and that therefore some countries may currently not have the resources or infrastructure required to develop and maintain accreditation processes. Practitioners in these countries can apply directly to the IUHPE as the European Accreditation Organization for registration.

In 2013, the IUHPE **Competencies and Workforce Development Working Group (CWDG)** was updated to incorporate the governance and coordination structures required to implement, coordinate and manage the IUHPE European Health Promotion Accreditation System. This process included the establishment of a Board of Directors and the appointment of specialist Committees, which form the European Accreditation Organization.

Key roles of the European Accreditation Organization include:

- \* Managing and maintaining the European Health Promotion Accreditation System
- \* Ensuring the Maintenance of a European Register
- \* Capacity Development
- \* Overseeing financial management and regulation
- \* Approving National Accreditation Organisations (NAOs)

The Accreditation System offers professional recognition for Health Promotion practitioners and accreditation of Health Promotion courses that are assessed as meeting specified competency-based criteria. Practitioners registered within the Framework will be awarded the professional title of 'IUHPE European Health Promotion Practitioner (EuHP)' and accredited courses will be formally described as 'IUHPE European Health Promotion Accredited' on course literature.

**PROFESSIONAL  
RECOGNITION FOR HEALTH  
PROMOTION PRACTITIONERS  
AND ACCREDITATION OF  
HEALTH PROMOTION  
COURSES**

The piloting and evaluation of the IUHPE European Health Promotion Accreditation System in 2013 included the following activities:

- ◇ The development and testing of application and assessment forms and processes
- ◇ Agreement of quality policies such as that on conflict of interest
- ◇ The development of a website which includes the online application portal for the System
- ◇ The testing of the System and its processes by with a pilot group of applications from one National Accreditation Organization (NAO), two course providers and more than twenty practitioners
- ◇ The dissemination of information on the Accreditation System through newsletters, leaflets, inserts in journals, the submission of an article to a peer reviewed journal and presentations.

The newly established IUHPE European Health Promotion Accreditation System was an agenda item at the IUHPE Executive Board annual meeting in December 2013. The IUHPE Executive Board members were updated on the Accreditation System and expressed their

The IUHPE Executive Board decided that the Accreditation System should be implemented beyond the pilot stage. In a first phase, the main focus will be the accreditation of courses, meaning that the promotion of the system will be directed mainly to education providers, but applications will be open for practitioners and NAOs too.

The Executive Board also agreed that the IUHPE should explore the expansion of the Accreditation System to other regions, in particular Latin America and South West Pacific, where great interest has already been expressed, and a proposal will be presented to the IUHPE Executive Board in June 2014. For more information please visit <http://www.iuhpe.org/index.php/en/the-accreditation-system>.

**‘Communicate To Vaccinate’ (COMMVAC) Project:  
A Novel Approach to Building Evidence for Improving Communication  
about Childhood Vaccination in Low and Middle Income Countries**

Vaccination is a cost-effective strategy for reducing childhood mortality and morbidity, but more than 24 million children still do not have access to basic immunization services worldwide. Strategies to increase vaccination uptake involve:

- ◇ Supply-side interventions: these include improving the availability of effective vaccines, technologies to support their application and health personnel to deliver services
- ◇ Demand-side or consumer level components: these include communication to various stakeholders about vaccination



In research and policy, more attention has been placed on supply side interventions while neglecting demand side or consumer level components. However, demand-side strategies, such as interventions to improve communication between parents and health care providers, have the potential to address barriers to vaccination associated with parental knowledge and

understanding, attitudes, beliefs and behavior. Such strategies may improve childhood vaccination uptake in low- and middle-income countries (LMICs) as well as the cost effectiveness of immunization programmes.

The COMMVAC project aims to:

- ◇ build research knowledge and capacity to use evidence based strategies for improving communication about childhood vaccination with parents and communities.
- ◇ build research knowledge and capacity to use evidence-based strategies for improving communication about childhood vaccinations with parents and communities in low- and middle-income countries (LMICs)
- ◇ build the evidence needed to support the implementation of effective communication interventions
- ◇ translate this evidence into guidance for policymakers in LMICs on communication



strategies to improve childhood

vaccination uptake

Key outputs from the project include high quality evidence on the scope and effects of interventions to improve provider–parent communication around vaccination and knowledge resources tailored for LMICs, systematic mapping of communication interventions, taxonomy of communication interventions for routine vaccination activities, and identifying priority topics for systematic reviews.

As a key partner in this project in 2012 and 2013, the IUHPE has contributed to bring a health promotion lens throughout the project and contributed to the organization of face to face consultations with relevant stakeholders from sub-Saharan Africa, the IUHPE Board of Trustees and UNICEF delegates. The project is funded by the Research Council of Norway and involves a Consortium composed of the Norwegian Knowledge Centre for the Health Services, Norway; La Trobe University, Melbourne, Australia; the University of Cape Town, South Africa; the Swiss Tropical and Public Health Institute / Swiss Centre for International Health, Switzerland; and the IUHPE.

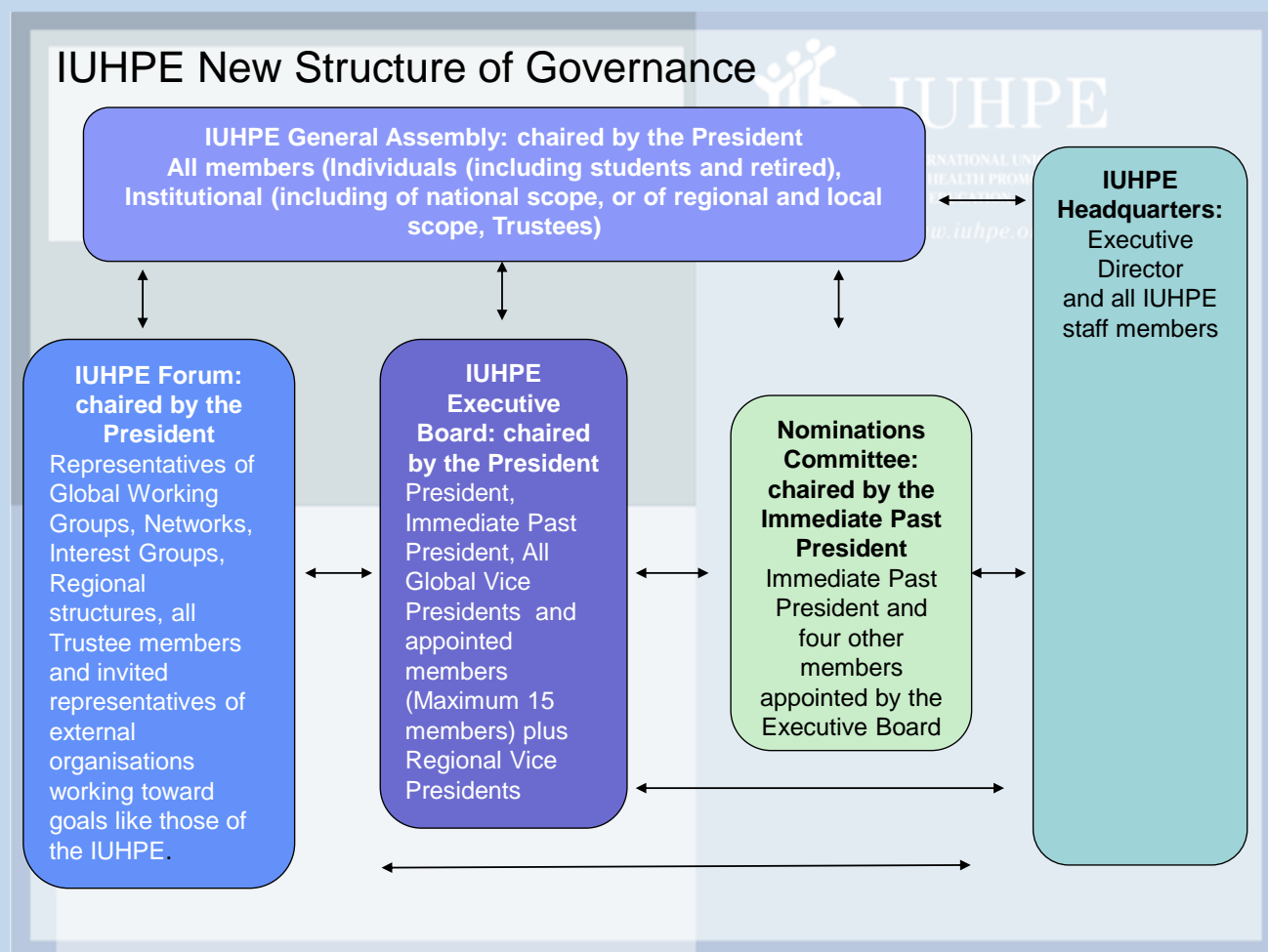
For further information, please visit the website: [www.commvac.com](http://www.commvac.com)

## Chapter 5: Ongoing Operations of the IUHPE

### GOVERNANCE REFORM

In 2011, the IUHPE developed a proposal to reform its governing structure and ensure that it is appropriate for the conduct of IUHPE's work in the future. This reform process was essential to reflect the needs of the various parts of the organization at global and regional levels, while maintaining an agility that allows for quick responses to emerging issues on a global scale.

With the development of the governance reform it was also important to ensure that there are appropriate opportunities and mechanisms for members to engage in the work of the IUHPE. To that end, in 2011, the Board of Trustees endorsed the development of Interest Groups in addition to existing Networks and Global Working Groups. These now provide opportunities for members to align themselves and collaborate around areas of interest, language groupings, geographical area or any combination of these.





## RISK REGISTER

In 2011, the IUHPE initiated an annual internal process for categorizing and assessing risks with a view to compiling a risk register appropriate for the size and nature of the IUHPE. The underlying objective is to embed risk management processes as a part of day-to-day management of the organization. The IUHPE has continued this practice every year since as a tool for internal control. And the reports generated are then shared at the IUHPE Committee of Internal Control meeting held every six months with members of the Executive Committee.

## MARKETING AND FUNDRAISING

A Marketing and Fundraising portfolio has been developed to diversify sources of support (financial and in-kind), and external collaborations in order to provide more and better services to IUHPE members, contribute to membership development and retention and ensure the necessary resources to implement and develop IUHPE activities, conferences and Headquarters support functions.

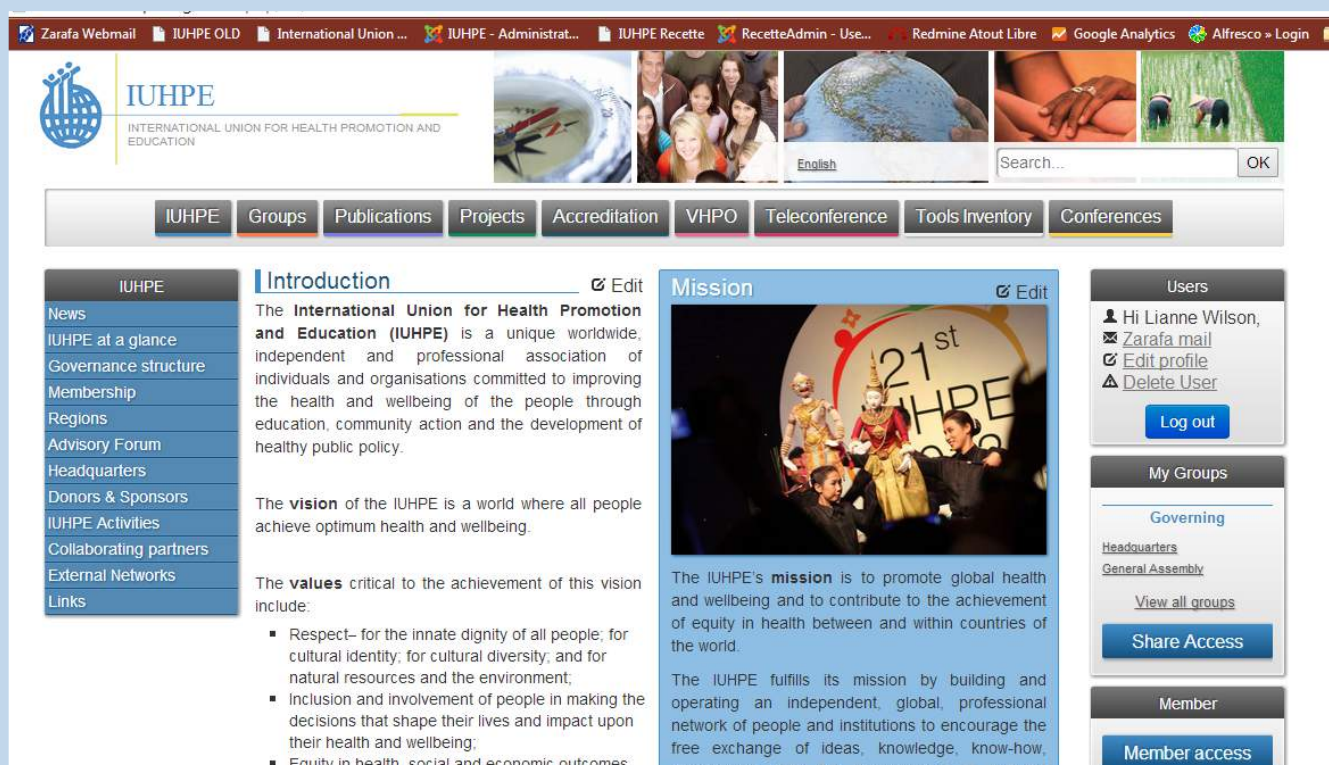
In parallel with the fundraising activities, and as a necessary element to ensure their success, this portfolio also started developing, in close cooperation with the Vice-President for Communications and the Vice-president for Advocacy, a renewed organisational identity of the IUHPE and a number of marketing tools to reinforce the IUHPE brand such as:

- ◇ Monthly IUHPE Flash Info newsletter
- ◇ IUHPE flyers and brochures
- ◇ IUHPE online platform [www.iuhpe.org](http://www.iuhpe.org)
- ◇ Views on Health Promotion Online (VHPO), the online forum <http://www.iuhpe.org/index.php/en/vhpo>

## IUHPE NEW ONLINE PLATFORM

In 2013 the IUHPE launched its new online platform [www.iuhpe.org](http://www.iuhpe.org). The website had been completely revamped to increase interactivity and better show IUHPE activities and partnerships. The English page is complete with the Spanish and French pages in development.

The new IUHPE online platform aims to facilitate the networking and exchange between IUHPE members and partners and gather important resources and tools for health promotion practice. It is a unique opportunity to exchange experience, know-how and expertise, in order to develop new, or strengthen existing, collaborations between health promotion professionals and institutions across the world.



The IUHPE online platform is used by all health promotion practitioners. IUHPE members and close partners will have a complete access to the platform and its services, which include a large range of resources and tools (scientific and political publications, examples of interventions, case studies, guidelines, communications, list of key actors in a specific areas, etc.) to facilitate health promotion practice. They will also have the possibility to engage much more easily in IUHPE activities (for instance joining an interest group or a network) and benefit from networking opportunities to share knowledge, expertise and opinions with the overall objective to influence and move health promotion forward at the global level.

- \* **An Interest Group** is a gathering of members around a common area of interest. It is an exchange platform to discuss or debate. Interest groups might work in collaboration with Global Working Groups on specific issues of their work plan.
- \* **A Network** is a group of members with a common profile (professional, geographical, linguistic, etc.). Networks contribute to the completion of the IUHPE integrated work plan.

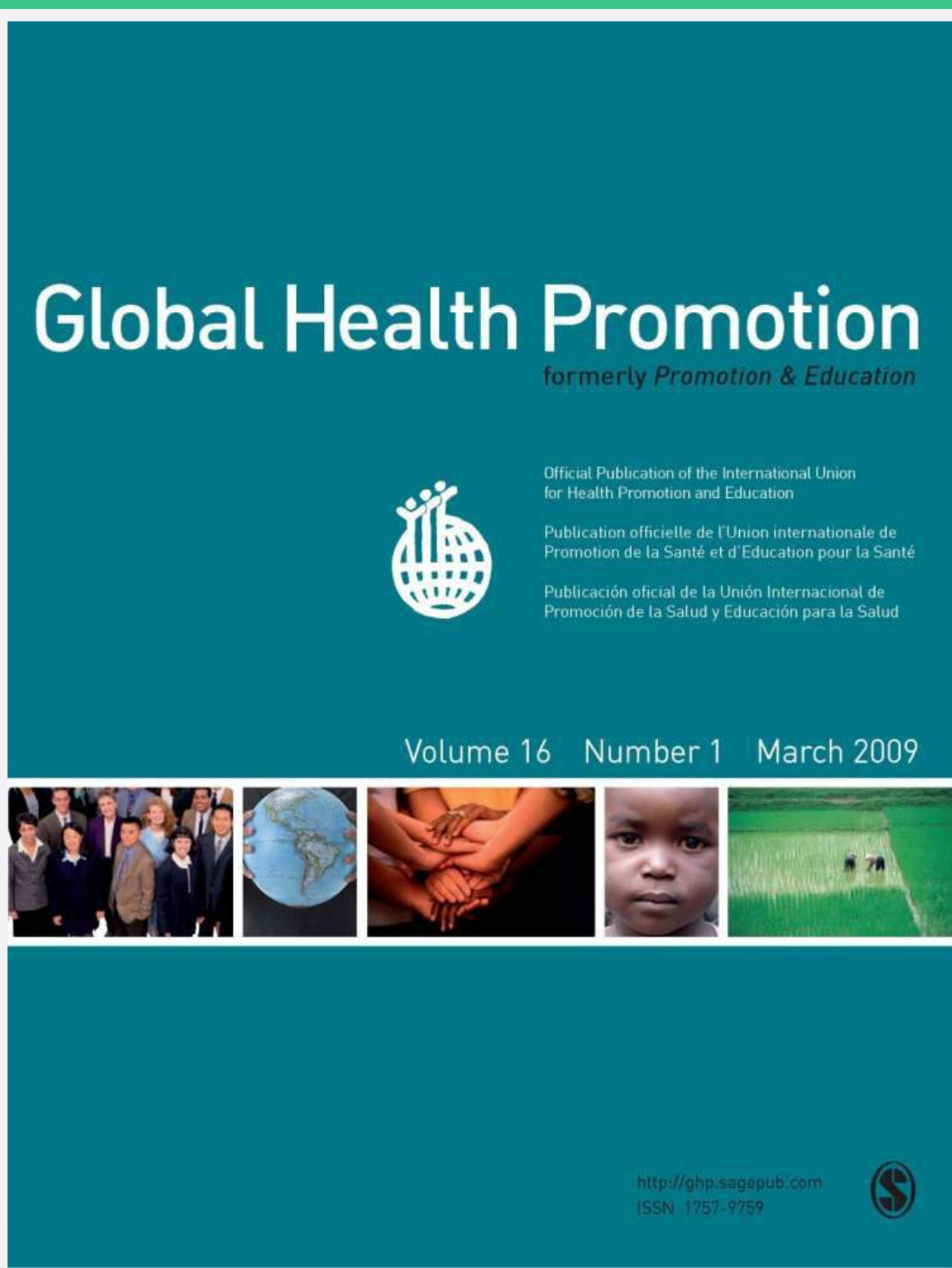
Health promotion professionals will have access to a large range of resources and tools (scientific and political publications, examples of interventions, case studies, guidelines, communications, list of key actors in a specific areas, etc.) to facilitate health promotion practice. They will also have the possibility to participate in online dialogues on current issues or projects. And the general public will use this platform to discover, or get further information on health promotion and IUHPE activities and partners.

- ⇒ The **IUHPE member database** is now more user-friendly. Members can manage their online account more easily and have a direct access to all online services.
- ⇒ An **accreditation system** giving health promotion practitioners and institutional courses the possibility to be accredited with a health promotion ‘quality label’ recognizing their work in and their contributions to the health promotion field has been developed and implemented onto the website. This system has been initially developed for European practitioners and institutions, but it will be extended to other global regions soon.
- ⇒ **Views of Health Promotion Online (VHPO)**, the IUHPE online forum, where all professionals can debate current topics or research projects in health promotion and which is also used by the IUHPE to consult with its members, whether on current and potential IUHPE activities or on governance issues, has been integrated into the new website. In addition to these functions, the new VHPO page will provide IUHPE members a space to launch ‘informal’ discussions and to ask more technical questions with experts in a specific area. TO visit the previous VHPO blog visit [www.vhpo.net](http://www.vhpo.net). The new VHPO page <http://www.iuhpe.org/index.php/en/vhpo> will be running by summer 2014.

- ⇒ **'SHARE': A shared files system** for all IUHPE working and governance bodies (the General Assembly, the Executive Board, Regions, Global Working Groups, Interest Groups, Networks or other advisory committees) to upload, consult, work on or archive documents will also be available on the IUHPE site in 2014. This system will be linked to an online discussion tool to facilitate consultation.
- ⇒ **A teleconference platform**, to facilitate communication between IUHPE officers will launch in 2014. This service will also be used as a first step towards developing webinars and online courses.
- ⇒ **A tools repertoire** developed in collaboration with the *Chaire Approches Communautaires et Inégalités de Santé* (CACIS) of the *Université de Montréal* which gathers tools and resources for health promotion professionals to develop and implement partnership activities.
- ⇒ **Other websites** on specific projects (for example on cardiovascular health promotion or accreditation), for networks (such as the IUHPE Student and Early Career Network website [www.isecn.org](http://www.isecn.org)) or dedicated to specifically IUHPE conferences will also be integrated into IUHPE platform.



# Chapter 6: IUHPE Journals



## IUHPE official scientific journal : GLOBAL HEALTH PROMOTION

The IUHPE produces a wide array of publications to advance its work both as a communication and exchange hub and as a facilitator of technical expertise.

**Global Health Promotion** is the IUHPE's official academic journal of the organization.

*Global Health Promotion* is a multilingual journal which publishes authoritative blind peer-reviewed original articles in any area of theory, policy or practice relevant to health promotion, and commentaries on any subject of general interest to the journal readership and IUHPE members, published in English, French and Spanish. It also publishes transcripts of high quality oral presentations at conferences in its Addresses section.

It also directly contributes to implementing the IUHPE strategic plan, by publishing manuscripts that deal with various aspects of IUHPE activities, such as updates from Vice-Presidents, Global Working Groups or IUHPE networks, key addresses from IUHPE conferences, and information on IUHPE strategy and internal governance.

The journal aims to:

- ⇒ **publish academic content and commentaries of practical importance;**
- ⇒ **provide an international and interdisciplinary forum for the dissemination and exchange of health promotion, health education and public health theory, research findings, practice and reviews;**
- ⇒ **publish articles which ensure wide geographical coverage and are of general interest to an international readership; and**
- ⇒ **provide fair, supportive, efficient and high quality peer review and editorial handling of all submissions.**

*Global Health Promotion (GHP)* publishes four regular issues a year (March, June, September and December) plus supplement issues ranging in scope and size. The supplement issues continue as a means to communicate conference proceedings, large scale research projects and other collaborative endeavors.

### ***Global Health Promotion Highlights 2012 and 2013***

- In 2012, nearly 2000 institutions had access to *Global Health Promotion* – an increase of 5% from 2011.
- The majority of institutional subscriptions are from North America (37%), Europe (21%), and then Asia (17%).

- In 2012, there was a 92% renewal rate for traditional institutional (print) subscriptions to *Global Health Promotion*.
- Articles were downloaded over 85,000 times in 2012 and 2013.
- In 2012 and 2013, *Global Health Promotion* published 13 editorials, 82 original articles, 26 commentaries, 1 case study and 3 introductions. 38 papers were published in English, 19 in French and 13 in Spanish.

The 5 top downloaded articles between August 2012 and July 2013 were:

1. "Evidence-based health promotion practice: how to make it work" by Viv Speller @ 1,119 downloads.
2. "Social media and health promotion" by Cameron D. Norman @ 1,009 downloads
3. "Revitalizing the evidence base for public health: an asset model" by Antony Morgan @ 921 downloads.
4. "Preserving idealism in global health promotion" by Carlos Franco-Paredes @ 849 downloads.
5. "Mental health promotion works" by Eva Jane-Llopis @ 727 downloads.

- In 2012, 2,371 people registered to receive e-alerts (table of contents, key words, and other email alerts), which was an 18% increase from 2011. By June 2013 there were 2,520 e-alerts registrants.
- 55,553 individuals visited *Global Health Promotion* web pages in 2012 from 204 countries and territories, with the top visiting countries being the United States, Australia and the United Kingdom.
- In 2012 there were 1,581 visits to the *GHP* webpage through mobile device.
- There have been over 200 submissions to the journal online via Sage Track from 38 countries in 2012 and 2013.
- In 2012, the Impact Factor for *GHP* was 0.729
- The journal is has been accepted for inclusion in Thomson Reuters (ISI) Web of Knowledge and Social Sciences Citation Index in 2013. It is ranked 113/136 titles in the Public, Environmental, Occupational Health JCR.
- In October 2012, SAGE offered a free trial across all major online product platforms including SAGE journals. In total 8.1 million people registered, versus 7.2 million in 2011.
- From January 2013, full HTML article views are available as well as the traditional PDF file. This will provide easier page navigation, the ability to read continuously, and a pop-up reference feature while reading articles online.

The top 5 cited articles in 2012 are:

1. "School-based physical education programs: evidence-based physical activity interventions for youth in Latin America" by Ribeiro, Isabela C.; Parra, Diana C.; Hoehner, Christine M.; Soares, Jesus; Torres, Andrea; Pratt, Michael; Legetic, Branka; Malta, Deborah C.; Matsudo, Victor; Ramos, Luis R.; Simoes, Eduardo J.; Brownson, Ross C. (2010)
2. "Effectiveness of health promotion in preventing tobacco use among adolescents in India Research evidence informs the National Tobacco Control Programme India" by Arora, Monika; Stigler, Melissa H.; Reddy, K. Srinath (2011)
3. "Sustainability of community-capacity to promote safer motherhood in northwestern Tanzania: what remains?" by Ahluwalia, Indu B.; Robinson, Dorcas; Valley, Lisa; Giesecker, Karen E.; Kabakama, Alfreda (2010)
4. "Scientific Evidence and policy change: lowering the legal blood alcohol limit for drivers to 0.08% in the USA" by Sleet, David A.; Mercer, Shawna L.; Cole, Krista Hopkins; Shults, Ruth A.; Elder, Randy W.; Nichols, James L (2011)
5. "Matrons and the reduction of maternal mortality, contributing to the debate" by Petitet, Pascale Hancart (2011)





## IUHPE FAMILY OF JOURNALS

The IUHPE has signed collaborative agreements for journals to become official publications of the IUHPE. These agreements are mutually beneficial by promoting the interests of IUHPE and the journals. They entail the provision of journal pages to the IUHPE for the publication of the organization's announcements, information on membership, programmatic and advocacy activities, and other such material. Additionally, IUHPE individual members get a discount rate on subscriptions to any of the following journals:



**Critical Public Health** is a peer-reviewed journal for researchers and practitioners working in public health, health promotion and related fields. Committed to exploring and debating issues of equity and social justice, the journal focuses in particular on issues of sexism, racism and other forms of oppression. It is primarily of interest to those working within health and related areas, but also includes contemporary empirical and theoretical work from a wide range of disciplines



**Health Education Research** deals with all the vital issues involved in health education and promotion worldwide, providing a valuable link between the health education research and practice communities.



**Health Promotion International**, a quarterly journal published in collaboration with the World Health Organization, responds to the move for a new public health throughout the world and supports the development of actions outlined in the Ottawa Charter for Health Promotion.



The **International Journal of Mental Health Promotion** nurtures and encourages understanding and collaboration in the field of mental health promotion (and the prevention of mental disorders) within a truly multi-disciplinary forum. It links theory and practice by increasing awareness, fostering understanding and promoting collaboration between the different disciplines engaged in this diverse activity of study.



The **International Journal of Public Health** provides an up-to-date source of knowledge and a platform for discussion about public health research and practice for authors and readers worldwide. It publishes Commentaries and opinions in the Forum section, and articles derive from social sciences, epidemiology, survey research, health promotion, evaluation and intervention. Special Issues highlight key areas of current research.

## Chapter 7 :

# IUHPE CONFERENCES



# IUHPE 5th Latin-American and 4th Inter-American Health Promotion and Health Education Conference

April 10-12, 2012 Mexico City, Mexico

Health Promotion and Health Education in the Americas has demonstrated advancements in policies and in institutional and programmatic initiatives in the health sector. However, a gap still exists between discourse and practice. There is an urgent need for the development of a new health culture that promotes a national and institutional political will to achieve equity in health, social justice, human rights and social and

**THERE IS AN  
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OF A NEW HEALTH  
CULTURE**

h u m a n  
development  
in general.

Health must be  
inserted into  
policies based  
upon multi-  
s e c t o r i a l

collaboration, and investing in health from the perspective of recognizing and analyzing the determinants of health, while fulfilling the potential of social and community participation. This is how to better prepare to face the threats imposed by social, political and economic transformations and their resulting impacts on health systems, social security, education and sustainable environments, among others.

## THE LOCAL HOST ORGANIZATION:

THE HEALTH PROMOTION DIRECTORATE OF  
MEXICO

## CO-HOSTS:

IUHPE/NARO AND IUHPE/ORLA

The conference addressed the following topics:

- ◇ Theoretical-practical and true-life perspectives on Health Promotion and Health Education in the Americas
- ◇ Health in all policies
- ◇ Social determinants and the role of health promotion
- ◇ Sustainable social development and reconstruction of the social fabric
- ◇ The role of health promotion in a globalized world
- ◇ Partnerships and networks in Health Promotion and Health Education
- ◇ Effectiveness in Health Promotion
- ◇ Development of the IUHPE in the Americas in the last 25 years.

## CONFERENCE OBJECTIVES :

- Strengthen the analysis and development of Health Promotion (HP) and Health Education (HE) theory and practice in the Americas.
- Review the actual situation of Health Promotion (HP) and Health Education (HE) in the Americas in order to advance the field of research and conceptual development, with an emphasis on the inter-relationship between the two disciplines.
- Promote discussions and advancement of the topic of health determinants, taking into consideration the specific situation of the Americas.
- Stimulate the exchange of research experiences related to theoretical and practical aspects of HP and HE in order to stimulate reflection on critical aspects that affect the implementation of successful initiatives in both disciplines.
- Analyze the role of national and local governments in developing and implementing public policies that affect health status, environmental conservation and the quality of life of the people.
- Provide opportunity for debate to increase understanding about the possibilities, limitations and opportunities provided by HP and HE within the current context of globalization, deterioration of the social fabric and political changes in the Americas.
- Offer the opportunity to build and/or strengthen alliances, networks and projects in which groups of professionals and researchers from different institutions (academic, governmental, NGO, IUHPE/ORLA and NARO, etc.) can participate.
- Promote knowledge through presentations by participants in specific aspects of HP and HE.
- Analyze the development of IUHPE in the Americas within the framework of the commemoration of the 25th anniversary of the founding of the Latin American Regional Office (ORLA) of the IUHPE.







The International Union for Health Promotion and Education (IUHPE), the Northern Part of the Western Pacific Regional Office, International Union for Health Promotion and Education (NPWP/IUHPE), National School Health Association (NSHA) and Fu Jen Catholic University (FJU) organized the 2<sup>nd</sup> Asia Conference on Health Promotion and Education (APHPE) : **EMPOWERMENT FOR HEALTHY SETTINGS - HEALTHY CITY AND COMMUNITY, HEALTHY SCHOOL AND UNIVERSITY, HEALTHY HOSPITAL AND HEALTHY WORKPLACE** at Fu Jen Catholic University in Taiwan.




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FOR MORE INFORMATION

PLEASE VISIT THE CONFERENCE WEBSITE!

[http://www.nsha.org.tw/aphpe\\_web/](http://www.nsha.org.tw/aphpe_web/)

- ◇ The **Chair of the conference** was Dr. Cheng-Yu Chen, President of the National School Health Association (NSHA) in Taiwan and Professor in the Department of Health Promotion and Health Education at the National Taiwan Normal University, Taiwan.
- ◇ The **Executive Chair** was Dr. Ya-Wen Hunag, Director of International Affairs at the National School Health Association (NSHA) in Taiwan as well as Professor in the Department of Healthcare Administration at Asia University in Taiwan.
- ◇ The **Secretariat** was the National School Health Association at the Department of Health Promotion and Health Education, National Taiwan Normal University, Taiwan.

The Conference aimed at building and sustaining a health promotion system beyond the formal boundaries of health care and focused on the following objectives:

- To support the development of health promotion and healthy settings approach, policy and practice in the Asia Pacific region.
- To explore future directions for health promotion and the healthy settings approach in the context of the 21st century forces.
- To encourage and facilitate the development of health promotion in new and emerging settings.
- To analyze the development and implementation of settings based health promotion through an equity lens.
- To share the knowledge and evidence bases for healthy settings through the development of evaluation and research.
- To stimulate exchanges of experiences, dialogue and partnerships between decisions makers, researchers and practitioners from the region.

As written in the Ottawa Charter, ***“Health is created and lived by people within the settings of their everyday life, where they learn, work, play and love”***. This sentence acknowledges and emphasizes the critical role of health settings recognizing the potential of this approach to contribute to the promotion of health, wellbeing and education. Twenty six years after this charter was written, within the context of the 21st century, movements and challenges, including globalization, climate change, urbanization, the increased burden of NCDs and the widening inequities between and within countries and regions of the world, this conference offered the opportunity to reflect on the role and response that the settings based health promotion can offer and address the wider social, cultural, economic and political determinants of health.

The healthy settings approach can make critical contributions to these challenges including those of health equity, social and human development. This conference was

an opportunity for all participants to exchange experiences and useful knowledge, in turn, promote healthy settings and health activities in better and more efficient ways.

The 1<sup>st</sup> APHPE Conference was held in Japan. With great efforts from the organizers, the conference achieved its objectives successfully and generated tremendous results. Organizers and Committee of the 2<sup>nd</sup> APHPE Conference had cautiously extended the result from 1st APHPE Conference to develop the conference’s objectives and contents. Furthermore, the focuses of IUHPE 4 priority domains were delivered through the conference.

During the three-day conference, all participants received useful information and knowledge from communication and sharing between multi-countries and between the people from academics, related industry and government. It improved the effectiveness of health promotion and education and will continually be implemented in life and work in practice.



Population health is a fragile resource, requiring the right decisions to be made at the right time. Economic turmoil has had a devastating influence on population health in all European countries. Now is the time to search for solutions required after the economic decline and severe budget cuts. Population health is shaped and influenced by politics and policies. Human and health developments depend on which political decisions are made and how laws and regulations defend, secure and support everyone in a society.

The Estonian Medical Association, the Estonian Union for Health Promotion, the Estonian Health Foundation and the International Union for Health Promotion and Education (IUHPE) co-hosted the 9th European IUHPE Conference on Health Promotion on Health and Quality of Life, in Tallinn, Estonia.

**IUHPE European conferences are renowned events bringing together leading professionals from all corners of Europe and beyond** to take stock of the present state of knowledge and experiences, bring forward future challenges and shape the agenda to advance developments in health promotion practice, research, and theory. **IUHPE Conferences further the core priority action areas of the IUHPE –the social determinants of health, non-communicable diseases prevention and control, health promotion systems and health promotion in sustainable development.**



#### CONFERENCE OBJECTIVES :

- ◊ to review the influence of the economic recession on populations' health, the determinants of health and quality of life, especially within vulnerable groups;

- ◇ to search best practices and innovative approaches for good governance, poverty reduction and social inclusion, in order to address the problems which arose during this period of economic turmoil and to consider potential solutions for the post-recession period;
- ◇ to discuss strategies, methods and required collaborative efforts in order to prepare post-crises health promotion actions/activities and to promote sustainable health, with environmental issue being completely integrated in strategic planning at regional, national and local levels;
- ◇ to stimulate partnerships, investments and solidarity for health between different sectors, at all levels in the European Community.

In plenary sessions, workshops and various exchanges at the conference, **participants had the opportunity to discuss the impact of the economic determinants to population health, and start the process of envisioning solutions and ways out of it.** It tackled the overarching question “What can we do to manage population health in the current context of the economic crisis?”

A number of eminent speakers representing academia, international partner organizations, senior policy makers and leading health promotion professionals from across Europe and the global community actively engaged in delivering programmes and focused on conference themes in connection with the main emphasis on population health, economic situation and solidarity:

- \* Health development and quality of life
- \* Population health and economic turmoil
- \* Solidarity and health development
- \* Renewing commitment to health and to health promotion
- \* Empowerment and health inequalities
- \* Health promotion priorities in 21st century
- \* Evaluation of health promotion

Almost 300 delegates from 32 countries participated in the Conference.

For more information and access to the Plenary Sessions visit the conference website <http://www.conferences.ee/iuheli2012/downloads.html>.



IUHPE  
UIPES  
www.iuhpe.org



ESTONIAN UNION FOR  
HEALTH PROMOTION



Eesti Tervise Fond  
ESTONIAN HEALTH FOUNDATION

Eesti Arstide Liit





The 21<sup>st</sup> IUHPE World Conference aimed **to contribute to the development of equity and social justice across the globe by offering a unique platform for dialogue on the “best investments for health”** between participants from various sectors from all over the world. The theme allowed reflection on the most efficient, effective and equitable ways of supporting and advancing health and wellbeing. It provided multi-sectorial participants from around the world the opportunity to exchange knowledge and lessons learned in health promotion, and to shape the future. This meeting served as a platform to drive health promotion further to the forefront of the global health agenda and make a difference to sustainably improve the wellbeing of all people.

The International Union for Health Promotion and Education (IUHPE) and Thai Health Promotion Foundation (ThaiHealth) hosted the 21<sup>st</sup> IUHPE World Conference in August 2013 along with sponsors and co-hosts such as the Thai Ministry of Public Health, Health Systems Research Institute, Thailand (HSRI), National Health Commission Office of Thailand (NHCO), National Health Security Office, Thailand (NHSO), International Network of Health Promotion Foundations (INHPF), World Health Organization’s South-East Asia Regional Office (WHO/SEARO), Municipality Office of Pattaya City, Thailand Convention and Exhibition Bureau (TCEB) and Thai Airways International. The Conference Secretariat was ThaiHealth. For more information please visit <http://en.thaihealth.or.th/>.

## Conference Focus:

The world is facing an unprecedented global crisis, accelerating economic, political and social transitions that impact all levels of society. These substantial challenges require a reflection on the most efficient, effective and equitable ways of supporting and advancing population health and wellbeing. All actors and sectors in society have a vital role to play in the development of equity and social justice. It is therefore critical to better understand and acknowledge the diverse approaches for investing in health from the perspective of various actors, such as the role of grassroots movements, workforce, the public sector, financial markets, academia or international donors and to explore what are the challenges and opportunities in mobilizing and engaging them.



With that perspective, the Conference provided a forum to highlight contrasting and challenging views and offered a unique platform for exchange and debate on mainstream and alternative perspectives. The various sessions provided a mixture of

practical lessons from global, national and regional experiences and examined the following questions:

- ◇ What are the best investments for health and the well-being of people? How do different perspectives contribute to the definition of policies and interventions that promote health, social and human development?
- ◇ Who are key investors in health promotion systems? (But) Who is missing? What are the implications for developing dimensions related to social, financial, and cultural capital?
- ◇ What are the successes and challenges developing and implementing (or in achieving?) health in all policies? Do we know enough?
- ◇ What are the innovations worldwide that are transforming health promotion and what can we learn from them?

## Conference Outcomes:

The 21<sup>st</sup> IUHPE World Conference on Health Promotion was well attended and lived up to its theme "Best Investments in Health." Approximately 1500 abstracts were submitted from 76 countries; and 2,184 participants from 81 countries came together to learn, to share experiences, to debate and to explore the latest evidence, policy directions and practice successes and challenges in health promotion.



Thailand provided the perfect setting for thought-provoking plenary and sub-plenary sessions, stimulating oral and poster sessions that highlighted health promotion practice at all levels, plus opportunities to 'meet the authors,' journal editors as well as opportunities for field trips to a myriad of health promotion programmes and projects in Thailand. One conference innovation was the competition of "most liked" daily poster session, and the winners were honored at the closing session. Most importantly, a new tradition

began -- the first ever "Health Promotion Practice" Awards were presented to three distinguished practitioners:

- \* Dr. Gene R. Carter, the Executive Director and CEO of ASCD (formerly the Association for Supervision and Curriculum Development)
- \* Prof. Prakrit Vathesatogkit, Executive Secretary, The Action on Smoking and Health Foundation
- \* Dr. Don Eliseo Lucero-Prisno III, Lecturer, University of Liverpool

The Conference reaffirmed that 'health is everyone's business,' and discussions reinforced basic health promotion concepts and principles, such as the importance of community engagement, partnerships and inter-sectorial collaboration. In the closing session, participants were challenged with the idea that our collective work in the health promotion is not done, and exhorted to move from "ideas to implementation; from the rhetoric to reality and from policy to practice!"



**For More Information and to Access the Plenary Sessions from the Conference Visit <http://iuhpe.org/index.php/en/conferences>.**



22-24 MAY 2013 | GOTHENBURG SWEDEN  
**21st International HPH Conference**  
Body and Mind

IUHPE participated in the scientific committee for the organization of the 21st International Conference on Health Promoting Hospitals and Health Services (HPH) in Gothenburg, Sweden. IUHPE was represented by an individual member of IUHPE, Isabelle Aujoulat, who holds a PhD in health and patient education and has a longstanding collaboration with the HPH network.

In the name of IUHPE, Isabelle Aujoulat participated in virtual meetings of the scientific committee prior to the conference, screened a selection of abstracts, chaired several parallel sessions, and participated during the conference in a meeting of the scientific committee, with the aim to launch ideas for the scientific content of the 22<sup>nd</sup> International Conference on Health Promoting Hospitals and Health Services (HPH), to be held in Barcelona in 2014.

The conference gathered around 1000 delegates from 40 countries, and the programme included 15 keynotes, 125 oral presentations in 32 sessions and workshops, 59 mini oral presentations in 16 sessions, and 397 poster presentations in 2 sessions. About 75% of the 582 abstracts received were accepted for presentation during the conference.

Key messages from the conference, in line with the conference scope **“Towards a more health-oriented health service: An issue of body and mind. The contribution to Health 2020”**, include:

- ◇ Contributing to the public health agenda
- ◇ Learning from psychoneuroimmunology research
- ◇ The importance of design and culture for health promotion
- ◇ Learning from the patients' perspective
- ◇ The need for health policy and system support

More details regarding the various topics may be retrieved from the conference website <http://www.hphconferences.org/gothenburg2013/programme/intinary-details.html>, and in the HPH Newsletter n° 62 – issued in June 2013: <http://www.hph-hc.cc/hph-newsletter/english.html>.





## **22nd IUHPE World Conference on Health Promotion**

Curitiba, Brazil, 2016

Every three years, the International Union for Health Promotion and Education (IUHPE) holds a global conference that has become the most important gathering of health promotion experts and practitioners worldwide.

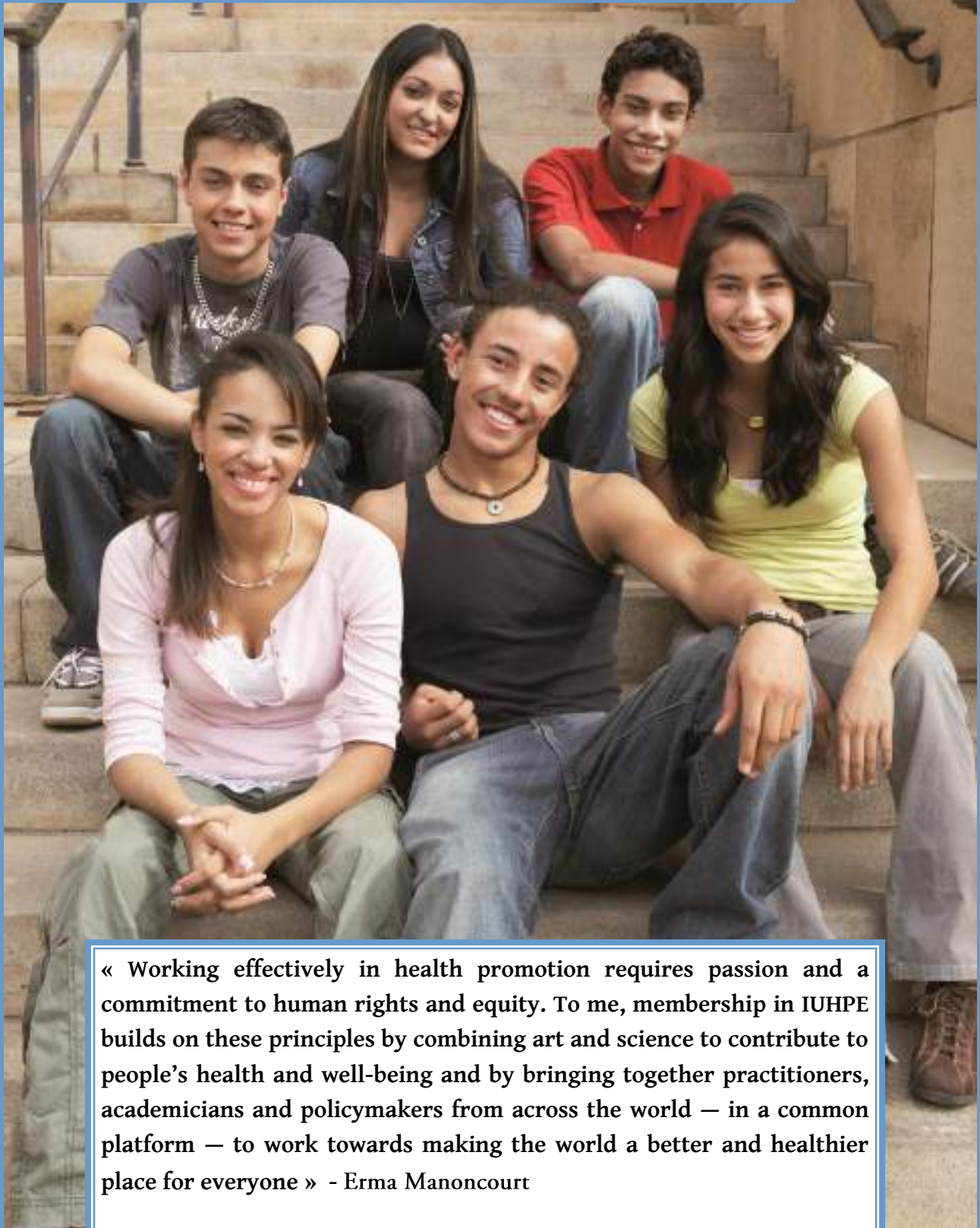
**The 22<sup>nd</sup> IUHPE World Conference on Health Promotion will take place in 2016 in Curitiba, Brazil.**

This unique international event builds on the long tradition of IUHPE world and regional conferences that bring together health promotion researchers, practitioners and policy-makers and will expand upon the 21<sup>st</sup> World Conference on Health Promotion: "**Best Investments for Health**".

For updated information, please visit <http://www.iuhpe.org/index.php/en/conferences>

## Chapter 8:

# IUHPE Membership



« Working effectively in health promotion requires passion and a commitment to human rights and equity. To me, membership in IUHPE builds on these principles by combining art and science to contribute to people's health and well-being and by bringing together practitioners, academicians and policymakers from across the world — in a common platform — to work towards making the world a better and healthier place for everyone » - Erma Manoncourt

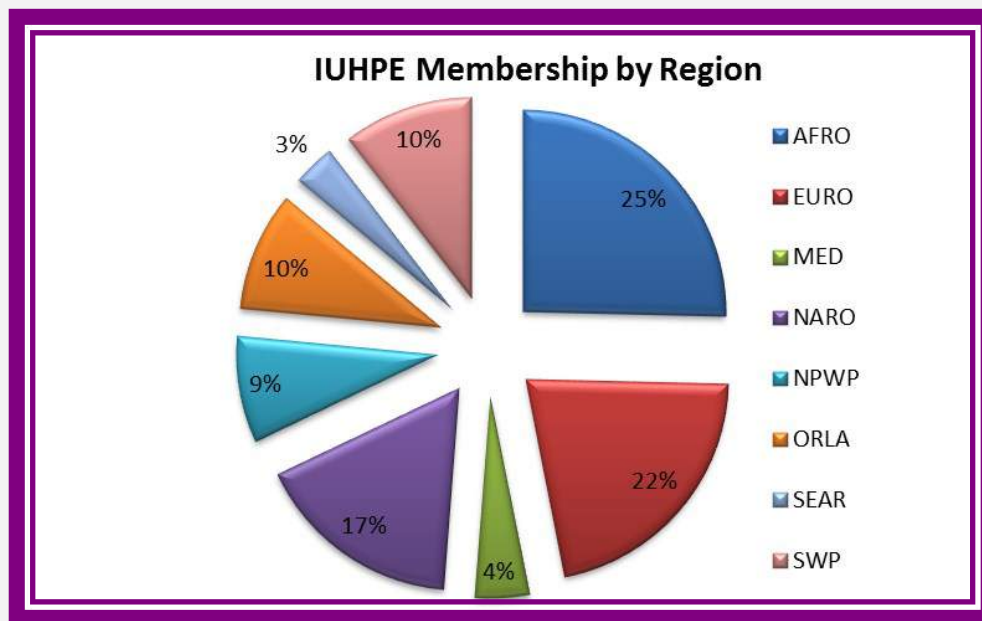


## IUHPE MEMBERSHIP

*“The IUHPE’s major strength lies in the quality of the skills and knowledge of the membership.”*

IUHPE Members range from government bodies, to universities and institutes, to NGOs and individuals across all continents working to advance public health through health promotion, health education and related domains.

At the end of 2013, the IUHPE had a total of **1021 members** distributed as follows in **8 regions** (Africa – AFRO, Europe – EURO, Eastern Mediterranean – MED, North America – NARO, the Northern Part of the Western Pacific – NPWP, Latin America – ORLA, South East Asia – SEAR and the Southwest Pacific – SWP):

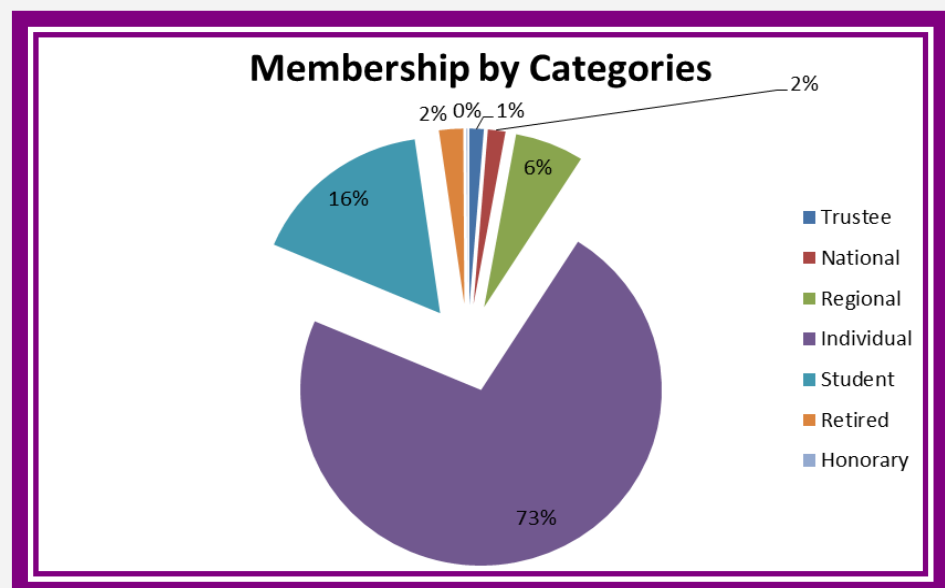


The IUHPE membership includes students, active professionals, retired experts, as well as local, national or international organizations:

- ◇ **Trustee members** are institutions which are responsible for organizing and/or supporting health promotion and/or education in their country, state, province, region or equivalent level. They carry out activities which are consistent with the mission, goals and objectives of the IUHPE.
  - They are represented by an accredited ex-officio representative on the Board of Trustees.
  - They are expected to undertake particular duties for the Union as laid down from time to time by the Board of Trustees.

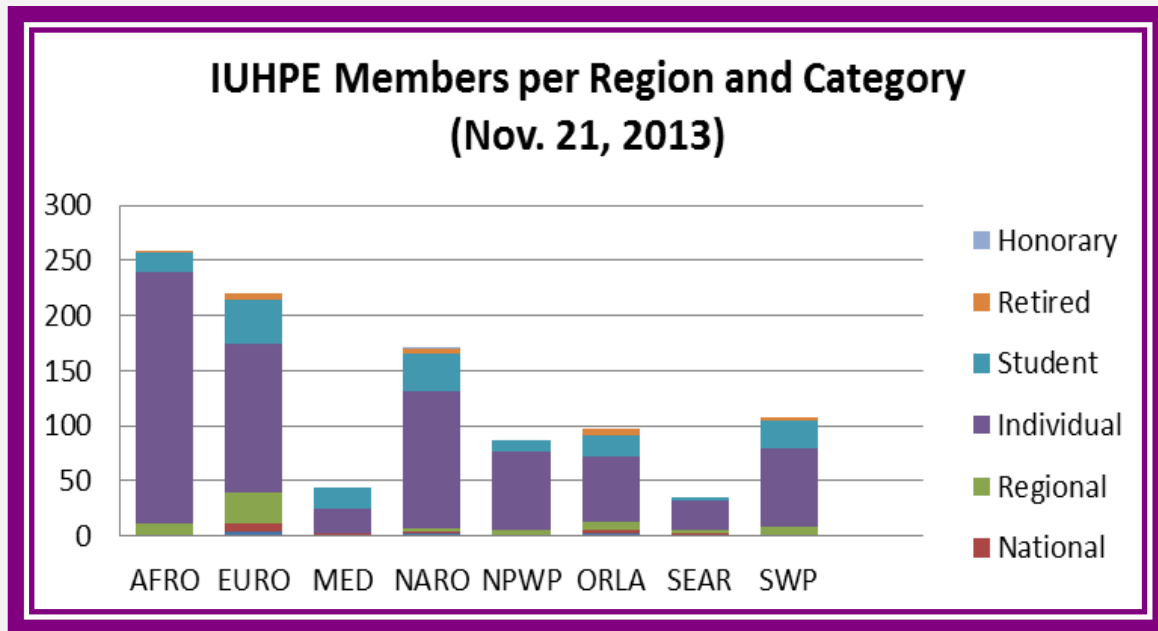
- They can be host of the triennial IUHPE World Conference on Health Promotion.
  - They hold 10 votes at the General Assembly.
  - They may use consultant services.
- ♦ **Institutional members** are organizations of international, national or local scope, one of whose main purposes is to undertake or promote one or more aspects of health promotion and/or health education and/or which focus on specific themes, target groups, or settings. They carry out activities which are consistent with the mission, goals and objectives of the IUHPE.
    - Institutional members of national scope can be host of the triennial IUHPE World Conference on Health Promotion.
    - They hold three (regional/local in scope) or seven (national in scope) votes at the General Assembly.
  - ♦ **Individual members** are people who support the mission, goals and objectives of the IUHPE.
  - ♦ **Student members** are individual students who support the mission, goals and objectives of the IUHPE.
  - ♦ **Retired members** are retired individuals who support the mission, goals and objectives of the IUHPE
  - ♦ **Honorary members** are individuals that made a special contribution to the mission of the IUHPE, or to the development of its goals and objectives, and have been invited to be an honorary member.

At the end of 2013, the IUHPE membership by category was divided as follows:





And when viewing the membership per region and furthermore per category, this provides an even clearer picture of the representation of members in our international network.



### IUHPE mutually beneficial relationship with its network

By sharing their experience, by contributing to IUHPE conferences, projects and publications in the areas of their interests, by joining IUHPE advocacy initiatives and by participating in IUHPE democratic life, IUHPE members have the possibility to influence the health promotion agenda globally and contribute to the completion of the IUHPE integrated work plan:

- ⇒ **as a global network of professional:** through the online “members only” corner, the regular “flash info” or the online dialogue platform ([www.vhpo.net](http://www.vhpo.net)), members have a complete access to IUHPE network to exchange, discuss and share around any areas of their interest in health promotion.
- ⇒ **as a dissemination and exchange hub:** through complimentary subscription to the IUHPE scientific journal, *Global Health Promotion*, discount fees on five other journals, and reduced registration fees for IUHPE Conferences, members are kept informed on the last developments, and have multiple opportunities to discuss hot topics for the health promotion field.
- ⇒ **as a facilitating agency of technical expertise:** through the IUHPE online forum, Global Working Groups, Networks, Interest Groups, various project activities and conferences developed across the world, members have a number of opportunities to actively engage in, and influence, the health promotion field at a global level.

## Chapter 9:

# Global Working Groups; Interest Groups, and Networks

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## Global Working Groups, Interest Groups and Networks

One of IUHPE's *raison d'être* is to facilitate networking, communication and action among health promotion professionals across the world, therefore contributing to develop the health promotion field. IUHPE Global Working Groups, Interest Groups, and Networks gather professionals around common interests, profiles or expertise. They provide IUHPE members with a unique opportunity to be involved in health promotion development at a global level.

**A Global Working Group is a nominated group of experts in a particular area. It aligns its work plan with the IUHPE organizational objectives and commit to some key deliverables which actively contribute to the development of the IUHPE scientific agenda and work priorities.**

In particular, Global Working Groups:

- ◇ contribute to the scientific agenda of the IUHPE and thereby to the development of the knowledge base and better practice in health promotion and to the wide dissemination of knowledge to policy makers and practitioners.
- ◇ report activities, research and developments through the IUHPE official publication *Global Health Promotion* and through other IUHPE family of journals.
- ◇ make active contributions to the scientific programme of IUHPE World and Regional Conferences, defining the themes of the scientific programme, identifying the key note speakers and developing sub-plenary sessions, develop parallel sessions (symposiums, posters, workshops, and satellite events) as appropriate.
- ◇ should not only provide expertise but also engage with key stakeholders and seek regional commitment of other key players for capacity building.

The creation of a new Global Working Group can be suggested following a resolution from the IUHPE General Assembly, a decision taken by the Board of Trustees or the expression of interest from members of the Organization. The Global Working Groups' membership, terms of reference and a 3-year work plan must be in line with the IUHPE priority areas and the Scientific Affairs portfolio.

### **Active Global Working Groups and Chairs 2012 and 2013:**

Salutogenesis	Bengt Lindström
Social Determinants of Health	Sylvie Stachenko and Erma Manoncourt
Surveillance	Stefano Campostrini
Health Impact Assessment	Marilyn Wise and Elisabeth Harris
Health Literacy	Diane Levin-Zamir
Climate Change and Health	Jordan Panayotov and Veronique Lapaige
Competencies & workforce development	Margaret Barry and Paolo Contu
Health Promotion Effectiveness	
Research	Louise Potvin

**An Interest Group is a gathering of members around a common area of interest. It is an exchange platform to discuss or debate.**

Interest groups may work in collaboration with Global Working Groups on specific issues of their work plan.

A new Interest Group can be initiated by any group of a minimum of 15 IUHPE members. It should be in line with the IUHPE priorities areas of work and needs to be endorsed by the Board of Trustees.

Only IUHPE members whose membership is up-to-date can join an interest group.

The main activity of Interest Groups is to initiate, participate in, and moderate their exchange platform, mainly online dialogues.

**Active Interest Group and Chair**

- Healthy Settings - Marilyn Rice

**A Network is a group of members with a common profile (professional, geographical, linguistic, etc.).**

Networks contribute to the completion of the IUHPE integrated work plan. They can, for instance, represent their interest in global discussions, run surveys or researches, deliver key products, or assist the IUHPE Headquarters in the dissemination of information, etc. IUHPE networks also participate to the democratic life of the Organization, especially through their voice in the Board of Trustees and Executive Committee.

One of the missions of IUHPE networks is also to develop IUHPE membership across the world.

Networks contribute to the scientific agenda of all IUHPE World, and regional Conferences. They can propose a parallel session (symposium, poster or other) to present their activities or discuss specific issues in their areas of interests.

A new IUHPE network can be initiated by any group of minimum 10 IUHPE members. Its Terms of Reference and three-year action plan must be in line with the IUHPE priorities areas and need to be endorsed by the Board of Trustees. Only IUHPE members whose membership is up-to-date can join a Network.

**Active Networks and Chairs:**

- IUHPE Student and Early Career Network (ISECN) - Emily Fisher
- International Network of Indigenous Health Promotion Professionals (INIHPP) - Heather Gifford and Rosmarie Erben
- IUHPE Academics and Health Promotion Research Network



# Chapter 9: IUHPE Global Working Groups

## - ACTIVITIES

### Global Working Group on HEALTH LITERACY

The mission of the GWG on Health Literacy (HL) is to initiate and support action, policy and research on health literacy, acknowledging the contribution of health literacy to reducing disparities in the promotion of health and wellbeing, and sustainable development, and to the pursuit of equity within and between countries, in the global context.

After establishing the Terms of Reference of the GWG-HL in 2011, the activities of 2012-2013 focused on developing and operationalizing a comprehensive work plan, including the following main areas:

- **Developing GWG-HL Membership** – the GWG-HL has a large group of active members from a wide geographical scope, however new members are currently being recruited from Africa and Latin America Regions in order to expand the global reach of the group.
- **Capacity Building and Advocacy for Health Literacy**—the GWG-HL initiated and organized two sub-plenary sessions on health literacy at the IUHPE World Conference in August 2013 in Pattaya, Thailand.

A pre-conference on *Strengthening the Value and Impact of Health Literacy on Health Promotion: A Global Approach*, was also held in August

2013, sponsored by the IUHPE-GWG-HL in partnership with the Thailand Health Systems Research Institute (HSRI).

The meeting was attended by 41 participants from 17 countries and 6 regions. Eight brief overviews of HL activity were presented, including policy, intervention/practice, research and capacity building from various countries/regions/networks. The Director of Health Promotion from the World Health Organization was in full participation. Four small group discussions were intensely conducted for the proposal of a **Health Literacy position paper** and action points: policy, research, practice and capacity building

- **Communication strategy** - the GWG-HL is developing a communications plan for engaging stakeholders, which include maintaining the Health Literacy webpage on the IUHPE website <http://www.iuhpe.org/index.php/en/global-working-groups-gwgs/gwg-on-health-literacy> as well as social media developments. The webpage is a major vehicle for communication within the GWG and also with the public at large.
- **Advancing Knowledge and Promoting Research in Health Literacy**—the GWG-HL has participated in and supported conferences and symposia on health literacy/patient empowerment in Washington DC, Taipei, Denmark, Basel, Barcelona, Finland, Sweden, and Israel.

## Global Working Group on Climate Change and Health



The GWG on Climate Change and Health (GWG - CCH) assists in achieving sustainable population health around the world by advising decision-makers in all sectors and at all levels about health consequences from different actions/inactions for addressing climate change.

The GWG on CCH plays an advisory and advocacy role to influence decision-makers to make the right choices for achieving sustainable population health around the world, whilst bringing a specific health promotion perspective for addressing climate change in an equitable manner with attention to vulnerable populations. In this role, all actions of this GWG related to both mitigation and adaptation will be based on the principles of climate justice and will contribute for achieving people's resilience to climate change.

The GWG-CCH has been a **pioneer for promoting issues of health when addressing climate change**, as evidence in the Terms of Reference of the GWG-CCH (2011), the group highlighted the importance of the differential impacts within populations from different actions for addressing climate change and the need to analyze the differential impacts from different policy options to address climate change in order to achieve sustainable and equitable population health around the world. These priorities were established prior to the Intergovernmental Panel on Climate Change Report on Climate Change in 2014.

The GWG - CCH conducted two sub-plenaries at 21st IUHPE World Conference on Health Promotion:

- ◇ *Best Investments for Health When Addressing Climate Change* – When addressing climate

change, policies in different sectors aiming for

sustainability should consider both: the impact on climate change as well as the impacts on population health. This message contributes greatly to the IUHPE priority areas. Policies in other sectors have an impact on Non-Communicable Diseases (NCDs) and Social Determinants of Health (SDH), therefore these policies should be analysed and assessed in order to develop and implement such options which will have positive impacts on the health of whole populations. Additionally, sustainable development and sustainable population health are interdependent, therefore health promotion should strive for reducing health inequalities as a premise for sustainable population health.

- ◇ *Health in All Policies (HiAP): Why doing it & How to make it work?* –HiAP can be very useful for addressing all IUHPE priorities; however, in order to be successful, apart from political will and available resources, the choices of different policy options should be based on proper theoretical framework. This sub-plenary provided a theoretical framework for choosing such policy options which improve the health of whole populations and for analysing differential health impacts from different policy options in order to make the right choices for improving health of whole populations. This sub-plenary also points out that Health Promotion plays an important role

## Global Working Group on Surveillance (WARFS— World Alliance for Risk Factor Surveillance)

The GWG on Surveillance supports the development of behavioral risk factor surveillance (BRFS) as a tool for evidence-based public health, acknowledging the importance of this information source to inform, monitor and evaluate disease prevention and health promotion policies, services and interventions.

The aims of the GWG on Surveillance include:

- ✦ liaising with IUHPE in order to integrate surveillance as a tool into the mainstream of health promotion work
- ✦ carrying on the research and the practice work shared in seven international conferences, since 1999, in order to develop a definition and a conceptual framework that can be shared and discussed globally
- ✦ serving as a reference for researchers, BRF practitioners, and countries that are developing BRF surveillance
- ✦ sharing findings, results and experiences with the IUHPE community to facilitate discussion on the role of BRFS

In 2012-2013 the main activities of the GWG WARFS have included **sharing the White paper on risk factor surveillance** (looking at theory, methodology and use) whose purpose is to serve as a reference for countries and practitioners to (further) develop surveillance systems. The white paper was discussed during the 20th IUHPE World Conference on Health Promotion in July 2010, and an advanced version was published on the IUHPE web-site in spring 2011 [http://www.iuhpe.org/images/GWG/WARFS/WARFS\\_white\\_paper\\_draft\\_may\\_2011.pdf](http://www.iuhpe.org/images/GWG/WARFS/WARFS_white_paper_draft_may_2011.pdf).

The GWG on Surveillance has also contributed to several principal IUHPE conferences including the 9<sup>th</sup> European IUHPE Health Promotion conference in Tallinn, Estonia in 2012.

WARFS organized a panel discussion on “**The role of surveillance in health promotion and health development -After the UN 2011 New York General Assembly on the Prevention and Control of Non-communicable Diseases and forward Health 2020**”.

Also at the 21st IUHPE International Conference in Pattaya in 2013, WARFS organization of a sub-plenary on **SURVEILLANCE OF SOCIAL DETERMINANTS FOR HEALTH PROMOTION**, this was highly participated in a debate and dialogue form. Lastly, the GWG attended the World Alliance for Risk Factor Surveillance (WARFS) 2013 Global Conference in October 2013 in Beijing, China.

## Global Working Group on COMPETENCIES AND WORKFORCE DEVELOPMENT (CWDG)

In 2012, the IUHPE Working Group on Competencies and Workforce Development (CWDG) was established to convene a group of experts to develop quality assurance systems for Health Promotion practice, education and training in the context of workforce capacity development, with an emphasis on implementing the accreditation system designed by the CompHP project (<http://www.iuhpe.org/index.html?page=614>).

**The CompHP Project aims to develop competency-based standards and an accreditation system for health promotion practice, education and training that will positively impact on workforce capacity to deliver public health improvement in Europe.** The CompHP project partners and International Expert Advisory Group became the core members of the CWDG, and a number of other experts joined the group, in particular from the European region.

- The work of the Competencies and Workforce Development group (CWDG) in 2012-2013 was focused mainly on the **pilot implementation of the IUHPE European Health Promotion Accreditation System**, which was

funded by the EU in the context of the Health Programme (EAHC Operating Grant Number 20123203 IUHPE FY2012).

- **The goal of the Accreditation System is to promote quality assurance, competence and mobility in health promotion practice and education through a Europe-wide accreditation system**, which is designed to be inclusive, flexible and sensitive to different contexts while maintaining robust and validated criteria.
- The CWDG first met in April 2013 to set up the necessary governing bodies and committees to run the accreditation system. An online system to receive applications and to allow assessors to revise applications has been integrated in the development of the new IUHPE online platform. More information about the IUHPE Accreditation System is located in Chapter 6 pg.
- In August 2013 the CWDG ran a session at the IUHPE World Conference on Health Promotion in Pattaya and great interest in the Accreditation System was expressed both at European and global levels (in particular in the South West Pacific and in Latin America).



- The Board of Directors and the Assessment Committee held their 2nd meeting in Paris on November 21st and 22nd 2013 to review the piloting of the assessment systems and processes, review progress to date and plan for the next phases of implementation.
- A report was produced in 2013 (*Report of the IUHPE Competencies and Workforce Development Group on the Piloting of the IUHPE European Accreditation System* [http://www-new.iuhpe.org/images/IUHPE\\_Report\\_on\\_CWDG\\_Accreditation\\_De](http://www.new.iuhpe.org/images/IUHPE_Report_on_CWDG_Accreditation_De)

[liverable\\_10.pdf](#)), which outlines all outputs and deliverables associated with the piloting process, together with detailed feedback on its evaluation and resulting recommendations. The report shows that all tasks and deliverables, that formed part of the contract for the Operating Grant, were completed effectively and within agreed time limits. The report also includes feedback from, and the decisions made on the further implementation and global expansion of the System at a meeting of the Board and Committees of the Accreditation System in November 2013 and at the IUHPE Executive Board meeting in December 2013.

## Global Working Group on the Social Determinants of Health (SDH)

The main purpose of the Global Working Group (GWG) on the Social Determinants of Health (SDH) is to utilise the IUHPE's global network to raise awareness, advocate and develop capacities for action on SDH ensuring synergy with the IUHPE's priority for actions

Most of the year 2012-2013 has been focused on contributing to the scientific programme and organizing a sub-plenary on SDH at the the 21<sup>st</sup> IUHPE World Conference on Health Promotion (2013) in Pattaya Thailand. This sub-plenary provided an opportunity to share experiences, challenges and conditions for success in addressing SDOH and outline areas in which action can be taken to advance SDH from perspective represented by three distinguished panelists: Dr Sharon Friel (Australia) who discussed SDOH issues from a research perspective; Dr. Judi Aubel (USA/Senegal) who explored the application of SDOH principles at community level practice; and Dr Marco Akerman (Brazil) who presented the advocacy dimension of SDOH and its implications. Dr. Erma Manoncourt, Co-chair of the GWG on SDOH and IUHPE VP-Communications, served as

moderator for the session and probed panel members around some of the key challenges and opportunities related to the SDH from their own experience. Afterwards, she invited the audience to participate in the discussion and openly encourage debate and dialogue between the panelists and participants for a wider sharing of experiences.

In a second initiative, the GWG-SDH is pursuing a research project on mainstreaming the SDOH agenda from across the globe. The University of Alberta became the new institutional partner to advance the project, which had been initiated by Dr. Penny Hawe. This research aims at understanding why and how some countries are showing more success than others in pursuing a SDOH agenda in health promotion. The research will involve conducting a set of approximately 30 interviews, in 4 different languages with high officials in about 16 countries with the intention to use their experience in reshaping the approach in the field. It is anticipated that study findings could help to improve the integration of SDOH agenda into government policies, despite various political persuasions.

The working group has also built on existing opportunities related to ongoing work at the IUHPE. More specifically, the National Institute of Prevention in France has made a request to the organization to conduct a review of international practical experiences on addressing Health Equity. The GWG acknowledged the importance of this effort and expressed their support in helping advance this work. The GWG, as preliminary reviewers, also supported the development of a Chapter on SDOH authored by Dr. Erma Manoncourt for the Global Handbook on NCDs and Health Promotion conceived and edited by Dr. David McQueen.

Finally, in response to the CSDH, the Rio Conference on SDOH, and Declaration of Rio as well as other key follow-up events, the GWG on SDOH has collaborated on the development of a position paper and key messages that advocated the IUHPE position on SDOH globally and in the field of international public health and health promotion.

## **Global Working Group on Health Impact Assessment (GWG-HIA)**

HIA refers to an approach aiming to identify policy elements that could have negative impacts on the health of populations and various social groups. The approach informs decision-makers and enables them to act to reduce health inequities/ social inequalities in health.

The Global Working Group on Health Impact Assessment (GWG-HIA) supports the development of HIA as an approach to assist the health and other sectors and communities to influence public policy plans, programmes and projects to create social, economic and environmental conditions for health and health equity within and between populations and to promote health. The GWG-HIA is currently developing inter-sectorial HIA guidelines and tools to support policy decision making.

The main tasks of the GWG on Health Impact Assessment are to:

- ◇ establish and maintain ongoing dialogue among major agencies (including WHO/UNDP, World Bank etc.) engaged in health impact assessment regarding the current evidence base for and future directions of health impact assessment and its relationship to reducing inequities in the health of populations and between populations, and to promoting the health of populations;
- ◇ communicate with researchers, practitioners, policy makers and communities about the uses, conduct, and evaluation of HIA in a variety of policy and practice settings across the world;
- ◇ encourage collaboration and debate among sectors and agencies that play a role in framing and shaping the directions and applications of HIA in the world;
- ◇ identify priority areas for development such as refining and developing a 'method' tool kit, or evaluating the effectiveness of HIAs;
- ◇ encourage and facilitate the publication of papers, chapters and books that contribute to the research and practice-derived evidence base for HIA, with particular emphasis on equity focused HIA;
- ◇ provide forums for discussion, debate and shared learning among researchers, practitioners, communities and policy makers about the design, conduct and outcomes of the application of HIA in a variety of settings and in relation to a variety of policies/programs;
- ◇ explore the feasibility of global collaboration to build a knowledgeable, skilled workforce capable of conducting and evaluating the impact of HIA on public policy;
- ◇ prioritize access and inclusion through operationalizing these activities in at least the three IUHPE languages.

The GWG HIA participated in the 13th International Conference on Health Impact Assessment (HIA), which took place in Geneva on 2-4 October 2013 and was attended by 195 delegates from 30 countries. [http://www.unige.ch/medecine/eis2013/accueil\\_en.html](http://www.unige.ch/medecine/eis2013/accueil_en.html)

**The GWG HIA also published a "Health Impact Assessment (HIA): a tool for public decision-making towards healthy, sustainable and equitable choices"** [http://www.iuhpe.org/images/GWG/HIA/201208\\_HIA\\_GuidingPrinciples\\_ENG.pdf](http://www.iuhpe.org/images/GWG/HIA/201208_HIA_GuidingPrinciples_ENG.pdf), an IUHPE document, providing the IUHPE guiding principles and recommendations for the implementation of Health Impact Assessments at the local level.

## Global Working Group on Salutogenesis (GWG-SAL)

**Conceptually salutogenesis means the movement towards the health end of the health continuum. It is an umbrella concept forming a framework encompassing several approaches all focusing on health as a resource aiming at creating a positive health development (such as resilience, empowerment, flourishing).**

Central to salutogenesis is the ability to learn how to use one's personal and contextual health resources to improve health and wellbeing. This ability is called Sense of Coherence (SOC). The related resources are named general resistance resources (GRR). It is a system theory that can be applied on the individual, group and society level (Antonovsky 1979). Because it is deeply rooted in the creation of meaning, salutogenic ability is thus connected to people's perceptions of quality of life in their own contexts and cultures. The core concept of meaning-making within salutogenesis is applicable in many different settings, e.g. school education, workplaces. In these settings, the provision of a sense of coherence through awareness of salutogenic approaches provides not only health benefits but also improves (e.g.) educational attainment or work quality.

**The Global Working Group on Salutogenesis (GWG-SAL) is an international and interdisciplinary**

**group.** Each Group Member has a specific research topic (Healthy Public Policy, Effectiveness, Community based Best Practice, Work place Health, Mental Health, School and Adolescent Health, Ageing, Life Span, Healthy Learning and Empowerment, Quality of Life and Wellbeing, The Asset Approach, System Analysis, etc.).

GWG-SAL's mission is to develop health promotion theory and practice through research and development of the salutogenic approach to health. Objectives include:

- ◇ A conceptual and theoretical development of the salutogenic approach especially linked to health promotion theory and practice
- ◇ Develop research and collaboration on Salutogenesis
- ◇ Develop Best Practice in Salutogenesis
- ◇ Dissemination of knowledge through research and practice forums, publications, conference presentations, symposia and training events
- ◇ The need of this approach is pertinent both in Low Economy and Wealthier Countries but special focus will be given to dissemination to Low Economy Countries
- ◇ Focus salutogenic research evidence and best-practice implementation strategies in line with the IUHPE Priorities



### **Deliverables, and Production of tools from 2012-2013 include:**

- ◇ Ongoing systematic analytical research review 2003-2012
- ◇ Best Practice Forum “The Salutogenic Society” Coordinating organizations, institutions, communities and regions involved in implementing salutogenesis in practice (since 2010)
- ◇ Annual Research Seminars (since 2008), the 5th seminar in Trondheim August 6-9, 2012
- ◇ A focused analysis of evidence and practice of salutogenesis related to the IUHPE Priorities was presented at the 2013 IUHPE World Conference in Thailand
- ◇ Handbook and Guidelines: The Hitchhiker’s Guide to Salutogenesis 2010 presents the salutogenic approach, its historical and theoretical background, the evidence base and its implementation in practice. It was first published December 2010 in English, in Spanish and Catalan (also as e-book) 2011, and lastly it was translated and published into French and German in 2012-2013.

### **Other projects 2012-2013 include:**

- ⇒ The GeoSal project: Developing a basis for an International Classification of Wellbeing (Mittelmark and Bull, Hemil Senter, NO and Bauer, Zurich, CH)
- ⇒ Reprinting Antonovsky’s books as e-books 2012 (Sagy, Mittelmark, Antonovsky)
- ⇒ Each GWG-SAL Institution has their own research agenda many involving research in Low Income Countries
- ⇒ Reach out to regions and countries not yet involved in salutogenesis with a special effort towards low income countries.
- ⇒ The GWG-SAL took part in the sub-Committee coordinating the input of all GWGs to the 21<sup>st</sup> IUHPE World Conference on Health Promotion. The GWG-SAL, in particular, worked on a proposal for a sub-plenary session on Health as an asset/resource, exploring the determinants of health, somewhat broader than only the social determinants of health.

For more information visit [www.salutogenesis.fi](http://www.salutogenesis.fi) and <http://www.iuhpe.org/index.php/en/global-working-groups-gwgs/gwg-on-salutogenesis>

## **GWG ON HEALTH PROMOTION EFFECTIVENESS (GPHPE)**

The Global Programme on Health Promotion Effectiveness (GPHPE) was launched in 2000 as a multi-partner project coordinated by the IUHPE in collaboration with WHO and a broad range of institutions from across the world. It is an on-going process, a long-term programme of work, which is supported by a range of activities, partnerships and projects.

**The GPHPE is concerned with how to stimulate the evaluation of effectiveness, champion the development of appropriate tools and methods to do so, and espouse the implementation of this body of knowledge to its best use in practice and for advocacy.**

The GPHPE's number of distinguishing features includes:

- operating as a world-wide programme
- advocating the importance of effectiveness to researchers, practitioners and decision-makers
- cultivating regional specificity, encouraging input from the developing world with a focus on non-Western views of effectiveness
- promoting the development of unique and novel evaluation approaches to accommodate emerging areas of interest
- employing the diversity emanating from the regional projects to foster opportunities for regions to exchange and learn from each other.

In order to achieve global coverage and relevance, the GPHPE serves as an entry point for the for the IUHPE to play an active role in the arena of health promotion policy and practice development through constructive participation in those networks which connect to the IUHPE's scientific portfolio and engage in dialogue.

The most significant area of progress for the GPHPE to date has been that of the completion of a book, the first in a GPHPE series, which is comprised of 23 chapters from 55 contributors representing 6 continents who have come together to analyze major programmes around the world and evaluate their effectiveness.

Global Perspectives on Health Promotion Effectiveness (ISBN: 978-0-387-70973-4) is a document with significant implications for practitioners involved in implementing health promotion programmes. It serves as a vital source of frontline knowledge for researchers and students of public health.

## Global Working Group on RESEARCH

The GWG on research was created in 2011 following the Geneva Conference to develop the IUHPE research agenda. A Research Advisory Committee was formed to act as the GWG on research. The work plan was organized along the following 4 objectives.

### **OBJECTIVE 1 : Identify key resources for health promotion research embedded in the IUHPE's global expert and professional network**

A global sub-group led at first by Hope Corbin and then by Sylvie Stachenko, was formed with regards to this objective. Because of the lack of resources and in order to advance work towards this objective, group examined the possibility of developing questions to include in the member general survey that IUHPE had planned to conduct. When the IUHPE abandoned the project of conducting a membership survey, the group dissolved and no further work has been done with regard to this objective.

### **OBJECTIVE 2: Provide space for exchange between researchers, research students and academic/research units**

In the pursuit of this objective, the Research Advisory Committee decided to organize a satellite event on the theme of Health Promotion Research in relation to the 21st World Conference on Health Promotion in Pattaya in August 2013. The organization of this event was led by Eric Breton the holder of the INPES Chaire in Health Promotion at the École des Hautes Études en santé publique. A program was developed and a one-day seminar entitled “Strengthening Health Promotion Research” was held the opening day of the Conference (See Appendix 4). Approximately thirty people presenting a mix of graduate students, researchers, funders and practitioners participated to this event.

### **OBJECTIVE 3: Develop a supplement issue of Global Health Promotion that will contribute to the discussion on health promotion research**

In the pursuit of this objective a global editorial committee led by Louise Potvin was formed. A global call of abstract was launched leading to the publication in the Summer 2013 issue of an insert in Global Health Promotion. Furthermore, a symposium based on the papers published in this insert was proposed and held in the 21<sup>st</sup> World Conference on Health Promotion in Pattaya. About 40 people attended this symposium.

### **OBJECTIVE 4: Map and analyze the current funding situation for health promotion research globally**

Two activities were organized during the 21<sup>st</sup> World Conference in Pattaya: a sub plenary on the theme of the global funding for health promotion research and a side meeting for representatives of funding agencies who attended the conference in Pattaya.

A sub plenary session entitled:” Investment in health promotion research: linking research and practice” was proposed and developed for the 21<sup>st</sup> World Conference on Health Promotion. This session proposed a discussion on the opportunities for funding health promotion research globally and on the uptake of this kind of research by decision makers (See appendix 6 for a detailed presentation of the session). This sub-plenary was attended by approximately 250 participants.

A side meeting was convened by Louise Potvin, the Chair of the Research Advisory Committee and Nancy Edwards Scientific Director of the Institute for Population and Public Health (IPPH) of the Canadian Institutes for Health Research (CIHR). Representatives from health research funding agencies were identified from the list of conference participants before the conference and were invited to the side-meeting that was held between 17h and 19h on the Monday of the Conference. This meeting was sponsored IPPH. A total of 27 people attended the meeting.

# IUHPE Networks

## **NETWORK: INDIGENOUS HEALTH PROMOTION PROFESSIONALS (INIHPP)**

The International Network of Indigenous Health Promotion Professionals (INIHPP) was created in line with a set of resolutions around Indigenous issues supported by IUHPE members at the General Assembly in Melbourne in 2004. **The network supports action towards achieving equity in indigenous peoples' health** and stands as a vehicle for facilitating indigenous peoples' leadership in indigenous health promotion by.

**INIHPP's vision is complete health equity for indigenous peoples worldwide through promote awareness of indigenous health status and its determinants and to work towards wellness using indigenous and western methodologies.**

### Message from the Chair

Most of the work this last two years has been on ensuring strong representation of indigenous voice within the IUHPE. This activity sits strongly under the Mission and Objectives of the IUHPE and in particular encompasses the IUHPE values of; respect for cultural identity, inclusion and involvement of all interested parties, equity in health, social and economic outcomes and social justice for all people. As the Chair I am hugely grateful to a number of people who have been key in helping with this work.

The highlight over the last two years has been the very strong representation at the 21st IUHPE International Conference where we were invited to present an indigenous sub-plenary and hosted a series of indigenous workshops. The combined effort of the INIHPP network meant that we had involvement (for the first time) of indigenous people from Thailand, Taiwan, Vietnam and Laos at the conference. We utilized the great networking opportunities provided by the IUHPE Conference and met separately to discuss indigenous issues. We elected five country leads to guide the work of the network and re-elected Heather Gifford as the Chair till the end of 2014, when Donna Kurtz from Canada will take over the role.

Since the conference we have been fortunate to secure an indigenous voice at the global level. Sione Tu'itahi, the Vice President South West Pacific (SWP) Region, has been endorsed by the INIHPP network and will represent indigenous views at the IUHPE Global Board for the next three years.

There are many things still to achieve and the key challenges going forward are to strengthen our indigenous networks through the country leads, include new country leads particularly in South America, improve our communication both with the network and the wider IUHPE and confirm a strategic plan .



## IUHPE Student and Early Career Network (ISECN)



The IUHPE Student and Early Career Network's (ISECN) mission is "to identify, support and serve the needs of this IUHPE membership category by mobilizing student and early career professionals within the larger network."

The ISECN has contributed to capacity building under the IUHPE priority area Health Promotion Systems in the following ways:

### Communications: Advocating for Student and Early Career Voices

- ◇ Throughout 2012-2013, ISECN has published monthly newsletters, called Health Promotion Connection /Conexiones para la Promoción de la Salud/Connexion pour la Promotion de la Santé (HPC), offering members a way to share health promoting projects and opportunities going on throughout the world. The HPC is distributed in English, with some Spanish and French contributions.
- ◇ ISECN is active in supporting and expanding the organization. Two of our leadership team members are also Regional Board Members for their respective region. Emily Fisher, our Global Chair, was asked to contribute to IUHPE's 2013 Advisory Forum in Thailand. Torill Bull, our Immediate Past Secretary was

part of the Global Scientific Committee secretariat for the 2013 IUHPE world conference.

### ◇ ISECN collaborating on publications:

⇒ Torill Bull, Elisha Riggs, and Sussy N. Nchogu. *Does health promotion need a Code of Ethics?* Results from an IUHPE mixed method survey Global Health Promotion September 2012 19: 8-20.

⇒ J. Hope Corbin, Emily A. Fisher, and Torill Bull. The International Union for Health Promotion and Education (IUHPE) Student and Early Career Network (ISECN): *a case illustrating three strategies for maximizing synergy in professional collaboration.* Global Health Promotion September 2012 19: 50-53

- ISECN hosted several skill-building and networking opportunities including: a skills-building workshop called "Perfecting your elevator speech" and a presentation/workshop called "Engaging Students in Latin America: First steps to an Active Network" at the IUHPE/ORLA and IUHPE/NARO Regional Conference in April 2012. They also planned and hosted a multi-media session called "How to Speak about Health Without Words" engaging local artists to facilitate a health-promoting experience in creating a health promoting mural. ISECN also engaged participants to talk about health by using different mediums: health promoting work was highlighted through photo voice; healthy sounds contributed by ISECN members; drawings from school children around the world; and artwork generating Chagas disease awareness.

## ISECN at the IUHPE 2013 World Conference

- ISECN hosted one of the sub-plenary sessions at the 2013 IUHPE World Conference in Thailand entitled, “Investments for Health through the Ottawa Charter Looking Glass: A PechaKucha Discussion Facilitated by ISECN”. This session was unique because it enabled many student and early career members to present their work from Africa, Argentina, India, Canada, North America, Nepal, and Norway. Submissions were also encouraged from those who would be unable to attend and showcased their work through video recordings. The entire session was conducted in an innovative format, PechaKucha. Pecha Kucha is a presentation style in which 20 slides are shown for 20 seconds each. The format keeps presentations concise and fast-paced.
- The proposed **Ethics framework** that was developed by ISECN members including Elisha Riggs and Torill Bull was presented and reviewed by the IUHPE Board of Trustees in 2013. The Board decided to lead the framework through a process of finalization and publication within the IUHPE Global Working Group on Workforce Development. Through this example, we can see how ISECN has actively worked to fill a gap in organizational discussion and policy. The full report can be requested from: [torill.bull@iuh.uib.no](mailto:torill.bull@iuh.uib.no).
- We have partnered with the IUHPE effort to improve capacity building and have begun to build a database on the ISECN website to aid health promoters.



- The ISECN Concept Note was published on the WHO website and mentioned in administrator blog as one of the 3 submissions that discussed the economic and social determinants of health:
- Peter Delobelle, Emily Fisher & Hope Corbin (2012) ISECN concept note on health in the post -2015 development agenda. International Union for Health Promotion & Education (IUHPE) Student and Early Career Network (ISECN). Visit the website to read ISECN's work featured in the blog about the submissions (<http://www.worldwewant2015.org/node/300188>).
- In 2013, Peter Delobelle, the ISECN EU Regional Coordinator was invited to attend the WHO Global Conference on Health Promotion as an ISECN member and shared the summit with ISECN members both during the conference

## Academic and Research Network

The IUHPE's diverse membership includes a significant contingent of health promotion researchers who are dedicated to ensuring the values of health promotion research are promoted and that this research contributes to a growing evidence base to support policy and practice. The wide range of IUHPE members who work in academic settings are dedicated to providing support to the IUHPE's scientific affairs portfolio via student thesis research, joint research and exchange of staff and/or students.

The establishment of a more formal Academic and Research Network is currently being explored in order to crystallize around a health promotion research agenda that would be more strategically connected to supporting the organization's scientific agenda and advocating for improving resources for health promotion research around the world.

# IUHPE Interest Groups

## INTEREST GROUP ON HEALTHY SETTINGS

The World Health Organization defines settings-based approaches to health promotion as those that **“involve a holistic and multi-disciplinary method which integrates action across risk factors”**. The goal is to maximize disease prevention via a "whole system" approach. The settings approach has roots in the WHO Health for All strategy and, more specifically, the Ottawa Charter for Health Promotion. Healthy Settings key principles include community participation, partnership, empowerment and equity.

According to the WHO Health Promotion Glossary, a Setting for Health is a place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect their health and wellbeing. These settings are often called places where people live, learn, work or play. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, work sites, hospitals, villages and cities as well as “hybrid settings (community gardens) or virtual settings (socially oriented web sites or services).

The Interest Group on Healthy Settings

supports the development of the whole system settings approach, acknowledging its potential to contribute to the promotion of health, wellbeing, education and sustainable development, and to the pursuit of equity within and between countries, in the context of globalization and other 21st century forces.

The aims of this group include:

- ◇ Facilitating the development of, and communicate, healthy settings theory, policy and practice at international and national levels.
- ◇ Building bridges and enable shared learning between settings-specific programs, networks and collaborating centers, and with relevant professions and sectors, at international and national levels.
- ◇ Ensuring that further development of the settings approach does not exacerbate inequities in health that may arise from a strong focus on traditional settings such as schools and workplaces, in which certain groups may be systematically under-represented/excluded (e.g. excluded young people, homeless, unemployed).
- ◇ Ensuring that the settings approach develops in ways that ensure relevance within the context of globalization and other 21st century forces.



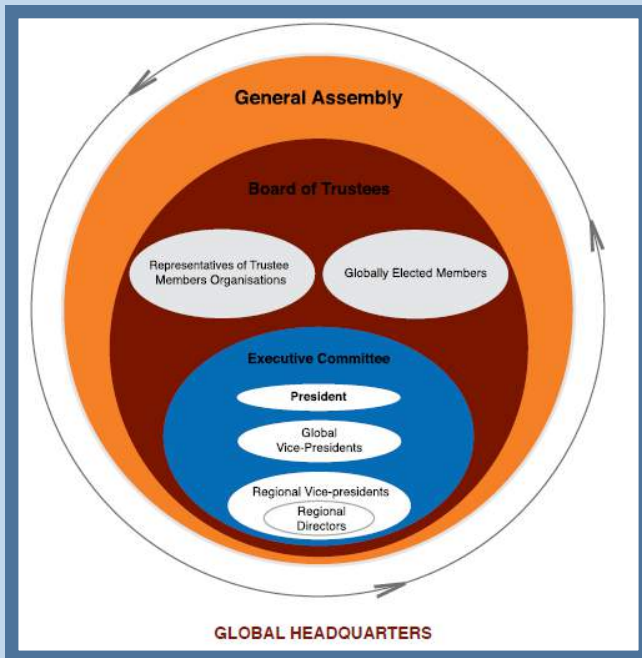
# Chapter 10: IUHPE STRUCTURE AND ADMINISTRATION

The governing bodies of the IUHPE are the General Assembly, the Board of Trustees, the Executive Committee and Regional Committees. Its administration is under the responsibility of the Headquarters, located in France.





**The General Assembly** is composed of all IUHPE members and is the ultimate governing body of the IUHPE. It is invested with all powers necessary for the furtherance of the IUHPE's aims.



In particular, the General Assembly:

- ◇ decides the policies and the strategic areas of work of the IUHPE;
- ◇ receives for discussion and approval reports on activities, membership, finances, and any other significant business of the IUHPE;
- ◇ approves amendments to the Constitution;
- ◇ decides the location of future World Conferences based on the recommendations of the Board of Trustees.

**The Board of Trustees** governs and administers the IUHPE on behalf of the General Assembly.

The current composition of this body includes:

- ◇ The President, elected by the Board of Trustees for a term of three years, from among its members;
- ◇ the immediate past-President;
- ◇ a maximum of forty global members, elected by the General membership reflecting geographical distribution of the members;
- ◇ an accredited representative of each trustee member sitting ex-officio;
- ◇ the Regional Vice-Presidents elected by the General membership in each of the Regions;
- ◇ the Regional Directors appointed by their respective Regional constituency;
- ◇ individuals appointed by the Board of Trustees to carry out specific essential functions.

The Board of Trustees elects the President and Global Vice-Presidents, who hold office between triennial meetings of the General Assembly.

The President and the Global and Regional Vice-Presidents compose the **Executive Committee**, which is responsible to define the organisation's strategy and plan of action in different areas and regions that each Officer is responsible for.

## HEADQUARTERS CORNER

2012 and 2013 have continued to be years of change: with the guidance of the Executive Director and several Vice-Presidents, the Headquarters staff has undertaken a number of reforms to improve its effectiveness and operating procedures:

- The internal operating rules applying to Headquarters staff have been reviewed to reflect the evolution of the French Law and of the operations of the Headquarters.
- A new process to set and review HQ staff personal objectives was launched in 2012.
- Staff have continued to build on the programme of staff development involving team building, role definition and internal communication which was begun in early summer 2010.
- In September 2011, staff attended a training workshop on risk management techniques. This included ways of categorizing and assessing risks with a view to compiling a risk register appropriate for the size and nature of the IUHPE. The underlying objective is to embed risk management processes as a part of day-to-day management. Following the workshop staff have completed a more detailed review of risks, and have created a risk register that is considered by the Committee of Internal Control on a regular basis.
- New premises have been granted by the French Institute of Prevention and Health Education (INPES), which hosts the IUHPE Headquarters within its own office. This has significantly improved the IUHPE HQ working environment.

### IUHPE HEADQUARTERS STAFF

Marie-Claude Lamarre, Executive Director

Janine Cadinu, Office Manager

Claire Blanchard, Programme Officer

Sara Bansau de Castro Freire, Scientific Projects and Publications Coordinator (Yuri Cartier joined August 2013)

Aurelie de Gournay, Membership and Communications

Sara Nina Debenedetti, Communications and Projects Officer (Lianne Wilson joined March 2014)



# IUHPE Executive Committee

## Board of Trustees Officers 2010 – 2013

**PRESIDENT: Michael Sparks** (Australia)

**Immediate Past President: David McQueen** (United-States)

### GLOBAL VICE-PRESIDENTS

**Administration: Jeanine Pommier** (France)

**Advocacy: Trevor Shilton** (Australia)

**Capacity-Building, Education & Training: Paolo Contu** (Italy)

**Communications: Erma Manoncourt** (France)

**Conferences: Anu Kasmel** (Estonia)

**Finance & Internal Control: Graham Robertson** (Scotland, U.K.)

**Marketing and Fund-Raising: David Pattison** (Scotland, U.K.)

**Partnerships & Institutional Affairs: Maggie Davies** (United-Kingdom)

**Scientific Affairs: Vivian Lin** (Australia)

### REGIONAL VICE-PRESIDENTS

**Africa (AFRICA): Felicité Traoré** (Burkina Faso)

**Europe (EURO): Edina Gabor** (Hungary)

**Latin America (ORLA): Marco Akerman** (Brasil)

**North America (NARO): Marilyn Rice** (United States)

**Northern Part of the Western Pacific (NPWP): Masaki Moriyama** (Japan)

**Southwest Pacific (SWP): Donald Stewart** (Australia)

### REGIONAL DIRECTORS

**Latin America: Hiram Arroyo** (Puerto Rico)

**North America (North America and English-speaking Caribbean sub-region):**

**Elaine Auld** (United States)

**North America (Canada and French-speaking Caribbean sub-region):**

**Fran Perkins** (Canada)

**Northern Part of the Western Pacific: Kanako Okada** (Japan)

**Southwest Pacific: Neil Harris** (Australia)







# IUHPE WORLDWIDE

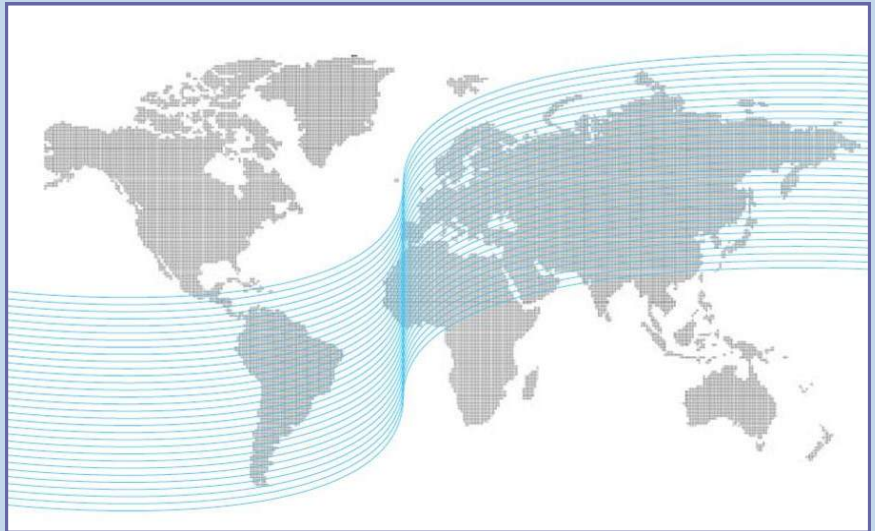
## REGIONAL STRUCTURES, PARTNERSHIPS AND COLLABORATIONS

### IUHPE HEADQUARTERS

- Saint-Denis, Paris, France

### IUHPE REGIONAL STRUCTURES

- Africa (AFRO)
- Europe (EURO)
- Latin America (ORLA)
- North America (NARO)
- South West Pacific (SWP)
- Northern Part of the Western Pacific (NPWP)
- South East Asian Region (SEAR)



**IUHPE TRUSTEE MEMBERS** are responsible for organising and /or supporting health promotion in their country, state, province, region or equivalent level. They carry out activities which are consistent with the mission, goals and objectives and purpose of the IUHPE and are represented by an accredited ex-officio representative on the Board of Trustees.

- Department of Health Promotion, Ministry of Health and Social Policy, Madrid, Spain
- SOSTE - Finnish Society for Social and Health, Finland
- Fund for a Healthy Austria, Vienna, Austria
- Health Promotion Board of Singapore, Singapore
- Health Promotion Directorate of Mexico, Mexico City, Mexico
- Health Promotion Switzerland, Bern, Switzerland
- Heartfile, Islamabad, Pakistan
- National Institute for Health Development, Budapest, Hungary
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), at the US Centers for Disease Control and Prevention, Atlanta, United States
- NHS Health Scotland, Edinburgh, Scotland
- National Institute for Prevention and Health Education – INPES, Paris, France
- Oswaldo Cruz Foundation (FIOCRUZ) National School of Public Health, Rio de Janeiro, Brazil
- Ministry of Health and Social Services, Quebec, Canada
- Thai Health Promotion Foundation, Bangkok, Thailand
- Unit of Health Promotion Education, Université Libre de Bruxelles – ULB-Promes, Brussels, Belgium
- Health Promotion Bureau, Department of Health, Taiwan
- Public health Agency of Canada

**COLLABORATING PARTNERS** are engaged with IUHPE in a variety of cooperation agreements, which aim to facilitate and spearhead projects ranging in size, reach and approach: from policy development and advocacy, to pioneering research and best practice dissemination and mapping, across a wide range of areas, such as evidence and effectiveness, different settings, like schools and communities, and topics like physical activity and health determinants.

- US Centers for Disease Control and Prevention, Atlanta, USA
- Chair, Community Approaches and Health Inequalities, Montreal, Canada
- European Commission, Brussels, Belgium
- EuroHealthNet, Brussels, Belgium
- European Observatory on Health Systems and Policies, Brussels, Belgium
- European Public Health Association (EUPHA), Utrecht, The Netherlands
- Health Action Partnership International, London, UK
- National Institute for Prevention and Health Education, Paris, France
- National Public Health Institute of Quebec, Quebec, Canada
- Public Health Agency of Canada, Ottawa, Canada
- World Health Organization (WHO), Geneva, Switzerland
- SAGE Publications

**EXTERNAL NETWORKS:** External to the IUHPE's structure itself, they provide a variety of opportunities for the organisation to collaborate strategically in the international arena

- Cochrane Public Health Review Group (PHRG), Carlton, Australia
- HP-Source.net, Turin, Italy
- Global Alliance for Physical Activity (GAPA)
- International Collaboration on the Social Determinants of Health (ICS DH)
- International Francophone Network for Health Promotion (RéFIPS), Cotonou, Benin
- International Network of Health Promotion Foundations (INHPPF), Bern, Switzerland
- International School Health Network (ISHN)
- Latin American Consortium of Universities and Training Centres for Health Promotion, San Juan, Puerto Rico
- NCD Alliance
- Schools for Health in Europe (SHE), Woerden, The Netherlands
- United Nations Educational, Scientific and Cultural Organization (UNESCO), Paris, France
- United Nations Children's Fund (UNICEF), New York, United States
- World Federation of Public Health Associations (WFPHA), Washington, USA
- World Health Organization (WHO), Geneva, Switzerland

**DONORS**, in the IUHPE context, are distinguished from other partners or members collaborating with IUHPE in multi-partner projects by the fact that they make significant resources available to support the scientific agenda with a greater focus on strategic cooperation on jointly defined priority areas, rather than an exchange of services *per se*, and in the operation of the Headquarters.

- General Health Directorate, Paris, France
- US Center for Disease Control and Prevention, Atlanta, USA
- Thai Health Promotion Foundation (organisers of the 21<sup>st</sup> World Conference on Health Promotion)
- French Health Directorate (DGS)
- French National Institute of Health Education and Prevention (INPES)

## Chapter 11:

# - Finance

### 2012 and 2013 Income & Expenditure

In Euros (1 euro = 1.3813 on 31/01/2013)

EXPENDITURE	2012	2013
Administrative costs	119 942	107 654
Travel expenses (meetings and liaison)	17 481	11 498
Staff and related costs	424 770	298 201
Global Health Promotion (production and shipping expenses)	33 144	93 583
Website maintenance and development	27 397	25 368
World Conference on Health Promotion		
Accreditation System		119 803
Project activities	657 899	116 049
Others	12 296	4 450
<b>TOTAL</b>	<b>1 293 029</b>	<b>756 606</b>
INCOME		
Membership fees and subscriptions	177 477	169 379
Subsidies	95 781	166 530
World Conference on Health Promotion	50 378	61 706
Fund raising	207 972	185 306
Project activities	756 903	156 462
Other income	5 012	5 783
<b>TOTAL</b>	<b>1 293 523</b>	<b>745 166</b>
<b>RESULT FOR THE YEAR</b>	<b>494</b>	<b>-11 440</b>

## Chapter 12:

# Publications





# PUBLICATIONS

## GLOBAL HEALTH PROMOTION

### EDITORIALS

- What is the ‘best’ health promotion action to take? *S. Jackson* – GHP. March 2012; (19) 1
- The Ottawa Charter : a manifest for “the demonstrator”? *M. O’Neill* – GHP. June 2012; (19) 2
- Professionalising health promotion? *D. Cardaci* – GHP. September 2012; (19) 3
- 21<sup>st</sup> century determinants of health and wellbeing – a new challenge for health promotion. *I. Kickbusch* – GHP. September 2012; (19) 3
- Social media and health promotion. *C. D. Norman* – GHP. December 2012; (19) 4
- Intersectoral collaboration: a novel path to promote community health promotion. *M. Sarker and T. Joarder* – GHP. December 2012; (19) 4
- « Alone, one goes faster alone but together, we go further » : practice communities in the service of health care access for the poorest? *F. Dkhimi, M. Ba and K. Kadiatou* – GHP. March 2013; (20) 1
- Fostering innovation in health promotion research: the critical role of the IUHPE. *L. Potvin, D. V. McQueen, E. de Leeuw, R. Mendes, T. Abel and A. Larouche* – GHP. June 2013; (20) 2
- Editorial. *T. Le Luong* – GHP. June 2013; (20) 2
- Child obesity in Latin America: a challenge for health promotion. *D. Cardaci* – GHP. September 2013; (20) 3
- Best investments for health. *S. Jackson* – GHP. December 2013; (20) 4

### ORIGINAL ARTICLES

- A bottom-up art event gave birth to a process of community empowerment in an Italian village *C. Sardu, A. Mereu, A. Sotgiu and P. Contu* – GHP. March 2012; (19) 1
- Exercise motivation, self-efficacy, and enjoyment as indicators of adult exercise behavior among the transtheoretical model stages. *Y. Kuroda, Y. Sato, Y. Ishizaka, M. Yamakado and N. Yamaguchi* – GHP. March 2012; (19) 1
- Becoming a health promoting school: key components of planning. *E. Senior* – GHP. March 2012; (19) 1
- A causal relationship between sense of coherence and psycho-social work environment: from 1-year follow-up data among Japanese young adult workers. *T. Togari and Y. Yamazaki* – GHP. March 2012; (19) 1
- Using health promotion competencies for curriculum development in higher education. *W. Madsen and T. Bell* – GHP. March 2012; (19) 1
- Co-morbid substance use behaviors among youth: Any impact of school environment? *M. J. E. Costello, S. T. Leatherdale, R. Ahmed, D. L. Church and J. A. Cunningham* – GHP. March 2012; (19) 1
- La racialisation de la santé publique aux États-Unis : entre pouvoir sur la vie et droit de laisser mourir. *P. Cloos* – GHP. March 2012; (19) 1
- Experiencias de promoción de la salud y gobernanza en el ámbito local de México: retos y limitaciones *L. Arenas-Monreal, R. Jasso-Victoria, P. Bonilla-Fernández y M. A. Villanueva-Borbolla* – GHP. March 2012; (19) 1
- Reducing Alcohol Use During Pregnancy: Listening to women who drink as an intervention starting point *N. McBride, S. Carruthers and D. Hutchinson* – GHP. June 2012; (19) 2
- Smart Roads: Training Indonesian workers to become road safety ambassadors in industrial and community settings
- *K. Montero, G. Spencer and B. Ariens* – GHP. June 2012; (19) 2
- Faith communities and their assets for health promotion: the views from health professionals and faith leaders in Dundee, Scotland. *D. M. Fagan, A. Kiger, E. van Teijlingen* – GHP. June 2012; (19) 2
- “It’s just a way of approaching things now”: staff perspectives of an anticipatory care programme in Edinburgh. *H. Carver, M. J. Douglas, J. E. M. Tomlinson and C. Byrne* – GHP. June 2012; (19) 2
- Review and recommendations for online physical activity and nutrition programs targeted at over 40s. *J.-L. Cavill, J. M. Jancey and P. Howat* – GHP. June 2012; (19) 2

- Evaluación de proceso del programa de educación afectivo-sexual *Ni ogros ni princesas*. J. García-Vázquez, A. Lena Ordóñez y Ó. Suárez Álvarez - GHP. June 2012; (19) 2
- Las estrategias de promoción y prevención en el Modelo Integral de Atención en Salud - Trienio 2003-2006, Tabasco, México. H. Santos Padrón y S. Martínez Calvo - GHP. June 2012; (19) 2
- Does health promotion need a code of ethics? Results from an IUHPE mixed method survey. T. Bull, E. Riggs and S. N. Nchogu - GHP. September 2012; (19) 3
- An exploration of the connection between two meaning perspectives: the evidence-based approach to health information and vulnerable groups of Arabic- and Somali-speaking asylum seekers in a Swedish context. S. Ekblad, A. Linander and M. Asplund - GHP. September 2012; (19) 3
- The mental health of adolescent school children: a comparison among Japan, Korea, and China. D. Houri, E. Woo Nam, E. Hee Choe, L. Zhong Min and K. Matsumoto - GHP. September 2012; (19) 3
- Introducing home based skin-to-skin care for low birth weight newborns: a pilot approach to education and counseling in Ghana. Bazzano, Z. Hill, C. Tawiah-Agyemang, A. Manu and B. Kirkwood - GHP. September 2012; (19) 3
- Les perspectives temporelles : les connaître pour en tenir compte dans nos interventions en promotion de la santé. L. Lessard - GHP. September 2012; (19) 3
- Demographic and lifestyle characteristics associated with non-willingness to participate in health promotion programmes among adults of a lower socioeconomic status in Singapore C. Wei Ling, H. Bee Hoon, J. A. Molina, L. Y. Wong, P. P. George and J. Cheah - GHP. December 2012; (19) 4
- Disconnect Between Discourse and Behavior Regarding Concurrent Sexual Partnerships and Condom Use: Findings from a Qualitative Study Among Youth in Malawi. S. L. Romero, T. A. Gurman, A. Ellis - GHP. December 2012; (19) 4
- Promoting the Health of Aboriginal Australians through Empowerment: Eliciting the components of the Family Well-Being Empowerment and Leadership Program.. Laliberté, M. Haswell and K. Tsey - GHP. December 2012; (19) 4
- Promouvoir la consommation de légumes et de fruits chez des collégiens : application du protocole d'intervention mapping. D. Boucher, F. Côté et C. Gagné - GHP. December 2012; (19) 4
- ¿Profesionalizar la promoción de la salud? Algunas reflexiones desde el contexto europeo. P. Contu - GHP. December 2012; (19) 4
- Dimensions of lay health worker programmes: results of a scoping study and production of a descriptive framework. J. South, A. Meah, A.-M. Bagnall and R. Jones - GHP. March 2013; (20) 1
- The applicability and transferability of public health research from one setting to another: A survey of maternal health researchers. H. E. D. Burchett, M. J. Dobrow, J. N. Lavis and S. H. Mayhew - GHP. March 2013; (20) 1
- Promoting gender equity through health research: impacts and insights from a Canadian initiative. M. Stewart, J. Gray, D. A. Hart and K. Eastlink Kushner - GHP. March 2013; (20) 1
- Pilot project on the Nutrition-Friendly School Initiative in Ouagadougou (Burkina Faso) and Cotonou (Benin), West Africa. H. F. Delisle, O. Receveur, V. Agueh, C. Nishida - GHP. March 2013; (20) 1
- Oral health promotion in Gauteng: a qualitative study. M. Moete, B. Daly and T. Hlungwani - GHP. March 2013; (20) 1
- Politics, Class actors, and Health Sector Reform in Brazil and Venezuela. Q. Mahmood and C. Muntaner - GHP. March 2013; (20) 1
- Predisposing, facilitating and reinforcing factors of healthy and unhealthy food consumption in schoolchildren: a study in Ouagadougou, Burkina Faso. C. Daboné, H. Delisle and O. Receveur - GHP. March 2013; (20) 1
- A spatial analysis of a community-based selection of indigents in Burkina Faso. V. Ridde, E. Bonnet, A. Nikiema and K. Kadio - GHP. Supplement March 2013; (20) 1
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