



IUHPE

2010

ACTIVITY REPORT

OF THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION

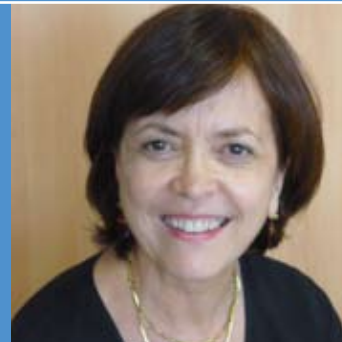


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01 / MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR



■ Michael Sparks / President

■ Marie-Claude Lamarre / Executive Director

The writing of this Report of Activity provides an opportunity to reflect on the year 2010 and our major achievements. As anticipated, a highlight was the 20th IUHPE World Conference on Health Promotion, which took place in Geneva on July 11-15. The Conference focused on Health, Equity and Sustainable Development in an attempt to build bridges between these key resources for life and healthy societies. It also demonstrated how health promotion can play its part in addressing the complex political, economic, social, and environmental connections and interactions which affect our health today and into the future. We would like to pay tribute to the leadership and team of Health Promotion Switzerland who conducted this global project with us and to all stakeholders who took part in the success of the IUHPE World Conference. An excellent scientific programme, inspiring speakers, and well-organized arrangements allowed us to feature the scientific work of the IUHPE and our partners. The conference was also notable for the high level of participation from all parts of the world and for increasing the profile of key issues being addressed by the IUHPE global membership. Every three years this impressive gathering of the health promotion professional community and related fields provides us with an opportunity to confirm the needs and expectations of our members and partners and to identify priorities for our work during the next three years. The inspiring insights from the World Conference now provide us with a strong impetus to follow this up in our day-to-day professional practice and leadership of the Organization. We would like to invite all of you who could not participate in the 20th IUHPE World Conference on Health Promotion to read more about it in the corresponding section of this Report of Activity as well as to listen to plenary presentations still available on the website of the Conference at www.iuhpeconference.net. Another major focus that has emerged in the Year 2010 is the urgency to tackle the growing epidemic of non-communicable diseases (NCDs), recognizing that they will be a central problem for health systems and economies globally for many years to come. This has prompted the decision by the United Nations General Assembly to convene a High Level Meeting on this topic in September 2011.

To support that meeting, the World Health Organization is conducting consultative forums for all stakeholders to better understand their roles and contributions. This offers the IUHPE a major opportunity to reaffirm the clear role for health promotion in the context of political, economic and social conditions globally, which underpin NCDs and their impact on most vulnerable populations; to reaffirm the values, principles and action strategies of health promotion; to reaffirm the effectiveness of health promotion through a concerted global commitment to act and through our work plan. Our main assets in this effort are the strength and expertise of our global network and our extensive experience in advocacy, capacity building, documenting health promotion effectiveness, and surveillance. It is our responsibility to position the IUHPE as a strong, constructive and critical voice on the world stage. In the lead up to September 2011 there will be numerous opportunities for advocacy and to make our voice heard.

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

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



01 / MESSAGE FROM THE IMMEDIATE PAST PRESIDENT

David V. McQueen, IUHPE President from 2007 to 2010
Member of the IUHPE Board of Trustees as Immediate Past President

It is with pleasure that I report on the first half of 2010 and the activities of the IUHPE. As outgoing President of the IUHPE I had the pleasure to work with the excellent headquarters staff of the IUHPE and many active members of the IUHPE Board of Trustees. An independent NGO like the IUHPE thrives on the diligence and intelligence of its members and its senior executives. Together with the executive office of the IUHPE in Paris the President and the Vice-Presidents form the team that ensures that the work of the organization is carried out efficiently and in the spirit of health promotion.

As President of the IUHPE from July 2007 to July 2010 I have been very fortunate to have been part of a great leadership team for the IUHPE. A great deal has been accomplished through the hard work and efforts of the Board and the staff of the IUHPE. However there is still much to be done to complete the vision that I took into the Presidency of the IUHPE, and that will be a focus of my work as the Immediate Past President of the IUHPE in cooperation with the newly elected Board, Executive Committee and President, Michael Sparks.

The IUHPE has grown considerably in the last decade, both in resources and staff; nonetheless, like many NGOs it is constantly challenged to carry out its mission and, like so many global NGOs, its mission is expanding. The IUHPE, as well documented in recent Annual Reports has multiple roles and tasks. It serves professionals and students in health promotion and education globally; it carries out and sets agendas for research in the field; assists public health agencies in promoting health; publishes books, pamphlets, reports; publishes a flagship journal; conducts flagship programs pertinent to health promotion; helps define the nature and content of the field; carries out regional and global conferences; partners with other NGOs ; and helps develop regional efforts in health promotion and education. In short, the IUHPE is many things to many people. However this largesse comes at a price. The organization, like health promotion efforts throughout most of the world, runs beyond reasonable expectations given its small core staff in Paris.

My chief concern as President of the IUHPE was, and will remain as Immediate Past President, to address the capacity for health promotion. We are a constant witness to this lack of capacity. In my belief it is through organizations that we can develop and build the structural capacity to carry out health promotion efforts globally and locally. The organization primed to carry out that task is the IUHPE. But this has to be a primary focus of the officers of the organization. Despite the low resourcing much has been done and that is witness to the fact that even with low resources we can pursue the goal of building capacity. There are many components of capacity building and I will continue to work towards a goal of building an organization with the capacity to serve our members, the field of health promotion globally and in the long run to lead to improved global health in a more equitable world.

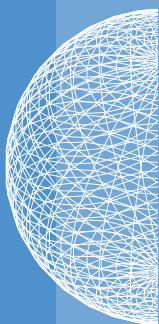
The IUHPE has many challenges in the years to come. However, the IUHPE has a strong history of addressing challenges. I believe that we are on the way to a new era in health promotion.



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FOR 60 YEARS WORKING
TO MAKE A DIFFERENCE TO GLOBAL HEALTH



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02 - FOR 60 YEARS WORKING
TO MAKE A DIFFERENCE TO GLOBAL HEALTH

Health is an essential resource for human life. The International Union for Health Promotion and Education works at the service of health promotion to empower people and the communities in which they live to control their own health and factors that influence 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 is** a **unique worldwide, independent, global, professional network** of people and institutions committed to improving the health and wellbeing of the people through education, community action and the development of healthy public policy.

THE IUHPE IN ACTION

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

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

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



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GLOBAL NETWORK OF EXPERTS

The IUHPE is an open and inviting organisation, providing a unique opportunity for high level dialogue and exchange, and facilitating the development of collaborative projects at global and regional levels. **Members** range from government bodies, to universities and institutes, to NGOs and individuals 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 its members connected and at the forefront of health promotion development. These services include, amongst others, www.iuhpe.org and the host of resources available on the website, professional conferences at regional and global levels, the IUHPE quarterly membership journal *Global Health Promotion* and its supplements, discounted subscriptions to all the journals in the IUHPE family of journals, as well as a constantly updated on-line dialogues at 'Views of Health Promotion Online' www.vhpo.net.

IUHPE is 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.

CONTACTS

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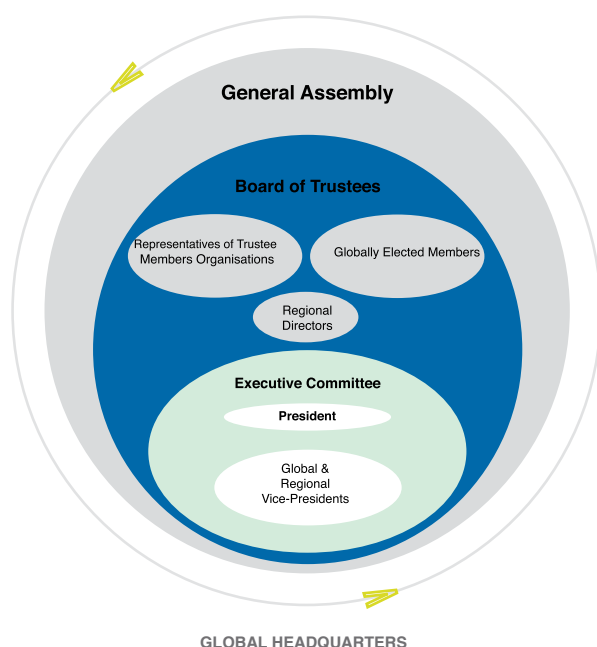
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03 / IUHPE STRUCTURE & ADMINISTRATION

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 France.



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

- decides the policies and the strategic 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; and
- decides the location of future World Conferences based on the recommendations of the Board of Trustees.

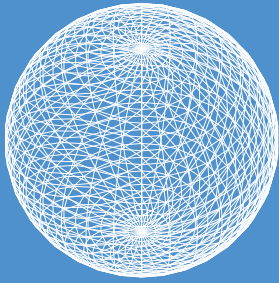
The Board of Trustees governs and administers the IUHPE on behalf of the General Assembly. The current composition of this body includes:

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

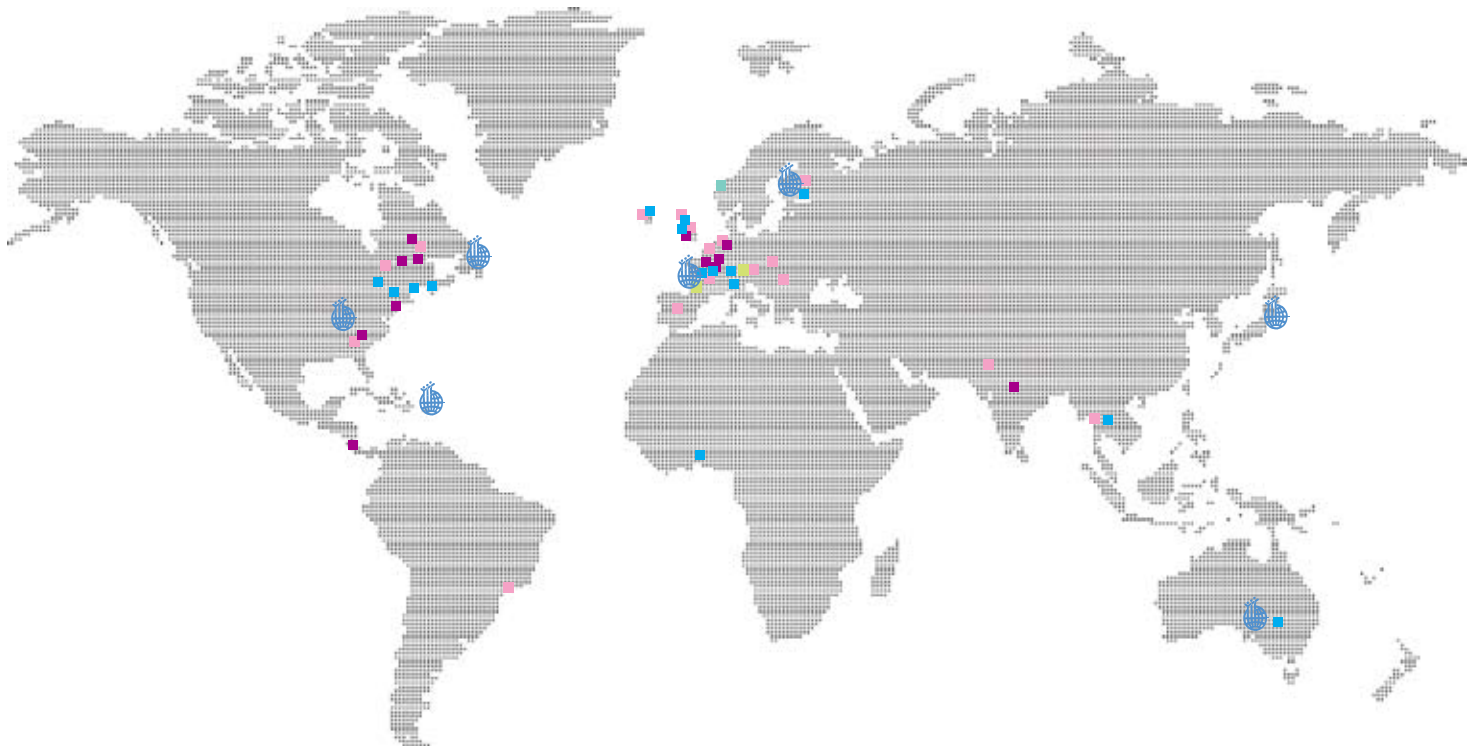
The Board of Trustees elects the President and Global Vice-Presidents, who hold office between triennial meetings of the General Assembly.

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

The last election or re-election took place during the 20th IUHPE World Conference on Health Promotion in July 2010.



04 / PARTNERSHIPS AND NETWORKS



IUHPE PARTNERS & NETWORKS WORLDWIDE

IUHPE Headquarters and Regional Offices

- Headquarters – Saint-Denis, Paris, France
- Africa (AFRO)
- Europe (EURO)
- Latin America (ORLA)
- North America (NARO)
- Northern Part of the Western Pacific (NPWP)
- South West Pacific (SWP)

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

- Department of Health 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
- Heartfile, Islamabad, Pakistan
- 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
- Public Health Agency of Canada, Ottawa, Canada
- 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, ISECN Secretariat - Bergen, Norway.

IUHPE International Network of Indigenous Health Promotion Professionals (INIHPP)

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

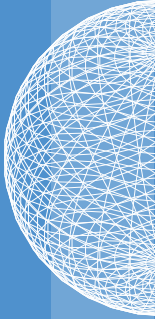
- Centers for Disease Control and Prevention, Atlanta, USA
- Chair, Community Approaches and Health Inequalities, Montreal, Canada
- European Commission, Brussels, Belgium
- EuroHealthNet, Brussels, Belgium
- European Observatory on Health Systems and Policies, Brussels, Belgium
- European Public Health Association, Utrecht, the Netherlands
- Norwegian Knowledge Centre for the health services, Oslo Norway
- National Institute for Prevention and Health Education, Paris, France
- National Public Health Institute of Quebec, Quebec, Canada
- Public Health Agency of Canada, Ottawa, Canada
- World Health Organization, Geneva, Switzerland

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

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

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

- General Health Directorate, Paris, France
- Health Promotion Switzerland, Bern, Switzerland (organisers of the 20th World Conference on Health Promotion)
- Centers for Disease Control and Prevention, Atlanta, USA



GLOBAL ACTIVITIES





Anne Bunde-Birouste, Vice-President for Advocacy (2007-2010)

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.

The Vice-President's 2007-2010 work focused on reviewing the programme of activities that involve an advocacy element, the strategic directions 2008-2010 and the resolutions from the World Conference in Vancouver, Canada, in order to prioritise the areas of work and then develop effective means to address those priorities appropriately.

An **IUHPE Advocacy Advisory Group (AAG)** was established to serve as a team of individuals in a collective capacity to advise and support the work of the IUHPE Vice President for Advocacy and to enable advocacy to be conducted by the organization on a range of issues of international significance. The AAG now serves as the operational arm of the IUHPE Advocacy work-plan, and aims to render the direction and work of the IUHPE more effective in this field.

“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.”

RESPONDING TO THE NEED FOR EFFECTIVE ADVOCACY

The **20th IUHPE World Conference on Health Promotion** held in Geneva, Switzerland, on July 11-15 2010 offered a major opportunity for the IUHPE to progress in its engagements for effective advocacy at various levels for health, equity and sustainable development. In this occasion, two major sessions on advocacy have been organised:

— The sub-plenary session ‘Contemplating the science and the art of advocacy’, which explored and engaged with the science and art of advocacy across a spectrum of specific case studies, and explored skills and examples of creative and persuasive communication in advocacy initiatives. The session outlined the creation of the Global Advocacy Council of the International Society for Physical Activity and Health (GAPA) and its orientation around five core functions to advance global physical activity advocacy: information mobilization, advocacy for national policies, the development of a Global Charter for physical activity, advocating for training, and establishing and strengthening regional networks for physical activity. Equity, mental health promotion and Organisation management have also been highlights of this sub-plenary.

— In parallel and recognizing the need for all professionals to engage in advocacy activities, a workshop ‘Advocating for social change through Health Promotion’ was organised to provide a practical, hands-on perspective. The workshop was developed and facilitated by leading experts engaged in a variety of Health Promotion advocacy initiatives as part of their professional activities. The workshop described the range of capacities, activities and principles that support effective advocacy, addressed concepts such as framing multiple levels of advocacy targets, and provided hints on how apply these concepts to the different levels of current policy agendas, at local, national or global levels.

EXAMPLES OF ADVOCACY INITIATIVES: NON-COMMUNICABLE DISEASES IN SUB-SAHARAN AFRICA

Largely overshadowed by infectious diseases, the global burden of non-communicable diseases (NCDs) is equally as serious and requires urgent attention. Global discussions on implementing NCD legislation when it exists, plans, programs, policies, and leadership indicate that past efforts, including specific disease plans and special donor priorities have often “siloe” disease prevention, detection, treatment, and education efforts. Various ideas on the influence of the Social Determinants of Health (SDH) on non-communicable diseases have also been raised. Fostering political will to address this pandemic in low and middle-income countries, where the burden of NCDs is accelerating, is essential.

Through facilitated discussions with prominent leaders, experts and partners in sub-Saharan Africa (Entebbe, Uganda, July 2009), the American Cancer Society and the International Union for Health Promotion and Education addressed facilitators, barriers, and mechanisms for action to support the integration of diseases into an NCD framework.

Urbanization, education, poverty, and religion were all mentioned as influencing factors on non-communicable diseases. Traditional medicine, dietary restrictions, and lack of infrastructure including schools, transportation, and hospitals play a critical role in the capacity of people to control their health. Participants recognized these challenges and the need for change. Viewpoints on next steps include gathering evidence-based information and documentation (in the form of descriptions of processes and their effectiveness, success stories, reference documents and “how to” briefs), conducting surveillance, and training on advocacy to educate community groups and leaders on how to identify resources, target certain groups, create appropriate strategies.

The outcome of this consultation process resulted, in 2010, in a publication:

New Frontiers for the sustainable prevention and control of Noncommunicable Diseases (NCD): A View from Sub-Saharan Africa – A Commentary by Nancy E. Lins, Catherine M. Jones and Jane Robin Nilson, published in Global

Health Promotion Supplement n°2 2010 (pages 27-30).
The article is available online at http://ped.sagepub.com/content/17/2_suppl/27.

In 2010, the Consortium for Non-Communicable Diseases Prevention and Control in sub-Saharan Africa (CNCD-Africa) was launched on the occasion of the 20th IUHPE World Conference on Health Promotion. CNCD-Africa brings together multiple disciplines, sectors and partners in the African region and provides a platform to address NCDs in an effective, efficient and sustainable manner through the concerted efforts of key players in the region. The IUHPE is an active member of the Consortium.

OTHER COLLABORATIONS AND ACTIVITIES

In addition to this, the 2007-2010 Vice-Presidency has strived, throughout its mandate, to:

- Coordinate IUHPE advocacy efforts and participate in the development of policy papers in relation to priority issues on the scientific affairs portfolio and through the range of specific issues addressed by the IUHPE Global Working Groups (e.g. NCDs, Physical Activity, Social Determinants of Health);
- Represent the voice of the IUHPE at international, regional and national events.





Trevor Shilton, Vice-President for Advocacy (2010 - 2013)

National Heart Foundation of Australia (WA) / School of Population Health, University of Western Australia

Advocacy is about applying structured approaches to bring about change. To do this in a systematic way the IUHPE needs to work at least three levels: a) *gathering evidence*, b) *articulating these in tools that are readily available for members* ("fact sheets"), and c) *critically walking the talk* i.e. the IUHPE being more vocal on the global stage, bringing a health promotion perspective to key global priorities such as NCD prevention and Health in All Policies.

Advocacy is a broad endeavour which can apply a range of strategies. The IUHPE can lever significant global influence through: *Political advocacy* – with the WHO and UN and also national Governments; *Professional mobilization* - putting evidence-based advocacy tools in the hands of our members to mobilize their advocacy; and *advocacy from within organizations* – enabling our members to advocate change within their places of employment.

There will be many priorities in the coming term where these approaches must be applied. In particular, four areas will be vital for the future of Health Promotion:

- Advocacy to support workforce capacity building, education, training and global consensus building around core competencies;
- Obtaining a priority role for health promotion (and the IUHPE) within the UN and WHO priority on NCD prevention;
- Using both the above to forge a clear role for health promotion (and the IUHPE specifically) in promoting health in all policies; and
- Establishing adequate infrastructure for health promotion at global and national levels, to promote leadership and understanding of the role that health promotion can play in reducing global health burden and inequity.

In carrying out the advocacy role, the 2010-2013 Vice-Presidency will prioritise options for greater membership participation in the policy development process (initially the fact sheets) and mobilizing the membership to advocate IUHPE positions.



05 -B - GLOBAL ACTIVITIES - CAPACITY BUILDING, EDUCATION & TRAINING

Margaret M. Barry, Vice-President for Capacity Building, Education & Training (2007-2010)
Professor of Health Promotion and Public Health / National University of Ireland Galway, Ireland

Building capacity to support the development and implementation of policy and practice is critical to the future growth and development of health promotion. Global developments in health promotion policy, practice and research provide the context for developing health promotion competencies, standards, quality assurance and accountability in professional preparation and practice. International commitments call for health promotion actions which require a complex mix of technical skills, knowledge, expertise and leadership, as outlined in the WHO Nairobi Call to Action (2009), the Millennium Development Goals (UN, 2000) and the report of the WHO Commission on Social Determinants of Health (WHO, 2008). The IUHPE report on *Shaping the Future of Health Promotion: Priorities for Action* (2007) clearly identifies the development of a competent health promotion workforce as one of the priorities for action.

The IUHPE Vice-Presidency supports the capacity building, education and training of individuals, organisations and countries to undertake health promotion activities. To enable this goal to be achieved, the following core areas were prioritised for action in 2007-2010.

WORKFORCE DEVELOPMENT IN COUNTRIES WITH IDENTIFIED CAPACITY NEEDS

In 2010 a consultation process was undertaken on health promotion workforce development in countries with identified capacity needs (Battel-Kirk and Barry, 2010). This work builds on the IUHPE's Brief Report of Gaps and Assets for Capacity Building in Low-Income Countries, which was prepared in 2008 by the Vice-President for Strategy & Governance. The report concluded that further consultation should be undertaken in the IUHPE Regions to identify priority training and development needs for building a competent health promotion workforce. The IUHPE Scoping Study on Health Promotion Workforce Capacity & Education and Training Needs was, therefore, developed in collaboration with members of the IUHPE Global Board of Trustees and the staff of the IUHPE Head Office in Paris. A number of Health Promotion colleagues around the world, contributed to both the survey itself and to identifying the sample base for respondents.

“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.”

Responses were received from health promotion professionals in 33 countries and the findings of the scoping study provide a ‘snap shot’ of the current capacity for Health Promotion and the training and education needed to maintain and further build that capacity in low and middle income countries across the IUHPE regions. The scoping study highlighted a number of key areas for action including:

- the need for a dedicated health promotion workforce with specialised training
- continuing professional development opportunities and basic courses in health promotion for health workers delivered locally
- sustainable funding for capacity building
- improved understanding of the concept and practice of health promotion at government and policy level
- building on the existing commitment and leadership of the current workforce
- establishment of national and regional level training and education networks and fora
- providing criteria, including core competencies and standards, to guide the development of local education and training

The opinions of the respondents on the roles which the IUHPE can play to support capacity development provide a useful basis for future IUHPE strategies.

A consultation with WHO Regional Offices was also undertaken (Mahmood and Barry, 2010). The need for a training model, identifying accessible education material, training and networking mechanisms regionally, was identified to build capacity and support the workforce development needs across countries.

INTERNATIONAL COLLABORATION ON COMPETENCIES AND ACCREDITATION IN HEALTH PROMOTION AND HEALTH EDUCATION

In addition to addressing the education and training priorities, the development of a comprehensive system for competency-based standards and accreditation, was identified as a critical element in strengthening global capacity in health promotion. An international consensus meeting, jointly organised by the IUHPE, the Society for Public Health Education (SOPHE) and the US Centers for Disease Control and Prevention (CDC), with participation from international leaders in the field, took place at the National University of Ireland Galway, in June 2008. The Galway Consensus Conference initiated a process of promoting international exchange and understanding concerning core competencies and quality assurance mechanisms necessary for developing workforce capacity across countries and continents.

The Galway Consensus Conference Statement, based on the proceedings of the meeting, was produced which outlines core values and principles, a common definition, and eight domains of core competency that are required to engage in effective health promotion practice. The core domains of competency agreed to at the meeting are: catalysing change, leadership, assessment, planning, implementation, evaluation, advocacy and partnerships.

The Consensus Statement in draft form was circulated for feedback to 216 health promotion experts from around the world, sourced from the IUHPE membership database. In addition, the IUHPE's online dialogue forum, Views of Health Promotion Online (www.vhpo.net), and SOPHE's online discussion site (www.sophe.org) started a dialogue stream for members and non-members to openly comment on any and all aspects of the draft. Comments, suggestions, and recommendations were then collected during a seven-month period from July 1, 2008 to January 31, 2009.

In 2009 the Galway Consensus Statement, along with eight commissioned background papers and five sets of commentaries from the field, was published in tandem issues of the IUHPE journal, *Global Health Promotion* (Vol. 16, No. 2, June, 2009) and SOPHE's journal *Health Education & Behavior* (Vol. 36, No.3, June 2009).

Following publication of the Galway Conference Consensus Statement, a global consultation process was undertaken in collaboration with the IUHPE Regional Vice-Presidents. Feedback was received from global experts in health promotion from over 187 individuals/organizations in Australia, Africa, Latin America, Canada, US. & Europe. Information was also disseminated in India, Sri Lanka and the Eastern Mediterranean Region. The feedback from this process was collated and presented at the IUHPE 20th World Conference on Health Promotion in July 2010. A sub-plenary session on the consensus building process was convened and co-chaired by Professor Margaret Barry and Professor John Allegrante, Columbia University (New York), with leading health promotion panel members from Africa, India, Australia and the Latin American region. A specific consultation was also carried out with health promotion staff in the WHO Regional Offices as part of the study conducted by Mahmood and Barry (2010).

THE GALWAY CONSENSUS STATEMENT: DOMAINS OF CORE COMPETENCIES

The Consensus Statement is not concerned with specific competencies but focuses instead on the broader domains of core competency, which are critical to achieving improvements in health. Emphasis is placed on their application at varying levels of implementation, and in particular, on the importance of the combined application of the domains of core competency and their integration within the context of values and knowledge from other disciplines in health promotion practice.

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

1. Catalysing 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 behavioural, 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

Allegrente JP, Barry MM, Airhihenbuwa CO, Auld ME, Collins J, Lamarre M-C, et al. (2009) Domains of core competency, standards, and quality assurance for building global capacity in health promotion: the Galway Consensus Conference Statement. *Health Educ & Behav*, 36(3), 476-482.



DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION CAPACITY BUILDING IN EUROPE (CompHP)

Under the leadership of the Vice-President for Capacity Building Education & Training, the IUHPE European Regional Committee and its partners have established a three year initiative (2009-2012), with funding from the Executive Agency for Health and Consumers (EAHC Project number 20081209), to develop competency-based standards for health promotion that will impact on workforce capacity to deliver public health improvement in Europe. This project builds on a Europe-wide 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 aims to develop a Europe-wide competency framework and system of professional standards for health promotion practice, education and training. This framework will form the basis for building a competent and effective health promotion workforce in Europe. The key research aims include:

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

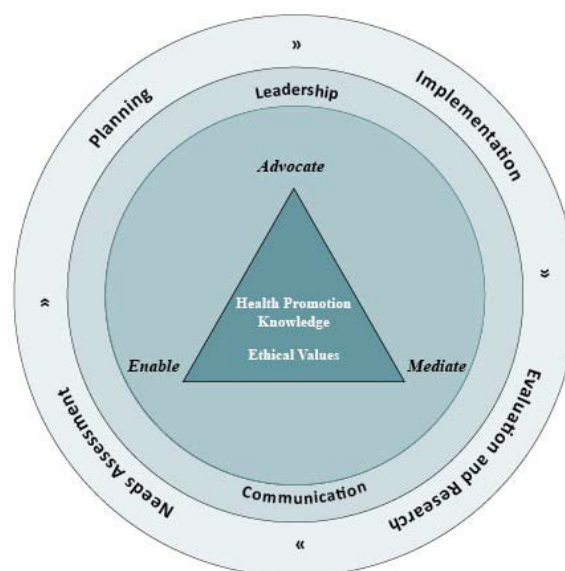
The CompHP Project is developed in collaboration with the 22 project partners across Europe and uses a consensus-building approach to establish means and methods by which quality governance standards in Health Promotion can be implemented across Europe to stimulate innovation and best practice

CompHP PROJECT METHODOLOGY

Based on an extensive consultation with health promotion experts across Europe, employing the Delphi technique, focus groups and online consultations, the CompHP Core Competencies for Health Promotion Framework has been developed and a Handbook was published in February 2011. The development of professional standards and a pan-European accreditation framework is in progress.

In this initiative the IUHPE is 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.

In order to maintain a global perspective, an International Expert Advisory Group has been set up to provide technical input into the development of the CompHP project based on their expertise and experience in the area of health promotion competencies, standards and accreditation. The Group is also key to 'cross pollination' of ideas at a global level and input from the Group has been invaluable in the work of the project to date.



CompHP Project partners: Health Promotion Research Centre, National University of Ireland, Galway (Ireland); International Union for Health Promotion and Education (France); Università degli Studi di Perugia (Italy); Royal Society for Public Health(UK); The Netherlands Institute for Health Promotion; Università degli Studi di Cagliari (Italy); Universidad Rey Juan Carlos (Spain); Finnish Centre for Health Promotion; University of Tartu (Estonia); National Institute of Public Health (Czech Republic); Health Service Executive (Ireland).

Collaborating partners: Department of Health Promotion and Disease Prevention (Malta); Association for Health Promotion in Ireland (AHPI); Faculty of Health Education, Ankara University, (Turkey); NHS, Health Scotland; Association of Health Education and Promotion (Israel); National Institute Of Public Health (Croatia); Dutch Association for Health

Promotion (NVPg) (the Netherlands); Department of Health, University of Girona (Spain); Faculty of Teacher Training, University of Extremadura (Spain); ETC-PHHP Network c/o Cagliari University ; School of Nursing and Midwifery, University of Brighton, (UK); Department of Psychology, University of Louvain (Belgium); Centre for Health Services Research, Department of Hygiene, Epidemiology and Medical Statistics, Athens University, (Greece)

Further details of the CompHP project are available at:

<http://www.iuhpe.org/index.html?page=614&lang=en>

LIST OF MAIN COLLABORATIONS AND PARTNERSHIPS

The Galway Consensus Conference 2008

Council of Accredited MPH Programs, USA
Council on Education for Public Health, USA
Duval County (Florida) Health Department, USA
Emory University, USA
Health Promotion Research Centre, National University of Ireland, Galway
Institut National de Prévention et d'Éducation pour la Santé, France
Japanese Society for Health Promotion and Education, Japan
Madrid Regional Health Authority, Spain
National Commission for Health Education Credentialing, USA
New York University, USA
Pennsylvania State University
Reykjavik University, Iceland
Royal Society for the Promotion of Health, UK
Society for Public Health Education, USA
University of Bergen, Norway
University of Cincinnati, USA
University of Southampton
US Centers for Disease Control and Prevention

DISSEMINATION OF ACTIVITIES

Barry, M.M. (2008) Capacity building for the future of health promotion. *Global Health Promotion* 15(4), 56-58.

Allegrante, J.P., Barry, M.M., Auld, E., Lamarre, M-C. and Taub, A. (2009) Toward international collaboration on credentialing in health promotion and health education: The Galway Consensus Conference. *Health Education & Behavior*, 36(3) 427-438.

Allegrante, J.P., Barry, M.M., Airhihenbuwa, C.O., Auld, E., Collins, J.L., Lamarre, M-C., Magnusson, M., McQueen, D. and Mittelmarm, M. (2009) Domains of core competency, standards, and quality assurance for building global capacity in health promotion: The Galway Consensus Conference Statement. *Health Education & Behavior*, 36(3) 476-482.

Barry, M.M., Allegrante, J.P., Lamarre, M-C., Auld, E. and Taub, A. (2009) The Galway Consensus Conference: International collaboration on the development of core competencies for health promotion and health education. *Global Health Promotion*, 16 (2), 5-11.

Battel-Kirk, B., Barry, M.M., Taub, A. and Lysoby, L. (2009) A review of the international literature on health promotion competencies: identifying frameworks and core competencies. *Global Health Promotion*, 16 (2), 12-20.

Battel-Kirk, B. and Barry, M.M. (2009) *Testing the feasibility of implementing a pan-European framework for health promotion accreditation*. IUHPE Research Report Series Vol 4 (1). www.iuhpe.org/index.html?page=50&lang=en

Battel-Kirk, B. and Barry, M.M. (2010) *IUHPE Scoping Study on Health Promotion Workforce Capacity and Training*. Paris: International Union for Health Promotion and Education.

Dempsey, C., Barry, M.M. and Battel-Kirk, B. (2010) *Literature Review: Developing Competencies for Health Promotion*. HPRC and Executive Agency for Health & Consumers, European Commission, May 2010.

http://www.iuhpe.org/uploaded/Activities/Cap_building/CompHP/CompHP_LiteratureReviewPart1.pdf

Dempsey, C., Battel-Kirk, B. and Barry, M.M. and (2011) *The CompHP Core Competencies Framework for Health Promotion Handbook*. HPRC and Executive Agency for Health & Consumers, European Commission, March 2011.

http://www.iuhpe.org/admin/uploaded/CompHP_Competencies_Handbook.pdf

Mahmood M. and Barry, M.M. (2010) *World Health Organisation Regional Offices Consultation on Global Health Promotion Competencies*, HPRC NUI Galway January 2010.

Santa-Maria Morales, A. and Barry, M.M. (2007) *Scoping Study on Accreditation and Professional Standards in Health Promotion*. Report prepared on behalf of the IUHPE/EURO Sub-Committee on Training and Accreditation in Europe including Professional Standards and Competencies. IUHPE Research Report Series, Vol II(1).

http://www.iuhpe.org/upload/File/RRS_1_07.pdf

Santa-Maria Morales, A., Battel-Kirk, B., Barry, M.M., Bosker, L., Kasmel, A. and Griffiths, J. (2009) Perspectives on health promotion competencies and accreditation in Europe. *Global Health Promotion*, 16 (2), 21-31.

Taub, A., Allegrante, J.P., Barry, M.M. and Sakagami, K. (2009) Perspectives on terminology and conceptual and professional issues in health education and health promotion. *Health Education & Behavior*, 36(3) 476-482.

Dempsey, C., Barry, M.M. and Battel-Kirk, B. (2011), *Report Developing a European Consensus on Core Competencies for Health Promotion*, EAHC Project, Health Promotion Research Centre, National University of Ireland Galway, March 2011. http://www.iuhpe.org/uploaded/European_Consensus_on_Core_Competencies_for_HP.pdf

PRESENTATIONS:

Barry, M.M., Allegrante, J.P., Arroyo, H., Howat, P., Onya, H. and Rao, M. (15th July, 2010) *Building Consensus on Domains of Core Competencies in Health Promotion*. Sub-plenary presentation at the 20th IUHPE World Conference on Health Promotion 11-15 July 2010. Geneva, Switzerland.

Barry, M.M. and Battel-Kirk (13th July, 2010) Workforce Development in Countries with Identified Capacity Needs: Research and recommendations. Oral presentation at the 20th IUHPE World Conference on Health Promotion 11-15 July 2010. Geneva, Switzerland.

Barry, M.M., Blanchard, C. and Battel-Kirk, B. (13th July, 2010) *An Introduction to the CompHP Project*. Symposium presentation on The CompHP project: Developing Consensus on Competencies and Professional Standards for Health Promotion Capacity Building in Europe. 20th IUHPE World Conference on Health Promotion 11-15 July 2010. Geneva, Switzerland.

Dempsey, C., Barry, M.M. and Battel-Kirk, B. (13th July, 2010) *Developing Core Competencies for Health Promotion in Europe*. Symposium presentation on The CompHP project: Developing Consensus on Competencies and Professional Standards for Health Promotion Capacity Building in Europe. 20th IUHPE World Conference on Health Promotion 11-15 July 2010. Geneva, Switzerland

Barry, M.M. *Presentation on Activity Report of the Vice-President for Capacity Building Education and Training 2007-2010* (14th July, 2010), IUHPE Forum at the 20th IUHPE World Conference on Health Promotion 11-15 July 2010. Geneva, Switzerland

Barry, M.M. (April, 2010) Promoting Quality Improvement in Health Promotion: *Developing Competencies and Professional Standards for Capacity Building in Europe*. Presentation to the National Institute for Health Education and Prevention (INPES) Journées de la Prévention 2010, Paris.

Barry, M.M. (September, 2009) *Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe: Overview of the CompHP Project*. CompHP Project Group Meeting at the Executive Agency for Health & Consumers, European Commission Luxembourg.



05 / GLOBAL ACTIVITIES - CAPACITY BUILDING, EDUCATION & TRAINING PERSPECTIVES 2010 – 2013

Paolo Contu, Vice-President for Capacity Building, Education & Training (2010 – 2013)
Università degli Studi di Cagliari, Italy

In continuity with the 2007-2010 Vice-Presidency, and according to the best regional experiences, the main goals for the period 2010-2013 will be:

- To integrate the worldwide cultural traditions, experiences and assets in capacity building in a shared vision, both culturally sensitive and globally oriented;
- To address the identified needs in the different countries, particularly those where workforce capacity is lacking or weak, by developing mechanisms for the delivery of culturally appropriate courses and training support;
- To develop and achieve consensus on worldwide competency-based standards for health promotion practice, education and training that will positively impact on workforce capacity to deliver public health improvement in the highest number of countries possible.
- To establish networks among institutions and professionals.

These goals are expected to be achieved through the following objectives:

- Establishing a “Working Group on capacity building, education and training”, involving academics and professionals, respecting an equitable geographical distribution, as core group in charge for identifying challenges, assets, visions and strategies in the different regions;
- Involving as partners the main existing formal and informal networks and projects in capacity building;
- Ensuring the availability of the main documents of the Vice-Presidency in the three official languages;
- Facilitating dialogue among education and training professionals and institutions through websites, meetings, workshops, courses;

- Integrating in a worldwide common strategy the existing actions oriented to the development of competency-based standards for health promotion practice, education and training;
- Building a network of academic institutions across regions in order to support professional exchange and the development of a core curriculum in health promotion training at certificate, diploma and master's level;
- Identifying a range of accessible education and training materials, including on-line resources, to support the delivery of training courses and academic programmes leading to professional qualifications and continuing professional development initiatives;
- Exploring and testing the feasibility of a directory of approved courses within each region, which are delivered by approved trainers, who are in a position to respond effectively to requests for training and professional development.



Maurice Mittelmark, Vice-President for Communications (2007-2010)
Research Centre for Health Promotion / University of Bergen, Norway

In 2006, the IUHPE Board of Trustees approved a Communications plan which outlined the basic functions and the overall objectives of communications and highlighted the areas that needed 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 organization. All of the IUHPE members, Officers and staff have a role in communicating IUHPE messages.

Maurice Mittelmark, as Vice-President for Communications between 2007 and 2010, focused his work on putting together the infrastructure and media outlets which were necessary to provide overarching support for the development of the entire organization.

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 provides state-of-the-art online services to its members and the wider public on activities and developments in the organization and in the field.

IUHPE WEBSITE



In 2009, the IUHPE website benefitted from a major restructuring and redesigning, in order to render the information and resources displayed online more valuable and easily accessible to both the IUHPE membership, partners, stakeholders and to a wider public interested in the activities or particular topics of the organization's work.

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 contribute 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.

This revamping also aimed at rendering the IUHPE website more interactive and user-friendly. It was therefore decided to create a section **reserved to the IUHPE membership**, where members are encouraged to share major achievements and progress in their professional life, their country or region, as well as information about important events to come.

The website is available in English, French and Spanish. While core information regarding the IUHPE activities is available in these three languages, more detailed information, documents, and publications is found in the original language in which they were developed (and translated in some occasions).

VIEWS OF HEALTH PROMOTION ONLINE



Given that 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. Views of *Health Promotion Online* – VHPO (www.vhpo.net) provides a forum where IUHPE members and non-members alike can post their views on IUHPE's strategic development and on emerging issues for health promotion. VHPO is also used to support specific projects and processes in which the IUHPE is engaged by providing a space to pursue a particular dialogue, for instance as a follow up to meetings, seminars etc.

The dialogues can take place in English, French or Spanish. 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 family of journals for wide dissemination.

Topics discussed in 2010 include:

- The role of health promotion post-disaster
- Health promotion sponsorship
- Future directions of IUHPE Conferences
- Applying for jobs within health promotion
- Empowerment in health promotion
- New technologies and health promotion
- Et si la Charte d'Ottawa avait été formulée aujourd'hui?

For the first time in 2010, it was also decided to use VHPO to hold debates around the resolutions submitted for action to the IUHPE General Assembly.

DISSEMINATING RESEARCH AND EVIDENCE

IUHPE RESEARCH REPORT SERIES

This IUHPE initiative is aimed at involving young professionals in the work of the IUHPE network by commissioning master's students to conduct thesis research on issues of great relevance

to the IUHPE. The early experience shows that when graduate students have the opportunity to do thesis and dissertation research on topics of high priority to the IUHPE, their motivation and seriousness of purpose grows to new heights.

Research of this type serves not only the IUHPE's development as a knowledge-producing agency; it serves also to bring the work of IUHPE student members to the global readership.

In 2010, Maurice B. Mittelmark and Torill Bull published a research report on *"Living conditions and determinants of social position amongst women of child-bearing age in very poor ruralities: qualitative exploratory studies in Ghana, India and Haiti"*. This report (IUHPE Research Report Vol.5, No1, 2010) is available at :

http://www.iuhpe.org/uploaded/Publications/Books_Reports/IUHPEResearchReport2010-1_TBull-MMittelmark.pdf

IUHPE FAMILY OF JOURNALS

For the past ten years 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 2010, the IUHPE disseminated different information through the IUHPE family of journals, such as synthesis of online dialogues which took place on VHPO; announcements on IUHPE Conferences; the closing remarks of the newly elected IUHPE President at the 20th IUHPE World Conference on Health Promotion (Geneva, Switzerland, July 2010).

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 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.

The journal 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 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.

Health 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>



Global Health Promotion (formerly Promotion & Education)

<http://ghp.sagepub.com>



“

“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, Global Health Promotion is a unique and essential tool for empowering the health promotion community world-wide.”

”

Louise Potvin, Université de Montréal, Canada

Global Health Promotion is the official publication of the International Union for Health Promotion and Education (IUHPE). It is a multilingual journal which publishes authoritative blind peer-reviewed original articles in any area of theory, policy or practice relevant to health promotion and all contributing disciplines; and commentaries on any subject of general interest to the journal readership and IUHPE members. It also publishes transcripts of exceptional oral presentations at conferences and submitted following recommendations by the IUHPE leadership in its “Addresses” section.

CHANGE IN EDITORSHIP

Under Maurice B. Mittelmark’s editorship (between 2008 and 2010), the journal has achieved the status of a renowned scientific publication. Prof. Mittelmark was committed to expanding the capacity to communicate in all three official languages of the IUHPE and therefore appointed language editors who could deal competently with Francophone submissions - Valéry Ridde, of Montreal University, Canada and Hispanophone submissions - Arantxa Santa-Maria Morales, of Madrid’s Health Services, Spain. Submission of manuscripts in French and Spanish increased. 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 use of the IUHPE’s three official languages.

In 2010, the *Global Health Promotion* Editorial team was delighted to welcome Suzanne F. Jackson as Editor in Chief and Dora Cardaci as Associate Editor for Spanish language.

Dr. Jackson (University of Toronto, Canada) and Dr Cardaci (Universidad Autónoma Metropolitana, Mexico) were selected on the basis of their leadership in the development of health promotion, their active role in the International Union for Health Promotion and Education, as well as for their outstanding scholastic accomplishments.

Valéry Ridde (Université de Montréal, Canada), the associate editor for the French language, will pursue the work he has undertaken over the past years to bring some substantial development to the French section of the journal.

A TOOL FOR IUHPE STRATEGY AND DEVELOPMENT

Additionally, readers have seen how *Global Health Promotion* has become a tool in implementing the IUHPE strategic plan, by publishing manuscripts that deal with various aspects of IUHPE activities, including the publication of various Vice-President work plans, Global Working Groups Terms of Reference and some key addresses from IUHPE conferences.

GHP SUPPLEMENT ISSUES

Global Health Promotion’s Supplement service also continues as a means to communicate conference proceedings, large scale research projects and other collaborative endeavours.

In 2010, two supplement issues of *Global Health Promotion* were published with support from the U.S. Centers for Disease Control and Prevention (CDC). In the first supplement, on “[Tobacco control and Health equity](#)”, a series of papers were published on the relationship between tobacco control and health equity and development issues. These papers formed much of the contents of the two sessions organized by the IUHPE on the same topic at the 14th World Conference on Tobacco or Health (Mumbai, India, in March 2009).

The second supplement, on “[Community Health Promotion Strategies to address Non-Communicable Diseases in Africa](#)”, provided concrete examples of how public health practitioners are effectively implementing strategies to prevent and control Non-Communicable Diseases in Africa.

A JOURNAL OF THE 21ST CENTURY



Since January 2008, *Global Health Promotion* benefits from a publishing agreement between SAGE Publications and the IUHPE. 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 the first one in 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 drive 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.

Manuscript submissions are managed online, through the software SAGETrack. The system allows for real time follow-up and tracking of a manuscript's progress in the review and production process, and has significantly improved the efficiency and effectiveness in working with authors and the work between the editors and the managing editor.

The software is available in English, French and Spanish. 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 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 (these institutional subscription numbers are included in the consortia subscriptions table above).
- The UN's **Research4Life** initiative, which 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 2010, *Global health Promotion* articles were downloaded 40,971 times; this is an increase of 3% on the previous year. Paid usage (article downloaded by readers who accessed the journal via their institutions' paid-for subscription; as opposed to unpaid usage – when readers accessed the journal through their individual accounts by signing up to free trials) in 2010 has performed very well, the total paid usage of 2009 (16,905 downloads), already exceeded by September 2010. In 2010 there were 24,250 paid usage downloads.

THE TOP 10 DOWNLOADED ARTICLES IN 2010:

- *Bullying at school: Basic facts and an effective intervention programme*,
Dan Olweus - December 1994; 27-31 1(4)
- *La formación de recursos humanos y el desarrollo de competencias para la capacitación en promoción de la salud en America Latina*,
Hiram V. Arroyo - June 2009; 66-72 16(2)
- *The Galway Consensus Conference: international collaboration on the development of core competencies for health promotion and health education*,
Margaret M. Barry, John P. Allegrante, Marie-Claude Lamarre, M. Elaine Auld and Alyson Taub – June 2009; 05-11 16(2)
- *Australia*
S. Pickering – September 1995; 36-42 2(3)
- *The WHO perspective on active ageing*
Alexandre Kalache and Ingrid Keller – December 1999; 20-23 6(4)
- *A review of the international literature on health promotion competencies: identifying frameworks and core competencies*
Barbara Battel-Kirk, Margaret M. Barry, Alyson Taub and Linda Lysoby – June 2009; 12-20 16(2)
- *Using the Internet to Engage Youth in Health Promotion*
H. Skinner, M. Morrison, K. Bercovitz, D. Haans, M.J. Jennings, L. Magdenko, J. Polzer, L. Smith and N. Weir – December 1997; 23-25 4(4)
- *Concept and principles of workplace health promotion*
Gregor Breucker and Alfons Schroër – September 1999; 3-8 6(3)
- *Health promotion for older people: what are the opportunities?*
Astrid Fletcher, Elizabeth Breeze and Rhiannon Walters – December 1999; 4-7 6(4)
- *Evaluer la qualité et l'efficacité de la promotion de la santé : approches et méthodes de santé publique et de sciences humaines;*
Alain Deccache – June 1997; 10-14 4(2)

SAGE: Global Health Promotion, Publisher's Report, February 2011

- **Université de Montréal**
- **University of South Australia**
- **University of Sydney**
- **Ryerson University**
- **University of Alberta Library**
- **California Digital Library**
- **Edith Cowan University**
- **Ebsco Electronic Journals Service (EJS)**
- **Queensland University of Technology**

SAGE : Global Health Promotion, Publisher's Report, April 2011



Erma Manoncourt, Vice-President for Communications (2010-2013)
Management & Development Specialist / Associate - Development Works International

Taking on the responsibility as new VP for Communications is a formidable task, especially in the footsteps of Prof. Maurice Mittelmark, who has set an excellent foundation and initiated pioneering work in strengthening the internal systems of IUHPE communications. The new Vice-President plans to build on this experience while exploring additional ways of strengthening dialogue and discussion among IUHPE members and cementing IUHPE 'connectedness' across borders, continents and professional sub-disciplines.

During the 2010-2013 mandate, the Vice-President for Communications aims to achieve three key results, with the support of IUHPE secretariat colleagues and members:

- Tackle the challenge of harnessing the best practices of communication technology and social network phenomena, as a complement to IUHPE website and journals, to ensure access to a wider variety of user-friendly mechanisms for information exchange and discussion. In this regard, one of the first tasks will be canvassing members to find out what is expected from internal communication services of the Organisation -- i.e. useful mechanisms, desired content focus and suggestions for improvement, etc.
- Explore ways of putting a face to IUHPE membership to give a better sense of who's who and doing what across the regions in a more systematic, user-friendly manner. In other words, the objective is to set in motion more direct information and knowledge exchange among the Board of Trustees/Executive Committee and the wider membership – not only 'top down' but 'bottom up' and 'cross-ways'.
- Reinforce IUHPE's external voice on global health promotion issues and international policy and programme debates on human development challenges faced in the field of health promotion. This will mean developing a strategic communication strategy to support Board of Trustees and other Vice-Presidents, ensuring that all members are regularly informed on key positions of the Organisation, so they can speak on its behalf, and increasing the organizational external communications capacity to engage with the media community.

Yes, the proposed agenda is an ambitious one - it will be possible by working closely with the BoT, IUHPE Vice-Presidents, and most importantly the membership itself. Being supported by a dedicated and hard-working IUHPE secretariat staff is also a great luck and advantage.

So, together, let us be prepared for an exciting three years and some fun along the way. Remember that change begins with each of us!!!



05 -D - GLOBAL ACTIVITIES - CONFERENCES

Maggie Davies, Vice-President for Conferences (2008-2010) / Vice-President for Partnership and Institutional Affairs (2010-2013)
Health Action Partnership International

The IUHPE 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 conferences generate new members and revenue for the IUHPE.

The IUHPE conferences are a flagship of the organisation and an established landmark in the health promotion calendar.

WORLD CONFERENCES

20TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION

The Vice-President for Conferences has been actively involved in the planning of the 20th IUHPE World Conference on Health Promotion, July 11-15, 2010, Geneva, Switzerland - *Health, Equity & Sustainable Development*- and is thankful to Health Promotion Switzerland, host of the event, for all the work that has been done around the conference, and which determined its success.

The 20th IUHPE World Conference on Health Promotion examined 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 urbanized world, which threatens the sustainability and equity of individuals, communities and the environment. The thematic scope of the Conference focused particularly on:

- Sustainable environment and health
- Equitable and sustainable health development
- Participatory governance

For more information, please consult the conference website (www.iuhpeconference.net), or the dedicated section page 31 of this report.

“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.”

PLANNING THE 21ST IUHPE WORLD CONFERENCE ON HEALTH PROMOTION

IUHPE World conferences are organised by IUHPE national or institutional members, who have the capacity and support to organise and carry the risk for a major event of international or regional magnitude.

The call for hosting the 21st IUHPE World Conference has been made in 2009 and the Board of Trustees in 2010 approved the selection of Thai Health Promotion Foundation (ThaiHealth) as the host of the next IUHPE World Conference on Health Promotion in Pattaya, 2013.

For further information, see page 34 of this report.

REGIONAL EVENTS

The IUHPE did not organize any Regional Conference in 2010 in order not to create conflicts of attendance with the IUHPE 20th World Conference.

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 authorizing 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. In 2009, the IUHPE Vice President for Conferences and the IUHPE Headquarters developed a set of guidelines and selection criteria for organisations that may wish to have IUHPE as a co-sponsor or partner in their event.

In 2010, the following events were co-sponsored by the IUHPE:

International Symposium: Linking Health, Equity and Sustainable Development in Schools in Geneva, Switzerland - July 10th - 11th 2010

The health of human populations, equitable distribution of resources and the health of global ecosystems are inextricably linked and they are all relevant for schools, yet often they are being treated as different issues. Linking these parallel approaches was the aim of the international symposium.

3ème Université francophone de Dakar en promotion de la santé (3rd Dakar French-Speaking University on Health Promotion) 17 - 22 octobre 2010, Dakar, Senegal

16 modules have been proposed around three main themes: organisation of the health system; methods for interventions and evaluation and targeted approaches by population and theme.

6th World Conference on the Promotion of Mental Health & Prevention of Mental and Behavioral Disorders-Addressing imbalances: Promoting Equity in Mental Health, November 17th - 19th 2010 Washington DC, USA, <http://wmhconf2010.hhd.org/>

Mental health is a critical issue for governments, communities, and individuals around the world. This conference addressed the pervasive and enduring inequalities that affect the mental

health and community well-being; Exploring social and economic connections to mental health; Protecting human rights, preventing discrimination, and promoting diversity; Preventing disorders; Healing from adverse experiences and trauma.

Five public health strategies to address imbalances and promote equity in mental health were discussed: Reporting on research on promotion and prevention; Influencing advocacy and policy; Developing stakeholders partnerships; Implementing effective programmes; Developing an effective workforce for promotion and prevention.

JASP 2010: 14^e Journées annuelles de Santé publique (Annual public health days of Québec) November 21-24, 2010; Québec, Canada

NEW WAYS OF WORKING AND ONLINE CONSULTATIONS

In order to ensure that all the conferences that carry the IUHPE brand are of the highest possible quality and to respond to new ways of working, the Vice-President for conferences has looked at opportunities to refresh its approach. For example, the discussion stream '*IUHPE Conferences: Future Directions*' has been posted on the online forum '**Views of Health Promotion Online**' (www.vhpo.net) to gain input and ideas from members and non-members on the most appropriate ways for IUHPE to organize its conferences. Working closely with the Executive Director, the Vice President developed several new quality control measures and piloted new systems for attracting hosts for IUHPE conference from differing sectors.

Now that the review of process and procedures is complete, it has been decided that the role of making IUHPE conferences a success should be integrated across the Vice Presidents portfolios. This will allow us to draw more fully on the specific skills and expertise that Vice Presidents have and that are essential to making a conference a success. These range from financial systems, to technical content and communications, to name a few.



05 / 20TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION GENEVA 2010

Thomas Mattig, Vice-President for the Organisation of the World Conference (2007-2010)
Health Promotion Switzerland, Switzerland

“Human health and well-being are vital resources for a healthy society and a sound economy. But development in this direction requires an ecologically sound environment. At the 2010 World Conference, we pursued this insight and generated new synergies on this basis. Reaching out beyond the health sector, we explored new partnerships and opportunities for collaboration that offer win-win situations for improving health and promoting sustainable development. Our ambitious goal was and continues to be to develop viable, solution-oriented partnerships within health promotion and across all sectors to achieve complementary and joint action for healthy people, in healthy societies on a healthy planet.”

Dr Thomas Mattig Director of Health Promotion Switzerland

The 20th IUHPE World Conference on Health Promotion took place from 11th to 15th July 2010 in Geneva, Switzerland.

The main theme of the conference was **Health, Equity and Sustainable Development**, reflecting the aim of the conference, which was to build sound and productive bridges between the fields of Health Promotion and Sustainable Development. Health Promotion Switzerland (HP Switzerland) and the International Union for Health Promotion and Education (IUHPE) as co-organisers of the Geneva 2010 conference were committed to organise a scientific event of the highest quality that would gather representatives from all over the world and at the same time respect health and sustainability aspects of such an event. Health, equity and sustainability issues were not only discussed, but also experienced in daily conference activities. Over the five days of the Geneva 2010 conference, more than 2000 representatives from both the public and private sectors of 121 countries attended. Participants from research institutions, the public sector, not-for-profit Organisations (NPOs) and the private sector, from all over the world, not only presented and debated the latest research and practice based knowledge related to the conference theme; they strengthened capacity building and mutual learning, initiated partnerships and collaborations and expanded their networks.



© by Health Promotion Switzerland.

To make this conference a truly global gathering, 76 full or partial bursaries were financed to enable participants from communities and NPOs, field practitioners, advocates and researchers in

developing and low income countries to share their experiences, learn from others and network with people from all over the world.

More than 200 persons contributed to the organisation of this conference. Prominent international and Swiss scientists and practitioners had worked on the scientific programme of the conference since 2008.

Members of different organising committees and working groups took care of important tasks: fundraising, communication, promotion, development of learning concepts, provision of technical equipment and logistics, as well as many other aspects that made this conference possible. In addition, over 200 volunteers provided on-site support to participants during the five conference days.

The conference website (<http://www.iuhpeconference.net/>) continues to provide access to important information regarding all conference sessions and the infrastructure – including videos of all plenary sessions. The website was intensively used during the conference week – a conference diary and short interviews with participants have been uploaded on this platform. Apart from the website, other New Media tools (e.g. Facebook, Twitter) were used to enhance communication among participants. Participants were encouraged to give their feedback throughout the conference (e.g. in reflection sessions, feedback via SMS etc.) and whenever possible suggestions for improvement were implemented right away.

The success of this conference was made possible by its participants, panelists and speakers, as well as the sponsors and partners who provided financial, human and physical resources. Public and private support are essential for an event of such size, and the conference hosts are grateful for the support of the Swiss Government, especially the Federal Office for Public Health (FOPH), the Federal Office for Spatial Development (ARE), the Canton of Geneva and other national and international partners and sponsors in the organization of the Geneva 2010 conference.

SCIENTIFIC PROGRAMME

The pre-requisites for health – peace, shelter, food, income, a stable ecosystem, sustainable resources, social justice and equity – remain unchallenged. Their presence or absence continues to determine why some of the world's people are healthy and others are not. While health and social inequalities have existed for as long as human civilisation, there are disparities within and across countries which persist despite the existence of the wealth and technological means to address them. It is widely held that these inequalities have increased as an outcome of unchecked population growth, global economic integration, accelerated urbanisation, ecological disruption, and market-based reform policies. These trends exacerbate the systematic and deeply rooted discrimination based on gender, class, religion, ethnicity or race that has a profound negative impact on health and well-being.

The burden of poor health that results from this unequal distribution of societies' resources continues to fall disproportionately on the most vulnerable population groups in many countries. Combined with social and economic insecurity this is rapidly translating into an increasing gap between rich and poor within all countries in access to and application of the resources necessary for health and, thus, in population health.

Finally worldwide, environmental threats and competition for resources are eroding solidarity and exacerbating social inequalities.

The challenges of linking action on health, equity and sustainable development require global perspectives and global responses. Over four days, prominent speakers and participants dialogued and addressed the following core challenges:

- New Perspectives on Territorial Change and Urbanisation
- Linking Health Promotion and Sustainable Development to Social and Cultural Change
- Climate Change, and addressing Food systems, Health and Environment from Health Promotion and Sustainable Development Perspectives
- Health Promotion, Sustainable Development and the changing Economy

The conference programme strived to support **unique networking and learning experience**. Plenary speakers addressed the interfaces of health promotion and sustainable development, and the programme engaged participants and speakers in innovative forms of learning.



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Twenty sub-plenary sessions were organised by IUHPE, the IUHPE Global Working Groups and other important stakeholders including WHO, the International Network of Health Promotion Foundations (INHPF) and Health Promotion Switzerland, addressing a wide range of issues, including:

- *social determinants of health,*
- *healthy and sustainable settings,*
- *salutogenic pathways to health promotion,*
- *roles of impact assessment to promote health,*
- *health promotion effectiveness,*
- *best practice in health promotion,*
- *health, urbanisation and the built environment,*
- *health promoting architectures*
- *sustainable financing and infrastructures for HP,*
- *challenges and opportunities of public private partnerships;*
- *knowledge-based advocacy for policy,*
- *challenges in evaluating complex interventions*





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Meet the author sessions were organised in the mornings to allow for discussions with selected authors who had published books on health promotion and sustainable development since 2007.

“Take a Walk on the Wild Side” introduced innovative sessions and workshops such as moderated electronic poster presentations to enhance the learning experience of participants.

Plenary and sub-plenary sessions were presented in **English, French and Spanish**, with simultaneous translation.

Apart from the official scientific programme, there were numerous further sessions and activities that took place outside the official session times. Sessions ranged from focus groups on core competencies in health promotion, over a movie about alcohol abuse and domestic violence, to an ecological footprint calculator that was available at the sustainability booth. Lunch time meetings allowed targeted networking and exchange and **exploring new pathways**, such as the informal lunch debate on Public Private Partnership bringing together professionals, civil society and public sector representatives with representatives of the for profit sector.

Participants were offered numerous opportunities to enlarge their knowledge base and reflect different dimensions of health, equity and sustainable development.

An active contribution to the scientific programme by scientists and practitioners living in Switzerland was ensured by Health Promotion Switzerland, the local host. Three main contributions to the conference were: the **launch of the Healthy3 initiative** (Together for healthy people in healthy societies on a healthy planet) with a high level plenary panel based on a White Paper to trigger debate on the **Food system** – a prism of present and future challenges for health promotion and sustainable development, authored by Professor Ilona Kickbusch; also, the Best Practice Framework for Health Promotion presented and discussed in a sub-plenary and several parallel sessions; plus the exploration of innovations regarding Health Promoting Architecture presented in a sub-plenary and parallel sessions including an excursion in Geneva.

SUSTAINABLE CONFERENCE

Sustainability before, during and after the Geneva 2010 conference was an important issue for the local host and the IUHPE. There were several initiatives to ensure that the participants experienced sustainability and sustainable development not only in theory but also in practice.

The organisers committed themselves to implement measures in the following three fields:

- Nutrition and food – healthy, locally-sourced food offered by catering during the conference and social events; fresh vegetables and fruits, offered at 12 sites in the venue during the whole conference;
- Mobility and transport – free use of public transport in Geneva, free bikes for rent, opportunity to compensate CO2 emissions when registering for the conference;
- Waste and resource management – waste recycling stations in the conference venue, no conference bags prepared in advance, as much paper free information as possible; as well as
- Equity in participation - fundraising efforts for bursaries for participants from low income countries or communities; and opportunities to donate for the conference's equity/ bursary fund when registering for the conference.

The Geneva 2010 conference was used to raise participants' awareness for personal contributions they can make towards improved sustainability and health in their own homes and workplace. The footprint calculator – a tool that allows participants to determine the amount of land and sea area needed to provide the resources a person needs, and to absorb the wastes created – was available at the sustainability booth. Also, special signs – prompts – were placed at different locations within the conference building, encouraging participants to reflect on their individual behaviour and to take healthy and environmentally conscious choices.

All in all as outlined by an external evaluation with good response rate, the 20th IUHPE World Conference on Health Promotion has had a very positive outcome. For example, almost 90% of attendees said they would participate in the conference again.

21ST IUHPE WORLD CONFERENCE ON HEALTH PROMOTION – 2013

Dr. Suwit Wibulpolprasert, Vice-President for the World Conference

Department of Public Health, Thailand

The next IUHPE World Conference on Health Promotion will take place on August 25-29, 2013 and will be organized at the Pattaya Exhibition and Convention Hall (PEACH), in Thailand by the Thai Health Promotion Foundation (ThaiHealth).

ThaiHealth was established in 2001, the first organization of its kind in Asia. Since its establishment, ThaiHealth has played significant roles in both local and global health, emphasizing healthy public policies, issues-based programs, and holistic approaches. ThaiHealth acts as a catalyst for activities that changes values, lifestyles, and social environments directed to positive changes in health status. Since 2006, the Thai Health Promotion Foundation (ThaiHealth) has been an active trustee member and member of the Board of Trustees of the IUHPE.

A general theme for the 21st IUHPE World Conference in 2013 is still under development and will build on the Geneva 2010 World Conference focus on the role of health promotion as a key strategy for developing health and equity and contributing to the Global Health Movement. It will obviously also reflect the IUHPE and Thaihealth current priority areas of work.

Co-Hosts

- Ministry of Public Health (MOPH)
- National Health Commission Office of Thailand (NHCO)
- Health Systems Research Institute (HSRI)
- National Health Security Office (NHSO)

Local Supporters

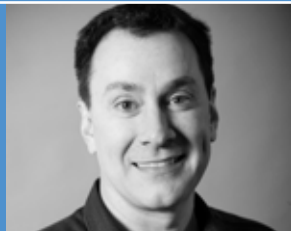
- The City of Pattaya
- Thailand Convention and Exhibition Bureau (TCEB)
- Thai Airways International Public Limited Company
- Pattaya Exhibition and Convention Hall (PEACH)

International Supporters

- World Health Organization South-East Asia Regional Office (WHO/SEARO)
- International Network of Health Promotion Foundations (INHPF), of which Thai Health Foundation is an active member

Proposed Venue

Pattaya Exhibition and Convention Hall (PEACH),
Pattaya



05 -F - GLOBAL ACTIVITIES - STRATEGY & GOVERNANCE

Michael Sparks – Vice-President for Strategy and Governance 2007-2010, President 2010-2013
Faculty of Education, University of Canberra

In 2010 the Strategy and Governance portfolio continued to focus on: strategic directions; strategic coordination and reporting; and other governance issues. This report will address each of those headings.

In the interest of clarity regarding the future of the portfolio, it is important to first mention the developments since the Board of Trustees meeting in Geneva in June 2010. Given the election of the former Vice-President for Strategy and Governance as the new President, the Board of Trustees, supported the continued focus on the Strategy and Governance portfolio as part of the Presidential duties. On the other hand, the Immediate Past President, Dr. David McQueen, has agreed to take an increased ambassadorial role for the organisation. This will provide greater representation and front-line expertise for the IUHPE, will recognise and utilize the immense talent and capability of the Immediate Past President and will allow the newly elected President to include a focus on strategic and governance issues. The Board of Trustees agreed therefore to leave the position of Vice-President for Strategy and Governance un-filled. Specific strategy and governance issues will keep on being reported annually in this section of the report.

STRATEGIC DIRECTIONS

A review of existing strategic directions by the **Strategy and Governance Group** suggested only minor changes to the existing *Strategic Directions documents* for the organization. These included an update of the preface to reflect increased global focus on determinants and non-communicable diseases and statements to strengthen the IUHPE commitment to sustainability and equity. This reflects the strength of the current document and the consultative manner in which it was developed in 2007/08.

One of the key goals of the new Presidency is to have a limited number of consultatively agreed strategic focus areas. To that end a consultation process was initiated with the Board of Trustees, the Executive Committee and with the broad membership of the IUHPE (via VHPO) regarding key strategic focus areas for the coming years. This process was started during 2010 but will not be concluded and presented to the Board of Trustees for endorsement until mid-2011. While the consultation with members did not garner as high a degree of participation as initially hoped, it did result in some clear, strong suggestions for future strategic focus.

“The Strategy and Governance portfolio works to enable the IUHPE to be an effective 21st century organization by facilitating an agreed number of strategic focus areas and ensuring that our governance structures are fair, transparent, and reflect contemporary best practice.”

The rationale for consultatively determining strategic focus areas is so that IUHPE can put more effort into making greater gains in areas where it has a unique niche and where it can have the greatest impact on global health promotion practice and outcomes.

The Strategic Directions documents for the organization will be updated as indicated previously and revised in accordance with the strategic focus areas endorsed by the Board of Trustees. This will guide the organization until the World Conference in Thailand in 2013.

STRATEGIC COORDINATION AND REPORTING

In 2010 the Strategy and Governance Group recommended that the incoming Executive Committee adopt the practice of linking each area of their work plans to the strategic directions of the organization. The new Executive Committee has gone further and agreed to develop work plans collaboratively, to reflect the natural connections between portfolios and to work together to ensure comprehensive coverage of their portfolio responsibilities without unnecessary duplication of effort. Once strategic focus areas have been finalized and agreed by the Board of Trustees, Executive Committee members will be asked to develop their portfolio work plans with clear links to the new strategic directions documents. In time, it will be possible to better analyze how well IUHPE addresses its strategic focus areas and develop stronger performance indicators.

OTHER GOVERNANCE ISSUES

The Bye-Laws of the organization change to reflect decisions of the Board of Trustees. Regular updates to these Bye-Laws are required to reflect the decisions of the Board of Trustees and to keep the document current. These updates are prepared by the President in cooperation with the Executive Director and will continue to be produced as required.

In the past a great deal of work has been done to consider operational models for best practice governance of an organization like the IUHPE. While models have been discussed, none has yet been agreed by the Board of Trustees and endorsed by the membership. This area of work will continue as part of the Strategy and Governance portfolio in 2011.

The Strategy and Governance portfolio has, in the past, been the nominated liaison with the IUHPE Student and Early Career Network (ISECN) and the International Network of Indigenous Health Promotion Professionals (INIHPP). As of the 2010 Board of Trustees election, both networks now have members who are elected Board of Trustees members and who can report directly to the Board meetings on any issues relevant to their respective networks.

In the past three years there has been a strong cooperative relationship between the Vice-President for Strategy and Governance and the Vice-President for Finance and Internal Control. They have worked together with the Vice-President for Administration and the Executive Director on the **Committee for Internal Control**. This Committee is convened by the Vice-President for Finance and Internal Control to ensure that matters of internal governance are also appropriately considered and addressed. This is an important part of the overall governance of the organization and reflects a strong commitment to ensuring that IUHPE governance, both internal and external, is appropriate. The participation in these meetings, as both Vice-President for Strategy and Governance and as President, will continue in the future as in 2010.

An ongoing challenge in the strategy and governance portfolio is facilitating the input and participation of IUHPE members in the governance of the organization. In 2010 members were asked to participate in an **e-General**

Assembly for the first time. The strategy and governance portfolio will continue to explore ways of engaging members in the activities of the organization, particularly as they relate to setting and achieving IUHPE strategic directions and developing best-practice governance structures.

In addition, this Vice-presidency presented a keynote address on global vision for health promotion to the 10th Special Conference on Health Promotion and Education at Sahmyook University in Seoul, Korea in August 2010 and wrote an editorial on strategic directions for health promotion in the December 2010 issue of *Health Promotion International*.

Collaborations and partnerships:

- With the Vice-President for Finance and Internal Control and other members of the Committee for Internal Control: work with the Executive Director and staff to ensure excellence in workplace and internal governance.
- With all members of the Executive Committee: ensure that work plans are developed collaboratively and that they reflect clear links to the strategic objectives of the IUHPE.
- With members of the Board of Trustees, Executive Committee and all IUHPE members: consultatively develop areas of strategic focus for the term of the current Board of Trustees.
- With members of the Board of Trustees, Executive Committee and all IUHPE members: consultatively develop a model of governance that best prepares the IUHPE for effective operation into the 21st century.
- With Erma Manoncourt, Graham Robertson, David McQueen, Vivian Lin and Marie-Claude Lamarre as new and on-going members of the Strategy and Governance Group.



Vivian Lin, Vice-President for Scientific Affairs (2007-2013)
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 Scientific Affairs portfolio is fundamentally concerned with how to improve the effectiveness of health promotion in order to achieve better, more equitable health and social outcomes. This requires an understanding of the necessary health promotion infrastructure and capacity that underpin health promotion practice, as well as the development of evidence for health promotion effectiveness, and ways to translate such knowledge into policy and practice.

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. To this end, the Scientific Affairs portfolio of the IUHPE has established a number of global working groups (GWGs), which are a key resource and instrument, and entered into collaboration with national agencies and international organisations to address the following concerns:

- strategies and actions to reduce social inequalities in health;
- capacity building for integrated health promotion approaches and strategies to address priority public health issues;
- tools and methods to equip and support practitioners and decision-makers;
- inter-sectoral action on the social determinants of health and development of Health in All Policies;
- the use of various types of evidence to inform and support policy dialogue, development and implementation.

The key collaborating agencies in 2010 have been the US Centers for Disease Control and Prevention (CDC), the French Institute for Prevention and Health Education, the French Health Directorate, the Department of Health in England,

EuroHealthNet, the World Health Organization, the African Institute for Health and Development, and the Chair of Community Approaches and Health Inequalities at University of Montreal, the International Society for Physical Activity and Health (ISPAH), the WHO European Observatory of Health Systems and Policies, the NCD Alliance, Health Action Partnership International (HAPI).

These activities culminated at the 20th IUHPE World Conference on Health Promotion, which represents the periodic stock take of progress on health promotion knowledge creation and translation, and helps to set the agenda forward. The Global Scientific Committee for the World Conference is the IUHPE vehicle which designs the process and framework for this scientific dialogue. For more information about the 20th IUHPE World Conference on Health Promotion that took place in Geneva in 2010, see page 31 of this report or visit the website <http://www.iuhpeconference.net/>.

The following section outlines the major activities in relation to priority programmes of work.

STRATEGIES AND ACTIONS TO REDUCE SOCIAL INEQUALITIES IN HEALTH

GLOBAL WORKING GROUP ON SOCIAL DETERMINANTS OF HEALTH (GWG SDH)

Chaired by Erma Manoncourt and Alok Mukhopadhyay

Launched in November 2008, this GWG aims to contribute to the operationalisation of priority areas proposed by the WHO Commission on SDH through health promotion action ; advocate for infrastructure building and institutional progress to support health promotion action; and provide a health promotion framework for sustainable implementation and measurement of outcomes.

The main activities of the GWG SDH in 2010 were:

- Designing and coordinating a special sub-plenary session on “Social Determinants for Health – A foundation to promote a human rights agenda for the IUHPE’s 20th World Conference on Health Promotion. The session focused on global south perspectives examining what is needed to reach marginalized and underserved populations as a critical input in achieving the Millennium Development Goals (MDGs). The session contributed to explore how different country typologies (Less Developed, Transition/Middle-income or Highly Industrialized countries) have put the Social Determinants of Health framework into action by bringing an overview of lessons learnt and strategies that integrate marginalized communities/or indigenous perspectives in programming and policy actions.

The sub-plenary presentations are available on the following link:

http://www.iuhpeconference.net/pages/programme_meetings/Sub_plenaries/social_determinants.php

- Exploring how to use GWG’s platform to share and receive the appropriate input and expertise and give a global reach to current work in various countries and regions;
- Supporting collaboration and strategic linkages with key partners and networks also working in the field of SDH (Determine, the Equity Channel, WHO and numerous national institutes and other agencies).

In light of discussions with SDH steering committee, efforts are underway to revitalize the membership of the GWG and explore ways to expand knowledge exchange and good practices in this domain

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 strategies to reduce health inequalities in France. The IUHPE was invited to collaborate 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 supported the coordination of an international Francophone symposium leading to a publication by providing expertise from key network members with experience in planning and implementing strategies to reduce social inequalities in health.

The project aimed to propose concrete and practical suggestions drawn, from French and international experience related to action strategies for reducing social inequalities in health, in a publication to shape action on the social inequalities in health. The publication contains practical frameworks for reflection to support action by practitioners and decision makers. It is structured in five sections around project methodology, implementation and evaluation with a strong focus on public policy and partnership.

The guidebook was released in December 2010 in the Inpes’ series (*Health in Action*). The IUHPE has actively contributed to disseminate the book to a large global audience.

During the 20th World Conference on Health Promotion, an interactive symposium dedicated to the book took place.

The publication will be disseminated at various upcoming events including the 4th International Conference of Local and Regional Health Programs and at the French Annual Prevention Days Conference organized by Inpes.

The guidebook can be downloaded (in French) at

<http://www.inpes.sante.fr/index2.asp?page=CFESBases/catalogue/detaildoc.asp?numfiche=1333>



A LEARNING EXCHANGE BETWEEN COMMUNITIES THAT ARE ENGAGED IN REDUCING HEALTH DISPARITIES

Given the growing burden of inequities in health globally, there is a need to share and develop a better understanding of effective strategies for action that can effectively address the social determinants of health, their distribution and resulting health inequities. Health promotion interventions in communities, targeted at deprived and marginalised populations and focusing on addressing the social determinants of health to reduce health inequalities, are an important strategy to prevent and control non-communicable diseases and promote the health of hard to reach groups.

In response to this need, the IUHPE, the US Centers for Disease Control and Prevention (CDC), and Health Action Partnership International (HAPI) have embarked on a learning exchange between such communities in the US and in England. This twining initiative is informed by the recommendations of the WHO Commission on Social Determinants of Health the Strategic Review of Health Inequalities in England post 2010 (Marmot Review) and will actively engage key players, including the IUHPE Global Working Group on Social Determinants of Health, to define the parameters for the learning exercise. The process, results, outcomes, lessons learnt, recommendations and identified strategies addressing the social determinants of health along with good practice examples of community health interventions successful at reducing health inequalities will be shared with the broader global community with the aim of adapting this process to other countries, and specifically low and middle income countries.

INTERNATIONAL COLLABORATION ON THE SOCIAL DETERMINANTS OF HEALTH (ICSDH)

The ICSDH (www.equitychannel.net) is an initiative supported by the Department of Health of England that aims to develop and take forward the recommendations of the WHO Commission on Social Determinants of Health, by bringing together a set of key national and international actors with their respective agendas into a cohesive programme.

The IUHPE is an active partner in this initiative, to which it brings its unique professional network as well as its global dimension. In 2010, the developments related to the ICSDH and partner organizations' work were reflected through contributions to sessions at the 20th IUHPE World Conference on Health Promotion, including through the organization of a workshop held by the partner Business in the Community entitled *Health inequalities in the UK-getting business involved*.

DETERMINE EU CONSORTIUM ON SOCIAL & ECONOMIC DETERMINANTS OF HEALTH (IUHPE/ EUROHEALTHNET AND 30 OTHER PARTNERS)

The DETERMINE Consortium works to address and stimulate action on the social and economic determinants of health (SDH) inequities at European Union levels. The Consortium brings together over 50 health bodies, public health and health promotion institutes, governments, and various other non-governmental professional and academic organisations from 26 European countries. Coordinated by EuroHealthNet in collaboration with the Czech Republic Institute of Public Health, the work is carried out under the framework of seven work packages.

The IUHPE co-leads in the areas of awareness raising and capacity building.

The project came to an end in June 2010, through the organization of a final conference that was held during the Spanish presidency of the EU and hosted by the Spanish representation in Brussels. This high level event contributed to showcase the fundamental importance of working across policies through concrete examples from EU Member States. The participation of Professor Penny Hawe, of the IUHPE Global Working Group on SDH member, contributed to bring reflections on the impact of DETERMINE outcomes at the global level.

An interactive workshop focusing on the outcomes of the project took place during the 20th IUHPE World Conference on Health Promotion with the aim of discussing practical measures to take forward the WHO Commission on Social Determinants of Health's recommendations, taking into account the current context of the economic climate.

The complete series of Working documents and key DETERMINE outcomes is available on the project's portal: www.health-inequalities.eu. These include reports on the investigation of innovative practice, a review of policies and actions in Europe, economic arguments for addressing SDH, Building capacity for health equity, the story of DETERMINE, as well as the key final messages.

Building upon the knowledge and resources developed through DETERMINE, in 2011 a new European project entitled *Crossing Bridges* will be launched looking specifically at developing methodologies and building capacity to advance the implementation of Health in All Policies.

CAPACITY BUILDING FOR INTEGRATED HEALTH PROMOTION APPROACHES AND STRATEGIES IN PUBLIC HEALTH ISSUES

GLOBAL WORKING GROUP ON HEALTHY SETTINGS (GWG HEALTHY SETTINGS)

Chaired by Mark Dooris

This GWG was created to support the development of the whole system settings approach to health promotion, acknowledging the potential of this to contribute to the promotion of health, well-being, education and sustainable development, and to the pursuit of equity within and between countries.

In 2010 the main focus of the GWG on Healthy Settings was planning and integrating a high profile work stream on healthy settings into the 20th World Conference on Health Promotion in Geneva. The programme included :

- A *Business Meeting* for existing GWG members and invited others interested in future involvement/direction.
- A Sub-Plenary on *Healthy and Sustainable Settings: Reflections and Future Directions*, moderated by Fran Baum and engaging a high-level panel (Ilona Kickbusch, Gauden Galea, Albert Lee, Jürgen Pelikan, Cordia Chu, Mark Dooris) and participants in critical debate and dialogue on the development and implementation of healthy settings and exploring future directions in the context of 21st century forces.
- A range of parallel sessions and papers, including a symposium on *Health Development in Organisational Settings: Contribution to Equity and Sustainable Development*, involving Georg Bauer, Jürgen Pelikan, Wolfgang Dür, Mark Dooris and Cordia Chu; and a paper on *Greening Settings* by Blake Poland and Mark Dooris.
- A side-meeting on *Health Promoting Universities - Exploring the Potential for International Networking*, attended by over 25 people from 11 countries.
- A Workshop on *IUHPE as a Sustainable Organisation: Opportunities and Challenges*, which followed on from the 2007 resolution on global environmental change, explored how IUHPE can develop and where appropriate change its organisational policies and practices to become more ecologically sustainable, and resulted in a new resolution being proposed to the IUHPE membership.

In addition, the GWG on Healthy Settings:

- Contributed to the organisation and/or delivery of the 18th International Conference on Health Promoting Hospitals and Health Services; *Linking Health, Equity and Sustainable Development in Schools*; and other settings-related conferences.
- Expanded its membership, to ensure representation of key settings such as older people's care and sports clubs, strengthen links to the sustainable development agenda, and engage motivated and energetic individuals.
- Engaged in an on-going dialogue with WHO to support effective information exchange relating to relevant programmes, collaborating centres and developments.
- Participated in European and international dialogue concerning the potential development of networking for Health Promoting Universities.

Additionally, GWG members continued to raise the profile of healthy settings through multiple publications in books and journals (including *Critical Public Health*, *Global Health Promotion*, *Health Education Research*, *Health Promotion International* and *Perspectives in Public Health*).

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- Poland, B. and Dooris, M. (2010) A green and healthy future: a settings approach to building health, equity and sustainability. *Critical Public Health*. 20(3): 281-298.
- Thomas, M., Rowe, F and Harris, N. (2010) Understanding the factors that characterise school-community partnerships: The case of the Logan Healthy Schools Project. *Health Education* 110(6): 427 – 444.

GLOBAL WORKING GROUP ON SALUTOGENESIS (GWG SAL)

Chaired by Bengt Lindström

The GWG-SAL was initiated in 2007 at the Vancouver IUHPE World Conference. Each year a Research Seminar has been arranged attracting about 100 persons. A PhD course every year has been arranged in cooperation with the Nordic School of Public Health. A research database was established in 2008 (www.salutogenesis.fi).

The main achievements in 2010:

- 1 Putting Salutogenesis on the International Health Promotion Agenda. In the IUHPE Geneva World Conference the GWG-SAL arranged several events:
 - an international pre-conference research seminar and a Sub Plenary (“*Change Yes we Can!!*”) demonstrated the effectiveness of the evidence on the salutogenic approach to health.
 - Two Workshops, one on Learning and Salutogenesis and one on Workplace Health Promotion, were arranged.
 - In addition a session with oral presentations was held and several posters presented. One of the last presenters at the final session stated salutogenesis is the future.
- 2 The website and database is under continuous development: now the research protocols from 2003 -2010 are analysed and thereafter fed into the data base.
- 3 A new Research Report “*The Hitchiker’s Guide to Salutogenesis*”, Folkhälsan Research Report 2, 2010) was published. This report presents both the theory of the salutogenic approach and the contemporary Evidence Base and some practical implementations. This is available through www.salutogenesis.fi. It has been translated into Spanish and a French version is on its way.

- 4 The Reorganisation of the Working Group. In December a meeting of 10 health promotion research centers decided to establish a Core Group for the GWG-SAL. Each center has a complementing profile (workplace Health Promotion, community development, policy, systematic review, mental health promotion, youth, elderly...). The GWG-SAL-CG will secure a broader basis for the work and make it easier to establish research cooperation and find funding for larger projects. A formal agreement will be discussed in September 2011.
- 5 Also in December 2010 it was decided to establish a Best Practice Forum called *The Salutogenic Society*. Here, it is thought, a dialogue between people, organisations and regions involved in implementing salutogenesis in practice will be able to cooperate. The Forum will have a discussion room on the GWG-SAL web site.
- 6 There are some larger Research Projects that have requested the support of the GWG-SAL to develop a salutogenic profile, among them The Northern Dimension Partnership in Public Health and Wellbeing especially regarding the NCDs. Further, an EU international COST project focusing on Maternity Care and Child Birth has requested the same.
- 7 Cooperation with Other Agencies involved in a similar approach. The GWG-SAL was called to present at the EU/WHO Asset Approach to Health Meeting under the auspices of the EU Presidency of Spain. Here is their Publication: Morgan A, Ziglio E. (editors) “*A Global Approach to Assets for Health*”, Sage 2010, was launched. Two Chapters of the book were produced by GWG-SAL members.
- 8 Forming National and Regional networks. The discussion is established in some of the Nordic countries in the Netherlands and in Spain at the moment. The GWG-SAL Chairperson is helping with this prospect.

PREVENTING INJURIES AND VIOLENCE THROUGH HEALTH PROMOTION

The IUHPE, through an ongoing collaboration it has with the US Centers for Disease Control and Prevention (CDC), contributes to the prevention and control of injuries and violence through a health promotion lens. The work has a particular focus on equity and supports efforts in the field through the development of youth safety advocates to promote both violence prevention and unintentional injury prevention, the publication

advocates to promote both violence prevention and unintentional injury prevention, the publication and dissemination of key advances and the evaluation of road safety and helmet use campaigns in low and middle income countries.

As such, in 2010, the work focused on:

- Supporting a young professional active in the field of Road Traffic Injury Prevention in Thailand to present and contribute to the 20th IUHPE World Conference on Health Promotion scientific programme,
- Disseminating key advances through articles,
- Supporting a Global Youth non-governmental organisation – Youth for Road Safety (YOURS - <http://www.youthforroadsafety.org/>), to develop a tool kit introducing young individuals and organizations to the road safety field particularly youth issues and to motivate them to become actively involved advocates. Publication of the tool kit is planned for 2011.
- Contributing to surveillance for and evaluation of the Global Helmet Vaccine Initiative (GHVI) and EDU-CAR large-scale road safety and helmet use campaigns in Cambodia, Uganda and Uruguay, with active engagement of the IUHPE GWG on Surveillance.



PROMOTING PHYSICAL ACTIVITY GLOBALLY – A HEALTH PROMOTION AND DISEASE PREVENTION STRATEGY (IUHPE/CDC)

As part of the on-going collaboration, IUHPE and the US Centers for Disease Control and Prevention (CDC) are using the development of public health strategies for physical activity as an entry point for much needed health promotion and chronic disease prevention action. The work takes a holistic view to promoting mental health and self-esteem, building social capital, creating social cohesion, encouraging participatory approaches and empowerment at all levels of society, improving the quality of life of individuals and populations, and reaching out to vulnerable, marginalized populations.

This programme advocates for inter-sectoral action, policy development and implementation and capacity building at the structural, organisational and individual levels of the workforce through a very close collaboration between IUHPE, CDC and

GAPA (Global Advocacy for Physical Activity). Since its incorporation as the Advocacy Council of the International Society for Physical Activity and Health (ISPAH) in 2009, with its secretariat hosted at IUHPE, GAPA has been active globally and continues to play a key role in achieving the programme's objectives.

Without doubt highlights of 2010 include:

- the launch of the **Toronto Charter for Physical Activity: A Global Call to Action** at the 3rd International Congress on Physical Activity and Public Health in Toronto on May 8th. The Toronto Charter, result of a thorough and inclusive global consultation process, is an advocacy and policy tool that has now been broadly disseminated, endorsed by several key organizations and is available in over 15 languages on the GAPA website (www.globalpa.org.uk);
- the presence of physical activity as an advocacy model for the field of health promotion at the 20th IUHPE World Conference on Health Promotion that took place in Geneva, Switzerland in July;
- GAPA and the IUHPE working with the NCD alliance, the World Health Organization (WHO) and others to ensure issues around physical activity are considered in the consultations meetings in preparation for the September 2011 **UN high-level summit on Non-communicable Disease prevention**;
- the IUHPE positioning itself on the importance of addressing physical inactivity beyond the individualistic and behavioural approaches towards environmental and systems approaches to physical activity highlighting the need for action across areas like healthy urban planning and design, equitable access to active and sustainable transportation, healthy villages, cities and schools, amongst others.

This programme of work also actively supports the work carried out in the Latin American region addressing environmental and health effects of urbanization and globalization and aims to ensure actions that promote physical activity as a major tool for health promotion take place in all regions of the world.





PROMOTING HEALTH IN SCHOOLS – A GLOBAL MOMENTUM FOR EQUITY AND SUSTAINABLE DEVELOPMENT IN SCHOOLS

The IUHPE continues to advance the school health promotion agenda strengthening the global collaboration it is part of, which aims to create links with the broader human development movement. This work involves: creating a dialogue between various sectors that act within the school setting (environment, urban planning, education, health, nutrition, etc.) and between various areas of research, practice and policy-making; strengthening and advocating for teacher education in health promotion; engaging different sectors of government to share responsibility for promoting the health of the whole school community, and to encourage action at all levels; showcasing good practice of culturally adapted, evidence-based, and highly participatory and empowering interventions to support policy development; and discussing key issues including life skills building, equity and educational success with the aim of adopting a sustainable whole-of-school approach.

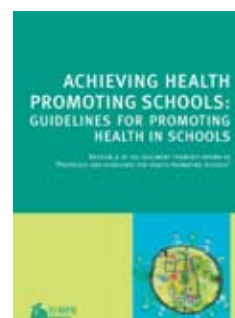
In 2010, the global collaboration met to advance the agenda of promoting health in schools through a 'whole-of-school' approach around three key events: an international symposium on *Health Promoting Schools: What Strategies for Development* (Paris, France – April); a two day international symposium on *Linking health, equity and sustainability in schools* (Geneva, Switzerland – July) and the 20th IUHPE World Conference on *Health Promotion – Health, Equity and Sustainable Development* (Geneva, Switzerland – July). These led to the identification of key priorities defining the agenda of work of the global collaboration for 2010 and 2011 and informing a two day international event the IUHPE is co-organising with the Consortium of the Journées annuelles de santé publique (JASP), the Canadian Association for School Health (CASH), the Institut de la Santé Publique du Québec (INSPQ) and the International School Health Network (ISHN). The event will take place in November 2011 in Quebec, Canada and focus on ***New Understandings, Better Integration, Sustainable and Equitable Actions - Schools that Promote Health, Well-being and Educational Success in the Next Decade*** (<http://www.inspq.qc.ca/jasp>).

The IUHPE continues to actively build relationships with international partners and strengthen the global collaboration.

The main outputs in 2010 were:

- Production and broad dissemination of the various language versions of the revised version of “*Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools*” - a blueprint for improving the evidence base for health promoting schools by revisiting the five areas outlined in the Ottawa Charter for Health Promotion; and
- Production of the various language versions and broad dissemination of the English version of the *Promoting Health in Schools: from Evidence to Action*, published to complement the recommendations to establish and sustain health promotion in schools set out in the Guidelines document. This document is targeted at the health and education sectors and advocates for school health promotion activities that are based on evidence of effectiveness. It provides succinct evidence-based arguments to support the need for a whole school approach to strategically plan and implement school health initiatives.
- Posters, workshops, presentations and networking at key international events.

All of the documents produced under this area of work are available on the IUHPE webpage http://www.iuhpe.org/index.html?page=50&lang=en#books_school.



ADDRESSING NON-COMMUNICABLE DISEASES IN SUB-SAHARAN AFRICA

BUILDING THE CASE FOR HEALTHY PUBLIC POLICIES ON NON-COMMUNICABLE DISEASE (NCD) IN AFRICA WITH MULTI-STAKEHOLDERS

In order to respond to the emergence of NCDs in the sub-Saharan region, the IUHPE in collaboration with the US Centers for Disease Control and Prevention (CDC), the Department of Health of England and the African Institute for Health and Development (AIHD), has facilitated a number of initiatives to address NCDs comprehensively and provide support for evidence collection and dissemination within the Sub-Saharan African region. These efforts resulted in the establishment of a Consortium for Non Communicable Diseases Prevention and Control in sub-Saharan Africa (CNCD-Africa) in 2009.

CNCD-Africa is a member-driven umbrella bringing together multiple disciplines, sectors and partners who work in various settings into prevent NCDs (cancer, diabetes, cardiovascular diseases and chronic respiratory infections) in sub-Saharan Africa, through actions on major risk factors (nutritional patterns and transition; obesity; lack of physical activity; tobacco consumption; and inappropriate use of alcohol) and the social determinants of health. In 2010, CNCD-Africa was launched on the occasion of the 20th IUHPE World Conference on Health Promotion.

For more information, visit <http://www.aihdint.org/cncd/index.php?MenuID=1>



A COMMUNITY HEALTH PROMOTION PROJECT SUPPORTING THE PREVENTION AND CONTROL OF CERVICAL CANCER IN ZAMBIA (IUHPE/CDC)

In an effort to reduce the high incidence of and deaths due to cervical cancer, the Center for Infectious Disease Research in Zambia (CIDRZ) initiated a 'See and Treat Cervical Cancer

Prevention Intervention', which targets both Human Immunodeficiency Virus (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. For the past three years and to support this initiative, a series of activities, the IUHPE, the US Centers for Disease Control and Prevention (CDC) and the African Institute for Health and Development (AIHD) have been working closely with the CIDRZ team to strengthen health promotion and education strategies that act on societal changes within the community and lead to systematic changes that influence health disparities.

In 2010, the project focused on disseminating and actively using the tools developed in 2009:

- A training manual for peer-educators,
- Competency-based and culturally appropriate online learning modules to train cervical cancer nurses, doctors, and peer educators,
- A Frequently Asked Questions booklet to assist peer educators in their work in the communities.

2010 also witnessed the scaling up of the Wise-women Umoyo clinic which opened its doors in 2009 and offers a package of preventive tests and tailored counselling to women in the community in addition to cervical cancer screening.

Building on the work so far, the project plans to focus on understanding traditional marriage counsellors and other social community structures and build local capacity through the training of the Alangizi, traditional marriage counsellors.

For more information, visit <http://www.iuhpe.org/index.html?page=512&lang=en>.



BUILDING CAPACITY FOR PROMOTING CARDIOVASCULAR HEALTH IN THE DEVELOPING COUNTRIES

In 2010, the Institute of Medicine (IOM) published a report on *Promoting Cardiovascular Health in the Developing World* calling various global players to action. In response to this call for action, the IUHPE, and its Advisory Group on Non-Communicable Diseases (NCD) Prevention & Control (formed to provide an institutional viewpoint and ensure the health promotion approach and IUHPE goals and strategies form integral part of the global efforts to address the increasing burden of Non-Communicable Diseases), are keen to contribute to the implementation of some of the recommendations of the report in close collaboration and partnership with the US Centers for Disease Control and Prevention (CDC) and the Office of Global Health of the National Heart, Lung and Blood Institute (NHLBI). Activities are expected to focus on capacity building in low and middle income countries, particularly in the sub-Saharan African region. A strategic meeting with global players is planned, to build on the link that exists between training and policy and explore curriculum development for training of professionals from all fields around 'what can be done', the practical applications to address NCDs such as policy building, interventions that effectively reduce inequity with a focus on the social determinants of health, community action and monitoring.

TOOLS AND METHODS TO EQUIP AND SUPPORT PRACTITIONERS AND DECISION MAKERS

GLOBAL WORKING GROUP ON HEALTH IMPACT ASSESSMENT (GWG HIA)

Chaired by Marilyn Wise

The GWG HIA was established in 2009, drawing together people from around the world with experience and capacity in HIA. The GWG HIA will contribute to the evidence base and workforce capacity that are needed if Health Impact Assessment potential to influence the distribution of the determinants of health and to promote health and health equity is to be realised. The mission of the GWG HIA is to support the development of Health Impact Assessment as an approach to assist the health and other sectors, and communities, to influence public policy, plans, programmes and projects to create social,

economic and environmental conditions for health and health equity within and between populations, and to promote health. In 2010 the main activities of the GWG HIA were:

- the delivery of a sub-plenary session on challenges and issues around HIA and health promotion for the IUHPE's 20th World Conference in Geneva, July 2010 – the program involved the International Association on Impact Assessment, the National Collaborating Centre for Healthy Public Policy in Quebec, the Institute of Public Health in Ireland, and the Centre for Health Equity Training Research and Evaluation in Australia, the Health Promotion Services in Mexico, and the Institute for Environmental Sciences at University of Geneva;
- preparation of a paper providing an overview of the 'state of the art' of HIA as represented at the World Conference in Health Promotion and Education in July 2010;
- presentation of a paper at the 3rd Asia Pacific Regional HIA Conference, Dunedin, 2010.

HEALTH IMPACT ASSESSMENT (IUHPE FRENCH HEALTH DIRECTORATE)

With a history of partnership spanning over several decades, in 2009 the French Health Directorate and the IUHPE signed a renewed three-year agreement covering the years 2009-2011. In addition to an information exchange and the coordination of the Francophone network of IUHPE members, this agreement focuses on the development of reflection on questions concerning inter-sectoral public policy issues, the evaluation of Health Impact Assessment and the integration of Health in All Policies.

The following elements form the core of the collaboration with the French Health Directorate, the National Institute of Public Health of Quebec, the National Collaborating Centre for Healthy Public Policy from the Public Health Agency of Canada, and the IUHPE Global Working Group on Health Impact Assessment:

- Clarify concepts : what should be understood by the new philosophy of health in all policies with regards to the concept of health impact assessment (HIA)?
- Familiarise the francophone public with the current practice of health impact assessment (HIA) as a tool to support decision making and the development of public policies that can affect/influence the determinants

- Reflect on the links between the HIA practice, health promotion, and the role of health systems when considering the non-medical determinants of health.
- Develop inter-sectoral HIA guidelines and tools to support policy decision-making.
- Promote the creation of a francophone network interested in HIA.

INTER-SECTORAL GOVERNANCE FOR HEALTH IN ALL POLICIES: A FRAMEWORK FOR ANALYSIS (IUHPE/WHO European Observatory)

Health in All Policies (HiAP) is a strategy to improve population health, addressing factors outside the health system. The IUHPE and the WHO European Observatory on Health Systems and Policies collaborated on a study to advance knowledge on how to include HiAP through inter-sectoral governance with the objective to help health policy makers building bridges between different Ministries and sectors to introduce HiAP. An analytical framework for profiling inter-sectoral governance structures was developed and used to showcase examples. Eleven inter-sectoral governance structures were identified, and nine governance actions were defined as being facilitated by them. The book is organised into two sections. Policy issues and research results will explore the rationale, theory and evidence for inter-sectoral governance and health in all policies. The chapters in the analysis section provide illustrations and case studies of the structures in action with analysis of the necessary conditions for effectiveness and barriers encountered.

This publication will provide a condensed volume of accessible, relevant and convincing arguments and success stories that can educate and equip policy makers on the governance tools and instruments available to support inter-sectoral action. This resource was developed for use to support ministries and policy-makers in countries where there is scope to use additional governance tools to build bridges for HiAP. The publication will be launched in the fall of 2011.

INVENTORY OF ONLINE TOOLS TO SUPPORT ACTIVITIES IN PARTNERSHIP IN HEALTH PROMOTION

Working in partnership carries significant implications for health promotion interventions, in terms of inter-sectoral action, sustainability and community empowerment. As part of collaboration between the Chair Community Approaches and Health Inequalities (CACIS) and the International Union for Health Promotion and Health Education (IUHPE), an on-line repository of tools for supporting and evaluating health promotion activities undertaken in partnership is being compiled. It aims to make various tools to support the practice of health promotion research and interventions in partnership accessible on-line. The purpose is to develop an interface that facilitates the identification, access and retrieval of tools by practitioners.

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 designed with attention to quality assessment, is valuable. The focus will be to inventory tools which are either intended to support or guide an activity or a series of specific activities (planning, implementation, evaluation); evaluate how experiences can be used to improve responses; and find new solutions to problems.

This project began in December 2008. A relevance survey was conducted by the IUHPE with IUHPE Board of Trustee members and key regional actors that confirmed the interest for such a tool, as well as its utility. This work helped to produce a list of categories to consider in the selection of tools and to conduct a census of tools that can be part of this directory. Focus groups with practitioners in Quebec and around the world were used to adjust the categories of research, develop the structure and basic functionality of the directory.

To date, over one hundred tools were identified, of which 40 have been validated. Fact sheets to identify and select the desired tool in the directory have been produced and translated (English / French).

Ultimately, the listings will be translated and available in English, French and Spanish and will point to the designated tool regardless of its original language. The uploading of the directory is planned for the year 2011.

THE USE OF VARIOUS TYPES OF EVIDENCE TO INFORM AND SUPPORT POLICY DIALOGUE, DEVELOPMENT AND IMPLEMENTATION

Global Programme on Health Promotion Effectiveness (GPHPE)

In 2010 the efforts of the Global Programme on Health Promotion Effectiveness were largely focused on the development of publications and a number of related sessions held during the IUHPE's 20th World Conference on Health Promotion and Education.

The 2nd volume of the global monograph on health promotion effectiveness has been designed to incorporate two distinct but complementary products. Volume II concentrates on the processes and contexts for moving from evidence to effectiveness with a focus on "how to".

In addition to an academic book planned for publication with Springer before the end of 2011, Volume II has already released a special issue of *Global Health Promotion* with the intent of ensuring that this work is accessible to members, and more equitable in terms of the IUHPE network's language diversity.

A workbook document was produced through a process initiated by a global call for case studies in all three IUHPE official languages. The special issue of *Global Health Promotion* (18:1 March 2011) presents a global collection of case studies on what is the effectiveness of using evidence with concrete examples from practice. The issue was designed with the objective 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. It was co-edited by a team at the Chair in Community Approaches and Health Inequalities, University of Montreal, under the leadership of Prof. Louise Potvin who served as the issues Guest Editor, in collaboration with the GPHPE team from the IUHPE. It presents 26 case studies that testify to the efforts that are made around the world to integrate research results into health promotion interventions. Case studies were selected with the aim of ensuring the greatest possible diversity in terms of type of projects, type of evidence, use of evidence, region of the world and language. These case studies are diverse and represent various ways that professionals have reflected and demonstrated on how research evidence is used 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. The table of contents of this issue can be accessed at <http://ped.sagepub.com/content/18/1.toc>

A framing document is still in the process of development consisting of chapters invited for submission from key network and specific individual professionals who will address specific areas with the objective of making the case for health promotion effectiveness to address global health challenges. Chapters in the framing document will be organised under the following six sections: 1) the development agenda; 2) the social determinants of health; 3) community and political empowerment; 4) health system strengthening; 5) health promotion capacity; and 6) further debates about evidence and effectiveness. Methodological issues, theoretical issues, the policy-making process and implementation and evaluation have been identified as cross-cutting considerations for each section.

In 2010, significant progress was made on the development of the health promotion capacity section. A work-plan was developed for the capacity section of Volume II in the series *Global Perspectives on Health Promotion Effectiveness* to contribute to strengthening global public health capacity and equip global health promotion professionals for its efforts targeting diverse audiences (public health and healthcare professionals, stakeholders, and policymakers). A meeting was held for which participants served in an advisory role to plan for the preparation of the health promotion capacity section, focusing on the identification of chapter authors and content to be included. This dialogue was convened and coordinated by the IUHPE, with the support of the Public Health Agency of Canada, and conducted in partnership with the US Centers for Disease Control and Prevention (CDC). The consultation group drafted an outline of the capacity section composed of six chapters. Detailed ideas for the content development and foci of subsection and chapter goals were outlined for five of the chapters during the meeting.

GLOBAL WORKING GROUP ON SURVEILLANCE (GWG WARFS) - WORLD ALLIANCE FOR RISK FACTOR SURVEILLANCE (WARFS) -

Chaired by Stefano Campostrini

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.

In 2010 the main activities of the GWG WARFS were:

- The development and drafting of a white paper on risk factor surveillance (looking at theory, methodology and use) whose purpose is to serve as a reference for countries and practitioners to (further) develop surveillance systems. The white paper has been discussed during the 20th IUHPE World Conference on Health Promotion in July 2010, and an advanced version will be published on the IUHPE web-site in spring 2011;
- A special sub-pleinary session on Surveillance - *Making health promotion accountable* has been held at the 20th IUHPE World Conference on Health Promotion with the objective of supporting a broader understanding of surveillance systems, the methodological challenges involved, and discussion on how surveillance data can benefit health promotion policy and programme planning with panelists, who have discussed the role, practice, and opportunities of surveillance;
- A series of sessions have been proposed and took place at the 20th IUHPE World Conference, including a pre-conference meeting seminar in which the White Paper has been discussed and a symposium during the conference on risk factor surveillance in practice with examples from Australia, Italy, the United States of America and WHO.

AD HOC WORKING GROUP ON HEALTH PROMOTION RESEARCH

Chaired by Louise Potvin

An ad hoc working group has been formed at the end of 2009, after significant interest of the Board of Trustees to tease out a potential platform for the IUHPE to support and strengthen health promotion research globally. Its initial task has been to plan for agenda-setting sessions to be held at the 20th IUHPE World Conference on Health Promotion in Geneva in 2010, including a symposium on “*What is health promotion research? Examples from the field*” and a workshop on “*Strengthening health promotion research: What can IUHPE do?*”.

These sessions were stepping stones to initiate a process of consultation to develop a workplan to enhance IUHPE's contribution to the development of health promotion research. A sketch for a 3-year work plan was approved in December 2010.

A SYSTEMATIC REVIEW OF COMMUNITY HEALTH PROMOTION STRATEGIES TO ADDRESS NON-COMMUNICABLE DISEASES (NCDs) AND HEALTH INEQUITIES AND IMPROVE HEALTH AND WELL-BEING

In response to widening health gap between the rich and the poor globally and the need to share, understand and adapt effective community health promotion strategies that can effectively address the social determinants of health, their distribution and resulting health inequities, the IUHPE is actively involved, in close collaboration with the US Centers for Disease Control and Prevention (CDC), VicHealth and the Cochrane Public Health Group, in a systematic review to examine existing documentation and peer-reviewed literature to identify evidence-based strategies that address non-communicable and chronic diseases in populations that experience health inequalities globally. Findings of the review, to be conducted in 2011, will provide an important tool for addressing NCDs and health inequities.

COMMUNICATE TO VACCINATE – BUILDING EVIDENCE TO IMPROVE VACCINATION IN LOW AND MIDDLE INCOME COUNTRIES (IUHPE/Consortium of partners)

This project aims to build research knowledge and capacity to use evidence on communication in improving the effectiveness of childhood immunization programmes and strategies in low and middle income countries (LMICs).

The project will undertake a number of activities to meet this objective including:

- A systematic map of interventions for communicating with parents about childhood vaccination
- A taxonomy of interventions to improve provider-parent communication around childhood vaccination
- A list of high priority topics for systematic reviews of communication intervention for vaccination
- Systematic reviews of the effects of high priority interventions to improve parent-provider communication on childhood vaccination
- ‘*Communicate to vaccinate*’ evidence summaries that translate the evidence into accessible formats and messages for dissemination to LMICs.

The project is funded by the Research Council of Norway and involves a Consortium composed of the Norwegian Knowledge Centre for the Health Services; La Trobe University, Melbourne; the University of Cape Town, South Africa; the Swiss Tropical and Public Health Institute / The Swiss Centre for International Health; and the International Union for Health Promotion and Education. The IUHPE as a key international partner for knowledge translation will contribute to bring a health promotion lens

throughout the project and will particularly build upon its expertise and experience in consultative forum and processes and the development of evidence based communication strategies. Two members of the IUHPE Board of Trustees, Erma Manoncourt and Dominique Kondji Kondji have been invited to participate in the project advisory group.

DEVELOPMENT OF SCIENTIFIC DIALOGUE

GLOBAL SCIENTIFIC COMMITTEE FOR THE 20TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION (GENEVA 2010) Vivian Lin

The work of the Global Scientific Committee culminated in the conference held in Geneva in July 2010. The conference provided a focus for all IUHPE global working groups and projects undertaken with various partners to report on their work and to chart agendas forward.

For more information about the 20th IUHPE World Conference on Health Promotion that took place in Geneva in 2010, see page 31 of this report or visit the website <http://www.iuhpeconference.net/>.

COLLABORATION WITH THE WORLD HEALTH ORGANIZATION (WHO)

As the directing and coordinating authority for health within the United Nations system, WHO 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. Like the IUHPE, WHO operates in an increasingly complex and rapidly changing landscape. The boundaries of public health action have become blurred, extending into other sectors that influence health opportunities and outcomes. As a uniquely positioned, global, independent, professional organization in health promotion, the IUHPE's official relationship with WHO is a conduit for providing support to WHO plans, initiatives, and activities in our specific domain.

In 2010, the areas of work in which the IUHPE and WHO have been collaborating closely include:

- The use of Health Impact Assessment (HIA) for achieving Intersectoral Action and Health in All Policies, with a focus on prevention and control of NCDs in low and middle income countries;
- Building a competent workforce to strengthen global capacity in health promotion, which is a critical element in achieving goals for the improvement of global health.

- Building capacity for documentation of health promotion interventions through review of tools for documentation of case studies in health promotion and health education. The main objective for this work was to provide a first response to WHO Eastern Mediterranean member states' requests for support in terms of collection methods, templates and frameworks for helping practitioners to document their interventions;
- Tobacco control and health equity through the publication of a special issue of the IUHPE Journal *Global Health Promotion* in support of the FCTC and the potential and limits on its possibilities to protect vulnerable populations and have an impact on health equity;
- Health Promotion strategies to address Non Communicable Diseases Prevention and Control in support of the WHO Action Plan for the Global Strategy for the Prevention and Control of NCDs; in preparation of the High Level Meeting of the United Nations to be held in September 2011 in New York; and through the publication of a special issue of the IUHPE Journal *Global Health Promotion* providing concrete examples of how public health practitioners are effectively implementing strategies to prevent and control NCDs in sub-Saharan Africa;
- Enhancing community resilience to influenza pandemic to connect pandemic preparedness with "the settings where people live, work, and play".

As reaffirmed during the 20th IUHPE World Conference on Health Promotion, WHO and IUHPE share common needs and challenges to build the health promotion political, structural, and human capacity globally. We therefore need to:

- Continue exchanging expertise; the development of tools and methods to equip and support practitioners and decision-makers;
- Continue dialogue and exchange on intersectoral action on the social determinants of health and the inclusion of Health in all Policies (economics, social justice, governance, ecology and urbanisation);
- Continue to collect and use various types of evidence to inform and support policy dialogue, development and implementation;
- Continue providing a distinctive forum like our World and Regional Conferences to engage and again create a real dialogue among the global health promotion community.



05 / GLOBAL ACTIVITIES - MARKETING AND FUND RAISING

David L. Pattison, Vice-President for Marketing and Fund Raising 2010-2013
NHS Health Scotland

PRESENTATION OF THE NEW PORTFOLIO

This portfolio has been in abeyance for some time within the organisation and previously included membership, which was later put under the responsibility of the Vice-President for Partnership and Institutional Affairs, Dr Sylvie Stachenko, supported by Aurélie de Gournay, Membership Officer at The IUHPE headquarters.

The membership has been involved in the process of identifying the key priorities for *IUHPE in the coming years. Supporting the delivery of these priority areas will be a focus for this Vice-Presidency and it will be done in partnership across all the regions and with both current membership and other appropriate partners.

The IUHPE has a global reach which many commercial companies would be envious of. It has services and products which are valued not only internally by its membership, but also by key International and National policy makers, Institutions, Civil Society organisations and Academic peers.

We all live in a world which brings differing political, economic and social challenges. As an organisation, The IUHPE must try and maximise the assets it has but within the ethos and values we all support. Fundraising and marketing activities by their nature have to be cognizant of the commercial market in which they operate. It would therefore be this Vice-Presidency's intention, subject to the approval of the President and members of the Executive Committee, to form a virtual group to develop a strategic approach across the organisation in terms of this portfolio.

Elements which will need to be included range from the agreed key priorities, to marketing, promoting and fundraising for Global and Regional conferences to maximising the benefits from IUHPE publications and membership engagement.

Support from beyond the organisation is also important. The IUHPE would therefore particularly welcome the opportunity to explore appropriate potential collaborations with colleagues reading this report and who are not involved/engaged with IUHPE activities.

The IUHPE is an influential membership organisation operating in a professional manner. It has a huge amount to contribute to actions aimed at influencing the social determinants of Health and reducing Inequalities. With the assistance of our members and partners, this portfolio can support the other Vice-Presidents achieve their objectives.



05 / GLOBAL ACTIVITIES - PARTNERSHIPS & INSTITUTIONAL AFFAIRS

Sylvie Stachenko, Vice-President for Partnerships & Institutional Affairs (2007-2010)
School of Public Health / University of Alberta, Canada

The IUHPE is uniquely positioned as a global, technical and professional non-governmental organization in the field of health promotion, which should enable it to play a central role in the international arena and work in close collaboration with global organizations, as well as with regional institutions. Concerted action that draws on the comparative strengths and advantages of potential partners can scale up health promotion actions in addressing the many global health challenges. This portfolio, in close collaboration with the President, the Executive Director and other executives, should play an instrumental role in strengthening the IUHPE's niche as a global leader, as well as reinforcing its institutional capacity. The Partnerships and Institutional Affairs agenda targeted priority global partners such as the World Health Organisation (WHO), the World Heart Federation (WHF), the World Federation of Public Health Associations (WFPHA) and included three major strategic approaches:

- Developing partnerships;
- Engaging IUHPE in high level events;
- Promoting the IUHPE.

DEVELOPING PARTNERSHIPS

The Vice-President for Partnerships and Institutional Affairs focused on creating an enabling environment for sharing the IUHPE's work and for establishing partnerships, by brokering meetings with existing and potential partners in conjunction with regional and global conferences, such as the World Conference on Cardiology in Beijing.

The IUHPE continued to be engaged with the World Heart Federation, the US Centers for Disease Control and Prevention (CDC), the National Heart, Lung and Blood Institute (NHLBI), and the US National Forum on Heart Disease and Stroke, to explore opportunities in advancing the capacity building efforts in Africa to promote cardiovascular health.

The 20th IUHPE World Conference on Health Promotion in Geneva was a key opportunity to further develop the partnership agenda. Indeed, the IUHPE has worked in close collaboration with the Health Promotion Foundation of Switzerland to recruit partners and organize a sub plenary session to engage in a dialogue and reach out to the private and economic sector, such as the World Economic Forum.

A follow up meeting with the WFPHA was also held in Geneva to

“Non-governmental organisations such as the IUHPE work most effectively through partnerships. Such partnerships will enable the IUHPE to play a stronger role in the international area and leverage additional capacity and resources to bring about more health promoting outcomes.”

continue discussions on specific areas of collaboration between the two organisations.

ENGAGING THE IUHPE IN HIGH LEVEL EVENTS

The Vice-President and colleagues were proactive and engaged the IUHPE in high level global and regional events. It was important to seize opportunities for representing the IUHPE as a desirable value-added partner in global agendas.

Frequent interactions with WHO this year also facilitated the IUHPE participation in the newly established NCD (Non Communicable Diseases) Partners Forum at global and regional levels, such as in the Americas. The IUHPE was invited to a number of NCD events such as the WHO Meeting on a Prioritized Research Agenda for Prevention and Control of NCDs And the Informal Dialogue with Non-Governmental organisations “Addressing the Challenge of Non-Communicable Diseases” in Geneva and the WHO Global Forum in Moscow in preparation of the UN High-Level Meeting of the General Assembly on Non-Communicable Diseases

PROMOTING THE IUHPE

The Vice-President for Partnerships and Institutional Affairs continued to actively promote the IUHPE work through linkages with the portfolios of the Vice-Presidents for Communications and Conferences.

the IUHPE website and publications remain the prime vehicle for communicating, and partner organizations clearly expressed their interest in sharing the IUHPE resources and in referring to the IUHPE websites and publications. For instance, the pages related to capacity building in cardiovascular health could be of great interest to the cardiovascular community.

In addition to this, the IUHPE global and regional conferences provide an important opportunity to strengthen relationships with the media and expand the organization's networks.



Maggie Davies, Vice-President for Partnership and Institutional Affairs (2010 – 2013)
Health Action Partnership International

The Partnership and Institutional Affairs portfolio will reflect the strategic areas that the board and general membership have highlighted as a priority for the work of the IUHPE. These are:

- The social determinants of health, including health in all Policies, health impact assessment tools;
- sustainable development, including the food system, climate change and urbanization;
- health promotion in relation to NCDs;
- health promotion systems, including the development of indicators of effectiveness, surveillance and capacity building.

The work programme on Partnerships and Institutional Affairs will be further developed as the strategic priority areas are refined by IUHPE. However, a proposed early step is a mapping exercise to establish what partnerships and key events and initiatives IUHPE is currently taking a leading role in, with regard to these priority areas.





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, universities and institutes, to NGOs and individuals across all continents working to advance public health through health promotion.

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

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 of the IUHPE.

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

Institutional members are organisations of international, national or local scope, one of whose main purposes is to undertake or promote one or more aspects of health promotion and/or health education and/or which focus on specific themes, target groups, or settings. They carry out activities which are consistent with the mission, goals and objectives of the IUHPE.

- Institutional members of national scope can be host of the triennial IUHPE World Conference on Health Promotion.
- They hold three (regional/local in scope) or seven (national in scope) votes at the General Assembly.

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

Student members are individual students who support the mission, goals and objectives of the IUHPE. They constitute a sub network within the Organisation: IUHPE Students and Early Career Network (ISECN).

Retired members are retired individuals who support + the mission, goals and objectives of the IUHPE

Honorary members are An individuals or organisations that make a special contribution to the mission of the IUHPE, or to the development of its goals and objectives, and have been invited to be an honorary member.

THE IUHPE BUILDS A MUTUAL BENEFICIAL RELATIONSHIP WITH ITS MEMBERS :

**10 things you RECEIVE
as an IUHPE member**

- 1 Complimentary subscription to the journal Global Health Promotion, averaging six issues yearly
- 2 Discounts on five other journals in the IUHPE publication family
- 3 Discounts on IUHPE conference registration fees
- 4 Access to the members only corner on the IUHPE website, at www.iuhpe.org
- 5 Participation in IUHPE projects in areas of your interest
- 6 Complete access to the global IUHPE network
- 7 Automatic invitations to participate in IUHPE global dialogues, at www.vhpo.net
- 8 Opportunities to influence global directions in health promotion as a voting member of the IUHPE General Assembly
- 9 Participation in key IUHPE health promotion activities in your region of the world
- 10 Stimulation of your professional life through invigorating contact with like-minded health promoters throughout the world

**10 things you GIVE
as an IUHPE member**

- 1 Your voice in IUHPE dialogues on key issues of the day
- 2 Your experience, working on IUHPE projects that tap your areas of expertise
- 3 Your help to others, via your participation in the IUHPE Equity Membership Fee programme
- 4 Your leadership, in elected positions in IUHPE regions and global leadership positions
- 5 Your active, engaged participation at IUHPE conferences
- 6 Your scholarship, via publication in IUHPE journals
- 7 Your advocacy for health equity, via participation in IUHPE advocacy initiatives
- 8 Your spirit and friendship, by your participation in many IUHPE social activities
- 9 Your network, as you bring others into the IUHPE
- 10 Your commitment to fairness and social justice, as you use the many opportunities given by IUHPE to express your values with vigour and effectiveness

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 (ISECN)

It connects and mobilizes young professionals and students in health promotion from across the globe and interacts dynamically to influence and support the IUHPE agenda.

The ISECN provides a wonderful opportunity for meaningful engagement in health promotion and in the IUHPE, through:

- various working groups on the use of the new media in health promotion, on ethics in health promotion, on equity and diversity in health promotion, and on creating interactive communication tools for ISECN members across the world;
- the organization of workshops, sub-plenary sessions and other events at IUHPE regional or global world conferences;
- collaborative projects and publications with other ISECN members with similar interests; and
- the management of the IUHPE online forum, Views of Health Promotion Online, www.vhpo.net.

The ISECN also facilitates the exchange of information via its mailing list, its quarterly conference call, its monthly newsletter, and other social media (blogs, Facebook, Twitter, etc.).

More information can be found on www.isecn.org

THE IUHPE ACADEMIC NETWORK

The IUHPE's diverse membership includes a significant contingent of health promotion researchers who are dedicated to ensuring the values of health promotion research are upheld 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 provide support to the IUHPE via student thesis research, joint research and exchange of staff and/or students.

A network of this type could catalyse academics around a common health promotion research agenda more strategically connected to IUHPE scientific programme and which could lead to increased resources for health promotion research around the world. The IUHPE Academic network is therefore a possibility currently being explored.

THE MEMBERSHIP DEVELOPMENT ADVISORY COMMITTEE (MDAC)

The Membership Development Advisory Committee was launched in 2009, after the IUHPE Board of Trustees endorsed a Membership Development Plan to increase and actively involve its network, ensuring that the IUHPE can unlock its potential and play a stronger and more active role in the international arena.

The MDAC is composed of a representative of each region and sub-network, as well as of the IUHPE Executive Director and the Membership Officer. The MDAC Chair sits on the Executive Committee to represent all membership issues during IUHPE statutory meetings.

The MDAC aims at defining strategic priorities and coordinating membership development at a global level, taking into account local needs and specificities. It also serves to support the IUHPE global membership development in order to strengthen the Organisation and extend its influence worldwide by:

Increasing the IUHPE membership and

- o identify priority stakeholders to engage with;
- o diversify the IUHPE network;
- o identify and optimize strategic recruitment opportunities.

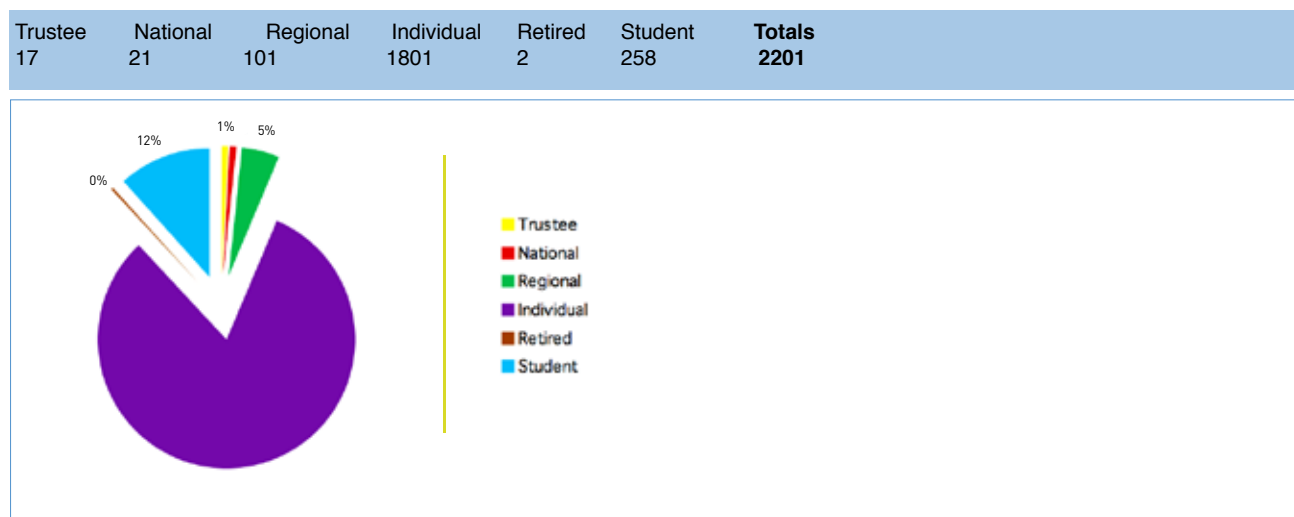
Retaining the IUHPE membership and

- o reinforce the members sense of belonging to the network;
- o develop a favourable context to engage members in health promotion advancement in all IUHPE activities across the world;
- o develop a favourable context to encourage members' networking and exchanges with in the IUHPE network.

MEMBERSHIP TRENDS

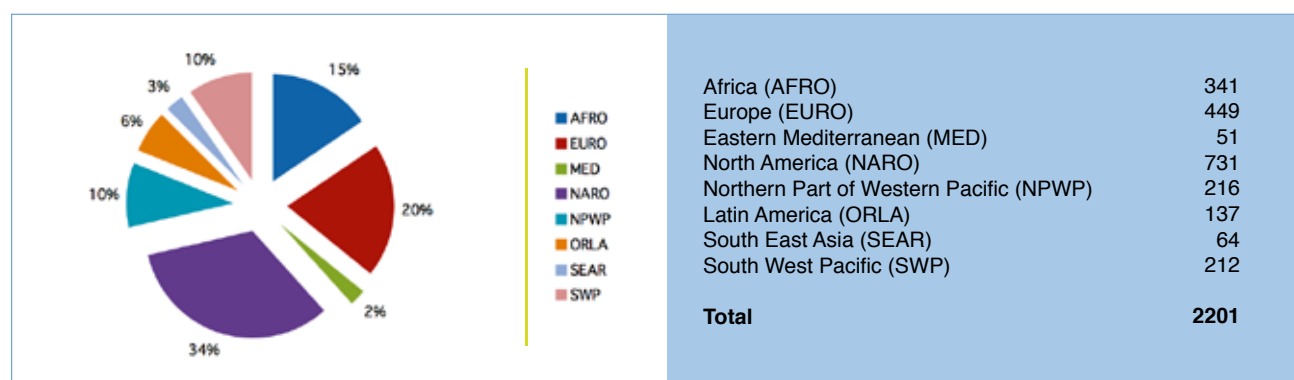
On December 1st, 2010, the IUHPE had a total of 2201 members.

MEMBERSHIP TOTALS BY CATEGORY ON DECEMBER 1ST, 2010:



The largest category of IUHPE membership is that of individuals (82%). With students, they represent almost 95% of IUHPE members, followed by regional scope members (4%); and Trustee and National members, who only represent 2% of IUHPE global membership while they contribute to the most part of membership income.

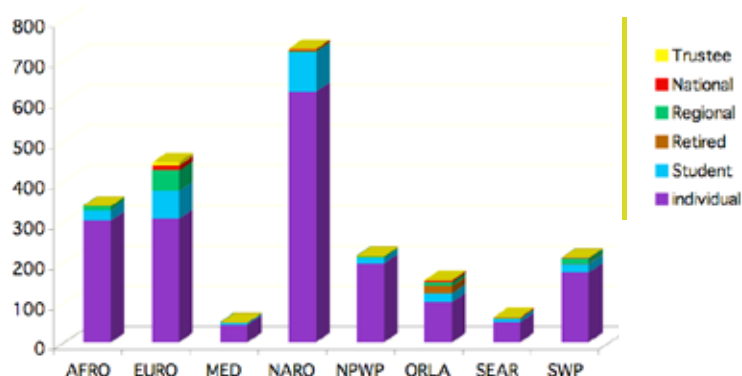
MEMBERSHIP TOTALS BY REGION ON DECEMBER 1ST, 2010:



In terms of distribution across the different regions, the majority of IUHPE members still come from North America and Europe (53%). With the different activities developed in Africa, IUHPE membership is steadily increasing in this region, now reaching 16% of IUHPE global membership.

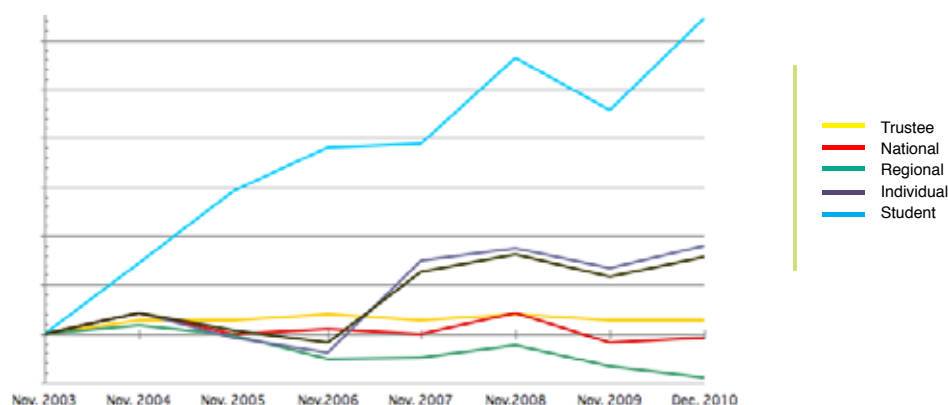
MEMBERSHIP TOTALS BY CATEGORY AND REGION ON DECEMBER 1ST, 2010:

	Trustee	National	Regional	individual	Retired	Student	TOTAL
Africa (AFRO)	0	1	11	303	0	26	341
Europe (EURO)	9	11	53	308	0	68	449
Eastern Mediterranean (MED)	1	0	0	44	0	6	51
North America (NARO)	3	3	4	623	1	97	731
Northern Part of Western Pacific (NPWP)	0	0	7	197	0	12	216
Latin America (ORLA)	2	4	9	101	19	21	137
South East Asia (SEAR)	1	2	3	51	0	7	64
South West Pacific (SWP)	1	1	14	174	1	21	212
TOTAL	17	22	101	1801	2	258	2201



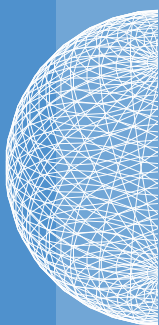
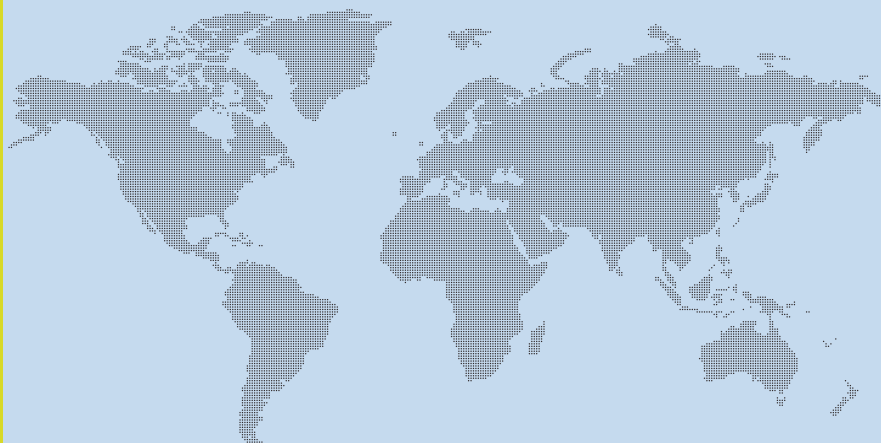
MEMBERSHIP INCREASE BY CATEGORY OVER THE PAST 7 YEARS

	Trustee	National	Regional	Individual	Retired	Student	TOTAL
Nov. 2003	15	23	183	949		61	1231
Nov. 2004	17	28	199	1145		105	1494
Nov. 2005	17	23	181	907		150	1278
Nov.2006	18	24	136	761		177	1116
Nov. 2007	17	23	137	1657		179	2013
Nov. 2008	18	28	162	1780		233	2221
Nov. 2009	17	21	122	1580		200	1940
Dec. 2010	17	22	101	1801	2	258	2201



In this graph, it can be seen that the number of Trustee members has remained almost unchanged between 2003 and 2010, but that the number of national and regional scope members has slightly decreased since 2004.

There was a noticeable rise in IUHPE membership (and especially in individual membership) in 2007, mainly due to the 19th World Conference in Vancouver but unfortunately; like after every World Conferences (and 2004 Melbourne one), IUHPE global membership has decreased since. The raise of IUHPE membership is lower after the 2010 Geneva Conference than after previous World Conferences.



REGIONAL ACTIVITIES



Regional Vice-President: Felicité Traoré
Ecole nationale de sante publique ENSP, Burkina Faso

“In Africa, most countries need, above all, an operational food system”

“The challenge is that violent conflicts, environmental disasters and disease often have immediate fallout. Poor people are the first to suffer during conflict if they are on the wrong side in political divide, where access to food is used as a political tool.”

“What is the significance of sustainability in the context of such fragility?”

“How do we incorporate empowerment and engage in activities to enable people to claim food and rights, if we’re still struggling with problems in our infrastructure?”

(Mary Amuyunzu-Nyamongo, Executive Director & co-founder of the African Institute for Health and Development in Kenya)

20TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION

The 20th IUHPE World Conference on Health Promotion (July 2010, Geneva, Switzerland) benefited from a strong African presence and its active contribution to the scientific programme and satellite events. In particular, the **Workshop on Non-Communicable Diseases in Africa and other developing countries** encouraged the integration of a health promotion approach into NCD prevention and control, and culminated in the official launch of a Consortium for Non-Communicable Disease Prevention and Control in sub-Saharan Africa (CNCD-Africa). The workshop brought to convergence several past efforts undertaken in the region, such as:

- the NCD Africa Experts Group and the NCD Partner Forum;
- the ‘Capacity Strengthening of Policy Makers’ and ‘Programme Managers for Prevention and Control of Non-communicable Diseases in East & Central Africa workshop’ that took place in April 2009 in Zanzibar;
- the 2008 Advocacy Meeting in Bagamoyo, Tanzania;
- the CDC/IUHPE Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology that took place in Western and Eastern Africa between 2004 and 2009;
- the Mapping of Health Promotion capacities in Sub-Saharan Africa (available online at <http://hp-source.org/dataoutput.html?module=africa>)

- the Special Edition of *Global Health Promotion on Community Health Promotion Strategies to address Non-Communicable Diseases control in Africa*; and
- the publication ‘**Evidence for Health Promotion Effectiveness in Africa**’, as an education and advocacy tool for health promotion in Africa.

In addition to this, there was a major input from African representatives to:

- the Sub-plenary session on ‘*Mainstreaming Health Promotion: the Kiss of Death or a New Lease of Life*’ organized by the World Health Organization; and
- the plenary session on ‘*Environmental change + healthy³*’, debating the white paper ‘*The food system – a prism of current and future challenges for health promotion and sustainable development*’, a basis to trigger critical solution-oriented debate among opinion leaders.

BUILD UP TO THE UNITED NATIONS HIGH-LEVEL MEETING ON NON-COMMUNICABLE DISEASE PREVENTION

African IUHPE representatives are contributing to the build up to the United Nations High-level Meeting on non-communicable disease prevention and control through their active contribution to the preparation of and planned participation at:

- the WHO African Regional Consultation in preparation for the *Moscow Ministerial Meeting* and the UN High-level Meeting on NCDs - Brazzaville, Congo (4-6 April 2011);

- Informal interactive hearing on NCDs – New York, USA (16 June 2011);
- United Nations High-level Meeting on non-communicable disease prevention and control – New York, USA (19-20 September 2011).

ACTIVITIES TO PREVENT AND CONTROL NON-COMMUNICABLE DISEASES IN SUB-SAHARAN AFRICA

CERVICAL CANCER PREVENTION AND CONTROL PROGRAMME IN ZAMBIA (CCPPZ)

In 2010, the IUHPE continued to support the CCPPZ initiative (led by the Center for Infectious Disease Research in Zambia-CIRZ), which contributes to the broader prevention of NCDs through community-level actions (establishment of a Wellness clinic, building capacity for cervical cancer prevention through training materials), and country-level actions (active contribution to World Cancer Day events and leveraging interest and growing support of the Zambian Ministry of Health, currently in the process of planning the elaboration of a National NCD plan). For more information on this initiative, please refer to page 44 of this report.

CONTRIBUTING TO MAKING ROADS SAFE AND REDUCING ROAD TRAFFIC ACCIDENTS IN UGANDA

In 2010, the IUHPE initiated support and active involvement in the surveillance and evaluation for the planning, implementation and follow-up of a Uganda Helmet Vaccine Initiative, based on the Global Helmet Vaccine Initiative Model (<http://www.helmetvaccine.org/>).

SUPPORTING THE CONSORTIUM FOR NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL IN SUB-SAHARAN AFRICA (CNCD-AFRICA) IN ITS WORK TO PREVENT AND CONTROL NCDs IN THE REGION

In order to respond to the emergence of NCDs in the sub-Saharan region, the IUHPE, in collaboration with the US Centers for Disease Control and Prevention (CDC) and the African Institute for Health and Development (AIHD), has facilitated a number of initiatives to address NCDs comprehensively and provide support for evidence collection and dissemination within the Sub-Saharan African region. These

efforts resulted in the establishment of the Consortium for Non-Communicable Disease Prevention and Control in sub-Saharan Africa (CNCD-Africa), which the IUHPE continues to support.

In 2010, CNCD-Africa concentrated on scaling up infrastructure and activities following its establishment in 2009 and official launch in 2010. CNCD-Africa activities include (among others):

- Providing a framework for dialogue on addressing NCDs in the Sub-Saharan African Region, ranging from health promotion to case management with CNCD-Africa.
- Coordination of the *Kenyan National NCD Stakeholders' forum*, launched in July 2010 after a workshop hosted by AIHD/CNCD-Africa in Kenya;
- Set up and dissemination of a weekly health news digests;
- Organization of regular *Kenyan National NCD Stakeholders' forum workshops* with the support from local partners, including the Health NGOs Network (HENNET), the African Population and Health Research Centre (APHRC), the Diabetes Care and Training Ltd., the Total Lifestyle Change (TLC) and Wanji's Foods;
- Future plans to incorporate in the above mentioned workshops an outdoors component, with mobile clinics for assessing body mass index, blood pressure, blood sugar levels and appropriate referrals are being discussed;
- Informing the ongoing development of national NCD policies, through close collaboration with the Division of Non-communicable Diseases (DNCD) in Kenya.
- Synergizing the on-going NCD prevention and control activities with a view to increasing the coherence, overall impact and visibility of actions undertaken in the region. To do so, CNCD-Africa has been focusing on alliance building, especially with the African Tobacco Control Alliance (ATCA), the Framework Convention Alliance (FCA), the African Field Epidemiology Network (AFENET), and the African Physical Activity Network (AFPAN).

■ Building a platform to support the development of comprehensive and to mobilize remultisectoral policies, standards, guidelines and protocols, and sources for addressing NCDs in the region. Under the leadership of CNCD-Africa, three resource documents are, or will soon be available:

- An African NCD Call to Action, developed following a meeting organized by AFENET in May 2010;
- A communiqué by the Kenyan National NCDs Stakeholders Forum with recommendations on policy, standards, guidelines, protocols, and resources mobilization; and
- A review of NCD policies in Africa (to be published in 2011).

■ Creating a forum for networking and partnership that builds on the capacities and expertise of members in the areas of health care, surveillance, policy, advocacy and implementation of NCD interventions and evaluation through alliances at the regional and local levels.

■ Identifying and defining the unique circumstances that drive the NCD burden in the region with a view to developing context-relevant strategies - How can NCDs benefit from HIV intervention and systems in Africa? Watch out for a 2011 publication!

■ Articulating regional issues at the global level, ensuring that NCD interventions in sub-Saharan Africa are highly visible, relevant, effective, efficient and sustainable. For instance, the contribution to the Diabetes Leadership Forum Africa (Johannesburg, Republic of South Africa - 30 September - 1 October 2010) highlighted the urgent need to address the rapidly growing burden of diabetes and other NCDs in sub-Saharan Africa and the developing world, and resulted in the *African diabetes leadership forum call for activism around non-communicable diseases*.

RESOURCES FOR ACTION

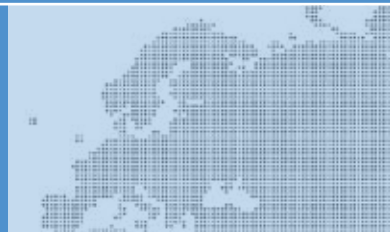
ORGANISATIONS:

- Consortium for Non-Communicable Disease Prevention and Control in sub-Saharan Africa (CNCD-Africa) - <http://www.aihdint.org/cncd/>
- African Institute for health and development (AIHD) - <http://www.aihdint.org/>
- Center for Infectious Disease Research in Zambia (CIRZ) - <http://www.cidrz.org/>
- African Physical Activity Network (AFPAN) - <http://www.essm.uct.ac.za/afpan/index.htm>

DOCUMENTS SUPPORTED BY THE IUHPE:

In addition to the above mentioned documents, the IUHPE has supported the production and dissemination of the following resources in the African Region in 2010:

- *Toronto Charter for Physical Activity : A Global Call for Action* – available in French, English, Portuguese and Arabic (<http://www.globalpa.org.uk/>)
- ***Promoting health in Schools: from Evidence to Action*** – available in English and Portuguese (<http://www.iuhpe.org/index.html?page=516&lang=en>) and soon in French and Arabic – watch out for it in 2011!



Ursel Broesskamp Stone, Vice-President for Europe (2009-2013)
Health Promotion Switzerland, Switzerland

GOVERNANCE

The IUHPE European region's work plan 2008-2010 covered 5 strategic areas: capacity building, communication, advocacy and partnership, monitoring and evaluation, and membership development. The work plan also addressed potentials for improvement of the functioning of the IUHPE in the European Region. A first successful change was the establishment of a Core Group of the European Regional Committee (in short "the Core Group") to give advice to, share labour with and contribute to decision making by the IUHPE Vice-President (VP) for Europe on an ongoing basis, as needed, in between the Regional Committee meetings. Each core group member fulfils a leadership role and is responsible for a particular work area or task, but is involving other Regional Committees or IUHPE members, where possible or needed. The Core Group became a valuable mechanism in the European Region, complementary to the Regional Committee and acting upon the Committee's decisions. The Core Group's roles, responsibilities and functions will be further elaborated in 2011.

« Our vision: healthy people in healthy societies on a healthy planet; our goal: to better the determinants of health and health equity world-wide; our challenge: to get many more actors from within and outside the Health Promotion community to commit to shared values and principles and join into effective health promoting actions»

20TH IUHPE WORLD CONFERENCE ON HEALTH, EQUITY AND SUSTAINABLE DEVELOPMENT

In 2010, a significant amount of the time and effort of the Vice-President and the Core Group went into the final work towards the 20th IUHPE World Conference on Health Promotion, held in July 2010 in Geneva, Switzerland. For the IUHPE and the local host it was a great challenge to prepare for this big event, in times of severe financial and economic crises and in light of an ambitious agenda aiming not only to discuss health, equity and sustainable development but also to "Walk the talk" and shape the event itself according to the conference theme. But the thorough conference evaluation shows that the conference was a success (further information on the Conference can be found at page 31 of this report).

An ad hoc Work Group led by David Pattison (Scotland) took care of some Europe-focused contributions to the IUHPE World Conference in Geneva: from a European reception to

facilitate networking among European and non-European participants, to demonstrating tools such as the HP-source data bank. In a spirit of division of labour, the Core Group and other Regional Committee members all contributed in one way or another to the advancement of the IUHPE Euro activities and projects (see for instance page 16 On the CompHP Project), as well as to the success of the 20th IUHPE World Conference on Health Promotion in Geneva.

COMMUNICATIONS AND MEMBERSHIP DEVELOPMENT

Under the leadership of the Regional Communications Coordinator Diane Levin (Israel), in 2010 E-newsletters have been periodically produced and distributed to the IUHPE members in Europe and a collaboration has been developed with the editorial group of in the IUHPE/NARO Region. A new graphic design for the IUHPE/Euro Region e-newsletter was recently developed and adopted, making it more attractive and enhancing the link with the IUHPE corporate identity.

The IUHPE European Region has now a page within the website of the IUHPE – an important step to facilitate the communication among European IUHPE members. Members have now an easy access to information, such as updated contact lists of Regional Committee and Core Group members, the work program of the Region, special projects and the e-newsletter. The HP Source.com database is also updated, and new collaborations are being explored in order to expand the scope of the database.

The IUHPE/EURO work is aimed at membership maintenance and development through the improvement of services to members.

The mid-term goal is to build up IUHPE membership also in regions which are underrepresented, such as Central, Eastern and Southern Europe, as well as the Mediterranean Rim. For this purpose, Christina Agrillo from the IUHPE CIPES European Centre joined the global IUHPE Membership Development Advisory Group (MDAC) for the European Region.

ADVOCACY AND PARTNERSHIP

EU strategies and policies have a central role in European health promotion and this is why advocacy at the EU level is crucial.

During the renewal of the composition of the European Health Policy Forum (EUHPF), the IUHPE was invited to re-apply for membership for the upcoming five years term (2010 - 2015). The IUHPE's application was accepted, and the organisation is now represented by two members (Stephan van den Broucke and Ursel Broesskamp Stone, Vice-President for Europe) at the EU Health Policy Forum meetings, joining forces with another important Health Promotion advocate, EuroHealthNet. The Forum meets twice per year. In 2010, it convened in May and October, and an Open Forum was held in June. The main items on the agenda of the EUHPF meetings were a) the follow-up on the implementation of the health strategy and the new EU2020 strategy; b) activities and future priorities of the European Centre for Disease Control (ECDC); c) the priorities of the Belgian and Hungarian EU Presidencies in the field of health; and d) the mid-term evaluation of the EU health strategy and the public health programme. The October forum focused, amongst other themes, on a new Healthy Ageing partnership initiative, a very relevant theme for health promotion. A draft work plan 2011 -2012 for the EU HPF was also discussed. Each meeting provides also an opportunity for updates on key policies and communications of the different Forum members, a moment where IUHPE Europe and EuroHealthNet can advocate for important issues and changes in favour of the health promotion approach. Overall, the dynamic and complex EU systems, processes and policies relevant for health promotion quite difficult to follow for many IUHPE Regional Committee members. Thus, the IUHPE/EURO role in facilitating the circulation of information between local and European levels, as well as its partnership with EuroHealthNet, acquire an even greater importance.

CAPACITY BUILDING

A competent workforce that has the necessary knowledge, skills and abilities in translating policy, theory and research into effective and sustainable action is recognised as being critical to the future growth and development of global health promotion. Health promotion is an evolving field in Europe with a diverse and growing workforce drawn from a range of disciplines, operating in a variety of settings and across a wide range of political, economic and social contexts.

Health promotion practitioners require specific education and training, together with ongoing professional development, to maintain the particular combination of knowledge and skills required to ensure quality in health promotion practice. In 2010, the European CompHP -Project led by Margaret Barry (Ireland) continued to produce important results on these issues, using a consensus-building approach. (For more information, see the dedicated section at page 16 of this report)

As a follow up of the EU "Be healthy-be yourself" conference on Youth Health, the IUHPE-CIPES European Centre organised a Youth Health Event in Torino in October 2010

(<http://www.cipespiemonte.it/food4mind.aspx#Presentation>), to offer young people an opportunity to have a real say about their health and to share their views with stakeholders from all over Europe. The main thematic areas were healthy food and sexual health. The event was organised in collaboration with the European Commission – DG Health and Consumers, the Municipality of Torino, the Italian Ministries of Youth and of Health, the European Youth Forum and the Terra Madre network. Also members of the IUHPE Student and Early Career Network (ISECN) participated in this event.

LIST OF THE MAIN COLLABORATIONS AND PARTNERSHIPS:

The IUHPE World Conference on Health Promotion held in Geneva in 2010, served as a catalyst for strengthening exchange, coordination and collaboration with many partners.

- WHO Geneva and the WHO Regional Office of Europe with the Regional Director of WHO/Euro, Dr. Zsuzsanna Jakab, who took office in January 2010 ;

- The International Network of Health Promotion Foundations (INHPF) www.hpfoundations.net around issues on sustainable financing and infrastructure building for Health Promotion in countries, and Advocacy for Health Promotion;
- European Public Health Association (EUPHA) with new exchange on the challenges related to Public Private Partnerships (PPP) in public health, starting with a joint session on PPP held at the IUHPE World Conference in Geneva 2010 and with follow up discussions at the EUPHA Annual Conference in November 2010;
- EuroHealthNet www.eurohealthnet.eu with continued exchange and coordinated advocacy for the integration of health promotion and disease prevention into EU policy and programmes and at the EU Health Policy Forum;
- A group of three partners that finance and host the IUHPE-CIPES European Centre in Turin, Italy: the Region of Piemonte, the Province of Turin and the Municipality of Turin. The Centre focuses on communication and Health Promotion development issues with a special attention to Central Eastern and Southern Europe, and particularly to the Mediterranean Rim;
- 22 project and collaborating partners of the European CompH Project (see page16);
- many of the partners involved in the IUHPE World Conference in Geneva (see www.iuhpeconference.net).

The current mandate of the IUHPE Vice-President (VP) for Europe will last until 2013.



Dora Cardaci, Vice-President, Latin American region (2007-2010)

Health and Education Research Unit Metropolitan Autonomous University, Mexico

Hiram Arroyo, Regional Director for Latin America

Department of Social Sciences, Graduate School of Public Health, University of Puerto Rico

From June 2007 to June 2010, the Latin American Region of the International Union for Health Promotion and Education (IUHPE/ORLA) organized its activities based on four sub-regions: **Andean Region** (coordinated by Edwin Peñaherrera), **Brazil** (Vera Goes Pereira Lima), the Southern Cone (Mario González) and **Mexico, Central America and the Spanish-speaking Caribbean** (Giselda Sanabria).

The Latin American and Spanish-speaking Caribbean Region Work Plan for the 2007- 2010 period was based on the "IUHPE Strategic Directions for 2007-2010" (available online at www.iuhpe.org). According to these guidelines and the specific needs of the countries in the region, four working areas were established: 1) Scientific activities; 2) Education, training and capacity building; 3) Communications; 4) and Membership Development.

SCIENTIFIC ACTIVITIES

One of the most important pillars of the work carried out by IUHPE/ORLA, is related to the substitution of the expression 'health education' by 'health promotion' and the fact that it was not solely a simple change of words. The aim was to assure that the actions taken were aimed at the transformation of not only individual conducts, but rather the contexts in which they occur. In other words, IUHPE/ORLA sought to contribute by transforming the socio-cultural, political, economic, ethnic and gender determinants in situations involving health risks.

From this reference framework, one of IUHPE/ORLA central priorities has been to carry out scientific activities aimed at the development and transfer of knowledge, and practices that contribute to advance the field of health promotion. Taking into account that a large segment of the IUHPE/ORLA membership is made up of academics working in public universities, the generation of new knowledge has been shaped by way of advice provided to investigation groups working in academic institutions and non-governmental organizations, alongside the definition and development of inter-country research projects. A few examples:

- **A multinational study** to analyse the health promotion and education courses of selected Nursing, Dentistry and Medicine curricula is in progress. Scholars from Costa Rica, Colombia, Cuba, Mexico and Puerto Rico take part in this project.

- In 2008 - 2009, *IUHPE/ORLA Brazil's* sub-region and the Municipal Health Secretariat in the city of Rio de Janeiro developed a study with the purpose of evaluating the effectiveness of health promotion in the program '**Increasing the Value of Fatherhood**'. The final results of this study were submitted to the more than one hundred institutions participating in the programme.

- *ORLA Mexico, Central America and Spanish-Speaking Caribbean sub region*, collaborated with the Cuban Ministry of Public Health in the design and application of a **Regional Survey on Healthy Municipalities and Communities**, as well as in the elaboration of the final report.

- *ORLA's Andean sub-region* collaborated in the design and development of the project **Healthy Universities**. The project is going through the stage of searching financial resources. This sub-regional Office also acted as consultant in a project to establish the *Peruvian Network of Healthy Universities*.

- The four IUHPE/ORLA's sub-regions provided **advice** on research activities on health promotion and health education for several institutions as: *the National Commission for Health Promotion of the Health Ministry in Peru, the School of Public Health; the University of Costa Rica, the University of the Republic, Uruguay; the National School of Public Health Sergio Arouca, Brazil; the Autonomous University of Mexico City, Mexico.*

REGIONAL AND SUB REGIONAL CONFERENCES

The dissemination, analysis and transfer of knowledge and more advanced practices in health promotion was gained through numerous seminars, workshops and conferences organized, or co-sponsored, by ORLA:

- **II Brazilian Seminar on the Effectiveness of Health Promotion**, Rio de Janeiro, May 2008 (<http://www.abrasco.org.br>). The Third *Brazilian Seminar on the Effectiveness of Health Promotion* will take place in 2011.

- VI Regional Workshop on Health Promotion and Health Education in Schools, Cuba, 2008.
- Citizen participation and public policies to improve social health determinants. International Health Promotion Conference, Hermosillo City, México, March 2009. More than 400 people attended this conference and 350 papers were submitted
- Fourth Latin American Conference on Health Promotion and Health Education, Medellín, Colombia, November 2009. As a final product of this activity, a political statement: The Medellín Declaration, was approved. This document and the main papers presented can be consulted at: <http://fnsp.udea.edu.co/fnsp/Conferencia>

IUHPE/ORLA was represented at, organized panels, workshops and/or presentation of papers or co-sponsored several seminars and congresses, among which are, the following most recentones:

- *IV International Congress of Health Promoting Universities*, Pamplona, Navarra, Spain, October 2009
- *VIII Brazilian Congress on Collective Health* organized by the Brazilian Association of Graduates on Collective Health (ABRASCO) in Recife, Brazil, October, 2009
- *Inter-institutional Forum on Health Research* organized by the Universidad Veracruzana, Mexico, September 2009
- VIII Assembly of the Latin American Consortium of Training Institutions in Health Promotion and Health Education (CIUEPES). Sponsors: IUHPE/ORLA and CIUEPES, Medellín, Colombia, November 2009.
- International Conference on Health Promotion, Caguas, Puerto Rico, 23-25, February 2010.
- International Conference on Global Health, National Institute of Public Health, Cuernavaca, México, April 2010.

PUBLICATIONS

The **Second Brazilian Seminar on the Effectiveness of Health Promotion**, held in Río de Janeiro, Brazil, in 2008, provided continuity and visibility to investigation work on successful experiences in Health Promotion in the sub-region. The best papers presented in that occasion were published in the scientific journal: *Review on Professional Education*. IUHPE/ORLA co-sponsored the publication of the book: *Health*

Promotion and Capacity Building - Models and Experiences from Latin America", which appeared in June 2010.

CAPACITY BUILDING

Through the program of activities for 2007-2010, linked to the IUHPE Strategic Directions, IUHPE ORLA aimed to achieve high levels of capacity in individuals, organizations and Latin American countries involved in Health Promotion activities. Over twenty pre and post graduate courses, seminars and workshops organized or co-sponsored by the IUHPE ORLA were held throughout the region during the period 2007-2010, among which are the following most recentones:

- Quarterly Seminar of the Brazilian sub regional group: *"Studying the evaluation of effectiveness in health promotion"*, Brazil, 2007-2010.
- Workshop: *How to Write an Article for Publication* at seminars, meetings and conferences held in different countries and academic institutions.
- *Health Promotion Postgraduate Integrated Program* at the School of Public Health, Peruvian University Cayetano Heredia, Lima, Peru.
- *Latin American Workshop on Health Promotion Effectiveness*, CEDETES, Cali, Colombia, May 26-29, 2009.
- *International Course on Health Promotion*, ORLA Andean Sub Region and EsSalud, Lima, Peru, June 2009.
- *First International Diploma Course in Health Promotion*, Autonomous University of Mexico City. Mexico, 2009.
- *Summer Course on the Evaluation of Effectiveness of Health Promotion Programs*, National Institute of Public Health (INSP), Mexico, August 2009.
- *Diploma Training Program on Health Promotion*, National University of Cajamarca, Peru, July 2009.
- Course: *Hegemonic Medicine and Health Promotion*, Metropolitan Autonomous University, Xochimilco campus, Mexico, 2010.
- *First Seminar on Cardiovascular Health Promotion* sponsored by ORLA's South Cone sub-region, the School of Medicine of the University of the Republic and the National Commission for Cardiovascular Health, November 2009 to May 2010, Montevideo, Uruguay.

Members of the IUHPE/ORLA residing in four sub-regions were advisors, and/or participated in pre and post degree programs in various countries. Among them are the master degree in Health Promotion of the University Peruana Cayetano Heredia, the bachelor and master degrees in Health Education of the University of Puerto Rico, the master degree in Health Promotion and Health Education of the University of Havana, Cuba, and the Bachelor degree in Health Promotion of the University of Mexico City.

Taking into account the large size of the Latin-American region, the distances between the countries and the scarce resources dedicated to Health Promotion, the work carried out by CEDETES of Cali, Colombia, and other institutions (through on-line courses) has been of great importance and highly successful.

COMMUNICATION

New mechanisms were created to increase the dissemination of the activities of the IUHPE and, in particular, those of the Latin American region.

As part of the communications strategies included in the Latin American and Spanish-speaking Caribbean Region Work Plan for the 2007- 2010 period, an **E-newsletter** has been designed and distributed in the region. This material was also sent through the newsletter in Portuguese produced by the Brazilian sub-region, and in the publications of other organizations such as the Spanish Association of Health Educators.

Since 2008 IUHPE/ORLA has a dedicated page on IUHPE's **website**. In this page there are documents in Spanish, Portuguese and English; a regional bulletin and one from the sub-region of Brazil, news and links to journals and organizations that work in the field of public health, social medicine and health promotion.

A way to communicate and stimulate the best experiences in health promotion and education was by granting **awards** to successful projects developed in Latin America. Thus, since 2003 the *Argentinean Committee for the Population's Health Education* (CAESPO)—organization that withholds more than 50 NGO's and is part of ORLA's Regional Committee—has established the **Haydeé de Luca Contest**. Through this contest, the best Latin American articles, experiences and projects are awarded. The 2009 and 2010 themes were: *Determinants of Health: Successful Experiences in Health Promotion and Education*.

Another way to communicate and make our activities known and increase the membership in the region was by placing IUHPE's booths in congresses held in various countries. The Health Promotion Conference which took place in Hermosillo, Mexico in March 2009 and the IV IUHPE Latin American Conference on Health Promotion and Health Education were excellent opportunities to provide information about IUHPE. During both

conferences, people and institutions interested in IUHPE could find a dedicated booth, where they could receive information and leaflets on the organisation and its activities, as well as on how to become a member.

MEMBERSHIP

This is probably the only area in which success was limited.

The Health Promotion Directorate of Mexico joined IUHPE/ORLA in 2009 as a Trustee member. However, the economic crisis led to the loss of two national scope members. Moreover, the number of IUHPE ORLA affiliated students increased but not significantly.

Nevertheless, the IV Latin American Conference for Health Promotion was an excellent opportunity to increase both the regional and individual membership.

Moreover, since 2007 presentations to introduce, and raise awareness about, IUHPE and ORLA took place in several institutions. IUHPE/ORLA's membership is therefore expected to keep increasing and the integration of the Regional Director in the *IUHPE Membership Development Advisory Committee* will contribute to that purpose.



Marco Akerman, Vice-President, Latin American Region (2010-2013)
Faculdade de Medicina do ABC, Brazil

Hiram V Arroyo Acevedo, Giselda Sanabria, Blanca Patricia Mantilla Uribe, Mario González Sobera, Vera Lima
Executive Committee

Much has been made in Latin America to bring ethical, political and instrumental ideals of the health promotion on the agenda of universities, governments and grass-root movements. IUHPE/ORLA always aimed to influence changes in the education of health professionals and other areas, advocating healthy public policies aimed at genuine social health needs of people and at the social determinants of inequalities. We have not always been successful, and this requires successive course corrections and dogged persistence. In order to achieve such aims it is always necessary to maintain continuous dialogues, various forms of meetings, ongoing critical reflection and possible measures best suited to deal with all the problems we face. In this sense the new vice-president is proposing the following agenda until 2013.

In relation to membership

Implement the Generation Project 2013, aimed at recruiting new members to the organization;

Develop a policy to increase membership through the adjustment of registration fees for IUHPE regional and sub-regional events.

In relation to projects

Identify priority policy issues and a conceptual and methodological framework to initiate technical projects;

Develop specific projects with members of the IUHPE/ORLA ;

Support the distribution of the technical book on Human Resource Development in Health Promotion, which resulted from the collaboration between the CIUEPS, PAHO and the IUHPE-ORLA;

Develop a three-year schedule of activities aimed at commemorating the 25th anniversary of the establishment of the IUHPE-ORLA Regional Office (1988 - 2013).

Complete and publish the document compiled on the historical and institutional development of the IUHPE-ORLA.

In relation to regional conferences

Objectives already achieved:

Assess priority proposals to host the 5th Regional Conference of the IUHPE-ORLA in 2012 (already decided Mexico City);

Support the holding of the Andean-ORLA IUHPE Conference, 24-26 November 2010, in Bucaramanga, Colombia.

Support the implementation of the Third Brazilian Seminar on Evaluation of Effectiveness of Health Promotion. 22-25 May 2011. Rio de Janeiro, Brazil

To be achieved:

Organizing the 5th Regional Conference of the IUHPE/ORLA 2012 in Mexico;

Co-sponsor the 5th International Congress on Health Promoting Universities (27- 30 September 2011, in San José, Costa Rica).

In relation to communication

1. Continue the publication of the IUHPE-ORLA Newsletter;
2. Update information and links in ORLA section of the global portal of the IUHPE;
3. Update the IUHPE-ORLA members e-mail directory.

In relation to networking

Expand partnerships and joint work with the following organizations: American Consortium of Universities and Training of Personnel in Health Education and Health Promotion (CIUEPS), Latin American Network of Health Promoting Universities (RIUPS), Regional Advisory Group on School Health Promotion; WHO Collaborating Centers in the Field of Health Promotion and Health Education, etc.



07 / REGIONAL ACTIVITIES – NORTH AMERICA (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 D.C., United- States

Elaine Auld, Regional Co-Director for the NARO/IUHPE

Society for Public Health Education (SOPHE), Washington, USA

Fran Perkins, Regional Co-Director for North America

Centre for Health Promotion University of Toronto, Canada

“The aim of NARO is to create an active presence, leadership and initiatives for health promotion and health education in the IUHPE North American Region.”

2007-2010 MANDATE

The three year term was very active.

- Membership had increased significantly due to the recruitment at the *2007 in Vancouver. The challenge is to retain membership in the long term.
- Regional Committee members are actively engaged in the quarterly electronic meetings and partnerships with other organizations have increased.
- In 2010 IUHPE/NARO was particularly pleased to be able to act on a request from members of the International Student and Young Professional Network [ISECN] for representation on the NARO Regional Committee.
- The UN representatives continue to represent well IUHPE-NARO, advocating for health promotion issues such as Road Traffic Safety.
- IUHPE/NARO communications strategy has been strengthened with the help of the Vice President for communications and an intern supervised by the SOPHE/NARO office. In December 2010, “NARO Navigator”, a monthly electronic news alert, was launched as a new service to all members. Navigator includes regional/international news, funding & conference announcements, and other timely and important news.

Perkins remains Co-Director for Canada and French Speaking Caribbean to provide helpful insight and continuity. IUHPE/NARO continues to hold regular teleconferences, and the regional Committee has been strengthened by the addition of many new members. Membership changes of special interest are Desmalee Holden Nevins of Jamaica, who becomes a Caribbean member at large; and Hope Corbin a global member who has agreed to be NARO liaison with the International Student and Young Professional Network [ISECN]. Bojana Beric and Keiko Sakagami as well as being Vice-Presidents for Communications and Advocacy do double duty as NARO representatives at the UN.

COMMUNICATIONS

LONG-TERM OBJECTIVES

- Identify and establish strategic multi-media communications strategies with members and partner organizations;
- Expand the multilingual and cultural components of regional and sub-regional communications with members.

* 19th IUHPE World Conference on Health Promotion in

CAPACITY-BUILDING AND INFRASTRUCTURE

2010 was a year of transition and growth for IUHPE.

NARO transferred administration of the USA office from the University of North Texas to SOPHE in Washington, DC. Elaine Auld was appointed by the NARO region to assume the position of Regional Co-Director for the NARO/IUHPE [USA] Fran

ACCOMPLISHMENTS

- NARO presence on the IUHPE global website was updated and expanded.
- A listserv for the region was established
- NARO quarterly 8+ page newsletter was published electronically and shared with members and organizational partners via email. SOPHE, PAHO and other partners shared information from the newsletter in their newsletters and on their listservs.
- IUHPE NARO's capabilities for timely electronic communication with its members were expanded, complementing regional specific capabilities to be offered through IUHPE's newly updated/expanded website, including relevant updates from regional officers, job opportunities, short-term consultation opportunities, international conferences and scientific meetings. Of special note is a new e-news alert (NARO Navigator), disseminated once a month to all NARO members to keep them informed of timely developments of the region and around the globe.
- Strategic multi-media communications strategies were established with members and partner organizations, including the Coalition of National Health Education Organizations.
- NARO contributed to global revisions and feedback on the IUHPE Strategy on Communications.

CONFERENCES AND WORKSHOPS

In line with the long-term objectives it has defined in this area, IUHPE-NARO obtained the following accomplishments:

- NARO organized region-specific sessions throughout the IUHPE 2010 World Conference in Geneva;
- NARO co-sponsored workshops and panel presentations during the SOPHE's mid-year and annual conferences and during the conferences of the Canadian Public Health Association. Continuing education credits were provided as incentives, as well as continuing education contact hours for certified health education specialists who attended the IUHPE World Conference.
- NARO contributed suggestions for participants and topics for the WHO Global Health Promotion Conference in Nairobi in October 2009

NARO CONTRIBUTION TO THE GLOBAL PROGRAM ON HEALTH PROMOTION EFFECTIVENESS (GPHPE)

In line with its long term objective to make a unique contribution to the Global Project on Health Promotion Effectiveness (GPHPE) NARO made the following accomplishments:

- Contributed to developing, field testing and refining template for documentation of experiences that was launched during the IUHPE 2010 World Conference.
- Contributed to promoting county and local documentation of health promotion experiences, through workshops on the documentation template held in the SOPHE annual meeting and in a PAHO workshop in the English-speaking Caribbean.
- Promoted collaboration of North American partners (such as with PAHO/WHO Collaborating Centers but also others in the NARO network).
- Linked with the ORLA GPHPE initiative and agreed to exchange/publish newsletter updates/info.
- Collected and developed a resource directory related to effective global health promotion programs. This directory is similar to the National Registry for Evidence-Based Programs and Practices (NREPP), but with a less extent of involvement.
- Supported the work of the North American Effectiveness Project (NAEP).

MARKETING, FUNDRAISING, AND MEMBERSHIP DEVELOPMENT

LONG-TERM OBJECTIVES

- Increase individual membership within the region by 15% per year for the next three years;
- Increase institutional membership within the region by 5% per year for the next three years;
- Increase trustee membership by one trustee each year for the next three years ;
- 10 % increase in student members;
- Increase regional fund raising for administration and operations.

ACCOMPLISHMENTS

- NARO promoted membership through conferences and technical meetings, as well as via electronic listserves (i.e. Healthy Municipalities and Communities, Health Promoting Schools, etc.).
- Highlighted incentives to promote greater membership involvement, especially on behalf of institutions and people in the Caribbean.
- NARO worked with the Global Vice-Presidents to provide leadership on specific strategies that promoted marketing, fundraising and membership development.
- Larry Olsen participated, as NARO member, in the Global IUHPE Membership Development Advisory Committee
- 6 NARO members were recruited to advise NARO representation on IUHPE committee.
- An online membership survey was developed and implemented in late 2009 to assess IUHPE NARO member priorities. This showed that the majority of IUHPE / NARO members are from academia but also provided valuable insights on members' needs and interests.
- A membership committee was activated to work within the region to accomplish the membership goals.
- Retention of membership has been a huge challenge. A pattern has emerged where membership goes up at the time of the World Conference when incentives are provided for reduced fees for members to attend. These members tend to drop off in the years following the conference and presently NARO membership has been reduced.

SCIENTIFIC AND TECHNICAL DEVELOPMENT

LONG-TERM OBJECTIVES

- Track progress on IUHPE resolutions and address gaps through specific activities;
- Contribute to the development of action activities of the various global Vice-Presidents;
- Contribute to the development of the scientific agenda and proposed speakers in the next IUHPE World Conference;
- Safety Youth Activity and IUHPE, through the IUHPE/ CDC Cooperative Agreement. Sponsor/develop joint venture between Global Road

- Safety Youth Activity and IUHPE, through CDC funding. Accomplishments
The William Kane Health Equity Fellowship program was started-up through fund raising, selection protocol, and supporting infrastructure at NARO. The fund, in honor of NARO and IUHPE member Dr. Bill Kane, will provide funding to aspiring young scholars to attend conferences and symposia and contribute scholarly work related to reducing health disparities and promoting health equity.
- Technical assistance was provided to low and middle-income countries engaged in traffic injury prevention.
- UN activities and resolutions were supported and private-sector funding for Global Road Safety was sought.
- NARO also supported the development, refinement and comments on the Domains of Core Competencies on Health Promotion and the Galway Consensus Statement, and subsequent dissemination as published in both IUHPE and SOPHE journals.

ADVOCACY

LONG TERM OBJECTIVES

- Develop an advocacy network of key organizations in each of the NARO sub-regions;
- Establish priority advocacy goal topics linked to IUHPE topics as well as unique regional topics ;
- Sustain official IUHPE United Nations accreditation as a liaison organization via the NARO UN liaison team.

ACCOMPLISHMENTS

- The official IUHPE relations with the United Nations were sustained through the IUHPE/NARO UN Liaison Team. The contributions of Flora Bloom and Kathleen Schmalz, who represented IUHPE to the UN for some 20 years, were celebrated. New representatives, Bojana Beric and Keiko Sakagami, were recruited and are working on revising fact sheets for the Working Group on Women and Girls.
- NARO developed a working group to support the launching of the report of the Commission on the Social Determinants of Health, looking at the role of Canada, the Caribbean, the US and PAHO.
- The visibility of IUHPE/NARO was increased by 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

- NARO coordinated advocacy with US-based offices of international organizations, NGOs and agencies (e.g. Make Roads safe (DC and UK), UNICEF (NY and Geneva, USAID).
- NARO also contributed comments and feedback on the development of a new Code of Ethics for the Health Education Profession, as drafted by the Coalition of National Health Education Organizations. The code was ratified in 2011.

MAIN COLLABORATIONS AND PARTNERSHIPS:

PAHO/WHO Collaborating Centers
 UNITED NATIONS
 Canadian Public Health Association, Canada
 CoPEH-Canada, Montreal, QC
 Society for Public Health Education and its chapters
 Coalition of National Health Education Organizations
 American Association for Health Education
 American Public Health Association
 Association of Schools of Public Health
 Council of Accredited MPH Programs in Public Health
 Centers for Disease Control and Prevention
 University of Kansas, Community Tool Box

HOSTING IUHPE BOARD MEETING IN NEW YORK

Of the NARO is supporting the holding of the IUHPE Board of Trustees Meeting in New York, June 6-8 2011 and is working with John Allegrante to finalize arrangements, including hosting of socials and arranging tours. Of special note also is the planning of a continuing education session for NARO members in conjunction with the meeting. The purposes of the session are to:

a) Increase knowledge of professionals in public health, health education, and health promotion regarding global health promotion issues; b) Increase visibility, awareness and potential membership in IUHPE by professionals in public health, health education, and health promotion in the NYC area; c) Showcase IUHPE's role and the expertise of its board members in global health promotion; d) Provide a forum for NARO members exchange and stimulate interest in getting involved or volunteering with NARO.

Target Audience(s) include:

NARO members residing in NY, NJ, Pennsylvania, Delaware, Washington, DC and other contiguous areas/districts

APHA members and NY affiliate as well as other affiliates in contiguous states

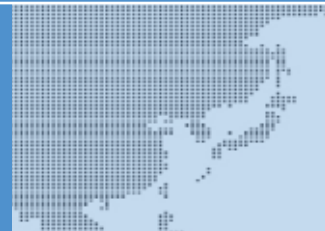
SOPHE members and chapter members in NY and contiguous states

Faculty, students interested in global health at schools/programs in public health and health education

Other professionals/disciplines depending on exact topic areas

VISION FOR 2010-2013.

- The main aim for NARO in the next term is to strive for sustainability and growth, and to engage more NARO members in the work of the organization.
- NARO has started to engage and increase communication with its members. With the help of an intern and IUHPE VP for communications NARO will continue its successful e-news bulletins and newsletters.
- A membership survey showed the majority of NARO members are from Academia and during this term the aim will be to develop a network for Health Promotion between colleges and universities.
- IUHPE/NARO will also continue to work towards building stronger ties with the Caribbean and South America.
- The regional office will also continue to strengthen its administrative base and increase funding options.
- NARO will work towards responding to the priorities identified through the membership survey. This will include
 - sharing best practices through an online Toolbox;
 - Supporting IUHPE/NARO resolutions; and
 - conducting advocacy activities.
- Members also wish to participate in virtual meetings or discussions about IUHPE/NARO issues or global events (e.g. webinars) providing CE credits. NARO would like to explore becoming a regular source of Continuation Education (CE) credits by working with Global Health Promotion and other distance self-study options.
- NARO will host the 2011 Board meeting in New York and will sponsor a continuing education program at Columbia University that will highlight the work of the IUHPE Global Working Groups and other topics.



Toshitaka Nakahara, Vice-President for the Northern Part of the Western Pacific (2007-2010)
School of Medicine, Kyoto University, Japan

REGIONAL COMMITTEE

The main purpose of the regional committee is to develop membership and communications around IUHPE activities in the region.

IUHPE/NPWP regional committee has a long history, but it lived a new momentum with the decision of organizing the first Asia Pacific Health Promotion and Education Conference (APHPE) in 2009. The event, which was chaired by Professor Takashi Muto and attended by over 1000 experts, exhibitors and volunteers from 27 countries, marked an important milestone for IUHPE activities in the region.

In 2010, the organisers worked at a publication to collect all the papers presented in the 1st APHPE Conference: Takashi Muto, Toshitaka Nakahara, Eun Woo Nam ed : "Asian Perspectives and Evidence on Health Promotion and Education"; Springer, 2011

After the conference, the Regional Committee held meetings in Geneva at the 20th IUHPE World Conference on Health Promotion in 2010. In that occasion, the preparation of a 2nd Asia Pacific Health Promotion and Education Conference (APHPE) has started. The future orientations and actions of the IUHPE/NPWP was also discussed.

UNIQUENESS OF THE IUHPE/NPWP REGION AND DEVELOPMENT OF HEALTH PROMOTION ACTIVITIES

IUHPE/NPWP region consists of Korea, China (Mainland, Hong Kong, Macau and Taiwan), Singapore, Mongolia and Japan. The main challenges, in the NPWP region, are the local differences, as well as the variety of languages used.

The health promotion activities in this area are mainly performed by Governments, but NGOs, professional societies and the private sector are also active in this field.

The IUHPE/NPWP Regional Committee has decided to concentrate its efforts and to take a leading position in scientific research and in the support to the civil society. Indeed, local NGOs present a great potential and, with the IUHPE/NPWP assistance, they could evolve rapidly and provide an important added value to the development of health promotion in the countries of the Region.

LIAISON OFFICES AND FUTURE NETWORKING PERSPECTIVES


Given the great diversity within the region, and in order to work more effectively at the local level, the IUHPE/NPWP Regional Committee has established liaison offices in various countries.

"In my six-year term (2004-2010), I aimed at the development of the internal organizational structure and assemblies of IUHPE/NPWP, at the launch of the Asia-Pacific Conference on Health Promotion and Education (APHPE), and at the development of health promotion activities in the countries and areas of IUHPE/NPWP"

The **Liaison Office in Japan** is the core of the local IUHPE/NPWP activity in the country. It was established in 2008 and it is headed by Professor Kanako Okada and Professor Hiroshi Fukuda. The office is responsible for the public relations around the activities in the region, and the dissemination of information about IUHPE global and regional activities to related academic societies.

Most of the liaison office members are members of the Japanese Society of Health Education and Promotion (JSHEP).

The **Liaison Office of Korea** was developed in 2008 under the supervision of Professor Eun Woo Nam (elected BoT member), and is now headed by Professor Seung-duk Ko and Professor Heui Sug Jo. Most of the liaison office members are members of the Korean Society of Health Education and Promotion (KSHEP). The liaison office is expected to work with KSHEP and other Korean academic societies. Prof. Eun Woo Nam has been seconded for a year to WHO-WPRO, as technical expert in health promotion and is networking between WHO-WPRO, and the IUHPE/NPWP.



In **Hong Kong**, the core of the local NPWP/IUHPE activity is the **Pearl River Region office**. It was established in 2002 under the leadership of Professor Albert Lee (elected BoT member), to develop activities within Hong Kong, Macau and the surrounding area. The office has organized several different conferences and meetings. Professor Sophia Chan (elected BoT member) has also been very active in Hong Kong, particularly around nursing and tobacco issues.

- Prof. Albert Lee with his colleague organized a structured training program for school health professionals in Macau to deliver effective school based health promotion

In **Mainland China**, a liaison office has not yet been established. For a long time, Prof. Hua Fu has been working to develop health promoting activities in Shanghai and other areas in China. It is worth mentioning that, at the 20th IUHPE World Conference on Health Promotion, one special session was held in Chinese language, as Mainland China members correspond now to 46.1 % of IUHPE-NPWP active members (March 2011). The establishment of a new liaison office could be a meaningful option to increase IUHPE activities in Mainland China.

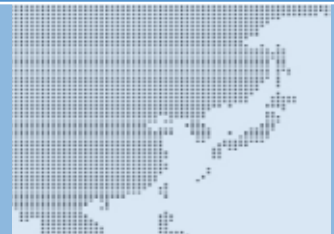
In **Taiwan**, the liaison office has not yet been established. For a long time, Prof. Song-yuen Huang has been working as a key person to connect IUHPE-NPWP and Taiwan academics. Currently, Prof. Ya-wen Huang is helping in the development and holding of a 2nd Asia-Pacific Conference on Health Promotion in 2012.

In Mongolia, a liaison office has not yet been established. A meeting to discuss the development of health promotion in Mongolia was held on the 22nd February 2010 in Ulaanbaatar, Mongolia, with the participation of WHO-WPRO and other international organizations, the Mongolian Government and NPWP Regional Committee. The IUHPE NPWP Regional Committee has decided to take a leading position in scientific research and in the support to the civil society active in health promotion in this country.



07 / REGIONAL ACTIVITIES PERSPECTIVES 2010-2013

NORTHERN PART OF THE WESTERN PACIFIC (IUHPE NPWP)



Masaki Moriyama, Vice-President for the Northern Part of the Western Pacific (2010-2013)

School of Medicine, Fukuoka University, Japan

Kanako Okada, Regional Director (2010-2013) for the Northern Part of the Western Pacific

Faculty of Education, Chiba University, Japan

“The challenge of Northern Part of Western Pacific region (NPWP) is the diversity of languages and cultures. In order to transform the diversity from a barrier into an opportunity, having regional conferences and establishing liaison offices are critical.”

TRAGEDIES INTO OPPORTUNITIES

On March 11, 2011, the tragedy of Tsunami, earthquake and nuclear crisis heavily hit the northern part of Japan. During these dramatic events, many lives were lost, and daily life and public health infrastructures were destroyed completely. This ongoing tragedy and crisis confirmed repeatedly the importance of health promotion in local settings, as well as in international settings. We need to respond as the situation dictates, and surely many changes and challenges will have to be overcome.

HOW TO OVERCOME LANGUAGE BARRIER

An additional challenge of the Northern Part of the Western Pacific Region (NPWP) is the diversity of languages and cultures. The major languages are Chinese, Japanese and Korean and it is natural for participants to think in and use their mother tongue.

The language barrier within the IUHPE/NPWP is influencing NPWP individuals and organizations' willingness to join IUHPE, because most of IUHPE publications are available only in the three official languages (English, French and Spanish) of the Organisation. On the other hand, health promotion and education need to be culturally and socially sensitive, and to communicate and investigate on health promotion and education fully reflecting cultural and social identities of the NPWP.

Therefore, in order to increase local activities and membership development in all NPWP countries, it is important to establish some local autonomy in using local languages. Finding effective ways to overcome the language barrier will therefore be an important task for each liaison office during the 2010-2013 mandate.

NETWORKING THROUGH CONFERENCES

Taiwan was selected as the host country for the next Asia-Pacific Conference on Health Promotion (APHPE). In February 2011, Prof. Moriyama visited Taipei and conducted consultations with Prof. Ya-wen Huang regarding the preparation procedure. It is still being discussed whether the conference will take place in Tainan or Taipei district.



Donald Stewart, Vice-President for South West Pacific (2010-2013)
Dr Neil Harris, Regional Director
School of Public Health, Griffith University, Queensland

First established in the mid 1990s, the Region South West Pacific has been acting across more than 30 countries on the rim of, and within, the South Pacific Ocean. The Region includes the many small island nations within the South Pacific, although currently most members in the region are residents of Australia and New Zealand. The elections held in 2010 provided the following members of the Regional Committee: Rosmarie Erben, Donald Stewart, Neil Harris, Peter Howat, David Maclaren, Louise Rowling, Trevor Shilton, James Smith, Jan Ritchie, Vivian Lin, Michael Sparks, Lawrence St Leger, Anne Bunde-Birouste, and June Redman. The Committee meets by teleconference quarterly, as well as at an annual face-to-face Regional General Assembly. In 2010, the annual General Assembly was held in Melbourne in conjunction with the National Conference of the Australian Health Promotion Association (AHPA).

All IUHPE initiatives for action within the Region are discussed and determined by the Committee. The work of the Region is organised around different topics and activities

ACTIVITIES AND PROJECTS

IUHPE STUDENT AND EARLY CAREER NETWORK

The Region has been deeply involved from the start with the ISECN, which was established at the IUHPE Vancouver Conference in June 2007. James Smith continued to implement core actions included in the SWP Regional Student and Early Career Workplan throughout 2010. This has included participation in Global IUHPE Student and Early Career Network meetings, a lead role in organising and chairing an interactive symposium for the IUHPE World Conference on Health Promotion in Geneva entitled 'What can health promotion learn from other social movements?', and input into a discussion forum about the student and early career network. In addition, Elisha Riggs has been engaged in a Health Promotion & Ethics Working Group from a regional perspective. Tania Hanzar has been appointed as a regional editor for Views on Health Promotion Online (VHPO). An abstract was also submitted for presentation at the 2011 Australian Health Promotion Association National Conference in Cairns.

"This has been a year when we have reached out in partnership across the Pacific to strengthen health promotion and education, to identify challenges and build capacity to help promote health and well-being across the Region."

Chaired by Dr Rosmarie Erben, the **Regional Working Group on Action on Indigenous Resolutions** has supported publications in Indigenous health promotion and this is now reflected on the Region's web page ('*Success stories: Environmental, social, emotional & spiritual health of Aboriginal and Torres Strait Islanders*' Report of the Indigenous Health Workshop at Population Health Congress, 2008, http://www.iuhpe.org/uploaded/Regions/swp/IndigenousHealth-Workshop_SuccessStories.pdf). A number of members in the Region are in the process of contributing to the second monograph on the effectiveness of health promotion with their chapter dealing with Indigenous Health issues.

The Working Group collaborated with stakeholders and Conference organizers to ensure that Aboriginal health was a key part of the 20th IUHPE World Conference on Health Promotion in Geneva. Four Indigenous Health Promotion Success Stories workshops were held on the four days of the Conference. The abstract had been submitted on behalf of the International Network of Indigenous Health Promotion Professionals (INIHP), in which regional working group members play key roles.

A highlight for 22 Indigenous participants during the Conference was a meeting at WHO/HQ with 6 staff members from the Department of Ethics, Equity, Trade and Human Rights, which is

of the regional working group and was chaired by the Head of the Department, Dr Ruediger Krech. As there was an agreement that good practice in Indigenous health promotion should be disseminated by WHO, the members of INIHHP and the regional working group will make efforts to provide examples with an underlying conceptual framework which emphasizes principles of good practice.

WWW VIRTUAL LIBRARY: PUBLIC HEALTH

The Regional 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 role as the former Regional Director, 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

(<http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/www-vvlp>).



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.

PROMOTING LOCAL AND INTERNATIONAL PARTNERSHIPS

The SWP Region was an integral part of the 2010 AHPA National Conference in Melbourne, Australia, when it also held its annual face-to-face meeting. The Regional members also contributed significantly to the 20th IUHPE World Conference on Health Promotion, in Geneva in July, 2010.

Professor Vivian Lin has contributed extensively to WHO Western Pacific Regional Office's (WPRO) health promotion leadership training and capacity building program, Prolead. SWP members are active in training or mentoring roles with participants in this and other Regional programmes and the Region offers its support to WPRO.

Joining Committee Members in debating ideas and making regional decisions through the first half of 2010 were regionally based Global Officers – Anne Bunde-Birouste (Global Vice-President for Advocacy), Vivian Lin (Global Vice-President for Scientific and Technical Development), Michael Sparks (Global Vice-President for Strategy and Governance), and Lawry St Leger and Marilyn Wise both globally elected Board of Trustee Members from this region. The outcome of the elections in 2010 means that the Region is still well represented on the Global Board of Trustees, with Michael Sparks elected as Global President, Trevor Shilton as Global Vice-President for Advocacy, Vivian Lin continuing her role as Global Vice-President for Scientific Affairs, and Lawrence St Leger and Anne Bunde-Birouste continuing as globally elected Board of Trustees members.



HEADQUARTES CORNER & FINANCE & INTERNAL CONTROL



08 – HEADQUARTES CORNER

The IUHPE Headquarters team

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 addition to **coordination** and **administration**, including infrastructure and budget management, the HQ is central to provide and manage **membership and member services**.

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, its role is also central in IUHPE **conferences** planning and holding and in 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 coordination**.

Executive Director:

Marie-Claude Lamarre

Office Manager:

Janine Cadinu

Programme Director:

Catherine M. Jones

Programme Officer:

Claire Blanchard

Scientific Projects and Publications Coordinator:

Sara Bensaude De Castro Freire

Membership and Communications Officer:

Aurélie de Gournay

Project Assistant:

Sara Debenedetti (starting from 2011)



09 - FINANCE & INTERNAL CONTROL

Graham Robertson, Vice-President for Finance & Internal Control (2007-2013)

2007-2010 NHS – Health, Scotland

2010-2013 Independent Consultant and co-opted Member of the Board of Trustees

‘The role of the Vice-President for Finance & Internal Control is to ensure that IUHPE has appropriate systems in place to effectively manage its financial and human resources.’

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.

During his last term of office 2007-2010, the Vice-President for Finance & Internal Control (FIC) set out to review the organisation’s internal governance arrangements. The intention has been to ensure that an appropriate level of accountability, scrutiny and flexibility are built into the organisation’s systems, but avoiding an overly burdensome governance structure.

A significant issue is that the viability of the organisation and its ability to conduct proposed activities depends critically on the continuing availability of resources. A simple but effective governance structure is necessary, alongside an approach to planning that addresses financial matters in all work plans. The process of reviewing the financial governance arrangements also provided the opportunity to consider wider aspects of organisational governance covering staff, and risk management.

In addition to annual reporting and planning of IUHPE’s finances, the Vice-President’s term plan was to clarify and develop the overall financial and organisational governance framework covering:

- The inter-relationship between global/HQ/regional/project budgeting;
- The articulation of financial and other governance reporting mechanisms;
- A budgetary planning framework to support the resourcing of the organisation’s work programmes;
- Risk management, including construction of a risk register;
- Arrangements for staff governance.

Considerable progress has been made in terms of maintaining oversight of financial controls. The progress reports by the Executive Director in reviewing the control environment (policies and procedures) confirmed that there are robust systems and processes in place for the effective governance of budgetary and financial matters. This has been independently confirmed by auditors who scrutinize IUHPE’s work associated with the cooperative agreement with the US Centers for Disease Control and Prevention (CDC).

COMMITTEE FOR INTERNAL CONTROL

A new development introduced by the Vice-President has been the establishment of a Committee for Internal Control, a proposal endorsed by the Board of Trustees of the IUHPE in 2008. The key intention was to set out annual financial governance processes for implementation from 2008 onwards, as well as ensuring adequate attention to and scrutiny of other aspects of governance. The role of the CIC is to support the Board, the President and the Executive Director by reviewing the comprehensiveness and reliability of assurances about the control measures used by the Officers and Vice-Presidents of the organisation.

The Committee meets two times a year linked to the Executive Committee and Board of Trustees meetings. Its members in 2007-2010 were:

Graham Robertson:

Vice President for Finance and Internal Control
(Committee Chair)

Michael Sparks:

Vice President for Strategy and Governance (Committee Member)

Pierre Arwidson:

Vice President for Administration (Committee Member).

Meetings were attended by the Executive Director, and the President when available. The Vice-President also meets on an annual basis with a representative of the Chartered Accountants agency overseeing the IUHPE's financial affairs, and reports on this to the Board of Trustees.

Financial reporting: the CIC does not itself review the annual accounts and financial plans in detail. It considers whether the control environment is appropriate covering:

- Accounting policies
- Financial systems
- Preparation of annual accounts
- Reporting arrangements for accounts and the financial position.

Two new areas of focus for this portfolio have been staff governance and risk management.

Staff governance: the CIC has reviewed the policy and procedure arrangements for the appointment, retention and management of staff and overall found that processes are in place for the effective management and retention of staff. In 2010 particular efforts were made to support a staff and team development process for Headquarters staff. This process also identified several implications for the prioritisation process of the organisation and the alignment of other Vice-President portfolios with the Headquarter team's work plans. Work was started to address this under the auspices of this portfolio.

Risk management: the CIC's role is to review the existence of and arrangements for updating the risk register and related processes. During the 2010 the CIC created an assurance framework which was used to assess the adequacy of controls in place. Many of the controls identified through the review reported to the CIC ensure effective management of risk. However the most straightforward dimension of this relates to operational control processes for HQ-led projects. Assessing risk at a more strategic level will require further development.

PERSPECTIVES FOR 2010-2013

During the term of office 2010-2013 the Vice-President and the CIC will continue to review the control environment. In addition to some necessary revisions to some operational procedures the main thrust of the work will be as follows:

- More effective budgetary planning across organisational portfolios;
- Alignments of staffing with organisational priorities and VP portfolios;
- Developing more robust risk management systems;
- Development of staff governance processes to incorporate i) Conflicts of interest declarations; ii) Gifts and hospitality register;
- Continued work to support staff and team development;
- Identifying the level of financial operating cushion required by IUHPE to ensure security for the future.

The CIC members from 2010-2013 are:

Graham Robertson:

Vice-President for Finance and Internal Control (Committee Chair)

Michael Sparks:

President (Committee Member)

Jeanine Pommier:

Vice- President for Administration (Committee Member).

Erma Manoncourt:

Vice-President for Communications (Committee Member).

2009 Income & Expenditure

In Euros

EXPENDITURE	2008	2009
Administrative costs	104 565	141 055
Travel expenses (meetings and liaison)	14 746	22743
Staff and related costs	369 774	408225
Promotion & Education (production & shipping expenses)	58 716	62 218
Website maintenance and development	15 282	17 046
Project Activities	1 142 893	507 481
Others	14 355	34 564
TOTAL	1 720 331	1 193 332
INCOME		
Membership fees and subscriptions	252 816	220 683
Subsidies – French Health Directorate & INPES	80 000	106 420
19 th World Conference on Health Promotion	(56 060)	
20 th World Conference on Health Promotion	35 000	37 528
Fund-Raising	15 000	179 235
Project Activities	1 247 607	643 302
Other income	148 918	9 173
TOTAL	1 723 281	1 196 341
RESULT FOR THE YEAR 2009	2 950	3 009

Balance Sheet at 31 December 2009

Presented in UK/US accounting principles – In Euros (1 Euro = 1.25 US \$)

FIXED ASSETS	31 Dec. 07	31 Dec. 08
Office equipment (net of depreciation)	6 104	4 582
Investment in management Group (GIE SCENE)	755	757
Deposit for office rent	375	375
Software	89	745
	7 326	6 459
CURRENT ASSETS		
Debtors/Receivables Suppliers	1 055	691
Salaries, taxes & social security	12	13 296
Reimbursement on travel allowance	57	
World Conference	35 000	70 000
Membership Fees	15 103	10 074
Project Income	7 813	11 073
Royalties SAGE	13 847	17 531
Other income receivable	773	1 823
Items prepaid	6661	1 707
Lunch coupons	1401	2 015
SEARB	1556	1 493
	83278	132 703
Bank and Cash	497478	301 018
Total current assets	580756	433 721
LESS CURRENT LIABILITIES		
Creditors/Payables		
Suppliers	16 883	14 508
Social Security and other payable taxes	83 215	89 203
Bank	10 630	103
EURO	34 638	50 218
NARO	12 687	8 304
NPWP	1 188	1 266
ORLA	8 216	8 366
SWP	1 463	1 086
AFRO	519	
	169 439	173 054
Income received in advance	86 301	
Subscriptions to <i>Promotion & Education</i>	10 502	16 129
Membership fees	27 414	23 583
Dedicated funds to specific project activities	221 723	151 703
Total current liabilities	515 380	364 469
NET CURRENT ASSETS	65 376	69 252
NET TANGIBLE ASSETS	72 702	75 711
CAPITAL AND RESERVES		
Revenue reserves		
Current year surplus (deficit)	2 950	3 009
Reserves brought forward	69 752	72 702
TOTAL CAPITAL AND RESERVES	72 702	75 711

10 - IUHPE Officers & staff

MEMBERS OF THE BOARD OF TRUSTEES 2007 – 2010

PRESIDENT

David V. McQueen, *United States*

Immediate Past President: **Maurice B. Mittelmark**, *Norway*

GLOBAL VICE-PRESIDENTS

Advocacy: **Anne Bunde-Birouste**, *Australia*

Administration: **Pierre Arwidson**, *France*

Capacity Building, Education and Training: **Margaret Barry**, *Ireland*

Communications: **Maurice Mittelmark**, *Norway*

Conferences: **Maggie Davies**, *United Kingdom*

Finance and Internal Control: **Graham Robertson**, *Scotland, United Kingdom*

Scientific Affairs: **Vivian Lin**, *Australia*

Strategy and Governance: **Michael Sparks**, *Australia*

Partnerships and Institutional Affairs: **Sylvie Stachenko**, *Canada*

World Conference: **Thomas Mattig**, *Switzerland*

REGIONAL VICE-PRESIDENTS

Europe (EURO): **Ursel Broesskamp-Stone**, *Switzerland*

Latin America (ORLA): **Dora Cardaci**, *Mexico*

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

Northern Part of the Western Pacific (NPWP): **Toshitaka Nakahara**, *Japan*

South West Pacific (SWP): **Donald Stewart**, *Australia*

REGIONAL DIRECTORS

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

North America (NARO): **Claudia Coggin**, *United States* and **Fran Perkins**, *Canada*

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

South West Pacific (SWP): **Jan Ritchie**, *Australia*

ACCREDITED REPRESENTATIVES OF TRUSTEES MEMBERS

Department of Health of England: **Maggie Davies**

Department of Health Promotion, Spanish Ministry of Health and Social

Policy: **Begoña Merino** and **Rosa Ramirez Fernandez**

Finnish Centre for Health Promotion: **Janne Juvakka**

French National Institute for Prevention and Health Education: **Than Le Luong** and **Jennifer Davies**

Funds for a Healthy Austria: **Rainer Christ**

Health Promotion Switzerland: **Thomas Mattig** and **Ursel Broesskamp-Stone**

Health Promotion Unit, Department of Health and Children of Ireland:

Patricia Lee and **Robbie Breen**

Heartfile, Pakistan: **Sania Nishtar**

Hungarian National Institute for Health Development: **Edina Gábor**

Ministry of Health and Social Services, Quebec, Canada: **Marie Rochette**

NHS Health Scotland: **Graham Robertson**

Oswaldo Cruz Foundation, National School of Public Health – FIOCRUZ,

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