



IUHPE

INTERNATIONAL UNION FOR
HEALTH PROMOTION
AND EDUCATION

42 BOULEVARD DE LA LIBERATION,
93203 SAINT-DENIS CEDEX, FRANCE.
TEL: +33 1 48 13 71 20 – FAX: +33 1 48 09 17 67-

www.iuhpe.org

iuhpe@iuhpe.org

GLOBAL MAPPING OF POTENTIAL PARTNERS/NETWORKS FOR THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION

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1. **Background:**

The IUHPE is undergoing a Strategic Review and a redefinition of governance and action priorities. It has already conducted an internal scope review and produced the report prepared by Louise Potvin, University of Montreal. A new Vice-President for Partnerships and Institutional Affairs has been established and is filled by Dr. Sylvie Stachenko, Canada. This external environmental scan will contribute to the building of strategic partnerships which will lead to mutually beneficial opportunities for action on Health Promotion and Health Education. A further benefit of an expansion of strategic partnerships would be greater outreach to new constituencies as well as to new funding opportunities.

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

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

2. **Objectives:**

The main objective of this report is to identify potential partners for IUHPE that will help to form strategic alliances in the years to come in order to:

- Help sustain the organization in terms of:
 - Maintaining its global niche as the only health promotion organization, and
 - Strengthening its institutional capacity by increasing membership, increasing the skills and capacities of members to respond to health challenges, evaluating and improving the organization's performance and securing sustainable funding for the organization's infrastructure,
- Influence policy change by advancing action towards health equity through enhancing working relations with WHO and advancing the recommendations of the WHO CSDH.

3. **Environmental Scan of Partners:**

Existing Partners:

IUHPE already counts on some of the most significant NGO, governmental and individual partners from around the world. It is an impressive grouping that would be the envy of many

international health organizations. Evaluating and enhancing the contribution and greater participation of those organizations which have already indicated a level of commitment to IUHPE would be a logical starting place for organizational renewal.

In particular, the Board of Trustees comprises key governmental public health and health promotion leadership, albeit from mainly Western industrialized countries. Only Thailand, Brazil and Pakistan represent the developing world, and even there, the first two are countries with sufficiently strong economies and that are no longer aid recipients. The Potvin report outlined areas of major support from a number of Trustee member agencies. However, it is noted that a number of these projects are in their last year and there was no indication as to whether or not these would be renewed. Significant support is given for the conferences. This is to be expected as these are large events and bring considerable economic benefits to the hosting country in addition to media and political exposure to the issues of health promotion.

The Potvin report also provided an excellent overview of both the governance and Working Groups structure of the Union. She highlighted the large range of constituencies interested in working with the Union on the Social Determinants of Health. She also indicated missing representatives from India, Africa and Latin America, and suggestions for redressing this gap are made in the Potential New Partners section of this report.

The list of Regional Institutional Members is equally impressive although the domination of European and Western country institutions in this category is noted.

Membership fees according to category of membership are a significant factor in defining the role that members may play. This is a factor to be considered in defining a “partner” and in the role of the Council of Partners. For example, will the Council of Partners members be invited to participate, for example as in a coalition, or will they also be institutional members, or a combination of both?

Potential New Partners

The partners listed in Appendix I all have extensive and legitimate constituencies in national health networks and would share a common vision of Health Promotion and the Social Determinants of Health. There would be great potential and synergy for coordinated actions and an effective advocacy voice for healthy public policy and support for the WHO’s CSDH. Some of them represent the geographic area gaps identified in the Potvin report. Others represent some of the thematic or vulnerable population groups that could contribute to IUHPE’s strategic directions. None of them are likely to bring financial resources to IUHPE but would certainly be important partners in jointly undertaking activities and increasing the credibility of IUHPE as a convening organization for health promotion. This would enhance the possibility of obtaining funding for joint activities. What could IUHPE offer these potential partners? Apart from joint project activities, the Union’s publishing capacity and World Conferences with a special stream dedicated to their priorities would likely be of interest to such groups as a vehicle for dissemination of their work and issues.

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

to maintain their WHO affiliation. The table in Appendix II highlights the work of those that might be most closely aligned with IUPHE's mandate and potentially interested in joining the Council of Partners. This list would be a secondary list to Appendix I as some of the WHO affiliated organizations are included on the priority list.

Potential Funding Partners

The Potvin report listed 4 partners who are still providing financial assistance to the IUHPE at the present time. They are:

- US Centers for Disease Control and Prevention, sustaining annual grant 2007-2012,
- Promotion Sante Suisse, Triennial Conference preparations 2008-2010,
- UK Department of Health, support to promote the SDH, 2008-09,
- European Union through the Czech Republic National Institute of Health, action on the SDH, 2007-2010.

In addition, the support of the Government of France for the Secretariat premises and operation is another important input to the IUHPE. Other organizations are listed as Working Group Partners but no exchange of funding involved. It would be helpful to calculate the considerable in-kind value of these partnerships as a leverage tool for seeking additional funding partners. In addition, its large membership base and high visibility of its World Conference places the Union in a good position to apply for grant support.

Unfortunately, there are very few foundations which provide sustaining grants for institutional strengthening or for basic recurrent costs. In general, funding is available for project activity or as a one-time award for excellence or leadership. Foundations are also oversubscribed. As an example, the Ford Foundation receives 40,000 grant submissions and funds only 2000 each year. IUHPE will have greater chance for even reaching the short list of potential grantees if the application is clearly related to the Foundation's criteria, show direct involvement and leadership of the beneficiaries, and if they tie into global health priorities which have WHO direction and/or policy implications from global to national settings.

Appendix III lists some of the most likely "first steps" approaches to the Foundation funding sources. The contractor has reviewed the UK and US data base of Foundations and has selected those most likely to be receptive to receiving IUHPE proposals.

In the case of the UN Fund for Partnerships, the IUHPE may want to consider inviting them to be a member of the Council of Partners. This would be effective if the plan of work for the IUHPE's Working Group on the Social Determinants of Health concentrated on following through on the recommendations of the WHO CSDH. If the Union did not wish to follow this route, it is unlikely that any of the UN program foundation partners will be able to fund Union activities and it would be necessary to concentrate on the individual foundations' granting processes.

Criteria

Criteria for membership in the Council of Partners need to be confirmed against the decisions made by the Board of Trustees at its December 2008 meeting. The IUHPE has outlined a broad

range of strategic directions. If the decision is confirmed to concentrate strategic actions in support of the WHO CSDH, this will help to inform criteria for selection of partners.

It is noted in the Strategic Directions document that the IUHPE describes itself as an “open and inviting organization” and that it works at “global, regional and local levels”. It also challenges itself to “take global leadership in health promotion and health education. There is always a fine balance between “taking global leadership” and leading through collaboration. A number of the Potential Partners listed in Appendix I and II already have a successful and impressive history. Some of them also see themselves as providing “global leadership” on their specific issue. There will have to be a compelling reason for building a coalition or Council of Partners that would serve the needs of both IUPHE and the new partners. It is possible that collaboration around the WHO’s SDHR and its recommendations could provide such a landmark opportunity.

In addition, there may be some conflict between the present institutional membership structure and the entry of new partners. Is the Council of Partners intended to enlarge the membership and/or establish a coalition of actors? Clarification on this question will lead to a more precise definition of criteria for selection. Some new partners invited to the Council of Partners may resist having to pay institutional membership fees.

A preliminary list of criteria is given below:

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

Gaps

It has already been noted that there are some challenges and gaps in IUHPE structure and program. The Union has an overwhelming European and North American visage. In addition, in reviewing the list of Regional Institutional Members and the Board of Trustees, the organizations profile many of the original actors and supporters of the Ottawa Charter and the early days of health promotion. The individual members are probably numerous, but this list was not available for analysis. This category of membership hopefully will encompass the new generation of health promotion professionals and community activists. However, if not, then

this is an area in need of urgent attention by the Union. A number of partners who could fill some of these gaps are included in Appendix I and II.

Some of the gaps are listed below:

- Developing countries need greater representation;
- IUHPE does not offer any geographic priorities in its Strategic Directions document. This may be intentional.
- Disenfranchised and vulnerable populations and communities are not involved in the leadership levels of the IUHPE. They may well be involved in national activities, but this information is not available to the consultant;
- There are many disease specific organizations which have active research and education programs. Heart Health is a member, but there are others. Some of these are listed in the list of WHO affiliated organizations. It should be noted that these organizations bring substantial resources to the table and are often seeking effective outreach programs and information dissemination;
- Youth organizations are not included. There is a network of young Health Promotion Professionals and Early Career Professionals as part of the IUHPE structure. It is not clear how involved they are in governance or decision-making in the IUHPE. However, there are also other youth organizations which are dynamic and involved at the global level and who see themselves as significant change agents. UNICEF supports many of these groups. (see Appendix II);
- Municipalities and Healthy City partners do not seem to be well represented.
- Development non-governmental organizations are not represented although they have a particular mandate to promote health equity and outreach programs in a number of developing countries. The principles of health promotion would fit their interest areas;
- Global Health Research networks and WHO Collaborating Centres for Health Promotion.

4. Recommendations

4.1 Immediate steps:

- The WHO Commission on the SDH report offers a unique opportunity for the IUHPE to expand its area of influence and activity. A number of non-governmental organizations and government departments are currently looking at ways to act on the recommendations of the report and develop collaborative strategies. The IUHPE is in an excellent position to develop and coordinate joint work. There are probably good opportunities at this moment to obtain funding for such work. There is an IUHPE Working Group on the SDH and it is recommended that this area of work be strengthened and highlighted. One possibility is to invite new partners to participate on the Council of Partners for a working period of 5 years to promote the recommendations of the CSDH Report. This would not preclude a longer term involvement, but would give a working mandate for the Council.
- In view of the IUHPE priority of reducing inequities, it may be useful to have a particular direction related to health promotion in developing countries and an analysis of where this could be best implemented. Obviously, Africa is one of the poorest regions of the

world, but it may not be possible to do health promotion work there yet. Latin America has a long history of social medicine and is an appropriate area for IUHPE's work. Geographic concentration would need to be decided by the Executive.

- If it has not already been done, it would be an opportune time to undertake a more detailed examination of the capacity and interest of existing institutional partners to actively support the work on the SDH. Included in this evaluation an estimation of the considerable in-kind contribution of the institution to IUHPE's work would be helpful in preparing funding submissions.

4.2 Intermediate Steps:

- An Affirmative Action strategy for the inclusion of young people and the ideas of young people in the work of IUHPE. There is a need for the development of young health promotion leaders and inclusion of a new generation.
- Following the establishment of the new Council of Partners, it is recommended that a submission be made to the Rockefeller Foundation to support a capacity and leadership development workshop at their Conference site in Bellagio, Italy. Funding for the on-site costs is made available for such a workshop by Rockefeller. Travel is born by the attendees. The dissemination of Bellagio workshops results are of significant international status and value. It has the potential to be a creative launch of the new Strategic Direction for the IUHPE and its collaboration with the WHO CSDH Report and its recommendations.

Appendix I Potential new priority partners

| Priority List for Potential New Partners | | |
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| Organization | Priority Activities | Comments |
| <p>World Federation of Public Health Associations</p> <p>buss@fiocruz.br http://www.wfpha.org</p> | <p>Creating and strengthening national PHAs</p> <p>Tobacco Control</p> <p>Support to MDGs</p> <p>HIV/AIDS</p> <p>Persistent Organic Pollutants</p> <p>Triennial Congress</p> | <p>The WFPHA has over 70 national and regional public health association members as well as Regional members from Schools of PH in Europe (ASPHER) and the Americas (ALAESP). It holds a triennial congress, coming up in Turkey in 2009. There have been a number of discussions with IUHPE regarding joint activities with IUHPE over the past few years. The present President, Dr. Paulo Buss, Brazil, is also very supportive of the IUHPE and would be open to further discussions. The in-coming President, Dr. Ulrich Lasser, Germany has also discussed the advantage of joint endeavours with IUHPE. This would be an excellent moment to discuss partnership. In recent years, the major activities have been Tobacco Control, institutional strengthening of dev. country partners, support to the MDGs and SDH, human health resources for health. The Turkey Congress has a special session dedicated to Health Promotion and the SDH. The Secretariat for the Federation is based with the American Public Health Association. Currently, the most active leadership in the Federation is with: The APHA (USA), CPHA (Canada), ABRASCO (Brazil), GSHSPH (Germany), EPHA (Ethiopia-to host 2012 Congress), and SSPH (Switzerland). The contact at the Federation would be through the President, Dr. Paulo Buss</p> |
| <p>WHO Collaborating Centres for HP</p> | <p>Activities cover almost all areas of health promotion research.</p> | <p>A search of WHO's website for its Collaboration Centres for Health Promotion uncovered a vast network of Centres around the world, many of which are based on specific topic areas, i.e. NCD, Equity, HP'ing hospitals, etc. While these are difficult for the consultant to evaluate in terms of IUHPE's strategic work, no doubt there are leaders within IUHPE who could readily identify the most significant partners. There are research and expertise advantages to partnering more closely with the WHO CC for Health Promotion and it is recommended that at least several such partners be included in IUHPE's new partnership thrust, particularly, those based in academic settings.</p> |

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| Equinet http://www.equinet africa.org | Outreach to policy makers, particularly Parliamentarians. Addresses issues of health equity | Equinet is a coalition of Southern Africa organizations addressing the issues of equity in access to health. It has an excellent reputation and convening capacity, including bringing together Parliamentarians, government agencies, educational institutions and NGOs in the region. It has a number of publications and a strong activist outreach program. |
| The People's Health Movement http://www.phmovement.org | Effective advocate for the return of WHO to the Primary Health Care principles of the 1978 Declaration of Alma Ata | The PHM is a highly respected grassroots movement in almost 20 countries. In addition to local action, it advocates globally for the basic principles of the 1978 Declaration of Alma Ata and a primary health care approach that incorporates healthy public policy principles. It is a "first partner" choice for many of WHO's consultations. The PHM also coordinated the Asian Civil Society Consultations for the CSDH |
| Global Health Watch http://www.ghwatch.org | Monitors and publishes reliable information on the health status of people's around the world. Latest Report released 2008 | GHW is best known for its Alternative World Health Report (latest 2008). It is made up of 3 organizations with a broad reach, Medact, UK, Global Equity Gague Alliance and the People's Health Movement (above) |
| Women's Global Network for Reproductive Rights http://www.wgnrr.org | Advocacy against gender based war crimes, Radio school, Regional mtgs, Publications | A network of over 1000 autonomous organizations in 157 countries. Its work focuses on women's reproductive health rights, poverty reduction and achievement of the MDGs |
| International Women's Health Coalition http://www.iwhc.org/ | Monitoring of US Foreign Policy, Health sector reform, Poverty reduction | IWHC is a group of women's organizations, in existence for 20+ years, and working towards better policies and programs for women's health and reproductive rights. |
| Voices of Youth http://www.unicef.org/voy | VOY is an internet network of young people around the world where they disseminate info re their activities. It crosses developing and industrialized countries. | This is a major aspect of UNICEF's initiative to give young people a voice for their issues. It does not seem to be an organized group, but rather a web-based site for youth to publish their news, events and challenges to existing policies. If IUHPE wished to include youth in a more systematic way, this web site would be a good starting point to identify a youth organizations partner. |

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| <p>Networks of Schools of Public Health</p> <p>http://www.aspher.org</p> <p>http://www.alaesp.sld.cu</p> | <p>Curricula development, Teaching, Research</p> | <p>There are several networks of Schools of Public Health around the world. These would be excellent partners with IUHPE. They are: Association of Schools of Public Health in the European Region, Asociacion de Escuelas de Salud Publica de America Latina y el Caribe (works closely with PAHO) There was a network in Asia but internet information was not available.</p> |
| <p>International School Health Network</p> <p>http://www.internationalschoolhealth.org</p> | <p>Health education in schools. Teacher training</p> | <p>Brings together the healthy school network and teachers of health education. This organization may be an existing partner. The consultant couldn't confirm.</p> |
| <p>International Centre for Municipal Development</p> <p>http://www.fcm.org</p> | <p>Water, Sanitation Transportation HPP at municipal level</p> | <p>This group collaborates over with over 100 municipalities in Latin America, Africa, Canada and Europe. They also actively support women's involvement in municipal initiatives. Its secretariat is based at the Federation of Canadian Municipalities</p> |

Appendix II NGOs in Official Relations with WHO

| Name of Organization | Comments |
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| International Health Development Community | |
| African Medical and Research Foundation International | AMREF (previously known as the Flying Doctor Services) has been active in Eastern Africa for over 50 years. It is currently working in 6 countries of the region and provides: direct health services, training of health professionals, health services strengthening, an on-line resource centre, technical briefings and documents. In describes itself as a knowledge hub for the region and is committed to community development as a central value. Has a reputation for excellence. Has fundraising centres in a number of industrialized countries and would have a strong commitment to health promotion. It would bring enhanced credibility to IUPHE. http://www.amref.org/ |
| Aga Khan Development Foundation http://www.akdn.org/ | Is an important development agency in a number of Muslim countries and has a strong fundraising base. Trains health professionals, particularly nurses. Supports community development principles. |
| Health Research Organizations | |
| Council on Health Research for Development http://www.cohred.org | Potential for joint dissemination of best practices in health interventions. COHRED is dedicated to health systems strengthening and community development research. It has a number of publications. |
| Global Forum for Health Research | Founded 10 years ago to address the 10/90 gap in health research. Has excellent health research networks and high credibility. The Forum has become a critical global advocate and champion for expanded research, support for young researchers and for drawing attention to forgotten health issues such as mental health, women's and reproductive health, and emergency situations. http://www.globalforumhealth.org |
| Youth and Adolescent Health Organizations | |
| Family Health International, Youth Working Group Secretariat http://www.fhi.org/en/Youth/IYWG.htm | FHI serves as the secretariat for what seems to be an extensive network of young people working on adolescent health and sexual health issues. They receive funding from USAID and CDC. The youth network has biennial meetings which might be affiliated to IUPHE Triennial Conference |
| International Association for Adolescent Health | Based in New Zealand, the IAAH has programs and activities directed towards both health professionals and youth. There is not much information on their website. http://www.iaah.org |

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| Non Communicable Diseases |
| World Heart Federation |
| Has programs directed towards women's heart health and priority initiatives in Africa. It seems to be quite well funded. http://www.worldheart.org |
| International Union Against Cancer |
| Have a number of initiatives against childhood cancers, particularly in developing countries. Provides grants and scholarships. http://www.uicc.org |
| Community Based-Organizations |
| Rotary International |
| A strong world-wide network of community volunteers, mostly business men. RI has been a key partner with WHO in the eradication of polio program. They may be a large enough organization that working in a coalition may not be a priority for them. http://www.rotary.org |
| International Association of Lions Clubs |
| A world-wide network of community volunteers. Their main activities are: environment, disaster relief, eye sight interventions, community leadership development. They have a priority thrust in Eastern Europe although they are also active in other regions of the world. http://www.lionsclubs.org |
| The Network Towards Unity for Health |
| The Network represents a merger with the European Network for the Development of Multi-Professional Education in Health Services (EMPE) and the WHO's Towards Unity for Health (TUFH). They promote the principles of Primary Health Care and the DAA and advocate that donor countries earmark a percentage of their aid budget in a particular country for the sustainability of health service delivery systems. http://www.the-networktufh.org |

Appendix III, Potential Donor Partners

| POTENTIAL NEW SOURCES OF FUNDING and PROGRAMATIC ACTIVITY | |
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| Type of Organization | Comments |
| UN Fund for Partnerships | This Fund receives financial and political support from a large number of philanthropic organizations committed to achieving the goals of the UN. The MDGs are a major rallying point. While there is no indication on the website that UNFIP disburses funds to other organizations (it seems to be a collector of donations), it is conceivable that there could be support for the recommendations of the WHO SDH Report and actions initiated by IUHPE to further those recommendations. UNFIP may be a very useful member of the Council of Partners and lead to other potential donors. The following 6 organizations have supported UNFIP initiatives. http://www.un.org/partnerships |
| Rockefeller Brothers Fund | They are interested in projects that help to shape policy (among other priorities). They give small grants of approximately \$88,000/18 months. Renewals are possible. One-third is out-of-the US grants. http://www.rbf.org |
| Rockefeller Foundation | Their focus is to promote “smart globalization” including health systems, healthy environments and climate change, as well as initiatives to promote social cohesion. In addition, they support the Bellagio Conference facility. (See recommendations section) http://www.rockfound.org |
| Charles Stewart Mott Foundation | Has limited international exposure but has given grants in Africa and Eastern Europe towards the strengthening of civil society. It may be helpful for the regional office of IUHPE. http://www.mott.org |
| Google Org. | Global program to enhance leadership in information and community actions to improve access to health services, education, and water and sanitation services. It has worked in India and East Africa. http://www.google.org/inform.html |
| Packard Foundation | Their website does not indicate that they fund projects outside of California. However, they are interested in young leadership development and they are listed in the UN Fund for Partnerships. http://www.packard.org |
| Synergos | Supports global programs to bring together government, industry, civil society and communities to work for social justice. It has an excellent reputation as a young foundation willing to explore the less well known approaches. http://www.synergos.org |

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| The following Foundations have also worked with the UN as well as providing individual grants to international projects. | |
| The MacArthur Foundation | Funds national and international projects directed towards security and sustainability. Main interests are human rights and justice (shelter and youth justice issues have been funded), reducing maternal mortality and improving reproductive choices as well as governance and policy analysis related to human migration and mobility. http://www.macfound.org |
| The Better World Fund | Specifically established to assist governments and NGOs to support outreach initiatives of the UN and its specialized agencies. Is partly capitalized by the Ted Turner Foundation. http://www.betterworldfund.org |
| The Turner Foundation | Collaborates closely with the UN through large grants to extra-budgetary activities. There is a defined interest in sustainable communities. http://www.turnerfoundation.org |
| The Gates Foundation | In spite of significant funds being allocated to Global Health, there does not seem to be an “easy” category that matches with the work of IUHPE. It may be possible to apply for one of the “prize” categories which are one-time large cash prizes for excellence in a particular area of work. http://www.gatesfoundation.org |
| The Ford Foundation | Areas of interest include int’l cooperation, governance, civil society strengthening, poverty reduction and social justice. http://www.fordfound.org/ |
| The Clifford Beers Foundation | IUHPE has already collaborated with this Foundation and there may well be possibilities for further joint work in the area of mental health. In particular, this Foundation supports networking, conferences and publications. http://www.cliffordbeersfoundation.co.uk |