

Resolutions presented at the IUHPE General Assembly

The following resolutions were presented and passed, some with slight modifications, at the IUHPE General Assembly which took place June 14th, 2007, in Vancouver, Canada. The actions on these resolutions will be led by the newly elected Vice-President for Advocacy, Anne Bunde-Birouste, in collaboration with the IUHPE Board of Trustees and the members who either put forth or signed the resolution. When the IUHPE Executive Committee meets in the month of December, a draft plan for action will be proposed for the Board of Trustees to endorse. More information will be made available on the IUHPE website (www.iuhpe.org).

1. Student and early career representation in the IUHPE Board of Trustees

Whereas the student membership is the fastest growing membership category of the IUHPE;

Whereas students and the early career community represent the future of the health promotion profession;

Whereas the students and the early career community can offer unique perspectives;

Whereas the IUHPE is concerned with equity in both region and age;

Whereas the IUHPE is concerned with full participation of the membership;

Whereas the IUHPE is committed to the principles of empowerment and engagement;

1. We resolve there should be representation of students and the early career community within the Board of Trustees of the IUHPE.
2. We feel the strategic planning process being undertaken should consider the inclusion of students and the early career community perspectives in the future of the IUHPE.
3. The next election in Hong Kong should reflect this resolution and the Board of Trustees report back in one year.

2. Student and early career representation in the IUHPE Regional structure

Whereas the student membership is the fastest growing membership category of the IUHPE;

Whereas students and the early career community represent the future of the health promotion profession;

Whereas the students and the early career community can offer unique perspectives;

Whereas the IUHPE is concerned with equity in both region and age;

Whereas the IUHPE is concerned with full participation of the membership;

Whereas the IUHPE is committed to the principles of empowerment and engagement;

1. We resolve there should be representation of students and the early career community at each region of the IUHPE structure.
2. The next election in Hong Kong should reflect this resolution and the Board of Trustees report back in one year.

3. Moving into sustainable health promotion to fight social inequalities in health

The International Union for Health Promotion and Education notes that:

1. The present conference of the IUHPE has highlighted the complexity of health systems within societies which are themselves becoming increasingly complex.
2. The majority of nations which have a public health system have organised it at both the national and also regional and local levels. Health promotion, health education, and more generally pre-

vention, are organised at these different levels of governance. The issue at stake is that policies in these public fields should emphasise population empowerment, in particular of the most vulnerable people, and ensure that amelioration of their situation adequately reflects their actual life circumstances.

3. The Bangkok Charter recognises that health inequalities have not diminished and have even significantly increased in some countries, including in developed countries. Delegates and participants in the 19th IUHPE World Conference have advanced the theme of health inequalities being underpinned by social inequalities.
4. Debates at the conference have shown that social determinants of health remain one of the major issues at stake in public health and health promotion in the 21st century.

In the face of new challenges for health promotion, the International Union requests that:

5. Organisations, networks and communities mobilise themselves for sustainable health promotion, and work jointly together to build coherent public health policies, associating the development of public policies, research and public health information and action systems, through a concerted and intersectoral approach. Sustainable health promotion cannot belong only to groups of a political, social or professional nature.
6. The new governance of public health systems at a sub-national level should not mean a disengagement of national governments in terms of human and financial resources. On the contrary, where increased governance is required at local level to act as closely as possible to the population, it has to be supported by the State. The State should therefore not only regulate public policies for health but also guarantee the equity of such policies within the population. Failing that, it is to be feared that the public health system itself may contribute to maintaining or increasing health inequalities within the population.
7. Strengthening health promotion networks must be put back on to the agendas of governments, in particular the creation of sustainable local health promotion and health education services and infrastructures. Only such investments would facilitate the coordination and support of local actors and initiatives to ensure an equitable access to health and prevention services, and the building of a world of solidarity and citizenship.
8. Organisations working in the area of health promotion should not be asked for a return on investments. Such an economic vision can only make health promotion achievements even more fragile. A sustainable health promotion policy can only be evaluated in the medium or long term, which is not to contradict the need to undertake an evaluation of approaches and the tools they use.

4. Social Determinants of Health

Whereas the imminent Interim Statement of the Global Commission on Social Determinants of Health (CSDH) is crucial to the future work of IUHPE members as health promotion practitioners and policy makers;

Noting that the 19th IUHPE World Conference has received numerous calls for action based on existing and emerging knowledge about the social and economic determinants of health;

Acknowledging the collaboration of IUHPE and its members in significant initiatives on analyzing the situation and indicating action on social and economic determinants;

This General Assembly resolves:

1. To strengthen its liaison with the CSDH, contribute inputs to its remaining work, seek to support its institutional progress wherever possible and to assist sustainable implementation of its outcomes;
2. To take forward knowledge concerning social and economic determinants of health gained throughout the global IUHPE work in relevant fields
3. To use its global reach to *inter alia* raise awareness, advocate for progress and develop capacities for action
4. To help to implement recommendations for practitioners, such as those, for example, recently emanating from the *Closing the Gap* project in Europe in which many IUHPE members have been pivotally involved;
5. To collaborate with, build synergies and lead where appropriate work in partnership with other networks and organizations active on the social and economic determinants of health, for example the *DETERMINE* consortium in Europe;
6. To include a clear and urgent focus on social and economic determinants of health in IUHPE global priorities for action;
7. To include debate on action for improvements in social and economic determinants in the 20th World Conference in 2010, and appropriate regional events.

5. Peace building

Whereas the IUHPE mission is to promote global health and to contribute to the achievement of equity in health between and within countries of the world;

Whereas the Ottawa Charter states that peace, social justice and equity are some of the fundamental conditions for health; and

Whereas the American Public Health Association has passed a resolution to address the negative health consequences of warfare;

Therefore, be it resolved that:

- The IUHPE adopts a position supporting peace as a vehicle for health;
- Each region makes a commitment to incorporate peace building activities into the work of their respective advocacy efforts;
- The IUHPE resolves to partner with, accept sponsorship from and endorse only organizations whose values are not in opposition to peace building; and
- The IUHPE encourages all individual members to actively work within their communities and organizations to promote peace.

6. Global Environmental Change

Rationale:

The impetus for this resolution arose out of the IUHPE World Conference 2007 symposium “Health promotion in a changing climate.”

Participants acknowledged the important role that the global health promotion community can play in response to global environmental change, and the limited engagement to date by the health promotion community on this important health issue.

The resolution is entirely consistent with the conference theme, since global environmental change has emerged as a critical public health issue for the 21st century.

Whereas:

- Global climate change and other major ecological changes have been clearly identified as a major threat to the health and well-being of populations around the world, and in particular, to the health of the world’s poorest and most vulnerable populations; and
- The Ottawa Charter for Health Promotion identifies ecological stability and resource sustainability as prerequisites for health; and
- The Bangkok Charter for Health Promotion in a Globalized World acknowledges global environmental change as one of the critical factors that now affect health; and
- Health promotion is integral to an effective public health response to global environmental change, and can play an important role in addressing both its causes and health effects in multiple settings at the local, regional, national and international levels.

Be it resolved that:

1. IUHPE establish a Workgroup that will provide, within one year, recommendations on an IUHPE role in response to global environmental change. Specific roles and activities for consideration could include mobilizing partnerships, developing and promoting education and training, publishing, developing a position statement, and other roles and activities identified by the Workgroup.
2. IUHPE recommend to the organizers of the 20th IUHPE World Conference in 2010 that the conference agenda include an explicit focus on the greening of settings.
3. IUHPE examine the ecological footprint from its various activities and consider how its ecological footprint can be reduced and offset.

7. Settings-Based Health Promotion

Acknowledging that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (WHO, 1986), that “‘settings for health’ represent the organizational base of the infrastructure required for health promotion” (WHO, 1997) and that “comprehensive approaches to health development are the most effective...[and] particular settings offer practical opportunities for the implementation of comprehensive strategies” (WHO, 1997);

Recognising that IUHPE has already expressed its support for and encouraged the development of settings-based health promotion through:

- the establishment of the *Joined-Up Healthy Settings Working Group* in 2005
- the commissioning of an editorial for *Promotion & Education XIII(1)* in 2006
- the inclusion of a chapter on the challenges to generating evidence of effectiveness for the approach within its recent publication *Global Perspectives on Health Promotion Effectiveness*
- the pre-conference international symposium *Settings for Health and Learning*
- the proposal within its *Shaping the Future of Health Promotion* statement that “the reach of settings-based health promotion should be greatly expanded;”

We call for IUHPE to include within its strategic priorities and long-term vision a formal commitment to developing further whole system settings-based health promotion, acknowledging the potential of this approach to contribute to the promotion of health, well-being and sustainable development, and to the pursuit of equity within and between countries, in the context of globalization and other 21st century forces.

We propose that this commitment be played out at a high level of action, to include:

1. establishing an ongoing dialogue with WHO and other UN agencies regarding the future development of the approach
2. becoming a facilitatory hub for settings-based health promotion, enabling and encouraging greater connections and learning between settings-specific networks and collaborating centres, and encouraging the dynamic development of new and emerging settings
3. advocating for an explicit equity lens to address mechanisms and practices of exclusion within and between settings, and to bring attention to non-traditional settings (especially those in which marginalized groups are to be found)
4. making settings-based health promotion the overarching framework for the 2010 Global Conference, thereby providing a key

mobiliser and focus for settings-related action during the next three years.

We also propose that these high-level actions be supported by:

5. the formal establishment of a global working group on settings-based health promotion
6. dialogue, debate and networking at regional conferences
7. participation in the development of web-based technologies to facilitate knowledge exchange and interaction in the field of settings-based health promotion
8. inclusion of settings-based health promotion as a theme within *Reviews of Health Promotion & Education Online, Promotion & Education* and other publications
9. the prioritisation of access and inclusion through operationalising these activities in at least the three IUHPE languages.

8th IUHPE European Conference on Health Promotion and Health Education *Towards the future: new frontiers for Health Promotion* Turin, Italy, 10-13 September, 2008 – www.hptorino08.org

The conference is organised by the International Union for Health Promotion and Education's European Region (IUHPE/EURO) and the CIPES (Confederazione Italiana per la Promozione della Salute) with the support of the Italian Ministry of Health, the Piedmont Region, the Province of Turin and the Municipality of Turin.



As the 8th in the IUHPE/EURO's series of European Health Promotion and Health Education conferences, it is built upon the experience acquired through the seven previous IUHPE European conferences.

The Conference will focus on the need for dialogue among various ethno-political cultures in different geographical areas of the European Region and of the Mediterranean Rim, and will provide a forum to identify, analyse and tackle the barriers which may hinder cooperation between various sectors. It will highlight the need to improve the methodology of evidence-based health promotion in terms of both quality and effectiveness, including participatory approaches to evaluation taking into account the active involvement of civil society.

The IUHPE-CIPES European Centre in Turin, together with the Conference Committees, is currently working in order to ensure that the IUHPE 2008 event is sponsored and actively supported by several world-renowned Institutions working in the field of Health Promotion.

Updates will be posted on the Conference website regularly. Please visit www.hp08torino.org for more information.