

# IUHPE ACTIVITY REPORT 2004-2007



**IUHPE**

INTERNATIONAL UNION  
FOR HEALTH PROMOTION  
AND EDUCATION

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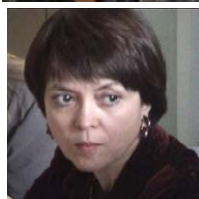
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# 1. Message from the President and Executive Director

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Since its inception, the IUHPE has sought to connect and support everyone committed to health promotion wherever they are in the world and as we conclude another cycle of three years of intense activity both at the Global and Regional levels, we are pleased to highlight in this Report our main achievements along the lines of our strategies which encompass all areas of our work: advocacy for better equity in health and for health promotion development, research and knowledge development, capacity building, communications, partnership, networking and development of the IUHPE structure.



As the unique global, professional, independent association in health promotion, we constantly need to adapt to your needs and to the major changes across the world in the context in which we work:

- we need to continue “open-up” the IUHPE’s work to engage many more of you from all sectors, including student and young professionals and give you a greater sense of participation and contribution to our common goals;
- we need to develop a long term vision of the IUHPE including the research work which has been carried out on governance and accountability to all stakeholders; and the outcome of various exchanges at the Global and Regional levels to assess the IUHPE’s regional structure for decentralising its activities and how to modernise and be more creative with respect to organising the regional networking and project implementation;
- we need to improve internal and external communications, making a better use of the vast range of fast evolving technologies. The modernisation of the support for our work, through the redevelopment of our website, through the modernisation of the Journal has already started, and will greatly improve our visibility and capacity to communicate together.

In terms of scientific, capacity building and networking activities, the period of the last three years has been also extremely rich as we have implemented successful genuine partnerships with various key members which enabled us to improve our presence and develop our network in areas and in Regions in which health promotion can make an impact on health and well being of the populations.

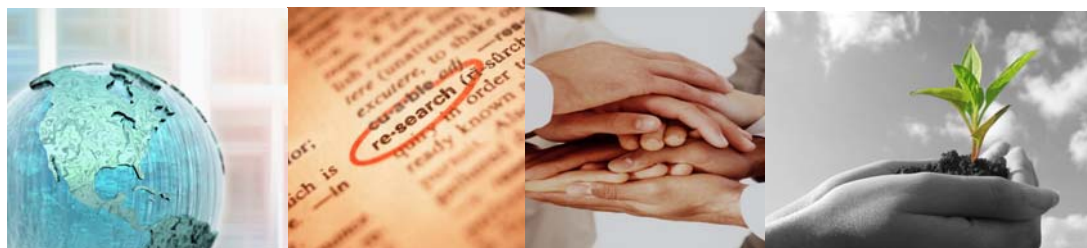
We are confidently entering a new three-year period in which we will attempt to reaffirm a clear role for health promotion in the political, economic, social, global context and in terms of the impact of globalisation on health.

We believe that we can achieve that all together.

Maurice Mittelmark  
President

Marie-Claude Lamarre  
Executive Director

## II. IUHPE Scientific Activities



### PROGRAMMATIC AREAS

In 1999, the IUHPE published a unique set of books, *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a new Europe* with funding and support from the European Commission and the United States Centers for Disease Control and Prevention. The success of this European initiative led to the global level expansion of what is today one of the IUHPE's flagship activities, the Global Programme on Health Promotion Effectiveness (GPHPE). Through this endeavour, the IUHPE established its unique position as a global independent network of health promotion professionals having demonstrated its ability to lead and coordinate global, regional and national health promotion programmes and projects. Since then, the IUHPE has entered into different cooperation agreements with intergovernmental institutions, such as the European Commission, non-governmental organisations such as the Voluntary Health Association of India (VHAI), networks, such as EuroHealthNet, and national agencies, like the Public Health Agency of Canada, Health Promotion Switzerland and the US Centers for Disease Control and Prevention. These agreements 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 school health and community health, and topics like physical activity, urbanisation and tobacco. Below is the outline of the projects and agreements in which the IUHPE has been involved over the past three years.

#### IUHPE's Partners and Collaborators

The IUHPE works in close cooperation with UN agencies, such as WHO, UNICEF, UNESCO or UN-Habitat, as well as other major intergovernmental institutions, such as the European Commission non-governmental organisations such as EuroHealthNet, networks, such as the International Network of Health Promotion Foundations or the Physical Activity Network of the Americas (RAFA-PANA), national agencies, such as the Swedish Institute of Public Health, academic institutions and a broad range of practitioners in the field.

We work best through partnerships and cooperation agreements with key institutional members, including: Canadian Consortium for Health Promotion Research (CCHPR); Center for Health Promotion and Health Education- The Chinese University of Hong Kong; Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services of the United States; CIPES Piemonte, Italy; French Cancer Institute; French Institute for Prevention and Health Education (Inpes); French League Against Cancer; Health Promotion Switzerland; Hungarian Institute for Health and Development; Institute for Health Promotion and Disease Prevention (NIGZ), The Netherlands; Ministry of Health and Social Services, Quebec; NHS Health Scotland; Oswaldo Cruz Foundation- National School of Public Health, Brazil; Public Health Agency of Canada; Spanish Ministry of Health and Consumption; Swedish Association of Public Health and Health Promotion; United Kingdom Department of Health; University of Bergen, Norway; Voluntary Health Association of India (VHAI); and many others

## A. GLOBAL PROGRAMME ON HEALTH PROMOTION EFFECTIVENESS

Since its inception in 2001, the IUHPE has continued to dedicate significant human, financial and intellectual resources to support and oversee the development of the Global Programme on Health Promotion Effectiveness (GPHPE). Fundamentally, the GPHPE is concerned with how to stimulate the evaluation of effectiveness, champion the development of appropriate tools and methods to do so, and espouse the implementation of this body of knowledge to its best use in practice and for advocacy. The GPHPE is an on-going process, a long-term programme of work, which is supported by a range of regional activities and projects. Regular meetings with the GPHPE's Global Steering Group, held in conjunction with IUPHE conferences, have allowed for steady updates and discussions to be held with key stakeholders.

Looking across the regional projects

Over the past 3 years, the GPHPE has experienced noticeable growth of activity on the regional project level in the lower-income regions such as Africa, Latin America and South East Asia. The following table presents five major accomplishments of each region; these were selected compiled by the regions and range in type from publications, to presentations, to seminars or other meetings.

TABLE 2.1 PRESENTATION OF THE GPHPE'S REGIONAL EFFECTIVENESS PROJECTS' MAJOR ACCOMPLISHMENTS

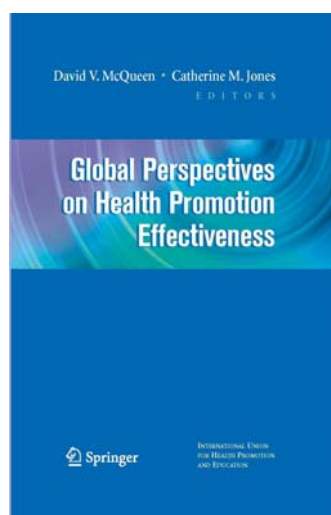
Region (listed alphabetically)	Accomplishments
Africa	<ol style="list-style-type: none"> <li>1) Drafting of a concept paper on health promotion and education effectiveness in the African Region, which called for a need to develop capacity in the region in terms of monitoring and evaluation, process documentation and advocacy.</li> <li>2) Conducting of a comprehensive literature review on health promotion effectiveness in the Region, with a publication and dissemination of the full report.</li> <li>3) Commissioning a publication to review and synthesize evidence-based health promotion effectiveness, in a number of identified areas;</li> <li>4) Development of a comprehensive funding proposal for the African Regional Project, and fundraising for the African effectiveness activities.</li> <li>5) Planning research and training activities and other meetings (still in developmental stage): <ul style="list-style-type: none"> <li>✓ Training in monitoring and evaluation: This is important in view of gathering evidence on effectiveness because we need to answer several questions: What evidence are we searching for? How shall we know the evidence we are looking for? How shall we package and share the evidence?</li> <li>✓ Holding a meeting to engage policy makers (including political leaders and managers from the health, education and other sectors).</li> <li>✓ Implement special research projects (e.g. health promotion schools, tobacco control, mitigation of HIV/AIDS, urbanization, youth and adolescent health, aging, malaria, epidemics, etc.).</li> </ul> </li> </ol>
Europe	<p><b>IUHPE special reports:</b></p> <p>IUHPE (1999) <i>The evidence of health promotion effectiveness: Shaping public health in a new Europe</i>. Part One Core document.  IUHPE (1999) <i>The evidence of health promotion effectiveness: Shaping public health in a new Europe</i>. Part Two Evidence book.  (This set of publications uniquely reviewed effectiveness in terms of not only 'health' outcomes but also social, economic, political outcomes, and was presented as both a comprehensive resource (review book) and a separate booklet for policy makers. These have also been translated into 7 languages.)</p> <p><i>Efficacité de la promotion de la santé: Actes du colloque organisé par l'INPES avec la collaboration de l'UIPES</i>. Hors série 1 Promotion &amp; Education, 2004.</p> <p>Speller, Viv. (2006) Synthesis of the knowledge at the international level in the field of evidence of effectiveness of health promotion and best practice. Report compiled by the IUHPE for Health Promotion Switzerland. (c) 2005 Health Promotion Switzerland. All rights reserved, reproduction with permission from Health Promotion Switzerland.</p> <p><b>Products and deliverables from Getting Evidence into Practice project (GEP):</b></p> <p>Bollars C, Kok H, Van den Broucke S &amp; Molleman G (2005) <i>European Quality Instrument for Health Promotion (EQUIHP) and User Manual</i>.</p> <p>Raty Sanna &amp; Aro Arja R (2005) <i>European review protocol for health promotion</i>.</p>

	<p><i>The challenge of getting evidence into practice: current debates and future strategies.</i> Supplement 1 Promotion &amp; Education, 2005.</p>
Latin America	<ol style="list-style-type: none"> <li>1. Design and implementation of the Latin American Program of Training on Effectiveness Evaluation in Health Promotion (two cohorts finished, two more currently in progress and inclusion of the topic in university academic programs).</li> <li>2. Review of the literature on the state of the art of the evidence of health promotion effectiveness in Latin America.</li> <li>3. Publication of the Regional Project of Evidence of Health Promotion Effectiveness' web portal (<a href="http://www.proyectoefectividad-iupes.com">www.proyectoefectividad-iupes.com</a>).</li> <li>4. Building of a virtual network of institutions and persons interested in evaluation effectiveness in health promotion in Latin America.</li> <li>5. Design of methodologies of effectiveness evaluation, appropriate for the Latin American context.</li> </ol> <p>The following are in progress:</p> <ul style="list-style-type: none"> <li>• Planning of a Latin American course integrating evaluation methodologies in health promotion.</li> <li>• Publication of a study on Latin American capacity for effectiveness evaluation in health promotion.</li> </ul>
North America	<ol style="list-style-type: none"> <li>1. Knowledge synthesis of the evidence base for 12 "best processes" or mechanisms by which communities create conditions for promoting community health and addressing social determinants [Published on the Community Tool Box <a href="http://ctb.ku.edu/">http://ctb.ku.edu/</a> under the homepage feature, "Explore Best Processes and Practices"]</li> <li>2. Capacity-building resources for promoting community health and development community-based participatory research [Published on the Community Tool Box <a href="http://ctb.ku.edu/">http://ctb.ku.edu/</a>; including through its toolkits (e.g., for building collaborative partnerships, strategic planning, developing logic models, evaluation) and links to its 6,000 pages of practical how-to information]</li> <li>3. Recent papers on knowledge synthesis and capacity development including: <ol style="list-style-type: none"> <li>a) Fawcett, S.B., Francisco, V., and Schultz, J. (2004). Improving and understanding the work of community health and development. (Pp. 209-242). In J. Burgos and E Ribes (Eds.). (2004). Theory, basic and applied research, and technological applications in behavior science. Guadalajara, Mexico: Universidad de Guadalajara.</li> <li>b) Boothroyd, R., Fawcett, S.B., and Foster-Fishman, P. (2004). Community development: Enhancing the knowledge base through participatory action research. (Pp. 37-52). In LA Jason et al. (2004). Participatory community research: Theories and methods in action. Washington, DC: American Psychological Association.</li> <li>c) Hills, M., &amp; Carroll, S. (2004). Health promotion evaluation, realist synthesis and participation, Avaliacao em promocao de saude, sintese realista e participacao, Ciência &amp; Saúde Coletiva, 9(3), 536-539, September 2004.</li> <li>d) Hills, M., Carroll, S., &amp; O'Neill, M. (2004). Vers un modèle d'évaluation de l'efficacité des interventions communautaires en promotion de la santé: compte-rendu de quelques développements Nord-américains récents. International Journal of Health Promotion and Education. <i>Promotion &amp; Education</i> Hors série – 1, Supplement - Edición especial, 17-21.</li> </ol> </li> <li>4. Eighteen presentations at international and national conference and five reports to funding organizations (Hills, M. &amp; Carroll, S.)</li> <li>5. Received five research grants to conduct synthesis reviews and refine methodology (Hills, M. &amp; Carroll, S.): <p>Hills, M., (PI) McQueen, D., Metzler, M., Rootman, I., &amp; MacDonald, M. (2006). Building the Evidence Base for Reducing Health Disparities: An Alternative Methodology for Knowledge Synthesis. CIHR (\$90,000).</p> <p>Hills, M., (PI) McQueen, D., Anderson, L., Metzler, M., Raphael, D., Jackson, S., &amp; Pawson, R. (2006) Assessing the Effectiveness of Intersectoral Community Efforts to promote Health and Reduce Disparities. CIHR (\$90,000).</p> <p>Phases 1,2 &amp; 3 of the Public Health Agency of Canada's Effectiveness of Community Interventions Project (Hills, 2004; Hills, 2005a; Hills, 2005b).</p> </li> </ol>
Northern part of the Western Pacific	<ul style="list-style-type: none"> <li>- <i>The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe</i> (IUHPE, 2000) translated and published in Japanese, Korean and Chinese languages</li> <li>- Northern Part of the Western Pacific Regional Conference, June 24, 2006 with input from Europe as well as different countries in the region</li> <li>- 2<sup>nd</sup> Asian Pacific Conference on Health Promotion, The Chinese University of Hong Kong, Nov 5-6, 2006, IUHPE Pearl River Liaison Office as co-organiser.</li> </ul> <p><b><i>Publications on evidence of Health Promoting Schools</i></b></p> <p>Lee A., Cheng F., Fung Y., St Leger L. Can Health Promoting Schools contribute to the better health and well being of young people: Hong Kong experience? <i>Journal of Epidemiology and Community</i> 2006; 60:530-536.</p>



	<p>Lee A., St Leger L., Moon AS. Evaluating Health Promotion in Schools meeting the needs for education and health professionals: A case study of developing appropriate indicators and data collection methods in Hong Kong. <i>Promotion &amp; Education</i> 2005; XII (3-4): 123-130. (Special issue reporting successful school health promotion programmes globally.)</p> <p><b>Publication on Lifestyle</b></p> <p>Kawata C., Higuchi M., Yamamoto H., Sakamoto M., Kaneko N., Kusano E., De Silva S.D., Piyaseeli U.K.D., De Silva S., Handa Y. A study of the relationship between diabetes mellitus and lifestyle in Sri Lanka. <i>Grants in Aid for Scientific Research</i> 2002-2004 (Japan) 2005; 1-98.</p> <p><b>Presentations</b></p> <p>Lee A. <i>International Examples of School Health Programmes and Monitoring</i>. Comprehensive School Health: Understanding and Monitoring a Critical Mass of Programs to Benefit Children. Organised by Joint Consortium for School Health, Canadian Population Health Initiative and Canadian Council on Learning December 8-9, 2005, Ottawa, Canada.</p> <p>Lee A. <i>Good practice of Healthy Schools leading to quality Healthy Cities</i>. Shanghai International Forum on Healthy Cities. Organised by Shanghai Municipal Committee of Health Promotion, WHO Kobe Centre and Shanghai Municipal Health Bureau, 20-22 November, 2005, Shanghai, China.</p>
South East Asia	<ol style="list-style-type: none"> <li>1. "KHOJ" publication, following which the Government of Arunachal Pradesh asked the Voluntary Health Association of India to take over the Primary Health Centres.</li> <li>2. Incorporation of recommendations into the National Rural Health Mission.</li> <li>3. Many State Governments have also come up with innovative schemes for community health to be funded by them.</li> <li>4. Indian experiences and others from South East Asia were also captured in the WHO film 'Paths are Made by Walking'.</li> </ol>
South West Pacific	<ol style="list-style-type: none"> <li>1. Australian Health Promotion Association Conference April 2006: "A journey to peace building", Anne Bunde-Birouste, invited speaker, plenary presentation.</li> <li>2. IUHPE Board of Trustees presentation: The Role and Place of Health in Preventing Violence, Post-Conflict Recovery, and Peace Building, Anne Bunde-Birouste.</li> <li>3. Chapter for GPHPE global monograph: "Strengthening peace-building through health promotion: development of a framework" – a description of the AusAID-UNSW project, Anne Bunde-Birouste and Jan Ritchie.</li> <li>4. Completion of a report on the "Effectiveness of health promotion in preventing alcohol-related harm" (2006) which served as the basis for a chapter in the GPHPE global monograph.</li> <li>5. "Child mental health promotion and prevention capacity mapping project", using a template from HP-Source, coordinated by A/Prof Louise Rowling – ongoing.</li> </ol>

(Source: Jones, C.M. et al. (2007) The Global Programme on Health Promotion Effectiveness (GPHPE): a global process for assessing health promotion effectiveness with regional diversity in McQueen & Jones, eds. *Global Perspectives on Health Promotion Effectiveness*. New York: Springer Science & Business Media. (pp 18-21).



### The GPHPE Monograph Volume I: a symposium in a book

The most significant area of progress is that of the completion of the content for a book, the first in a GPHPE series, which is comprised of 23 chapters from 55 contributors representing 6 continents who have come together to analyze major programs around the world and evaluate their effectiveness. *Global Perspectives on Health Promotion Effectiveness* (ISBN: 978-0-387-70973-4) is a significant document with profound implications for practitioners involved in implementing health promotion programs. It will serve as a vital source of frontline knowledge for researchers and students of public health.

Providing means for sustainable communication, networking and exchange

For most of its existence, the GPHPE has been an implicit process, resulting from the dedication of a large network of volunteers from around the world. However, the sustainability of the process

depends on maintaining the professional connections and exchanges. The Online WorkStation was established as a valuable tool and resource to support the knowledge exchange and dissemination efforts of the Global Programme, provide stimulation for on-going activities, and strengthen existing and emerging partnerships. The WorkStation was made possible due to technical support and resources provided by the WHO Collaborating Centre at the University of Kansas, to be utilised for purposes of on-line archiving, networking and learning to support exchange and developments across the Regional Effectiveness Projects and global partners, members, collaborators and consultants who serve on the Global Steering Committee. The GPHPE team aspires to make this resource as informative, interesting and interactive as possible.

Reaching out: enlarging the spectrum, categories and levels of partnership and collaboration

In 2005, the GPHPE Global Steering Group approved a classification of new categories for partnership and collaboration. This was the product of reflection of a specific working group which was given a mandate to consider the various levels and types of collaborations, contributions, or participation in the GPHPE due to the need to adapt the structure to the growth and expansion of the programme. The exercise was then carried out at global and regional levels to look at existing and potential partners in this framework. GPHPE Leadership working with Regional Effectiveness Project Coordination are actively seeking to strengthen existing relationships with GPHPE supporters, collaborators, interested parties and scientific and technical consultants, as well as to broaden the GPHPE to include other partners with whom the IUHPE could build mutually beneficial relationships. It is in fact the on-going development of this unique, intricate web of partnerships with academics, practitioners, policy-makers, and researchers at the collective and individual levels which allows the GPHPE the opportunity to keep its fingers on the pulse of the health promotion field.

## B. HP-SOURCE.NET

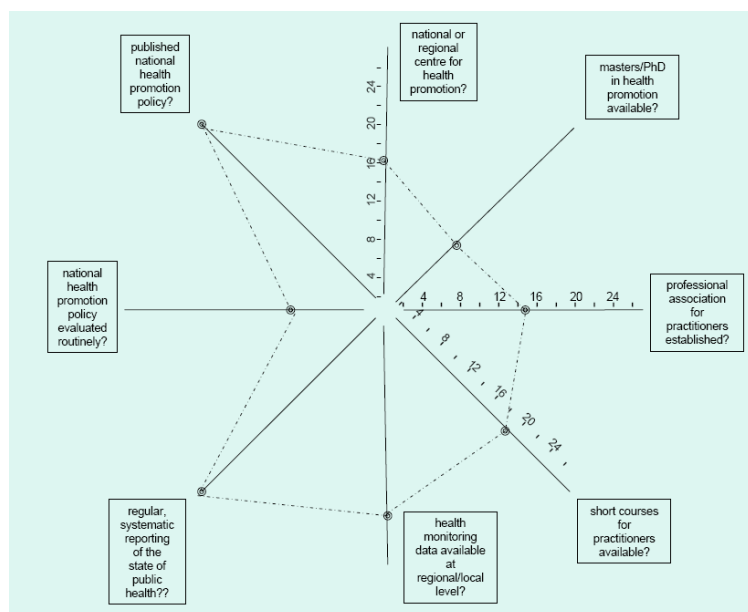
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The IUHPE's HP-Source.net is a voluntary, international collaboration of researchers, practitioners and policy makers, having the common goal to maximise the efficiency and effectiveness of health promotion policy, infrastructures and practices by:

- Developing a uniform system for collecting information on health promotion policies, infrastructures and practices;
- Creating databases and an access strategy so that information can be accessed at inter-country, country and intra-country levels, by policy makers, international public health organisations and researchers;
- Analysing the databases to support the generation of models for optimum effectiveness and efficiency of health promotion policy, infrastructure and practice;
- Actively imparting this information and knowledge, and actively advocating the adoption of models of proven effectiveness and efficiency, by means of publications, seminars, conferences and briefings, among other means.



## Capacity mapping: a necessity for building health promotion infrastructure



Spider-gram showing extent of health promotion infrastructure in 24 European countries, using HP-Source.net data

HP-Source is designed to facilitate capacity mapping to assist the field of health promotion in acknowledging strategic areas for capacity building. Health promoters and decision-makers require a map of existing infrastructure for health promotion to support more rational and efficient priority-settings and decision-making. Infrastructure in this sense refers to an interlacing framework of health promotion policy, training programmes, research capabilities, public education initiatives and risk management strategies is required. This type of map will identify what we have and where, and thus reveal what we do not yet have, and where.

HP-Source.net makes it possible to quickly link up with documents, organisations and people immediately. HP-Source.net is an information system and Web-based media that has the potential to advance healthy public policy advocacy, policy analysis and research, and facilitate collaboration.

### HP-Source.net modules

HP-Source.net contains a number of databases on-line:

- National-level health promotion capacity mapping in Europe
- European mental health promotion
- European alcohol policy & prevention of the harm done by alcohol
- Child mental health promotion (Southwest Pacific Region)



Database topics include:

- Background information
- Politics, policies and priorities
- Evaluation
- Monitoring and/or surveillance
- Knowledge development
- Implementation
- Information dissemination
- Programmes
- Professional workforce
- Funding

Visit [www.hp-source.net](http://www.hp-source.net) for further information on the database, the financial sponsors and researcher's networks

Coming soon

A new module is currently in development to map community health promotion capacity in Sub-Saharan Africa, thanks to support from the UK Department of Health. Look for it on HP-Source.net in 2008!

## C. IUHPE & CDC COOPERATIVE AGREEMENT

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The development of Cooperative Agreements with key members over the past years has proved to be mutually beneficial initiatives, in:

- Supporting and encouraging *investment in health promotion*;
- Undertaking activities that contribute to the *development and dissemination of evidence-based knowledge and practice*; and
- Building *alliances and partnerships* among a broad range of institutions and areas.

In 2002, the IUHPE and the US Centers for Disease Control and Prevention agreed to conduct and implement a five year Cooperative Agreement through which a comprehensive global health promotion and health education programme related to non-communicable disease prevention and health promotion was developed and carried out through the development of public health policies, dissemination of evidence-based knowledge and practical experience, as well as capacity building, health promotion, research and dissemination of expertise and information in various areas, Regions and settings.

This partnership has evolved over the five-year period through the various projects, project leaders, and networks formed through the partnership. Frameworks that began with a traditional chronic disease prevention orientation have evolved to become founded in health promotion principles that address the social determinants of health as well as risk factors for chronic diseases. Other projects, initiated with strong health promotion orientations, have widened their reach and scope, due in part to the far-reaching and varied networks of the IUHPE.

The 2<sup>nd</sup> Cooperative Agreement, which is under development, will offer renewed opportunities and the relevance of continuing the debate about health promotion in contexts marked by growing inequalities in living conditions and opportunities, which makes equity the major challenge for effective change in the production of health at the national and global levels.

The success of the first agreement is evidenced though the accomplishments and outputs of the different programme areas covered, as described herewith.

### Latin America Health Promotion Effectiveness Project

In collaboration with the Center for public health political and technical development and evaluation (CEDETES) in the Valle University in Cali, Colombia, regional and national partners in Latin America invested in capacity building for the evaluation of health promotion interventions. Specific foci of the project included:

1. the development of knowledge and skills of a critical mass of professionals within the Latin American region in order to evaluate the effectiveness of health promotion interventions.
2. the promotion of the development of effectiveness evaluations in health promotion in the Latin American Region through training and technical assistance to teams of a broad range of countries through the application of the Rapid Evaluation Methodology.
3. the development of community-level interventions that addressed chronic diseases and their risk factors, and which utilised multi-sectoral, multi-method strategies to promote health.

## African Health Promotion Effectiveness Project

Through the development of a concept paper on health promotion and education effectiveness in the African Region, the need to develop capacity in the region in terms of monitoring and evaluation, process documentation and advocacy became evident. These needs served as the basis for the African health promotion effectiveness project to emphasise its own priorities and definitions of evidence and effectiveness, taking into account its own context, and developed plans accordingly.

A comprehensive literature review on health promotion effectiveness in the Region was conducted in order to document the existing evidence base, and moreover, a research publication to review and synthesize evidence-based health promotion effectiveness has been commissioned to complement this with detailed information on the state of the art in a number of areas which are critical for the Region (e.g. health promotion schools, tobacco control, HIV/AIDS, urbanization, youth and adolescent health, aging, malaria, epidemics, etc.) This publication will provide the foundation for further advocacy efforts to inform decision makers, as well as for training health promotion professionals in monitoring and evaluation.

## Influence of the Built Environment on Physical Activity and Quality of Life in Bogotá Citizens

The main components of the project include:

- exploring the nature and extent of the associations between the built environment (e.g. urban density, design, diversity, access and distance to public transportation systems motorised and non- motorised and recreational spaces) and population levels of physical activity and quality of life related with health.
- identifying the determinants of the changes occurred in the urban and social environments of Bogotá over the last years.
- inquiring about the possible links between the urban planning and public health areas at local level.

Two presentations of the study were made in the International Congress of Physical Activity and Public Health which was held in Atlanta, in the United-States, in April 2006, dealing with community environments and influences on physical activity and quality of life focusing on intercultural and intercontinental comparisons.

## Health Promotion Effectiveness: Global Models of Urban Design, Urbanisation and Liveability

As the world becomes increasingly more and more urbanised, health promotion in the urban setting is becoming a public health priority, and should be developed with goals that incorporate the principles of the Ottawa Charter.

Grassroots, governmental, and non-governmental organisations have sought to work to promote health in cities through programmes such as Healthy Cities, or movements such as Smart Growth and New Urbanism. Evaluation of the efforts of such programmes and movements has not been well-documented; very little has been written about the effectiveness of these efforts and even less describing their effects.

The main purpose of this project is therefore to try and assess whether these networks and movements have shown effectiveness in health promotion. The outcome of the project was incorporated in the Global Monograph on Health Promotion Effectiveness providing information and varying perspectives for the chapter on *Urbanisation*.

## Health Promotion Effectiveness: Expanding the Evidence-Base of Social Determinants-Related Initiatives in the Community

This project developed in-depth case studies and/or evaluation studies to provide guidance for community-level initiatives seeking to address the social determinants of health inequity. Key areas of inquiry that were addressed include: developing multisectoral, participatory collaborations to intervene on social and economic factors affecting health; building community capacity for health improvement; using health promotion strategies such as community development, popular education, or structural change through public advocacy to support and enhance existing social capital and other community assets. More information on this project is listed under the outcomes of the GPHPE.

### Sub-Saharan African Cardiovascular Health Training Development Project

The four primary focus areas of this project are:

1. the promotion of cardiovascular health (CVH) for all;
2. the prevention of the development of cardiovascular disease (CVD) risk factors in the first place;
3. primary and secondary prevention of major CVD; and
4. building a locally-sustainable infrastructure for CVD and risk factor disease surveillance, as well as cardiovascular health promotion development.



CDC & IUHPE First annual course on cardiovascular health promotion and chronic disease epidemiology, October 2004, Accra, Ghana

Across these four focus areas, the role of policy change, environmental supports and population-based preventive strategies has been highlighted systematically in the contents of three training seminars which took place on an annual basis, in Accra, Ghana, involving a dedicated multi-disciplinary faculty and multi-sectorial teams from Ghana, Nigeria and the Gambia. In addition, preventive strategies for high-risk populations were addressed.

Development of regional projects, using the material provided and the lessons learned from the Seminars have also been a highlight of this initiative.

As a means to start building locally-sustainable infrastructures for CVD and risk factor disease surveillance, as well as cardiovascular health promotion, a coordination unit has been set up in Accra, Ghana, based at the Pan-African Society of Cardiology (PASCAR) under the leadership, and supervision of Professor Albert Amoah, who is responsible for networking with country teams and leaders regarding both project content and funding.

This Seminar is now moving to another sub-region of Africa with the idea of transferring the expertise and knowledge acquired to develop similar capacities in Eastern Africa.

## Mental Health Promotion

This programme area has built on the success of the special issue of *Promotion & Education*, produced on the evidence of mental health promotion effectiveness that was launched at the 6<sup>th</sup> IUHPE European Conference on Health promotion Effectiveness in Stockholm, Sweden, in June 2005. Additionally, it also intends to build on the establishment in 2005 of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health (GCAPP), of which the IUHPE is a founding member.



HP-Source.net and other partners have launched specialty data sets on European mental health promotion capacity and on European alcohol policy. The database on National Policy for Child Mental Health in the Southern Part of the Western Pacific as part of this project is the first Module developed outside Europe.

The process of modifying the European mental health promotion template for data entry to create a new database in HP-Source.net on child mental health promotion and prevention, has highlighted some significant differences in conceptualisation and practice between mental health for adults and children. The study conducted so far shows, for instance, that:

- current language for children about mental health utilises mental illness prevention rather than mental disorder prevention;
- policy and programmes on employment and labour policies have been replaced with policy and programmes on such issues as abuse, participation of children/young people and partnerships between programme and service providers and schools and parents.

## Physical Activity Promotion

The overall aim of this programme of work is to strengthen global and regional physical activity health promotion programmes within the context of public health and health promotion.

In the **Southwest Pacific**, activities are coordinated by Professor Adrian Bauman, from the University of Sydney. They have focused on physical activity global measurement, monitoring and surveillance at the population level. Some of this latter work uses instruments such as the IPAQ (International Physical Activity Questionnaire), and also supports the development of the WHO instrument, GPAQ used in the STEPS surveillance project. Other related areas, such as health promotion interventions to increase physical activity, and broader health promotion surveillance and adolescent health promotion surveys are a natural evolution included in the scope of work. As well, capacity building around research methods, evidence based practice, and programme development are also proposed.

In **Latin America**, central activities to the project have included:

- developing in-country capacity for designing, implementing and evaluating local, state, and national community-based physical activity promotion programmes.
- maintaining and updating the information of the Physical Activity Network of the Americas (RAFA/PANA) on the Internet and through printed material to promote its activities and members.
- A publication on “*Best Practices on Physical Activity Promotion*” was developed by Celafiscs (Victor and Sandra Matsudo) who coordinates physical activities in Latin America under the Cooperative Agreement, gathering a broad range of experiences and best practice of promoting Physical Activity around the world. The book was launched during the International Congress of Physical Activity and Public Health on April 17<sup>th</sup> to 21<sup>st</sup>, 2006, in Atlanta.

At the **Global Level**, a **Global Alliance for Physical Activity (GAPA)** has been established to coordinate and provide strategic orientation to the activities and actions developed by international and national NGOs, as well as civil society, to help countries commence, continue and/or increase their efforts to address physical activity within the broad agenda of non-communicable disease prevention and health promotion. Across the expert and partner consultations, the following task have been identified as necessary to support countries develop a public health approach to physical inactivity:



- |                                   |   |
|-----------------------------------|---|
| ○ Advocacy                        | ○ Policy development and implementation   |
| ○ Communication and dissemination | ○ Programme implementation and evaluation |
| ○ Networks and partnerships       | ○ Surveillance                            |
| ○ Fundraising                     | ○ Capacity building and training          |

As part of **GAPA Objectives**, is the promotion of the development, implementation & evaluation of national policy and action plans and programs on physical activity.

In collaboration with a large range of experts and institutions in the field, a first Workshop to:

- Raise awareness of the importance of physical activity in the prevention of disease and the promotion of health and well being in communities
  - Inform decision-makers and stakeholders about the determinants, intervention and policy needs to increase level of physical activity
  - Develop and strengthen the translation of scientific knowledge on physical activity into practice
  - Improve the sharing and exchanging of knowledge and competence on the promotion of physical activity equitably
  - Identify countries' priorities and promote evidence-based interventions and best practices
- took place in San Diego, California, in December 2006, focusing on four countries: Brasil, Chile, Koweit, and Russia.

The steering committee of GAPA includes:

- Professor Adrian Bauman (IUHPE/CDC Cooperative agreement for policy)
- Dr Victor Matsudo (IUHPE/CDC Cooperative agreement for training and linkage with the Agita Mundo Network)
- Dr Mike Pratt (CDC and WHO Collaborating Centre on Physical Activity)
- Marie-Claude Lamarre (IUHPE)
- Dr Fiona Bull (Academic, Executive Coordinator at Loughborough University, UK)

GAPA was officially launched in the IUHPE journal *Promotion & Education* volume XII, number 2, 2005.

A Workshop on **Urbanisation, Globalisation, Physical Activity and Health Promotion** took place on November 14-16, 2005, in Bogota, Colombia, bringing together key professionals from CDC, the IUHPE network, key partners, such as PAHO, and from Bogota with background and expertise in urbanisation, health promotion and physical activity.

An issue of our Journal *Promotion & Education* was entirely dedicated to promoting physical activity globally (Volume XII Number 2 2006).

The different areas covered in this issue include:

- Health promotion and surveillance in physical activity-linked to the work in the Southwest Pacific region;
- Global and regional networks





- Evidence-based approaches and policy development; and
- Advocacy for physical activity

Five **symposia** have been planned to be held during the 19<sup>th</sup> IUHPE World Conference on Health Promotion and Education, in Vancouver, to synthesise and share lessons learned and knowledge gathered from these various activities.

## Community Health Promotion

A **Global Consortium on Community Health Promotion** has been established to foster and strengthen effective community health promotion efforts at international, regional, national and local levels. The primary purpose of the Consortium is to promote the use of sustainable participatory methodologies to improve community health. Within this context, it has started to identify, review and analyze practices and policies from different parts of the world that are relevant to develop and disseminate policy recommendations for strengthening effective community health promotion programmes. The Consortium would also envisage providing technical assistance – as appropriate – to promote the use of evidence of effective community health promotion interventions particularly to specialty networks to contribute to the development of strategic plans, which increase international impact of research in effective community health programs. Other objectives focus on providing networking opportunities between policy makers and practitioners in order to raise awareness about the range and variability of community health practices, training opportunities, and infrastructures around the world; catalyzing sharing of experiences, and developing and strengthening collaborative efforts to promote community health promotion.

The Consortium is formed of experts in the field from the IUHPE network and from CDC, from all parts of the world.

An issue of our Journal *Promotion & Education* has just been issued, entirely dedicated to Community Health Promotion: creating the necessary conditions for health through community empowerment and participation.



*“The issue covers many aspects of community health promotion from the elaboration of its interface with the principles of equity and considerations of population health to spot-lighting a series of case studies to enable a better understanding of what community health promotion involves and how participatory empowering methodologies can be used to harness community assets and why. In addition, the issue also features articles of practical relevance with respect to assisting countries and practitioners to examine whether their general activities in specific projects met current standards of good community health promotion practice, and providing guidance on participatory evaluation.”* (Sania Nishtar, Guest-Editor – *Promotion & Education* Vol. XIV, Number 2, 2007).

## School Health

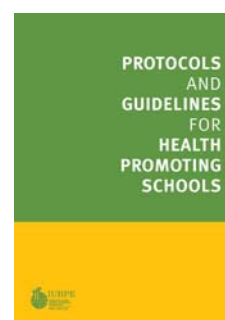
Establishing sustainable school health programmes depends on providing solid evidence which shows what works within the school setting, whilst taking into account its complexity and the different populations found within schools. Health promotion in schools has a rich history from which we can draw and also increase our understanding of the political and contextual factors which have influenced



the development of health policies in schools. The IUHPE has been a leading organisation in supporting developments in the field of health promotion in schools especially in terms of clarifying and disseminating evidence of the effectiveness of health promotion in schools. The work in the agreement has aimed to support activities which strengthen international, national and local efforts for effective school-based health promotion.

The school health programme element has developed, among its most pertinent activities, the *Protocols and Guidelines for Health Promoting Schools* under the leadership of Professor Lawrence St. Leger, from the Faculty of Health and Behavioural Sciences at Deakin University, Australia. The production of this document is the result of on-going discussions with renowned professionals which began at the IUHPE's 17<sup>th</sup> World Conference in 2001 and continued in 2004 at the 18<sup>th</sup> World Conference, where the participants recommended the production of a coherent document that could provide a blueprint for improving the evidence base for health promoting schools. Fundamental to this effort has been revisiting the five areas outlined in the Ottawa Charter for Health Promotion as they apply to *school* health promotion: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services

*Protocols and Guidelines for Health Promoting Schools* have been produced by analysing research and evaluation evidence. Those factors which contribute significantly to the design, implementation, evaluation and monitoring of HPS, have been summarised. These evidence-based Protocols and Guidelines are intended to assist governments, schools, NGOs, and other interested groups and individuals to be more effective and strategic in their efforts to enhance school health programmes (Professor Lawrence St. Leger, "Protocols and Guidelines for Health Promoting Schools hand out, 2007). The first workshops which launched the document, took place at the 79<sup>th</sup> American School Health Association's Annual Conference in October 2005 in Burbank, California.



The second output under this programme area was a special issue of our Journal *Promotion & Education* (Volume XIII Number 1 2006) dedicated to Health Promoting Schools, guest edited by Ian Young. The aim of this edition is to give a global portrait on the state of the art of school health. The approach is to push the thinking on school health promotion forward, not merely depict interventions on what works in different settings and for different populations, while achieving the widest global outreach possible. The value added of this compilation of papers is a genuine reflection on the value of specific approaches. The issue has proved to be a defining point in the development of health promotion in schools.



Finally, the IUHPE participates in the **International School Health Network (ISHN)** which has emerged as a means to communicate information and encourage the use of comprehensive approaches to school-based health promotion/health promoting schools across the world.

## Tobacco Control

During the period considered, a special issue of *Promotion & Education*, has been dedicated to highlight the tobacco situation in Francophone Africa. (Supplement 4 2005).

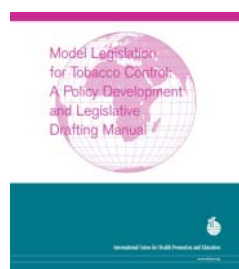
In cooperation with partners and the pioneer health promotion foundations, the IUHPE had been asked to

- develop the evidence base that could be used to advocate to governments for the imposition and collection of taxes on tobacco as strategies to reduce the incidence and prevalence of smoking;
- explore the economic and ethical arguments for and against ring-fencing tax revenue for

specific purposes – in general and for health promotion in particular; and

- explore the experiences of different countries in using ring-fenced taxes on tobacco to fund health promotion (infrastructure and/or action), with particular reference to the establishment of health promotion foundations.

In practice, the IUHPE Board recognised that it would be necessary to develop a formal policy to guide any recommendations we, as an organisation, might make re the use of taxes on specific products to fund health promotion. It was decided to commission a position paper on building the evidence base used by organisations and countries to advocate for the use of taxes on tobacco, alcohol, and other ‘unhealthy’ products to fund health promotion, and to investigate the ways that such taxes have been ‘invested’ in health promotion (e.g. through Health Promotion Foundations, or in issue-specific campaigns). Dr Karen Slama, from the International Union Against Tuberculosis and Lung Disease published a paper on this issue which was published in *Promotion & Education*.



Under this programme area, the IUHPE coordinated the development of the *Model Legislation for Tobacco Control: A policy development and legislative drafting manual*. The document is part of an initiative to enhance global capacity for tobacco control policy and was compiled by public health professionals and lawyers from the academic, government, and NGO sectors within the tobacco control community. The original English document has been translated into French to link with the initiative to control and prevent tobacco consumption in Francophone Africa.

## D. INDO-EU DIALOGUE ON PRIVATE AND PUBLIC PARTNERSHIPS TO DEVELOP AN APPROPRIATE AND SUSTAINABLE HEALTH CARE SYSTEM

The Voluntary Health Association of India (VHAI) and the International Union for Health Promotion and Education (IUHPE) collaborated in an Indian and European initiative to engage in an international dialogue on the development of an appropriate and sustainable health care system with government, public and private partnership in today’s political, social and economic context.<sup>1</sup>



### The need

Systems for health care delivery are in a state of flux throughout the world. The range varies from systems dependent almost entirely on the public sector, to the other extreme where the predominant role is played by the private sector. In a country such as India, the economy is buoyant enough to support the best in health care through the private sector in some sections and yet there are vast areas of poverty where access to private sector tertiary health care is an impossible dream.

<sup>1</sup>This project was funded by the European Commission (IND SPF/191002/965/96-447). **Disclaimer:** This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of VHAI and the IUHPE and can under no circumstances be regarded as reflecting the position of the European Union.

## The call

The impetus for this project is the clear fact that both the public and the private sectors will have to play a role in the provision of health care in India in the foreseeable future. Given their longer history and background in evolving patterns of Public/Private partnership in health care, the European partners in this project will play a key role in outlining recommendations and advising on matters related to their implementation. .

## The response

The IUHPE lead and coordinated a European Project Advisory Group who provided leadership for the project and contributed to the exchange of knowledge, questions and ideas with the Indian counterparts. The target group for the recommendations was health decision-makers from all sectors involved in governance, and in particular in the health sector.

## The result

A plenary symposium for the Indo-EU Dialogue on Public Private Partnership for Appropriate and Sustainable Health Care Systems was held at the 7<sup>th</sup> IUHPE European Conference in Budapest, Hungary, in October 2006. This was the ideal forum, as one of the conference's major goals was to provide a platform to key European actors in the health development arena for tackling health inequalities at the global and community levels. Over the course of this project, both organisations brought together a wide range of experts to explore the complexities and possibilities for public-private partnerships (PPPs) in health care systems around the globe. The culmination of two years of work between VHAI and the IUHPE, this symposium presented the results of this work to health policy and decision-makers, leaders of public sector and private sector health care and public health, representatives from medical associations, NGOs, academicians, researchers, and journalists, et cetera.

## The product

The project culminated with the production of a final report of both the Indian and European Working Groups as a special issue of VHAI journal *Health for the Millions* (Vol. 32, No. 6 & 7). In addition to presenting various background papers and the outcomes of the two advisory groups and final dialogue, the issues also shares a number of specific works of research and reflection from India and the European continent that were commissioned specifically for the project.

## E. RENEWING OUR COMMITMENT TO THE OTTAWA CHARTER

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The International Union for Health Promotion and Education (IUHPE), in collaboration with the Canadian Consortium for Health Promotion Research (CCHPR), and with support from the Public Health Agency of Canada, have a strong interest in contributing to: (1) the formulation of recommendations regarding both the policies and system conditions necessary for sustainable and effective health promotion; and (2) reaffirmation of a clear role for health promotion in the context of political, economic and social conditions globally, and in terms of the impact of globalisation on health. To support these two goals, a project was undertaken to draft a document recommending priorities for action, derived from a larger collection of commissioned papers on renewing commitment to the path set by the Ottawa Charter.

### A new era for health promotion

As the host country of the 19<sup>th</sup> *World Conference on Health Promotion and Health Education* of the IUHPE, Canada has reaffirmed its commitment to facilitating this contribution to the international exchange of knowledge in health promotion through its vast national health infrastructure, large

national workforce of health professionals, and its numerous national health and public health professional associations, all of which have important international ties.

The overall theme of the conference being “Health promotion comes of age: Research, policy and practice for the 21<sup>st</sup> century” provides a solid basis upon which the conference can build upon to respond to this challenge. The direction of the field of health promotion is moving into a new era of more intricate, complex matrices of conditions that require a firm set of undeniable conditions which are necessary for health promotion policy to be introduced, debated, and implemented effectively. The venue of the conference is essential as a step in the process of the project proposed in this amendment offering a significant forum for dialogue.

### The project's structure and operational framework

A steering committee and Project Advisory Group (PAG) were established, with a scientific and technical consultant to be responsible for the leadership and management of the technical components of the project. The resulting organising construct and framework that was developed in a consultation process has maintained a broad focus in looking at both the policy context and the infrastructure, in terms of what policies are in place to develop workforce, to mobilise and support delivery mechanisms. The project identified 10 countries and lead authors to produce field reports based upon the framework to look at different stages of development of their policy on health promotion, social determinants and inequalities, strategy and structure within the public health and wider social systems and to bring their representatives together to examine how the role of health promotion has been or can be enhanced strategically and structurally, and what they consider are the most effective health promotion initiatives to contribute to the analysis and report.

### Expected products

The conference aims to foster the development and dissemination of new knowledge and innovative strategies, and significant evaluation data about the conference and its effect on health and policy processes will be generated and reported. To this end, the CCHPR and the IUHPE will release the document including priorities for action based on data collected through the dialogue process and building upon the information from the commissioned field reports from the project.

The main outputs will be an action-oriented set of documents in two parts. Both parts depend upon the content of commissioned country field reports. The first part is a brief synthesis document that incorporates lessons learned from the information in the commissioned national reports, and the synthesis document will be disseminated at the conference. This document presents key recommendations for policy-makers in a variety of domains and sectors. It will present the conditions which are necessary for sustainable and effective health promotion, and the political action which is needed to support and maintain it. It will also present a brief analysis of health promotion's contextual development and implementation, including opportunities and assets. The field reports themselves will be published in a special issue of *Promotion & Education* in November 2007. The CCHPR/IUHPE joint final report will serve as a compelling influential document in taking forward the debate to engage the health promotion field and other sectors to collaborate together to formulate and implement health promotion policy. By documenting the success stories and consensus-based practical recommendations for policy makers, this globally disseminated tri-lingual report will be an engine that will act as the driving force behind the future articulation of health promotion policy.



# PUBLICATIONS

## A. PROMOTION & EDUCATION

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The IUHPE's international journal of health promotion and health education, *Promotion & Education*, is one of the IUHPE's flagship activities. The journal is one of the IUHPE's main communication tools and it aims to:

1. provide an international and interdisciplinary forum for the dissemination and exchange of health promotion, health education and public health theory, research findings, practice and reviews in a range of settings and specific populations;
2. publish articles which ensure wide geographical coverage and are of general interest to an international readership;
3. encourage and support authors from low- and middle-income countries, as well as, non-English speakers to publish through the *Health Promotion Journals Equity Project (HPJEP)*;
4. remain committed to equitable access in publication, in terms of language and type of contribution. The journal's content spans wider than a traditional academic journal to reflect the daily practical success stories and challenges of practitioners in the field in terms of their lessons learned from interventions, and their experiences in terms of areas like advocacy, networking and partnership.
5. provide a fair, supportive and high quality peer review process;
6. ensure a multi-lingual print dissemination tool for information on IUHPE projects, events and other relevant communications for members of the network.

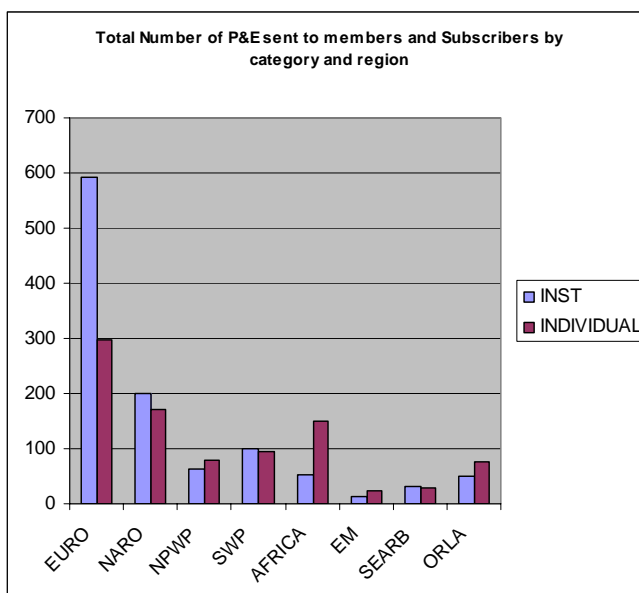
The content of the journal serves to reflect three of the strategic priorities of the IUHPE, namely, advancing knowledge, advocacy and networking. Given the scope of some of the manuscripts submitted, the journal began to develop in the past years occasional series, such as, Reflections from practice, showcasing health promotion in different countries or regions of the world, and finally, in line with one of the aims in the communications plan and strategy, it revamped technology corner. The journal has also been an important asset, especially over the past two years, to communicate project activity and event proceedings through special and themed issues.

Thanks to the increased quality of manuscripts published, *Promotion & Education* has become a renowned journal beyond our traditional network and readership. As a result, a new graphic charter and protocol for the journal was created given the changes in terms of content and size, and especially to place it up to par with other scientific journals in the field. Central to this development has been the continued work and commitment of the Editorial team, including the Editor in Chief, Jackie Green, Catherine Jones, Managing Editor until 2006 and Martha Perry, who took over the Managing Editor position.

The journal is also undergoing a series of other changes, including, a change in editorship as Jacqueline Green, Editor in Chief since 2001 steps down from her position and is replaced by Maurice Mittelmark, who will assume his position in June 2007. In addition, the journal's Editorial office has issued a call for tender with the purpose of hiring a professional publisher to manage the journal's production, publishing and distribution in order to improve the quality of the journal, the access and availability, and the timing for release by refining the process to be more proactive.

Every member of the IUHPE receives a copy of the journal with their membership. It is estimated that issues circulated as subscriptions as part of the benefits of membership number a global total of 1,500; therefore, approximately half of the Journal's overall circulation. Subscriptions, either direct or through agents, individual and bulk orders and distribution to authors account for approximately 500 – 700 issues.

*Promotion & Education* publishes four regular issues a year, some of which are focused on specific themes, and a selection of supplement issues ranging in scope and size. During the period 2004-2007, the following issues have been published:



## 2004

- Volume XI Number 1 2004
- Volume XI Number 2 2004
- Volume XI Number 3 2004
- Volume XI Number 4 2004
- Supplement 1 2004:  
The effectiveness of health promotion: proceedings from a symposium organised by the French Institute for Prevention and Health Education (INPES) in collaboration with the IUHPE  
*Guest Editors:* Pierre Arwidson and Michel O'Neill

## 2005

- Volume XII Number 1 2005
- Volume XII Number 2 2005
- Volume XII Number 3-4 2005: *Global School Health Promotion*  
*Guest Editor:* Ian Young
- Supplement 1 2005: The challenge of getting evidence into practice: current debates and future strategies  
*Guest Editor:* Angela Scriven
- Supplement 2 2005: The Evidence of mental health promotion effectiveness: strategies for action  
*Guest Editors:* Eva Jané-Llopis, Margaret Barry, Clemense Hosman, Vikram Patel
- Supplement 3 2005: Integrating health promotion and prevention in health systems:  
*Proceedings from the 2nd International conference on local and regional health programmes. October 12-15, 2004, Quebec, Canada.*  
*Guest Editor:* Louise Potvin
- Supplement 4 2005: The growing crisis of tobacco consumption in francophone Africa  
*Guest Editor:* Sylviane Ratte



## 2006

- Volume XIII Number 1 2006
- Volume XIII Number 2 2006: Promoting physical activity globally  
*Guest Editors: Adrian Bauman, Wolf Kirsten and Michael Pratt*
- Volume XIII Number 3 2006
- Volume XIII Number 4 2006

## 2007

- Volume XIV Number 1 2007
- Volume XIV Number 2 2007: Community Health Promotion: Creating the necessary conditions for health through community empowerment and participation  
*Guest Editor: Sania Nishtar*
- Supplement 1 2007: Evaluation of Health Promotion Effectiveness in Brazil. *Proceedings from the 1st Brazilian Seminar on Health Promotion Effectiveness. May 10th-13th, 2005, Rio de Janeiro, Brazil.*  
*Guest Editors: Marcia F. Westphal and Nina Wallerstein*
- Supplement 2 2007: The Ottawa Charter for Health Promotion- A critical reflection. Background to the 19th IUHPE World Conference on Health Promotion and Health Education. *"Health Promotion Comes of Age: Research, Policy & Practice for the 21st Century"*  
*Guest Editors: Marcia Hills and David V. McQueen*

Upcoming issues:

- Special themed issue- Country field reports: *Renewing our commitment to the Ottawa Charter Project*
  - Special themed issue- Post-Vancouver: *Highlights from the 19<sup>th</sup> IUHPE World Conference and setting the stage for Hong Kong 2010.*
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## B. REVIEWS OF HEALTH PROMOTION & EDUCATION ON-LINE

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The Reviews of Health Promotion & Education on-line (RHP&EO) is the IUHPE's electronic trilingual journal freely accessible at [www.rhpeo.org](http://www.rhpeo.org). Since its transformation in 2001 from the former *Internet Journal of Health Promotion* (IJHP), RHP&EO has flourished as an internationally renowned resource for reviews of globally published resources. Its production is possible thanks to the IUHPE, the Public Health Agency of Canada and the Faculty of Nursing Science of Laval University, Quebec, Canada.

### RHP&EO On-going series

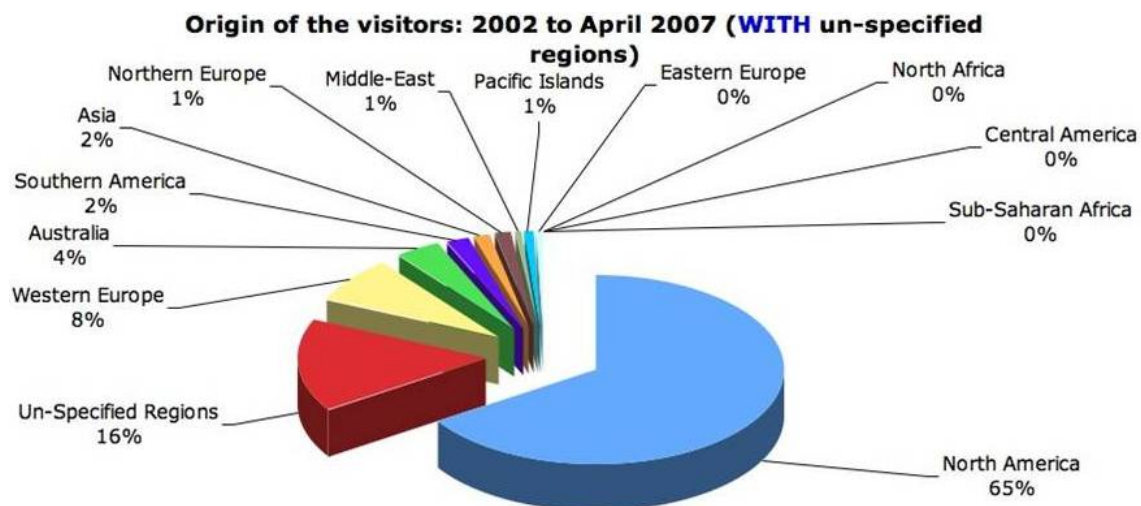
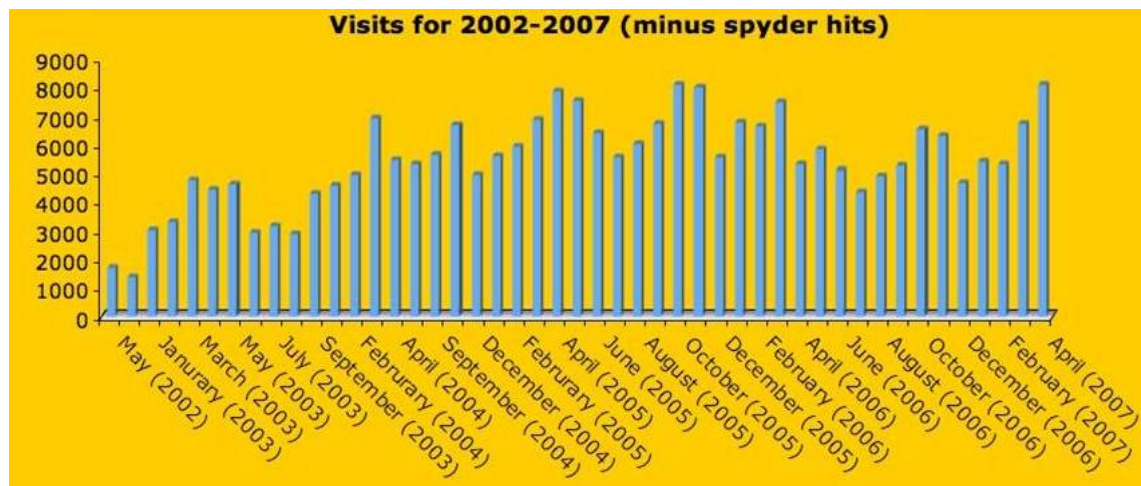
For the past years, in sync with its aim to develop, disseminate and exchange knowledge on health promotion and health education at the international level, the journal has organized reviews along four series:

1. The first two series present critical evaluation of Health Promotion resources. The reviews are written by selected contributors from different parts of the World and a variety of backgrounds. Although these series are reserved for the contributors, any member of IUHPE can send a reaction to their contributions. The series include:
  - The five resources that influenced me the most in my career
  - Current resources we would like you to consult



2. The two other series are on current ‘hot’ topics in our field and open to all members of IUHPE:
  - Ottawa 1986- Vancouver 2007: should the Ottawa Charter be revisited?
  - Renewal of the leadership in health promotion

Evidence of the journal's global success



Source: Dupéré, S., Cournesche-O'Neill, S. and O'Neill, M. (2007) The first six years of RHP&EO. Report to the Editorial Advisory Board, June 10<sup>th</sup>, 2007: Vancouver, Canada

## C. IUHPE RESEARCH REPORT SERIES

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### *Research Report Series*

The IUHPE Research Report Series is the new addition to the IUHPE's family of journals. 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 growth as a knowledge-producing agency; it serves also to bring the work of IUHPE student members to the global readership.

The IUHPE Research Reports series are published on the global IUHPE website to ensure all members have access to these valuable resources. The first series were published in 2006 and include:

- Volume I, Number 1, 2006: *Interactive processes in global partnership: a case study of the Global Programme for Health Promotion Effectiveness* by J. Hope Corbin
- Volume I, Number 2, 2006: *Higher education in health promotion in Europe- A comparative analysis of Master's level training programmes in HP-Source.net* by Claudia Konig
- Volume I, Number 3, 2006: *INGO Accountability : keeping faith with all stakeholders . A multiple case study of two international non-governmental associations in health* by Marianne van der Wel

The first issue of 2007 was developed for the IUHPE's European t the University of Galway, Ireland, entitled: *Scoping Study on Training, Accreditation and Professional Standards in Health Promotion* by A. Santa Maria and M. Barry.

## D. HEALTH PROMOTION INTERNATIONAL & HEALTH EDUCATION RESEARCH

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Between the years 2000 and 2003, the IUHPE and Oxford University Press (OUP) signed a collaborative agreement to include the journals *Health Promotion International* and *Health Education Research* as official research journals of the IUHPE. As part of this agreement the journals publish relevant information and activities in the IUHPE News and information section. The aim is to use these contributions to give more visibility to strategic activities of the IUHPE, including regional

development of the organisation and regional projects of the GPHPE, advocacy priorities, and conferences.

All IUHPE individual members have preferential rates to subscribe to both journals.

## CONFERENCES

The IUHPE has a reputation of organising high quality global conferences. In addition to these, differing regions hold conferences and events and the IUHPE name and logo have also been used to endorse conferences organised by others. Given the scope and range of these events and their importance to the IUHPE, the Board of Trustees decided at its meeting in May 2005 that a Committee, chaired by a Vice President for Conferences be set up. The Vice-President under this position is in charge of leading and supporting the work of the Conferences Committee, as well as, providing support and advice to those offering to organise IUHPE conferences and attending global conference planning meetings.

The Vice President and Committee aim to bring a dimension of a long term strategic planning to the conference cycle and seek mechanisms to ensure that the conferences are better connected with each other and effectively meet the aims of the IUHPE. As an important step in this direction, the Vice-President is leading a feasibility study on tendering to conference organisers.

The following global conferences have been organised by the IUHPE at global and regional levels:

### Global

19<sup>th</sup> IUHPE World Conference on Health Promotion and Health Education: *"Health Promotion Comes of Age: Research, Policy and Practice for the 21<sup>st</sup> Century"*. June 10-15, 2007. Vancouver, Canada.



### Regional

6<sup>th</sup> IUHPE European Conference on the Effectiveness and Quality of Health Promotion: *"Best Practice for better health"* June 1-4, 2005. Stockholm, Sweden.



2<sup>nd</sup> IUHPE Conference of the IUHPE-Northern Part of the Western Pacific, June 24, 2006, Tokyo, Japan.

7<sup>th</sup> IUHPE European Conference on Health Promotion and Health Education: *"Globalization and Equity: Consequences for Health Promotion Policies and Practices"* October 18-21, 2006. Budapest, Hungary.



5<sup>th</sup> IUHPE Regional Conference of the South East Asia, *"Youth's health- Nation's Wealth"*, April 21-22, 2007, Bangalore, India.

# III. Advocacy and Communications

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## A. ADVOCACY INITIATIVES

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The IUHPE has advocated for health promotion training, practice and research, as well as for equity in health for over 50 years. Advocacy is one of the main strategies of the IUHPE to fulfil its mission. The IUHPE has acted to refine and expand its advocacy role and has taken several steps to improve it, including:

- development of a policy for the submission and adoption of resolutions by the General Assembly (held every three years in conjunction with the World Conference);
- preparation of criteria to guide the formulation of resolutions that are consistent with the values, goals and objectives of the IUHPE;
- consideration of criteria to guide the formulation of resolutions that fit within the organization's capacity to act effectively on the resolutions;
- development of guidelines for the development and adoption of policy statements to form the basis for advocacy by the organization;
- development of processes to engage members actively in the preparation of draft policy statements, in contributing to debate about these, in finalizing the statements, and in advocating for their implementation through relevant channels.

### The evidence and the way forward

The proof of the successful accomplishment in this area is accounted through participation in the elaboration of different international treaties and agreements, such as, The Global Trade and Health policy – led by Professor Ron Labonte; or the actions in support of the implementation of the Framework Convention on Tobacco Control – led by Ms. Marie-Claude Lamarre, and a broad range of partners.

Despite these achievements, there is room for improvement and further development. Over the last years the IUHPE has strengthened its reputation as a source of expert policy advice on a range of global health issues. Thanks to the expert knowledge, skills and commitment of individual members, institutional partners and staff, the IUHPE has contributed significantly to policy development in the areas of global tobacco control (eg. the development, publication and dissemination of the “Model Legislation for Tobacco Control: A Policy Development and Legislative Drafting Manual”) and global trade and health. Furthermore, the IUHPE has once again been able to engage policy and decision makers at the European Parliament by addressing them upon the occasion of the launch of a comprehensive on-line database ([www.hp-source.net](http://www.hp-source.net)) in light of the need to strengthen health promotion policy, infrastructure and practice across Europe. This experience builds upon the original

evidence work and advocacy campaign around the effectiveness of health promotion in the European Region, which served as a springboard to the IUHPE's flagship Global Programme on Health Promotion Effectiveness.

The issue of advocacy is still at the heart of the GPHPE, however, the focus of activity is primarily on a regional basis within the framework of each region's given project. Nonetheless, the publication and release of the Global Monograph *Global Perspectives on Health Promotion Effectiveness* (D. V. McQueen and C. M. Jones (eds.) (2007) New York: Springer Science & Business Media) at the 19<sup>th</sup> World Conference in Vancouver in 2007 undoubtedly offers an unprecedented occasion to advocate on a broader global level for the high level commitment to design, implement and carry out effective health promotion national policy, disseminate and improve effective health promotion practice at all levels, and allocate the necessary resources to support these investments. It is precisely within this context that the IUHPE Vice-President for Advocacy, Ms. Marilyn Wise, the IUHPE President, Professor Maurice B. Mittelmark and the IUHPE staff, Ms. Catherine M. Jones, Ms. Marie-Claude Lamarre and Ms. Martha W. Perry were invited to contribute a chapter to this book on the future of health promotion from the IUHPE's perspective in which advocacy is used as the cross cutting theme.

### Engaging the membership

At the IUHPE General Assembly in Vancouver in June 2007 members are encouraged to put forth resolutions to contribute to the development of plans for further advocacy on IUHPE priority issues:

- global trade and health
- equity in health
- peace
- indigenous people's health
- tobacco
- diet, physical activity and health
- road traffic injury prevention

## B. COMMUNICATIONS PLAN AND STRATEGY

The IUHPE as non-governmental organisation (NGO) is a unique structure in that it plays an intermediary role to facilitate development and build capacity of individuals, groups and organisations. Central to its mission is the capacity to share experience, exchange information and dialogue both *inward*- elaborating a clear structure and ties with members, defining the division of responsibilities and the scope of work or developing cooperation ties- and *outwards*- to stakeholders and the general public.

In the past decade, the IUHPE has increasingly become a coordinating and facilitating agency of global health promotion projects and initiatives, beyond the more conventional activities, like the conferences and journals, and the organisation's name has been disseminated beyond our traditional networks.

It is within this framework that the IUHPE developed in 2006 a communication strategy and plan to contribute to market itself in order to ensure sustainable operations, to grow, develop and enlarge activities and staff. The aim is to prove, not only the importance of the organisation's mission and objectives, but also that the IUHPE is the best positioned to do the work. This strategy provides the IUHPE with marketing support, which can translate into financial, material and non-material means necessary for its activities, i.e., funds, capital assets, equipment, knowledge, work, etc.





Analysing the IUHPE's operations and communications have demonstrated both a need to modernise communications, taking advantage of the developments in technology, and improve our accountability management and exchange of information, advocacy initiatives and dialogue approaches both outward and inward. The plan aspires to implement the analysis of all communication channels: interpersonal, organisation-based and mass media.

The IUHPE's communication plan outlines the function of communications, the areas which need to be developed and identifies some potential actions. This plan is a work in progress and will include conducting research on organisations similar to the IUHPE to complete and/or modify the plan which will ultimately increase its effectiveness.

## Functions of the IUHPE Communications

Communication functions to provide connection to 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. The primary functions include:

### Income

- marketing for new members
- organisation business and resource development
- raising funds for projects that will contribute to achieve our global mission

### Voice

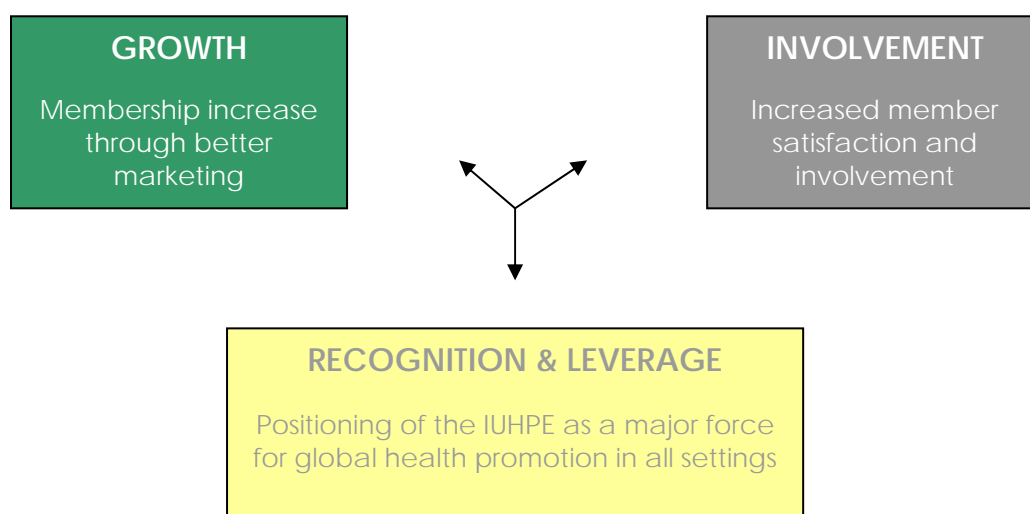
- providing information to members, partners and the public
- networking and sharing resources and information internally and with partners
- transparency about decisions and programme activity
- responding to solicitation for input and feedback
- advocacy initiatives

### Image-making and information

- written and electronic publications, statements and reports
- media and public relations

## Objectives of enhanced IUHPE Communications

A comprehensive communication plan and its implementation should result in:



## Activities

The IUHPE as a global organisation with members in over 150 countries means its members have hundreds of cultures and languages which enrich the organisation's ability to advocate for health in every corner of the world. However, this diversity can hinder effectiveness since language barriers separating even neighbours can make collaborative work difficult.

There are several solutions that the IUHPE is adopting to bridge this divide, among them, using Information and Communication Technology. An initial study has been published in the IUHPE journal on this subject entitled "The use of emerging technology to build health promotion capacity in regions with diversity in language and culture" (*Promotion & Education*, Volume XII (3) 2006: pp: 197-202).

In addition, the journal's 'Technology corner' section is being devoted to keep IUHPE members and readers up to date on the technology which can contribute not only to communicate and work more efficiently and effectively, but also to build knowledge and promote exchange and sharing of information. The focus ranges from practical guides on using different programmes, such as 'Instant Messaging' (in *Promotion & Education*, Volume XII (3) 2006: pp: 211-212), to descriptions of new developments in the ICT field, for instance, Web 0.2 applications like *blogs* or *wikis*. In line with the IUHPE's language policy, commitment to equity and the communications strategy, the articles published in this section will be found on the website in the three official languages of the organisation: [www.iuhpe.org](http://www.iuhpe.org).



## IV. Membership

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### A. MEMBERSHIP SERVICES

The IUHPE continuously works to improve the quality of membership services, ensure the regularity of those services to members, and facilitate the implementation of those services while maximising the capacity of the Headquarters staff. Among the most important developments on this front, during 2007 the IUHPE will make on-line services available to members to pay their dues and update their information directly. This will allow for a more efficient and rational administration of member information, as well as increased and faster communication and connectedness with members through electronic means.

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### B. MEMBERSHIP DEVELOPMENT

The IUHPE is working to develop membership in the following areas:

1) Beyond the field of health promotion

The IUHPE wishes to open up its membership to a wider population of potential members from a variety of other disciplines (sociology, economics, etc), in as much as health is the business of everyone and to follow the challenge put forth in the chapter of the Global Monograph on the future of health promotion from an IUHPE perspective.

2) Within the IUHPE Regions

In collaboration with the Vice-President for Membership Development and Fundraising and as well as that of the Vice-President in charge of the Headquarters and Membership Services, and the Regional Vice-Presidents and Directors, the IUHPE will design a membership development strategy specific to each region (for example, through the creation of a working group, adapting in relation to the regions and their respective services to members, and establishing collaborations across regions based on a given theme).

3) Student and young professionals

Within the framework of the development of a Student/Young Professionals working group the IUHPE wishes to support and assist the initiative at the administrative level, to be a link between the “young” members and “old” members and allow exchanges between them. This group will meet for the first time in Vancouver to set their mission, objectives and work plan. The enthusiasm around the group has been unprecedented and promises to be an important area of expansion within the IUHPE.

#### 4) In pilot testing the 'Country focal points' initiative

Within the context of the development of the country focal points in the European region, developed by Spencer Hagard, the IUHPE will support and assist the initiative and after the evaluation of the result in the European Region, work together with the Regional Directors to develop and adapt the project with their own respectively regions in the same way developed by Spencer Hagard (find a leader by region and then identify people through the existing membership or regional committee who can then take the basics into their countries to recruit a focal point).

### C. MEMBERSHIP TRENDS

At the end of 2006, the IUHPE had a **total of 1116 members**. This data accounts for a total net **increase of 104 members since mid-2002**. The distribution of membership by region and category at is as follows:

**Membership by Region and category**

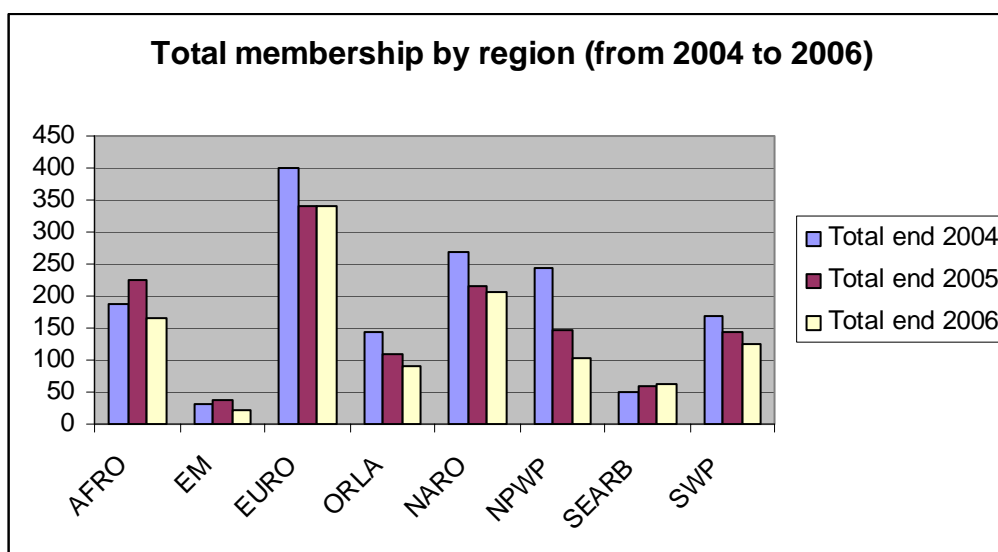
	Trustee	Inst. Nat. Scope	Inst. Reg. Scope (+ Hon)	Indiv. (+Hon)	Student
AFRO			12	141	12
EM			1	19	3
EURO	13	12	72 (+2)	170 (+7)	66
NARO	3	3	8	112 (+9)	71
NPWP			13	83 (+3)	3
ORLA		5	9	69	8
SEARB	1	1	2	55	3
SWP	1	3	17	87 (+6)	11
<b>Global</b>	<b>18</b>	<b>24</b>	<b>134 (+2)</b>	<b>736 (+25)</b>	<b>177</b>

In the following table, we have reported the number of global membership totals by category since May 2002. The student membership category is the category where a steady increase is continuous. We can see that the global number of IUHPE members is higher at the end of 2004, after the World Conference in Melbourne, particularly for Individual membership category.

**Global membership totals by category over past four years**

	May 15 2002	Nov 1 2002	June 1 2003	Nov 2003	August 2004	Dec 1 2004	Dec 1 2005	Nov 2006
Individual	818	868	964	949	999	1145	907	761
Students				61	115	105	150	177
Regional	164	169	171	183	184	199	181	136
National	15	28	27	23	27	28	23	24
Trustee	15	14	15	15	18	17	17	18
<b>Total</b>	<b>1012</b>	<b>1079</b>	<b>1177</b>	<b>1231</b>	<b>1343</b>	<b>1494</b>	<b>1278</b>	<b>1116</b>

However, one of the major relationships that the IUHPE has seen with membership is that more members do not always result in more resources. In fact, increasing members in a structure that is more flexible than strict in terms of payment policy and membership administration has shown that the structure can assume new members and service them without necessarily reaping the benefits of their membership fees as income. The decision to cancel members after two years of non-payment is the action which seems to have impacted membership numbers since the December 2005, with a total of 383 cancelled members and a net loss of 162 members in the past year.

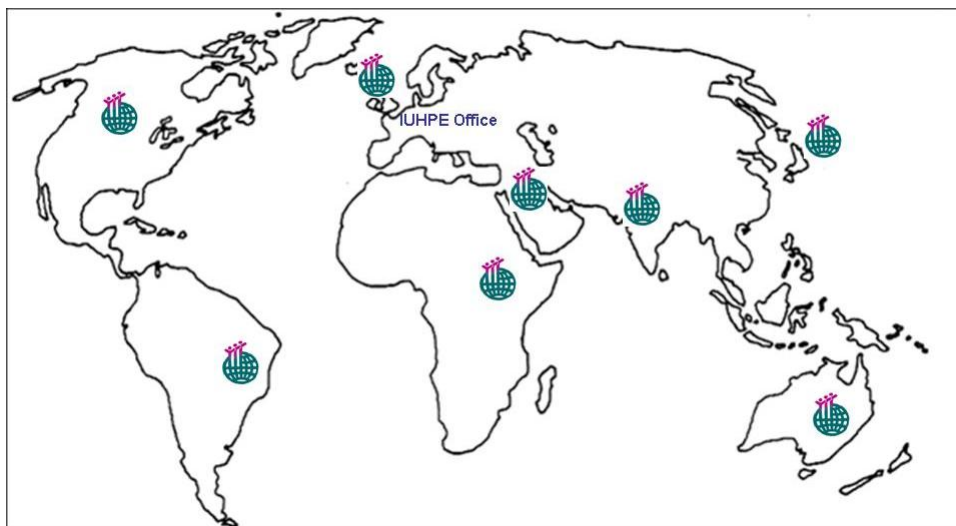


# v. IUHPE Regional Offices

## A. REGIONAL OFFICE ADMINISTRATION, SUPPORT AND DEVELOPMENT

The IUHPE Headquarters supports the work of the Regional Offices, and assists in the development of new ones in the parts of the world where they do not exist. The two regions which are emerging as part of the IUHPE regional structure are Africa and the Eastern Mediterranean.

In *Africa*, discussions have taken place with key members in the Region to assess and decide together on the best process to set up and develop the region. The IUHPE at its Board of Trustees meeting in May 2006 in Rio de Janeiro began discussing



the potential redefinition of the way we work at global and regional levels in the future, especially in view of the development of our work in Africa in the absence of a formal Regional structure to support it. This absence has in no way prevented the development of project activities nor of the membership network. On the contrary, the distribution of projects and responsibilities among key experts of the network in various parts of the continent has given them a better sense of belonging to the Organisation, and prompted them to take the lead for membership development for example (eg. Nigeria, Ghana, etc.), rather than counting on a Regional Office with limited resources to do so.

The networking of networks in this Region on the occasion of various activities (IUHPE/CDC short-course on cardiovascular health promotion, tobacco control in Francophone Africa, health promotion effectiveness including a comprehensive literature review, etc.) has been successful in the recent years. The significant increase of the membership in this Region is the best evidence of this achievement.

Additionally, in order to pursue the strengthening of the African Region network, the 2006 meeting of the Board of Trustees took place in Kenya, on May 8-10, 2006.

In the case of the *Eastern Mediterranean*, the 6<sup>th</sup> WHO Global Conference on Health Promotion held in Bangkok in August 2005 proved to be a major opportunity to connect with a broad delegation of health promotion professionals from Eastern Mediterranean countries attending the Conference and to assess their interest to build closer working links with the IUHPE network in the Region. Discussions have begun with key Board members in the region and other contacts to discuss existing or potential opportunities and set priorities (for example in terms of their involvement in projects, research, etc.) as part of not only the regional but also the global network.

## B. EUROPE (IUHPE-EURO)

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One of the principal long term aims of the European region has been to increase the number of active IUHPE members in all categories and maximise their active involvement in IUHPE activities for mutual benefit. At the Regional Committee's regular and well attended meetings, which have been held in Paris (January 2005), Stockholm (June 2005), Vienna (November 2005), Brussels (April 2006), Budapest (October 2006) and Riga (March 2007), the Region has put together different working groups and sub-committees to advance key areas of interest both within Europe as well as for the global IUHPE structure.

### Education, Training & Capacity Building

Health Promotion is an evolving field in Europe with a diverse and growing workforce. Sub-Committee of the European Regional Committee was established to examine the accreditation of health promotion training and education in Europe. With funding from the region, the University of Galway has led an initial scoping work. The process and results of this work will soon be published as the fourth issue in the new IUHPE Research Report Series (available at [www.iuhpe.org](http://www.iuhpe.org)). In recent meetings held in London and Galway, the group has started to work to establish a pilot scheme to test out a Pan-European Accreditation System for Health Promotion in 6 countries.

In terms of capacity building within the Region, in 2004 the Swedish Association for Health Promotion and Public Health and the IUHPE/Euro office launched the Professional Exchange Project (PEP) for professionals in the fields of public health, health promotion and health education. The PEP programme facilitates the professional development of individual members of IUHPE through a system of workplace exchanges, to encourage the free inter-change of ideas, knowledge, know-how and experiences. Two very successful exchanges have already taken place.

Work has continued on education and training in relation to the EC-funded PHETICE Project, EC Socrates Network Proposal and the CEIHPAL (EU-Canada) Bi-Lateral Project.

### Membership Development

An IUHPE Task Force met in London in early 2005 to action progress based on defined target groups at local and regional levels as well as national. In 2006 a pilot exercise was initiated to establish National Focal Points in a series of countries.

Work has begun on developing membership in those parts of Europe where the IUHPE is not well established – for example a Task Group has been set up to visit the Caucasus Region.

A major agreement was signed with CIPES and Italian colleagues in early 2007 to establish an IUHPE/CIPES European Centre in Turin for the next 10 years. This will focus on project and membership development in the countries of southern Europe and the Mediterranean rim countries, in particular. Among their activities, it is envisaged to establish an HPSource.net module for policy, infrastructure and practice in this part of the region.

### Raising the Profile of IUHPE within the European Region

The Region has closely contributed to the European Commission's (EC) Health Policy Forum and reacted formally to various EC green papers on aspects of health, including, the strategic directions for health policy, health services, transparency, mental health and nutrition in Europe (the documents are available for consultation on the IUHPE website- [www.iuhpe.org](http://www.iuhpe.org)). Most recently IUHPE was represented at the recent (May 2007) Transparency Conference held in Brussels.

IUHPE has continued to co-organise and co-sponsor European Conferences. In addition the IUHPE profile is raised directly in plenary presentations at international and national conferences – for example in Moscow, Vilnius, Ankara, Marmaris, Warsaw, Strujan, and Szeged.

## Conferences

IUHPE European Conferences have been delivered successfully at the following events:

- **6<sup>th</sup> European Conference on Quality and Effectiveness** in Stockholm in June 2005
- **7<sup>th</sup> European Conference on Health Promotion & Health Education** in Budapest in October 2006
- The **8<sup>th</sup> European Conference on Health Promotion & Health Education** is being planned at present and will be held in Turin in September 2008



## Research, Knowledge Development, Monitoring & Evaluation

HP-Source.net has been developed especially in quality terms regarding its data collection potential and specialist module development with funding contributed by the Region. Evidence and Practice within Europe have been developed through the Getting Evidence into Practice Project, as part of the IUHPE Global Programme on Effectiveness in Europe. Knowledge development work has been maintained through the EUHPID Project (health promotion indicators) and the IMPHA Project (integration of mental health in country policies).

## Networking, Alliance & Partnership Building

A mutually developed partnership agreement was signed in 2006 with EuroHealthNet. Both organisations are relevant and necessary in the region and recognise their distinct purposes and particular objectives, but share a common goal to contribute to the development of health promotion, to improve health, and to reduce the gap of inequities in health globally, and specifically in the context of Europe. The benefits of applying a range of dedicated, complementary approaches to relevant policy improvements and health promoting initiatives implementation at European Union (EU) level are also recognised. However, there is a clear need to avoid duplication to ensure coherence and mutual understanding, and to promote each other's work and aims in a transparent and sustainable manner. Therefore, the IUHPE and EuroHealthNet have each decided that an initial agreement be sought on practical co-operation measures that may be implemented, tested and reviewed within an agreed timescale.

The initial categories of cooperation have been set out as:

1. Information sharing for broader dissemination of activities and coordinated efforts.
2. Cooperation on policy and project activities development through the, so called, Joint Special Interest Groups (JIGS), which administration is shared by both organizations. Specific individuals within each have been identified to lead and coordinate JSIGs, so that clear lines of responsibility for information and follow up are made. In 2006, the following the groups were established:

- A. Health Promotion Evidence, Effectiveness & Transferability: IUHPE to lead based on taking forward the Getting Evidence into Practice (GEP) work.
- B. Mental Health Promotion
- C. Health Inequalities and Social-Economic Determinants: led by EuroHealthNet based on the Closing the Gap Project and DETERMINE proposal
- D. Alcohol
- E. Diet, Nutrition & Physical Activity: joint leadership, based on EuroHealthNet links with EU Platform; and IUHPE coordination of the Global Alliance on Physical Activity (GAPA)
- F. Capacity building: joint leadership, based on IUHPE aims in wider Europe region and EuroHealthNet project in 10 states.

### 3. Promoting and supporting each other's work

Additionally, the IUHPE European Region continues to be involved in the partnership agreement with EUPHA and discussions are initiated to create a potential partnership with WHO-Euro.

## Communication

One of the main goals of the European region's communication strategy is to significantly expand membership and create a high quality information and communication service for existing members. The main elements include the production of a quarterly newsletter and European web-pages linked to the IUHPE global website.

The aims of these communication tools are multiple, specifically to promote and progress the strategy of the IUHPE European Committee, IUHPE European members and their work, as well as to provide an interactive and informative mechanism with up to date resources to aid and ease communication with and among members of the IUHPE European Region. It also aims to expand membership by attracting potential new members to the website which aspires to become known as a routine tool for disseminating up to date news for people interested in the HP field. Crucially, it intends to provide a forum for debate and discussion regarding current and on-going HP and health education issues in the European region, and as appropriate, world-wide.

Following the feasibility study carried out by the University of Brighton into the development of regional communication tools, an Implementation Group has been established to action the launch of these dedicated communication tools.

## C. North America (IUHPE-NARO)

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The North American Region has been an exemplar region in duplicating the global officers structure at the regional level, electing not only the Region's President, but also different Vice-Presidents for key areas of interest and development, as outlined below. The vision has been to create an active presence, leadership and initiatives for health promotion and education in the IUHPE North American Region.

### Membership, fund raising and marketing

The goals of NARO in this area include:

- 1) Increasing individual membership within the region by 15 % per year (baseline 2004)
- 2) Increasing institutional membership within the region by 5% per year (baseline 2004)
- 3) Increasing trustee membership by one trustee each year during the three year period
- 4) 10 % increase in student members
- 5) Increasing regional fund raising for administration and operations



After conducting a SWOT analysis with the NARO regional committee and members, the region put together a document to inform the development of a regional membership plan, including sub-regional membership leads in the Caribbean, Canada and the US. NARO officers held membership recruitment meetings with important partners, such as CPHA, SOPHE and Institut national de sante publique du Quebec during their respective national meetings and conferences. Current membership in the region is 151. Just prior to the Vancouver conference in June, there will be a “Gateway City” celebration and membership recruitment in Seattle at the SOPHE meeting.

## Advocacy

The elections in 2004 created a new NARO VP for Advocacy officer position. Under the mandate, the objectives included:

- 1) Creating an advocacy network of key organizations in each of the NARO sub-regions
- 2) Establishing priority advocacy goal topics linked to IUHPE topics as well as unique regional topics
- 3) Sustaining official IUHPE United Nations accreditation as a liaison organization via the NARO UN liaison team.

Initial plans were made to coordinate advocacy initiative activities with IUHPE global advocacy priorities which will be enhanced beginning at the 19<sup>th</sup> IUHPE World Conference.

## Scientific meetings and conferences

Brick Lancaster and Fran Perkins were official NARO representatives on the 07 Vancouver World Conference planning committee. NARO collaborated with the CPHA annual meeting and SOPHE annual meetings including the Gateway City in Seattle.

## Communications

The regional newsletter was shared with members and organizational partners via email. This provided quicker distribution at lower costs. SOPHE, PAHO and other partners shared information from the newsletter in their newsletters.



## Scientific and technical development

One of the main activities in this area has been the development of the Scientific Programme for the 19<sup>th</sup> IUHPE World Conference on Health Promotion and Health Education in Vancouver, June 2007, through participation in the International Scientific Committee.

## Finance

The financial status in the region is positive, especially thanks to the substantial in-kind support and resources provided by the two universities in the U.S. and Canada, which support the regional offices: the University of North Texas Health Science Center, School of Public Health and the Centre for Health Promotion, University of Toronto.

The co- regional directors and offices in Texas and Toronto continued to provide collaborative leadership and management of NARO affairs. This co-regional office model will continue during the next period 2007- 2010.

## D. Northern Part of the Western Pacific (IUHPE-NPWP)

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Despite the language diversity of the different countries that compose this region, it is one of the flourishing Regions of the IUHPE and will be proud host of the next IUHPE World Conference in 2010 in Hong Kong, China.

### 2<sup>nd</sup> Conference of the IUHPE-NPWP

In 2006, members from Korea, Shanghai, Hong Kong, Taiwan and Japan came together for the 2<sup>nd</sup> Conference of the IUHPE-NPWP, which was held on June 24, 2006 in Tokyo in collaboration with Japanese Society of Health Education and Promotion (President: Prof. Takashi Eto). One of the keynote speeches was from IUHPE President, Professor Maurice B. Mittelmark on bridging languages gaps through the use of information and communications technology. Dr Susan Loo from the WHO Kobe Center (WHO Center for Health Development) was also there to address the Center's activities. The participants from Korea, Shanghai, Hong Kong, Taiwan and Japan made the seminar about the future activities of IUHPE-NPWP.

### Creating a Health Promotion Journal of IUHPE-NPWP

The NPWP region is currently working on publishing a health promotion journal for the Northern Part of Western Pacific Region and making it an official IUHPE Journal. The journal will aim to provide a forum for the dissemination of high quality regional research and to enhance the standards of health promotion and health education by focusing on best practices in the region. Dr Albert Lee, who leads the Pearl River Sub-regional Office of IUHPE-NPWP in Hong Kong, invited the Regional committee members for the first editorial board meeting in Suzhou, China, to discuss the different logistics and development of the journal. Further discussions will follow between the region and the global leadership to develop the initiative, especially in view of the next IUHPE World Conference in Hong Kong.

### Regional development and knowledge exchange

In addition to coming together at the executive meetings of IUHPE-NPWP (In 2005: in Kyoto, Fukuoka and Sapporo and in 2006 all in Tokyo), the Region has organised three cultural exchange meetings with Korean scholars organized by the Japanese Society of Health Education and Promotion to exchange knowledge on health promotion practice and research. The exchanges have taken place in Pusan, Korea in 2005; in Tokyo, Japan in 2006 and the next will be in 2007 in Daegu, Korea.

## E. Latin America (UIPES-ORLA)

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The work plan 2004-2007 in the region reflects the vision of IUHPE as a global entity but it was prepared to focus in specific actions within Latin American countries, most of them developing countries.

The ORLA executive group, including all the sub-regions (Andean; Central America, Mexico and Spanish-speaking Caribbean; Brazil; and the South Cone), committed to establishing networks to prepare and involve professionals in health promotion strategies, project evaluation and effectiveness of programs within the sub-regions. A second commitment was to select focal points to develop the plan to increase health promotion competencies in all countries and establish stronger links among the countries of the sub-regions and within the sub regions themselves.

## Meetings and conferences

In addition to the regular and well attended meetings of the Directive Council of ORLA (held in Melbourne, Australia, 2004; Sao Paulo and Rio de Janeiro, Brazil, in 2006), the region hosted the 2005 IUHPE Board of Trustees meeting and organized in Rio de Janeiro, Brazil, the 1<sup>st</sup> Brazilian Seminar of Health Promotion Effectiveness - Plan to prepare a Health Promotion book in partnership with PAHO and the Consortium of Universities to give support for long distance basic courses in Health Promotion. In the same occasion the Brazilian Sub region hosted the Meeting of the Board of Trustees of IUHPE, in Rio de Janeiro, in May 8 to 10, 2005.

## Education, training and capacity building

Sub regional Seminars, workshops and courses of Health Promotion have taken place in most of the regions:

### 1- Brazil

*Its Brazilian Seminar on Effectiveness of Health Promotion* held in May 2005 in Rio de Janeiro with the support of national and regional institutions such as ABRASCO, Fiocruz, School of Public Health of the University of Sao Paulo; SESC National and Local Foundations. A special issue of the IUHPE journal *Promotion & Education* was published in early 2007 containing the highlights and proceedings from this meeting.



*Latin American Workshop on Empowerment* held in May 2005, in Sao Paulo with the support of School of Public Health of the University of Sao Paulo, PAHO and Fulbright Foundation. The workshop was coordinated by Nina Wallerstein, Marcia Westphal and Claudia Bogus. The participants included 31 professionals from the following Latin American countries: Brazil, Peru, Chile, Uruguay, Colombia and Bolivia.

*Course on evidence of effectiveness of Health Promotion* held in September 2006 in Curitiba, Parana, Brazil was coordinated by Simone Tetu Moyses, from PUC – Parana, with the supervision of Ligia Salazar from CEDETES, Colombia. The course was held in two phases: one long distance one and one with the students' physical presence. The course prepared 15 Brazilian professionals to develop evaluation projects to be developed in all regions of the country, 10 of them with the financial support of the Ministry of Health and 5 of them with the support of the IUHPE Effectiveness project coordinated by CEDETES.

*II Forum of Health Promotion of the Americas* held on August 2006 in Rio de Janeiro with the support of PAHO and IUHPE –ORLA. The objectives of the Forum were to analyse the advances and lessons learned in the last 20 years, from Ottawa to Bangkok, in the context of Latin America and the Caribbean and identify needs and opportunities for the future.

### 2. Central America, Mexico and Spanish-speaking Caribbean

*III Conference on Health Promotion and Education* on "Effectiveness of Health Promotion", held in Cuba in June, 2006. The countries represented were from both the region and others outside of the region, including Mexico, Colombia, Cuba, Argentina, Guatemala, El Salvador, Honduras, Equator, Venezuela, Brazil, Spain, the United States.

*Course on Evidence of Effectiveness* held in Guatemala in November 2006, coordinated by Ligia Salazar, with the support of IUHPE, with wider participation of the coordinator of the region and other partners from Guatemala. The course involved 13 participants from Guatemala, Cuba, El Salvador, Puerto Rico and Mexico.

### 3. Andean region

*First Seminar on Health Promotion*, in Lima, Peru was held in November 2004.

*Peruvian Seminar on Effectiveness of Health Promotion* held in November, 2005, in Lima, Peru, with the support of the Ministry of Health, PAHO and IUHPE/ORLA.

Technical and scientific projects and partnerships in progress

The Latin American region has participated and continues to develop a series of projects to advance health promotion not only in the Region, but also amongst the Spanish-speaking countries of the world. These include:

*Regional Program on Health Promotion Effectiveness – CEDETES, Cali, Colombia*

The region collaborates with the development of strategies to disseminate and communicate the project at the regional level. In addition, it participates in the PAHO Healthy Cities and Communities initiative by implementing projects which will serve to test the “Guide for participatory evaluation of Healthy Cities Projects in Latin America”. One of the projects had already been implemented in Brazil, with the support of PAHO, in the five regions of the country.

*Book on Health Promotion*

With the support of PAHO and the Consortium of the American’s Universities, Hiram Arroyo, Regional Director, is coordinating the development of a Health Promotion Book to give support to long distance training courses in the Latin America. Many Health Promotion professionals of different countries have accepted to participate and are finalizing their contributions.

*Partnership with the Ibero-American Association of School Health* in the preparation of the Association’s annual international conferences on School Health.

## F. South East Asia (IUHPE-SEARB)

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The Plan of Operations for the South East Asia Region was prepared and submitted to IUHPE in 2005 with the major objective of improving the visibility of IUHPE in this Region.

Raising the profile of the IUHPE SEARB Region

There has been a considerable improvement in this area especially in the Government and Corporate circles. SEARB was commissioned by the Karnataka Government to undertake the preparation of the PIP (Project Implementation Plan) for the World Bank assisted Karnataka Health Systems Reforms and Development Project with an outlay of Rs.900 crores for a period of five years. The Plan submitted by IUHPE/SEARB to the Government of Karnataka in 2005 was approved by the World Bank with some modifications and the implementation of the project started in August 2006.

The State Government officially invited SEARB officers and members to join in national celebrations, such as, World Health Day and World AIDS day, where the regional office provided IEC materials. The 2007 symposium on World Health Day with the theme "Invest in Health, Build a Safer Future" was organised in Bangalore Medical College and involved the Media to promote Health Promotion activities.

Another area of important work has been school health through the School Health Check Up Programme. Implementation began in 2006 and continues through 2007 with the contributions from TESCO corporation. The programme has so far covered more than 1500 students in two schools in Bangalore.

The State Government has invited SEARB to assist them to technically examine their public health programmes and recommend/suggest changes/modifications. To facilitate this, SEARB has been provided additional accommodation in the Directorate of Health & Family Welfare Services for maintaining close liaison.

### Renewing and developing the membership

A unique feature of the SEARB Region has been Life Membership, which is one of the member categories in the region's Constitution. In view of the global organisational changes, SEARB members under this category are now affiliated as an institution of regional scope.

During the last years, the region has recruited 45 Individual members and will continue to develop its plan to increase this in the future.

### Regional conference

One of the most significant and recent achievements of SEARB is the successful organisation of the two-day Regional Conference with the theme "Youth's Health; Nation's Wealth" in collaboration with the Department of Health and Family Welfare Services, Government of Karnataka. With about 200 participants from all over India and important representatives from UN Agencies, like WHO and UNICEF, the Conference focussed on the problems of HIV/AIDS, Drug abuse, Alcoholism & Tobacco addiction, Sexual abuse, Cardio-Vascular diseases, Life style diseases, Reproductive Child Health and Mental Health. One the main successes has been the Government's acknowledgement of the problem and the beginning of a dialogue to include measure to reduce this burden.

## G. Southwest Pacific (IUHPE-SWP)

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The Southwest Pacific Region has been working for the past three years on the following areas:

### Strengthening Regional Presence

With the objective of strengthening links with important organisations in the region, such as, WHO, AUSAID, UN-Habitat or the Secretariat of the Pacific Community, as well and with the international and health units within regional universities, the following accomplishments have been achieved:

- The SWP Region has forged closer links with the Australian Health Promotion Association (AHPA) and now incorporates regional meetings into the annual AHPA conference. SWP sponsors events and maintains a profile throughout these conferences.
- Increased participation of the region's Vice-President in IUHPE global efforts including the Conferences Committee and work on Strategic Directions and Governance.
- Discussions on health promotion priorities with the newly appointed Shadow Minister for Health Promotion and were later invited to facilitate discussion in a large meeting of health promotion stakeholders.
- Improved links with WPRO (WHO).

- Regional support for the international mental health promotion conference in Perth in 2007, through the region's officers membership in the Scientific Committee for the Conference and keynote presentation by the Vice-President on health promotion in mental health.

## Effectiveness of Health Promotion

The region is part of the IUHPE's Global Programme on Health Promotion Effectiveness (GPHPE) and continues to maintain its contributions through demonstration projects (health promoting schools-resilience- building; Samoan family and village wellbeing; and injury prevention related to alcohol). Among the developments in this area are:

- A review of Health Promotion competencies in Australia conducted by IUHPE SWP members.
- High level of IUHPE SWP member participation reviewing and editing health promotion articles for a range of peer-reviewed journals.
- Strong contributions from IUHPE SWP members to a paper on the effectiveness of health promotion in preventing alcohol-related harm.
- IUHPE SWP members coordinating regional participation in the CDC child mental health promotion and mental illness prevention capacity mapping project.
- Conducting research into the role of non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) in implementing global public health policy with a focus on the Framework Convention for Tobacco Control (FCTC) in the region.

## Workforce Development

The health promotion workforce is increasing as the field has developed in the past years and this results in health promotion professionals needing a range of skills and competencies. In this area, the region has contributed to developing the following:

- Workforce-focused workshops run by regional officers and members on the Bangkok Charter, its intentions and its implications for contemporary health promotion practice.
- Work on the CDC/IUHPE collaborative Community Health Consortium Project
- Active training of members in health promotion training and education in tertiary institutions as well as in field training positions.

## Indigenous Health

This area of work has been central to the work of the SWP Region. The Melbourne Conference in 2004 featured indigenous issues as a central theme and the Vancouver conference is likewise providing a platform for discussion of research, best practice and challenges related to promoting the health and wellbeing of the world's indigenous peoples.

At the Melbourne conference, a series of resolutions were passed relating to supporting action on behalf of indigenous Australians; supporting action towards achieving equity in indigenous people's health (globally) and the Kuching Statement for action. Since the Melbourne conference there has not been a significant amount of progress made in advancing these resolutions, in particular, the second resolution regarding equity in indigenous health globally. The members of the South West Pacific Regional Committee are particularly interested in developing this area both regionally and globally, since in this region some indigenous people die, on average, two decades younger than their non-indigenous compatriots. In addition to continuing to advocate for more action in this area, the region has been active in the Vancouver Indigenous Program Committee and in development of resolutions for the 2007 IUHPE General Assembly.



The IUHPE is not and never has been a wealthy organisation. Its driving forces are the enthusiasm, and scientific and professional skills of the active global membership, and the professional and management skills, and resourcefulness, of the employed staff. Working together, the active members and the small but very committed staff, make the IUHPE's limited financial resources work exceptionally hard for the organisation, and thus contribute disproportionately to the development of global health promotion as a whole. Over the past three years (2004-2006), during significantly increased IUHPE contributions to the development of global health promotion, this has been truer than ever.

The income and expenditure table for 2004-6 shows - along the bottom line - that the IUHPE has lived within its means throughout this period: there has been a small surplus of income over expenditure each year. The balance sheet demonstrates - along its bottom line - that these surpluses have been devoted, first, to ensuring the IUHPE's solvency (in 2004), and thence to building reserves (51000 Euros at 31 Dec 2006). This is good, but it is only a start: for organisational security, the reserves need to be built up to about one year's staff costs, and consolidated. For the greatest possible degree of organisational autonomy, substantial independent income is required. That implies many more members.

Special thanks are owed to the small but growing group of Trustee members who, year after year, fulfill their roles as Trustee members, and demonstrate their commitment to the IUHPE, and the future of health promotion and health education globally, by providing additional practical and material help, support and encouragement, to the organisation. Their constancy - and their role modelling to others - is profoundly appreciated by the Board of Trustees and staff; they play a large part in the IUHPE's stability and its achievements.

The financial challenges ahead will require five main responses:

- Substantially increasing and sustaining a much higher level of IUHPE membership, in all membership categories
- Increasing numbers of members committing time and resources to the organisation, like the outstanding role models
- Successful fund-raising activities, eg the sale of services and goods, the willing of individual legacies etc
- Developing and sustaining the IUHPE global infrastructure in proportion to the development of IUHPE activities
- Continuing search for efficiencies and tight management of expenditure>

## Income and Expenditure

In Euros – 1 Euro = 1,32 US\$ (May 2007)

<b>EXPENDITURE</b>	<b>2004 Income &amp; Expenditure</b>	<b>2005 Income &amp; Expenditure</b>	<b>2006 Income &amp; Expenditure</b>
Administrative costs	97 817	61 262	118 598
Travel expenses (meetings and liaison)	9 939	12 274	17 868
Staff and related costs	223 567	247 450	245 740
Promotion & Education (production & shipping expenses)	42 718	51 160	46 583
Website maintenance and development	2 3 96	581	8 995
Project Activities	462 280	806 400	467 529
Others	19 827	31 462	9 758
<b>TOTAL</b>	<b>858 544</b>	<b>1 210 589</b>	<b>915 071</b>
<b>INCOME</b>			
Membership fees and subscriptions	195 725	213 911	206 366
Subsidies	74 843	65 691	79 508
18 <sup>th</sup> & 19 <sup>th</sup> IUHPE World Conference	72 476	28 489	31 624
Fund-Raising		27 926	2 430
Project Activities	544 449	899 418	592 939
Others	5 779	8 412	4475
<b>TOTAL</b>	<b>893 272</b>	<b>1 243 847</b>	<b>917 342</b>
<b>SURPLUS (DEFICIT)</b>	<b>34 728</b>	<b>33 258</b>	<b>2 271</b>

## Balance Sheet

**Presented in UK/US accounting principles**

In Euros – 1 Euro = 1,32 US\$ (May 2007)

	31 Dec. 04	31 Dec. 05	31 Dec. 06
<b>FIXED ASSETS</b>			
Office equipment (net of depreciation)	6 004	4 963	7 101
Investment in management Group (GIE SCENE)	757	757	757
Deposit for office rent	376	375	375
	<b>7 137</b>	<b>6 095</b>	<b>8 233</b>
<b>CURRENT ASSETS</b>			
Debtors/Receivables			
Suppliers	0	1 005	1 531
World Conference	0	30 000	33 521
Project Income	97 240	220 967	191 540
Recoverable VAT	2 100	8 728	3 225
Other income receivable	2 000	0	189
Items prepaid		795	16 144
Lunch coupons		1 024	1 856
Regional Offices	401	0	57
	<b>101 741</b>	<b>262 519</b>	<b>231 979</b>
Bank and Cash	306 626	184 071	154 196
<b>Total current assets</b>	<b>408 368</b>	<b>446 590</b>	<b>402 319</b>
<b>LESS CURRENT LIABILITIES</b>			
Creditors/Payables			
Suppliers	67 118	20 531	75 446
Social Security and other payable taxes	35 204	54 607	60 700
Bank	0	107	25 629
Health2004 Melbourne	5 175	0	
EURO	30048	35 882	16 525
NARO	7 890	5 651	126
NPWP	3 696	4 093	452
SEARB	376	356	
ORLA	7 023	7 499	7 588
SWP	-	711	1 300
AFRO	413	531	583
Others	69 896	111 684	
	<b>226 838</b>	<b>241 652</b>	<b>188 349</b>
Income received in advance			
Subscriptions to <i>Promotion &amp; Education</i>	12 546	12 030	15 306
Membership fees	1 714	8 339	12 365
Technical projects	158 526	141 525	128 122
Other income (IUHPE/EURO)			15 000
	<b>172 787</b>	<b>161 894</b>	<b>170 793</b>
<b>Total current liabilities</b>	<b>399 625</b>	<b>403 546</b>	<b>359 142</b>
<b>NET CURRENT ASSETS</b>	<b>8 743</b>	<b>43 046</b>	<b>43 177</b>
<b>NET TANGIBLE ASSETS</b>	<b>15 880</b>	<b>49 139</b>	<b>51 410</b>
	<b>31.12.04</b>	<b>31.12.05</b>	<b>31.12.06</b>
<b>CAPITAL AND RESERVES</b>			
Revenue reserves			
Current year surplus (deficit)	34 728	33 259	2 271
Reserves (deficit) brought forward	- 18 848	15 880	49 139
<b>TOTAL CAPITAL AND RESERVES</b>	<b>15 880</b>	<b>49 139</b>	<b>51 410</b>

#### Assets

- Accounts receivable include Project income for projects carried out in each respective year, for which final payment has not been settled on December 31.

#### Liabilities

- Credits to Regional Offices represent the share of membership fees due by the Headquarters to each Regional Office.
- Others correspond to project charges which correspond to activities which had not been settled on December 31.

## vii. IUHPE Officers and Staff (2004-2007)

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### President

Maurice B. Mittelmark (Norway)

### Global Vice Presidents

Pierre Arwidson (France)- *Vice-President for Coordination, Administration and Membership Services*

Maggie Davies (United Kingdom)- *Vice-President for Conferences*

Spencer Hagard, (United Kingdom)- *Immediate Past President*

Marcia Hills (Canada)- *Vice-President for the Organisation of the World Conference*

Hans Krosse (Netherlands)- *Vice-President for Finance*

David V. McQueen (United States)- *Vice-President for Scientific and Technical Development*

Rob Moodie (Australia)- *Vice-President for Membership and Fund-raising*

Michel O'Neill (Canada)- *Vice-President for Communications*

Alyson Taub (United States)- *Vice-President for Capacity-Building, Education & Training*

Marilyn Wise (Australia)- *Vice-President for Advocacy*



Meeting of the IUHPE Board of Trustees, April 2004, Melbourne, Australia.

### Regional Vice-Presidents

K. Bassapa (India)- *South East Asia*

John Kenneth Davies (United Kingdom)- *Europe*

Brick Lancaster (United States)- *North America*

Toshitaka Nakahara (Japan)- *Northern Part of the Western Pacific*

Michael Sparks (Australia)- *Southwest Pacific*

Marcia Faria Westphal (Brazil)- *Latin America*

### Regional Directors

Hiram Arroyo (Puerto Rico)-*IUHPE/Latin America*

Claudia Coggin (United States)-*IUHPE/North America (US and Caribbean sub-region)*

Masaki Moriyama (Japan)-*IUHPE/Northern Part of the Western Pacific*

Fran Perkins (Canada)- *IUHPE/North America (Canada sub-region)*

Jan Ritchie (Australia)-*IUHPE/Southwest Pacific*

N. R. Vaidyanathan (India)-*IUHPE/South East Asia*

### Globally Elected Members

Mary Amuyunzu-Nyamongo (Kenya)

Hiram Arroyo (Puerto Rico)

Pierre Arwidson (France)

K. Balasubramanyan (India)

Margaret Barry (Ireland)

Anne Bunde-Birouste (Australia)

Dora Cardaci (Mexico)

Juan-Manuel Castro (Mexico)

Sophia Chan (China)

Balan Chandra Kurup (India)

Inés García Sánchez (Spain)

Spencer Hagard (*United Kingdom*)  
 Cheryl Hamilton (*New Zealand*)  
 Marcia Hills (*Canada*)  
 Roshan Lal Kajl (*India*)  
 Anu Kasmel (*Estonia*)  
 Chieko Kawata (*Japan*)  
 Khurshida Khanom (*Bangladesh*)  
 Tawfik A. M. Khoja (*Saudi Arabia*)  
 Albert Lee (*Hong Kong, China*)  
 Erma Manoncourt (*India*)  
 David V. McQueen (*United States*)  
 Maurice B. Mittelmark (*Norway*)  
 Anil Mohanlal Bhagwanjee (*South Africa*)  
 Rob Moodie (*Australia*)  
 Masaki Moriyama (*Japan*)

Alok Mukhopadhyay (*India*)  
 Takashi Muto (*Japan*)  
 Eun Woo Nam (*Korea*)  
 Dosithée N'Go Bébé (*Democratic Republic of Congo*)  
 Don Nutbeam (*Australia*)  
 Michel O'Neill (*Canada*)  
 Helena Restrepo (*Columbia*)  
 Marilyn Rice (*United States*)  
 Harpreet Singh (*India*)  
 Alyson Taub (*United States*)  
 Marcia Westphal (*Brazil*)  
 Marilyn Wise (*Australia*)  
 Pat Youri (*Kenya*)

#### Accredited representatives and substitutes of organisations with Trustee membership

Regina Bodstein (*Brasil*)  
 Robbie Breen (*Ireland*)  
 Ursel Broesskamp-Stone (*Switzerland*)  
 Supakorn Buasai (*Thailand*)  
 Antonio Ivo de Carvalho (*Brasil*)  
 Rainer Christ (*Austria*)  
 Jennifer Davies (*France*)  
 Maggie Davies (*United-Kingdom*)  
 Hans Krosse (*Netherlands*)  
 Philippe Lamoureux (*France*)  
 Montserrat Limarquez Cano (*Spain*)

Peter Makara (*Hungary*)  
 Begoña Merino (*Spain*)  
 Paula Mullin (*Ireland*)  
 Sania Nishtar (*Pakistan*)  
 Danielle Piette (*Belgium*)  
 Mika Pyykkö (*Finland*)  
 Graham Robertson (*Scotland*)  
 Angel Roca (*United States*)  
 Marie Rochette (*Canada*)  
 Bertino Somaini (*Switzerland*)  
 Sylvie Stachenko (*Canada*)

#### Headquarters staff

Marie-Claude Lamarre *Executive Director*  
[mclamarre@iuhpe.org](mailto:mclamarre@iuhpe.org)  
 Catherine M. Jones *Programme Director*  
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Janine Cadinu *Membership Officer*  
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 Martha W. Perry *Communications Officer*  
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