



Activity Report 2008

OF THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION



For more than 50 years working to make a difference to global health

The mission of the International Union for Health Promotion and Education (IUHPE) is to promote global health and wellbeing, and to contribute to the achievement of equity in health between and within countries of the world. The IUHPE fulfils its mission by building and operating an independent, global, professional network of people and institutions and by conducting collaborative projects, both at global and regional levels.

A GLOBAL NETWORK OF EXPERTS

The IUHPE is an open and inviting organisation, providing an international network that encourages the free exchange of ideas, knowledge and experience. Members range from government bodies, to universities and institutes, to NGOs and individuals across all continents.

In addition to providing its members access to a global network of professionals, the IUHPE offers a range of important services to keep our members connected and at the forefront of health promotion development. These services include www.iuhpe.org and the host of resources available at the website, professional conferences at regional and global levels, the IUHPE membership journal, discounted subscriptions to all the journals in the IUHPE family of journals and on-line dialogue at View of Health Promotion Online www.vhpo.net, amongst other services.

THE IUHPE IN ACTION

The IUHPE is a coordinating and facilitating agency of global health promotion and education projects and activities. Some of the projects are integral in the organization's work to advance and disseminate knowledge, such as the Global Programme on Health Promotion Effectiveness, and others are developed in partnership with key member institutions to meet priority needs and challenges in certain areas of work of common interest or for specific populations or countries of the world.

We are committed to positively and constructively contribute to the development of health and to the reduction of health inequalities created by social, political economic and environmental determinants by:

- -Building and operating a network of committed and finest specialists in the field
- -Organising renowned world and regional conferences on health promotion
- -Offering high quality scientific journals
- -Encouraging and engaging in working relations and partnerships on distinguished projects of global, regional and local scope

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David V. McQueen IUHPE President (2007-2010)

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Message from the IUHPE President

It is a great pleasure to present the IUHPE Activity Report for 2008. It is a hefty volume that bespeaks the quality and tremendous amount of work carried out by this NGO.

Non-governmental organisations have come to play a major role in world affairs and the IUHPE's unique role is increasingly obvious in the field of public health and health promotion. There are many notable aspects of this report for the reader, but several overarching points can be made.

The Report illustrates well how the IUHPE has grown over the years in organisational complexity. At its founding it was a small member-based professional organisation, which over the years has grown to not only serve its members, but to develop into an organisation of technical competence serving the field of health promotion and public health in general. In a sense, it has gone from a cottage industry to a corporate entity with the strength and weakness that this entails. But it is a success story revealed by the breadth of activity carried out during the years. The work of 2008 is no exception to this story of commitment and involvement on a broad scale. The Report illustrates the strong work in supporting the "science" of health promotion. Over the years the scientific portfolio of IUHPE has come to be engaged with the cutting edge areas of our field. This is seen in the work on communities, evidence and effectiveness, surveillance, the social determinants of health, settings, salutogenesis and diseases. Similarly, the communications portfolio of IUHPE has greatly expanded and become more comprehensive, while at the same time reflecting the rapid changes occurring in this dynamic area. Public health policy remains a critical and active area for IUHPE at a time of many global challenges around poverty, conflict, marginalisation, globalisation and environmental change. Within the profession IUHPE has pursued an active interest in

capacity building and in establishing core competencies for practitioners. All of these activities speak to the building of a stronger global presence for health promotion.

Given the growing organisational complexity and the increasing portfolios of activities, the IUHPE has begun, with the notable assistance of two new Vice Presidents (Partnerships and Governance), to examine carefully how best to organisationally cope with the continuing challenges of change and growth. This is indeed a big challenge, and is related to the IUHPE's ability to have the capacity to deal with internal and external realities. The internal realities relate mainly to the reasonable distribution of work in the home office and to the ongoing financial stability of the organisation.

As President, I couldn't be more proud of the diligence with which the Paris office works day in and day out. IUHPE is fortunate to have such dedication. It is characteristic of the best of NGOs; but it is potentially fragile and thus financial issues are paramount for maintaining the best organisation. The external realities relate to the field of health promotion itself. The global capacity to carry on the work of health education and promotion is at best characterised as weak; and this at a time when the need for the profession and its knowledge base are greater than ever.

IUHPE and health promotion in general are once again at a watershed. There is the potential for a great future that will see the development and sustainability of health promotion globally; a significant amount of this development will be led by organisations such as IUHPE. However, this "great future" is predicated on a number of factors, one of the most important of which is the continuance and growth of the kind of work illustrated so well in this Report.



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Message from the IUHPE Executive Director

I am pleased to take a few moments to again look at and think of all that was accomplished during the year 2008 by the International Union for Health Promotion and Education (IUHPE), and to appreciate the expansion and development of the range of activities carried out. It also enables us to measure the gaps that need to be closed to reach through the three year objectives that our Organisation has set for each of its strategic portfolios until the 20th IUHPE World Conference on Health Promotion takes place and allows us to build a new three year Work Plan to develop and implement collectively on identified priorities for action.

This Report is a genuine reflection of what a membership Organisation and an independent expert network like the IUHPE is able to accomplish. Gathering people and institutions from all over the world, working in all the different areas that health promotion encompasses – advocacy, knowledge development, capacity building, partnership and alliance building, health promoting environments, social determinants of health, etc., forming a Global network to strengthen dialogue and cooperation, it attempts to meet most critical needs for health development in all parts of the world and to bridge the gap of inequalities. It is a medium and it is a network of professionals with which to share information and knowledge, to solicit the advice of peers, to benefit from their experience, to participate in an ongoing conversation and reflection about health promotion, and to develop collaborations.

2008 has seen the establishment of a new online membership management system which supports better membership services and administration. It has seen the launch of an online dialogue tool (www.vhpo.net) that has opened up many possibilities for discussion and exchange on important issues for the field. Our family of journals has diversified and enlarged,

in order to extend the reach of our knowledge dissemination and advocacy to a wider audience of professionals. We have been able to implement a significant scientific programme: advocating for health and health promotion at various levels and through multiple channels; stimulating dialogue on the evidence of health promotion effectiveness; developing the capacities of various professional groups across the globe to address major health challenges using a health promotion approach through short-courses and workshops; strengthening successful partnerships with key members, whether it be in carrying out activities together or in preparing the IUHPE 20th World Conference on Health Promotion in close collaboration with Health Promotion Switzerland. We have been able to enhance our presence and develop our network in areas and regions in which health promotion can make a substantial impact on health and wellbeing of populations.

It is also an opportunity to pay tribute to the leadership of the Organisation, to all its very dedicated Global and Regional Vice Presidents and Officers, to the members of the Board of Trustees and Regional Committees, to the team at the Headquarters, and to our members and partners who support the operation of the Organisation and involve themselves in the completion of our work plans.

We wish that this Report will be read as an invitation to join if you are not already a member or an institutional partner of the IUHPE and - for all of you who are part of our Global network - to renew your commitment to work efficiently together through the values and principles of equity, diversity, participation and partnership.



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Summary

The IUHPE is at a cross-road. Founded in 1951, the organisation has experienced unprecedented developments that have placed it as major global force in health promotion knowledge building, evidence collection and professional networking with leading international experts. The IUHPE increasingly evolves to function both as a professional membership organisation and as a knowledge creation and dissemination organisation. The IUHPE is therefore undertaking infrastructure and organisational adjustments to better accommodate its two main functions.

Presently, the composition of the organisation's leadership is renewed every three years, when elections take place for the Board of Trustees and Officers. The last election in 2007, on the occasion of the 19th IUHPE World Conference on Health Promotion and Health Education, determined the President and Vice-Presidents for the period of 2007-2010. These officers, in collaboration with the IUHPE Headquarters, are responsible to successfully implement the strategies and activities for the organisation to fulfil its mission and objectives. At the meeting of the Executive Committee (December 2007), work plans for each area of IUHPE operations have been developed and were approved for the duration of the term.

The Activity Report 2008 presents the plans of the President and each Vice-President, as well as developments and achievements following the first year of their implementation. Important highlights and action strategies are outlined for each area. Readers can find more detailed information on any or all of the activities on the organisation's website at

www.iuhpe.org.

The pages that follow are a proof of the vast and varied activities the IUHPE spearheads. 2008 was a busy year on every front proving the organisation's exceptional capacity as a global network, a hub for dissemination and exchange, and a knowledge generation and technical agency.

The President's vision for his mandate is to build and strengthen the organisation's infrastructure and global positioning in order to better respond not only to the different health challenges faced across the world, but also to the needs of the professional network that nourishes the IUHPE's work and helps it succeed.

IUHPE Advocacy is committed to effectively utilising the organisation's global strength to put important topics on policy agendas, as well as the IUHPE's own agenda as expressed by member resolutions. In order to build the workforce and institutionalise health promotion, Capacity building, education and training schemes are being developed on an international level, in areas where health promotion is less developed and as part of a pan-European initiative, all of which is outlined in the plan of the Vice-President dedicated to this area. A Communications infrastructure has been put in place with complimentary mechanisms to share information and disseminate knowledge, and also to get members' voices heard. IUHPE Conferences continue to bring professionals together to take stock of knowledge and experience, and set the IUHPE agenda for scientific development of the field. With the creation of a Vice-President for Governance & Strategy, the IUHPE can ensure that its governance arrangements are sound and effective, and that its strategic orientations respond to the rapidly changing world and its consequences on health. Given the increasing reach and complexity of IUHPE work, its newly established Vice-President for Partnership & Institutional Affairs is strengthening the existing IUHPE network of relationships and forging new ones. This development coupled with the IUHPE's growing technical capacity and the range of Scientific Activities, demonstrates the commitments and innovative approaches to build health promotion and achieve equity in health globally in collaboration with specialised groups and networks, and programme partners.

In addition to the global infrastructure and strategy, the IUHPE decentralises its work through Regional Offices. The structures in Europe, Latin America, North America, the Northern Part of the Western Pacific and the Southwest Pacific are active in translating into regional action the mission and objectives of the IUHPE.

As a non-profit organisation, having sustainable income to operate as an efficient global structure and to implement activities is a constant challenge, which is only intensified by the IUHPE's complexity: it exists as a global entity, is located legally in France (with related obligations), operates and manages global initiatives, but also operates through regional structures, supported by a small team of officers, and a wide range of professional members. Finance & Internal Control are in review to ensure systematic and coherent internal control frameworks are put in place for financial governance issues and other aspects, such as staff governance and risk management.



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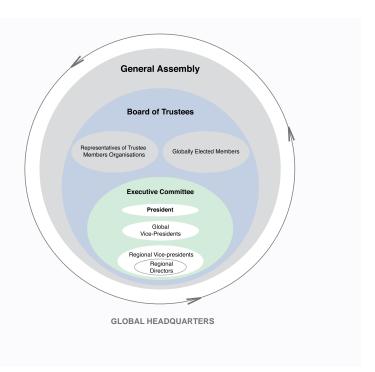
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IUHPE Structure & Administration

The IUHPE is an independent, international, non-governmental, membership organisation. It is registered as a professional association under French law of 1901, which governs the operation and administration of all associations established in France. The organisation is free from any political or religious affiliations, and does not discriminate on grounds of race, ethnicity, gender or religion.

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



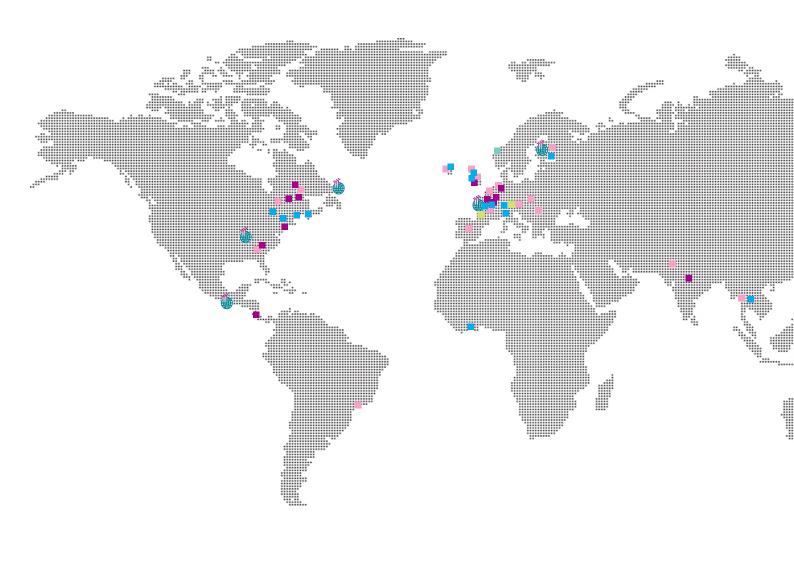
The General Assembly is composed of all IUHPE members and is the ultimate governing body of the IUHPE. It is invested with all powers necessary for the furtherance of the IUHPE's aims; in particular, the General Assembly:

- decides the policies and the strategic directions of the IUHPE;
- receives for discussion and approval reports on the 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 is large in order to be inclusive and representative. and includes:

- the President, elected by the Board of Trustees for a term of three years, from among its selected 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 Regional constituencies;
- the Regional Directors appointed by Regional constituencies:
- individuals appointed by the Board of Trustees to fill vacancies in global membership until the next ordinary session of the General Assembly.

The Board of Trustees elects the President and Global Vice-Presidents, who hold office until the following meeting 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.



IUHPE Partners & Networks worldwide



IUHPE Headquarters (France) and Regional Offices (EURO, NARO, NPWP, ORLA and SWP)

IUHPE Trustee Members:

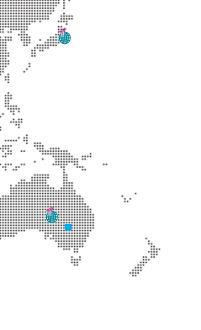
- · Department of Health of England, London, United Kingdom
- Department of Health Promotion, Ministry of Health and Social Policy, Madrid, Spain
- Finnish Centre for Health Promotion, Helsinki, Finland
- Fund for a Healthy Austria, Vienna, Austria
- Health Promotion Board of Singapore, Singapore
- Health Promotion Directorate of Mexico, Mexico City, Mexico
- Health Promotion Switzerland, Bern, Switzerland
- Health Promotion Unit, Department of Health and Children, Dublin, Ireland
- · Heartfile, Islamabad, Pakistan
- Hungarian National Institute for Health Development, Budapest, Hungary
- National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention,
 CDC, 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
- Netherlands Institute for Health Promotion and Disease Prevention NIGZ, Woerden, The Netherlands
- Public Health Agency of Canada, Ottawa, Canada
- · Public Health General Direction, 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
- IUHPE Student and Early Career Network, Secretariat- Bergen, Norway
- Collaborating agencies and international organisations:
 - Canadian Consortium for Health Promotion Research, Victoria, Canada
 - Centers for Disease Control and Prevention, Atlanta, USA
 - Chair, Community Approaches and Health Inequalities, Montreal, Canada
 - Department of Health of England, London, United Kingdom
 - European Commission, Brussels, Belgium
 - EuroHealthNet, Brussels, Belgium
 - European Public Health Association (EUPHA), Utrecht, The Netherlands
 - National Institute for Prevention and Health Education, Paris, France
 - National Public Health Institute of Quebec, Quebec, Canada
 - Public Health Agency of Canada, Ottawa, Canada
 - Society for Public Health Education, Washington, USA
 - Voluntary Health Association of India, New Delhi, India

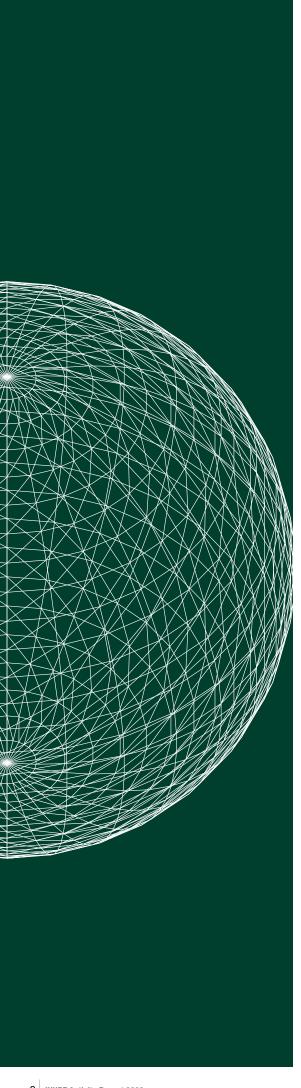
Networks*:

- Cochrane Public Health Review Group (PHRG), Carlton, Australia
- HP-Source.net, Turin, Italy
- Global Alliance for Physical Activity (GAPA), Loughborough, United Kingdom
- Global Consortium for the Advancement of Promotion and Prevention in Mental Health (G-CAPP), Baltimore, USA
- International Association of National Public Health Institutes (IANPHI), Helsinki, Finland
- International Collaboration on Teacher Training/Education (TT/E), Dublin, Ireland
- International Francophone Network for Health Promotion (RéFIPS), Cotonou, Benin
- International Network of Health Promotion Foundations (INHPF), Bangkok, Thailand
- International Non Governmental Coalition against Tobacco (INGCAT), London, United Kingdom
- International School Health Network (ISHN), Troy, USA
- Latin American Consortium of Universities and Training Centres for Health Promotion, San Juan, Puerto Rico
- Schools for Health in Europe (SHE), Woerden, The Netherlands
- Social Determinants Partnership, Paris, France
- 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: General Health Directorate, Paris, France

Health Promotion Switzerland, Bern, Switzerland (organisers of the 20th World Conference on Health Promotion)







President's Vision for 2007-2010

There is a need to build a strong infrastructure for health promotion globally, which has never been more critical than now. We are faced with worldwide inequities in health at the same time that the enormous burden of chronic and infectious diseases falls on most of the world, with particular impact on the poor. We need multiple solutions to this state of affairs and a broad-based health promotion is of vital importance. International organisations like the IUHPE have a central role in facing the challenges of this new century. As President, David McQueen intends to work to make certain that health promotion is high on the agenda of global efforts to improve the public's health.

Build capacity of health promotion throughout the world

It is profoundly clear that health promotion remains underdeveloped as a field of work throughout the world. While this is especially true of less economically developed areas, it also holds true for the so-called richer countries. Concentrating the efforts of the IUHPE and global partners in capacity building can help focus our work to continue the dialogue and make this a reality. It will be an enormous challenge to IUHPE because of the organisation's limited resources, but it is vital to the field and to IUHPE if it is to continue on a sound basis scientifically and financially. The effort of working to stretch the capacity for health promotion will have impact on many aspects of IUHPE, including its own structure and relationships with other partners.

As part of this work, the IUHPE has recently created a vice-presidency dedicated to Partnerships & Institutional Affairs and Global Working Groups that convene a set of global professionals to develop and unite expertise around a specific area of health promotion.

Better governance and infrastructure development

It is imperative that an organisation be able to address questions concerning governance with clarity and understanding. For instance, about the various ways through which the IUHPE operates and carries out its mission, goals, objectives, the delivery of project activities and the issue of "globalisation" and of "regionalisation". With the implementation of the comprehensive Work Plan from the Vice-President for Strategy & Governance, a position created at the start of the President's term, the revised Strategic Directions for 2008-2010, and the assistance of members of the Board of Trustees and of the Executive Director, the IUHPE will be able to carry out this work effectively.



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David V. McQueen was elected President of the IUHPE at the first meeting of the newly elected Board of Trustees (2007-2010) on June 12, 2007, in Vancouver, Canada. His involvement in the IUHPE Executive dates back to 2001 when he was elected global member of the IUHPE Board of Trustees with two consecutive terms as Vice-President for Scientific and Technical Development. In this leadership role, his knowledge and expertise contributed to shaping and developing the increasingly wealthy programmatic areas of the IUHPE, in particular the organisation's blueprint, the Global Programme on Health Promotion Effectiveness (GPHPE), which he continues to lead today.

Dr. McQueen (a Senior Biomedical Research Scientist trained at Johns Hopkins University School of Hygiene and Public Health) worked for over a decade as Professor and Director of the Research Unit in Health and Behavioural Change at the University of Edinburgh, Scotland, directed WHO Collaborating Centres and served as consultant to the World Bank. In 1992 he joined the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), at the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. He first worked as Chief of the Behavioral Surveillance Branch and then as Director of the Division of Adult and Community Health and currently is Associate Director for Global Health Promotion. Following in the steps of Dennis Tolsma, David McQueen is now the second IUHPE President from the CDC, which has been an active and committed Trustee member of the organisation for more than 20 years.

Over the past 30 years, he has maintained an active interest in health promotion. In addition to actively participate in the development of the Ottawa Charter, during the 1980s, he chaired the WHO (EURO) committee that developed the document on the "Concepts and Principles of Health Promotion"; organised and participated in many conferences and meetings concerned with the fostering of health promotion in Europe; and established a collaborating center with EURO concerned with the evaluation of health promotion, healthy cities, and other health promoting activities. During the 1990s his concerns focused on (1) the challenges raised by the efforts to promote an evidence-based health promotion; (2) the efforts to build health behaviour monitoring systems to establish a public health infrastructure for health promotion globally; and (3) the development of a broad theoretical base for health promotion.

His vast experience and involvement in the development and institutionalisation of the field of health promotion have duly made him one of health promotion's gurus. The IUHPE is now hon-oured and priviledged to count on his acquired wisdom to lead the organisation's school of health promotion forward for the next years. We also trust that in addition to the strategic leadership, his unique sense of humour will contribute to the candid and genuine nature of health promotion and the IUHPE.



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GLOBAL ACTIVITIES

Advocacy

Anne Bunde-Birouste, Vice-President for Advocacy

School of Public Health and Community Medicine / The University of New South Wales, Australia

Advocacy is one of the central strategies of the IUHPE to accomplish its mission and as such has a potentially large scope under which to work. In order not to disperse to the point of ineffectiveness, the Vice-President's 2007-2010 work plan focuses on reviewing the current programme portfolio of activities that involve an advocacy element, the strategic directions 2008-2010, and the resolutions from the last World Conference in Vancouver, Canada. The goal is to initially prioritise the areas of work and then develop effective means to address those priorities appropriately. The Vice-President implements both process-oriented and topical-oriented actions. For example, to respond to the need to establish an effective process for issuing press releases for advocacy issues. On the other hand, there are a number of topical issues, such as promoting peace, promoting indigenous health and human rights, which need further definition regarding effective action that the organisation can take, as well as a designated steering committee to drive the action.

As a global organisation outside the political dictates or environment of any individual country, the IUHPE is in a position to provide politically independent, technically sound expertise and be a catalyst of change. We have to break through traditional barriers between public and private, government and non-government sectors in pursuit of our health promotion goals and more equitable and fair societies.

The IUHPE's work in this area involves supporting current priorities, reviewing possible priority areas and drafting processes to address these by:

- Developing an updated portfolio of processes and priorities for IUHPE Advocacy activities in relation to IUHPE Strategic Directions, with concrete activities accompanying each priority area.
- Establishing guidelines for IUHPE members regarding proposing resolutions for support and ensuing action by the organisation and its members.

The resolutions presented by IUHPE members at the General Assembly in 2007, which the Vice-President's plan takes action on, are:

- Student and young professional's representation in the IUHPE Board of Trustees and Executive Committee
- Moving into sustainable health promotion to fight social inequalities in health
- Taking action on the social determinants of health
- Peace building and promotion
- Determining the role of global health in global environmental change
- Developing a whole system settings-based health promotion



GLOBAL ACTIVITIES

Capacity building, Education & Training

Margaret M. Barry, Vice-President for Capacity building, Education & Training Department of Health Promotion / National University of Ireland, Galway, Ireland

Current and future health challenges demand new and changing competencies to form the basis for education, training development and workforce planning. International developments in health promotion and evidence-based practice provide the context for developing health promotion competencies, standards, quality assurance and accountability in professional preparation and practice. There have been international commitments calling for actions which require a complex mix of technical skills, expertise and leadership, as outlined in the WHO Bangkok Charter, the Millennium Development Goals and the report of the WHO Commission on Social Determinants of Health. The IUHPE also identified in the Shaping the Future of Health Promotion report the development of a competent health promotion workforce as one of the priorities for action. The IUHPE Vice-President develops her work to support the capacity building, education and training of individuals, organisations and countries to undertake health promotion activities. To enable this goal to be achieved, three core areas are prioritised for action.

Developing a competent health promotion workforce is a key component of capacity building for the future and is critical to delivering on the vision, values and commitments of global health promotion.

Workforce development in countries with identified capacity need

This work builds on the IUHPE's Brief Report of Gaps and Assets for Capacity Building in Low-Income Countries, which was prepared by the Vice-President for Strategy & Governance. The report highlights a number of key areas for action including the need for professionals trained in health promotion, sustainable funding for capacity building, availability of accessible and culturally relevant training, and opportunities for exchange and skills development. As a response, the IUHPE is undertaking a consultation process in identified IUHPE regions and countries on training and development needs to build the health promotion workforce. A training model, identifying accessible education materials and training mechanims regionally, will then be developed to build capacity and support the workforce development needs in those countries.

International collaboration on competencies and accreditation in health promotion and health education

In addition to filling the training and development gap, there is a need to develop a comprehensive system for competencybased standards and accreditation to strengthen global capacity in health promotion, which is a critical element in achieving goals for the improvement of global health.

The IUHPE in collaboration with the Society for Public Health (SOPHE) and other partners convened at the National University of Ireland, Galway on June 16-18, 2008, for the Galway Consensus Conference to promote exchange and greater collaboration on the development of core competencies in health promotion and the strengthening of common approaches to capacity building and workforce development. A consensus statement issued by the organisers identified eight domains of core competency that are required to engage in effective health promotion practice. They are: Catalyzing change, Leadership, Assessment, Planning, Implementation, Evaluation, Advocacy, and Partnerships. The Galway, Consensus Statement is intended for several audiences, including: practitioners, researchers, and academics in health promotion and health education; policy and decision-makers in government and nongovernmental entities; employers; and international organisations and other institutional authorities, who have a stake and a responsibility in promoting the health of the public. In addition, the core values and principles, domains of core competency, and the statement regarding standards and quality assurance mechanisms, as well as the recommendations and key actions that are contained in the Consensus Statement, are intended to be relevant for all countries.

The Consensus Statement is at present in draft form. The aim of the Galway participants was to put together a framework for international review until a final version with global relevance is presented at the 20th IUHPE World Conference. In addition to a consultation with key IUHPE network members across the globe, the IUHPE's online dialogue forum, Views of Health Promotion Online (www.vhpo.net) started a stream for members and non-members to openly comment on any and all aspects of the draft.

In 2009 the IUHPE journal, Global Health Promotion (GHP) (new title in 2009, formerly Promotion & Education) and SOPHE's Health Education & Behavior (HEB) will each publish an edition with the background papers prepared for the Galway conference. While HEB will focus on developments in North America, particularly the United States, in professional competencies and accreditation; GHP will bring to the forefront international perspectives. In addition to scholarly papers reviewing international literature on competencies, presenting European developments and comparing the United Kingdom and the United States, this edition will contain commissioned commentaries from Africa, Australia, Canada and Latin America. Both GHP (http://ghp.sagepub.com) and HEB (http://heb.sagepub. com) issues will be available open access on their respective websites in SAGE's online platform until the upcoming IUHPE World Conference in July 2010.

Developing competencies and professional standards for health promotion capacity building in Europe (COMPHP)

Current and future health challenges demand new and changing competencies and skills, which need to be identified in order to form the basis of best practice development, education and training. The IUHPE European region has sought to develop a Europe-wide competency framework and system of professional standards in health promotion that will form the basis for building a competent and effective health promotion workforce capable of translating into action the key priorities identified in recent European health strategies and policies. Under the leadership of the Vice President for Capacity Building Education & Training, the IUHPE and its partners have established a three year initiative, with funding from the European Commission, to develop competency-based standards for health promotion that will impact on workforce capacity to deliver public health improvement in Europe. A competent workforce is critical to addressing the current challenges of health inequities, promoting healthy ageing, healthy weight and positive mental health and wellbeing across Europe. This project builds on a Europe-wide

THE GALWAY CONSENSUS STATEMENT: DOMAINS OF CORE COMPETENCIES

The competencies required to engage in health promotion practice are outlined as falling into eight domains:

1. Catalyzing change

Enabling change and empowering individuals and communities to improve their health.

2. Leadership

Providing strategic direction and opportunities for participation in developing healthy public policy, mobilizing and managing resources for health promotion, and building capacity.

3. Assessment

Conducting assessment of needs and assets in communities and systems that leads to the identification and analysis of the behavioral, cultural, social, environmental and organizational determinants that promote or compromise health.

4. Planning

Developing measurable goals and objectives in response to assessment of needs and assets, and identifying strategies that are based on knowledge derived from theory, evidence and practice.

5. Implementation

Carrying out effective and efficient, culturally-sensitive, and ethical strategies to ensure the greatest possible improvements in health, including management of human and material resources.

6. Evaluation

Determining the reach, effectiveness and impact of health promotion programs and policies. This includes utilizing appropriate evaluation and research methods to support program improvements, sustainability, and dissemination.

7. Advocacy

Advocating with and on behalf of individuals and communities to improve their health and well-being and building their capacity for undertaking actions that can both improve health and strengthen community assets.

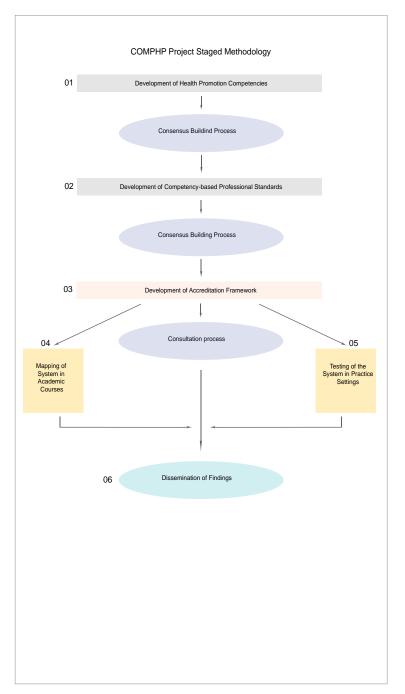
8. Partnerships

Working collaboratively across disciplines, sectors, and partners to enhance the impact and sustainability of health promotion programs and policies

Allegrante JP, Barry MM, Airhihenbuwa CO, Auld ME, Collins J, Lamarre M-C, et al. Domains of core competency, standards, and quality assurance for building global capacity in health promotion: the Galway Consensus Conference Statement. Health Educ Behav. 2009; 36(3).

scoping and feasibility study on implementing a competency-based accreditation system undertaken by IUHPE EURO. Working with the IUHPE European network and in partnership with key national agencies, the COMPHP project, which commences in September 2009, will develop a consensus-based system in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe. Bringing together partners with experience across the professional development, policy, practice and academic sectors, the project will develop, test and refine the implementation of a sustainable competency-based system in countries with varying levels of infrastructure development (from developed to virtually non-existent). A set of core competencies, professional standards and a coordinated quality assurance accreditation system for health promotion will be developed and disseminated.

In this initiative the IUHPE will be specifically responsible for the dissemination package, which includes developing a stakeholder analysis, a communications plan and a public relations strategy that will enable consultation with, and dissemination to, all European Union member states and candidate countries on the development and outcomes of the project.





GLOBAL ACTIVITIES

Communications

Maurice B. Mittelmark, Vice-President for Communications Research Centre for Health Promotion / University of Bergen, Norway

In 2006 the IUHPE Board of Trustees approved a Communications plan which outlines the basic functions and the overall objectives of communications and highlights the areas that need development, and action to be effective in the organisation's inward and outward communications. Communication functions to provide connection to our members, partners and the public, and to market the organisation. All of the IUHPE members, Officers and staff have a role in communicating IUHPE messages.

Since the election of the new Vice-President, the essence and vision of the strategy continue to be relevant, but communications have refocused to provide overarching support for the development of the entire organisation. Consequently, the work has centred on putting together the infrastructure and media outlets that can serve this purpose.

Online presence: information and communication

Technology is increasingly ubiquitous in everyday life and allows for easy and real time access to information and communication. It is therefore essential that the IUHPE provide state-of-the-art online services to its members and the wider public on activities and developments in the organisation and in the field. Given the network of members and professionals is the IUHPE's essence, it is also important to provide a communications mechanism between members and the leadership. A previous weakness in our overall communications capacity was the difficulty members had in bringing their ideas to the attention of leadership, with the General Assembly being important, but not a real opportunity for two way communication. To respond to this need the IUHPE launched in 2008 the online dialogue forum Views of Health Promotion Online - VHPO (www.vhpo.net).

VHPO replaces the IUHPE electronic journal Reviews of Health Promotion & Education Online, which sought to provide a forum for discussion and dialogue on various resources available to the global health promotion community. All the papers of the former RHP&EO as well as those of the former Internet Journal of Health Promotion (IJHP) have been archived on the VHPO site. Taking advantage of the resources technology has to offer, VHPO provides a forum where IUHPE members and non-members alike can post their views on IUHPE's strategic development and on health promotion hot topics.

Communication functions to provide connection to our members, partners and the public, and to market the organisation. All of the IUHPE members, Officers and staff have a role in communicating IUHPE messages.

Marketing: communications contributes to market the organisation to new members and potential partners to increase resources and support achieving our mission.

Voice: an effective articulation of the IUHPE's communications tools reinforces the organisation's transparency to members, partners and the general public on all overarching activities, including governance, programme involvement and development and advocacy initiatives.

Image-making and information: a well documented trace of activity, including reports, statements and publications, contributes to raise and disseminate the IUHPE's profile.

IUHPE Student and Early Career Network (ISECN) members volunteer to manage the streams of dialogue (monitor for appropriate use, promote participation, and summarise dialogues that have completed their course). Upon a stream's conclusion, the Vice-President for Communications has the responsibility to get stream topics on the Board of Trustee's Discussion Agenda as need be, and the syntheses of each stream of dialogue are published in the IUHPE journal and on the website for wide dissemination.

Topics discussed on VHPO so far include:

 Health promotion code of ethics
 Health promotion and health education Journals' Forum
 Domains of core competency in health promotion
 Empowerment in health promotion
 Equity and diversity in health promotion development

Disseminating research & evidence

Since 2001, 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 organisation's announcements, information on membership, programmatic and advocacy activities, and other such material. Additionally, IUHPE individual members get a discount rate on subscriptions to all journals. In 2008, the IUHPE family of journals increased to include an array of titles which cover different and complementary areas of health promotion research and practice.

Health Promotion International

http://heapro.oxfordjournals.org



Health Promotion International responds to the move for a new public health throughout the world and supports the development of action outlined in the Ottawa Charter for Health Promotion. It is a quarterly journal published by IUHPE in association with the World Health Organization.

The journal contains refereed original articles, reviews and debate articles on major themes and innovations from various sectors including education, health services, employment, government, the media, industry, environmental agencies and community networks. The journal provides a unique focal point for articles of high quality that describe not only theories and concepts, research projects and policy formulation, but also planned and spontaneous activities, organisational change, social and environmental development.

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. The journal invites original contributions in any area of research in health education and educational aspects of health promotion.

The perspective is international, and the journal publishes material on both theoretical processes and models, and on their practical implementation. Articles may be data-based or theoretical, and are welcome from academics or practitioners working in any health-related field. Health Education Research accepts manuscripts of four different formats: Research Papers, Programme Papers, Research Notes and Points of View papers.

Heath Education Research

http://her.oxfordjournals.org



International Journal of Mental Health Promotion

http://www.ijmhp.co.uk



The aim of the International Journal of Mental Health Promotion is to nurture and encourage understanding and collaboration in the field of mental health promotion (and the prevention of mental disorders) within a truly multi-disciplinary forum. The intention is to link theory and practice by increasing awareness, fostering understanding and promoting collaboration between the different disciplines engaged in this diverse activity of study.

Published by The Clifford Beers Foundation, the journal is a comprehensive information resource which publishes material of distinction submitted by clinical/medical staff, health services researchers, managers, health promoters, educationalists, sociologists, health economists and practitioners from all branches of health and social care.

International Journal of Public Health

http://www.springer.com/birkhauser/biosciences/journal/38



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. Commentary and opinion are encouraged in the Forum section and Special Issues highlight key areas of current research.

The journal publishes original quantitative and qualitative scientific work on public health issues. The articles derive from social sciences, epidemiology, survey research, health promotion, evaluation and intervention. The journal has a special focus on findings and methods from health survey research, risk factor surveillance and health promotion. The originality of this journal lies in the wide range of manuscripts accepted for the different sections that organise the content.

Critical Public Health is a peer-reviewed journal for researchers and practitioners working in public health, health promotion and related fields. It brings together international scholarship to provide critical analyses of theory and practice, reviews of literature and explorations of new ways of working. The journal publishes high quality work that is open and critical in perspective, and reports on current research and debates in the field. The journal encourages an interdisciplinary focus and features innovative analyses.

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, including anthropology, communications, cultural studies, epidemiology, health studies, health promotion, history, politics, sociology, medicine, public health, social policy, psychology, nursing, geography, ethnicity, and gender studies, as well as basic and applied sciences that contribute to the promotion of health and prevention of disease. Critical Public Health brings all these disciplines to bear on worldwide public health topics in broad focus.

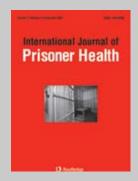
Critical Public Health

http://www.criticalpublichealth.net



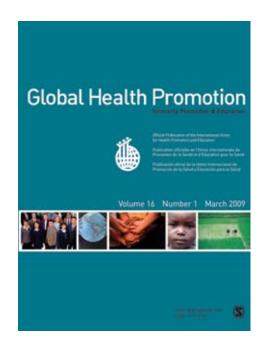
International Journal of Prisoner Health

http://www.tandf.co.uk/journals/titles/17449200.asp



The International Journal of Prisoner Health provides a platform for an interdisciplinary approach to prisoners' health. Its purpose is to facilitate an exchange of information and good practice among experts in the field from a range of different cultural interpretations and perspectives. Further, the journal seeks to stimulate wider academic research of the issues by providing a focus for study and publication by academics and practitioners with interests in health in the prison context. The manuscripts include, on the one hand, reports of qualitative or quantitative research that increases the level of knowledge of health professionals and other professional groups involved in the provision of health for prisoners; on the other hand, opinion pieces that encourage debate, and challenge existing practices affecting health in prisons and health of prisoners (e.g. diseases, mental health, alcoholism, problematic drug use, self-harm, impact of the physical environment, staff health and safety).

Promotion & Education (as of 2009 Global Health Promotion) http://ghp.sagepub.com



Change in editorship

Promotion & Education, compared to other journals in the family of journals, is the flagship journal of a membership organisation, and it therefore has functions that go beyond ordinary scholarly and professional publishing.

Since Maurice B. Mittelmark assumed the Editorship of the journal, following his six year Presidency of the IUHPE, the journal has achieved the status of a renowned scientific publication. The editor is committed to expanding the capacity to communicate in all three official languages of the IUHPE, and therefore appointed language editors who can deal competently with Francophone submissions -- Valéry Ridde, of Montreal University, Canada -- and Hispanophone submissions -- Arantxa Santa-María Morales, of Madrid's Health Services, Spain. Submission of manuscripts in French and Spanish are slowly increasing for the various sections of the journal. The abstracts of papers published in Spanish and French are available in English translation, and the end result is a better balanced journal with regard to utilisation of the IUHPE's three official languages.

Additionally, readers have seen how Promotion & Education has become a tool in implementing the IUHPE strategic plan, by publishing manuscripts that deal with various aspects of IUHPE activities, including the publication in 2008 of various Vice-President work plans.

Promotion & Education's Supplement service also continues as a means to communicate conference proceedings, large-scale "

Global Health Promotion is an important vehicle for the global development of health promotion. Publishing in three international languages, papers that appeal to both researchers and practitioners, Promotion & Education is a unique and essential tool for empowering the health promotion " community world-wide.

Professor Louise Potvin Department of social and preventive medicine, Montreal University, Canada

research projects and other collaborative endeavours. In 2008 we published a monograph dedicated to health promotion in the francophone parts of the world. Like previous Supplements, this one is available open access and in perpetuity at: http://ped.sagepub.com/content/vol15/1_suppl/

Moving forward

At the meeting of the IUHPE Board of Trustees in June 2008, it was decided to change the name of the journal to Global Health Promotion based on the recognition that the IUHPE is global in its span, and that the term 'health promotion' identifies the journal's content precisely, both for potential new readers and authors. The new name thus subsumes education and healthy public policy, amongst other key concepts that define modern health promotion.

In addition to publishing original articles that are blind peer reviewed, in any area of theory, policy or practice relevant to health promotion and all contributing disciplines; and commentaries on any subject of general interest to the journal readership and IUHPE members, the journal has included a new section entitled 'Addresses', which are transcripts of exceptional oral presentations at conferences. The first of these pieces was commissioned from Vicente Navarro, who opened the 8th IUHPE European Conference on Health Promotion in September 2008.

A journal of the 21st century



As of January 2008, Global Health Promotion joined the publishing revolution through a publishing agreement between SAGE Publications and the IUHPE. In the 16 years since

Global Health Promotion replaced Hygie as the official journal of the IUHPE, readers have experienced a gradual shift from a newsletter-type magazine to a quarterly scientific journal of international, scholarly papers on global health promotion research, policy and practice. The publishing agreement with SAGE Publications includes a number of cutting edge services for the journal readership and for authors seeking to have their work published. IUHPE members and journal subscribers continue to receive the printed version of the journal's quarterly production and Supplement editions and SAGE also provides members with access to the online version of the journal going back to 1993.

Unique features of the journal are the open nature of the types of manuscripts published, the global distribution to more than 150 countries and 9,000 readers, and the multilingual publishing. SAGE adds further value via its online platform that makes content easy to find and drives more readers to the journal's articles. Acknowledging the relevance of citation rates in raising a journal's profile, SAGE and the journal's editorial team aim to increase the number of indexing services, including the ISI Web of Science, CrossRef and RefWorks.

Global Health Promotion is an exceptional scientific journal in the areas of health promotion and education, based on the high level of its articles and for being able to maintain a good balance of conceptual and practical papers from both developed and developing countries 7

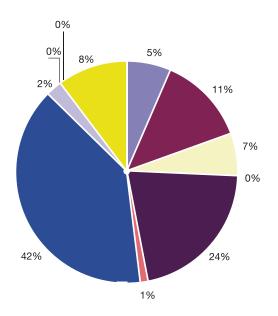
Paulo Buss President, Oswaldo Cruz Foundation, Brazil On a practical level, the journal will benefit from SAGETRACK in 2009, which is a system used to manage manuscript submissions. The system allows for real time follow-up and tracking of a manuscript's progress in the review and production process, and will improve the efficiency and effectiveness in working with authors.

Equity is a valued principle of the IUHPE and of SAGE, and both organisations are committed to providing access to educational material in ways that breach geographic and economic barriers. To make the journal's widely available, SAGE has included this title in dissemination arrangements in Africa, Asia, Eastern Europe and Latin America, via:

- The Journal Donation Project, based at The New School, NY, which assists "in rebuilding major research and teaching libraries in countries that have fallen victim to political or economic deprivation". It is active in Russia and the FSU countries, Nigeria, Vietnam, Cuba and Indonesia.
- INASP, the International Network for the Availability of Scientific Publications. INASP provides institutions with access to SAGE Premier (all SAGE journals online). Currently 47 institutions in Ethiopia, Honduras, Malawi, Rwanda, Tanzania and Uganda are benefiting from SAGE Premier through INASP.
- The UN's Research4Life initiative, encompasses the AGORA, HINARI and OARE programmes. Although the focus of these programmes is the dissemination in developing countries of research on health, agriculture and the environment, all STM, social science and humanities disciplines are represented.

In 2008, the number of manuscript submissions increased by 400%, with the quality and geographic diversity of the content improving steadily with every new submission.

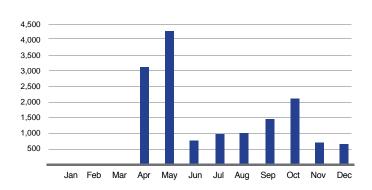
GEOGRAPHIC BREAKDOWN OF INSTITUTIONAL SUBSCRIPTIONS





SAGE: Global Health Promotion, Publisher's Report, April 2009

Since the journal's website went live in January 2008, the journal has achieved 15,087 PDF full-text article downloads.



2008 - total website usage per month

SAGE: Global Health Promotion, Publisher's Report, April 2009

The global free trial that took place during May 2008 accounts for the significantly high increase in usage during this period, when over 30,000 people signed up from different geographical locations (Asia – 7%, Australasia – 8%, Eastern Europe – 10%, Europe - 23%, Middle East/Africa - 5%, North/Central America - 26%, South America - 7%)

Journal Equity Project

Given the global scope and trilingual publication of the journal, the Editors are committed to increase the quality of manuscript submissions in all official IUHPE languages by developing member's skills and building capacity for scientific manuscript writing.

Different writing workshops have been organised at the occasion of IUHPE conferences or others where editors were present, like the Annual Conference on Health Sciences in Burkina Faso and the 2008 Global Ministerial Forum on Research for Health in Mali.

TOP DOWNLOADED ARTICLES - http://ghp.sagepub.com

Article

Johanna Hanefeld

How have Global Health Initiatives impacted on health equity?

Mar 01, 2008 15: 19-23

Paul C. Perrin, Hala N. Madanat, Michael D. Barnes, Athena Carolan, Robert B. Clark, Natasha Ivins, Steven R. Tuttle, Heidi A. Vogeler, Patrick N. Williams

Health education's role in framing pornography as a public health issue: local and national strategies with international implications

Mar 01, 2008 15: 11-18

Patrick Peretti-Watel, Yolande Obadia, Pierre Arwidson, Jean-Paul Moatti

"Un risque, ca va ! Trois risques, bonjour les dégâts?" Les difficultés de l'éducation pour la santé à prévenir des risques comportementaux multiples

Mar 01, 2008 15: 40-45

Hala N. Madanat, Kelly P. Troutman, Bader Al-Madi

The nutrition transition in Jordan: the political, economic and food consumption contexts Mar 01, 2008 15: 6-10

Carmen Aldinger, Xin-Wei Zhang, Li-Qun Liu, Jun-Xiang Guo, Yu Sen Hai, Jack Jones

Strategies for implementing Health-Promoting Schools in a province in China

Mar 01, 2008 15: 24-29

Claudia Konig, Maurice B. Mittelmark

Higher education in health promotion in Europe: a comparative analysis of master's level training programmes using HP-Source.net

Mar 01, 2008 15: 30-35

Vivian Lin, Sally Fawkes

Health promotion in Australia: twenty years on from the Ottawa Charter

Dec 01, 2007 14: 203-208

Valéry Ridde

Réduire les inégalités sociales de santé : santé publique, santé communautaire ou promotion de la santé ?

Jun 01, 2007 14: 111-114

Adrian Bauman, Philayrath Phongsavan, Stephanie Schoeppe, Neville Owen

Physical activity measurement- a primer for health promotion

Jun 01, 2006 13: 92-103

Addelkrim Soulimane

Des programmes de promotion de la santé et d'éducation pour la santé en Algérie : situation actuelle et perspectives

Mar 01, 2008 15: 35-38

SAGE: Global Health Promotion, Publisher's Report, April 2009



GLOBAL ACTIVITIES

Conferences

Maggie Davies, Vice-President for Conferences

Principal Advisor on International Health Inequalities / Department of Health of England

The Vice-President for Conferences is responsible to bring a dimension of long term strategic planning to the conference cycle of the IUHPE and seek mechanisms to ensure that the conferences are better connected with each other and effectively meet the aims of the organisation. The IUHPE organises triennial World Conferences, Regional Conferences and co-sponsors conferences, workshops or meetings. Conferences further the core business of IUHPE in developing and disseminating evidence and learning to advance the field of health promotion and in keeping health promotion on the policy agenda. In addition, the conference generates new members and revenue for the IUHPE.

IUHPE conferences are organised by national or institutional members of the organisation, who have the capacity and organisational support to organise and carry the risk for a major event of international or regional magnitude. With the recognition that there may be other ways of organising conferences, which would be more in keeping with the professional and forward looking nature of the IUHPE as it exists today, the Vice-President has conducted an outsourcing study to have a tendering process put in place for external professional conference organisers to manage the events. The aim is to ensure that IUHPE conferences are organised by those with the experience and capacity to provide a high quality event in terms of technical input and organisation, leaving the IUHPE and its partners to focus on holding a conference which is on the forefront of the field's development and cross fertilises with other global movements. The tendering process will be tested for the IUHPE World Conference in 2013.

20th IUHPE World Conference on Health Promotion, July 11-15, 2010, Geneva, Switzerland

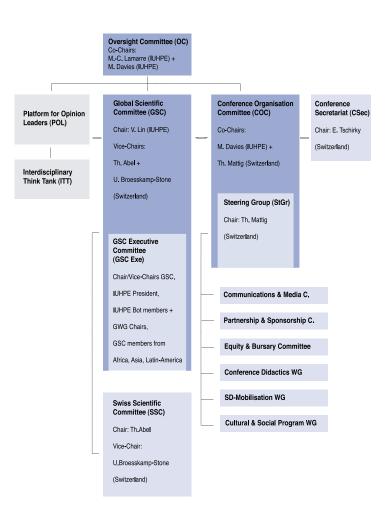


Health, Equity & Sustainable development www.iuhpeconference.net

Health Promotion Switzerland, Trustee member of the IUHPE, has been working vigorously to put together a solid structure which will ensure the conference's content is on the avantguard of global health development, and representation and participation are broad and equitable.

IUHPE Conferences are renowned events bringing together leading professionals in all corners of the world 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.

Conference Organisation Geneva 2010



The 20th IUHPE World Conference on Health Promotion will examine ways to build bridges between the fields of health promotion and sustainable development to improve health for all in the context of today's globalised and increasingly urbanised world, which threatens the sustainability and equity of individuals and the environment. The thematic scope of the Conference will particularly focus on:

- Sustainable environment and health
 What are the inter-linkages between urbanisation,
 environmental degradation, environmental justice
 and health development?
- Equitable and sustainable health development
 Can equity and sustainable development be achieved through health promotion action on societal determinants?
- Participatory governance
 What local and global partnerships do we need to strengthen health and sustainable development?

Presentations will address the core issues of the conference in terms of how a health promotion approach could support integrated agendas for equity, health and sustainable development within or across related themes like urbanisation and economic and social changes. Cross-cutting perspectives that reflect on ethical issues, regional and geographic differences, and resource divides will be encouraged, as well as work that attempts to connect research, policy and practice.

2nd Brazilian Seminar on Health Promotion Effectiveness - May 13-16, 2008, Rio de Janeiro, Brazil





The 2nd Brazilian Seminar on Health Promotion Effectiveness (II SBEPS) was held at FECOMÉRCIO (Commercial Federation Convention Center) in Rio de Janeiro, from May 13 -16, 2008. The event was jointly organised by IUHPE/ORLA – Brazil (IUHPE Latin America Regional Office, Brazilian Sub Region Coordination); Sérgio Arouca National School of Public Health / Oswaldo Cruz Foundation (ENSP/FIOCRUZ); University of São Paulo / Faculty of Public Health's Research and Data Center on Healthy Municipalities, (USP/FSP/CEPEDOC – Healthy Municipalities), and the Brazilian Association of Collective Health (ABRASCO).

The objective of the Seminar was to contribute to the development of health promotion policies, to stimulate the institutionalisation of social policies evaluation, and to present, discuss and share theories, methodologies and practices on health promotion evaluation. The event assembled 301 participants, including professors, researchers, managers, experts from the health area and other related fields.

The event represented an outstanding opportunity to mobilise actions identified as effective for improving quality of life in the Americas. As part of this, a session on 'Health Promotion Effectiveness: Achievements, Drawbacks and Perspectives on International Cooperation' was held with the goal of broadening these actions among national and international partners, and resulted in the approval of a Declaration entitled **Country Cooperation on Health Promotion Effectiveness**. The objectives for international cooperation are to:

- **01** advance the creation and institutionalisation of health promotion networks through cooperative agreements and data sharing;
- **02** favour knowledge construction and continuous critical analysis of health promotion evaluation models and procedures developed with and within diverse populations and settings, including with social movements and minorities;
- **03** give visibility to health promotion programmes and projects, identifying facilitators and barriers to developing a culture of evaluation of social practices and cooperation among countries.

The proceedings from this conference are available at: www.abrasco.org.br

From left: Marcia Westphal (President, Research and Data Center on Healthy Municipalities – CEPEDOC, Faculty of Public Health, São Paulo University, Member of the IUHPE Board of Trustees), Antonio Ivo de Carvalho (Director of the National School of Public Health/FIOCRUZ), Vera Lucia Góes Pereira Lima (Coordinator, II SBEPS and IUHPE/ORLA Brazil Sub region Coordinator), and Álvaro Matida (Executive Director, ABRASCO)

8th IUHPE European Conference on Health Promotion, September 10-13, 2008, Turin, Italy



New frontiers: future political, cultural and scientific challenges for health promotion www.hp08torino.org

The 8th IUHPE European Conference on Health Promotion adressed the cultural and scientific challenges for those involved in the health sector, examined incentives and evidence for devising new political strategies for improving people's lives, and explored solutions to specific community problems, with a particular focus on health development in the European Region and the Southern Mediterranean Rim.

Organised by the IUHPE European Region (IUHPE/EURO) and the Italian Confederation for Health Promotion (CIPES) with the support of the Italian Ministry of Health, the Piedmont Region, the Province of Turin and the Municipality of Turin, the conference provided a forum to identify, analyse and tackle the barriers which hinder cooperation between various sectors; in particular, it established a dialogue among different ethno-political cultures and discussed ways to transfer and apply knowledge and experiences of diverse professional groups. An analysis of partnership and evaluation aimed at extracting those elements that may strongly support cooperation between organisations and institutions, and specifically create effective international public-private partnerships for developing, implementing and supporting these processes. Finally, the Conference considered the evaluation process by proposing a means for reflection on the assessment of health promotion activities, acknowledging the need for a balance between sound technical and rigorous scientific methodology on one hand, and the need for participatory evaluation methods and approaches involving citizens as well as communities on the other.

Particular attention was devoted to the needs of Eastern Europe and North Africa, with an emphasis on capacity building for those countries where health promotion is less developed. The Conference highlighted the need to improve the methodology of evidence-based health promotion in terms of both quality and effectiveness, including participatory approaches to evaluation taking into account civil society participation.

Participants included public administrators, politicians, policy and decision-makers, scientists, researchers, evaluators and other professionals and practitioners from different fields in the public, voluntary and private sectors (i.e. transport, housing, education, environment).

IUHPE co-sponsored events

The IUHPE co-sponsors conferences, workshops, or meetings, which meet the IUHPE strategic objectives and / or offer an opportunity for representation and visibility. There are different ways to co-sponsor an event corresponding to different levels of IUHPE involvement. For each level the IUHPE commits itself to provide the organisers with services (ranging from authorising the use of its logo to more inclusive contributions to the development of the scientific programme). In return, the IUHPE expects the organisers to also offer different services. These are mutually agreed upon by both parties.

Events in 2008 included:





GLOBAL ACTIVITIES

Strategy & Governance

Michael Sparks, Vice-President for Strategy & Governance

School of Education and Community Studies and the Australian Institute for Sustainable Communities, University of Canberra / Crawford School of Government and Economics, Australian National University



Created in June 2007, the Vice-President for Strategy & Governance ensures that appropriate processes are developed and maintained to regularly review the strategic directions of the IUHPE and the strategic orientation of its work; as well as to ensure that the governance arrangements are sound and effective. Since its foundation, the IUHPE has grown and expanded the breadth and depth of its work in health promotion. The organisation has, at times, wrestled with issues of strategic direction and how to ensure that the organisation seeks out and takes up new opportunities that fulfill or advance its strategic goals.

In recent years questions have arisen from the membership regarding the structure of the organisation, its governance, and how best to involve members at all levels of the organisation in the work that is done. These issues require further elicitation, clarification and discussion before a resolution can be proposed, which is the principal responsibility of this Vice-President. To meet the actions of the new role, the work plan for 2007 - 2010 includes action on different areas.

Drafting the Strategic Directions document for 2008-2010

The first action area of the work plan centred on finalising a statement of strategic directions for 2008-2010. The new strategic directions document contains a new section on Vision and Values that was collaboratively developed with the membership in 2006 and 2007.

VISION, VALUES AND MISSION

The vision of the IUHPE is a world where all people achieve optimum health and wellbeing.

The values critical to the achievement of this vision include:

- Respect for the innate dignity of all people; for cultural identity; for cultural diversity; and for natural resources and the environment;
- Inclusion and involvement of people in making the decisions that shape their lives and impact upon their health and wellbeing;
- Equity in health, social and economic outcomes for all people;
- Accountability and transparency- within governments, organisations and communities:
- Sustainability;
- Social justice for all people; and
- Compassion and empowerment.

The IUHPE's mission is to promote global health and wellbeing and to contribute to the achievement of equity in health between and within countries of the world. To that end, we:

- Articulate a clear set of goals and priorities for the attainment of our vision:
- Build and operate an independent, global, professional network of people and institutions to encourage the free exchange of ideas, knowledge, expertise and experience;
- Advocate for action toward our goals and priorities;
- Achieve mutually desirable outcomes through projects, collaboration and cooperation with members, other organisations and institutions and governments;
- Train and build the health promotion capacity of members and other health promotion practitioners;
- Develop the evidence base for effective health promotion through research, publications, and conferences;
- Inform our members of our activities and provide opportunities for them to contribute to the work of the organisation; and
- Support and encourage new generations of health promotion expertise.

International Union for Health Promotion and Education. Strategic Directions 2008-2010. 2007 [Available at: www.iuhpe.org]

Developing and implementing a process leading to a new Strategic Directions document for 2010 - 2016

A Strategy and Governance Reference Group has been established to assist the Vice President. This group is developing appropriate processes to consult with members on emerging issues relevant to the strategic directions of the organisation and to reflect those issues in a revised Strategic Directions document. In addition, the process will be well documented and a recommended timeline will be developed for future revisions of the document. The new document will be presented at the 2010 World Conference in Geneva.

Improving strategic coordination and reporting within the organisation

The third action area reflects a desire to improve both the strategic focus of the work done by the organisation and to better coordinate information on what is being done to achieve our strategic aims. This action area requires the development of a new way of working together across all executive portfolios (the President, all the Vice Presidents and the Headquarters staff) to ensure that all work undertaken by the organisation is attributable to at least one of our stated strategic aims. New ways of consulting on developments and reporting on activity will also be developed under this action area.

Consulting, identifying and making recommendations on governance issues

There is a need within the IUHPE to develop new mechanisms for consulting with the membership about governance issues. Some governance issues have already been put to the Executive by Board members or other members of the IUHPE. The new process will attempt to better identify the issues, the reasons the issues are being raised, and the options for resolving or improving the governance issues. Within this process there is scope for researching how comparable organisations address and resolve governance issues. An important part of this action area will be the documentation of processes so that the IUHPE can continue to consult on governance issues as the organisation grows and evolves.

Implications for the IUHPE membership

For members of the IUHPE including members of the Board of Trustees and members of the Executive Committee, the work under this Vice-Presidency represents new opportunities for discussing where the organisation should be seeking to go in future. It also presents opportunities to nominate governance and structural issues for further discussion and debate. It is intended that this work will lead to greater clarity about what we do as an organisation, why we do it, and how we do it. As with all IUHPE endeavours the success of this position will depend upon the concerted effort from a broad range of stakeholders, not least of whom are the members.

> Health and inequalities increase as an outcome of global economic integration, accelerated urbanisation and ecological disruption, and market-based reform policies. It is vital that the IUHPE, as an organisation, overtly accounts for the political, economic, social and physical environments within which it operates in order to adapt to change and continue in the efforts to achieve its mission.



GLOBAL ACTIVITIES

Partnerships & Institutional Affairs

Sylvie Stachenko, Vice-President for Partnerships & Institutional Affairs School of Public Health / University of Alberta, Canada

Non-governmental organisations such as the IUHPE work most effectively through partnerships. The IUHPE is challenged to develop new ways of mobilising to provide whatever support is possible, to advocate for more health promoting outcomes, and to participate in effective partnerships that result in better health and wellbeing for people, particularly those affected by detrimental circumstances arising from poor living conditions, disease pandemics or natural disasters.

The IUHPE is uniquely positioned as a global, independent and professional non-governmental organisation in the field of health promotion, which should enable it to play a stronger, more active role in the international arena and work in close collaboration with global organisations to improve health equity between and within countries.

This requires that IUHPE develops new ways of mobilising support for health promotion, advocate for more health promoting outcomes and participate in effective partnerships that result in better health and well-being. The IUHPE needs to be strategic when selecting partners and also be clear on their role, which could range from advising on / assisting with existing activities, undertaking new ones, helping with membership recruitment, and / or helping fund specific projects / activities etc.

As part of his vision, the President created the Vice-Presidency for Partnerships & Institutional Affairs to have a dedicated person to move forward and facilitate a Partnership Development Strategy, which will proactively seek out, establish and support partnerships between the IUHPE and appropriate institutions to expand its niche as a global leader in health promotion. In regular consultation with a broad range of institutions and agencies, the aim is to build effective and mutually beneficial partnerships that will help strengthen IUHPE's position as well as its institutional capacity by:

- increasing membership;
- increasing the skills and capacities of members to respond to health challenges;
- undertaking evaluation and improving the organisation's performance;
- developing and disseminating knowledge;
- securing sustainable funding for the organisation's infrastructure.

The formal mechanism to ensure and coordinate partnership activities will be the creation of an IUHPE Partner's Platform, which will be launched at the 20th IUHPE World Conference in 2010.

Scoping review of IUHPE current partnerships

As a first step to develop the strategy, the Vice-President commissioned from Louise Potvin, a member of the Board of Trustees, to carry out a scoping review of the current partnerships in which the IUHPE is engaged internally and externally. The review was carried out in September 2008. IUHPE current partnerships were categorised based on a fundamental distinction between IUHPE members and non-members, it is summarised as follows:

Global membership

As a membership-based organisation IUHPE's most extensive partnerships are those established with members. The terms of these partnerships are defined in the Constitution and in the By-Laws. There are five types of members (description of each category is in the Membership section of this report of activity):

- 01 Trustee members
- 02 Institutional members
- 03 Individual members
- 04 Student members
- 05 Honorary members

Partnership with IUHPE Members

IUHPE is engaged in a vast number of partnership projects involving many categories of members throughout the world. There is also a great diversity of such partnerships and projects in which headquarters staff and members are involved. This is an extensive portfolio of activities, as described under the Scientific Affairs section.

The operating budget of the IUHPE comes mainly from partnerships with IUHPE members based on joint interests for global scope project activities. Those partnerships directly fund two project officers and contribute to the remuneration of other Headquarters staff. In addition, most of these projects include activities with individual members. There is a great deal of variation in the agreements' formats.

Some are very detailed and include a list of deliverables and activities whereas others are broad with non-specific deliverables. The form of grants seems to be the most important predictor of the level of details in the agreement. Another dimension of the variation is in the scope of the project. Some projects are more like umbrellas that cover a wide range of health promotion issues whereas others are more narrowly focused on a single issue. In all those partnerships, however, the activities carried out by the headquarters are highly technical and content related. They require a high level of expertise on health promotion. Those activities often involve the production of technical documents and the organisation of seminars and training workshops.

Another important aspect of the headquarters activity throughout these projects is to facilitate networking among members and between members and other organisations. It is clear that IUHPE positions itself as an organisation with a unique content niche and with a unique global reaching out capacity. Such a capacity is used both to engage with expert members who can contribute to the project and to disseminate knowledge products. In most of these projects, including the organisation of the World Conference, the IUHPE maintains a high level of control over the governance. Whenever project implementation is not entirely within IUHPE control, the presence of steering committees and joint chairs ensures a high level of control of the organisation over the end product.

- 01 United States Centers for Disease Control and Prevention (CDC)
- 02 Department of Health of England
- 03 Public Health Agency of Canada (PHAC)
- 04 Health Promotion Switzerland
- 05 Chair on Community Approaches and Health inequalities of the University of Montreal
- 06 Society for Public Health Education (SOPHE)
- 07 French National Institute on Prevention and Health **Education** (INPES)
- 08 National Public Health Institute of Quebec (INSPQ)

Institutional "Donors" with no membership status

There is only one institutional donor, the **Health Directorate in** France. This convention of agreement is highly beneficial for the organisation. This partnership involves a significant annual transfer of resources with very loosely defined obligations for the organisation. The only strict obligation is to produce annual and triennial reports for both the activities carried out with the donor's resources and the overall activities of the organisation. Another form of partnership that can be included in this category are the entities that sponsor IUHPE conferences.

IUHPE Global Working Groups / Networks

The number of working groups and internal networks that are hosted and taken care of by the organisation have experienced a recent growth and formalisation. Many of those networks' secretariat function is assumed by Headquarters staff and involves convening meetings, keeping track of records and general meeting management activities. Except for the committees related to the preparation of the World Conference, the origin of these working groups is usually related to a demand expressed by members at the General Assembly. The work of these networks and working groups is entirely based on volunteers and contributes to the advancement of the IUHPE global agenda.

01 / Global working groups:

- 01.1 **Healthy Settings**
- 01.2 Risk Factor Surveillance
- 01.3 Salutogenesis
- 01.4 Social Determinants
- 01.5 Health Promotion Effectiveness (Global Programme on Health Promotion Effectiveness- GPHPE)

02 / Ad-hoc Committees, which guide the work of a Vice-President:

- 02.1 Advocacy
- 02.2 Accreditation
- 02.3 Internal Control Committee
- 02.4 Global Scientific Committee of the World Conference
- 02.5 Advisory Committee for Tobacco Control
- 02.6 Global Consortium on Community Health

Partnership at Regional level with institutions / members on joint interests for project activities

The most unusual category of partnerships given the global scope of the organisation is that of partnerships at regional level with institutions / members on joint interests for project activities. With one exception, all these partnerships involve a European partner, which means that the partnerships that mainly involve the IUHPE EURO have to be formalised through global Headquarters. The exceptional project

is DETERMINE, which is a European Union Consortium on social and economic determinants, it involves transfer of resources to IUHPE in the form of a contract and it is a rare instance where the IUHPE is not project lead.

EuroHealthNet - Joint special interest groups 01 (effectiveness, physical activity) 02 **CIPES-**Piemonte 03 **DETERMINE EU** Consortium on Social & **Economic Determinants of Health** 04 **Accreditation system** 05 **European Public Health Association** (EUPHA) 06 **Latin American Consortium of Universities and Training Centres for Health Promotion**

Publications

There are currently six Journals international in scope that are official Journals of the IUHPE. Although some titles seem to be more related to the core IUHPE business than others, most of them have editorial positions that focus on health promotion, as described in the Communications section of this activity report.

Global Health Promotion 01 **Critical Public Health** 02 **Health Promotion International** 03 **Health Education Research** 04 International Journal of Mental Health Promotion 05 International Journal of Public Health 06 International Journal of Prisoner Health 07

Active Participation in various networks

The last form of partnership, which is also the least formal and also less documented through written agreement, is the various networks in which IUHPE participates as a member.

- 01 UN Agencies: World Health Organization, UNICEF, UNESCO, UN-Habitat.
- 02 Global Alliance for Physical Activity, including Agita Mundo, CDC, WHO, World Heart Federation and the International Society for Physical Activity and Health.
- 03 Global Consortium for the Advancement of Promotion and Prevention in Mental Health, including the World Federation for Mental Health, The Carter Center, The Clifford Beers Foundation, VicHealth, World Psychiatric Organization, International Alliance for Child and Adolescent Mental Health and Schools, Education Development Center, Collaborative for Academic, Social, and Emotional Learning and Voksne for Barn.
- International School Health Network 04
- 05 International Non Governmental Coalition Against Tobacco
- 06 Cochrane Public Health Review Group
- 07 NGO stakeholder in the Commission on the Social Determinants of Health
- International Network of Health Promotion Foundations 80
- 09 World Federation of Public Health Associations
- International Network of National Public Health 10 Institutes
- 11 Francophone network for health promotion (Réfips)
- 12 International Collaboration on Teacher Training in Health Promotion and Health Education, including University of Clermond Ferrand, University of Limerick, University of Minho, Schools for Health in Europe, Education Development Center, International School Health Network, Inter-American Coalition of Universities and Training Centres for Health Education and Health Promotion Personnel.
- Framework Convention Alliance 13

Global mapping of potential partners and networks

An external environmental scan has also been conducted to contribute to the building of strategic partnerships, which will lead to mutually beneficial opportunities for action on health promotion. A further benefit of an expansion of strategic partnerships would be greater outreach to new constituencies as well as to new funding opportunities.

The IUHPE already enjoys a high recognition factor and is globally respected for its leadership in furthering the principles of health promotion. It has a small but highly effective Secretariat and its triennial World Conference is one of the most attended and successful public health conferences offered. The organisation is endeavouring to identify its strategic leadership niche, build on its existing strengths, expand its outreach and build a sustainable governance and financial base for its operations.

The 2008 release of the Report from the WHO Commission on Social Determinants of Health provides a new moment in time where there is a global consensus on the importance of social context for health and a fresh look at the principles of the Ottawa Charter. There is a need for coordinated official and non-official action on the Report's recommendations and the IUHPE is ideally positioned and recognised to undertake this leadership role.

In addition to the existing partnerships identified in the scoping exercise, there are other partners the IUHPE needs to envisage approaching. In a preliminary scan, a series of names have been identified, all of which have extensive and legitimate constituencies in national health networks and would share a common vision of health promotion and social determinants of health. There would be great potential and synergy for coordinated actions and an effective advocacy voice for healthy public policy and support for the WHO's Commission on Social Determinants of Health. Some of them represent the geographic area gaps, while others represent some of the thematic or vulnerable population groups that could contribute to IUHPE's strategic directions. None of them are likely to bring financial resources to IUHPE but would certainly be important partners in jointly undertaking activities and increasing the credibility of IUHPE as a convening organisation for health promotion. This would enhance the possibility of obtaining funding for joint activities.

What could IUHPE offer these potential partners?

Apart from joint project activities, the IUHPE's publishing capacity and World Conferences with a special stream dedicated to their priorities would likely be of interest to such groups as a vehicle for dissemination of their work and issues.

In addition, there are 189 non-governmental organisations in Official Relations with WHO, as listed on their website. Most of these are not affiliated with the IUHPE. Many of them are not health organisations per se, but all demonstrate sufficient commitment to global health to maintain their WHO affiliation.

The objective is therefore to expand partnerships and establish an IUHPE Partner's Platform in 2010, where:

- · Mutual benefits accrue to all partners;
- · Each partner organisation has financial independence. This does not preclude joint project which are externally funded;
- · All partners are financially and institutionally well governed with accountability oversight established;
- · Partners bring enhanced credibility to the collective group and represent action networks;
- Strategic partners will bring new communities/networks to IUHPE's work and their work will be enhanced by participation with IUHPE;
- · Some seats might be reserved for exceptional individuals who bring ideas and creativity to the work;
- · Inter-generational partnerships which encourage a new generation of health promotion activists to participate in IUHPE. This may involve mentoring and / or some risk taking on the part of IUHPE, but would result in generation transfer to new health promotion professionals.

Priority List of Potential New Partners

Organisation		Priority Activities
World Federation of Public Health Associations	http://www.wfpha.org	Creating and strengthening national PHAs Tobacco Control Support to MDGs HIV/AIDS Persistent Organic Pollutants Triennial Congress
WHO Collaborating Centres for health promotion	http://www.who.int/whocc	Activities cover almost all areas of health promotion research.
Equinet	http://www.equinetafrica.org	Outreach to policy makers, particularly Parliamentarians Addresses issues of health equity
The People's Health Movement	http://www.phmovement.org	Effective advocate for the return of WHO to the Primary Health Care principles of the 1978 Declaration of Alma Ata
Global Health Watch	http://www.ghwatch.org	Monitors and publishes reliable information on the health status of people's around the world. Latest Report released 2008
Women's Global Network for Reproductive Rights	http://www.wgnrr.org	Advocacy against gender-based war crimes Radio school Regional meetings Publications
International Women's Health Coalition	http://www.iwhc.org/	Monitoring of US Foreign Policy Health sector reform Poverty reduction
Voices of Youth	http://www.unicef.org/voy	An internet network of young people around the world, where they disseminate information on their activities. It crosses developing and industrialised countries
Networks of Schools of Public Health	http://www.aspher.org http://www.alaesp.sld.cu	Curricula development, Teaching, Research
International Centre for Municipal Development	http://www.fcm.org	Water Sanitation Transportation HP at municipal level

International Union for Health Promotion and Education. Global Mapping of Potential Partners/Networks for the International Union for Health Promotion and Education. 2008. [Available at: http://www.iuhpe.org/uploaded/Activities/IAffairs_Partnerships/IAP_mapping_partners.pdf]

NGO in Official Relations with WHO

International Health Development Community

African Medical and Research Foundation International- AMREF http://www.amref.org/ Aga Khan Development Foundation http://www.akdn.org/

Health Research Organisations

Council on Health Research for Development http://www.cohred.org

Global Forum for Health Research http://www.globalforumhealth.org

Youth and Adolescent Health Organisations

Family Health International, Youth Working Group Secretariat http://www.fhi.org/en/Youth/IYWG.htm

International Association for Adolescent Health http://www.iaah.org

Non Communicable Diseases

World Heart Federation http://www.worldheart.org International Union Against Cancer http://www.uicc.org

Community- Based Organisations

Rotary International http://www.rotary.org International Association of Lions Clubs http://www.lionsclubs.org The Network Towards Unity for Health http://www.the-networktufh.org

International Union for Health and Education. Global mapping of Potential Partners/Networks for the International Union for Health Promotion and Education. 2008. [Available at: http://www.iuhpe.org/uploaded/Activities/IAffairs_Partnerships/IAP_mapping_partners.pdf]

Potential new sources of funding and programmatic activity

UN Fund for Partnerships http://www.un.org/partnerships

Rockefeller Brothers Fund http://www.rbf.org

Rockefeller Foundation http://www.rockfound.org Charles Stewart Mott Foundation http://www.mott.org

Google Org. http://www.google.org/inform.html

Packard Foundation http://www.packard.org Synergos http://www.synergos.org

Foundations who have worked with the UN and provide individual grants to international projects

The MacArthur Foundation http://www.macfound.org The Better World Fund http://www.betterworldfund.org The Turner Foundation http://www.turnerfoundation.org The Gates Foundation http://www.gatesfoundation.org The Ford Foundation http://www.fordfound.org/

The Clifford Beers Foundation http://www.cliffordbeersfoundation.co.uk

International Union for Health Promotion and Education. Global Mapping of Potential Partners/Networks for the International Union for Health Promotion and Education. 2008. [Available at: http://www.iuhpe.org/uploaded/Activities/IAffairs_Partnerships/IAP_mapping_partners.pdf]



GLOBAL ACTIVITIES

Scientific Affairs

Vivian Lin, Vice-President for Scientific Affairs
School of Public Health / La Trobe University, Australia

An overriding global concern for health promotion is to find effective ways to influence policies and practices at global and regional levels, in addition to national and local levels. Acting effectively to address the distribution of social and economic determinants of health is vital and requires inter-sectoral collaboration, whole-of-government approaches and trans-national cooperation. Working closely with other global health-focused organisations is essential in this task as is a commitment to working with organisations outside the health sector, civil society and the private sector across a range of settings.

The IUHPE is dedicated to strengthening knowledge-based health promotion policy and practice, which requires a commitment to knowledge development, translation and exchange. The Vice-President for Scientific Affairs leads this area of work by drawing on the contributions of individual and institutional members, and forming partnerships with organisations and networks with shared interests.

Health promotion in general, and the IUHPE in particular, is committed to the achievement of health equity. This necessitates engagement with diverse sectors to examine the impact of the social determinants of health and the effectiveness of actions being taken at global, national, and local levels. Additionally, the IUHPE has a keen interest in health promotion capacity building in low and middle income countries (LMICs) as a strategy for closing the global equity gap. Through multiple partnerships, the IUHPE acts as a technical agency to document and disseminate knowledge, and enhance the capacity to undertake health promotion action globally.

Using the Global Programme on Health Promotion Effectiveness and the range of Global Working Groups, the IUHPE exercises its convening role to explore such questions as:

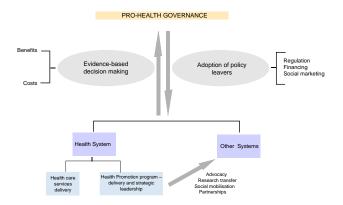
- what creates health? how can health and its determinants be more equitably distributed?
- what health and social outcomes are achieved through health promotion? how should they be monitored?
- what constitutes evidence for health promotion effectiveness in different settings and contexts?
- what decision-making processes and governance arrangements are conducive to equitable health development?
- what is the evidence of effectiveness of health promotion in addressing global health challenges?
- what strategies and systems best support uptake of evidence into policy and practice?

Pro-health governance agenda

Although there is much progress on health promotion infrastructure and capacity mapping, as well as health promotion evidence and effectiveness, including involvement of some LMICs; there remain many challenges on these fronts, plus an unexplored frontier about how to ensure decision-making for health promotion policy and practice (within and outside the health sector) incorporate issues of evidence and capacity, and with a particular orientation towards equity and social determinants of health, which we refer to as 'pro-health governance'.

Health promotion effectiveness requires action within and outside the health sector, and action at both community and policy level. The achievement of health promotion effectiveness is challenged by not having a sufficiently recognised and robust evidence base, inadequate investment in health promotion infrastructure and capacity, and difficulties in securing commitment for translation of evidence into policy and practice. Health promoters often find the 'healthy public policy' and 'reorienting health services' to be the most difficult aspects of the Ottawa Charter to effect. There are examples of successes in translating evidence into decision-making, as well as examples where the same evidence produces different policy outcomes. The diagram depicts some of the terrain that health promoters need to traverse in order to act on.

To date, IUHPE has commenced a process of documenting health promotion infrastructure and capacity (HP-source.net) as well as the flagship Global Programme on Health Promotion Effectiveness. More cross-national comparisons about health promotion infrastructure and capacity, and evidence of health promotion effectiveness, will be important in building our understanding about 'what works'. Another frontier for development of further understanding is how do decisions get made, or what decision-making processes (and by whom) can make a difference, particularly in relation to incorporating health equity concerns into policy and practice.



Global Working Groups

The IUHPE has organised a range of Global Working Groups (GWG) to set, support and sustain an agenda for the IUHPE scientific affairs portfolio. The first group of this type, the one on settings, was formed in 2006; the others have been put together in the course of 2008. Although they all have a different contextual backdrop for their establishment and development, the formation of each GWG is related to a direct IUHPE response to its membership's expressions of interest and the need to convene a set of global professionals around a specific facet of the scientific affairs programme.

IUHPE global working groups are embedded in the portfolio of the IUHPE Vice-President for Scientific Affairs. These groups are comprised of professionals from around the globe, by invitation of the IUHPE headquarters, the Vice-President for Scientific Affairs and the GWG Chair, according to the aims and objectives of the GWG as defined by their Terms of Reference.

A distinguishing factor of the GWG is that they are all grounded in a set of core principles:

- GWGs are important mechanisms for agenda setting for and within the IUHPE;
- GWGs should ensure that they make a dynamic contribution to the IUHPE programmes;
- GWGs should not only provide scientific advice but also engage with key partners, stakeholders and look at regional input and engagement of other key players for capacity building.

As part of its scientific collaborations, the IUHPE has other relevant scientific advisory groups, or similar ad-hoc groups that are project or topic based, as listed in the Institutional Affairs & Partnerships section.

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. Fundamentally, 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 is an on-going process, a long-term programme of work, which is supported by a range of activities, partnerships and projects.

Distinguishing features of the GPHPE:

- operates as a world-wide programme
- advocates the importance of effectiveness to researchers, practitioners and decision-makers
- cultivates regional specificity, encouraging input from the developing world with a focus on non- Western views of effectiveness
- promotes the development of unique and novel evaluation approaches to accommodate emerging areas of interest
- employs 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 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.

01

GPHPE Monograph Volume I: a symposium in a book



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 analyse 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.

The GPHPE took on the challenge public health professionals face to prove that programmes are worthwhile and that interventions make an impact by compiling reflection and critical thinking on crucial issues, such as:

- Assessment of evidence and evaluation of effective ness in an international context.
- Synthesis of progress on the various GPHPE regional projects.
- Advocacy to strengthen the evidence base for mental health promotion, physical activity promotion and a wide range of settings-based health promotion interventions.
- Challenges to health promotion and its assessment, including peace-building, urbanisation, globalisation, and social determinants.
- Global debates on emerging health promotion arenas -equity, methodology, partnership, development in adverse political climates, and others—as to whether or not traditional concepts of evidence, impact, and outcomes can be applied.

02

GPHPE Monograph Volume II: a focus on "how to"

The development of volume II of the series, to be launched in Geneva at the 20th IUHPE World Conference, is in the making and will concentrate on the processes and contexts for moving from evidence to effectiveness.

Three main strategies are being employed to steer the process:

> Representation / participation - using a variety of mechanisms to be inclusive and participatory in the process **Advocacy** – ensuring the broader inclusion of important institutional players and key networks

Capacity building - using the book's development as a capacity building exercise.

The GPHPE Volume II will be a two part document:

 A framing document which will be constructed of chapters invited for submission from key network and specific individual professionals who will address specific areas very practically in terms of looking at:

- What do we know about the efficacy?
- What actually gets picked up for decision-making?
- What then happens in terms of implementation?

Chapters in the framing document will be organised under the following six sections:

- the development agenda;
- the social determinants of health;
- community and political empowerment;
- health system strengthening;
- health promotion capacity; and
- further debates about evidence and effectiveness.

 A workbook document with concrete examples from practice collected through a call for case studies and published in the IUHPE journal Global Health Promotion. The objective is to build capacity of practitioners to be reflexive about how they use and integrate evaluation results into the planning and implementation of population health interventions. The GPHPE has initiated a collection process to seek case studies which reflect and demonstrate how research evidence derived from epidemiological studies, evaluation research and/or research synthesis and meta-analysis is used and translated to address health challenges locally with the aim of creating a body of experience and practical examples on how empirical evidence informs health promotion policy and practice.

Global Working Group on Healthy Settings

This GWG was created to support the development of a whole system for settings-based health promotion, acknowledging the potential of this approach (a) to contribute to the promotion of health, wellbeing, education and sustainable development, and (b) to the pursuit of equity within and between countries, in the context of globalisation and other 21st century forces.

Aims

- To facilitate the development and communication of settings-based theory, policy and practice at international and national levels.
- To build bridges and enable shared learning between settings-specific programmes, networks and collaborating centres, and with relevant professions and sectors, at international and national levels.
- To ensure 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).
- To strengthen the knowledge and evidence bases for settings-based health promotion by promoting a culture of evaluation, learning and development.

Global Working Group on Salutogenesis

The GWG on Salutogenesis explores the relevance of the salutogenic approach and framework for health promotion research and practice.

Aims

- International coordination and stimulation of salutogenic research and development (globally and regionally).
- Collection and analysis of global research and practice evidence.
- Professional and research training and networking.
- Arrangement and participation in seminars and conferences.
- Continuous updates on the new web-database : www. salutogenesis-resource.fi

Global Working Group on Social Determinants of Health (SDH)

Launched in November 2008, this GWG contextualises and relates health promotion to the SDH agenda, specifically:

- contributing to the operationalisation of health promotion action for the priority areas proposed by the WHO Commission on SDH
- advocating for infrastructure building and institutional progress to support health promotion action in this regard; and
- providing a health promotion framework for sustainable implementation and measurement of outcomes.

Aims

- Utilise the IUHPE's global network to raise awareness, advocate and develop capacities for action, ensuring synergy with the IUHPE's global position statement on priorities for health promotion action.
- Develop IUHPE activities at global, regional, national, and community levels that advance policy and action on (health) equity.
- Engage in the GPHPE to consolidate and build the evidence base for health promotion effectiveness on equity through action on the SDH (including surveillance, measurement/monitoring and evaluation methodologies).
- Support alliances and dialogue with other evidence networks in relation to SDH issues that seek to bring forward the outcomes of the CSDH.
- Include opportunities for knowledge exchange, and debate and dialogue in IUHPE conferences.
- Facilitate access to HP-relevant information on SDH policy and action.

Global Working Group on Surveillance

The GWG on Surveillance supports the development of behavioural 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.

Aims

- To integrate surveillance as a tool into the mainstream of health promotion work.
- To finalise the definition and conceptual framework of BRFS that can be shared and discussed globally.
- To serve as a reference for researchers, BRF practitioners, countries that are developing BRF surveillance.
- To share findings and results and experiences with IUHPE community to facilitate the discussion regarding the role of BRFS.

Collaboration with agencies and international organisations

It has been a decade since the success of the IUHPE European initiative that led to the publication of The Evidence of Health Promotion Effectiveness: Shaping Public Health in a new Europe, thanks to funding and support from the European Commission and the United States Centers for Disease Control and Prevention. The IUHPE has since then entered into different 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. The following section lists the projects and agreements in which the IUHPE is involved in.

Taking forward collaboration on the social determinants of health and on non-communicable diseases (NCDs) IUHPE / Department of Health of England

The IUHPE and the Department of Health of England collaborate on a series of projects and initiatives to address and contribute to build capacity at the international, national and regional levels around non communicable diseases with a focus on the Global South, in particular Sub-Saharan Africa, and the social determinants of health translating into action the recommendations of the WHO Commission on Social Determinants of Health.

Building the case for healthy public 01 policies on NCDs in Africa

The emerging burden of disease and mortality in Sub-Saharan Africa is the result of prevailing non-communicable diseases (NCD). In the African context, NCD are mostly associated with lifestyle, structural and environmental changes, which calls for an integrated approach and for strategies that:

- develop effective primary intervention measures;
- tackle risk factors and the wider social, economic and environmental conditions;
- adopt evidence-based approaches for interventions for vulnerable groups and populations; and
- support governments in the implementation of effective, efficient and sustainable NCD policies and programmes.

In order to respond to these needs, the IUHPE, in collaboration with the African Institute for Health and Development, aims to establish a system and evidence that will provide guidance to countries within the Sub-Saharan African region to address

NCD comprehensively through key strategies, which represent the epitome of how the IUHPE functions in collaborative projects: advocacy and capacity building, technical expertise and networking.

Advocacy and capacity building

In order to bring to the surface key issues around the current state of NCD in Africa, the IUHPE organised a meeting in Bagamoyo, Tanzania (July/August 2008), which brought together international and African experts. In addition to examining existing policies and guidelines addressing NCD in Africa, the meeting also looked at how health promotion approaches and advocacy strategies can make a contribution. Through an interactive workshop, participants not only identified capacity needs to develop effective NCD advocacy activities in their countries, but also the actions they could undertake in their current roles to advocate for a greater investment and the development of public policies addressing NCD.

Technical expertise

At the Bagamoyo meeting, participants and partners identified the need to establish a mechanism that could provide guidance to countries within the sub-Saharan African region to address NCDs comprehensively. A group of experts has been convened, composed of a small number of individuals with varied and complementary expertise in the various conditions that constitute NCD (e.g. cancer, diabetes, cardiovascular diseases) in order to provide countries with technical support and consultation mechanisms for effectively tackling NCD. Members represent individual and collective sources of expertise and experience that can be tapped in order to better inform the planning, implementation and evaluation of NCD initiatives in the region. The expert group provides guidance in such areas as policy formulation, surveillance and interventions, and linkages to both human and financial resources within and outside the region. The experts also represent the region in international NCD and other healthrelated forums and are active advocates for NCD prevention and control in Africa.

Networking

In parallel to the advocacy meeting held in Bagamoyo, and within the same context of NCD in Africa, a group of key international, regional and local partners got together to discuss and share ideas, plans and concerns. The enthusiasm expressed by the different parties on the importance to take action in a coordinated matter led to the creation of an NCD Partner Forum. Its aim is to build an international network, including meeting participants and inviting other key global players, which will foster awareness and reinforce capacities and strategies in the region to address the emerging NCD burden. Specific activities for the group were outlined, including mapping exercises on existing NCD interventions and training and capacity building opportunities to then identify priority intervention areas and establish resource mobilisation mechanisms.

Mapping Health Promotion in Sub-02 Saharan Africa

In Africa, as in many other parts of the world, the critical and adequate infrastructure needed to support community health and health promotion, such as health promotion policies, training programmes or research capacities, is not widely in place. Information on what is available and where is not systematically and easily accessible. Recognising that this information constitutes a key element to advocate for greater investment and encourage health promotion policies in the region, this mapping exercise aims to contribute to mapping the infrastructure for health promotion in Africa in order to support more rational and efficient priority-settings and decision making. The information collected so far is available for public viewing and use through the IUHPE's web resource HP-Source.net.

Social Determinants of Health in Very **Poor Ruralities**

Usual measures of position on the social gradient are useful for international, national and even regional comparisons and contribute to stimulate countries to introduce policies to reduce health inequalities. However, in certain context, including very poor ruralities, where the health status of individuals is highly variable, classical social position measures such as income, expenditure, education and occupation are mostly irrelevant.

Jointly coordinated by the University of Bergen and the IUHPE, this project attempts to identify health-relevant indicators of social position, comparing three different regional cases (one from sub-Saharan Africa, one from Latin-America, and one from South East Asia) in order to differentiate those that are context specific to those that are not. These relevant indicators will next be used in research to illuminate how they relate to variations in health. A final report will present the conclusions of these findings and suggest initial recommendations for monitoring, surveillance and for action contributing to develop policy to address health inequalities in these regions.

Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. An International Conference Based on the Work of the WHO Commission on the Social Determinants of Health, 6 – 7 November 2008, London

The transcriptions of conference presentations will be available in 2009 on Global Health Promotion's website (http://ghp.sagepub.com) and videos are available at : http://www.ucl.ac.uk/gheg/whocsdh/videos/videos.



Sir Michael Marmot, Chair of the WHO Commission on Social Determinants of Health during his Address at the conference Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, 6-7 November 2008, London

Following the release of the WHO Commission on Social Determinants of Health Report on August 28, 2008, the Department of Health of England organised a conference in London, which was the first major international event to focus on its recommendations, to help cultivate a movement to address these issues as a global agenda. The conference was opened by the Prime Minister of the UK, Gordon Brown. He was joined by four other Ministers for England: the Secretary of State for Health, Minister for Public Health, Secretary of State for Environment, Food and Rural Affairs, and Parliamentary Under-Secretary of State for International Development. In addition, over 80 countries were represented, with 20 ministers, members of the Commission, business leaders, international agencies and civil society leaders. The Department of Health in collaboration with the IUHPE signed an agreement to produce a special Supplement of the journal Global Health Promotion with transcriptions of the keynote addresses, interviews and panels during the conference.

Tools for partnership activities in health promotion and evaluating interventions that aim to reduce social inequalities in health

IUHPE / Chair, Community Approaches and Health Inequalities

The IUHPE is committed to making a concrete contribution to the global development of scientific and technical capacity in health promotion. The Strategic Directions clearly situate the organisation as having a responsibility to develop the science supporting health promotion in order to respond to the challenges of our changing world. In this regard two of the organisation's strategies are required to steer and implement related objectives: (1) knowledge development, translation and exchange, and (2) professional and technical development.

These two strategies lay the groundwork for pursuing the development of an on-line database of tools which responds to the need to disseminate knowledge and equip health promotion professionals with a selection of various mechanisms to support their work. The IUHPE recognises the necessity for partnerships at all levels in order to support the activities and processes to develop and implement health promotion projects and programmes. Working in partnership carries significant implications for health promotion interventions, in terms of inter-sectoral action, sustainability and community empowerment.

On-line database of tools that support 01 partnership activities in health promotion

An on-line portal is being put together to house information and links in a database of tools which support and evaluate levels and types of health promotion activities undertaken in partnership. There is a growing body of tools to support working in partnership for planning, implementation and evaluation of health promotion and health education activities, and therefore the compilation of such a resource which can respond with a selection of tools, while paying close attention to quality assessment, is valuable. The focus will be to inventory tools which are either intended:

- to support or guide a specific activity or set of activities (planning, implementation, evaluation), or
- to assess how experiences can be used to improve responses or innovate solutions to challenges (through evaluation).

To support and guide the direction and development of the project, a relevancy survey with IUHPE Board of Trustee members and key regional actors was conducted. A steering group was put together composed of key IUHPE members, who support diverse geographical and language perspectives. On-line tools will be indexed and easily accessible to practitioners, and in diverse languages to support practice, mostly as it pertains to carrying out health promotion interventions and activities in partnership. The project will position the IUHPE as the unique global professional organisation to provide a mechanism to support and build practitioners' capacity by facilitating access to tools that have been tested and evaluated.

Forum on evaluating interventions aimed 02 at reducing social inequalities in health

Coordinated by the Chair on Community Approaches and Health Inequalities in collaboration with the IUHPE, as the principal international partner, and a range of francophone partners, the forum's objective is to put together the state-of-the-art on evaluating interventions aimed at reducing social inequalities in health and to engage stakeholders in discussions on the evidence of effectiveness of these interventions. In particular, the forum will provide a critical perspective on the role of evaluation as a source of knowledge, as a decision-making tool and as a practitioners and community organisations' resource to take action on reducing social inequalities in health.

The forum, which will take place in October 2009, builds on work being carried out by the Commission on Social Determinants of Health and the IUHPE's collaborative initiatives:

DETERMINE, the GPHPE and the partnership with the French National Institute on Prevention and Health Education (Inpes).

Health promotion strategies to reduce social inequalities in health **IUHPE / Inpes**

Since 2004, the French Institute for Prevention and Health Education (Inpes) has been working on putting together strategies to reduce health inequalities in France. The IUHPE was invited to join this initiative in order to respond to the need to acquire knowledge and share experiences on evidence and effectiveness of strategies and interventions taking place internationally. The IUHPE provided expertise from key network members with experience on planning and implementing strategies to reduce social inequalities in health. The project aims to propose concrete and practical answers and suggestions drawn from French and international experience related to action strategies for reducing social inequalities in health.

French National Annual Prevention Conference 2008

In order to dialogue and exchange with French professionals, the collaboration firstly organised a special session on action strategies to reduce social inequalities in health. An international scientific committee was in charge of designing the session, including selecting keynote presentations, round tables and workshops from global leaders in the field. Presentations are available on http://jp08.inpes.sante.fr/2008.

A manual to shape action 02

To continue the work and vision set out at the Conference, a manual to shape action on the social inequalities in health is being put together with French and international expert input. The document will contain practical guidelines aimed at both practitioners and decision makers. The manual will be structured in five sections around project methodology, implementation and evaluation with a strong focus on public policy and partnership.

Editorial Committee

Coordinator

Louise Potvin, Montreal University

Scientific Committee members

Flore Aumaître, WHO Healthy cities

Sara Bensaude De Castro Freire, IUHPE

Maria De Koninck, Laval University

Yves Géry, INPES

Luc Ginot, Aubervilliers Town Hall

Anne Guichard, INPES

Catherine Jones, IUHPE

Pierre Lombrail, PIMESP, St-Jacques Hospital

Marie-Josée Moquet, INPES

Jeanine Pommier, National School of Public Health

Valéry Ridde, Montreal University

DETERMINE EU Consortium on Social & Economic Determinants of Health IUHPE / EuroHealthNet and 30 other partners

The DETERMINE Consortium of members works to address and stimulate action on the social and economic determinants of health inequities at European Union levels. The Consortium brings together over 50 health bodies, public health and health promotion institutes, governments, and various other nongovernmental professional and academic organisations from 26 European countries. Coordinated by EuroHealthNet in collaboration with the Czech Republic Institute of Public Health, which is the contract holder, the work is carried out under the framework of seven work packages. The IUHPE co-leads in Awareness and Capacity building.

The CSDH Pathway Model



OCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

Amended from Solar & Irwin, 2007, CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. In DETERMINE Action Summary (2008). [Available at: http://www.iuhpe.org/ uploaded/Publications/Books_Reports/DET_AS08.pdf]



The first report of DETERMINE's work provides an overview of the outcomes and the key messages that have emerged as a result of its activities to date. It also provides specific examples of what various EU member states are doing in these areas.

The Action Summary, as well as the document 'Voices from other fields', are available on the project's portal:

www.health-inequalities.eu

The IUHPE is committed to ensuring that action on the social determinants of health is underpinned by the principles and strategies of health promotion. Healthy public policies to address the social inequalities in health and settings-based action in the places where people live, work and play are key mechanisms to address the growing gap in health inequalities at all levels. Promoting health through cross-cutting government action and policies both developed and implemented by sectors other than health are necessary if we wish to veritably tackle poor health resulting from social and economic disparities in and between countries.

The objective of the IUHPE's work package is to engage with policy makers from outside the health sector in order to stimulate actions and strategies to help address the social determinants of health inequalities from different policy perspectives. During the course of 2008, IUHPE and EuroHealthNet supported DETERMINE partners in consultations with over 40 policy makers and politicians in 19 EU countries. The main findings that emerged from these consultations were analysed and collected in the Working Document 'Voices from other fields' in order to document this experience and guide the future work of the Consortium. The results of this consultative process will provide meaningful insights into what capacity and what strategies already exist or need to be built in order to foster effective and sustainable cooperation to address health inequalities across different sectors. In 2009, DETERMINE will build on this work to develop awareness and build capacity in order to stimulate action on health equity, including reporting on national level activities in this area.

Building capacity of developing countries to prevent non-communicable diseases IUHPE / CDC Cooperative Agreement

PROJECT

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Physical activity and health promotion

02

Cardiovascular health promotion and disease prevention

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Capacity building for health promotion effectiveness evaluation in the Latin American region

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Promoting capacity through health promotion in schools

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Tobacco control

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Environmental health

COLLABORATORS

- A At the global level Fiona Bull (Global Alliance for Physical Activity), Trevor Shilton (consultant), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer), Martha Perry (IUHPE Communications Officer)
- B In the southwest pacific region Adrian Bauman (Project Manager at the Center for Physical Activity and Health at the University of Sydney, Australia), Trevor Shilton (Technical support Officer), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer)
- C In the Latin American region— Victor Matsudo (Regional Project Coordinator at CELAFISCS), Sandra Matsudo (Regional Project Assistant at CELAFISCS), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer)

CDC counterparts: Michael Pratt, Becky Lankenau - Division of Nutrition, Physical Activity and Obesity (DPNAO)

- A Building capacity for cardiovascular health promotion and chronic disease prevention and control in Africa Mary Amuyunzu-Nyamongo (Regional Coordinator at the African Institute for Health and Development AIHD), Rahel Oyugi (Project assistant at AIHD), Richard Cooper (Course Coordinator), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer)
- B Capacity building in developing countries to address the macroeconomic aspects of the prevention of heart disease, stroke, and related conditions Collaboration with the Initiative for Cardiovascular Health Research in the Developing Countries (IC-Health): D. Prabhakaran (IC-Health Executive Director), Krishna Dipankar Rao (Content expert and technical resource person), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer)

CDC counterparts: Darwin Labarthe and James Brett Miner- Division for Heart Disease and Stroke Prevention (DHDSP)

Ligia de Salazar (Regional Project Director at Fundación para el Desarrollo de la Salud Pública Colombiana FUNDESALUD) and regional team, Marie-Claude Lamarre (IUHPE Executive Director), Catherine Jones (IUHPE Programme Director), Claire Blanchard (IUHPE Programme Officer)

CDC counterparts: David McQueen, Mary Hall – Office of the Director – National Center for Chronic Disease and Health Promotion (NCCDHP)

Mary Amuyunzu-Nyamongo (Regional Coordinator at the African Institute for Health and Development - AIHD), Rahel Oyugi (Project assistant at AIHD), Marie-Claude Lamarre (IUHPE Executive Director), Catherine Jones (IUHPE Programme Director), Claire Blanchard (IUHPE Programme Officer), Groesbeck Parham (from the Centre for Infectious Disease Research in Zambia -CIDRZ), Mwanahamutu Mulindi (CIDRZ)

CDC counterparts: Pattie Tucker, Leandris Liburd - Division of Adult and Community Health (DACH)

Lawrence St Leger and Ian Young (International expert consultants), Doug McCall (International School Health Network Coordinator, Canadian Association for School Health Executive Director), Marie-Claude Lamarre (IUHPE Executive Director), Martha Perry (IUHPE Communications Officer), Claire Blanchard (IUHPE Programme Officer)

CDC counterpart: Carolyn Fisher - Division of Adolescent and School Health (DASH)

Prakash Gupta – President of the 14th WCTOH, Harry Lando - Vice President of the 14th WCTOH, IUHPE Advisory Committee for Tobacco Control, Karen Slama (Guest Editor for the Special Issue on Tobacco Control and Health Equity), Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer), Martha Perry (IUHPE Communications Officer)

CDC counterpart: Samira Asma - Office on Smoking and Health (OSH)

Luis Fernando Gómez (Fundación FES Social); María Lorena Ibarra Ávila (Fundación FES Social); Marie-Claude Lamarre (IUHPE Executive Director), Claire Blanchard (IUHPE Programme Officer) CDC counterparts: Andrew Dannenberg (National Center for Environmental Health Division of Emergency and Environmental Health Services) in collaboration with Michael Pratt Division of Nutrition, Physical Activity and Obesity (DPNAO)

From 2002-2007, the IUHPE and the United States Centers for Disease Control and Prevention (CDC) agreed to conduct and implement a five year Cooperative Agreement through which a comprehensive global health promotion and health education programme related to non-communicable disease prevention and health promotion was developed and carried out in various areas, Regions and settings. The partnership evolved successfully over the five-year period through various projects, project leaders, and networks formed to integrate and balance the different, yet complementary approaches of health promotion and disease prevention. Building on the achievements of this partnership, a second five year agreement was signed in 2007 to conduct and coordinate programmes related to strengthening capacity for non-communicable disease prevention and control, and health promotion in developing countries. The purpose of the programme is to strengthen the technical capacity of developing countries to prevent and control non-communicable diseases through the development and implementation of evidence-based strategies for health promotion, collation and dissemination of evidence-based knowledge and practical experience, capacity building, and infrastructure development.

The programme's aim is broad- it is difficult to universally identify the gaps and assets of developing countries' capacity and find generalised solutions, but the IUHPE counts with its specialised networks and collaborators across the globe to identify and implement effective strategies. This work is a coordinated effort to address some of the health challenges of the 21st century and contribute to human development by improving the quality of life of people and creating more equitable social and physical conditions across the globe.

The continuing collaboration, informed by the evaluation of projects conducted under the first agreement, addresses different areas.

Physical Activity and Health Promotion

Under the new programme, IUHPE and CDC are taking an evidence-based approach to physical activity as a population health issue, and using the development of public health strategies for physical activity as an entry point for much needed health promotion and chronic disease prevention action.

Objectives

Support countries' participation in population level health promotion activities, particularly around developing physical activity policy, programs, evaluation, and population surveillance:

- Develop national capacity for designing, implementing and evaluating local, provincial, and national community based physical activity promotion programs;
- Coordinate international advocacy and capacity development for physical activity and health promotion;
- Develop, support, and integrate networks for health promotion and physical activity, and facilitate multi-sectoral collaborations, especially those involving non-governmental organisations and addressing issues of globalisation and urbanisation;
- Build capacity in the practice of physical activity and health promotion through the provision of formal training and capacity building courses developed jointly by IUHPE and CDC, linking them, when possible, to already existing capacity building efforts like the IUHPE/ CDC Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology and other initiatives in specific parts of the world.

A number of leading networks participate and collaborate for the effective implementation of the work in physical activity promotion:

> Global Advocacy for Physical Activity (GAPA) www.globalpa.org.uk

Asia Pacific Physical Activity Network (AP-PAN) www.ap-pan.org

Agita Mundo Network

www.agitamundo.org

Physical Activity Network of the Americas (RAFA/PANA)

www.rafapana.org

02

Cardiovascular Health Promotion

Building capacity for cardiovascular health promotion and chronic disease prevention and control in sub-Saharan Africa

Africa is the only region in the world where cardiovascular disease is not a primary health threat. By acting now in this area, the goal is to prevent it from becoming so. Following an initial consultation with experts from around the world and from Africa specifically, CDC and IUHPE received guidance to hold Annual Seminars on Cardiovascular Health to help establish strategies that contribute to controlling or preventing cardiovascular diseases (CVD) in the Sub-Saharan Africa region, as well as build locally-sustainable infrastructure for CVD and risk factor disease surveillance, and cardiovascular health promotion development. The seminars have been effectively held since 2004 in both West (Ghana) and East (Kenya, Tanzania) Africa.

Objectives

- Continue the development and holding of Annual training Seminars on cardiovascular health, heart disease and stroke prevention for country teams in Africa; and incorporate other chronic disease training components.
- Undertake a formal evaluation of all training courses in Africa.
- Produce promotional information that can be utilised to encourage involvement in and continuation of the African training courses and country team projects that result from the seminar.
- Pursue the development of an African Infrastructure to organise the seminars and encourage more coordination of efforts in Africa.
- Include opportunities for the collaboration of other public health organisations to develop the possibility of incorporating their efforts and infrastructure into the project.

02.2 Capacity building in developing countries to address the macroeconomic impacts of cardiovascular disease prevention and health promotion

Cardiovascular diseases (CVD) are responsible for a large share of early deaths and disability globally. ing countries, due to the ongoing epidemiological transition, face a dual burden of both communicable and chronic diseases including CVD. This puts a tremendous strain on their already stretched health systems. The effect of the growing burden of disease due to CVD is not limited to the health sector alone but threatens the macro economy in developing countries.

Formative research from developing countries such as India suggests that policy makers and programme managers do not perceive non communicable diseases as a major problem and continue to be focussed on the unfinished agenda of pre transitional disease, such as infections and under nutrition. A strong and attractive argument for them is the economic benefits that accrue from postponing and reducing the CVD burden. The project therefore proposes to increase the awareness of adverse micro and macro economic consequences of CVD by strengthening technical capacity in and implementing primary preventive activities at the community and society level to reduce the burden of disease due to CVDs in developing countries.

Objectives

- To conduct awareness campaigns and workshops on the adverse macro and micro economic consequences of CVDs in developing countries aimed at policy makers and programme managers.
- To develop and disseminate a user friendly resource kit targeted at policy makers, program managers and top management of industries to make them aware about the risk of CVD and how they can introduce simple programs to reduce the risk of CVD in community and workforce settings.
- Build research capacity to undertake advocacy to promote policies which bring about behaviour change related to CVD risk factors.

Capacity Building for Health Promotion 03 Effectiveness Evaluation in the Latin American Region

The topic of evaluating and monitoring the effectiveness of health promotion policies and interventions has generated growing interest among policy formulators, managers, professionals, and other players involved in implementing health promotion actions, especially those aimed at social determinants of health. The various courses on health promotion evaluation in the first years of the collaboration revealed and updated the role of this field of knowledge and its practices for the improvement of the health systems and quality of life in Latin American countries. The 2nd Cooperative Agreement offers renewed opportunities and the relevance of continuing the debate about health promotion in contexts marked by growing inequalities in living conditions and opportunities, which makes equity the major challenge for effective change in the production of health at the national and global levels.

Objectives

- Strengthen technical capacity to evaluate effectiveness of health promotion interventions.
- Develop innovative methodological evaluation approaches.
- Strengthen past efforts through the production of teaching materials and publication of evaluation results, using cases and histories.
- Develop an online training programme, teaching materials, documentation and dissemination of designed evaluation tools, a digital library prototype, learning experiences, and support evaluation.

Community Health

04

Community health promotion is of strategic significance in contemporary health systems. The overarching context of this stems from the inability of most countries with mixed health systems to deliver health as a public good. Coupled with the emerging role of the market in health and resource constraints at the social sector level, particularly in the developing countries, it necessitates a visible role of the communities in health promotion in order to achieve the equity objective in health. The first agreement published a monograph on the principal aspects of community health promotion, from the elaboration of its interface with the principles of equity and considerations of population health to spot-lighting a series of case-studies to enable a better understanding of what community health promotion involves and how participatory empowering methodologies can be used to harness community assets and why. In addition, the issue also featured articles of practical relevance with respect to assisting countries and practitioners to examine whether their general activities in specific projects meet current standards of good community health promotion practice, and provide guidance on participatory evaluation. With the global picture drawn, this programme now focuses on Africa and non-communicable disease prevention through community health promotion projects.

04.1 Cervical cancer prevention and control project in Lusaka, Zambia

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', 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.

Objectives

- Examine and strengthen health promotion and education strategies employed in order to enact societal changes within the community and to design/implement systematic changes that influence health disparities.
- Facilitate the creation of a professional development exchange programme.

04.2 Community Health Promotion Strategies and Non-Communicable Diseases in Africa

In order to address health promotion strategies in the fight against non-communicable diseases in Sub-Saharan Africa,

a Supplement of the IUHPE journal is being planned for with papers relating to the implementation of health promotion programmes in Africa, including:

- Health promotion programmes conducted in community/ village and/or in health care settings;
- Health promotion strategies used to change knowledge, attitudes, beliefs or behavior to reduce risks for noncommunicable diseases;
- Education activities directed towards policy makers that address and promote attention to the growing burden of non-communicable diseases in the region;
- Systems change and/or clinical interventions that reduce the burden of non-communicable diseases;
- Policy interventions that improve access to services and resources that prevent non-communicable diseases and improve health outcomes; and
- Environmental interventions that facilitate individual and community level changes.

05 Promoting Health in Schools

The first co-operative agreement acknowledged the potential of schools to influence the health and wellbeing of young people globally. The IUHPE has been a leading organisation in supporting developments in the field of health promotion in schools especially in terms of clarifying and disseminating evidence of the effectiveness of health promotion in schools. The work developed in collaboration with the CDC has been central to support activities which strengthen international, national and local efforts for effective school-based health promotion. The main outputs that bear the success in this area of work have been the production and dissemination of a special edition of the IUHPE's journal, Promotion & Education, which provides a global portrait on the state of the art of school health and pushes the thinking forward beyond mere depictions of interventions on what works in different settings and for different populations; and the document Protocols and Guidelines for Health Promoting Schools, which provides a blueprint for improving the evidence base for health promoting schools by revisiting the five areas outlined in the Ottawa Charter for Health Promotion.

In moving forward in the area of school health promotion, the aim is to link the work to the broader movement of human development, which refers to all the efforts that aim at improving the quality of life of people by creating equitable social and physical conditions. There is solid evidence to support the view that effective schools can have a positive impact on the health of young people and reduce the burden of chronic diseases. However, there is also evidence showing there are barriers to more effective health promotion in schools, including low enrolment/attendance levels at school in some middle- and low-income countries; lack of skills and confidence levels of teachers to participate in school health initiatives; and inability or reluctance of some government ministries, such as education and health, to work in partnership to implement school health programmes. The work under this programme hence aims to play a role in addressing these issues.



Blueprint for improving the evidence base to promote health in schools:

- Principles of health promotion in schools
- Support to plan and implement school health promotion

Translated into Arabic, Chinese, French, Portuguese, Russian and Spanish.

Available at: www.iuhpe.org

Objectives

- To build the capacity of both the health and education sectors to undertake initiatives in school health promotion that are based on evidence of effectiveness and which enhance the fundamental role of school education
- To develop and disseminate resources in three areas:
 - Advocacy, using evidence of outcomes;
 - Protocols and Guidelines (Version 2: Achieving Health Promoting Schools: Guidelines to Promote Health in Schools) for school health planning, implementation and evaluation;
 - Implementation and sustainability;
 - Monitoring and reporting (ISHN webinars).

- To initiate and lead debates, presentations and discussions on school health to complement and add value to the work at IUHPE global, regional and other sponsored conferences and meetings, and through the International School Health Network (ISHN).
- To collaborate with other organisations, such as WHO and UNICEF, NGOs and research institutes, to identify the gaps in research and evaluation in school health promotion and to develop a plan to address those issues.

Tobacco control 06

Through its global network of independent, professionals in health promotion, the IUHPE is strongly committed to a global approach to planning and funding complementary strategies and activities for tobacco control through a strategic partnership of international governmental and non-governmental organisations and other stakeholders. The IUHPE has been working in close partnership with the Office of Smoking and Health at CDC during the five years of the first agreement. One of the most successful and impacting collaborations was the development of workshops at the IUHPE 18th World Conference on a "Policy development and legislative drafting manual" fostering a "learning community" through interactive and participatory methodologies, focusing on real-life application of knowledge and skills gained from both facilitators and participants. The experience and network of experts built through this project, serve to feed the implementation of tobacco control strategies under the new agreement.

Objectives

- Support and contribute to the development and planning of the 14th World Conference on Tobacco or Health (WCTOH) Mumbai, India, 8-12 February 2009 and related activities.
- Develop, plan and hold two IUHPE special sessions on Health Promotion and Tobacco Control with a special focus on closing the health equity gap by incorporating tobacco control in poverty alleviation schemes, drafted by the IUHPE Advisory Committee for Tobacco Control and approved/integrated into the Scientific Programme for the 14th WCTOH.
- Develop a document/supplement issue on Tobacco Control and Health Equity of Global Health Promotion to gather information of the IUHPE special sessions to allow a broader global dissemination of the topics presented and discussed beyond the audience of the 14th WCTOH.

Environmental Health 06

There is existing evidence that the current accelerated urbanisation and globalisation processes are linked to drastic changes in the ways of life resulting in increased sedentary lifestyles, unhealthy nutrition habits and tobacco consumption. These risk factors are subsequently deteriorating the health of populations, which urges for intersectoral 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 experienced rapid urbanisation, with the magnitude and pattern of inactivity and other detrimental factors to health on the rise. Environmental health is a major component of health promotion and represents a key dimension of IUHPE's work under this collaboration. The programme is dedicated to supporting intersectoral interventions to address NCDs in low- and middle-income countries, with a particular focus on Colombia.

Objectives

- To increase local capacity, to generate and use of evidence and to develop advocacy strategies that reduce the gap between the available scientific evidence and the formulation of political actions that favor supportive environments to prevent chronic diseases in six cities of Colombia through:
 - The generation of local coalitions that contribute to the creation of supportive environments that prevent non-communicable diseases,
 - The advocacy for appropriate policy actions that have an impact on the environmental factors associated to physical activity, healthy diet and exposition to tobacco smoke,
 - The sharing of experiences and dissemination of activities at the national and international level with a focus on advances and effects of environmental factors in the prevention of chronic diseases.

Collaboration with the French Health Directorate

The IUHPE's main donor is the French Health Directorate, with whom it has a series of triennial agreements to support joint priorities. Regardless of overarching priorities in the 3-year agreements (such as decentralisation and territorial/ regional approaches to health promotion policy and programmes in the 2006-2008 period), the relationship is based on a set of common objectives including, but not limited to:

- strengthening the partnership between the French Health Directorate and the IUHPE, in particular through ensuring opportunities for French participation and representation on key IUHPE GWGs and scientific platforms;
- developing the IUHPE's membership and professional network of international Francophone health promotion professionals, including individuals and institutions;
- organisation and coordination of sessions at IUHPE regional and world conferences or other events that give visibility to these efforts and offer opportunities for highlevel dialogue and debate on the priority issues; and
- support for synthesis of messages and outcomes and their through the IUHPE's wide range of scientific communication tools.

Collaboration with the World Health Organization - WHO

As a uniquely positioned global, professional organisation in health promotion, the IUHPE's official relationship with WHO is a conduit for providing support to WHO plans, initiatives and activities in our domain, both at the global and at the regional levels. As the coordinating authority for health within the United Nations system, the World Health Organization is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

The IUHPE works in close collaboration with the Department of Chronic Disease and Health Promotion to cooperate on joint initiatives that support WHO Strategic Objectives which aim to mainstream health promotion across its organizational structure and its programmes. More specifically, the IUHPE focuses its joint work with WHO at the regional and global levels around the prevention and control of non-communicable conditions and the reduction of risk and promotion of health through healthy lifestyles.

In this perspective, the IUHPE and WHO engaged on a number of significant processes as well as specific projects in 2008, including:

the revision of the IUHPE Strategic Orientations and Global Vision for Health Promotion as well as the WHO Framework for Health Promotion;

- the participation at the highest level in the planning and development of the scientific programmes of our respective health promotion conferences, namely the 7th WHO Global Conference on Health Promotion - Promoting Health and Development: Closing the Implementation Gap (Nairobi, Kenya, October 26-30, 2009) and the 20th IUHPE World Conference on Health Promotion -Health, Equity and Sustainable Development (Geneva, Switzerland, July 11-15, 2010).
- the continuation of advocacy and dialogue with policy-decision makers, health promotion researchers and practitioners, and key players from other sectors in the context of various meetings 1) to explore how evidence-based decision-making takes place (London, February 2008), and 2) to support capacity building to meet commitments for NCD Prevention and Control in the African Region (Bagamoyo, August 2008);
- the use of IUHPE global membership and partnerships as a source of technical assistance and expertise in capacity building for health promotion to contribute to noncommunicable disease and chronic disease prevention in key areas such as physical activity and nutrition, tobacco control and in key settings such as schools, communities and workplaces;
- the marshalling of worldwide collaboration and health promotion knowledge and experience on decreasing health inequities, in particular as a part of the movement to build capacity, develop tools, monitor and evaluate progress, and foster political will to support the implementation of the recommendations of the WHO CSDH;
- the collection, translation and dissemination of evidence of effectiveness of health promotion.

Networks

In addition to participation in collaborative agreements and programmes, the IUHPE also partners with and supports the work of different thematic networks of local, national, regional or international scope, which work contributes to the development of the IUHPE's scientific agenda. The difference of this type of partnership is that the networks are not part of the IUHPE structure; however, collaboration on specific themes contributes to meet our objectives and implement the organization's strategies.

The nature of IUHPE participation is different on an operational level in each network, but in general there is a mutual agreement on the benefit provided by these relations for dialogue and capacity building on different policies and practices.

Networks that contribute to the IUHPE scientific agenda's development

Cochrane Public Health Review Group (PHRG)

http://www.ph.cochrane.org/

Global Advocacy for Physical Activity (GAPA)

http://www.globalpa.org.uk/

Global Consortium for the Advancement of Promotion and Prevention in Mental Health (G-CAPP)

http://www.charityadvantage.com/GCAPPMH/Home.asp

HP-Source.net

http://www.hp-source.net/

International Association of National Public Health Institutes (IANPHI)

http://www.ianphi.org/

International Collaboration on Teacher Training/Education (TT/E)

http://www.iuhpe.org

International Francophone Network for Health Promotion (RéFIPS)

http://www.refips.org/

International Network of Health Promotion Foundations (INHPF)

http://www.hp-foundations.net/

International School Health Network (ISHN)

http://www.internationalschoolhealth.org/

Schools for Health in Europe (SHE)

http://www.schoolsforhealth.eu/

Social Determinants Partnership

http://equitychannel.net/

World Federation of Public Health Associations (WFPHA)

http://www.wfpha.org/



01.	Message from the IUHPE Pr	esident			
02.	Message from the IUHPE Ex	Message from the IUHPE Executive Director			
03.	Summary				
04.	IUHPE Structure & Administr	IUHPE Structure & Administration			
05.	President's Vision				
06.	Global Activities	Belonging to a global network			
07.	Membership Development	Global membership initiatives			
08.	Regional Activities	Membership trends and development			

The IUHPE's major strength lies in the quality of the skills and knowledge of the membership

Belonging to a global network

The IUHPE is an open and inviting organisation, providing all who are working in health promotion the opportunity to build an international network that encourages the free exchange of ideas, knowledge and experiences, as well as facilitating the development of relevant collaborative projects at global and regional levels. Members range from government bodies, to universities and institutes, to NGO and individuals across all continents working to advance public health through health promotion. In addition to providing its members access to a global network of professionals, the IUHPE offers a range of important services to keep our members connected and at the forefront of health promotion development. Acknowledging the different needs of our diverse membership, the IUHPE is willing and able to adapt its services to better respond to each.

All IUHPE members benefit in many ways:

Headquarters Corner

Finance & Internal Control

- Being part of a global network of people and organisations with common goals which facilitates the exchange of ideas, information and experiences;
- A chance to influence health promotion thinking internationally;
- Possible IUHPE sponsorship for research, training programmes, international and regional conferences, seminars and workshops;
- Reduced registration fees to IUHPE World, Regional and co-sponsored Conferences;
- Participating in the democratic life of the IUHPE organisation through the General Assembly;
- Receiving graciously the IUHPE quarterly official journal Global Health Promotion (regular and supplement issues);
- Reduced subscription rates to any or all of the journals in the family;
- Accessing the "member only" section on the IUHPE website.

MEMBERSHIP CATEGORIES

Trustee members: are organisations which are responsible for organising 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 and purpose of IUHPE.

09.

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- They are represented by an accredited ex-officio representative on the Board of Trustees (BoT)
- They are expected to undertake particular duties for the Union as laid down from time to time by the BoT.
- They can be host of the World Conference.
- They hold 10 votes at the General Assembly.
- They might use consultant services.

Institutional members: are organisations of international, national or local scope, one of whose main purpose 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 World Conference.
- They hold 3 (regional/local in scope) or 7 (national in scope) votes at the General Assembly.
- The list of institutional members is broken by national or regional/local scope.

Individual members: are individuals who support the mission, goals and objectives of the IUHPE.

Student members: are students (proof of studentship is required) who support the mission, goals and objectives of the IUHPE. They constitute a sub network: the IUHPE Student and Earlier Career Network, (www.isecn.org).

Honorary members: Are individuals or organisations who make a special contribution to the mission of the IUHPE, or to the development of its goals and objectives. This membership is by invitation.

Global membership initiatives

The IUHPE's global network provides a unique opportunity for sub-networks of the membership to unite around a specific characteristic of their work or interests.

- The IUHPE Student and Early Career Network assembles young professionals and students in health promotion from across the globe and interacts dynamically to influence and support the IUHPE agenda. More information on www.isecn.org
- The IUHPE Academic Network is a possibility being explored. 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 via student thesis research, joint research and exchange of staff and/or students. A network of this type can crystallise around a health promotion research agenda that would be more strategically connected to supporting the organisation's scientific agenda and advocating for improving resources for health promotion research around the world.

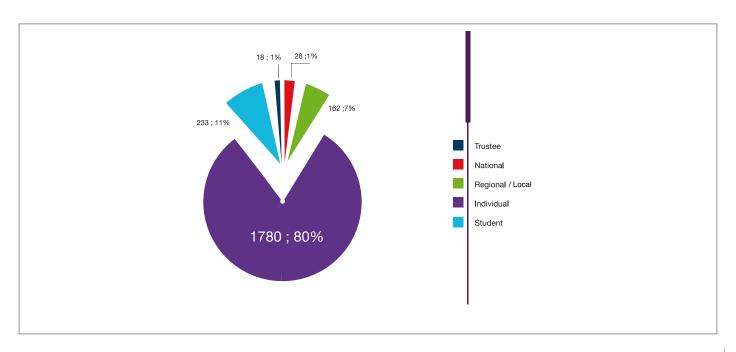
Membership trends

In December 2008, the IUHPE had a total of 2221 members. The distribution of membership by region and category is as follows:

Membership totals by category

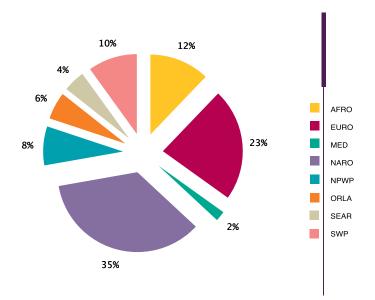
Trustee and National members only represent 2% of IUHPE global membership while they contribute to the most part of membership income. The strong base of IUHPE membership is made of individuals and students who represent more than 90% of IUHPE total members.

Trustee	National	Regional / Local	Individual	Student	TOTAL
18	28	162	1780	233	2221



Membership totals by region

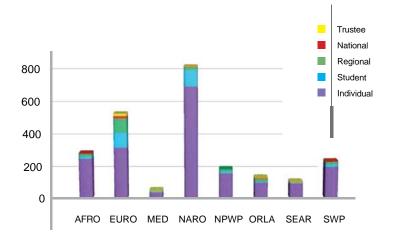
Africa (AFRO)	Europe (EURO)	North America (NARO)	Eastern Me- diterranean (MED)	Northern Part of the Western Pacific (NPWP)	Latin America (ORLA)	South East Asia (SEAR)	Southwest Pacific (SWP)	TOTAL
270	505	784	45	175	123	98	221	2221



This graph shows that IUHPE membership is more concentrated in some regions than it is in others. North Americans and Europeans constitute more than half of the IUHPE membership (58%). The Pacific region represents only 18% of the membership although it is a large region of the world. A special effort should be made to strengthen the base of IUHPE membership in developing countries. In fact, apart from Africa and its 270 members (more than the South West Pacific), the IUHPE is not well represented in these regions (only 6% of IUHPE members are from Latin American and 4% from South East Asia). The number of members in Africa is a positive consequence of the implementation of various project activities in the Region. NARO membership reflects a large number of delegates who affiliated at the time of the 19th World Conference in Vancouver.

Membership totals by category and region

	Trustee	National	Regional	Individual	Student	TOTAL
AFRO		1	15	241	13	270
EURO	12	15	85	305	88	505
MED	1		3	37	4	45
NARO	3	4	15	666	96	784
NPWP			13	152	10	175
ORLA	1	6	14	96	6	123
SEAR	1	1	1	91	4	98
SWP		1	16	192	12	221
TOTAL	18	28	162	1780	233	2221



This graph is interesting because it not only shows the weight of the different regions and categories but also the proportion of each category of members within the regions. Most members come from North America although there are very few national scope institutional members in this Region. On the contrary, there is a significant proportion of regional institutions among European members (16,8% of European members are regional members). Europe also provides the IUHPE with the vast majority of Trustee members and the greatest number of students proportionally to the total European membership.

Membership totals by country and category

This table shows that IUHPE members are not only concentrated in certain regions, but they are also concentrated in specific countries. 73% of South East Asian members come from India, 76% of the South West Pacific region's members come from Australia, 43% of the Northern Part of the Western Pacific Region come from Japan (and 37% from China), 55% of African members come from Uganda (25,5%), Ghana (15%) or Nigeria (14%) and 19% of European members come from the United Kingdom. At the same time, very large countries such as Russia, Algeria, Sudan or Mauritania only count 1 or 2 members. There are also 65 countries in the world where the IUHPE has no member. The IUHPE has no member in many small islands of the Caribbean and the Pacific; nor in almost 20 African countries (Angola, Botswana, Chad, Lybia, Namibia, Tunisia, Togo etc), and in some 30 European countries (Belarus, Bulgaria, Slovak Rep., Ukraine etc).

	Trustee	National	Regional / Local	Individual	Student	TOTAL
			AFRO		<u>'</u>	'
Algeria				2		2
Benin				6		6
Burkina Faso				7		7
Burundi				2		2
Cameroon			3	9		12
Congo, Dem. Rep.				2		2
Congo, Rep.				1		1
Côte d'Ivoire					1	1
Ethiopia			4	3		7
Gabon				1		1
Gambia, The				3		3
Ghana			1	34	5	40
Guinea				4		4
Kenya			2	14	2	18
Lesotho		1		1		2
Madagascar				1		1
Mali			1	5		6
Mauritania				1		1
Mauritius				1		1
Morocco				1		1
Mozambique				1		1
Niger				1		1
Nigeria				37	2	39
Rwanda				2		2
Senegal			2	5	1	8
South Africa			1	11		12
Sudan				1		1
Tanzania			1	13	1	15
Uganda				69		69
Zambia				2	1	3
Zimbabwe				1		1

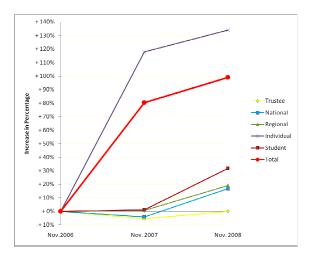
	Trustee	National	Regional / Local	Individual	Student	TOTAL
	1	'	EURO		'	'
Austria	1		1	1	1	4
Belgium	1	1	4	6	1	13
Croatia					1	1
Cyprus				1		1
Czech Republic			2	1		3
Denmark			2	10	17	29
Estonia		2	1	1		4
Finland	1		6	9	3	19
France	1	1	13	12	2	29
Georgia		1				1
Germany		1	2	20	1	24
Greece			1	5		6
Hungary	1	1	2	3	1	8
Iceland			1	2		3
Ireland	1	1	4	15	2	23
Israel		1		7		8
Italy		1	8	13		22
Kazkhstan			1			1
Kosovo				4		4
Kyrgyz Republic			1	27		28
Latvia			1	1		2
Macedonia, FYR				1		1
Malta			1	1		2
Netherlands	2	1	1	9		13
Norway		1	3	21	35	60
Poland				3		3
Portugal			2	4	1	7
Romania				2		2
Russian Federation			1	1		2
Serbia				3		3
Slovenia			1	2		3
Spain	1	1	9	4	2	17
Sweden		1	6	30	3	40
Switzerland	1			17	1	19
Tajikistan				3		3
Turkey				2	1	3
United Kingdom	2	1	11	64	16	94
	i		MED			i
Egypt, Arab Rep.			1	2		3
Iran, Islamic Rep.			2	6	2	10
Jordan				2	1	3
Kuwait				1		1
Lebanon				5		5
Pakistan	1			13	1	15
Qatar				1		1
Saudi Arabia				4		4
Syrian Arab Rep.				1		1
United Arab Emirates				2		2

	Trustee	National	Regional / Local	Individual	Student	TOTAL
	*	:	NARO			•
Barbados					1	1
Belize				1		1
Canada	2	3	8	497	22	532
Grenada		1				1
Guyana				3		3
Haiti				2		2
Jamaica				3		3
St. Vincent & the Grenadines			1			1
United States of America	1		6	160	73	240
	I		NPWP			
China			4	57	3	64
Hong Kong, China			2	5	1	8
Japan			4	68	4	76
Korea, Rep.			2	20	2	24
Mongolia				1		1
Singapore			1	1		2
<u> </u>	<u> </u>	1	ORLA	1		I
Argentina			1	5		6
Bolivia				1		1
Brazil	1	2	3	31	1	38
Chile			1	3		4
Colombia			4	14		18
Cuba		1	1	2		4
Honduras				1		1
Mexico		1	4	13	1	19
Nicaragua				1		1
Panama				2		2
Paraguay					1	1
Peru				3		3
Puerto Rico		1		17	3	21
Uruguay		1		1		2
Venezuela, RB				2		2
			SEARB	1		
Bangladesh				3		3
India		1	1	66	4	72
Malaysia				6		6
Nepal				3		3
Thailand	1			13		14
	1	1	SWP	1		1
Australia		1	13	142	12	168
Fiji				1		1
Indonesia				2		2
Lao, PDR				1		1
New Zealand			1	35		36
Philippines			1	3		4
Solomon Islands				1		1
Tonga			1			1
Vietnam				7		7
TOTAL	18	28	159	1751	232	2188
IOIAL	10	20	108	1731	232	Z 100

Global Membership totals by category over the past three years

The numbers of Trustees and national scope institutional members remain almost unchanged. There has been a noticeable rise in IUHPE membership (and especially in individual membership) in 2007, mainly due to the 19th World Conference in Vancouver. The global number of IUHPE members keeps increasing year after year. This rise is characteristically steadier in student and individual membership categories.

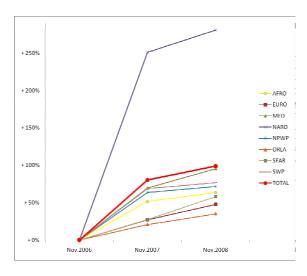
	Trustee	National	Regional	Individual	Student	Total
Nov.2006	18	24	136	761	177	1116
Nov. 2007	17 (-1)	23 (-1)	137 (+1)	1657 (+896)	179 (+2)	2013 (+897)
Nov. 2008	18 (+1)	28 (+5)	162(+25)	1780 (+123)	233(+54)	2221 (+208)



Membership increase in percentage by region over the past three years

The table shows a proportionally equal increase of membership in every region between 2006 and 2007 with the exception of North America, as a result of the 19th World Conference which was organised in this region in 2007 and therefore attracted more participants from North-America willing to become a member to benefit from reduced rates for registration at the conference. Between 2007 and 2008, the rise of membership might have been less impressive; however IUHPE membership has increased in the same proportions in every region.

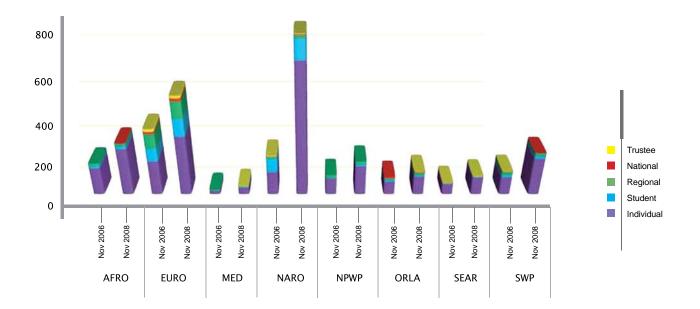
	AFRO	EURO	MED	NARO	NPWP	ORLA	SEAR	SWP	TOTAL
Nov.2006	165	342	23	206	102	91	62	125	1116
Nov.2007	250(+85)	434(+92)	39(+16)	723(+517)	167(+65)	110(+19)	79(+17)	211(+86)	2013(+897)
Nov.2008	270(+20)	505(+71)	45(+6)	784(+61)	175(+8)	123(+13)	98(+19)	221(+10)	2221(+208)

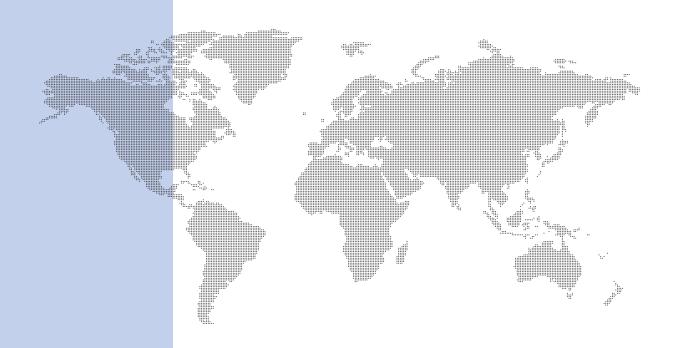


Increase of the number of members by category and region from 2006 to 2008

It is important to note that in 2008, and for the first time, an African national scope member affiliated to the IUHPE. Even though the IUHPE lost important members in the South West Pacific region (1 Trustee member, 2 National scope members and 1 Regional scope member), it gained Trustee members from new regions such as the Latin America and the Eastern Mediterranean. Aside from that, the proportion of the different categories of members within the 8 regions remains almost unchanged year after year. The student membership category is the only one which steadily increases in proportion and in all regions.

	Trustee	National	Regional	Individual	Student	TOTAL
AFRO	+0	+1	+3	+100	+1	+105
EURO	-1	+3	+11	+128	+22	+163
MED	+1	+0	+2	+18	+1	+22
NARO	+0	+1	+7	+545	+25	+578
NPWP	+0	+0	+0	+66	+7	+73
ORLA	+1	+1	+5	+27	-2	+32
SEAR	+0	+0	-1	+36	+1	+36
SWP	-1	-2	-1	+99	+1	+96
TOTAL	+0	+4	+26	+1019	+56	+1105





- 01. Message from the IUHPE President
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- 03. Summary
- 04. IUHPE Structure & Administration
- 05. President's Vision 2007 2010
- 06. Global Activities
- 07. Membership Development
- 08. Regional Activities

Europe Latin America North America Northern Part of the Western Pacific Southwest Pacific

- 09. Headquarters Corner
- 10. Finance & Internal Control

REGIONAL ACTIVITIES

The IUHPE can play an important and meaningful role in the world arena. The Regional Offices have a key role in achieving the overall global strategy through regionally-focused priority actions and contributions to global programmes and activities.

The IUHPE decentralises some of its work through regional offices, which aim to support the IUHPE work in different parts of the world. In 2008, the IUHPE had five functional regional structures, each with a Vice-President, Director and Committee. Regions are committed to a) translate into regional action the mission, goals and objectives of the IUHPE; b) develop and implement regional policies, strategies and programmes; c) recruit members to join the organisation; and d) encourage the full participation of the members in the region in IUHPE activities.

The IUHPE Headquarters supports the work of the Regional Offices and assists in the development of new ones in the parts of the world where they do not exist. In 2008, as part of the efforts to develop the Eastern Mediterranean region, the IUHPE Board of Trustees had its annual mid-year meeting in Egypt, graciously hosted by Board member Erma Manoncourt, Representative of Unicef. In addition to general IUHPE business during the meeting, IUHPE Officers met in a scientific round-table discussion with WHO on health promotion in Egypt and the Eastern Mediterranean. Chaired by the IUHPE Vice-President for Scientific Affairs, exchanges included topics like avian influenza and polio eradication in Egypt, and general presentations on IUHPE's and WHO's health promotion strategy and capacity building needs and assets in the region. This networking exercise was complemented with field visits to community development projects in Cairo, including a project to end female genital mutilation/cutting; El-Shehab Institution for Comprehensive Development, which provides street outreach for the prevention of sexually transmitted diseases through a rights-based approach; a community health initiative in one of Cairo's largest urban slums coordinated by New Horizon Association for Social Development (NHASD); and WHO's 'Living Without Smoking' project. Commentaries from these field visits will be published in the first issue of 2009 of Global Health Promotion to raise awareness and disseminate activities in this area of the world. Furthermore, all the professionals and organisations encountered during the two days obtained complimentary membership to the IUHPE as a means to join the global network and encourage greater collaboration and exchange in the region.



REGIONAL ACTIVITIES

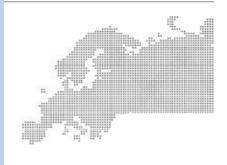
Mika Pyykkö, Vice-President for Europe Finnish Centre for Health Promotion, Finland

Spencer Hagard, Regional Director for Europe Independent consultant, United Kingdom

The work for the European Regional office is based on the IUHPE Strategic Directions. The drafting process of the Work Plan was preceded by intensive discussions in the Regional Committee around the goals of IUHPE/EURO region and activities needed to achieve these. The same issues the Regional Committee finds important are also elements of the IUHPE global strategy, such as advocacy, partnership building, knowledge development, translation and exchange, professional and technical development, networking and strengthening the organisation capacity, as well as internal and external communication. Therefore, IUHPE/EURO brings these issues to the regional level and gives them more concrete form.

Additionally, as part of the drafting process and in view of the open communication nature aimed for, the region carried out a member survey to find out members' expectations and needs with respect to the organisation. A Working Group of Regional

EUrope (IUHPE/EURO)



Committee members prepared a survey questionnaire. The questionnaire was realised in all three official languages (English, Spanish and French) and sent to 333 members by email in December 2007. There were 41 responses (14 %), out of which 63.4 % were individual members and 36,6 % institutional or trustee members. Also over 70 % of the respondents were members of the Regional Committee, Board of Trustees and/or in charge of an activity or a project within IUHPE.

Effective working of the Regional Committee

The aim is to improve the operations in the European region as a 'melting pot' of academic research, policy making and practical work on health promotion. Using the 'health in all policies-approach' as a foundation, IUHPE/EURO is looking for ways to benefit from the expertise of the member organisations and individual experts better than before.

Advocacy and partnership building

Broadening and developing the advocacy work in the European Region is one of the main goals. The focus is on putting in place a practical advocacy strategy, which is supported by the scientific work being carried out regionally and globally. The increased political understanding of health promotion creates also more favourable environments for research activities in the field.

In order to include the health promotion perspective in the activities of organisations/networks in other sectors than health, Europe is building partnerships with less traditional partners. The IUHPE can find new partners in single-issue networks and groups. Cooperation with other organisations promises to compensate in part for the limited resources of IUHPE and could give more visibility to our viewpoint on equity in health.

Follow up and evaluation

The Regional Committee wishes to stress the importance of evaluation of plans and actions. Evaluation should be used as a development tool for all IUHPE activities. The activities should be monitored while they are implemented so that immediate modifications can be made as suggested by evaluation results. The evaluation of the results remains equally important.

Engaging with members and communications

Improved communications are in focus and IUHPE/EURO is doing its best to improve the internal communications to the members, for example by creating an e-newsletter and regularly updating the region's section of the website, but also by strengthening the voice of IUHPE outside the organisation.

At the end of 2008, the Vice-President for Europe resigned from his position. Elections for his successor will take place in 2009. In the meantime, the Regional Committee continues to implement the agreed plan of action.



University of Puerto Rico

REGIONAL ACTIVITIES

Latin America (IUHPE/ORLA)



Dora Cardaci, Vice-President for Latin America Health and Education Research Unit Metropolitan Autonomous

Department of Social Sciences, School of Public Health

speaking Caribbean (Giselda Sanabria).

University, Mexico Hiram Arroyo, Regional Director for Latin America

The Latin American Region is organised into four sub-regions: Andean Region (coordinated by Edwin Peñaherrera), Brazil (Vera Goes Pereira Lima), the Southern Cone (Mario González

Sobera), and Mexico, Central America and the Spanish-

Since the election of the Vice-President for Latin America in 2007, the region has put together a plan that covers global level priority areas in the Latin American context.

Different meetings and conferences are organised and cosponsored in the region in order to:

- a) strengthen the capacity of academic health promotion,
- b) involve people from different sectors that share the common goal of promoting health, and
- c) increase membership in those countries where the IUHPE is not well established or represented.

In November 2009, the 4th IUHPE Latin American Conference on Health Promotion and Education will take place in Medellín, Colombia. The conference is hosted by the National School of Public Health of the University of Antioquia. In addition to the configuration of the Scientific and Conference Organising Committees, the conference's goals, main theme and sub themes have been defined. The conference will focus on:

- · Public Policies, Health Promotion and Equity.
- Socioeconomic and Cultural Determinants of Collective Health.
- Links between Health Promotion and Health Education.
- Health Promotion Effectiveness: Achievements, Obstacles and Future Perspectives.

IUHPE/ORLA organised or co-sponsored the following conferences, meetings and workshops during 2008:

- VI Regional Workshop on Health Promotion and Health Education in Schools, March 17-21, Havana, Cuba
- II Brazilian Seminar on the Effectiveness of Health Promotion, May 13-16, Rio de Janeiro, Brazil
- VII Assembly of the Inter-American Consortium of Universities and Training Centres for Health Education and Health Promotion Personnel, November 3-5, San Jose, Costa Rica.

Scientific activities

In order to stimulate the development of research to analyse the effectiveness of health promotion in terms of social, political, cultural, economic and health outcomes, different regional committee members are engaged in conducting studies on the theoretical and methodological trends orienting the training of health promotion and health education specialists in the Latin American region.

Activities have included counselling for, and participation in, groups that are active in ORLA, and groups belonging to the Latin American Consortium of Universities and Training Institutions for Health Promotion and Health Education, regarding the designing of multi-focal studies on themes set out in objectives

Education, training and capacity building

The subject of health promotion professional training has raised a lot of interest in academic spheres, in professional organisations and in the health services sector at global and regional levels. Some of the topics that have stimulated regional dialogue and actions have been the following: developing of curriculum and professional competencies for health promotion and health education academic programmes; defining of competencies and know-how in order to reorient health promotion capacity building initiatives for public health personnel; strengthening and increasing the academic and professional health promotion networks in Latin America; and organising meetings and academic events and publications around the subject.

The Regional Director coordinates the Inter-American Consortium of Universities and Training Centers for Health **Education and Health Promotion Personnel (www.ciueps.** org). During 2006-2008 academic years, the Consortium has been studying the different competencies and characteristics of health promotion and health education professional training programmes in the Latin American region. As part of this study, they have observed differences in curriculum foci between undergraduate, postgraduate and other levels of academic training and certifications. The Consortium, as well as IUHPE/ORLA, has reiterated the challenges in the field of health promotion of professional training in the region, for instance, maintaining an active forum to constantly refine professional competencies; expanding offerings at the different levels of health promotion training: developing courses on health promotion-related disciplines; increasing the networks and academic exchanges between institutions in Latin America; encouraging the development of international courses on health promotion; increasing the production of theory and concepts on health promotion, health education and related practices in the Latin American context; improving dissemination of experiences in publications, at conferences and electronic exchange forums.

IUHPE/ORLA is also working to establish closer links with professionals in complementary disciplines (Environmental Health, Social Sciences and others), in order to improve the training given to professionals in these fields. As a starting point, the following courses took place:

- "Empowerment and Social Participation in the Context of Health Promotion", organised by IUHPE/ORLA Southern Cone Region and given to healthcare personnel from institutions in eastern Uruguay.
- Quarterly Seminar of IUHPE/ORLA Brazilian sub-region group: "Studying the evaluation of effectiveness in health promotion", Brazil.

- Workshop: How to Write an Article for Publication presented by the Vice-President, who is also a member of the IUHPE journal's editorial board, at different seminars, meetings and conferences in Latin America.
- Specialisation Course in Health Promotion, arranged by IUHPE/ORLA Brazilian Sub Region and The National School of Public Health Sergio Arouca, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil.
- Latin American Course (on line) on Evidence of Effectiveness in Health Promotion (coordinated by Ligia de Salazar, CEDETES, Cali, Colombia).
- First National Cardiovascular Health Promotion Course sponsored by ORLA Southern Cone Sub Region, the School of Medicine of the Republic's University and the National Commission for Cardiovascular Health, Montevideo, Uruguay.
- Health Promotion Postgraduate Integrated Diploma, organised by IUHPE/ORLA Andean Sub Region and the School of Public Health of the Peruvian University Cayetano Heredia, Lima, Peru.
- International Course on Health Promotion sponsored by IUHPE/ORLA Andean Sub Region and EsSalud, Lima, Peru.

Communications

The region is designing new mechanisms to broader disseminate IUHPE and ORLA activities, and to stimulate communication with members of the Latin American region. In addition to strengthening the existing sub-regional bulletin (Brazil), other sub-regional bulletins and one for the regional office were created. The first two issues were published in June and December 2008.

Since 2003, the Argentinean Committee for Population Health Education (CAESPO), which is part of ORLA's Regional Committee, grants awards through the 'Haydeé de Luca Contest' to best published articles and successful projects and experiences in Latin America. This has become an effective mechanism to communicate and stimulate best practices in health promotion and education. The 2008 theme was: 'Determinants of Health: Successful Experiences in Health Promotion and Education.' ORLA has participated in determining the content of the regional page as part of the IUHPE global website, which will be available in 2009.

Membership Development

To contribute to the global strategy, the region is elaborating a sub-regional diagnostic of potential members to serve as the basis for a regional membership plan. The aim is to increase membership within the region (especially institutional, trustee and student membership).



REGIONAL ACTIVITIES

North America (IUHPE / NARO)

Marilyn Rice, Vice-President for North America Area of Sustainable Development and Environmental Health

Pan-American Health Organization (PAHO) / World Health Organization (WHO) Washington, United States

Claudia Coggin, Regional Co-Director for North America School of Public Health University of North Texas, United States Fran Perkins, Regional Co-Director for North America **Centre for Health Promotion** University of Toronto, Canada

The NARO Region wishes to create an active presence, leadership and initiatives for health promotion and education in North America. It is the only region in the IUHPE that has replicated the global executive structure at the regional level.



Vice President for Finance

Bill Chen

Vice President for Communications

Vice President for Marketing & Membership

Larry Olsen

Vice President for Scientific & Technical Development

David Sleet

Vice President for Liaison to the World Conference

Jay Wortman

Vice President for Advocacy

Michael Barnes

Regional at-large Trustees - Canada

Simon Carroll

Suzanne Jackson

Regional at-large Trustees - US

Deborah Deatrick

Regional at-large Trustees - Caribbean

Anne Thurland

Conferences and workshops

With the aim of making a substantial contribution to the programme of the 20th IUHPE World Conferencing and enhancing regional membership and sustainability, NARO members serve in one or more planning committees and are identifying NARO specific activities during the event.

Additionally, NARO participates in different regional-level events, including the co-sponsorship of workshops and panel presentations during SOPHE's mid-year and annual conferences and the conferences of the Canadian Public Health Association, where they provide continuing education credits as incentives.

Scientific and technical development

The objectives of the region in the development of scientific activities include:

- Tracking progress on IUHPE resolutions and address gaps through specific activities.
- Contributing to the development of action activities of the various global Vice-Presidents.
- Contributing to the development of the scientific agenda and proposed speakers in the next IUHPE World Conference.

Among the different highlights, the NARO region has started the William Kane Health Equity Fellowship programme through fund raising, selection protocol, and supporting infrastructure at NARO. The fund, in honour of NARO and IUHPE member Dr. Bill Kane, provides funding to aspiring young scholars to attend conferences and symposia and contribute scholarly work related to reducing health disparities and promoting health equity.

In addition, NARO actively contributes to the Global Programme on Health Promotion Effectiveness (GPHPE) through:

- developing, field testing and refining template for documentation of experiences,
- promoting country and local documentation of health promotion experiences,
- promoting collaboration of North American partners (such as PAHO/WHO Collaborating Centers) but also others in the NARO network,

- collecting and developing a resource directory related to effective global health promotion programmes
- linking with the GPHPE Latin American initiative,
- supporting the work of the North American Effectiveness Project (NAEP).

Communications

Communications initiatives in NARO aim to identify and establish strategic multi-media communication strategies with members and partner organisations. To strengthen this aim they are also expanding the multilingual and cultural components of regional and sub-regional communications with members.

NARO publishes a quarterly newsletter electronically and shares it with members and organisational partners via email. SOPHE, PAHO and other partners share information from the newsletter in their own newsletters. NARO will also complement regional specific capabilities to be offered through IUHPE's global website, including relevant updates from regional Officers, job opportunities, short-term consultation opportunities, international conferences and scientific meetings.

Membership development

In order to increase membership within the region there are a number of activities underway, which include promoting the IUHPE conferences and technical meetings and via electronic listserv (i.e. Healthy Municipalities and Communities, Health Promoting Schools, etc.)

Advocacy

NARO continues to be highly involved in sustaining official IUHPE relations with the United Nations, including endorsing key UN resolutions related to global health promotion and disease prevention (e.g. 2008 UN resolution on road safety and health) and key WHO World Reports. They have developed a working group to support action based on the report of the Commission on the Social Determinants of Health, looking at the role of Canada, the Caribbean, the United-States and PAHO. They also coordinate advocacy with US based offices of international organisations, NGOs and agencies (e.g. Make Roads safe (DC and UK), UNICEF (NY and Geneva), USAID).



REGIONAL ACTIVITIES

Northern Part of the Western Pacific (IUHPENPWP)



Toshitaka Nakahara, Vice-President for the Northern Part of the Western Pacific

School of Medicine, Kyoto University, Japan

Masaki Moriyama, Regional Director for the Northern Part of the Western Pacific **Department of Public Health** Fukuoka University School of Medicine, Japan

In June 2007, the IUHPE members in the Northern Part of Western Pacific Region discussed the work plan of three years (2007-2010) and the establishment of the executive structure after the 19th World Conference on Health Promotion and Health Education in Vancouver. With the decision to change the site of the 20th World Conference from Hong Kong to Geneva, the work plan was modified in consequence. The executive structure which was established in 2007 to support the World Conference in Hong Kong was dissolved and the regional committee will be established in 2009, whose main business will be membership development and communication within the NPWP.

First Asia-Pacific Conference on Health Promotion and Health Education, July 18-20, Chiba-city, Japan http://www.dokkyomed.ac.jp/dep-m/pub/apac.html

An important endeavour in the Region is the organisation of the First Asia-Pacific Conference on Health Promotion, July 18 - 20, 2009. The organisers include the IUHPE/NPWP and the Japanese Society of Health Education and Promotion (JSHEP). The Chairman for the conference is Professor Takashi Muto (member of the IUHPE Board of Trustees and executive member of JSHEP). The advisory board is constituted by key IUHPE members of the Asia Pacific region as well as other important players in the region:

- Prof. Toshitaka Nakahara, Vice President for IUHPE/NPWP; Kyoto University, Japan
- Prof. Donald Stewart, Vice President for IUHPE/SWP; Griffith University, Australia
- Prof. Sophia Chan, member of the IUHPE Board of Trustees; The University of Hong Kong, China
- Prof. Albert Lee, member of the IUHPE Board of Trustee; The Chinese University of Hong Kong, China
- Prof. Eun Woo Nam, member of the IUHPE Board of Trustee; Yonsei University, Korea
- Prof. Miyuki Adachi, Nagoya University of Arts and Sciences, Japan

- Prof. Takashi Eto, President, JSHEP; The University of Tokyo, Japan
- Prof. em. Takeshi Kawaguchi, Showa University, Japan
- Prof. Chieko Kawata, Aichi Prefectural College of Nursing & Health, Japan
- Prof. em. Takeo Masaki, Nippon Sport Science University, Japan

The scientific committee, the finance and fund-raising committee, the public relations committee, and the local administrative committee were established and they had several meetings in 2008. The programme's content includes:

- Keynote speeches on evidence-based health promotion, health promoting schools, the healthy cities project, equity, and Asia-Pacific perspectives in health promotion.
- Main symposia around health promoting schools, workers and health promotion, and healthy ageing.

Networking

One of the main challenges in the NPWP region is the variety of languages in the countries. In order to work more effectively with each other, as well as in fulfilling their role to implement IUHPE actions at the regional level, NPWP has organised liaison offices in key countries:

- Japan: the Liaison Office of Japan is headed by Dr Kanko Okada and Dr Hiroshi Fukuda. The office is responsible for public relations around the region's activities, establishing and maintaining a website, disseminating information about IUHPE and the NPWP to related academic societies and supporting preparations for the 20th World Conference on Health Promotion.
- Korea: the Liaison Office of Korea is in development under the supervision of Dr Eun Woo Nam (elected member of the IUHPE Board of Trustees).
- Hong Kong (Pearl River Region): the office was established in 2002 under Professor Albert Lee (elected BoT member) leadership.

The Pearl River Region develops activities within the Chinese community, particularly the southern part (Pan Pearl River Region). Different meetings and conferences have been organised in this part of the regions, including:

- Cross-Strait Health Education Symposium held in Taipei, Taiwan
- Healthy City Conference in Korea
- Global Healthy City Conference in Japan
- International Workshop on Health Promoting Schools in Hong Kong

The Office is currently working on Youth Risk Behavioral Surveillance on different parts of China and comparing results with several cities in USA, work undergone in collaboration with Indiana University, USA. The Office has been rewarded a grant to conduct study to develop Self Evaluation Tool for Health Promoting School in Hong Kong.



REGIONAL ACTIVITIES

Southwest Pacific (IUHPE / SWP)



Donald Stewart, Vice-President for the Southwest Pacific

School of Public Health, Griffith University, Australia

Jan Ritchie, Regional Director for the Southwest Pacific School of Public Health and Community Medicine University of New South Wales, Australia

The Southwest Pacific Region (SWP) includes countries around the south western rim of the Pacific and the many small island nations within the South Pacific. Currently, most members in the region are residents of Australia (Aust) and New Zealand (NZ). The Regional Committee plans relevant actions and oversees activities. The twelve elected Committee Members for 2007-2010 include Rosmarie Erben, Billie Giles-Corti, Neil Harris, Peter Howat, Heather Macdonald, David MacLaren, Boni Robertson, Louise Rowling, Trevor Shilton and Dallas Young (all from Aust) and Kathrine Clarke and Cheryl Hamilton both from NZ. The Committee meets on average five times a year, four of these by teleconference and when possible one additional meeting face-to-face. Due to the strong links that have been developed between IUHPE and the Australian Health Promotion Association (AHPA), the annual face-to-face meeting with a topic-based seminar or workshop is organised to take place as part of each AHPA National Conference where all regional members and interested others are invited to participate. IUHPE members are eligible for discounted subscription rates if they choose to join AHPA, and vice versa. SWP was very active in the Australian Population Health Congress 2008, held in Brisbane in July when AHPA and three other relevant organisations combined forces to provide a peak conference experience for their members. In addition to conference participation, the work of the region is organised around different topics and activities.

Indigenous health

Following the IUHPE's 2004 World Conference in Melbourne. the SWP established a Working Group on Action on Indigenous Resolutions to take forward the resolutions related to Indigenous health arising at the Melbourne General Assembly. Rosmarie Erben is continuing to chair this Working Group and the group is now endeavouring to ensure that Aboriginal health will be a key part of the 20th World Conference in Geneva.

For more information contact Rosmarie Erben at rosmarie.erben@gmail.com

IUHPE Student and Early Career Network

The ISECN was established at the IUHPE Vancouver Conference in June 2007 and SWP has been deeply involved from the start. Two SWP members, Lauren Cordwell and James Smith, have organised meetings of interested people, worked to encourage membership to strengthen the network and recently made connections with the World Health Organization in the Western Pacific Regional Office.

For more information contact Lauren Cordwell at lauren.cordwell@racgp.org.au or James Smith at james.smith@nt.gov.au

WWW Virtual Library: Public Health

The SWP Office has been privileged to take over the hosting of the WWW Virtual Library: Public Health after the untimely death of its originator and valued IUHPE member, Eberhard Wenzel, in 2001. Jan Ritchie in her Regional Director role led a working group to successfully re-establish the Virtual Library: Public Health on the site of the University of New South Wales' School of Public Health and Community Medicine, the current Regional Office of the SWP. IUHPE members are invited to make use of this excellent data base of public health sites and resources and where possible, to contribute details of useful public health/health promotion sites globally.

The WWW Virtual Library: Public Health is accessible at http://vph.sphcm.med.unsw.edu.au
For more information contact Jan Ritchie at j.ritchie@unsw.edu.au

International Stream, AHPA National Conference, Perth, Australia, May 17-20, 2009

The SWPR has set up a working group led by Trevor Shilton of the Conference's Programme Committee to oversee the international health stream of speakers and topics within this forth-coming conference. The opportunity to be an integral part of the Conference programming activities is allowing IUHPE to retain and hopefully expand its profile in this region.

For more information contact Trevor Shilton at trevor.shilton@heartfoundation.com.au



01.	Message from the IUHPE President
02.	Message from the IUHPE Executive Director
03.	Summary
04.	IUHPE Structure & Administration
05.	President's Vision
06.	Global Activities
07.	Membership Development
08.	Regional Activities
09.	Headquarters Corner
10.	Finance & Internal Control

Headquarters Corner

The IUHPE Headquarters (HQ) is the administrative and operational centre of the organisation. The HQ coordinates the effective implementation and synergistic direction of the organisation's activities in collaboration with IUHPE Officers.

In their respective role, the members of this international and multi-lingual small staff work together as a team and are at the service of the IUHPE and the President, Vice-Presidents and Regional structures. The staff's work aims to contribute to the overall aim to fulfil the IUHPE's mission and implement its strategies through a broad range of activities. Their respective work are a strategic and coherent representation about how each staff member makes a contribution, in her role and in collaboration with the other members of staff and Officers, to the effective operation of the HQ and the area they coordinate.

In addition to coordination and administration, including infrastructure and budget management, the HQ is central to provide and manage membership and member services. As part of this commitment, the staff worked vigorously during 2008 to put in place an online management system, adding value to the membership and allowing staff dedication to better quality care of members.

On the programmatic front, the number of staff dedicated to projects doubled, which reinforces the organisation's role in providing technical expertise. With the support and guidance of the

Vice-President for Scientific Affairs, the HQ is responsible for coordinating, conducting and participating in all programmes, projects and partnerships the IUHPE is involved in. Moreover, their role is also central in IUHPE conferences and co-sponsored events not only in ensuring the organisation's visibility, but also in framing the programme's contents and nominating key speakers from the network.

The HQ is the central hub of IUHPE internal and external communications. The work in this area ranges from website management to *Global Health Promotion's* editorial office coordination. Members and partners should anticipate developments and regular updates on this front as the HQ has established the necessary infrastructure and media outlets to provide state-of-the-art communications

HEADQUARTERS STAFF

Executive Director, Marie-Claude Lamarre

Office Manager, Janine Cadinu

Programme Director, Catherine M. Jones

Communications Officer, Martha W. Perry

Programme Officer, Claire Blanchard

Programme Officer, Sara Bensaude De Castro Freire

Project Assistant, Aurélie de Gournay



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Finance & Internal Control

Finance & Internal Control



Graham Robertson, Vice-President for Finance & Internal Control **NHS-Health Scotland**

10.

The IUHPE is a complex organisation: it exists as a global entity, is located legally in France (with related obligations), runs and manages global initiatives, but also operates through regional structures, supported by a small team of Officers, and a wide range of professional members. With this premise, the Vice-President engaged in reviewing arrangements. The intention is to ensure that an appropriate level of accountability, scrutiny and flexibility are built into the organisation's systems, but avoiding an overly bureaucratic financial governance structure. The viability of the organisation and its ability to conduct proposed activities depends critically on the availability of resources. A simple but effective governance structure is necessary, as well as the need to reflect financial matters in all work plans. Reviewing the financial governance arrangements also provides the opportunity to consider wider aspects of organisational governance covering staff, and risk management.

In addition to annual reporting and planning IUHPE finance, the Vice-President has a longer-term plan to clarify and develop the overall financial and organisational governance framework covering:

- Inter-relationship between global / HQ / regional / project budgeting
- Articulation of financial and other governance reporting mechanisms
- Budgetary planning framework to support Vice-President's work programmes and resourcing
- Risk management, including construction of risk register
- Inter-relationship with staff governance

- Committee for Internal Control (CIC)

At its meeting in June 2008, the Board of Trustees of IUHPE agreed to the establishment of a Committee for Internal Control (CIC) as part of a revision to the role of the Vice President.

The key intention is to set out annual financial governance processes for implementation in 2008 onwards, as well as ensuring a systematic and coherent internal control framework for other aspects of governance is in place in the period 2008-2010.

The Committee for Internal Control oversees internal control systems (finance; staff governance; estates; risk) with meetings of the members two times a year linked to the Executive Committee and Board of Trustees meetings. At the first meeting on November 30th, immediately prior to the meeting of the Executive Committee, the CIC's role and terms of reference were outlined.

The role of the CIC is to support the Board, the President and the Executive Director by reviewing the comprehensiveness of assurances about the control measures used by the Officers of the organisation. The intention is to review the reliability of the assurances given.

The scope of the CIC includes financial controls, staff governance and risk management overall. The Committee seeks to establish a view on where risk is being appropriately managed (no action needed), where it is not adequately controlled (action required), where it is over-controlled (resource is potentially being wasted) and where there is a lack of evidence about the control arrangements (agreed action required).

- Financial reporting: the CIC will not itself review the annual accounts and financial plans in detail. It will consider whether the control environment is appropriate covering:
 - Accounting policies
 - Financial systems
 - Preparation of annual accounts
 - Reporting arrangements for accounts and financial position.

- Staff governance: the CIC will focus its attention on the policy and procedure arrangements for the appointment, retention and management of staff.
- Risk management: the CIC will concentrate on the existence of and arrangements for updating of the risk register and related processes.

2007 Income & Expenditure

In Euros

EXPENDITURE	2007 budget	2007 actual
Administrative costs	99 800	144 521
Travel expenses (meetings and liaison)	15 000	21 078
Staff and related costs	296 600	264 123
Promotion & Education (production & ship- ping expenses)	56 000	53 626
Website maintenance and development	18 700	9 791
Project Activities	555 800	606 588
Others	7 600	10 115
TOTAL	1 049 500	1 109 842
INCOME		
Membership fees and subscriptions	203 700	192 872
Subsidies – French Health Directorate	80 000	80 000
19 World Conference	54 900	67 679
Fund-Raising	50 000	47 915
Project Activities	642 700	735 001
Others	18 200	4 715
TOTAL	1 049 500	1 128 182
RESULT FOR THE YEAR 2007	0	18 340

Balance Sheet at 31 December 2007

Presented in UK/US accounting principles – In Euros

FIXED ASSETS	31 Dec. 06	31 Dec. 07
Office equipment (net of depreciation)	7 101	8 634
Investment in management Group (GIE SCENE)	757	757
Deposit for office rent	375	375
Dopodit for clines form	8 233	9 766
CURRENT ASSETS		
Debtors/Receivables		
Suppliers	1 531	691
Salaries, taxes & social security		201
World Conference	33 521	56 193
Membership Fees		32 717
Project Income	191 540	147 112
Recoverable VAT	3 285	2 595
Other income receivable	189	115
Items prepaid	16 144	2 249
Lunch coupons	1 856	1 184
SEARB	57	1 608
	231 979	244 665
Bank and Cash	154 196	311 543
Total current assets	402 319	556 208
LESS CURRENT LIABILITIES		
Creditors/Payables		
Suppliers	75 446	67 581
Social Security and other payable taxes	60 700	63 542
Bank	25 629	150
EURO	16 525	30 168
NARO	126	4 423
NPWP	452	867
ORLA	7 588	8 094
SWP	1 300	874
AFRO	583	475
Others	-	
	188 349	176 174
Income received in advance	15 000	159 329
Subscriptions to Promotion & Education	15 306	7 529
Membership fees	12 365	17 844
Dedicated funds	128 122	135 348
Total current liabilities	359 142	496 224
NET CURRENT ASSETS	43 177	59 984
NET TANGIBLE ASSETS	51 410	69 750
CAPITAL AND RESERVES		
Revenue reserves		
Current year surplus (deficit)	2 271	18 340
Reserves brought forward	49 139	51 410
TOTAL CAPITAL AND RESERVES	51 410	69 750

IUHPE OFFICERS & STAFF

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Scientific Affairs: Vivian Lin, Australia

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Europe: Mika Pyykkö, Finland

North America: Marilyn Rice, United States

Northern Part of the Western Pacific: Toshitaka Nakahara, Japan

Latin America: **Dora Cardaci**, *Mexico*Southwest Pacific: **Donald Stewart**, *Australia*

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North America: Claudia Coggin, United States and Fran Perkins, Canada

Northern Part of the Western Pacific: Masaki Moriyama, Japan

Latin America: **Hiram Arroyo**, *Puerto Rico* Southwest Pacific: **Jan Ritchie**, *Australia*

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Policy: Begoña Merino

Finnish Centre for Health Promotion: Janne Juvakka

Funds for a Healthy Austria: Rainer Christ

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Mattig

Health Promotion Unit, Department of Health and Children: Patricia Lee

and Robbie Breen

Heartfile: Sania Nishtar

Hungarian National Institute for Health Development: Peter Makara

NHS Health Scotland: Graham Robertson

 $\label{prop:linear} \textit{French National Institute for Prevention and Health Education-INPES:} \\$

Than Le Luong and Jennifer Davies

Netherlands Institute for Health Promotion and Disease Prevention – NIGZ: Jan Huurman

Oswaldo Cruz Foundation (FIOCRUZ) National School of Public Health:

Antonio Ivo de Carvalho and Regina Bodstein

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Public Health Agency of Canada: Sylvie Stachenko

Thai Health Promotion Foundation: Supakorn Buasai and Thantida

Wongprasong

Unit of Health Promotion Education, Université Libre de Bruxelles – ULB-

Promes: Danielle Piette

GLOBALLY ELECTED MEMBERS

Mary Amuyunzu-Nyamongo, Kenya (elected member – 2004-2010)

Altyn Aringazina, Kazakhstan (elected member – 2007-2013)

Hiram Arroyo, Puerto Rico (elected member- 2004-2010)

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 Margaret M. Barry, Ireland (elected member – 2004-2010)
 Anne Bunde-Birouste, Australia (elected member – 2004-2010)

Dora Cardaci, Mexico (elected member – 2004-2010)

Sophia Chan, China (elected member –2007-2013)

Paolo Contu, Italy (elected member – 2007-2013)

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Elisabeth Fosse, Norway (elected member – 2007-2013)

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Roshan Lal Kajla, India (elected member – 2004-2010)

Anu Kasmel, Estonia (elected member – 2007-2013)

Tawfik A.M. Khoja, Saudi Arabia (elected member – 2004-2010)

Albert Lee, Hong-Kong, China (elected member – 2004-2010)

Vera Goes Pereira Lima, Brasil (elected member – 2007-2013)

Vivian Lin, Australia (newly elected member – 2007-2013) Erma Manoncourt, Egypt (elected member – 2007-2013)

David V. McQueen, United States (elected member – 2007-2013)

Maurice B. Mittelmark, Norway (elected member –2004-2010)

Alok Mukhopadhay, India (elected member – 2004-2010)

Takashi Muto, Japan (elected member – 2004-2010)

Eun Woo Nam, Korea (elected member – 2007-2013)

Hans Onya, South Africa (elected member – 2007-2013)

Richard Parish, United-Kingdom (elected member – 2007-2013)

Jürgen Pelikan, Austria (elected member – 2007-2013)

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Harpreet Singh, India (elected member - 2004-2010)

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Alyson Taub, United-States (elected member – 2004-2010)

Marcia Faria Westphal, Brasil (elected member 2004-2010)

Marilyn Wise, Australia (elected member-2004-2010)

Jay Wortman, Canada (elected member – 2007-2013)

HEADQUARTERS STAFF MEMBERS

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