



IUHPE

ACTIVITY REPORT 2009

OF THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION



FOR MORE THAN 50 YEARS WORKING TO MAKE A DIFFERENCE TO GLOBAL HEALTH

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

A GLOBAL NETWORK OF EXPERTS

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

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

THE IUHPE IN ACTION

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

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

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

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Marie-Claude Lamarre **IUHPE** Executive Director

David V. McQueen IUHPE President (2007-2010)

Message from the IUHPE President and Executive Director

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

For the last few years, the IUHPE has been evolving and experienced unprecedented developments that have placed it as a major global force in health promotion knowledge building, evidence collection, professional training and networking with leading international experts and related organisations. It needs to be reflected in its mode of operations, in its infrastructure, in its capacities. 2009 is in that respect a year of reflection on our modes of operation and of governance, and on consolidation of our capacities.

We have continued to be responsive to the needs of our members and of our partners. We have been able to enhance our presence and develop our network in areas and regions (Africa, Eastern Mediterranean and Latin America in particular) in which health promotion can make a substantial impact on health and well-being of populations.

2009 has seen the establishment of a number of global working groups (GWGs); and the materialisation of collaborations with national agencies and international organisations to reduce social inequalities in health; to build capacity for integrated health promotion approaches and strategies to address priority public health issues; to develop tools and methods to equip and support practitioners and decision-makers; to dialogue and exchange on inter-sectoral action on the social determinants of health and the inclusion of Health in All Policies; and to continue collecting and using various types of evidence

to inform and support policy dialogue, development and implementation. Debate and dialogue on the evaluation of policies and interventions and of the effectiveness of our domain, as a source of knowledge, as a decision-making tool, as a process for capturing innovation and as a resource for practitioners and community organisations to take action remains a priority area of the work of our Organisation and the focus of many of our collaborations with members and partners.

Obviously, 2009 has been greatly dedicated to the planning of the 20th IUHPE World Conference jointly organized with Health Promotion Switzerland. It will take place in Geneva. on July 11-15, 2010 around Health, Equity and Sustainable Development and will signify a unique and privileged momentum for the IUHPE, its network and partners to meet, share, exchange, and advance the field of health promotion and the IUHPE agenda. A number of key sessions will explore the social determinants of health, evaluation and monitoring, health in all policies and inter-sectoral action, health promotion effectiveness, using various types of evidence for policy, and integrated approaches to Non-Communicable Diseases in low and middle income countries. It will also seek to reach out and draw experience from sectors outside the health arena and will focus on the interactions between health promotion and other fields (such as economics, social justice, governance, ecology, and urbanisation). The conference will offer many opportunities to engage and create a real dialogue between participants, presenters, decision-makers and publications authors.

It will also provide a distinctive forum for the IUHPE governance to define the next steps and priorities of our work as an organisation. These will notably look at how to build capacity for health promotion, strengthen health promotion research, reinforce work in partnership, and develop membership.

We hope that this Report will provide insight into the full range of IUHPE activities and publications and will be read as an invitation to join if you are not already a member or an institutional partner of the IUHPE and - for all of you who are part of our Global network - to renew your commitment to work efficiently together through the values and principles of equity, diversity, participation and partnership. Bring your colleagues to join in the IUHPE!



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IUHPE Structure & Administration

The IUHPE is an independent, global, nongovernmental, membership organisation. It is registered as a professional association under French law. The organisation is free from any political party or religious affiliation, and does not discriminate on grounds of race, ethnicity, gender or religion.

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

General Assembly **Board of Trustees** Executive Committe President Regional Vice-presidents Regional Directors

GLOBAL HEADQUARTERS

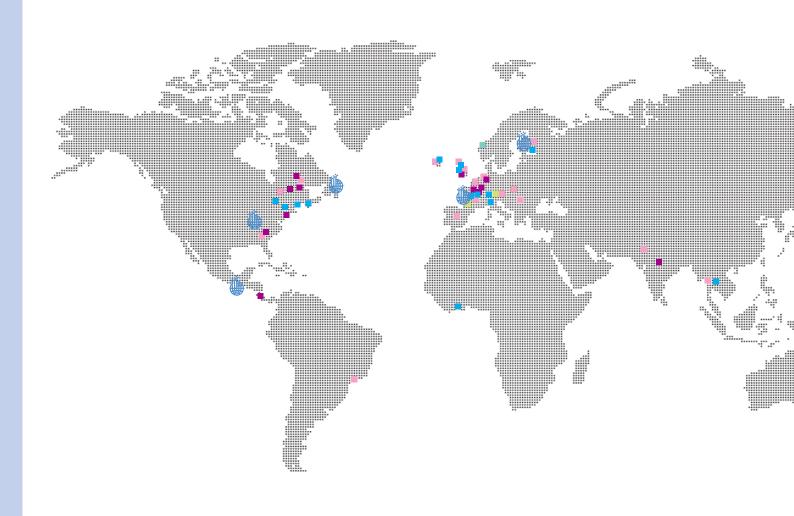
The General Assembly is composed of all IUHPE members and is the ultimate governing body of the IUHPE. It is invested with all powers necessary for the furtherance of the IUHPE's aims; in particular, the General Assembly:

- decides the policies and the strategic directions of the **IUHPE**:
- receives for discussion and approval reports on the activities, membership, finances, and any other significant business of the IUHPE;
- approves amendments to the Constitution; and
- decides the location of future World Conferences based on the recommendations of the Board of Trustees.

The Board of Trustees governs and administers the IUHPE on behalf of the General Assembly. The current composition of this body is large in order to be inclusive and representative, and includes:

- the President, elected by the Board of Trustees for a term of three years, from among its selected members; the next election or re-election will take place during the 20th IUHPE World Conference on Health Promotion in July 2010;
- the immediate past-President;
- a maximum of forty global members, elected by the General membership reflecting geographical distribution of the members;
- an accredited representative of each trustee member sitting ex-officio;
- the Regional Vice-Presidents elected by Regional constituencies;
- the Regional Directors appointed by Regional constituencies;
- individuals appointed by the Board of Trustees to fill vacancies in global membership until the next ordinary session of the General Assembly.

The Board of Trustees elects the President and Global Vice-Presidents, who hold office between triennial meetings of the General Assembly. The President and the Global and Regional Vice-Presidents compose the Executive Committee, which is responsible to define the organisation's strategy and plan of action in different areas and regions that each Officer is responsible for.





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

IUHPE Trustee Members:

- Department of Health of England, London, United Kingdom
- Department of Health Promotion, Ministry of Health and Social Policy, Madrid, Spain
- Finnish Centre for Health Promotion, Helsinki, Finland
- Fund for a Healthy Austria, Vienna, Austria
- Health Promotion Board of Singapore, Singapore
- Health Promotion Directorate of Mexico, Mexico City, Mexico
- Health Promotion Switzerland, Bern, Switzerland
- Health Promotion Unit, Department of Health and Children, Dublin, Ireland
- Heartfile, Islamabad, Pakistan
- Hungarian National Institute for Health Development, Budapest, Hungary
- National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention, CDC, Atlanta, United States
- NHS Health Scotland, Edinburgh, Scotland
- National Institute for Prevention and Health Education INPES, Paris, France
- Oswaldo Cruz Foundation (FIOCRUZ) National School of Public Health, Rio de Janeiro. Brazil
- Public Health Agency of Canada, Ottawa, Canada
- · Public Health General Direction, Ministry of Health and Social Services, Quebec, Canada
- Thai Health Promotion Foundation, Bangkok, Thailand
- Unit of Health Promotion Education, Université Libre de Bruxelles –
- ULB-Promes, Brussels, Belgium

IUHPE Student and Early Career Network, Secretariat- Bergen, Norway

Collaborating agencies and international organisations:

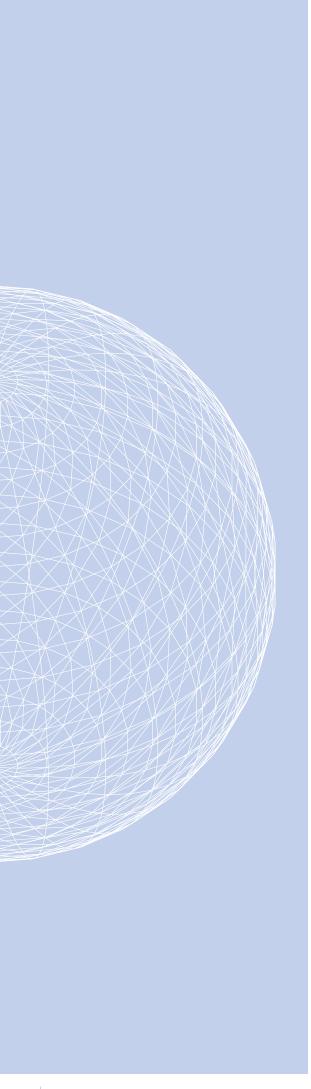
- * Centers for Disease Control and Prevention, Atlanta, USA
- Chair, Community Approaches and Health Inequalities, Montreal, Canada
- Department of Health of England, London, United Kingdom
- European Commission, Brussels, Belgium
- EuroHealthNet, Brussels, Belgium
- European Observatory on Health Systems and Policies, Brussels, Belgium
- Furopean Public Health Association (FUPHA) Utrecht The Netherlands
- National Institute for Prevention and Health Education, Paris, France
- National Public Health Institute of Quebec, Quebec, Canada
- Public Health Agency of Canada, Ottawa, Canada
- Society for Public Health Education, Washington, USA
- Voluntary Health Association of India, New Delhi, India
- World Health Organization (WHO), Geneva, Switzerland
- World Health Organization Regional Office for the Eastern Mediterranean (EMRO)

Networks:

- Cochrane Public Health Review Group (PHRG), Carlton, Australia
- HP-Source.net. Turin, Italy
- Global Alliance for Physical Activity (GAPA
- Global Consortium for the Advancement of Promotion and Prevention in Mental Health (G-CAPP), Baltimore, USA
- International Association of National Public Health Institutes (IANPHI), Helsinki, Finland
- International Collaboration on the Social Determinants of Health (ICSDH)
- International Collaboration on Teacher Training/Education (TT/E), Dublin, Ireland
- International Francophone Network for Health Promotion (RéFIPS), Cotonou, Benin
- International Network of Health Promotion Foundations (INHPF), Vienna, Austria
- International School Health Network (ISHN)
- Latin American Consortium of Universities and Training Centres for Health Promotion, San Juan, Puerto Rico
- Schools for Health in Europe (SHE), Woerden, The Netherlands
- United Nations Educational, Scientific and Cultural Organization (UNESCO), Paris, France
- United Nations Children's Fund (UNICEF), New York, United States
- World Federation of Public Health Associations (WFPHA), Washington, USA
- World Health Organization (WHO), Geneva, Switzerland

Donors :

- General Health Directorate, Paris, France
- Health Promotion Switzerland, Bern, Switzerland (organisers of the 20th World Conference on Health Promotion)



President's Vision for 2007-2010

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

Build capacity of health promotion throughout the world

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

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

Better governance and infrastructure development

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



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

Dr. McQueen (a Senior Biomedical Research Scientist trained at Johns Hopkins University School of Hygiene and Public Health) worked for over a decade as Professor and Director of the Research Unit in Health and Behavioural Change at the University of Edinburgh, Scotland, directed WHO Collaborating Centres and served as consultant to the World Bank. In 1992 he joined the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), at the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. He first worked as Chief of the Behavioral Surveillance Branch and then as Director of the Division of Adult and Community Health and currently is Associate Director for Global Health Promotion. Following in the steps of Dennis Tolsma, David McQueen is now the second IUHPE President from the CDC, which has been an active and committed Trustee member of the organisation for more than 25 years.

Over the past 30 years, he has maintained an active interest in health promotion. In addition to actively participate in the development of the Ottawa Charter, during the 1980s, he chaired the WHO (EURO) committee that developed the document on the "Concepts and Principles of Health Promotion"; organized and participated in many conferences and meetings concerned with the fostering of health promotion in Europe; and established a collaborating center with EURO concerned with the evaluation of health promotion, healthy cities, and other health promoting activities.

During the 1990s his concerns focused on (1) the challenges raised by the efforts to promote an evidence-based health promotion; (2) the efforts to build health behaviour monitoring systems to establish a public health infrastructure for health promotion globally; and (3) the development of a broad theoretical base for health promotion.

His vast experience and involvement in the development and intitutionalisation of the field of health promotion have duly made him one of health promotion's senior leaders. The IUHPE is honoured and privileged to count on his acquired wisdom and strategic leadership until 2010.

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Advocacy

Anne Bunde-Birouste, Vice-President for Advocacy

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

Advocacy is one of the central strategies of the IUHPE to accomplish its mission and as such has a potentially large scope under which to work. In order not to disperse to the point of ineffectiveness, the Vice-President's 2007-2010 work plan focuses on reviewing the current programme portfolio of activities that involve an advocacy element, the strategic directions 2008-2010, and the resolutions from the last World Conference in Vancouver, Canada. The goal is to initially prioritise the areas of work and then develop effective means to address those priorities appropriately.

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

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

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

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

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

More specifically, in 2009, the scope of work to address this main strategy of the IUHPE has included the following elements:

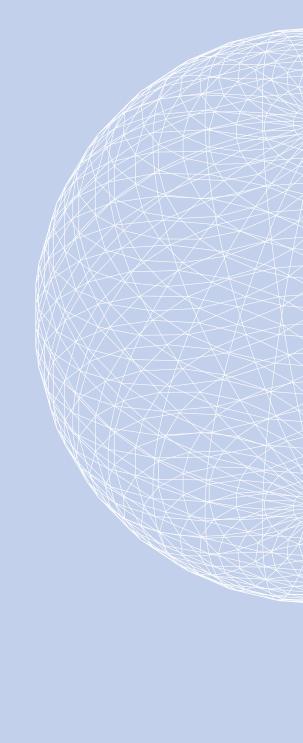
- Establishing the IUHPE Advocacy Advisory Group (AAG) which serves as a team of individuals in a collective capacity to advise and support the work of the IUHPE Vice President for Advocacy and to enable advocacy to be conducted by the organization on a range of issues of international significance. The AAG serves as the operational arm of the IUHPE Advocacy work-plan, and aims to render the direction and work of the IUHPE more effective in this field.
- Coordinating IUHPE advocacy efforts and participating in the development of policy papers in relation to priority issues on the scientific affairs portfolio and through the range of specific issues addressed by the IUHPE Global Working Groups (e.g. NCDs, Physical Activity, Social Determinants of Health);
- Responding to the need for training in advocacy; A workshop has been proposed to be held during the 20th IUHPE World Conference in Geneva in July 2010 that will offer a practical, hands-on orientation developed and facilitated by leading experts who are engaged in a variety of HP advocacy initiatives as part of their professional activities. It will discuss the role of advocacy in health promotion for social change practice; describe the range of capacities, activities and principles that support effective advocacy; understand concepts such as framing multiple levels of advocacy targets; and apply concepts learned to different levels of current policy agendas, locally, nationally or internationally.
- Collaborating with the Executive Director, Programme Director, Programme Officers and the Global Advocacy Advisory Group to establish and maintain effective working relationship with key IUHPE members like the US Centers for Disease Control and Prevention, the Department of Health, England, the American Cancer Society, or the African Institute for Health and Development and/or WHO, NGOs, and funders.
- · Representing the voice of IUHPE at international, regional and national events as illustrated by the following examples:
 - New Frontiers for the sustainable prevention and control of Noncommunicable Diseases (NCD): A View from Sub-Saharan Africa - A Commentary by Nancy E. Lins, Catherine M. Jones and Jane Robin Nilson to be published in Global Health Promotion Supplement n°2, 2010

Largely overshadowed by infectious disease, the global burden of non communicable diseases (NCDs) is equally as serious and requires urgent attention. Global discussions on implementing NCD legislation, plans, programs, policies, and leadership indicate that past efforts including specific disease plans and special donor priorities that have "siloed" disease prevention, detection, treatment, and education efforts will be vital to integrating an NCD movement. Various ideas on the influence of the Social Determinants of Health (SDH) on non communicable diseases have also been raised. Fostering political will to address this pandemic in low- and middle-income countries where the burden of NCDs is accelerating is essential. Through facilitated discussions with prominent leaders in sub-Saharan Africa (Entebbe, Uganda, July 2009), the American Cancer Society and the International Union of Health Promotion and Education addressed facilitators, barriers, and mechanisms for action to support integration of diseases into an NCD framework. Participants suggested that NCD prevention must incorporate a strong focus on external factors and conditions, apart from health, that influence health outcomes.

Urbanization, education, poverty, and religion were all mentioned as influencing factors on non communicable diseases. Traditional medicine, dietary restrictions, and lack of infrastructure including schools, transportation, and hospitals play a critical role in the attitudes and behaviors toward NCDs. Participants recognized these challenges and the need for change. Viewpoints on next steps include gathering evidence-based information and documentation (in the form of descriptions of processes and their effectiveness, success stories, reference documents and "how to" briefs), conducting surveillance, and training on advocacy to educate community groups and leaders on how to identify resources, target certain groups, create appropriate strategies, and integrate ideas for NCDs is essential to build capacity for going forward; and to emphasize the commitment and resources necessary to succeed against this pandemic.



- Skills and examples of creative and persuasive communication in advocacy initiatives
- The 20th IUHPE World Conference on Health Promotion to be held in Geneva, Switzerland, on July 11-15 will offer a major opportunity for the IUHPE to progress in its engagements for effective advocacy at various levels for health, equity and sustainable development. Two major sessions have been submitted and approved: one sub-plenary will explore and engage with the science and art of advocacy across a spectrum of specific case studies, and will explore skills and examples of creative and persuasive communication in advocacy initiatives. It will also outline the creation of the Global Advocacy Council of the International Society for Physical Activity and Health (GAPA) and its orientation around five core functions to advance global physical activity advocacy: information mobilization, advocacy for national policies, the development of a Global Charter for physical activity, advocating for training, and establishing and strengthening regional networks for physical activity. Equity, mental health promotion and Organisation management will also be highlights of this sub-plenary. In parallel and recognizing the need for all professionals to engage in





Capacity Building, Education & Training

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

Current and future health challenges demand new and changing competencies to form the basis for education, training development and workforce planning. International developments in health promotion and evidence-based practice provide the context for developing health promotion competencies, standards, quality assurance and accountability in professional preparation and practice. There have been international commitments calling for actions which require a complex mix of technical skills, expertise and leadership, as outlined in the WHO Bangkok Charter, the Millennium Development Goals and the report of the WHO Commission on Social Determinants of Health. The IUHPE also identified in the Shaping the Future of Health Promotion report the development of a competent health promotion workforce as one of the priorities for action.

The IUHPE Vice-President develops her work to support the capacity building, education and training of individuals, organisations and countries to undertake health promotion activities. To enable this goal to be achieved, three core areas are prioritised for action.

Workforce development in countries with identified capacity need

This work builds on the IUHPE's Brief Report of Gaps and Assets for Capacity Building in Low-Income Countries, which was prepared by the Vice-President for Strategy & Governance. The report highlights a number of key areas for action including the need for professionals trained in health promotion, sustainable funding for capacity building, availability of accessible and culturally relevant training, and opportunities for exchange and skills development. . The IUHPE is currently undertaking a consultation process in identified IUHPE regions and countries on training and development needs to build the health promotion workforce. A consultation with WHO Regional Offices has already been undertaken (Mahmood and Barry, 2009). A training model, identifying accessible education materials and training mechanisms development needs regionally, will then be developed to build capacity and support the workforce in those countries.

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

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

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

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

The aim of the Galway participants was to put together a framework for international review until a final version with global relevance is presented at the 20th IUHPE World Conference. The Consensus Statement in draft form was circulated for feedback to 216 health promotion experts from around the world, sourced from the IUHPE membership database. In addition, the IUHPE's online dialogue forum, Views of Health Promotion Online (www.vhpo.net), and SOPHE's online discussion site (www.sophe.org) started a stream for members and non-members to openly comment on any and all aspects of the draft. Comments, suggestions, and recommendations were then collected during a six-month period from July 1, 2008 to January 31, 2009.

In 2009 the Galway Consensus Statement, along with eight commissioned background papers and five sets of comments and commentaries from the field, was published in tandem issues of the IUHPE journal, Global Health Promotion (Vol. 16, No. 2, June, 2009) and SOPHE's journal Health Education & Behavior (Vol. 36, No.3, June 2009). While HEB focused on professional competencies and accreditation developments in North America, particularly the United States; GHP incorporated a number of international perspectives from Africa, Australia, Canada and Latin America. Both GHP (http://ghp.sagepub. com) and HEB (http://heb.sagepub.com) issues are available open access on their respective websites in SAGE's online platform until the upcoming IUHPE World Conference in July 2010.

Following the publication, a further global consultation process has been undertaken in collaboration with the IUHPE Regional Vice Presidents. Feedback has been received from over 187 individuals/organizations from Australia, Africa, Latin America, Canada, US. & Europe. A further meeting with health promotion from low and middle-income countries is planned in 2010.

The galway consensus statement: domains of core competencies

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

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

1. Catalyzing change

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

2. Leadership

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

3. Assessment

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

4. Planning

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

5. Implementation

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

6. Evaluation

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

7. Advocacy

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

8. Partnerships

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

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

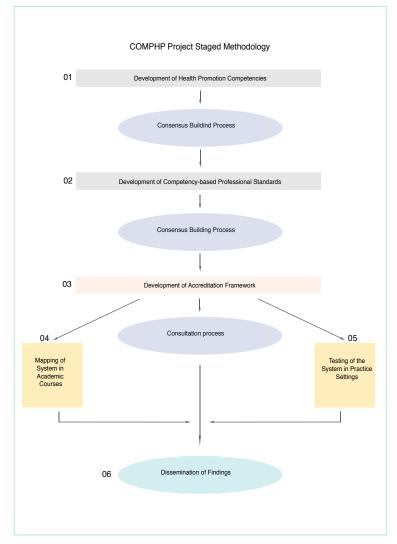
Developing competencies and professional standards for health promotion capacity building in Europe (compHP)

The IUHPE European Regional Committee has sought to develop a Europe-wide competency framework and system of professional standards in health promotion. This framework will form the basis for building a competent and effective health promotion workforce capable of translating into action the key priorities identified in recent European health strategies and policies. Under the leadership of the Vice President for Capacity Building Education & Training, the IUHPE and its partners have established a three year initiative (2009-2012), with funding from the European Agency for Health and Consumers (EAHC), to develop competency-based standards for health promotion that will impact on workforce capacity to deliver public health improvement in Europe. A competent workforce is critical to addressing the current challenges of health inequities, promoting healthy ageing, healthy weight and positive mental health and wellbeing across Europe. This project builds on a Europe-wide scoping and feasibility study on implementing a competencybased accreditation system undertaken by the IUHPE/EURO. Working with the IUHPE European network and in partnership with key national agencies, the CompHP project, which commenced in September 2009, is developing a consensusbased system in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe. Bringing together partners with experience across the professional development, policy, practice and academic sectors, the project will develop, test and refine the implementation of a sustainable competency-based system in countries with varying levels of infrastructure development (from developed to virtually non-existent). A set of core competencies, professional standards and a coordinated quality assurance accreditation system for health promotion will be developed and disseminated.

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

Further details of the CompHP project are available at: http://www.iuhpe.org/index.html?page=614&lang=en







Communications

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

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

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

Online presence: information and communication

Technology is increasingly ubiquitous in everyday life and allows for easy and real time access to information and communication. It is therefore essential that the IUHPE provide state-of-the-art online services to its members and the wider public on activities and developments in the organisation and in the field.

Revamping of the IUHPE website

In order to better reflect the variety and wealth of the activities developed by the IUHPE, in 2009, the IUHPE website benefited from a major restructuring and designing process. A long reflection has been carried out to think through the structure of the website, in order to ensure that the information and resources displayed on the website are both valuable to the IUHPE membership, to partners, stakeholders and individuals who are interested in the activities or particular topics of the organization's work.

The website includes the following sections:

- About IUHPE (with some general elements regarding the organization)
- Membership (providing information regarding the different membership categories, the IUHPE membership benefits and a closed section for IUHPE members)
- Publications (includes the different types and categories of IUHPE publications some of which are downloadable from the website)

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

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

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

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

- Activities (where the different Vice President's portfolios are presented)
- Scientific Affairs (which outlines the wealth of initiatives in which the IUHPE is involved through its membership, Global Working Groups, collaborations, donor and networks. This information is also classified under key themes.)
- Conferences (providing some details information regarding IUHPE global and regional conferences as well as other events that the IUHPE is collaborating in)
- Regional Offices (dedicated web pages for different regional offices)



As part of the general restructuring of the IUHPE website, two additional and dedicated project pages have been created to support specific initiatives in which the IUHPE is engaged and where it has offered its website as a dissemination platform. These are:

- Building Capacity for Cardiovascular Health Promotion and Chronic Disease Prevention and Control http://iuhpe. org/index.html?page=509&lang=en
- Developing competencies and professional standards for health promotion capacity building in Europe (CompHP) http://iuhpe.org/index.html?page=614&lang=en

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

Views of Health Promotion Online

Given the network of members and professionals is the IUHPE's essence, it is also important to provide a communications mechanism between members and the leadership. A previous weakness in our overall communications capacity was the difficulty members had in bringing their ideas to the attention of leadership, with the General Assembly being important, but not a real opportunity for two way communications. To respond to this need the IUHPE launched in 2008 the online dialogue forum Views of Health Promotion Online -VHPO (www.vhpo.net).



VHPO provides a forum where IUHPE members and non-members alike can post their views on IUHPE's strategic development and on emerging issues for health promotion. VHPO is also used to support specific projects and processes

in which the IUHPE is engaged by providing a space to pursue particular dialogue in continuation and as a follow up to meetings, seminars etc. In 2010, VHPO will also integrate closed dialogues on specific issues that relate to the development of the organisation. The dialogues can take place in English, French or Spanish. IUHPE Student and Early Career Network (ISECN) members volunteer to manage the streams of dialogue (monitor for appropriate use, promote participation, and summarise dialogues that have completed their course). Upon a stream's conclusion, the Vice-President for Communications has the responsibility to get stream topics on the Board of Trustee's Discussion Agenda as need be, and the syntheses of each stream of dialogue are published in the IUHPE family of journals and on the website for wide dissemination.

Topics discussed in 2008 and 2009 include:

- Health promotion code of ethics
- Health Promotion and Health Education Journals'
- Domains of core competency in health promotion
- Empowerment in health promotion
- Equity and diversity in health promotion development
- What we mean by social determinants of health
- Domains of core competencies in health promotion
- 'Et si la charte d'Ottawa avait été formulée aujourd'hui'

Disseminating research & evidence

Since 2001, the IUHPE has signed collaborative agreements for journals to become official publications of the IUHPE. These agreements are mutually beneficial by promoting the interests of IUHPE and the journals. They entail the provision of journal pages to the IUHPE for the publication of the organisation's announcements, information on membership, programmatic and advocacy activities, and other such material. Additionally, IUHPE individual members get a discount rate on subscriptions to all journals.

In 2009, a wealth and variety of information was disseminated through the IUHPE family of Journals including, the promotion of DETERMINE Action Summary, the announcement of the 20th IUHPE World Conference, the launch of Views of Health Promotion Online (VHPO), promotional material on joining the IUHPE and two a summaries of the following discussions that took place on VHPO: Health Promotion and Health Education Journal's Forum and the Discussion on Ethics.

Health Promotion International

http://heapro.oxfordjournals.org



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

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

The journal deals with all the vital issues involved in health education and promotion worldwide - providing a valuable link between the health education research and practice communities. The journal invites original contributions in any area of research in health education and educational aspects of health promotion. The perspective is international, and the journal publishes material on both theoretical processes and models, and on their practical implementation. Articles may be data-based or theoretical, and are welcome from academics or practitioners working in any health-related field. Health Education Research accepts manuscripts of four different formats: Research Papers, Programme Papers, Research Notes and Points of View papers.

Heath Education Research

http://her.oxfordjournals.org



International Journal of Mental Health Promotion

http://www.ijmhp.co.uk



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

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

International Journal of Public Health

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



The International Journal of Public Health provides an up-to-date source of knowledge and a platform for discussion about public health research and practice for authors and readers worldwide. Commentary and opinion are encouraged in the Forum section and Special Issues highlight key areas of current research.

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

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

Committed to exploring and debating issues of equity and social justice, the journal focuses in particular on issues of sexism, racism and other forms of oppression. It is primarily of interest to those working within health and related areas, but also includes contemporary empirical and theoretical work from a wide range of disciplines, including anthropology, communications, cultural studies, epidemiology, health studies, health promotion, history, politics, sociology, medicine, public health, social policy, psychology, nursing, geography, ethnicity, and gender studies, as well as basic and applied sciences that contribute to the promotion of health and prevention of disease. Critical Public Health brings all these disciplines to bear on worldwide public health topics in broad focus.

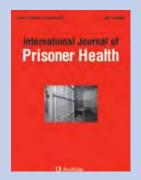
Critical Public Health

http://www.criticalpublichealth.net



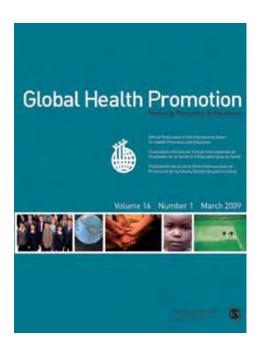
International Journal of Prisoner Health

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



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

Global Health Promotion (Formerly Promotion & Education) http://ghp.sagepub.com



Change in editorship

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

In addition to publishing original articles that are blind peer reviewed, in any area of theory, policy or practice relevant to health promotion and all contributing disciplines; and commentaries on any subject of general interest to the journal readership and IUHPE members, the journal includes a new section entitled 'Addresses', which are transcripts of exceptional oral presentations at conferences and submitted following recommendations by the IUHPE leadership.

Global Health Promotion is the flagship journal of a membership organisation, and it therefore has functions that go beyond ordinary scholarly and professional publishing. Since Maurice B. Mittelmark assumed the Editorship of the journal, the journal has achieved the status of a renowned scientific publication. He is committed to expanding the capacity to communicate in all three official languages of the IUHPE, and therefore appointed language editors who can deal competently with Francophone submissions -- Valéry Ridde, of Montreal University, Canada -

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

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

and Hispanophone submissions -- Arantxa Santa-María Morales, of Madrid's Health Services, Spain. Submission of manuscripts in French and Spanish are increasing for the various sections of the journal. The abstracts of papers published in Spanish and French are available in English translation, and the end result is a better balanced journal with regard to utilisation of the IUHPE's three official languages.

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

Global Health Promotion's Supplement service also continues as a means to communicate conference proceedings, largescale research projects and other collaborative endeavours. In 2009 two supplement issues of Global Health Promotion were published. The first edition included the proceeding from the conference hosted by the Department of Health of England in November 2009 that launched the WHO Commission on Social Determinants of Health report 'Closing the Gap in a Generation'. This supplement issue was sponsored by the Department of Health of England.

The second supplement, sponsored by the US Centres for Disease Control and Prevention (CDC) addressed Global Tobacco Surveillance.

A journal of the 21st century



Since January 2008, *Global Health Promotion* benefits from a publishing agreement between SAGE Publications and the IUHPE. The publishing agreement with SAGE Publications includes a number of cutting edge services for the journal readership and for authors seeking to have their work published. IUHPE members and journal subscribers continue to receive the printed version of the journal's quarterly production and Supplement editions and SAGE also provides members with access to the online version of the journal going back to the first one in 1993.

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

In 2009, SAGE offered a major and important change to *Global Health Promotion*, through the adoption of software that manages manuscript submissions, SAGETRACK.

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

The software is available in English, French and Spanish.

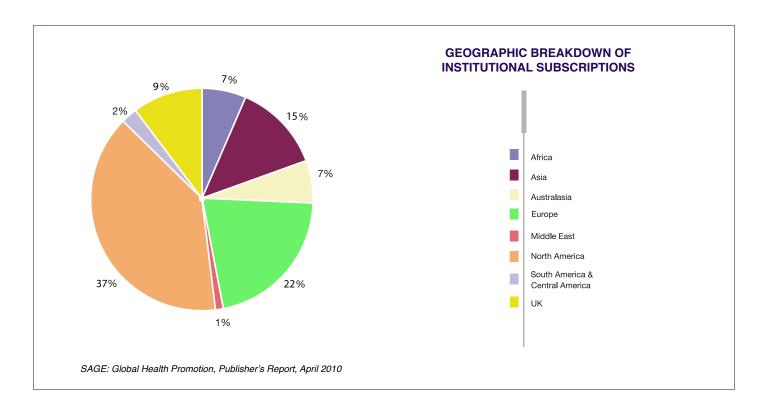
Equity is a valued principle of the IUHPE and of SAGE, and both organisations are committed to providing access to educational material in ways that breach geographic and economic barriers. To make the journal's widely available, SAGE has included this title dissemination arrangements in Africa, Asia,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

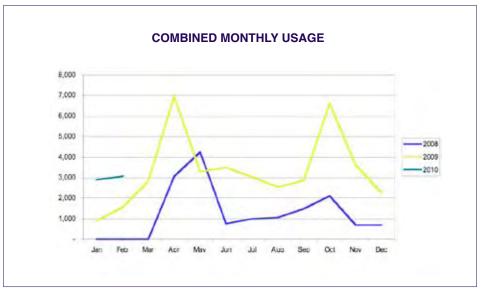
- The Journal Donation Project, based at The New School, NY, which assists "in rebuilding major research and teaching libraries in countries that have fallen victim to political or economic deprivation". It is active in Russia and the FSU countries, Nigeria, Vietnam, Cuba and Indonesia.
- INASP, the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

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

Paulo Buss President, Oswaldo Cruz Foundation, Brazil In 2009, Global Health Promotion experienced a minor decline in single traditional subscriptions which actually reflects a general trend across the publishing industry.

The Geographic breakdown illustrated a shift toward Asia as compared to 2008 (15 percent in 2009 versus 11 percent in 2008).





SAGE: Global Health Promotion, Publisher's Report, April 2010

Since the journal's website went live in January 2008, the website usage has significantly increased.

A comparison between the period of April-December 2008 and 2009 demonstrates an increase of 130 percent in website usage.

THE TOP 10 DOWNLOADED ARTICLES IN 2009

Climate change and social determinants of health: two interlinked agendas

Luiz Augusto C. Galvao

Ma 01, 2009 Supplement 1: 81-84

What we mean by social determinants of health

Vicente Navarro

Mar 01, 2009 16: 05-16

Mental health promotion works: a review

Eva Jane-Llopis, Margaret M. Barry, Clements Hosman, and Vikram Patel

Jun 01, 2005 Supplement 2: 9-25

El "mensaje de Montreal": la Carta de Ottawa para la promocion de la salud es todavia util para la practica de la salud publica hoy en dia

Michel O'Neill

Jun 01, 2007 Supplement 2: 61-62

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

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

Mar 01, 2008 15:11-18

How have Global Health Initiatives impacted on health equity?

Johanna Hanefeld

Mar 01, 2008 15: 19-23

Elaborating on systems thinking in health promotion practice

Jenneken Naaldenberg, Maria Koelen, Anne-Marie Wagemakers; Hans Saan and Kees de

Mar 01, 2009 16: 39-47

The salutogenic approach to the making of HiAP/healthy public policy: illustrated by a case study

Bengt Lindstrom and Monica Eriksson

Mar 01, 2009 16:17-28

A review of the international literature on health promotion competencies: identifying frameworks and core competencies

Barbara Battel-Kirk, Margaret M. Barry, Alyson Taub and Linda Lsyoby

Jun 01, 2009 16: 12-21

The Galway Consensus Conference: international collaboration on the development of core competencies for health promotion and health education

Margaret M. Barry, John P. Allegrante, Marie-Claude Lamarre, M. Elaine Auld and Alyson Taub

Jun 01, 2009 16: 5-11

SAGE: Global Health Promotion, Publisher's Report, April 2010



Conferences

Maggie Davies, Vice-President for Conferences

Executive Director / Health Action Partnership International.

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

The IUHPE conferences are a flagship of the organisation and an established landmark in the health promotion calendar. In order to ensure that all the conferences that carry the IUHPE brand are of the highest possible quality and to respond to new ways of working, the Vice President for conferences constantly looks at opportunities to refresh its approach.

In 2009, the following actions were particularly undertaken to meet these objectives:

New ways of Commissioning

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

IUHPE Conferences are renowned events bringing together leading professionals in all corners of the world to take stock of the present state of knowledge and experiences, bring forward future challenges and shape the agenda to advance developments in health promotion.

New Ways of Working

Consideration has been given to the possibility of new ways of working in the context of the global carbon footprint of large events and the potential for inequalities to be created by the cost of attendance. Following presentation to the board, a discussion paper has been posted on *Views of Health Promotion Online* (www.vhpo.net) to gain input from members and non-members on the pros and cons of continuing to host large scale events. Suggestions and recommendations will be collected in 2010 and presented by the Vice-President for Conferences to inform future decisions and orientations.

Global Conference

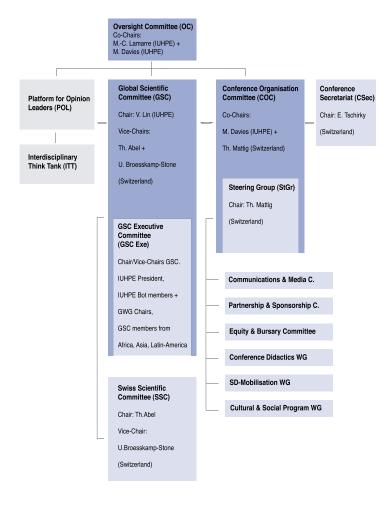
The Vice President for Conferences has been actively involved in the planning of the next global conference and is thankful to the hosts in Switzerland for all of their hard work to date.

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



Health, Equity & Sustainable development www.iuhpeconference.net

Conference Organisation Geneva 2010



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

> Sustainable environment and health What are the inter-linkages between urbanisation, environmental degradation, environmental justice and health development?

- Equitable and sustainable health development Can equity and sustainable development be achieved through health promotion action on societal determinants?
- Participatory governance What local and global partnerships do we need to strengthen health and sustainable development?

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

Regional Events

In 2009, the guidelines for hosting a regional IUHPE event have been reviewed and discussion has taken place between Vice Presidents on the planning of events. During this period, highly successful events took place in Japan and Colombia.

1st IUHPE ASIA pacific conference on Health Promotion and Education, July 18-20 2009, Chiba-city, Japan

Further information regarding this conference is provided in the report from Regional Office of the Northern Part of the Western Pacific.



4th IUHPE Latin American Conference on Health Promotion and Education, November 4-7 2009, Medellin, Colombia



Over the past decades, Latin America has undergone a transformation of its health systems, social security and education. The role of the pharmaceutical industry, private providers and health insurance has become increasingly important leading to the shaping of what is known as the 'new health market'. Moreover, this shift in the health sector has continued to orientate/steer towards diagnostic and therapeutic assistance that is based on biomedicine as opposed to interventions focusing on the structural causes of important issues such as that of malnutrition, homicides/murders and environmental pollution.

It is in this context that the 4th IUHPE Latin American Conference on Health Promotion and Health Education was held and made a call for solidarity and political responsibility of those that govern our countries founded on the principles of health promotion and health equity. This Conference was organised by the IUHPE Regional Office for Latin America (UIPES/ORLA) and the National Faculty of Public Health of the University of Antioquia.

The themes covered at the conference comprised:

- 1. Public policies, promotion of health and equity
- 2. Socio-economic and cultural determinants of collective health
- 3. Links between health promotion and health education
- 4. Health promotion effectiveness from successes and barriers to future horizons.

In the context of this conference, participants from 20 countries, brought together by the International Union for Health Promotion and Education (IUHPE) Regional Office of Latin America (ORLA) and the National Public Health Faculty at the University of Antioquia in Medellín, Colombia, made a call for the support and political responsibility of both governments and non-governmental organisations (NGOs) to make health a reality and to improve the quality of life, through health promotion and health education founded on principles of equity, human development, dignity, social justice, and human rights.

The Medellin Declaration is available on:

http://www.iuhpe.org/index.html?page=56&lang=en

Further information regarding this conference is provided in the report from the Regional Office of the Latin American Region

New Guidelines for IUHPE co-sponsored events

The IUHPE co-sponsors conferences, workshops, or meetings, which meet the IUHPE strategic objectives and / or offer an opportunity for representation and visibility. There are different ways to co-sponsor an event corresponding to different levels

of IUHPE involvement. For each level the IUHPE commits itself to provide the organisers with services (ranging from authorising the use of its logo to more inclusive contributions to the development of the scientific programme). In return, the IUHPE expects the organisers to also offer different services. These are mutually agreed upon by both parties.

In 2009, the IUHPE Vice President for Conferences and IUHPE Headquarters developed a set of guidelines and selection criteria for organisations that may wish to have IUHPE as a co-sponsor or partner in their event. This looked at the roles and responsibilities of officers and staff, provided criteria for who the IUHPE would wish to work with and considered issues of capacity. These were pilot testing in relation to a health promotion settings conference and found to be helpful. In this context, work was also done on the issue of the type of actors that approaches the IUHPE and who the IUHPE may wish to approach. More work is planned on clarifying the later and identify key events that the IUHPE may wish to carry its brand in the future.

In 2009, the following events were co-sponsored by the **IUHPE**

14th World Conference on Tobacco or Health: Multi-sectorial approach to Tobacco Control - Policies, pathways, partners and people, March 8-12, 2009; Mumbai, India

International Congress on Health Promotion, March 17-19, 2009; Hermosillo, Sonora, Mexico

17th Health Promoting Hospitals Conference, May 6-8, 2009; Hersonissos, Greece

2nd International Research Seminar on Salutogenesis: The connections between Salutogenesis and Mental Health Promotion, May 14-16, 2009; Helsinki, Finland

3rd European Conference on Health Promoting Schools: Better Schools through Health, June 15 - 17, 2009; Vilnius, Lithuania

6th Nordic Health Promotion Research Conference: The role of Health Promotion in the transition of the Nordic Welfare States, August 20- 22, 2009; Gothenburg, Sweden

Second Francophone Winter Course on Health Promotion, October 18-23, 2009; Dakar, Senegal



Strategy & Governance

Michael Sparks, Vice-President for Strategy & Governance

Faculty of Education, University of Canberra



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

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

Drafting the Strategic Directions document for 2008-2010

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

VISION, VALUES AND MISSION

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

The values critical to the achievement of this vision include:

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

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

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

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

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

The Strategy and Governance Reference Group has indicated their belief that the current Strategic Directions document is not in need of significant change. A discussion on Views of Health Promotion Online (www.vhpo.net) will be held to ensure that members have the opportunity to comment on any changes they feel are needed to the current strategic directions document. Once the discussion has closed, a revised document will be presented to the newly elected Board for endorsement.

Improving strategic coordination and reporting within the organisation

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

Consulting, identifying and making recommendations on governance issues

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

In 2009-2010 the Vice President for Strategy and Governance continued the review of the structure and governance of the IUHPE along with the members of the Strategy and Governance Reference Group. The Group has worked iteratively with the Board of Trustees and the Executive Committee to reach a series of questions to put to members regarding changes to our structure and governance. A consultation with members via Views on Health Promotion (VHPO) will determine if these changes are sufficiently supported to be put to the Board of Trustees and then to the General Assembly for adoption.

A Committee for Internal Control (CIC) has also been established to review matters relevant to the financial, risk and human resources governance issues internal to the IUHPE headquarters. This committee consists of the Vice President for Finance and Internal Control, the Vice President for Administration, the Vice President for Strategy and Governance, and the Executive Director ex-officio. The CIC has held productive meetings, identified a work plan for addressing internal control issues, and has begun executing the work plan. This is discussed further under the report from the Vice President for Finance and Internal Control.

Implications for the IUHPE membership

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

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



Partnerships & Institutional Affairs

Sylvie Stachenko, Vice-President for Partnerships & Institutional Affairs

School of Public Health / University of Alberta, Canada

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

The IUHPE is uniquely positioned as a global, technical and professional non-governmental organization in the field of health promotion which should enable it to play a central role in the international arena and work in close collaboration with global organizations as well as regional institutions to scale up action in addressing the many global health challenges.

There is a pressing need for concerted action that draws on the comparative strengths and advantages of the increasing number of players in the international arena.

This portfolio in close collaboration with the President, the Executive Director and other executives should play an instrumental role in strengthening the IUHPE's niche as a global leader as well as strengthening its institutional capacity. As a first step in advancing a partnership strategy, in 2008, we completed a scoping review of the existing partnerships. Some key partners included WHO, the UN agencies, public health agencies and Health Promotion foundations, global disease federations and alliances in physical activity and mental health, public health associations and civil society, all of which require further strengthening.

In 2009, in order to further advance the Partnerships and Institutional Affairs agenda, three major strategic approaches were developed:

Developing partnerships

The Vice President for Partnerships and Institutional Affairs focused on creating an enabling environment for partnerships in conjunction with global and regional conferences and on brokering meetings with existing and potential partners for sharing the IUHPE's work.

In this regard, the Vice-President looked at opportunities during the World Conference in Istanbul of the World Federation of Public Health Associations to engage the World Federation of Public Health Associations and the International Association of Public Health Institutes in a panel discussion to explore areas of synergies among the three associations.

The IUHPE was also engaged with the World Heart Federation to explore opportunities in advancing the capacity building efforts in Africa to promote cardiovascular health. The IUHPE furthermore participated in the global training summit hosted by the National Heart forum in the USA to help leverage

further support for cardiovascular health training in Africa.

The 20th World Conference on Health Promotion will also provide an opportunity to further develop the partnerships agenda as the IUHPE has worked in close collaboration with the Health promotion foundation of Switzerland to organize a sub plenary to engage and reach out to the private sector in a planned dialogue.

Engaging IUHPE in high level events

The Vice President and colleagues were proactive and engaged IUHPE in high level global and regional events. It was important to seize opportunities for representing the IUHPE as a desirable value added partner in global agendas. In this regard, the IUHPE was a critical partner in developing the programme of the 7th WHO Global Conference on Health Promotion in Nairobi last October.



Frequent interactions with WHO this year also helped to facilitate the participation of the IUHPE in the newly established NCD Partners Forum at global and regional levels such as in the Americas. The Asia Africa Aga Khan NCD summit in Kampala was also another important opportunity for the IUHPE to develop new networks with development agencies and foundations and governments to advance global action on NCD prevention.

Promoting the IUHPE

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

The website and the publications of the IUHPE remain the prime vehicle for communicating and during discussions with partner organizations there was clear interest in sharing IUHPE resources and also to link the IUHPE websites and publications. A case in point is the cardiovascular health pages related to capacity building in cardiovascular health which could be of great interest to the cardiovascular community. Generally speaking, the IUHPE global and regional conferences provide an opportunity to strengthen relationships with the media and expand the organization's networks.



Scientific Affairs

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

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

The Scientific Affairs portfolio is fundamentally concerned with how to improve the effectiveness of health promotion in order to achieve better, more equitable health and social outcomes. This requires an understanding of the necessary health promotion infrastructure and capacity that underpin health promotion practice, as well as the development of evidence for health promotion effectiveness, and ways to translate such knowledge into policy and practice. The Vice-President for Scientific Affairs leads this area of work by drawing on the contributions of individual and institutional members, and forming partnerships with organisations and networks with shared interests.

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

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

The key collaborating agencies in 2009 have been the US Centers for Disease Control and Prevention (CDC), the French Institute for Prevention and Health Education, the French Health Directorate, the Department of Health in England, EuroHealthNet, the World Health Organization, the African Institute for Health and Development, and the Chair of Community Approaches and Health Inequalities at University of Montreal.

The 2009 activities of the IUPHE's Global Working Groups and the projects with collaborating agencies and institutional members are reported under the headings of programmes above. The GWGs are a key resource and instrument for the

IUHPE scientific portfolio, and in 2009, in addition to the major activities of each, there has been significant effort to explore convergence and build synergy across them and create opportunities for the GWGs to collaborate on key themes and issues of mutual interest, including a special workshop for GWG Chairs for this purpose held just before the annual Board of Trustees meeting in June 2009.

These activities culminate at the World Conference on Health Promotion with reporting on progress. The World Conference also represents the periodic stock take of progress on health promotion knowledge creation and translation, and helps to set the agenda forward. The Global Scientific Committee for the World Conference is the IUHPE vehicle which designs the process and framework for this scientific dialogue.

Visit http://www.iuhpeconference.net/pages/programme_meetings/index.php for an overview of the scientific programme.

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

Strategies and actions to reduce social inequalities in health

 Global Working Group on Social Determinants of Health (GWG SDH)

> Co-chaired by Erma Manoncourt and Alok Mukhopadhay

Launched in November 2008, this GWG contextualises and relates health promotion to the SDH agenda, specifically contributing to the operationalisation of health promotion action for the priority areas proposed by the WHO Commission on SDH; advocating for infrastructure building and institutional progress to support health promotion action in this regard; and providing a health promotion framework for sustainable implementation and measurement of outcomes.

In 2009 the main activities of the GWG SDH were:

- Publication of a commentary in Global Health Promotion (GHP, 2009; Supp (1): pp. 89-92);
- Identification and agreement of five priority areas of action;
- Completion and analysis of a mapping exercise to identify activities that members were willing to develop or build upon through collaboration with other members;
- Exploration of how to use GWG's platform to share and receive the appropriate input and expertise and give a global reach to current work in various countries and regions;
- Design of a special sub-plenary session on Social Determinants for Health - A foundation to promote a human rights agenda for the IUHPE's 20th World Conference;
- Collaboration and strategic linkages with key partners and networks also working in the field of SDH (Determine, the Equity Channel, WHO and numerous national institutes and other agencies).

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

Since 2004, the French Institute for Prevention and Health Education (Inpes) has been working on strategies to reduce health inequalities in France. The IUHPE was invited to collaborate in order to respond to the need to acquire knowledge and share experiences on evidence and effectiveness of strategies and interventions taking place internationally. The IUHPE supported the coordination of an international Francophone symposium leading to a publication by providing expertise from key network members with experience in planning and implementing strategies to reduce social inequalities in health. The project aims to propose concrete and practical suggestions drawn from French and international experience related to action strategies for reducing social inequalities in health in a publication to shape action on the social inequalities in health. The document will contain practical frameworks for reflection to support action by practitioners and decision makers. The book is scheduled for release in July 2010 in the Inpes' series "La santé en action" and is structured in five sections around project methodology, implementation and evaluation with a strong focus on public policy and partnership.

Forum on evaluating interventions aimed at reducing social inequalities in health

Coordinated by the Chair on Community Approaches and Health Inequalities in collaboration with the IUHPE, as the principal international partner, and a range of francophone partners, a forum was held on October 8-9, 2009. The forum's objective

was to put together the state-of-the-art on evaluating interventions aimed at reducing social inequalities in health and to engage stakeholders in discussions on the challenges and evidence of effectiveness of these interventions. In particular, the forum was designed to provide a critical perspective on the role of evaluation as a source of knowledge, as a decision-making tool, as a process for capturing innovation and as a resource for practitioners and community organisations to take action on reducing social inequalities in health.

For detailed information on the forum, presentations, videos, and products see the Bulletin at:

http://www.cacis.umontreal.ca/newsletter/liaison-cacis. asp?b=2&s=1#article_10



Capacity building for integrated health promotion approaches and strategies for public health issues

> Global Working Group on Healthy Settings (GWG Healthy Settings) Chaired by Mark Dooris

This GWG was created to support the development of whole system settings-based health promotion, acknowledging the potential of this approach to contribute to the promotion of health, well-being, education and sustainable development, and to the pursuit of equity within and between countries. In 2009 the main activities of the GWG Healthy Settings were:

- Engaging in on-going dialogue with WHO to support effective information exchange relating to relevant programmes, collaborating centres and developments;
- Taking action to support more on-line connectedness for healthy settings (IUHPE website, WHO portal, Settings for all wiki);
- Making the knowledge base accessible through an updated bibliography and links on healthy settings theory, policy and practice available on the IUHPE website:
- Publication of an article in Perspectives in Public Health (129 (1°: 29-36) on "Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion" (Dooris, 2009);
- Collaborating with GWG members, other GWGs and stakeholders to create opportunities for the 20th IUHPE World

Conference on Health Promotion in Geneva in July 2010 to serve as a unique gathering place for different settings to come together and support linkages of environment, sustainable development and health programmes;

Design of a special sub-plenary session on Healthy and sustainable settings: Reflections and future direction for the IUHPE's 20th World Conference on Health Promotion to engage in critical debate and dialogue on the development and implementation of settings-based health promotion and exploring future directions in the context of 21st century forces:

Advocating for and supporting the development of discussions relating to potential regional/international networking for health promoting universities.

Global Working Group on Salutogenesis (GWG SAL) Chaired by Bengt Lindström

The GWG-SAL originates from a global research network now systematically exploring the evidence base of the salutogenic approach to health, which operationalises the Ottawa Charter principles in terms of health acting as a resource for well-being and quality of life on both system and individual level. Since 2007, the GWG operates from Finland and is open to all health promotion researchers and practitioners. The main activities in 2009 have been:

- Making the GWG-SAL's new web-database (www.salutogenesis.fi) operational for research and development throughout the world strengthening the evidence base by systematic analysis of new research findings;
- Building infrastructure and supporting global research and development about the salutogenic approach and building salutogenic networks within and outside the IUHPE;
- Arranging the Second International Research Seminar in Helsinki in 2009, of which the focus was Mental Health Promotion and Salutogenesis;
- Supporting the WHO/IUHPE cooperation especially regarding a health promotion approach to preparedness for pandemic influenza;
- Preparing the 20th IUHPE World Conference on Health Promotion by mobilizing IUHPE regions and members and preparing sub-plenary, symposia, workshops and oral and poster presentations.

Tobacco Control (IUHPE/CDC)

The IUHPE has been working in close partnership with the Office of Smoking and Health at CDC. In 2009, this collaboration focused on Tobacco Control and Health Equity through two special IUHPE sessions, prepared in collaboration with the IUHPE Advisory Committee for Tobacco Control. The sessions were held at the 14th World Conference on Tobacco or Health (WCTOH) in Mumbai, India, from March 8th-12th 2009. They had a specific focus on closing the health equity gap by incorporating tobacco control in poverty alleviation schemes adopting a health promotion approach. The sessions informed the upcoming supplement issue on "Tobacco Control and Health Equity" of Global Health Promotion, supporting a broader global dissemination of the topics presented and discussed, due for publication in June 2010.



Strengthening community responses to pandemic influenza (IUHPE/WHO-HQ)

Influenza pandemics are unpredictable but recurring events that can have severe consequences on human health and economic well being worldwide. Recent global experience with pandemic influenza has highlighted the particular challenges associated with planning for and responding to such threats. Advanced planning and preparedness are critical to help ease the impact of a global pandemic. With this in mind WHO has developed a series of manuals for people working in three specific settings: municipalities, workplaces and schools. This series of documents is aimed at strengthening community responses to pandemic influenza. WHO Guidance set out roles and responsibilities for preparedness and response as a "whole-of-society" responsibility in the framework of a national action plan.

An IUHPE Review Group was constituted to support the development of guidelines for pandemic preparedness and response with a health promotion lens using a healthy settings approach for schools, workplaces and municipal settings.

Addressing Non-Communicable Diseases in sub-Saharan Africa

Building the case for healthy public policies on NCDs in Africa with Multi-stakeholders

In order to respond to the emergence of NCDs in the sub-Saharan region, the IUHPE in collaboration with the US Centers for Disease Control and Prevention (CDC), the Department of Health of England and the African Institute for Health and Development (AIHD), has facilitated a number of initiatives to address NCDs comprehensively and provide support for evidence collection and dissemination within the Sub-Saharan African region. Following the establishment of a NCD Expert Group and a NCD Partner Forum at an advocacy meeting in Bagamoyo, Tanzania (2008), and several follow-up meetings in Kenya and Uganda, all of these interests and expertise converged in the establishment of a Consortium for Non Communicable Diseases Prevention and Control in sub-Saharan Africa (CNCD-Africa) in 2009.

CNCD-Africa is a member-driven umbrella bringing together multiple disciplines, sectors and partners who work in various settings to address the common risk factors for major NCDs in sub-Saharan Africa (cancer, diabetes, cardiovascular diseases and chronic respiratory infections), such as nutritional patterns and transition; obesity; lack of physical activity; tobacco consumption; and inappropriate use of alcohol. The Consortium has collaborations and linkages with partners whose work aims to address NCD prevention, control and management by addressing the social determinants of health (SDH) at the individual and societal levels and tackling the general socio-economic, cultural and environmental conditions which can be addressed by policy advocacy and use of health promotion approaches. For more information, visit http://www.aihdint.org/current5b.htm



A Supplement of the IUHPE journal Global Health Promotion on "Community Health Promotion Strategies to Address NCDs in Africa" is being planned for release in June 2010. The issue will be a tool to disseminate evidence around effective health promotion strategies focusing on the implementation of health promotion programmes in Africa, including:

Health promotion programmes conducted in community/ village and/or in health care settings;

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

Promoting Community Health and Supporting the Prevention and Control of Cervical Cancer in Lusaka, Zambia (IUHPE/CDC)

In an effort to reduce the high incidence and mortality rates of cervical cancer, the Center for Infectious Disease Research in Zambia (CIDRZ) initiated a 'See and Treat Cervical Cancer Prevention Intervention', which targets both HIV and non-HIV infected female patients who are at high risk of this cancer and who visit the anti-retroviral clinics in Lusaka, Zambia. To support this initiative, a series of activities are being implemented to strengthen health promotion and education strategies that act on societal changes within the community and lead to systematic changes that influence health disparities.

In 2009, the project focused on developing tools for peer-educators, developing competency-based and culturally appropriate online learning modules to train cervical cancer nurses, doctors, and peer educators, and opening a Wise-women clinic offering free screening services and tailored counselling to women in the community. For more information, visit http://iuhpe. org/index.html?page=512&lang=en.



Building capacity for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in sub-Saharan Africa (IUHPE/CDC)

The 6th CDC/IUHPE Annual Seminar on Cardiovascular Health Promotion and Chronic Disease Epidemiology that took place in Entebbe, Uganda (July 8-18, 2009) marks a successful end to this series of six seminars. Building on this six year effort and existing capacity and network of dedicated professionals in Africa, the IUHPE plans to continue in-country training seminars.

To support the resulting infrastructures and networks of dedicated professionals, in 2009, the IUPHE launched a new section of its website on Building Capacity for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Africa (http://iuhpe.org/index.html?page=509&lang=en).

This platform houses all materials developed and shared at the Annual Seminars (training course tools and resources, presentations, key references from the literature, evaluation processes, findings, lessons learnt and recommendations) and will support on-going exchange and collaboration amongst the faculty, the country teams and participants and serve as a resource for all professionals interested in cardio-vascular health promotion in Africa.



Activity Promotion Physical and Health (IUHPE/CDC)

As part of the on-going collaboration, IUHPE and CDC are using the development of public health strategies for physical activity as an entry point for much needed health promotion and chronic disease prevention action. Taking an evidence-based approach, the project adopts a holistic view to promoting mental health and self-esteem, building social capital, creating social cohesion, encouraging participatory approaches and empowerment at all levels of society, improving the quality of life of individuals and populations, and reaching out to vulnerable, marginalised populations.

This programme has a strong advocacy focus and aims to leverage evidence to support inter-sectoral action, policy development and implementation and capacity building at the structural, organisational and individual levels of the workforce. As a first step, partners have begun drafting a Global Charter for Physical Activity and Health through a comprehensive and global and regional partners will jointly advocate for its endorsement and culturally adequate implementation of the suggested actions.

In 2009, the Global Alliance for Physical Activity (GAPA), initially created as an alliance of non-governmental organizations to provide a strong unified voice for physical activity and health and to be a catalyst for action in the field, was incorporated as the Advocacy Council for Physical Activity of the new International Society for Physical Activity and Health (ISPAH). To reflect this new status, which enables formal relationships with organizations such as the WHO, GAPA changed its name to Global Advocacy for Physical Activity, retaining its mission. GAPA plays a key role in achieving the programme's objectives. This programme of work is closely linked with the work carried out in the Latin American region addressing environmental and health effects of urbanization and globalization.

Environmental Health with Multiple Partners

Environmental health and sustainable development are central to health promotion and the IUHPE work in this collaboration. The current pace of urbanisation and globalisation are linked to drastic changes in the ways of life resulting in increased sedentary lifestyles, unhealthy nutrition habits and tobacco consumption. This programme is dedicated to supporting inter-sectoral interventions to address NCDs in low- and middleincome countries, with a particular focus on Colombia along three axes: physical activity and supportive environments,

tobacco control and healthy eating. So far this project has supported the following experiences and process to support national and international exchange on:

- the formation of local coalitions for the active participation of civil society and other sectors outside the health sector to create supportive environments that prevent chronic diseases in a number of cities in Colombia;
- building local capacity to collect data in mortality, morbidity, risk factors and environmental characteristics and make chronic disease problem more visible;
- advocacy for policies that improve environmental factors that promote physical activity, healthy diet and tobacco control.

Building on lessons learnt from the first phase of work, in 2010 the aim is to expand this work to other cities in Colombia, focusing on those with a high proportion of underserved and displaced populations.

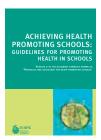
Promoting Health in Schools with Multiple Partners

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

The 20th IUHPE World Conference on Health Promotion will be preceded by a two day international symposium (July10-11, 2010) on "Linking health, equity and sustainability in schools". This meeting presents a unique opportunity to advance this work together with members and partners from all over the world, and to enable young people, researchers, NGOs, government officials, and other stakeholders to explore questions of health and sustainable development in schools. See http://www.healthequity-sustainability-schools.org/ for more information.

The main outputs in 2009 were:

- 1) A revised version of "Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools", which provides a blueprint for improving the evidence base for health promoting schools by revisiting the five areas outlined in the Ottawa Charter for Health Promotion; and
- 2) Promoting Health in Schools: from Evidence to Action, published to complement the recommendations to establish and sustain health promotion in schools set out in the Guidelines document. It is an advocacy document for the health and education sectors to undertake school health promotion activities based on the evidence of effectiveness. It provides succinct evidence-based arguments to support the need for a whole school approach to strategically plan and implement school health initiatives.



Capacity building in developing countries to address the macroeconomic impacts of cardiovascular disease prevention and health promotion (IUHPE/CDC)

Developing countries face a dual burden of both communicable and chronic diseases including cardiovascular diseases (CVD), which puts a tremendous strain on their already stretched health systems. The effect of the growing burden of disease due to CVD is not limited to the health sector alone but threatens the macro economy in developing countries. Formative research from developing countries such as India suggests that policy makers and programme managers do not perceive non communicable diseases as a major problem. One set of arguments to raise awareness is the economic benefits that accrue from postponing and reducing the CVD burden.

The IUHPE, in collaboration with the US Centers for Disease Control and Prevention (CDC) and the Initiative for Cardiovascular Health Research in the Developing Countries (IC-Health) conducted a project in 2008-2009 to increase the awareness of adverse micro and macro economic consequences of CVDs in developing countries. In 2009, these efforts led to:

- the holding of three awareness campaigns and workshops aimed at policy makers and programme managers (one in Tanzania, one in China and one in India);
- the development and dissemination of a user friendly resource kit targeted at policy makers, program managers and top management of industries to raise awareness about the risk of CVD and highlight simple programs that could be introduced to reduce the risk of CVD in community and workforce settings; and
- the building of research capacity to undertake advocacy to promote policies which bring about behaviour change related to CVD risk factors.

Tools and methods to equip and support practitioners and decision makers

> Global Working Group on Health Impact Assessment (GWG HIA) Chaired by Marilyn Wise

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

Specifically, its aims and terms of reference are:

- To facilitate the development of, and communicate, theory, policy and practice-derived evidence of the design, application and effectiveness of Health Impact Assessment at international and national levels;
- To develop a knowledge and evidence base for appropriate methodologies to use in the identification step (data collection) of HIAs;
- To enable discussion, debate and shared learning among the researchers, practitioners, policy makers and communities engaged in health (and all other forms of) impact assessment in order to develop research/ practice/ policy/ advocacy agendas for advancing HIA;

- To encourage collaboration among researchers, practitioners, policy makers and communities to build the theory and evidence bases informing the practice of Health Impact Assessment;
- To collaborate with policy makers, researchers. practitioners, and communities to ensure that Health Impact Assessment (and all forms of impact assessment and evaluation) contribute to reducing (and eliminating) inequities in health;
- To contribute to ensuring that the health and other sectors have the capacity to conduct Health Impact Assessment routinely and effectively to ensure that, for example, economic globalisation or actions to address climate change or to reduce discrimination, have positive population health outcomes and contribute to closing the equity gap.

In 2009 the main activities of the GWG HIA focused on:

- membership recruitment, engagement on consensus for the Terms of Reference of the GWG and establishing strong working relationships with relevant partner organisations;
- the design of a special sub-plenary session on Challenges and issues around HIA and health promotion for the IUHPE's 20th World Conference to discuss the challenges with colleagues from across the world and to develop a plan of action to enable the IUHPE, in partnership with many other organisations, to enhance the use of HIA and other forms of impact assessment in promoting health and increasing health equity.

Templates for documentation of health promotion practice (IUHPE/WHO-EMRO)

The IUHPE is leading a process for a review of available existing tools and frameworks that have been developed and used to document health promotion and health education interventions, and to support the collection of case studies at national, local and community levels. The main objective of the project is to scan the available templates for documenting interventions, investigate their adaptability for the Eastern Mediterranean context, and propose a set of identified tools, methods and documentation frameworks that could be used by WHO EMRO to support capacity building for documentation of programmes in the region. Documentation is recognised as the first step towards a much wider capacity building strategy for practitioners and is an essential first step to have a good picture of what is happening, to share and exchange with other countries, and to engage practitioners in a process of reflection about their work. A small advisory committee was established to advise and react to consultations, with a specific focus to ensure the input of academics, practitioners and experts from the region.

Health Impact Assessment and Health in All Policies (IUHPE/DGS)

With a history of partnership spanning over 15 years, in 2009 the French Health Directorate (DGS) and the IUHPE signed a renewed three-year agreement covering the years 2009 - 2011. In addition to information exchange and coordination of the Francophone network of IUHPE members, this agreement focuses on the development of reflection on questions concerning inter-sectoral public policy issues, the evaluation of Health Impact Assessment (HIA) and the integration of health in all policies (HiAP). In order to learn more about these intersectoral mechanisms, the French Health Directorate specifically requested the IUHPE to support the work and the processes of the National Committee on Public Health (inter-ministerial body established by the Law on public health policy of August 2004) in their exploration of these issues. The DGS is particularly keen to ensure the input of international expertise of the IUHPE's professional network to illuminate the potential choices that could be made in France at the time of the revision of the Public Health Act, to strengthen the development of an inter-sectoral approach to health.

A report written by Louise St-Pierre, of the Canadian National Collaborating Center for Healthy Public Policy and the National Institute of Public Health of Quebec, as an IUHPE expert consultant for the IUHPE was developed and has been submitted to the DGS. The document was drafted to clarify concepts and provide an overview of whole of government initiatives for the integration of health in all policies in different countries.

Moreover, in 2009, the IUHPE has collaborated with the Center for Strategic Analysis, the French Society for Evaluation and the French Health Directorate to prepare a seminar on "Evaluation of health impact: various methods of analysis", held in Paris on January 28, 2010, by identifying experts from different countries on this issue.

Inter-sectoral action on the social determinants of health and development of Health in All Policies

Governance Tools for Health-in-All-Policies (IUHPE/WHO European Observatory)

The IUHPE is collaborating with the WHO European Observatory to develop a publication on governance tools for Healthin-All Policies, based on the joint efforts and interests of the IUHPE, the National Collaborating Centre for Healthy Public Policy in Canada, and the European Observatory on Health Systems and Policies. Specifically, the IUHPE was engaged to assist the Observatory in the development of this project due to its work related to 'pro-health' governance with respect to the social determinants of health and its expertise on evidence uptake in policy making across sectors under the umbrella of its Global Programme on Health Promotion Effectiveness. The IUHPE's global professional network of experts and its communication and publication experience will be key resources to support this work, which will be finalized at the end of 2010.

The overarching aim of the book is to inform and empower governments and ministries of health in their attempts to implement health in all policies. The book intends to support understanding about what ministries "do" when they successfully reach out to other ministries and sectors outside their remit.

Social Determinants of Health in Very Poor Ruralities

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

Jointly coordinated by the University of Bergen and the IUHPE, and with the support of the Department of Health of England, this project attempts to identify health-relevant indicators of social position, comparing three different regional cases (one from sub-Saharan Africa, one from Latin-America, and one from

South East Asia) in order to differentiate those that are context specific to those that are not. These relevant indicators will next be used in research to illuminate how they relate to variations in health. A final report presents the conclusions of these findings and suggests initial recommendations for monitoring, surveillance and for action contributing to develop policy to address health inequalities in these regions. It is published as part of the IUHPE Research Report Series (Vol. 5, No. 1, 2010) and is available at http://iuhpe.org/index.html?page=522&lang=en

> International Collaboration on the Social Determinants of Health

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

The IUHPE is an active partner in this initiative, to which it brings its unique professional network as well as its global dimension. In 2009, through its participation in the ICSDH, a number of important linkages have been made with partners with respect to the development of Non Communicable Diseases initiatives at the international level and ensuring appropriate communication and synergy with the IUHPE Global Working Group on Social Determinants of Health. A number of important developments related to the ICSDH and partner organizations' work will be reflected through contributions to sessions at the 20th IUHPE World Conference on Health Promotion, in Geneva, in July 2010.

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

The DETERMINE Consortium works to address and stimulate action on the social and economic determinants of health inequities at European Union levels. The Consortium brings together over 50 health bodies, public health and health promotion institutes, governments, and various other non-governmental professional and academic organisations from 26 European countries. Coordinated by EuroHealthNet in collaboration with the Czech Republic Institute of Public Health, packages. The IUHPE co-leads in the areas of awareness raising and capacity building.

In 2009, the focus of the IUHPE's work was on developing a menu of capacity building actions that served to guide partners in their national efforts to build capacity and raise awareness on the social determinants of health to stimulate action on health

equity. As the project will come to a close in June 2010, a final event will take place in Brussels to showcase the fundamental importance of working across policies through concrete examples from EU Member States.

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



The use of various types of evidence to inform and support policy dialogue, development and implementation

Global Programme on Health Promotion Effectiveness (GPHPE)



In 2009, as part of the GPHPE, the African Project on Health Promotion Effectiveness published the Evidence of Health Promotion Effectiveness in Africa to generate knowledge and share evidence

of health promotion effectiveness in Africa. This publication responds to the overall objectives of the project around raising standards of health promoting policy-making and practice in Africa. The book showcases the evidence of health promotion effectiveness in the African region, so to support a better understanding of health promotion in the region and to serve as a tool for advocacy, resource mobilization, training and practice. The publication was launched in October 2009 in Nairobi by Professor Miriam Were, during the Africa Day programme of the 7th WHO Global Conference on Health Promotion in the presence of five African Ministers of Health. Please visit http://www.iuhpe.org/?page=520&lang=en to order a copy.

The year 2009 has also been dedicated to the development of the 2nd volume of the global monograph on health promotion effectiveness, which unlike the first volume has two distinct but complementary products. Volume II will concentrate on the processes and contexts for moving from evidence to effectiveness; it will have a focus on "how to". In addition to producing

Global Working Group on Surveillance (GWG WARFS) Chaired by Stefano Campostrini

an academic book produced with Springer, Volume II will also release a product more accessible to members, and more equitable in terms of the IUPHE network's language diversity. Both publications are planned for release in the first quarter of 2011.

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A framing document which will be constructed of chapters invited for submission from key network and specific individual professionals who will address specific areas very practically in terms of looking at: What do we know about the efficacy? What actually gets picked up for decision-making? What then happens in terms of implementation? The defining focus of the framing document is around "the evidence of effectiveness of health promotion in addressing global health challenges". Chapters in the framing document will be organised under the following six sections:

- 1) the development agenda;
- 2) the social determinants of health;
- 3) community and political empowerment;
- 4) health system strengthening;
- 5) health promotion capacity; and
- 6) further debates about evidence and effectiveness.

A workbook document with concrete examples from practice is being produced through an entirely separate process supported from the completion of a global call for case studies in all three IUHPE official languages and will be published in the IUHPE journal Global Health Promotion (18:1 March 2011). The objective is to build capacity of practitioners to be reflexive about how they use and integrate evaluation results into the planning and implementation of population health interventions. The GPHPE has completed the collection process, gone through extensive editorial review and support, and these 27 selected case studies are now finalising their review by a pool of global experts who were invited to contribute in this way. These case studies are diverse and represent various ways that professionals have reflected and demonstrated how research evidence derived from epidemiological studies, evaluation research and/ or research synthesis and meta-analysis is used to address health challenges locally with the aim of creating a body of experience and practical examples on how empirical evidence informs health promotion policy and practice.

The GWG on Surveillance supports the development of behavioural risk factor surveillance (BRFS) as a tool for evidence-based public health, acknowledging the importance of this information source to inform, monitor and evaluate disease prevention and health promotion policies, services and interventions.

In 2009 the main activities of the GWG WARFS were:

- Publication of a commentary in Global Health Promotion on "Health Promotion and Surveillance: the establishment of an IUHPE global working group" (GHP, 2009; 16 (4): pp. 58-60);
- Holding of the GWG steering group meeting of the IUHPE WARFS to outline and plan the 2009-10 GWG work in Atlanta, USA, March 21st, 2009;
- Contact and dialogue with WHO to explore a common plan and process to support the production of a scan and synthesis of the state of the art for surveillance globally;
- Holding of the working meeting of the IUHPE WARFS with key GWG members and partners in Venice, Italy, from Nov 27-28th, 2009 to develop the outline and drafting process for a white paper on risk factor surveillance (looking at theory, methodology and use) whose purpose is to serve as a reference for countries and practitioners to (further) develop surveillance systems. The white paper will be discussed during the 20th IUHPE World Conference on Health Promotion in July 2010;
- Design of a special sub-plenary session on Surveillance - Making health promotion accountable for the 20th IUHPE World Conference on Health Promotion with the objective of supporting a broader understanding of surveillance systems, the methodological challenges involved, and discussion on how surveillance data can benefit health promotion policy and programme planning with panelists, who will discuss the role, practice, and opportunities of surveillance;
- Preparation of a series of sessions for the 20th IUHPE World Conference, including a pre-conference meeting seminar and a symposium during the conference on risk factor surveillance in practice with examples from Australia, Italy, the United States of America and WHO.

Ad Hoc Working Group on Health Promotion Research Chaired by Louise Potvin

An ad hoc working group has been formed at the end of 2009, after significant interest of the Board of Trustees to tease out a potential platform for the IUHPE to support and strengthen health promotion research globally. Its initial task has been to plan for agenda-setting sessions to be held at the 20th IUHPE World Conference on Health Promotion in Geneva in 2010, including a symposium on "What is health promotion research? Examples from the field" and a workshop on "Strengthening health promotion research: What can IUHPE can do?". These sessions will be stepping stones to initiate a process of consultation to contribute to this area, taking into account the breadth and complexity of health promotion research, in order to explore a potential action plan (2010-2013) for the organisation to work with its members an partners who are financing, conducting, translating, and using health promotion research.

Communicate to Vaccinate - building evidence to improve vaccination in low and middle income countries

A successful proposal was submitted to NORAD, in collaboration with the Cochrane Consumers and Communication Review Group. This project aims to build research knowledge and capacity to use evidence on communication in improving the effectiveness of childhood immunization programmes and strategies in low and middle income countries (LMICs). The IUHPE is a key international partner for knowledge translation. The project will commence in 2010.

Development of Scientific Dialogue

Global Scientific Committee for the 20th IUHPE World Conference on Health Promotion (Geneva 2010)

The membership of the Global Scientific Committee for the World Conference draws in all chairs of GWGs, various Vice Presidents, many senior scientists from all regions of the IUHPE,

In 2009, the GSC has focused its work on the strategic sessions within the conference, particularly the plenary and sub-plenary topics and speakers. The Call for Papers has returned over 2300 abstracts. Innovative features for the conference will include "meet the authors" session and "walk on the wild side" for sessions employing innovations in didactics.

Collaboration with the World Health Organization (WHO)

As the coordinating authority for health within the United Nations system, the World Health Organization is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. As a uniquely positioned global, professional organisation in health promotion, the IUHPE's official relationship with WHO is a conduit for providing support to WHO plans, initiatives and activities in our domain. In particular, the IUHPE works in close collaboration with the Department of Chronic Disease and Health Promotion to cooperate on joint initiatives that support WHO Strategic Objectives which aim to mainstream health promotion across its organizational structure and its programmes.

In 2009, the IUHPE and WHO engaged on a number of significant processes above and beyond the specific projects mentioned above. Most importantly, the IUHPE as a Headquarters and through the global leadership and professional network participated at the highest level in the planning and implementation of the scientific programmes of the 7th WHO Global Conference on Health Promotion- Promoting Health and Development: Closing the Implementation Gap (Nairobi, Kenya from 26-30 October 2009). Members of IUHPE participated closely in preparation of the technical papers for the conference as well as the conference outcome, the Nairobi Call for Action. Complete information and documentation are available at http://www.who. int/healthpromotion/conferences/7gchp/en/index.html and on the social networking platform www.connect2change.org where you can find videos, blogs and more.

Reciprocally, WHO is engaged also in the preparation and development of the 20th IUHPE World Conference on Health Promotion- Health, Equity and Sustainable Development (Geneva, Switzerland from 11-15 July 2010).



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Belonging to a global network Global membership initiatives Membership trends

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

Belonging to a global network

The IUHPE is an open and inviting organisation, providing all who are working in health promotion the opportunity to build an international network that encourages the free exchange of ideas, knowledge and experiences, as well as facilitating the development of relevant collaborative projects at global and regional levels.

Members range from government bodies, universities and institutes, to NGOs and individuals across all continents working to advance public health through health promotion.

All IUHPE members benefit in many ways:

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

MEMBERSHIP CATEGORIES

Trustee members are organisations which are responsible for organising and/or supporting health promotion and/or education in their country, state, province, region or equivalent level. They carry out activities which are consistent with the mission, goals and objectives of the IUHPE.

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

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

- Institutional members of national scope can be host of the triennial IUHPE World Conference.
- They hold 3 (regional/local in scope) or 7 (national in scope) votes at the General Assembly.

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

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

Honorary members: An individual or organisation who makes a special contribution to the mission of the IUHPE, or to the development of its goals and objectives may be invited to be an honorary member.

Global membership initiatives

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

- The IUHPE Student and Early Career Network assembles young professionals and students in health promotion from across the globe and interacts dynamically to influence and support the IUHPE agenda. More information on www.isecn.org
- The IUHPE Academic Network is a possibility being explored. The IUHPE's diverse membership includes a significant contingent of health promotion researchers who are dedicated to ensuring the values of health promotion research are promoted and that this research contributes to a growing evidence base to support policy and practice. The wide range of IUHPE members who work in academic settings are dedicated to providing support to the IUHPE via student thesis research, joint research and exchange of staff and/or students. A network of this type can crystallise around a health promotion research agenda that would be more strategically connected to supporting organisation's scientific agenda and advocating for improving resources for health promotion research around the world.
- Creation of an IUHPE Membership Development **Advisory Committee (MDAC)**

Membership development has always constituted a strategic priority for the IUHPE. In the past several years membership development action plans were approved but due to the lack of sustained human and financial resources the Organisation faced difficulties in their implementation.

In June 2009, the IUHPE Board of Trustees approved the creation of a Membership Officer position and endorsed a Membership Development Plan to increaseand actively involve its network ensuring that the IUHPE can unlock its potential and play a stronger and more active role in the international arena.

A Membership Development Advisory Committee (MDAC) was then launched. The MDAC is composed of a representative of each region and sub-network, as well as the IUHPE Executive Director and is co-chaired by the IUHPE Vice-President for Partnership and International Affairs and the Membership Officer. It aims at defining strategic priorities and coordinating membership development at a global level, taking into account local needs and specificities.

MDAC objectives

The IUHPE Membership Development Advisory Committee serves to support the IUHPE global membership development in order to strengthen the Organisation and extend its influence worldwide by:

- Increasing the IUHPE membership and
 - identify priority stakeholders to engage with;
 - · diversify the IUHPE network;
 - identify and optimize strategic recruitment opportunities.
- Retaining the IUHPE membership and
 - · reinforce the members sense of belonging to the network;
 - develop a favourable context to engage members in health promotion advancement in all IUHPE activities across the world;
 - develop a favourable context to encourage members' networking and exchanges within the IUHPE network.

A long term and comprehensive membership development requires the commitment from various actors to develop and implement a global strategy. As a global organisation, the IUHPE faces an important diversity in cultures and capacities (including resources and access to services). The MDAC has therefore to define a global strategy and work plan which take into account these differences.

Membership trends

In November 2009, the IUHPE had a total of 1940 members. The distribution of membership by region and category is as follows:

Membership totals by category on November 1st, 2009

Trustee	National	Regional / Local	Individual	Student	TOTAL
17	21	122	1580	200	1940

The largest category of IUHPE membership is that of individuals (82%). With students, they represent more than 90% of IUHPE members, followed by regional scope members (6%); and Trustee and National members, who only represent 2% of the IUHPE global membership while they contribute to the most part of membership income.

Membership totals by region on November 1st, 2009:

Africa (AFRO)	Europe (EURO)	Mediterra- nean	NARO	NPWP	ORLA	SEAR	SWP	TOTAL
246	411	38	715	149	100	84	197	1940

In terms of distribution across the different regions, the majority of IUHPE members still come from North America and Europe (58%). With the different activities developed in Africa, IUHPE membership is steadily increasing in this region, now reaching 13% of IUHPE global membership.

Membership totals by region on November 1st, 2009:

	Trustee	National	Regional	Individual	Student	TOTAL
AFRO		1	12	215	18	246
EURO	10	11	64	265	61	411
MED	1			33	4	38
NARO	3	3	10	615	84	715
NPWP			9	129	11	149
ORLA	2	4	9	79	6	100
SEAR	1	1	4	74	4	84
SWP		1	14	170	12	197
TOTAL	17	21	122	1580	200	1940



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

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



REGIONAL ACTIVITIES

Ursel Broesskamp Stone, Vice-President for Europe Health Promotion Switzerland, Switzerland

Europe (iuhpe/euro)



In May 2009, Dr. Ursel Broesskamp-Stone, Head International Affairs & Senior Policy Advisor, Health Promotion Switzerland, became the new IUHPE Vice-President for Europe.

She developed a 'regional committee core group' to get advice, share leadership and responsibilities with Regional Committee members on the implementation of the IUHPE Euro work plan 2008-2010.

Group members and work areas covered so far are:

Dr. Diane Levin, Israel (communications, HP-Source); David Pattison, Scotland (Ad hoc work group on "Geneva 2010", other); Prof. Spencer Hagard, UK (EU matters; membership development advisory group); Dr. Stephan van den Broucke, NL (exploring Regional Office opportunities, EU matters); Tania Re, IUHPE-CIPES - (communications, Mediterranean Rim); Vice President Euro (partnerships, Regional Committee development, other key matters). In 2010, Dr. Altyn Aringazina, Kazakhstan will join the core group.

20th Juhpe World Conference on Health Promotion 2010 in Europe

In 2009, most of the Vice President's time went into the preparation and maximizing the benefit for health promotion of the next IUHPE World Conference 2010 on "Health, Equity and Sustainable Development" hosted by her country, Switzerland. Informal explorations started with the readiness of the IUHPE EURO to follow up on the conference theme and on advancing internal debates regarding health promotion and the for-profit-sector. A small Regional Committee working group works to maximize the opportunity created by the upcoming Conference to show progress with respect to the IUHPE Euro work plan packages. In the Context of the World Conference, the Regional Committee Euro will specifically develop the following activities: Ensure a representation at the IUHPE corporate stand to promote IUHPE European work and show case HP-Source; host a reception for participants working in Europe (current and potential future members); and offer practical support to the organizers if required during the conference. Members of the IUHPE/EuroHealthNet Joint Special Interest Group on health promotion evidence, effectiveness and transferability accepted the invitation by Health Promotion Switzerland to jointly prepare the sub-plenary on best practice and general quality frameworks for health promotion. This will serve as a basis to re-boost debate and collaboration among members and partners in this area.

Partnerships, collaboration, advocacy

In 2009, the Regional Committee supported a number of activities to pursue and develop key partnership and collaboration initiatives.

- The IUHPE applied for the renewal of its membership in the European Union's Health Policy Forum (EUHPF), through which the EU seeks contact to leading public health organizations in Europe.
- IUHPE actively contributed to the Forums feed back to the new EU strategy 2020 and responded to the EU consultation on global health.
- European members supported WHO/EURO in carrying out the Health Systems track of the WHO Global Conference on Health Promotion on closing the gap in implementing health promotion (Nairobi, November 2009).
- The Vice President Euro started to strengthen collaborative links with EUPHA and EuroHealthNet.

Communications initiatives

HP-Source.net: the Regional Committee Euro decided to support and promote the HP-Source.net data base for capacity building in health promotion by branding the homepage with the IUHPE logo; establishing a system for quality control and resources (managed by the Royal Society of Public Health, UK); securing minimal funding through IUHPE (Regional Committee Euro & Vice President for Communications), IUHPE-CIPES Centre (re. Mediterranean Rim) and sponsors.

The possibility of developing HP-Source into a global data base for building capacity is currently being explored.

CAPACITY BUILDING EDUCATION AND TRAINING

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

IUHPE EURO has sought to develop a Europe-wide competency framework and system of professional standards in health promotion. This framework will form the basis for building a competent and effective health promotion workforce capable of translating into action the key priorities identified in recent European health strategies and policies. The current focus of work is on the implementation of the CompHP project on 'Developing Competencies and Professional Standards for Health Promotion Capacity Bulding in Europe'. Under the leadership of the Vice President for Capacity Building Education & Training, IUHPE EURO and its partners have established a three-year initiative (2009-2012), with funding from the European Agency for Health and Consumers (EAHC).

The CompHP project builds on a Europe-wide scoping and feasibility study on implementing a competency-based accreditation system undertaken by IUHPE EURO (Research Report Series 2 (1) 2007). Working with the IUHPE European network and in partnership with key national agencies, the CompHP project, which commenced in September 2009, is developing a consensus-based system in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe. Bringing together partners with experience across the professional development, policy, practice and academic sectors, the project will develop, test and refine the implementation of a sustainable competencybased system in countries with varying levels of infrastructure development (from developed to virtually non-existent). A set of core competencies, professional standards and a coordinated quality assurance accreditation system for health promotion will be developed and disseminated.



REGIONAL ACTIVITIES

Latin America (IUHPE/ORLA)

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

Department of Social Sciences, Graduate School of Public Health

Hiram Arroyo, Regional Director for Latin America University of Puerto Rico

The Latin American Region organizes its activities based on four Sub Regions: the Andean Region (coordinated by Edwin Peñaherrera, Peru), Brazil (coordinated by Vera Goes Pereira Lima), the Southern Cone (coordinated by Mario González Sobera, Uruguay), and finally Mexico, Central America and the Spanish - Speaking Caribbean (coordinated by Giselda Sanabria, Cuba).

Since the election of the Vice-President for Latin America in 2007, the region has developed a plan http://www.iuhpe. org/index.html?page=56&lang=en) that covers four global level priority areas: Scientific activities, Education, training and capacity building, Communications Membership development.



The regional and sub-regional conferences organized or co-sponsored by IUHPE-ORLA are an important space to disseminate and analyze successful research and experiences on health promotion and education, developed in the region.

In 2009, the regional committee focused on the organization of the Fourth Latin American Conference on Health Promotion and Health Education which took place in Medellin, Colombia, from the 4th to the 7th of November. This conference was hosted by IUHPE - ORLA and the National School of Public Health of the University of Antioquia. Professionals from 20 countries of the region attended and presented their research and experiences in health promotion and health education. As a final product of this activity, a political statement: The Medellín Declaration was drafted through an expert consultation and approved

in the last session of the conference. This text as well as the main papers presented can be consulted at: http://fnsp.udea. edu.co/fnsp/Conferencia.



Other conferences, meetings and workshops were organized or co sponsored by IUHPE- ORLA in 2009:

- The International Congress on Health Promotion. March 17 - 19, Hermosillo, México
- VIII Assembly of the Inter-American Consortium of Universities and Training Centres for Health Education and Health Promotion Personnel (CIUEPES), November 2 - 3, Medellín, Colombia. www.ciueps.org

As a result of the Second Brazilian Seminar on Effectiveness of Health Promotion (Rio de Janeiro, May 13 - 18, 2008) a final report was produced and can be consulted on the IUHPE website (http://www.iuhpe.org). A special issue of the Review on Professional Education that contains articles based on research reported in this seminar was published.

A multi focal and multinational research project with members of IUHPE - ORLA and CIUEPES is in progress. This study aims to analyze the importance of health promotion and education in Medicine, Nursing, and Dentistry curricula. Researchers from Costa Rica, Colombia, Cuba, Dominican Republic, Mexico and Puerto Rico are participating in this project.

Education, training and capacity building

Since the establishment of IUHPE-ORLA, the Regional Committee recognizes the strategic importance of the education, training and capacity building area. In that context, it organizes seminars, workshops and exchange of experiences for ORLA members and non-members. In 2009 the following courses took place:

- Latin American Workshop on Health Promotion Effectiveness, May 26-29, in Cali, Colombia, organized by the Centro para el Desarrollo y Evaluación de Políticas y Tecnologías en Salud.
- First National Cardiovascular Health Promotion Course sponsored by ORLA Southern Cone Sub Region, the School of Medicine of the Republic's University and the National Commission for Cardiovascular Health, May 2008- May 2009, in Montevideo, Uruguay.

- Quarterly Seminar of the Brazilian sub-regional group: Studying the Evidence of Health Promotion Effectiveness, Brazil, January-April 2009.
- Summer Course on Evaluation of Effectiveness of Health Promotion Programs, offered by the National Institute of Public Health, August 24-28, 2009, in Cuernavaca, Mexico. Health Promotion Postgraduate Integrated Diploma, organized by IUHPE/ORLA Andean Sub Region and the School of Public Health of the Peruvian University Cayetano Heredia, in Lima, Peru.

The Regional Committee has contributed to the Galway Consensus Conference Statement by initiating a consultation, using a Spanish version of the document. The results of the consultation are currently analyzed and translated into English.

Communications

As part of the communication's strategies of the IUHPE-ORLA Work Plan (2007- 2010) (http://www.iuhpe.org/ uploaded/Regions/Orla/ORLA_Plan-de-trabajo_2008-2010. pdf), the region develops an E-newsletter in Spanish and Portuguese. These newsletters contribute to the exchange with current and potential members in the region and can be downloaded from the ORLA' section on the IUHPE website (http:// www.iuhpe.org/index.html?page=56&lang=en)

The Committee is also in the process of updating ORLA's pages on the recently restructured IUHPE website.

Membership development

Congresses, seminars and other types of academic meetings offer important opportunities to present, introduce and raise awareness on the IUHPE and ORLA.

The IV Latin American Conference for Health Promotion and Health Education was an excellent opportunity to provide information about the organization and increase the membership in the region. The Regional Committee expects ORLA's membership to keep increasing and hopes that the involvement of its Regional Director in the IUHPE Membership Development Advisory Committee will contribute to that purpose.



REGIONAL ACTIVITIES

North America (IUHPE/NARO)



Marilyn Rice, Vice-President for North America

Area of Sustainable Development and Environmental Health Pan-American Health Organization (PAHO) / World Health Organization (WHO) Washington D.C., United- States

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

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

Conferences and workshops

University of Toronto, Canada

With the aim of making a substantial contribution to the program of the 20th IUHPE World Conference and enhancing regional membership and sustainability, NARO members served in one or more planning committees and identified NARO specific activities to take place during the event. Jay Wortman serves on the Scientific Planning Committee and is also contributing to the aboriginal stream.

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

For the 7th WHO Global Conference on Health Promotion in Nairobi, NARO contributed suggestions for participants and topics and two members of the Regional Committee attended.

Scientific and technical development

Activities have included tracking progress on IUHPE resolutions and addressing gaps through specific activities and contributing to

- the development of action activities of the various global Vice-Presidents.
- the development of the scientific agenda and proposed speakers in the next IUHPE World Conference and facilitating the Sponsorship and development of the joint venture between Global Road Safety Youth Activity and IUHPE, through CDC funding.

Vice President for Finance Bill Chen

Vice President for Communications

Elaine Auld

Vice President for Marketing & Membership

Larry Olsen

Vice President for Scientific & Technical Development

David Sleet

Vice President for Liaison to the World Conference

Jay Wortman

Vice President for Advocacy

Michael Barnes

Regional at-large Trustees - Canada

Simon Carroll

Suzanne Jackson

Regional at-large Trustees - US

Deborah Deatrick

Donald Morisky

Regional at-large Trustees - Caribbean

Anne Thurland

- the Start-up of the William Kane Health Equity Fellowship program through fund raising, selection protocol, and supporting infrastructure at NARO.
- The provision of technical assistance to low and middleincome countries engaged in traffic injury prevention and
- Supporting UN activities and resolutions and seeking private-sector funding for Global Road Safety.

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

- Contributing to developing, field testing and refining template for documentation of experiences.
- Contributing to promoting county and local documentation of health promotion experiences, through workshops on the documentation template held in the SOPHE annual meeting and in a PAHO workshop in the English-speaking Caribbean.
- Promoting collaboration of North American partners (such as with PAHO/WHO Collaborating Centers but also others in the NARO network).
- Linking with the ORLA GPHPE initiative.

- Collecting and developing a resource directory related to effective global health promotion programs. Something that is similar to the National Registry for Evidence-Based Programs and Practices (NREPP), but with a less extent of involvement.
- Supporting the work of the North American Effectiveness Project (NAEP).

Communications

Communications initiatives in NARO aim to identify and establish strategic multi-media communication strategies with members and partner organisations.

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

A new electronic list serve has been developed and members regularly receive informative emails called NARO notes.

Membership development

In order to increase membership within the region there are a number of activities underway, which include

- Promoting the IUHPE conferences and technical meetings via electronic listsery (i.e. Healthy Municipalities and Communities, Health Promoting Schools, etc.).
- Highlighting incentives to promote greater membership involvement, especially on behalf of institutions and people in the Caribbean.
- Working with the Global Vice Presidents to provide leadership on specific strategies that promote marketing, fundraising and membership development.
- Participating in the Global IUHPE Membership Development Advisory Committee.
- Recruiting a 6 NARO members advisory group to assist the IUHPE/NARO member on the committee.
- Developing a computerized pull down membership survey which was carried out in late November - early December 2009.
- Following up on lapsed members.

Advocacy

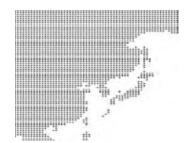
NARO and their official delegates continue to be highly involved in sustaining official IUHPE relations with the United Nations, including endorsing key UN resolutions related to global health promotion and disease prevention e.g. WHO 2009 World Report on childhood injury.

They have developed a working group to support action based on the report of the Commission on the Social Determinants of Health, looking at the role of Canada, the Caribbean, the United-States and PAHO. They also coordinate advocacy with US based offices of international organisations, NGOs and agencies (e.g. Make Roads Safe (DC and UK), UNICEF (NY and Geneva), USAID).



REGIONAL ACTIVITIES

Northern Part of the Western Pacific (IUHPE NPWP)



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

School of Medicine, Kyoto University, Japan

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

The Establishment of the Regional Committee

The main purpose of the regional committee is to develop membership and communications around IUHPE related activities in the region. It gathered on July 17th 2009, before the 1st Asia-Pacific Conference of Health Promotion and Health Education, in Chiba, Japan.

First Asia-Pacific Conference on Health Promotion and Health Education, and the 3rd General Assembly of NPWP



An important endeavour in the Region is the organisation of the First Asia-Pacific Conference on Health Promotion, July 18 - 20, 2009. The organisers include the IUHPE/NPWP and the Japanese Society of Health Education and Promotion (JS-HEP). The Chairman for the conference was Professor Takashi Muto (elected member of the IUHPE Board of Trustees and an Executive Member of JSHEP). The advisory board was constituted by key IUHPE members of the Asia Pacific region. The programme's content included:

- Presentations on evidence-based health promotion, health promoting schools, the healthy cities project, equity, and Asia-Pacific perspectives in health promotion.
- Symposia around health promoting schools, workers and health promotion, and healthy ageing.

The Conference had a total of 801 participants from 27 countries.

The third General Assembly of the IUHPE NPWP was held on July the 18th, in the context of the Conference to discuss future activities and developments in the region. The preparation of a 2nd Asia Pacific Conference on Health Promotion and Health Education is being envisaged.

Networking

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

- Japan: the Liaison Office of Japan is headed by Dr Kanako Okada and Dr Hiroshi Fukuda. The office is responsible for public relations around the region's activities, disseminating information about IUHPE and the NPWP to related academic societies and supporting the preparation of the 20th World Conference on Health Promotion.
- Korea: the Liaison Office of Korea was developed under the supervision of Dr Eun Woo Nam (elected BoT member) and is now headed by Dr Seung-duk Ko and Dr Heui Sug Jo.
- Hong Kong: the Pearl River Region office was established in 2002 under the leadership of Professor Albert Lee (elected BoT member) to develop activities within the Chinese community, particularly the Southern part (Pan Pearl River Region). Different meetings and conferences have been organised in this part of the region. Professor Sophia Chan (elected BoT member) has also been very active, particularly around nursing and tobacco issues.



REGIONAL ACTIVITIES

Southwest Pacific (IUHPE / SWP)



Donald Stewart, Vice-President for the Southwest Pacific School of Public Health, Griffith University, Australia

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

June Redman, Assistant Regional Director **Australian Health Promotion Association**

The SWP Region

The South West Pacific Region has been based in Australia since the SWP Regional Office was first established in the mid 1990s, acting for more than 30 countries on the rim of, and within, the South Pacific Ocean. The Region includes the many small island nations within the South Pacific, although currently most members in the region are residents of Australia and New Zealand.

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

All IUHPE initiatives for action within the Region are discussed and determined by the Committee.

Activities and Projects

Indigenous health

Following the IUHPE's 2004 World Conference in Melbourne, the IUHPE/SWPR established a Working Group on Action on Indigenous Resolutions to take forward the resolutions related to Indigenous health arising at the Melbourne General Assembly. Chaired by Dr Rosmarie Erben, this Working Group

has supported publications in Indigenous health promotion and this is now reflected on the Region's web page ('Success stories: Environmental, social, emotional & spiritual health of Aboriginal and Torres Strait Islanders' Report of the Indigenous Health Workshop at Population Health Congress, 2008). The Working Group is collaborating with stakeholders and Conference organizers to ensure that Aboriginal health will be a key part of the 20th IUHPE World Conference on Health Promotion in Geneva.

IUHPE Student and Early Career Network

The ISECN was established at the 19th IUHPE World Conference on Health Promotion in Vancouver in June 2007 and the SWP Region has been deeply involved from the start. Two SWPR members, Lauren Cordwell and James Smith, have organized meetings of interested people, worked to encourage membership to strengthen the network and made connections with the World Health Organization in the Western Pacific Regional Office (WPRO).

WWW Virtual Library: Public Health

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

Promoting local and international partnerships

In 2009 a number of activities were conducted to further develop and promote partnerships at the regional and international level.

- The SWP Region took the opportunity to be an integral part
 of the AHPA National Conference in Perth, Australia, in May
 2009, when it also held a face-to-face meeting. A Regional
 working group, led by Trevor Shilton of the Conference's
 Program Committee, had oversight of the international
 health stream of speakers and topics, allowing the Region
 to retain and expand its profile in the SWP area.
- Professor Vivian Lin has contributed extensively to WPRO's health promotion leadership training and capacity building program, Prolead. SWP members are active in training or mentoring roles with participants in this and other Regional programs and the Region offers its support to WPRO.
- Professors St Leger and Stewart contributed to Regional Health Promoting Schools (HPS) developments, working to update the WPRO HPS guidelines. These were forwarded to members seeking comments and suggestions. A number of Regional members are involved in valuable research and implementation associated with settings-based health promotion in the region.
- Joining Committee Members in debating ideas and making regional decisions through 2009 are regionally based Global Officers – Anne Bunde-Birouste who is Global Vice President

- for Advocacy, Vivian Lin who is Global Vice-President for Scientific Affairs, Michael Sparks who is Global Vice-President for Strategy and Governance, and Lawry St Leger and Marilyn Wise who are both globally elected Board of Trustees Members from the region.
- The Region offered its strong support in favour of the successful bid of the Health Promotion Board of Singapore to host the 2012 World Conference on Tobacco or Health. With tobacco as a risk factor in six of the eight leading causes of death across the world the Region strongly supports action to reduce tobacco use and is committed to working in partnership with any and all organizations holding similar goals.
- The Region also advocated on behalf of members to the Australian Minister for Foreign Affairs and the Prime Minister supporting the advocacy work of the Australian Reproductive Health Alliance regarding changes to the AusAID Family Planning Guidelines, which have the potential to save thousands of women's lives in childbirth and related complications. This lobbying was successful and the ban was lifted in March, 2009.



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

Headquarters Corner

The IUHPE Headquarters (HQ) is the administrative and operational centre of the organisation. The HQ coordinates the effective implementation and synergistic direction of the organisation's activities in collaboration with IUHPE Officers. In addition to coordination and administration, including infrastructure and budget management, the HQ is central to provide and manage membership and member services. In 2009, a new function was created specifically dedicated to membership and network development allowing better quality care of members.

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

The HQ is the central hub of IUHPE internal and external communications. The work in this area ranges from website management to Global Health Promotion's editorial office coordination.

Executive Director, Marie-Claude Lamarre

Office Manager, Janine Cadinu

Programme Director, Catherine M. Jones Programme Officer, Claire Blanchard

Communications Officer, Martha W. Perry (until July 2009) /

Sara Bensaude De Castro Freire (as of July 2009)

Membership Officer, Aurélie de Gournay





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Finance & Internal Control



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

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

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

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

Committee for Internal Control (CIC)

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

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

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

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

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

- Financial reporting: the CIC will not itself review the annual accounts and financial plans in detail. It will consider whether the control environment is appropriate covering:
 - · Accounting policies
 - · Financial systems
 - · Preparation of annual accounts
 - Reporting arrangements for accounts and financial position.
- Staff governance: the CIC will focus its attention on the policy and procedure arrangements for the appointment, retention and management of staff.
- Risk management: the CIC will concentrate on the existence of and arrangements for updating of the risk register and related processes.

- In 2009, the following activities were undertaken by the Committee for Internal Control (CIC):
 - The CIC has held meetings in June 2009 immediately prior to the Board of Trustees meeting and in November 2009 before the Executive Committee meeting.
 Members of the Committee are:
 - Graham Robertson: Vice President for Finance and Internal Control (Committee Chair)
 - Michael Sparks: Vice President for Strategy and Governance (Committee Member)
 - Pierre Arwidson: Vice President for Administration (Committee Member)

Meetings were attended by the Executive Director, the President when available, and a representative of the Chartered Accountants Agency overseeing the IUHPE's financial affairs.

- During the year the CIC created an assurance framework which was used to assess the adequacy of controls in place.
- The progress reports by the Executive Director in reviewing the control environment (policies and procedures) confirmed that there are robust systems and processes in place for the effective governance of budgetary and financial matters. This has been independently confirmed by auditors who scrutinize IUHPE's work associated with the cooperative agreement with CDC. Processes are also in place for the effective management and retention of staff.
- Many of the controls identified through the review reported to the CIC ensure effective management of risk. However the most straightforward dimension of this relates to operational control processes.
- As a result of the CIC's review of the control environment the Committee agreed that further consideration should be given to the following issues:
 - Counter fraud policy
 - Budget transfer arrangements
 - Conflicts of interest declarations
 - Gifts and hospitality register
 - Employee working environment
 - Employee development arrangements
 - Identifying the level of financial operating cushion required by IUHPE to ensure security for the future.

2008 Income & Expenditure

In Euros

EXPENDITURE	2007	2008
Administrative costs	144 521	104 565
Travel expenses (meetings and liaison)	21 078	14 746
Staff and related costs	264 123	369 774
Promotion & Education (production & shipping expenses)	53 626	58 716
Website maintenance and development	9 791	15 282
Project Activities	606 588	1 142 893
Others	10 115	14 355
TOTAL	1 109 842	1 720 331
INCOME		
Membership fees and subscriptions	192 872	252 816
Subsidies – French Health Directorate	80 000	80 000
19 th World Conference on Health Promotion	67 679	(56 060)
20th World Conference on Health Promotion	35 000	
Fund-Raising	47 915	15 000
Project Activities	735 001	1 247 607
Other income	4 715	148 918
TOTAL	1 128 182	1 723 281
RESULT FOR THE YEAR 2008	18 340	2 950

FIXED ASSETS	31 Dec. 07	31 Dec. 08
Office equipment (net of depreciation)	8 634	6 104
Investment in management Group (GIE SCENE)	757	755
Deposit for office rent	375	375
Software		89
	9 766	7 326
CURRENT ASSETS		
Debtors/Receivables Suppliers	691	1 055
Salaries, taxes & social security	201	12
Reimbursement on travel allowance		57
World Conference	56 193	35 000
Membership Fees	32 717	15 103
Project Income	147 113	7 813
Recoverable VAT	2 595	
Royalties SAGE		13 847
Other income receivable	115	773
Items prepaid	2249	6661
Lunch coupons	1184	1401
SEARB	1608	1556
SLAND	244666	83278
	244000	03270
Bank and Cash	311534	497478
Total current assets	556200	580756
LESS CURRENT LIABILITIES		
Creditors/Payables		
Suppliers	67 581	16 883
Social Security and other payable taxes	63 542	83 215
Bank	150	10 630
EURO	30 168	34 638
NARO	4 423	12 687
NPWP	867	1 188
ORLA	8 094	8 216
SWP	874	1 463
AFRO	475	519
Others	-	
	176 174	169 439
Income received in advance	159 329	86 301
Subscriptions to Promotion & Education	7 519	10 502
Membership fees	17 844	27 414
Dedicated funds to specific project activities	135 348	221 723
Total current liabilities	496 214	515 380
NET CURRENT ASSETS	59 986	65 376
NET TANGIBLE ASSETS	69 752	72 702
CAPITAL AND RESERVES		
Revenue reserves		
Current year surplus (deficit)	18 342	2 950
Reserves brought forward	51 410	69 752
TOTAL CAPITAL AND RESERVES	69 752	72 702

IUHPE OFFICERS & STAFF

MEMBERS OF THE BOARD OF TRUSTEES

PRESIDENT

David McQueen, United States

GLOBAL VICE-PRESIDENTS

Advocacy: **Anne Bunde-Birouste**, *Australia* Administration: **Pierre Arwidson**, *France*

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Communications: Maurice Mittelmark, Norway
Conferences: Maggie Davies, United Kingdom

Finance and Internal Control: Graham Robertson, United Kingdom

Scientific Affairs: Vivian Lin, Australia

Strategy and Governance: Michael Sparks, Australia

Partnerships and Institutional Affairs: Sylvie Stachenko, Canada

World Conference: Thomas Mattig, Switzerland

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Europe: **Ursel Broesskamp-Stone**, *Switzerland* North America: **Marilyn Rice**, *United States*

Northern Part of the Western Pacific: Toshitaka Nakahara, Japan

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

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

Northern Part of the Western Pacific: Masaki Moriyama, Japan

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

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Policy: Begoña Merino

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Funds for a Healthy Austria: Rainer Christ

Health Promotion Switzerland: Ursel Broesskamp-Stone and Thomas

Mattig

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

Heartfile: Sania Nishtar

Hungarian National Institute for Health Development: Edina Gábor

NHS Health Scotland: Graham Robertson

French National Institute for Prevention and Health Education: Than Le

Luong and **Jennifer Davies**

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Thai Health Promotion Foundation: Supakorn Buasai and Thantida

Wongprasong

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

Promes: Danielle Piette

GLOBALLY ELECTED MEMBERS

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

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

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

Pierre Arwidson, France (elected member – 2004-2010)

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Sophia Chan, China (elected member –2007-2013)
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Irina Dinca, Romania (elected member – 2007-2013)
Elisabeth Fosse, Norway (elected member – 2007-2013)
Marcia Hills, Canada (elected member – 2007-2013)
David Houéto, Benin (elected member – 2007-2013)
Suzanne Jackson, Canada (elected member – 2007-2013)

Paul Kagwa, Uganda (elected member – 2007-2013)

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

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

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

Albert Lee, Hong-Kong, China (elected member – 2004-2010) Vera Goes Pereira Lima, Brasil (elected member – 2007-2013)

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

Erma Manoncourt, Egypt (elected member – 2007-2013)

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

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

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

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

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

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

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

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

Louise Potvin, Canada (elected member – 2007-2013)

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

Michael Sparks, Australia (elected member - 2007-2013)

Lawrence St Leger, Australia (elected member – 2007-2013)

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

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

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

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

HEADQUARTERS STAFF MEMBERS

Executive Director: Marie-Claude Lamarre
Programme Director: Catherine Jones
Programme Officers: Claire Blanchard

Communications Officer: Sara Bensaude De Castro Freire

Office Manager: Janine Cadinu

Membership Officer: Aurélie de Gournay



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