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Health, as a resource for the everyday life of individuals and of societies, is the result of complex social and economic developments and constructs. It is created when individuals, families and communities are afforded the income, education and power that enable them to have control over their lives, needs and rights, which are also supported by systems, enabling environments and policies that are conducive to better health.

Health promotion is a vital part of the global social development agenda. It aims to empower people to gain control over their health and well-being by addressing the underlying factors and other determinants such as culture, economy and environmental living conditions, as well as social and personal behaviours that strongly influence their lives. Health promotion implies a paradigm shift from a deficit model of health focused on disease to a socio-ecological model aimed at strengthening resilience and assets for health – in particular by addressing the social determinants of health and the capabilities for health. (Kickbush, 2010)

In practice, a key characteristic of health promotion is its emphasis on human behaviour and the planned articulation of a wide range of complementary actions in an organized context: academic, government or community. Core activities include a focus on health literacy, health education and advocacy to support cross-cutting and multi-sectoral policies which help to improve health status while minimizing or preventing potential threats that could undermine it. They are based on and enhanced by collaborating and building alliances across all sectors of society, undertaking applied research to improve the quality and effectiveness of health promotion interventions, and building professional and institutional capacity-building to ensure that health promotion practitioners have the requisite skills to engage effectively and implement a robust health promotion agenda, which can contribute to achieving the globally agreed on Millennium Development Goals by 2015.
WHO WE ARE

Health is a basic human need. It is fundamental to the successful functioning of individuals and of societies.

Health promotion aims to empower people to control their own health by gaining control over the underlying factors that influence health. The main determinants of health are people’s culture, social, economic and environmental living conditions, and the social and personal behaviours that are strongly influenced by those conditions.

The International Union for Health Promotion and Education works at the service of health promotion to empower people and the communities in which they live to control their own health and factors that influence health.

The **mission** of the International Union for Health Promotion and Education (IUHPE) is to promote global health and wellbeing and to contribute to the achievement of equity in health between and within countries of the world.

The **IUHPE is** a unique worldwide, independent, global, professional network of people and institutions committed to improving the health and wellbeing of the people through education, community action and the development of healthy public policy.
The IUHPE fulfils its mission by encouraging and facilitating the free exchange of ideas, knowledge, expertise and experience and their dissemination, and by conducting collaborative projects both at global and regional levels, with major intergovernmental institutions, such as Agencies of the United Nations and the European Commission, global, regional and local non-governmental organisations, national agencies, foundations, academic institutions and a broad range of practitioners.

goals

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

- Increased health and wellbeing of populations throughout the world;
- Greater equity in health between and within countries of the world;
- Effective alliances and partnerships to produce improved health promotion and health education outcomes;
- Broadly accessible evidence-based knowledge and practical experience in health promotion and health education;
- Excellence in policy and practice for effective, quality health promotion and health education;
- High levels of capacity in individuals, organisation and countries to undertake health promotion and health education activities.
The IUHPE is an open and inviting organisation, providing a unique opportunity for high level dialogue and exchange, and facilitating the development of collaborative projects at global and regional levels. Members range from government bodies, to universities and institutes, to NGOs and individuals, including students across all continents.

In addition to providing its members access to a global network of committed and finest specialists in the field, the IUHPE offers a range of important services to keep its members connected and to offer them opportunities to learn and progress. These include renowned world and regional Conferences on health promotion; high quality scientific journals, in particular *Global Health Promotion* and its supplements; and the possibility to engage in newly established Interest Groups, and when opportunities arise, in working relations and partnerships on projects of global, regional and local scope. These provide opportunities for members to align themselves and collaborate around areas of interest, language groupings, geographical area or any combination of these. With the addition of Interest Groups to the existing Networks and Global Working Groups, the members of the IUHPE have opportunities to engage with the work of the organisation in ways that make the most sense to them.

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The IUHPE continues to be the only, global, independent professional Organisation in the field of health promotion gathering a global network of individuals and organisations which believe in and are committed to advance the Organisation’s mission. The core values of health promotion fundamentally relating to equity and social justice, it is therefore only natural that the IUHPE has been and is increasingly concerned with devoting priority to health inequalities that result from the inequitable distribution of the social determinants of health and to the specific contribution that health promotion can bring to address the global challenges that threaten the health and wellbeing of individuals, communities and populations across the globe.

An obvious distinctiveness of the IUHPE is:

- its global reach in every continent;
- a strong focus and presence in low and middle income countries;
- the diversity of expertise for public policy development, academic research, and community-based practice, contained in its network;
- the multi-lingual capacity; and
- the independence as a not-for profit Non-Governmental Organisation that provides operational flexibility.

The IUHPE is not a thematic Organisation but encompasses every topic or health issue, group of population or life setting, or strategy as an entry point for partnership for the development of global health. Through its member network of experts all over the world, and through its Global Working Groups focusing on public health priority strategies, the IUHPE can:

- gather the best experts or advisers and form teams to collect informed evidence in health promotion and global health across the world;
- gather conceptual frameworks, tools, standards and disseminate them as broadly as possible through various available supports to serve many actors across the world;
- organize policy development dialogues; and to advocate effectively to influence global health.

What is unique about IUHPE is its systematic health promotion and equity input in the public health and, increasingly, the sustainable development agendas to advance and support further intersectoral discussions, knowledge exchange and development of guidance to achieve joint actions for “healthy people in healthy societies on a healthy planet” to recall the slogan of the 20th IUHPE World Conference on Health Promotion held in Geneva in July 2010.
Challenges and Opportunities in 2011

2011 was a difficult year for many people in the world with increasing pressures arising from the global financial crisis and from other sources. Protests and demonstrations gripped the world with varying results and natural disasters affected significant numbers of people. For some, there was much reason to celebrate in 2011, while others suffered or grieved. Still, through all of this, the human spirit managed to shine through. It is this same human spirit of caring that drives many of us in health promotion to strive for equity in health, for holistic public health approaches and for significant changes in the determinants of health.

For the IUHPE, 2011 was one of mixed results. There were some great successes in advocating for a health promotion approach to global health issues, high on the political agenda; at the same time we saw declining membership figures and less financial certainty for the future. The IUHPE was well represented in the UN Summit and preliminary meetings on addressing non communicable diseases, we were also well represented at the WHO meeting on the Social Determinants of Health, we convened a very successful World Alliance for Risk Factor Surveillance (WARFS) International Conference in Canada, and participated in the development of the upcoming WHO Global Conference on Health Promotion, while planning ours with great dedication, in close collaboration with ThaiHealth Promotion Foundation. The ongoing global financial crisis negatively impacted on our membership. Our Executive Committee is working diligently to develop and implement strategies to counter these negative impacts through increasing engagement, developing more strategic partnerships, improving communication with our members, and fundraising.

In order to enhance the opportunities available for members to be involved in the work of the organisation the Executive Committee has endorsed a new form of engagement called Interest Groups. These sit alongside existing networks (Student and Early Career, Indigenous Health Promotion, Healthy Settings, and Research), and Global Working Groups (on Salutogenesis, Health Impact Assessment, Surveillance, Social Determinants of Health, Health Literacy, Climate change and Food system). These Interest Groups are self-sustaining structures that may be developed around any area of health promotion focus, as long as there are enough members willing to organise and support each other in discussing the topic and contributing to the work of the organisation. Guidelines for the development of these groups will be developed and circulated to members in the coming months. I believe these Interest Groups are a key opportunity to expand membership, increase engagement and grow the organisation. I think they present us with an opportunity to broaden and strengthen our network, to develop clearer sets of evidence around a broader range of health promotion topics, and increase the range of views contributing to the strategic decision-making that we regularly undertake.

In 2011, The IUHPE planned a number of other structural and administrative changes to remain relevant, attractive to members, and truly representative of the ideas of the best thinkers in contemporary health promotion. These changes will be further discussed in 2012 by IUHPE governing bodies. They include recommending a new governance structure for the organisation and the previously mentioned development of Interest Groups.

As President of the IUHPE it is my great pleasure to work with dedicated people in Headquarters, on the Executive Committee and on the Board of Trustees. I am confident that we can harness the necessary spirit and commitment from our members and our partners to strengthen and further build the IUHPE.
• In 2011, the IUHPE celebrated its 60th anniversary: 60 years serving and implementing health promotion all around the world; and connecting people working in our field. Over the past 60 years, the IUHPE has demonstrated its ability and strengths to promote global health and well being and to contribute to the achievement of health equity between and within countries around the world by leading, coordinating and facilitating global, regional, national and local health promotion programmes and initiatives.

• The IUHPE defined a set of priority action areas for 2011-2016 including Non Communicable Diseases Prevention and Control, the Social Determinants of Health, Health Promotion Systems, Health Promotion and Sustainable Development, and Organisational Development, through a robust and constructive consultation process with its members and the Board of Trustees. These five priority action areas represent a collectively determined set of strategic directions that the IUHPE can rally behind, support, and demonstrate considerable global effort toward achievement. The five areas are broad enough to be inclusive of considerable amounts of ongoing IUHPE work but narrow enough to limit the focus of future work.
January-March


March 2011 - Publication of Global Health Promotion Special Issue on “the I淮PE Global Programme on Health Promotion Effectiveness: what is the effectiveness of using evidence? A global collection of case studies”

April-June

April 2011 – The IUHPE and Thai Health Promotion Foundation signed a Memorandum of Agreement to define the governing structure of the 21st IUHPE World Conference on Health Promotion, which will take place in Pattaya, Thailand, on 25-29 August 2013, as well as roles and responsibilities in the planning process.

April 2011 – The IUHPE participated in the ‘WHO Global Forum: Addressing the challenge of non-communicable diseases’ which took place in Moscow, the Russian Federation, on April 27, 2011. The meeting gathered a wide range of stakeholders to discuss and share perspectives on the prevention and control of non-communicable diseases (NCDs) and to understand expectations, roles and contributions of the different stakeholders in support of the September 2011 UN High-level Meeting (HLM) on NCDs and its expected outcomes, as well as activities post the HLM. Key messages to articulate the IUHPE position to address NCDs through a health promotion approach were developed and broadly disseminated.

June 2011 – IUHPE Board of Trustees Meeting and NARO Symposium

The main focus of the meeting of the Board was to develop a whole of the Organisation integrated work plan around the five identified priority areas of action. The Board of Trustees meeting took place at Teacher’s College, Columbia University in New York City from 6 to 7 June 2011. On the following day, the IUHPE/North America Regional Office organized a Symposium on Global Perspectives in Health Promotion.


The Conference was the opportunity for the IUHPE to organise an opening Symposium with experts who illustrated the implementation of health impact assessment through concrete interventions (see page 21).

The 25th anniversary of the Ottawa Charter was celebrated in Ottawa on this occasion with many international and national governmental Officers, academics and practitioners. It also included major protagonists, who contributed to the development of the Ottawa Charter in 1986, including IUHPE Immediate Past President, former Board members, and other senior figures.

On the same occasion, wide dissemination was ensured for the outcomes of a larger project aimed at the development of health promotion strategies to reduce social inequalities in health resulting from the collaboration between the IUHPE and the French National Institute of Health Education and Prevention (INPES) (see page 21)

July- September

September 2011 – The IUHPE was represented at the United Nations High Level Meeting on the Prevention of Non Communicable Disease held in New York by its Immediate Past President, Dr David McQueen and its Vice-President for Advocacy, Trevor Shilton, also representing the Global Advocacy for Physical Activity (GAPA), in which the IUHPE is actively engaged. The two-day UN High Level Meeting on Non-Communicable Diseases resulted in a Declaration calling for a multi-pronged campaign to set up by 2013 the plans and actions needed to curb the risk factors and the causes behind the four groups of NCDs (see page 25)
October-December

October 2011 - WHO World Conference on Social Determinants of Health (SDH) (19-21 October, Rio de Janeiro, Brazil)

The IUHPE was represented by its Vice President for Latin America, Dr Marco Akerman. On this occasion, the IUHPE developed a position statement on SDH, as well as some specific examples of IUHPE activities in this field that illustrate this statement. For more information see page 19.

October 2011 - The 7th World Alliance for Risk Factor Surveillance (WARFS) Global Conference - Role of Surveillance in the Promotion of Health, Toronto, Ontario, Canada, 16-19 October 2011

The 7th WARFS Global Conference on the Role of Surveillance in Health Promotion was hosted by the Public Health Agency of Canada (PHAC), a trustee member of the IUHPE. WARFS is one of the IUHPE Global Working Groups. Its 146 registered participants from 30 countries explored ways to link risk factor surveillance to health promotion and to reinforce the capacities in public health and health promotion globally, and particularly in developing countries (see page 31).

November 2011 – Two day international event ‘New Understandings, Better Integration, Sustainable and Equitable Actions - Schools that Promote Health, Well-being and Educational Success in the Next Decade’

The IUHPE, with active contribution of the IUHPE North American Region leadership, with the Canadian Association for School Health (CASH), the “Institut national de Santé Publique du Québec” (INSPO) and the International School Health Network (ISHN), co-organised a two day international event on Health Promoting Schools around New Understandings, Better Integration, Sustainable and Equitable Actions - Schools that Promote Health, Well-being and Educational Success in the Next Decade, which took place on the occasion of the 15th Annual Public Health Days of Quebec / 15èmes Journées Annuelles de Santé Publique du Quebec (JASP) in Quebec - November 28th - 29th 2011. For more information, see page 34.

December 2011 – IUHPE Executive Committee meeting and Workshop on international research in health promotion – Rennes (France)

The IUHPE Executive Committee Meeting took place in Rennes at the School of Higher Studies in Public Health, which was immediately followed by a one-day workshop on Health Promotion Research. The objective of this gathering was to facilitate networking for the establishment of multi-disciplinary health promotion research projects and exchange international experiences in health promotion research (see page 35).
6 journals in the IUHPE family of Journals


2011 + IN FIGURES AR/06

9 Global online dialogues on Health Promotion related issues launched on Views of Health Promotion Online (VHPO) in 2011 (8 in English, 1 in French)

4 newsletters regularly published by the IUHPE:

- IUHPE Student and Early Career Network (monthly)
- North American Regional Office (quarterly, in addition to a monthly e-news bulletin)
- European Regional Office (quarterly)
- Latin American Regional Office (quarterly)

2 newsletters co-published by the IUHPE

- Global Advocacy for Physical Activity
- CompHP- Developing competencies and professional standards for health promotion capacity building in Europe
9 events were co-organised by IUHPE and its global and regional partners:

- Conférence en Santé publique: Le Programme mondial sur l’efficacité de la Promotion de la Santé de l’UIPES: Origines, Orientations et principaux constats (March 2, Canada)
- 1st International and 4th national congress on health education and promotion (May 16-19, Iran)
- 4th International Research Seminar on Salutogenesis (May 30-31, Sweden)
- 19th International Conference on Health Promoting Hospitals & Health Services (June 1-3, Finland)
- 4th Colloque international des Programmes Locaux et Régionaux de Santé (June 27-30, Canada)
- 5th Congreso internacional del Consorcio Interamericano de Universidades y Centros de Formación en Promoción de la Salud y Educación para la Salud (October 3-7, Costa Rica)
- 4th Université francophone de Dakar de Promotion de la Santé (October 9-14, Senegal)
- 7th Global Conference of the World Alliance for Risk Factors Surveillance (October 16-19, Canada)
- 15th Journées annuelles de santé publiques (November 28-29, Canada)

The IUHPE attended or was represented at 13 external events during 2011.
2011 ACTIVITIES BY AREA

IUHPE priority action areas for 2011-2016:

• I Social Determinants of Health

• II Health Promotion in Sustainable Development

• III Non-Communicable Diseases Prevention and Control

• IV Health Promotion Systems

• V Ongoing operations of IUHPE
The IUHPE has set itself an ambitious social determinants agenda which is exciting and challenging at the same time. Building on its GWG on SDH as a platform, the IUHPE remains committed to:

- Furthering the discussion and debate on challenges for action on the Social Determinants of Health, with the aim of advancing collective reflection on these issues through various global dissemination channels;
- Improving scientific knowledge and evidence on what works, including reflection on the perspectives and methods from which research on social determinants of health may benefit;
- Contributing to international efforts that develop the capacity of professionals and decision-makers to address Social Determinants of Health; and
- Facilitating dialogue on health promotion policy and practice with a SDH lens, that includes specifically sharing experiences to improve the effectiveness of action and practices at various societal levels—globally, nationally and sub-nationally.

Health Promotion as a field of action has a vital role in the continued effort to improve policies and programmes that aim to tackle the unequal and unfair distribution of the Social Determinants of Health (SDH).

In keeping with its mission to promote global health and well-being and contribute to the achievement of equity in health between and within countries of the world, the IUHPE contributes to the SDH agenda by supporting the development of a health promotion response including facilitating dialogue, increasing capacity, advancing knowledge, and improving dissemination. The work is aligned with the organisation’s strategies and carried out across a range of partnership initiatives.

Equity is a foundational principle of the organisation, but the SDH framework has contributed to a renewed emphasis on equity. As such, the organisation has emphasised putting in practice what it advocates: respect for human rights, increased community participation and citizen involvement, identification and documentation of good practices and lessons learned in health promotion, and ensuring a platform for the civil society’s ‘voice’ in health policy and health promotion practice.

In 2011, this renewed equity emphasis set the foundation for the Global Working Group on SDH to focus on expanding IUHPE’s social policy discourse, reaching out to the larger international development community, not just the health sector, through advocacy to accelerate action on SDH in low and middle-income countries. Building on this Global Working Group platform, the IUHPE has also been proactive in expanding its partnerships with other ‘like-minded’ academic units, professional organisations and civil society organisations and engaged in strategic collaborations through several multi-partner projects. Simultaneously, within the organization itself, the renewed equity focus linked to the SDH framework has led to a transformation process to increase the inclusion of members from low and middle-income countries through regional representation and the establishment of networks and interest groups (newer avenues for participation in global discussions and debates). In a complementary fashion, the IUHPE has supported the integration of the SDH framework in the agendas of the other IUHPE Global Working Groups (see page 50).
IUHPE’s Contribution to the WHO World Conference on Social Determinants of Health (SDH)

The WHO World Conference on Social Determinants of Health (SDH) “All for Equity” took place from the 19th to the 21st of October in Rio de Janeiro, Brazil.

In preparation of the Conference, the IUHPE responded to the WHO Conference on Social Determinants of Health consultation. During the conference, the IUHPE was represented by its Vice President for Latin America, Dr Marco Akerman. On this occasion, the IUHPE developed a position statement on SDH, as well as some specific examples of IUHPE activities in this field that illustrate this statement.

Community Health – A Learning Exchange between US REACH Communities and Communities for Health in England Working Towards Reducing Health Inequalities

Community health promotion interventions, targeted at deprived and marginalised populations and focusing on addressing the social determinants of health to reduce health inequalities, are an important strategy to prevent and control Non-Comminicable Diseases (NCDs) and promote the health of hard to reach groups.

This learning exchange is a partnership between the US Centers for Disease Control and Prevention (CDC), the IUHPE, the Department of Health (DH) of England and Health Action Partnership International (HAPI).

It is a twinning exchange between the Communities of Health programme in England and the US Racial and Ethnic Approaches to Community Health (US REACH) to explore and share knowledge, skills and tools in addressing social determinants of health and to work towards reducing health disparities through interventions addressing the social determinants of health and promoting the health of deprived and marginalized populations. This twinning exchange is informed by the work of the World Health Organisation’s Commission on Social Determinants of Health (WHO CSDH). The project outcomes and lessons learnt should enable both US and England communities to develop more robust health components to strengthen the social determinants of health dimension of their programmes as well as to share learnings with low and middle income countries. The project will also identify implications for the global issue of health inequalities, lessons learnt and strategies to address health disparities globally.

In November 2011, representatives from four English local authorities visited the USA for the first stage of a learning exchange. Reports of this first set of site visits are available on the IUHPE website (http://www.iuhpe.org/index.html?page=512&lang=en)

The US REACH communities will make a return visit to England in June 2012. The learnings from this initiative will be published when the programme is completed.
CROSSING BRIDGES DEVELOPING METHODOLOGIES AND BUILDING CAPACITY TO ADVANCE THE IMPLEMENTATION OF HIAP AND ACHIEVE HEALTH EQUITY

IUHPE is one of the partners of the project ‘Crossing Bridges’ which aims to advance the use of Health in All Policies approaches in the Member States of the European Union.

This project, funded by the European Commission (EC Contract No. 20091223) for a period of 18 months (January 2011-June 2012), continues the work begun by other European projects, ‘Closing the Gap’ (2004-2007) and ‘DETERMINE’ (2007-2010), and contributes to the ‘EU Joint Action on Health Inequalities’ (2011-2014).

The project ‘Crossing Bridges’ is based on the assumption that improving health and wellbeing and reducing inequalities in health are two objectives that cannot be achieved solely by the health sector, given that policies and measures taken in many other sectors may also have an impact on health.

Two priority areas (education and transportation/planning) were identified for further analysis. In each area some examples of effective and successful use of Health in All Policies’ approaches were identified and analyzed as case studies, conducting direct interviews with actors who had participated in developing these policies and initiatives in different European countries.

This consultation aimed to generate an overview of the processes needed to ensure health and equity are integrated in all policies, and identify what steps can be taken by health professionals to enhance cooperation with other sectors, to achieve greater equity in health.

The outcomes of this analysis, after a validation through a Delphi process, are meant to be used as the basis for an interactive training workshop for partners and national trainers, who, in turn, are expected to promote capacity building in their own country.

As part of this project, the IUHPE was responsible for the development of one of the case study on transport and planning, which was conducted in 2011 and focused on two examples of the application of Health in All Policy approaches and/or inter-sectoral cooperation in France, namely the French National Plan for Health and Environment (Plan National Santé Environnement- PNSE) and on the Inter-Ministerial Coordinator for the promotion of bicycle use.

For more information, please visit the project website http://www.health-inequalities.com/health-inequalities/Crossing_Bridges.html

MAINSTREAMING THE SOCIAL DETERMINANTS OF HEALTH (SDH) AGENDA: PERSPECTIVES FROM ACROSS THE GLOBE

This research aims at understanding why and how some countries are showing more success in preserving a social determinants of health agenda in health promotion than others. Based on the recognition of the existing gap between the agenda of the WHO Commission on Social Determinants of Health and the way some countries are presently positioned regarding the SDH issue (some of them are dominated by a behavior and risk factor agenda), this global ‘wisdom-gathering’ study aims to surface the successful and unsuccessful strategies that health promotion policy makers are using to drive the social determinants of health agenda in health promotion. The research will conduct a set of approximately 30 interviews, in 4 different languages with high officials in different countries with the intention to use their experience to reshape the approach in this field which could help to improve the integration of the social determinants of health agenda into governments’ policies.

This research is led in collaboration with the University of Calgary, Canada, and the IUHPE Global Working Group on Social Determinants of Health.

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

The IUHPE is actively involved, in close collaboration with the US Centers for Disease Control and Prevention (CDC), VicHealth and the Cochrane Public Health Group, in a systematic review to examine existing documentation and peer-reviewed literature to identify evidence-based strategies that address non-communicable and chronic diseases in populations that experience health inequalities globally. By doing this, the review is meant to stimulate global action to reduce disparities.

The review was conducted in 2011 and its results will be published in 2012, providing an important tool for addressing NCDs and health inequities.

This publication was drafted with the contribution of around 50 renowned experts, as a guide for action, collecting national and international experiences aimed at reducing social inequalities in health. The results of this research were widely disseminated at the 4th International Symposium of Local and Regional Health Programs (PLRS - Ottawa, 27-30 June 2011) and at the French Annual Conference on Prevention organized by INPES (Journées de la prévention - Paris 19-20 May 2011).

The IUHPE and the WHO European Observatory on Health Systems and Policies (with the support from the Department of Health of England) have been collaborating on a study to advance knowledge on how inter-sectoral governance structures may trigger governance actions to support Health in All Policies. An analytical framework for mapping inter-sectoral governance structures and actions was developed and used to showcase examples primarily from Europe, but also from North America and Australia. The contribution of this publication is to demonstrate the translation of HiAP from a policy principle into a policy practice. Through the discussion of practical examples of each governance structure and numerous miniature case studies, the publication aims to show the framework’s potential for engaging discussions on the role of governance structures in the achievement and support of Health in All Policies, and to initiate a debate on how the framework may be modified and adapted in order to support further research. This publication will provide a condensed volume of accessible, relevant arguments and success stories that can educate and equip policy makers on the governance tools and instruments available to support inter-sectoral action. This resource was developed for use to support ministries and policy-makers in countries where there is scope to use additional governance tools to build bridges for HIAP. The publication will be released in the fall of 2012.

The Symposium titled ‘Health Impact Assessment – an intersectoral approach for action on the social, economic and environmental determinants of health’ took place at the opening of the 4th International Conference of local and regional health programmes: “Les Artisans du changement” (4ème Colloque International des Programmes locaux et régionaux de santé - PLRS – Gatineau, Canada, 27-30 June 2011). The symposium was organised by IUHPE in close collaboration with the French Health Directorate and the Canadian National Center on Health Policies. It was mainly addressed to a French-speaking audience, and it was aimed at exploring the concept of Health Impact Assessment (HIA), highlighting the state of the art of HIA practice and the links between HIA and health promotion, and promoting the establishment of a French speaking network interested in HIA.

The experts who participated in the symposium illustrated the implementation of HIA concrete interventions and actively participated in developing some guidelines to facilitate HIA practice at the local level.
The concept of sustainable development is more than “sustainability”. While sustainability is frequently understood as durability in terms of program implementation, sustainable development implies a paradigm shift from a model of development based on inequity and exploitation of resources to one that requires new forms of responsibility, solidarity and accountability not only at the national but also at the global level.

In a globalised world, the dynamics of modernisation and urbanisation pose major challenges for ecological sustainability and equitable, sustainable health development. Environmental threats and competition for resources are eroding social solidarity and exacerbating existing social inequalities. The sustainable improvement of health and well-being therefore calls for strengthened and expanded partnerships going beyond the health sector, skilled advocacy, and evidence based and ethically sound practice and policy. These issues were discussed at the 20th IUHPE World Conference on Health Promotion (Geneva, 2010) which examined ways to achieve joint efforts to promote healthy people in healthy communities on a healthy planet; and launched a White Paper on the Food System – a prism of present and future challenges for health promotion and sustainable development, with the kind support of Health Promotion Switzerland.

Health promotion also implies a paradigm shift from a deficit model of health focused on disease to a socio-ecological model aimed at strengthening resilience and assets for health – in particular by addressing the social determinants of health and the capabilities for health.

The IUHPE has therefore identified Health Promotion in Sustainable Development as one of the four external priority areas of its work to address equity, production, access, affordability, and governance issues related to the food system, climate change, the impact of urbanisation on health, urban planning and poverty, as well as whole systems approaches, partnership across sectors, environmental approaches, disaster prevention and post-disaster management.

All IUHPE Global Working Groups of experts on Social Determinants, Surveillance, Health Impact Assessment, Health Literacy, Food Systems, and Research have the potential to contribute to this agenda to create social, economic and environmental conditions for health and health equity within and between populations and to progress shared interests. In particular, the newly established Global Working Group on Climate Change and Health is already working on four position papers on energy, transport, food and urbanisation. This group will have especially strong links to the groups on Health Impact Assessment and on food systems.

The UN Conference on Sustainable Development, Rio+20, in June 2012 presents a crucial opportunity to fully integrate health into the sustainable development agenda in order to protect and promote the health and wellbeing of current and future generations.

1 Kickbusch I, 2010 — “The Food System: a prism of present and future challenges for health promotion and sustainable development” — Health Promotion Switzerland
NON-COMMUNICABLE DISEASES
PREVENTION AND CONTROL

“NCDs present a complex picture of associated risk factors, causes, and causes of the causes in social contexts that are highly varied and complicated to understand. They present the kind of patterning that the field of health promotion has long recognized, understood, and tried to address with limited funding, limited capacity, and little support from governmental and international agencies across the globe” (McQueen, 2011).

The IUHPE has a keen interest to play its part among the broad range of stakeholders involved in NCDs prevention and control and is eager to advocate for the important role of health promotion globally to change the political, social and economic environment to one that is conducive to the prevention of NCDs.

As the only global organization with a specific global mandate for health promotion the IUHPE has a unique and important role and responsibility in providing advice and influencing outcomes. It has a network and specific working groups of leading experts and organizations, and a strong presence in all regions. The IUHPE is willing and able to contribute its solid and unique experience and expertise in health promotion and play a vital role in advising on health promotion effectiveness and mobilizing its members to implement the NCD strategy and the recommendations contained in the Political Declaration of the High Level Meeting of the United Nations.

TO ADDRESS THE GLOBAL CRISIS OF NON-COMMUNICABLE DISEASES (NCDs), THE IUHPE CALLS FOR:

1. AN EXPANDED ROLE FOR COMPREHENSIVE HEALTH PROMOTION.

A comprehensive approach to health promotion embraces actions directed at strengthening the skills and capabilities of individuals to improve their health alongside actions directed towards changing social, environmental and economic conditions which have an impact on health. This is especially important in low and middle income countries where health promotion can contribute not only to better health but to sustainable development, equity and social justice. This is of course valid in higher income countries where the gap of inequalities is broadening.

2. COORDINATED ACTIONS THAT IMPACT ON THE DETERMINANTS THAT UNDERPIN THE NCDs EPIDEMIC ACROSS POPULATIONS.

Any effective NCDs strategy must move beyond a ‘lifestyles’ approach and address determinants such as education, employment, housing, income, access to health care and lack of access to effective health promotion. We call for actions on the structural drivers of inequitable distribution of power, money and resources, human rights, and support to the Millennium Development Goals.

3 HEALTH SYSTEMS TO REDIRECT RESOURCES TO HEALTH PROMOTION AND PREVENTION OF NCDS AND PRIORITIZE HEALTH PROMOTION AS AN ESSENTIAL FUNCTION OF THE DEPARTMENTS OF HEALTH.

The expansion of health promotion needs to be explicitly and securely funded. Within this commitment, health systems need to invest in research into the evidence of effectiveness and cost-effectiveness of health promotion policies and interventions, and enable a new paradigm of research-policy-practice interface that allows for knowledge exchange and application.

4 AN EXPANSION OF ENGAGEMENT WITH SECTORS OUTSIDE HEALTH WHERE MANY OF THE ECONOMIC, SOCIAL, AND ENVIRONMENTAL POLICY SOLUTIONS TO NCDs CAN BE BEST ADVANCED.

"The health system ends up owning the problems that result from the chronic disease epidemic and must deal with these. However it does not own the ways of addressing the causes of the problems as the answers are not medical or clinical but environmental and social." (Kickbush, 2010).

5 AN INCREASED INVESTMENT IN ENSURING A HEALTH PROMOTION WORKFORCE THAT IS PROMINENTLY PLACED AND EQUIPPED WITH THE CORE COMPETENCIES TO IMPLEMENT CURRENT KNOWLEDGE, POLICIES AND PRACTICES.

The IUHPE has invested in developing global consensus around domains of core competency for health promotion. These competencies should inform the supply of an expanded and skilled workforce of health promotion specialists.

6 A SPECIFIC AND CONSIDERED APPROACH TO THE THREE CRITICAL AREAS OF HEALTHY EATING, PHYSICAL ACTIVITY AND TOBACCO CONTROL, AND AN AGREEMENT ON ROBUST INDICATORS IN EACH OF THESE THREE AREAS.

Effective health promotion action on healthy eating, physical activity and tobacco control will make the most important contributions to reducing the burden of NCDs in the global population. The IUHPE recognizes that reducing NCDs will require focus in a number of areas. This includes tobacco control, improving food supply and system and safe environments for physical activity, reducing hazardous alcohol intake and delivering cost-effective and affordable essential drugs and technologies. While all of the above are important, a significant proportion of heart disease, stroke, type 2 diabetes and cancer would be prevented if the major common risk factors (tobacco, physical inactivity, unhealthy diet) were eliminated. This would save many millions of premature deaths.

7 A CENTRAL FOCUS ON EQUITY BOTH BETWEEN AND WITHIN NATIONS, AND A SPECIFIC FOCUS ON ADDRESSING THE NEEDS OF DISADVANTAGED GROUPS.

Risk factors are clustered in disadvantaged populations and communities, and those in these communities often have the poorest access to health services, healthy environments and health promotion programs.

The IUHPE was represented at the United Nations High Level Meeting on the Prevention of Non Communicable Disease held in New York by its Immediate Past President, Dr David McQueen and its Vice-President for Advocacy, Trevor Shilton, also representing the Global Advocacy for Physical Activity (GAPA), in which the IUHPE is actively engaged. The two-day UN High Level Meeting on Non-Communicable Diseases on the occasion of the 65th General Assembly of the United Nations was attended by more than 30 Heads of State and Government and at least 100 other senior ministers and experts. The meeting resulted in a Declaration calling for a multi-pronged campaign by governments, industry and civil society to set up by 2013 the plans and actions needed to curb the risk factors and the causes behind the four groups of NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

As part of the on-going collaboration with the US Centers for Disease Control and Prevention (CDC), The IUHPE hosts the secretariat of the Global Advocacy for Physical Activity (GAPA).

GAPA is the Advocacy Council for the International Society of Physical Activity and Health, aiming to support an increase in commitment to national level action on physical activity and encourage governments and interested parties to develop, disseminate and implement policies, programmes, services to support physical activity. The development of public health strategies for physical activity is used as an entry point for much needed health promotion and chronic disease prevention action.

**KEY ACTIVITIES IN 2011**:

- GAPA representation at and active contribution to outcomes of the United Nations High Level Meeting on the Prevention of Non Communicable Disease held in New York in September 2011. Trevor Shilton, Vice Chair of GAPA and IUHPE Vice-President for Advocacy was present at the event.
- GAPA continued to contribute to post-UN high level meeting efforts and played a major role in advocating for physical activity promotion globally in follow-up activities.
- GAPA publishes ‘NCD Prevention: Investments that Work for Physical Activity’ – a publication supporting the Toronto Charter launched in 2010. The publication identifies 7 best investments for physical activity which are supported by good evidence of effectiveness and that have worldwide applicability.
GAPA, in collaboration with the IUHPE and the International School Health Network (ISHN), is currently working towards finding out how to develop a consensus on the necessary actions to support the implementation of whole of school approaches to physical activity across the world.

GAPA has been developing a regular physical activity information service via e-news and website, which will be launched in 2012 – Global-PA-net. Global-PA-net plans to share physical activity evidence, best practice and knowledge across a global network of physical activity practitioners, scientists, policy makers and advocates.

In August 2011, GAPA held its first webinar to update members and interested individuals on global events, progress and GAPA’s recent activities and increase engagement in the physical activity agenda. The webinar was a huge success and, therefore, GAPA is planning for 2012 a series of webinars and factsheets with a particular focus on the 7 Best Investments areas.

PROMOTING PHYSICAL ACTIVITY AND HEALTH IN THE LATIN AMERICAN REGION

The promotion of physical activity (PA) in Latin America has been developed in the last 10 years through two International Networks: the Agita Mundo Network, which acts globally to advocate and promote physical activity in all continents, and the Physical Activity Network of the Americas (RAFA/PANA). The IUHPE continues to support these efforts and work towards strengthening the existing national networks in a regional network enabling exchange of knowledge, experiences and to develop a population-based approach to physical activity and health promotion adapted to the regional needs, culture and context. In 2011, activities included:

- Celebration of the World Day of Physical Activity 2011 (WDPA) with over 575 events in 44 countries registered on the Agita Mundo website;
- International Courses on physical activity and public health in El Salvador and Venezuela;
- In close collaboration with GAPA contribution to UN High Level meeting efforts through advocacy from physical activity to key government representatives in Latin America.

CAPACITY-BUILDING FOR NON-COMMUNICABLE DISEASE PREVENTION IN DEVELOPING COUNTRIES THROUGH PARTNERSHIP WITH THE FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)

Capacity within Ministries of Health on low- and middle-income countries to address non-communicable disease (NCD) lags far behind that of infectious disease, as well as health promotion strategies to address the growing burden of NCD. Through its Cooperative Agreement with CDC, IUHPE contributes to a joint programme between CDC and the Field Epidemiology Training Program, seeking to address this need in 5 pilot countries in order to build a home-grown, sustainable, and well-trained workforce for addressing NCDs.

In 2011, IUHPE contributed to the development of integrated NCD and health promotion projects to link with parallel capacity-building activities through the FETP program. In particular, IUHPE has been actively involved in building capacity for raising awareness for NCD action in low and middle-income countries, and specifically with two workshops to be held in 2012 in Thailand and Colombia. In addition, IUHPE contributed to the development of a model for a one day NCD component for regional epidemiology conferences, including at the Americas’ Network for Chronic Disease Surveillance (AMNET) annual meeting in Argentina in October 2011.
Since 2008, the IUHPE, through the collaboration with CDC, has been supporting and continues to support the Center for Infectious Disease Research in Zambia (CIDRZ - http://www.cidrz.org) efforts to prevent and control cervical cancer in Zambia through a See and Treat Cervical Cancer screening programme targeting both HIV and non-HIV infected female patients who are at high risk of cervical cancer and who visit the anti-retroviral clinics in Lusaka Zambia. In 2011, the Cervical Cancer Prevention and Control programme in Zambia (CCPPZ) led by CIDRZ continued to:

- train peer-educators to improve screening rates in the clinics and raise awareness in the community,
- support a Wellness clinic which offer other non-communicable disease screening, physical activity and nutrition advice as a free service to women in the community,
- advocate for cervical cancer prevention and control and leveraging support at the national and governmental levels,
- explore means of raising awareness and improving community understanding and knowledge of cervical cancer, the risk factors and the importance of screening such as through traditional marriage counsellors, Alangizis, and religious leaders: both credible mouthpieces in the community,
- disseminate cervical cancer prevention messages through radio programmes.

For more details on the programme, please visit the IUHPE website.

The Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa), a regional NCD platform aimed at maximising efforts for addressing NCDs in the region, with support from IUHPE and CDC continued efforts to respond to the growing need for integrated approaches to tackle the NCD burden and associated risk factors in the region. In 2011, CNCD-Africa efforts aimed to provide a framework to address NCDs in the sub-Saharan African Region, focusing on health promotion, policy, research and population-based programming, through a series of activities geared towards NCD advocacy, awareness raising, policy assessment and dialogue.

CNCD-Africa actively contributed to regional efforts in the build-up to the UN high level meeting on Non-Communicable Diseases that took place in September 2011 with a focus on the burden of NCDs in developing countries successfully incorporated in the Political Declaration adopted by the United Nations in New York. CNCD-Africa was represented at both the WHO-AFRO ministerial consultative meeting on NCDs in Brazzaville, which resulted into a common position of the African ministerial delegates that was presented to the Ministerial Conference on Healthy Lifestyles - Moscow, 28 – 29 April 2011, and the UN High Level meeting by Dr. Mary Amuyunzu-Nyamongo. On this occasion, CNCD-Africa coordinated a meeting on Integrative Approaches to the Global “Double Burden”: Under and Over nutrition, and the NCDs, outcomes of which will be published in Lancet.

2011 was also a key year for CNCD-Africa with the development and successful funding of a flagship project contributing towards collecting solid data on salt consumption in the region. In 2012, CNCD-Africa plans to contribute to the follow-up of UN High level meeting outcomes in the region with a focus on developing a monitoring and accountability framework for governments in the fight against NCDs in the African region.
Worldwide, 1.27 million people are killed and 20-50 million injured in road crashes every year, with almost half of them being pedestrians, motorcycles and bicyclists, and more than 90% of them in low and middle income countries. As a consequence, Injury prevention and road safety have become a growing public health priority, everywhere in the world and particularly in low- and middle-income countries and a priority for the IUHPE.

The IUHPE believes road safety forms integral part of an integrated health promotion approach and, with the support of CDC, works to advance knowledge on road safety, particularly in low and middle-income countries, build capacity for youth safety advocates, and promoting equitable and sustainable national policies on road safety. In particular, in 2011, IUHPE supported and contributed to:

- the expansion of the Global Helmet Vaccine Initiative in Cambodia and Uganda,
- presenting the work done so far on the occasion of the 7th World Alliance for Risk Factor Surveillance (WARFS) Global Conference (Toronto, Canada - October 2011),
- the evaluation and dissemination of best practices in child safety seat use for Road Safety in Uruguay,
- the Road Safety Plan for Children - EDU-CAR, implemented by the Fundación Gonzalo Rodriguez (FGR),
- activities towards achieving the goals of ‘a Decade of Action for Road Safety’ (2011-2020) launched in 2011,
- with Youth for Road Safety (YOURS), the development of a tool kit to introduce young individuals to the global road safety problem and potential avenues for action, and encourage them to become road safety activists – which will soon be made available in various languages and broadly disseminated.
Health promotion systems comprise all organisations, people and actions whose primary intent is to promote health. The critical building blocks include: organisational capacity for health promotion action, strong partnerships, skilled workforce, sustainable financing, leadership and governance, and good information base (including research and evaluation). Strengthening health promotion systems is a prerequisite for being able to achieve major health improvement goals.

Capacity building for health promotion is a key priority for the IUHPE and actions for strengthening health promotion systems are addressed through a number of Global Working Groups and projects. Key issues being addressed include:

- research,
- surveillance (World Alliance for Risk Factor Surveillance - WARFS),
- evidence and effectiveness (Global Programme on Health Promotion Effectiveness - GPHPE, Global Working Group on Health Impact Assessment, Cochrane reviews),
- competencies, accreditation and workforce development (CompHP),
- intersectoral governance (Health in All Policies monograph),
- sustainable financing (position statement), and
- development and dissemination of key tools and methods (Global Working Groups on healthy settings, health impact assessment and health literacy).
The GPHPE was launched in 2000 as a multi-partner project coordinated by the IUHPE in collaboration with WHO and a broad range of institutions from across the world. The GPHPE is concerned with how to stimulate the evaluation of effectiveness, champion the development of appropriate tools and methods to do so, and espouse the implementation of this body of knowledge to its best use in practice and for advocacy. The programme is currently engaged in a process of transitioning into an IUHPE Global Working Group, as a part of the more comprehensive effort of the IUHPE to streamline the governance and operations of the IUHPE global network of experts and their input into the IUHPE priorities and scientific agenda. The programme is also engaged in producing a series of publications in which the emerging debates and questions regarding evidence of health promotion effectiveness are pursued.

In March 2011, the IUHPE published a special issue of Global Health Promotion in the context of the IUHPE’s Global Programme on Health Promotion Effectiveness (GPHPE). This special issue consisted of 26 case studies from 15 countries in all three IUHPE languages that reflected and demonstrated how research evidence derived from epidemiological studies, evaluation research, research synthesis, and meta-analysis is used and translated to address health challenges locally. The case studies provided insights into the use of evidence for practice and policy linked to disadvantaged populations and marginalised groups, with a focus on illuminating key experiences in the global South. This special issue provided clear examples of challenges and issues linked to the use of evidence to support integrated programmes and policy within a healthy settings approach. Case studies also dare to tackle the experiences of practitioners where evidence was unsuccessfully used to shape an intervention or where it failed to provide the appropriate support; thus illustrating that the innovative use of evidence is just as important as the evidence itself. Practitioners and policy-makers alike can benefit from the experiences documented and evidence-producers are challenged by the questions related to use of research for health promotion development. This issue is a fundamental contribution to the evidence discussion from the practical point of view of implementation.
The World Alliance for Risk Factors Surveillance (WARFS), one of the IUHPE Global Working Groups, 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.

The 7th WARFS Global Conference on the Role of Surveillance in Health Promotion was hosted by the Public Health Agency of Canada (PHAC), a trustee member of the IUHPE.

This Conference followed a series of interesting biennial conferences which took place in different world locations since 1999. The WARFS conferences have been a most valuable platform for exchange among surveillance experts from around the world and an important mechanism to explore ways to enhance global capacity in risk factor surveillance, to identify best practices to link risk factor surveillance to health promotion, and to reinforce the capacities in public health and health promotion globally, and particularly in developing countries.

The event was planned by the Coordination of Brazil Sub-region in of the IUHPE Latin America Region (IUHPE-ORLA-BR), in partnership with the National School of Public Health Sergio Arouca - ENSP / FIOCRUZ, Rio de Janeiro; the Faculty of Public Health, University of São Paulo (FSP / USP / CEPEDOC - Healthy Cities) and the Brazilian Association of Collective Health (ABRASCO).

The purpose of SBEPS III was to contribute to the implementation of policies to promote health, to promote the institutionalization of evaluation of social policies, and to present, discuss and share theories, methods and practices of monitoring and evaluation in health promotion.

Bringing together leaders in the areas of health promotion from health services, academy and health policy (decision makers, managers and professionals) as well as representatives of other countries, the programme achieved its objectives by promoting discussions, reflections and confrontation of the theoretical and practical challenges facing this area in the contemporary context, as well as privileging the discussion of assessment approaches that focus on the effectiveness of actions and the use and usefulness of the results for decision-making stakeholders.

The seminar contributed to generate outcomes in the area of capacity building and training in evaluation of health promotion through the mobilization of inter-institutional Latin American partnerships involving the Ministry of Health, the National University of Brasilia, the National School of Public Health of FIOCRUZ (Rio de Janeiro, Brazil), CEDETES and FUNDESAUL (Colombia), as well as in other social institutions.

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Over the three days of the Toronto 2011 conference, 146 registered participants from 30 countries attended. Participants from research institutions, the public sector, not-for-profit Organisations and the private sector, from all over the world, not only presented and debated the latest research and practice based knowledge related to the theme of the Conference “The role of surveillance in health promotion”; they strengthened capacity building and mutual learning, initiated partnerships and collaborations and expanded their networks.

During the conference, participants endorsed a White Paper on Surveillance and Health Promotion (http://www.iuhpe.org/uploaded/Activities/Scientific_Affairs/GWG/WARFS_white_paper_draft_may_2011.pdf) aimed at defining what surveillance in health promotion is and what distinguishes such surveillance.
To be effective at improving the health of populations, health promotion requires a workforce equipped with a specific set of knowledge, skills and ethical values. The CompHP Project, funded by the Executive Agency for Health and Consumers (EAHC-20081209), engaged in consultation with practitioners, policymakers and education providers across Europe and beyond, and succeeded in building a consensus on the core competencies and professional standards needed for effective health promotion practice. The main publications of the project, The CompHP Core Competencies Framework for Health Promotion Handbook, the CompHP Professional Standards for Health Promotion Handbook, as well as a number of other reports and literature reviews prepared by the Project are available on the CompHP website http://www.iuhpe.org/index.html?page=614&lang=en.

The next challenge, already underway, is the development of a pan-European Accreditation Framework for health promotion practitioners and education and training courses. The very positive feedback received so far shows that the CompHP Core Competencies, the Professional Standards and the Accreditation Framework, while developed in the European context, are also being used to inform similar developments globally.

The IUHPE is one of the main partners of the project, being in charge of the dissemination around the project based on its strong network, its journals and its long-standing experience in disseminating knowledge and good practices. The IUHPE has also been recognized as the most relevant organisation to take forward the work of the CompHP Project, in particular in relation to accreditation, and it’s therefore actively working to ensure the sustainability of the project’s result and to identify the most feasible way to set up an accreditation system for Health Promotion.

The project was launched following the Galway Consensus Conference (2008), convened by the IUHPE, the National University of Ireland Galway, Ireland, the Society for Public Health (SOPHE), the US Centers for Disease Control and Prevention (CDC), and a range of other partners, which promoted dialogue among international partners regarding domains of core competency, standards, and quality assurance mechanisms in the professional preparation and practice of health promotion specialists. The Conference resulted in a final consensus statement available online (http://www.iuhpe.org/uploaded/Activities/Cap_building/Galway_Consensus_Statement.pdf).

In addition, the CompHP project also builds on the 2009 IUHPE research report series, undertaken on behalf of the IUHPE Euro Training, Accreditation and Professional Standards Sub-Committee, reporting on the achievements of a pilot project which aimed to test the feasibility of implementing a pan-European framework for health promotion accreditation (http://www.iuhpe.org/uploaded/Publications/Books_Reports/RRS/RSS_1_09.pdf).
The Scoping Study aimed to identify current capacity for health promotion and the priority education and training needs for capacity development in low and middle income countries across all IUHPE regions. Among other findings, the study identified, in all countries responding, a very strong support (92%) for a dedicated health promotion workforce with specialised training.

The majority of respondents reported the existence of education and training for health promotion but also considered that the current provision was not adequate to build and maintain capacity for health promotion. Accreditation for health promotion was rated as important or very important by 58% of those responding.

The study is available at: (http://www.iuhpe.org/uploaded/Publications/Books_Reports/RRS/RRS_1-2011.pdf)

The work in school health conducted by the IUHPE, with strong support through the IUHPE/CDC Cooperative Agreement, aims to highlight the unique global potential of schools to promote both health and education outcomes. It describes and disseminates the growing body of evidence on effective practice in health promotion in schools. It also aims to address the conceptual and practical issues that hinder effective school health promotion, which include the competencies of teachers in health promotion, the co-operation of health and education officials, and building capacity and advancing knowledge in low- and middle-income countries.

In 2011, the IUHPE, with active contribution of the IUHPE North American Region leadership, with the Canadian Association for School Health (CASH), the “Institut national de Santé Publique du Québec” (INSPQ) and the International School Health Network (ISHN) co-organised a two day international event on Health Promoting Schools around New Understandings, Better Integration, Sustainable and Equitable Actions - Schools that Promote Health, Well-being and Educational Success in the Next Decade, which took place on the occasion of the 15th Annual Public Health Days of Quebec / 15èmes Journées Annuelles de Santé Publique du Québec (JASP) in Quebec - November 28th - 29th 2011.
A number of workshops for field practitioners were held including a 90 minute workshop, chaired / moderated by Ian Young, international expert and IUHPE consultant, entitled ‘Developing Sustainable Partnerships with Education Systems for Health Promotion and Social Development’ (presentation available at http://jasp.inspq.qc.ca/Data/Sites/1/SharedFiles/presentations/2011/JASP2011_29nov_A3-5_IYoung.pdf).

Building on a specific session on partnerships that took place on the occasion of this event, the IUHPE international consultants (Ian Young and Lawrence St Leger), are in the process of developing a couple of additional papers for decision makers and for practitioners in the field, to be available in 2012:

- A document on *Facilitating Dialogue between the Health and Education Sectors to advance School Health Promotion and Education* designed to provide the stakeholders in school health with simple and practical insights into facilitating and improving dialogue between health and education.

- A document around *Monitoring and Assessing Progress in Health Promoting Schools: Issues for policy makers to consider*. This paper explores briefly the different types of tools that are available at present for monitoring and assessing progress in health promoting schools and offering a brief review of the practical issues that policy makers and practitioners have had to overcome in developing such tools. It is aimed at assisting countries in the early stages of monitoring the progress of health promotion in their schools.

**COMMUNICATE TO VACCINATE’ (COMMVAC) PROJECT: A NOVEL APPROACH TO BUILDING EVIDENCE FOR IMPROVING COMMUNICATION ABOUT CHILDHOOD VACCINATION IN LOW AND MIDDLE INCOME COUNTRIES**

Communication interventions to improve vaccination uptake have been neglected globally and existing studies are often not applicable to LMICs. COMMVAC aims to build research knowledge and capacity to use evidence based strategies for improving communication about childhood vaccination with parents and communities. The COMMVAC project uses an innovative combination of methods to meet this aim including:

- A systematic map of interventions for communicating with parents about childhood vaccination;

- A taxonomy of interventions to improve provider-parent communication around childhood vaccination;

- Deliberative fora with key stakeholders to identify high priority topics and systematic reviews of the effects of high priority topics ;

- Evidence summaries that translate the review findings into accessible formats and messages for dissemination to LMICs and that allow users to add implementation commentary.
COMMVAC takes a novel approach to building knowledge resources and making more effective use of existing research and practice descriptions. Key outputs from the project include high quality evidence on the scope and effects of interventions to improve provider–parent communication around vaccination and knowledge resources tailored for LMICs.

As a key partner in this project, in 2011, the IUHPE has, among other things, contributed to bring a health promotion lens throughout the project and contributed to the organisation of face to face consultations with relevant stakeholders from sub-Saharan Africa, the IUHPE Board of Trustees and UNICEF delegates.

The project is funded by the Research Council of Norway and involves a Consortium composed of the Norwegian Knowledge Centre for the Health Services, Norway; La Trobe University, Melbourne, Australia; the University of Cape Town, South Africa; the Swiss Tropical and Public Health Institute / Swiss Centre for International Health, Switzerland; and the IUHPE.

For further information, please visit the website: www.commvac.com

WORKSHOP ON INTERNATIONAL RESEARCH IN HEALTH PROMOTION – RENNES (FRANCE)

The IUHPE organised a workshop on international research in health promotion in collaboration with the School of Advanced Studies in Public Health in Rennes (Ecole des Hautes Etudes en Santé Publique de Rennes - EHESP), the Chair on Health Promotion of the French National Institute for Prevention and Health Education (INPES) and the Maison des Sciences de l’Homme en Bretagne (MSHB – House of Human Sciences of Brittany). This day has been a unique opportunity to exchange ideas and meet different actors and researchers interested in developing research in health promotion.

The seminar took place on December 7, 2011 and its objectives were to:

- Identify current challenges for research in health promotion
- Facilitate networking for the establishment of multidisciplinary research projects in health promotion
- Communicate about funding opportunities for research projects in health promotion
- Raise awareness among donors on the importance of getting more involved in research in health promotion
- Exchanging experiences on international research in health promotion

A video recording of the conference is available at:
**ONGOING OPERATIONS**

**DEFINITION OF THE IUHPE PRIORITY AREAS OF WORK**

Through a comprehensive consultative and participative process of all IUHPE members, the IUHPE has worked toward clarifying specific priorities for the work of the Organisation for the next five years. The purpose of having these priority action areas is to ensure that the work of the IUHPE is strategically focused and outcomes oriented.

These priority action areas represent a collectively determined set of strategic directions that the IUHPE can rally behind, support, and demonstrate considerable global effort toward achievement, bearing in mind the needs of the field and of the IUHPE members (individual and institutional) and partners. The areas are broad enough to be inclusive of considerable amounts of ongoing IUHPE work but narrow enough to limit the focus of future work.

**GOVERNANCE REFORM**

The IUHPE is currently developing a proposal to reform its governing structure and ensure that it is appropriate for the conduct of IUHPE’s work in the future. This reform process is essential to reflect the needs of the various parts of the organization at global and regional levels, while maintaining an agility that allows for quick responses to emerging issues on a global scale.

With the development of the governance reform it is also important to ensure that there are appropriate opportunities and mechanisms for members to engage in the work of the IUHPE. To that end, in 2011, the Board of Trustees has endorsed the development of Interest Groups in addition to existing Networks and Global Working Groups. These will provide opportunities for members to align themselves and collaborate around areas of interest, language groupings, geographical area or any combination of these.

**RISK REGISTER**

In 2011, the IUHPE initiated an internal process for categorising and assessing risks with a view to compiling a risk register appropriate for the size and nature of the IUHPE. The underlying objective is to embed risk management processes as a part of day-to-day management of the organisation.

**MARKETING AND FUNDRAISING**

A Marketing and Fundraising portfolio has been created in 2010 and developed in 2011. Its main objective is to diversify sources of support (financial and in-kind), and external collaborations in order to provide more and better services to IUHPE members, contribute to membership development and retention and ensure the necessary resources to implement and develop IUHPE activities, conferences and Headquarters support functions.

In parallel with the fundraising activities, and as a necessary element to ensure their success, this portfolio also started developing, in close cooperation with the Vice-President for Communications and the Vice-president for Advocacy, a renewed organisational identity of the IUHPE and a number of marketing tools to reinforce the IUHPE brand.
The IUHPE is the voice for health promotion - the one global organization that effectively advocates the values, aspirations and equity focus of health promotion into policy and action both globally and regionally.

Trevor Shilton
Global Health Promotion is a multilingual journal which publishes authoritative blind peer-reviewed original articles in any area of theory, policy or practice relevant to health promotion, and commentaries on any subject of general interest to the journal readership and IUHPE members. It also publishes transcripts of high quality oral presentations at conferences in its Addresses section. Global Health Promotion also directly contributes to implementing the IUHPE strategic plan, by publishing manuscripts that deal with various aspects of IUHPE activities, such as updates from Vice-Presidents, Global Working Groups or IUHPE networks, key addresses from IUHPE conferences, and information on IUHPE strategy and internal governance.

Global Health Promotion is a quarterly publication (March, June, September, December). Global Health Promotion’s supplement issues also continues as a means to communicate conference proceedings, large scale research projects and other collaborative endeavours. In March 2011, a special issue on “the IUHPE Global Programme on Health Promotion Effectiveness: what is the effectiveness of using evidence? A global collection of case studies” was published. It consisted of over 25 case studies from 15 countries that reflect and demonstrate how research evidence derived from epidemiological studies, evaluation research, research synthesis and meta-analysis is used and translated to address health challenges locally.

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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 any of the following journals:

**Critical Public Health** is a peer-reviewed journal for researchers and practitioners working in public health, health promotion and related fields. 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.

**Health Education Research** 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.

**Health Promotion International**, a quarterly journal published in collaboration with the World Health Organization, responds to the move for a new public health throughout the world and supports the development of actions outlined in the Ottawa Charter for Health Promotion.

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

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. It publishes Commentaries and opinions in the Forum section, and articles derive from social sciences, epidemiology, survey research, health promotion, evaluation and intervention. Special Issues highlight key areas of current research.
AR/05

THE 21st
IUHPE WORLD
CONFERENCE ON
HEALTH
PROMOTION
Every three years, the International Union for Health Promotion and Education (IUHPE) holds a global conference that has become the most important gathering of health promotion experts and practitioners worldwide.

The 21st IUHPE World Conference on Health Promotion will take place on 25 – 29 August 2013 at the Pattaya Exhibition and Convention Hall (PEACH) in Pattaya, Thailand (http://iuhpeconference2013.org/). This unique international event builds on the long tradition of IUHPE world and regional conferences that bring together health promotion researchers, practitioners and policy-makers.

The 21st IUHPE World Conference aims to contribute to the development of equity and social justice across the globe by offering a unique platform for dialogue on the “best investments for health” between participants from various sectors from all over the world.

The selected theme allows reflection on the most efficient, effective and equitable ways of supporting and advancing health and wellbeing. It will provide multi-sectoral participants from around the world the opportunity to exchange knowledge and lessons learned in health promotion.

This meeting will serve as a platform to drive health promotion further to the forefront of the global health agenda and make a difference to sustainably improve the wellbeing of all people.

FOR MORE INFORMATION
VISIT THE CONFERENCE WEBSITE!
http://iuhpeconference2013.org/
CONFERENCE FOCUS

The world is facing an unprecedented global crisis, accelerating economic, political and social transitions that impact at all levels of society. These substantial challenges require a reflection on the most efficient, effective and equitable ways of supporting and advancing population health and wellbeing. All actors and sectors in society have a vital role to play in the development of equity and social justice. It is therefore critical to better understand and acknowledge the diverse approaches for investing in health from the perspective of various actors, such as the role of grassroots movements, workforce, the public sector, financial markets, academia or international donors and to explore what are the challenges and opportunities in mobilizing and engaging them.

With that perspective, the Conference will seek to provide a forum to highlight contrasting and challenging views and will offer a unique platform for exchange and debate on mainstream and alternative perspectives.

The various sessions will provide a mixture of practical lessons from global, national and regional experiences.

The conference will aim to examine the following questions:

- What are the best investments for health and the well-being of people? How do different perspectives contribute to the definition of policies and interventions that promote health, social and human development?

- Who are key investors in health promotion systems? (But) Who is missing? What are the implications for developing dimensions related to social, financial, and cultural capital?

- What are the successes and challenges developing and implementing (or in achieving?) health in all policies? Do we know enough?

- What are the innovations worldwide that are transforming health promotion and what can we learn from them?

TARGET AUDIENCE

Practitioners, decision makers, researchers, civil society and the private sector

THE LOCAL HOST: THAI HEALTH PROMOTION FOUNDATION (ThaiHealth)

ThaiHealth is an independent state agency set up to promote physical, mental, social and spiritual well-being of all people living in Thailand. To host the IUHPE World Conference on Health Promotion 2013, ThaiHealth is fully supported by its Governing Board chaired by the Prime Minister with half of its members from relevant ministries and the other half are independent experts in various fields. The IUHPE and ThaiHealth, together with the co-hosts, international and domestic supporters, pledge to bring out the best conference for all participants.

CO-HOSTS

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

INTERNATIONAL SUPPORTERS

International Network of Health Promotion Foundations (INHPF)
World Health Organization’s South-East Asia Regional Office (WHO/SEARO)

LOCAL SUPPORTERS

Municipality Office of Pattaya City
Thailand Convention and Exhibition Bureau (TCEB)
Thai Airways International

HOST ORGANIZATIONS

International Union for Health Promotion and Education (IUHPE)
Thai Health Promotion Foundation

CONFERENCE SECRETARIAT:

ThaiHealth (http://en.thaihealth.or.th/)
99 Soi NgamDuplee ThungMahaMek Sathorn Bangkok, Thailand 10120
PCO: ProCOngress (Thailand) Co., Ltd
Tel: +66 2 956 1580 Fax: +66 2 932 4454
Email: info@iuhpeconference.net
Working effectively in health promotion requires passion and a commitment to human rights and equity. To me, membership in IUHPE builds on these principles by combining art and science to contribute to people’s health and well-being and by bringing together practitioners, academicians, and policymakers from across the world - in a common platform - to work towards making the world a better and healthier place for everyone.

Erma Manoncourt
IUHPE Members range from government bodies, to universities and institutes, to NGOs and individuals across all continents working to advance public health through health promotion, health education, and related domains. At the end of 2011, the IUHPE had a total of 1,353 members distributed as follows in 7 regions (Africa – AFRO, Europe – EURO, Eastern Mediterranean – MED, North America – NARO, the Northern Part of the Western Pacific – NPWP, Latin America – ORLA, South East Asia – SEAR and the Southwest Pacific – SWP):

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

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

- Institutional members of national scope can be host of the triennial IUHPE World Conference on Health Promotion.
- They hold three (regional/local in scope) or seven (national in scope) votes at the General Assembly.
- **Individual members** are people who support the mission, goals and objectives of the IUHPE.
- **Student members** are individual students who support the mission, goals and objectives of the IUHPE.
- **Retired members** are retired individuals who support the mission, goals and objectives of the IUHPE.
- **Honorary members** are individuals that made a special contribution to the mission of the IUHPE, or to the development of its goals and objectives, and have been invited to be an honorary member.

At the end of 2011, the IUHPE membership by category was divided as follows:

**IUHPE MUTUALLY BENEFICIAL RELATIONSHIP WITH ITS NETWORK**

- **as a global network of professional**: through the online “members only” corner, the regular “flash info” or the online dialogue platform ([www.vhpo.net](http://www.vhpo.net)), members have a complete access to IUHPE network to exchange, discuss and share around any areas of their interest in health promotion.

- **as a dissemination and exchange hub**: through complimentary subscription to the IUHPE scientific journal, Global Health Promotion, discount fees on five other journals, and reduced registration fees for IUHPE Conferences, members are kept informed on the last developments, and have multiple opportunities to discuss hot topics for the health promotion field.

- **as a facilitating agency of technical expertise**: through the IUHPE online forum, Global Working Groups, Networks, Interest Groups, various project activities and conferences developed across the world, members have a number of opportunities to actively engage in, and influence, the health promotion field at a global level.

For more information on IUHPE membership, please visit the dedicated page on IUHPE website: [http://www.iuhpe.org/index.html?page=12](http://www.iuhpe.org/index.html?page=12)
GLOBAL WORKING GROUPS, INTEREST GROUPS AND NETWORKS
GWGS, NETWORKS, INTEREST GROUPS

One of IUHPE’s raison d’être is to facilitate networking among health promotion professionals across the world, therefore contributing to develop the health promotion field. IUHPE Global Working Groups, Interest Groups, and Networks gather professionals around common interests, profiles or expertise. They provide IUHPE members with a unique opportunity to be involved in the IUHPE life and work plan, and in health promotion development, at a global level.

In 2011, the IUHPE recognized the need and importance of streamlining its Global Expert Networks distinguishing between Global Working Groups, Networks and Interest Groups.

A Global Working Group is a nominated group of experts in a particular area. Global Working Groups align their work plans with the IUHPE organisational objectives and commit to some key deliverables which actively contribute to the development of the IUHPE scientific agenda and work priorities. In particular, GWGs:

- contribute to the scientific agenda of the IUHPE and thereby to the development of the knowledge base and better practice in health promotion and to the wide dissemination of knowledge to policy makers and practitioners.
- report through the IUHPE official publication Global Health Promotion and through other IUHPE family of journals as opportunities arise.
- make active contributions to the scientific programme of IUHPE World and Regional Conferences. The Global Working Group Sub-Committee sits on the Global Scientific Committee of the IUHPE World Conferences ensuring that Global Working Groups contribute to the definition of the themes of the scientific programme to the identification of key note speakers and to the development of sub-plenaries. They are also encouraged to develop parallel sessions (symposium, poster, workshops, and satellite events) as appropriate.

The creation of a new Global Working Group can be suggested following a resolution from the IUHPE General Assembly, a decision taken by the Board of Trustees or the expression of interest from members of the Organisation. The GWG membership, terms of reference and a 3-years work plan must be in line with the IUHPE priorities areas and the Scientific Affairs portfolio.

Global Working Groups active or approved in 2011

- Salutogenesis – Chair: Bengt Lindström
- Social Determinants – Chairs: Sylvie Stachenko (page 18) Erma Manoncourt
- WARFS – Chair: Stefano Campostrini (page 31)
- HIA – Chair: Marilyn Wise
- Research – Chair: Louise Potvin
- Health literacy – Chair: Diane Levin-Zamir
- Climate change and Health

Other proposed groups:

- Competencies and workforce development
- Food Systems
An Interest Group is a gathering of members around a common area of interest. It is an exchange platform to discuss or debate. Interest groups might work in collaboration with Global Working Groups on specific issues of their work plan. A new Interest Group can be initiated by any group of minimum 15 IUHPE members. It should be in line with the IUHPE priorities areas and needs to be endorsed by the Board of Trustees. Only IUHPE members whose membership is up-to-date can join an interest group. The main activity of an Interest Groups is to initiate, participate in, and moderate their exchange platform, mainly online dialogues. 

Active interest groups are:

- Healthy settings – Chair: Marilyn Rice
- Salutogenesis – Chair: Bengt Lindström
- Social Determinants – Chair: Erma Manoncourt
- HIA – Chair: Marilyn Wise

A Network is a group of members with a common profile (professional, geographical, linguistic, etc.). Networks contribute to the completion of the IUHPE integrated work plan and scientific agenda. They can for instance, represent their interest in global discussions, run surveys or researches, deliver key products, or assist the IUHPE Headquarters in the dissemination of information, etc. IUHPE networks also participate to the democratic life of the Organisation, especially through their voice in the Board of Trustees and Executive Committee. One of the mission of IUHPE networks is also to develop IUHPE membership across the world. Networks contribute to the scientific agenda of all IUHPE World, and regional Conferences. They can propose a parallel session (symposium, poster or other) to present their activities or discuss specific issues in their areas of interests.

Active and proposed Networks in 2011:

- ISECN – IUHPE Student and Early Career Network, active since 2007
- INIHPP – International Network of Indigenous Health Promotion Professionals, active since 2009
- RéFIPS – International French-Speaking Network on Health Promotion: Independent network with a long-term collaboration history with the IUHPE and interested in becoming an IUHPE network. Not yet confirmed
- Social Determinants – Chair: Erma Manoncourt
- HIA – Chair: Marilyn Wise

A new IUHPE network can be initiated by any group of minimum 10 IUHPE members. Its Terms of Reference and three-year action plan must be in line with the IUHPE priorities areas and need to be endorsed by the Board of Trustees. Only IUHPE members whose membership is up-to-date can join an interest group.
In February 2011, the IUHPE’s Global Working Group on Health Promotion Research (GWGHPR) launched a call for abstracts to develop a special issue of the IUHPE’s official journal, Global Health Promotion in order to create a body of knowledge on innovative aspects of health promotion research. Researchers were invited to report on their innovative theoretical and/or empirical scientific work relevant for health promotion. 35 papers using a broad range of approaches to explore innovative theories, themes, questions, methods and knowledge transfer practice contributing to capacity building for health promotion research at the global level were received and 12 were accepted for publication. This special issue is to be released at the August 2013 21st IUHPE World Conference on Health Promotion in Pattaya, Thailand.

To see other activities of this group, such as the Workshop on international research in health promotion which took place in Rennes (France) in December 2011, please visit page 35.

As defined by the World Health Organisation, Health Literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy has been established and recognized as a social determinant of health; addressing health literacy is therefore considered a mechanism for reducing health and social inequities.

The 19th and 20th IUHPE World Conferences on Health Promotion have increasingly included health literacy as a topic addressed in the scientific program and, in 2011, a dedicated Global Working Group has been launched to initiate and support action, policy and research on health literacy. This group will particularly contribute to the priority area of action of IUHPE on Health Promotion Systems, and will have an impact on the Social Determinants of Health.

HIA refers to an approach aiming to identify policy elements that could have negative impacts on the health of populations and various social groups. The approach informs decision-makers and enables them to act to reduce health inequities/social inequalities in health.

The Global Working Group on Health Impact Assessment (GWG-HIA) contributes to the evidence base and workforce capacity that are needed if HIA potential to influence the distribution of the determinants of health and to promote health and health equity is to be realized. The mission of the GWG HIA is to support the development of HIA as an approach to assist the health and other sectors and communities to influence public policy plans, programmes and projects to create social, economic and environmental conditions for health and health equity within and between populations and to promote health. The GWG-HIA is currently developing intersectoral HIA guidelines and tools to support policy decision making.
NEW GROUP: GLOBAL WORKING GROUP ON CLIMATE CHANGE AND HEALTH (GWG - CCH)

The workshop on "Leaving Coal in the Ground – Building a Sustainable Economy and Ending a Global Health Crisis by 2030" that took place on the occasion of the 20th IUHPE World Conference on Health Promotion – Health, Equity and Sustainable Development in Geneva, Switzerland in July 2010 triggered interest from IUHPE members and other non-member professionals to create a Global Working Group on Climate Change and Health. The establishment of this group was approved at the IUHPE Executive Committee meeting in Rennes, France on December 5th – 7th 2011. As highlighted in its Terms of Reference, this Group's efforts will contribute to the priority area of action for IUHPE around Health Promotion in Sustainable Development.

IUHPE GLOBAL WORKING GROUP ON SALUTOGENESIS (GWG-SAL) - WWW.SALUTOGENESIS.FI

In 2011, the GWG-SAL has moved its headquarters to the Research Centre for Health Promotion and Resources NTNU, at Trondheim, Norway (www.rchpr.org), where the first chair in Salutogenesis has been established. Bengt Lindström, the GWG's Chair, was called as the first ever Professor of Salutogenesis. Further, ten research centers have been identified as the core group of the GWG.

The web database, containing reference to important policy document in health promotion, has been moved to Sweden (www.salutogenesis.hv.se), at present collecting global data from 2003-2011.

A central publication of the GWG-SAL, The Hitchhiker’s Guide to Salutogenesis, presenting both the theory and evidence on salutogenesis, has been published in English and translated into Spanish, French and Catalan.

The 4th IUHPE Research Seminar on Salutogenesis focusing on adolescence was held in Trollhättan Sweden on May 30-31, 2011 and was attended by 100 experts from 15 different countries from all over the world.

The GWG also arranged a symposium in London at the Asset Approach Conference arranged by the National Institute for Health and Clinical Excellence (NICE).

The GWG-SAL is taking part in the sub-Committee coordinating the input of all GWGs to the 21st IUHPE World Conference on Health Promotion, taking place in Pattaya, Thailand, in August 2013. The GWG-SAL, in particular, is working on a proposal for a sub-plenary session on Health as an asset/resource, exploring the determinants of health, somewhat broader than only the social determinants of health.

ISECN ACCOMPLISHMENTS IN 2011

**Improvement of internal structure and functioning:**

- Redesigned and revitalized network’s website (http://isecn.org/)
- Expanded ISECN leadership team and development of a succession plan for future leadership transitions
- Creation of regional structures (regional coordinators) in North America, Latin America, Europe, Southwest Pacific, and Southeast Asia to better represent students and early career professionals across the world

**Information Dissemination:**

- Publication of a monthly newsletter in French, English and Spanish, coordinated by an editorial board
- Writing of a commentary explaining the functioning and the added-value of ISECN (to be published in Global Health Promotion in 2012)

**Contributions to IUHPE work plan:**

- Writing of an original article on the necessity to develop a professional code of ethics for health promotion, reporting on the research of the ISECN Ethics Working Group (to be published in Global Health Promotion in 2012)
- Involvement in the IUHPE 2012 Regional Conferences and in the 21st IUHPE World Conference in 2013
- Creation of a “topic” ISECN working group on health promotion in Africa
- Support of the work of the IUHPE Vice President for Capacity Building, Education and Training
The governing bodies of the IUHPE are the General Assembly, the Board of Trustees, the Global Executive Committee and Regional Committees. Its administration is under the responsibility of the Headquarters, located in France.
The General Assembly is composed of all IUHPE members and is the ultimate governing body of the IUHPE. It is invested with all powers necessary for the furtherance of the IUHPE’s aims. In particular, the General Assembly:

- decides the policies and the strategic directions of the IUHPE;
- approves amendments to the Constitution; and
- decides the location of future World Conferences based on the recommendations of the Board of Trustees.

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

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

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.
Headquarters Corner:

2011 has been a year of change: with the guidance of the Executive Director and several Vice-Presidents, the Headquarters staff has undertaken a number of reforms to improve its effectiveness and operating procedures:

- The internal operating rules applying to Headquarters staff have been reviewed to reflect the evolution of the French Law and of the operations of the Headquarters.
- A new process to set and review HQ staff personal objectives was set up and approved by all staff members. It will start to be used in 2012.
- Staff have continued to build on the programme of staff development involving team building, role definition and internal communication which was begun in early summer 2010.
- In September 2011, staff attended a training workshop on risk management techniques. This included ways of categorizing and assessing risks with a view to compiling a risk register appropriate for the size and nature of the IUHPE. The underlying objective is to embed risk management processes as a part of day-to-day management. Following the workshop staff have completed a more detailed review of risks, and have created a risk register that is considered by the Committee of Internal Control on a regular basis.
- New premises have been granted by the French Institute of Prevention and Health Education (INPES), which hosts the IUHPE Headquarters within its own office. This has significantly improved the IUHPE HQ working environment.

IUHPE HEADQUARTERS STAFF

Marie-Claude Lamarre, Executive Director
Janine Cadinu, Office Manager
Catherine M. Jones, Programme Director
Claire Blanchard, Programme Officer
Sara Bensaude De Castro Freire, Scientific Projects and Publications Coordinator
Aurélie de Gournay, Membership and Communications Officer
Sara Debenedetti, Projects assistant (Marketing and Development officer in 2012)
Marie Renée Guével, Scientific Projects and Publications Coordinator (Maternity replacement in 2012)
OFFICERS

THE BOARD OF TRUSTEES 2010 / 2013

PRESIDENT

Michael Sparks (Australia)
Immediate Past President: David McQueen (United-States)

GLOBAL VICE-PRESIDENTS

Administration: Jeanine Pommier (France)
Advocacy: Trevor Shilton (Australia)
Capacity-Building, Education & Training: Paolo Contu (Italy)
Communications: Erma Manoncourt (Egypt)
Conferences: Anu Kasmel (Estonia)
Finance & Internal Control: Graham Robertson (Scotland, U.K.)
Marketing and Fund-raising: David Pattison (Scotland, U.K.)
Partnerships & Institutional Affairs: Maggie Davies (United-Kingdom)
Scientific Affairs: Vivian Lin (Australia)
Vice President for the Organisation of the World Conference: Suwit Wibulpolprasert (Thailand)

REGIONAL VICE-PRESIDENTS

Africa (AFRICA): Felicité Traoré (Burkina Faso)
Europe (EURO): Ursel Broesskamp-Stone (Switzerland)
Latin America (ORLA): Marco Akerman (Brasil)
North America (NARO): Marilyn Rice (United States)
Northern Part of the Western Pacific (NPWP): Masaki Moriyama (Japan)
Southwest Pacific (SWP): Donald Stewart (Australia)

REGIONAL DIRECTORS

Latin America: Hiram Arroyo (Puerto Rico)
North America (North America and English-speaking Caribbean sub-region): Elaine Auld (United States)
North America (Canada and French-speaking Caribbean sub-region): Fran Perkins (Canada)
Northern Part of the Western Pacific: Kanako Okada (Japan)
Southwest Pacific: Neil Harris (Australia)
IUHPE WORLDWIDE: REGIONAL STRUCTURES, PARTNERSHIPS AND COLLABORATIONS

IUHPE HEADQUARTERS:
- Saint-Denis, Paris, France

IUHPE REGIONAL STRUCTURES
- Africa (AFRO)
- Europe (EURO)
- Latin America (ORLA)
- North America (NARO)
- South West Pacific (SWP)
- Northern Part of the Western Pacific (NPWP)

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

- Department of Health Promotion, Ministry of Health and Social Policy, Madrid, Spain
- SOSTE - Finnish Society for Social and Health, Finland
- Fund for a Healthy Austria, Vienna, Austria
- Health Promotion Board of Singapore, Singapore
- Health Promotion Directorate of Mexico, Mexico City, Mexico
- Health Promotion Switzerland, Bern, Switzerland
- Heartfile, Islamabad, Pakistan
- Ministry of Health and Social Services, Quebec, Canada
- National Institute for Health Development, Budapest, Hungary
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), at the US Centers for Disease Control and Prevention, 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
- Thai Health Promotion Foundation, Bangkok, Thailand
- Unit of Health Promotion Education, Université Libre de Bruxelles – ULB-Promes, Brussels, Belgium
Collaborating partners are engaged with IUHPE in a variety of cooperation agreements, which aim to facilitate and spearhead projects ranging in size, reach and approach: from policy development and advocacy, to pioneering research and best practice dissemination and mapping, across a wide range of areas, such as evidence and effectiveness, different settings, like schools and communities, and topics like physical activity and health determinants.

- US Centers for Disease Control and Prevention, Atlanta, USA
- Chair, Community Approaches and Health Inequalities, Montreal, Canada
- European Commission, Brussels, Belgium
- EuroHealthNet, Brussels, Belgium
- European Observatory on Health Systems and Policies, Brussels, Belgium
- European Public Health Association (EUPHA), Utrecht, The Netherlands
- Health Action Partnership International, London, UK
- National Institute for Prevention and Health Education, Paris, France
- National Public Health Institute of Quebec, Quebec, Canada
- Public Health Agency of Canada, Ottawa, Canada
- World Health Organization (WHO), Geneva, Switzerland

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

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

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

- General Health Directorate, Paris, France
- US Centers for Disease Control and Prevention, Atlanta, USA
- Thai Health Promotion Foundation (organisers of the 21st World Conference on Health Promotion)
### 2011 Income & Expenditure

*In Euros (1 Euro = 1.30 US $ at 31.12.2011)*

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative costs</td>
<td>121 363</td>
<td>125 216</td>
</tr>
<tr>
<td>Travel expenses (meetings and liaison)</td>
<td>17 966</td>
<td>18 789</td>
</tr>
<tr>
<td>Staff and related costs</td>
<td>376 515</td>
<td>384 837</td>
</tr>
<tr>
<td>Promotion &amp; Education (production &amp; shipping expenses)</td>
<td>52 535</td>
<td>31 544</td>
</tr>
<tr>
<td>Website maintenance and development</td>
<td>10 320</td>
<td>7 200</td>
</tr>
<tr>
<td>World Conference</td>
<td>18 288</td>
<td>213</td>
</tr>
<tr>
<td>Project Activities</td>
<td>482 777</td>
<td>616 525</td>
</tr>
<tr>
<td>Others expenditure</td>
<td>17 285</td>
<td>11 534</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1 097 049</strong></td>
<td><strong>1 195 858</strong></td>
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<table>
<thead>
<tr>
<th>INCOME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Membership fees and subscriptions</td>
<td>224 231</td>
<td>199 966</td>
</tr>
<tr>
<td>Subsidies – French Health Directorate &amp; INPES</td>
<td>106 420</td>
<td>105 781</td>
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<tr>
<td>World Conference on Health Promotion</td>
<td>55 613</td>
<td>35 000</td>
</tr>
<tr>
<td>Fund-Raising</td>
<td>120 196</td>
<td>132 169</td>
</tr>
<tr>
<td>Project Activities</td>
<td>579 372</td>
<td>718 742</td>
</tr>
<tr>
<td>Other income</td>
<td>13 333</td>
<td>6 534</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1 099 165</strong></td>
<td><strong>1 198 192</strong></td>
</tr>
</tbody>
</table>

| RESULT                                           | 2 116   | 2 334   |
## Balance Sheet at 31 December 2011

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### FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>31 Dec. 10</th>
<th>31 Dec. 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment (net of depreciation)</td>
<td>3 663</td>
<td>2 767</td>
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<tr>
<td>Investment in management Group (GIE SCENE)</td>
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<td>757</td>
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<tr>
<td>Deposit for office rent</td>
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<td>375</td>
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<td>Software</td>
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<td>83</td>
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<td><strong>Total</strong></td>
<td><strong>4 795</strong></td>
<td><strong>3 982</strong></td>
</tr>
</tbody>
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### CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>31 Dec. 10</th>
<th>31 Dec. 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors/Receivables - Suppliers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, taxes &amp; social security</td>
<td>1 154</td>
<td>0</td>
</tr>
<tr>
<td>Reimbursement on travel allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Conference</td>
<td>41 576</td>
<td>0</td>
</tr>
<tr>
<td>Membership Fees</td>
<td>38 443</td>
<td>17 559</td>
</tr>
<tr>
<td>Project Income</td>
<td>83 816</td>
<td>28 956</td>
</tr>
<tr>
<td>Royalties SAGE</td>
<td>8 619</td>
<td>6 400</td>
</tr>
<tr>
<td>Other income receivable</td>
<td>1 200</td>
<td>500</td>
</tr>
<tr>
<td>Items prepaid</td>
<td>3 978</td>
<td>3 872</td>
</tr>
<tr>
<td>Lunch coupons</td>
<td>1 920</td>
<td>770</td>
</tr>
<tr>
<td>SEARB</td>
<td>935</td>
<td>411</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>181 641</strong></td>
<td><strong>58 468</strong></td>
</tr>
<tr>
<td>Bank and Cash</td>
<td>183 720</td>
<td>239 761</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>365 361</strong></td>
<td><strong>298 229</strong></td>
</tr>
</tbody>
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### LESS CURRENT LIABILITIES

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<tr>
<th></th>
<th>31 Dec. 10</th>
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<tbody>
<tr>
<td>Creditors/Payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppliers</td>
<td>19 580</td>
<td>18 559</td>
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<tr>
<td>Social Security and other payable taxes</td>
<td>37 934</td>
<td>76 759</td>
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<tr>
<td>Bank</td>
<td>384</td>
<td>0</td>
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<tr>
<td>EURO</td>
<td>46 667</td>
<td>59 310</td>
</tr>
<tr>
<td>NARO</td>
<td>551</td>
<td>7 095</td>
</tr>
<tr>
<td>NPWP</td>
<td>1 681</td>
<td>1 944</td>
</tr>
<tr>
<td>ORLA</td>
<td>11 729</td>
<td>6 363</td>
</tr>
<tr>
<td>SWP</td>
<td>469</td>
<td>2 709</td>
</tr>
<tr>
<td>AFRO</td>
<td>69</td>
<td>124</td>
</tr>
<tr>
<td>MED</td>
<td>340</td>
<td>445</td>
</tr>
<tr>
<td>Others</td>
<td>119 404</td>
<td>173 308</td>
</tr>
<tr>
<td>Income received in advance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriptions to Promotion &amp; Education</td>
<td>13 730</td>
<td>14 271</td>
</tr>
<tr>
<td>Membership fees</td>
<td>3 752</td>
<td>3 810</td>
</tr>
<tr>
<td>Dedicated funds to specific project activities</td>
<td>155 443</td>
<td>25 109</td>
</tr>
<tr>
<td>21st World Conference on HP</td>
<td></td>
<td>5 552</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>292 329</strong></td>
<td><strong>222 050</strong></td>
</tr>
</tbody>
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### NET CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>31 Dec. 10</th>
<th>31 Dec. 11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net current assets</strong></td>
<td><strong>73 032</strong></td>
<td><strong>76 179</strong></td>
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### NET TANGIBLE ASSETS

<table>
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<tr>
<th></th>
<th>31 Dec. 10</th>
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<tbody>
<tr>
<td><strong>Net tangible assets</strong></td>
<td><strong>77 827</strong></td>
<td><strong>80 161</strong></td>
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</table>

### CAPITAL AND RESERVES

<table>
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<tr>
<th></th>
<th>31 Dec. 10</th>
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<tbody>
<tr>
<td>Revenue reserves</td>
<td></td>
<td></td>
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<tr>
<td>Current year surplus (deficit)</td>
<td>2 116</td>
<td>2 334</td>
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<tr>
<td>Reserves brought forward</td>
<td>75 711</td>
<td>77 827</td>
</tr>
<tr>
<td><strong>Total capital and reserves</strong></td>
<td><strong>77 827</strong></td>
<td><strong>80 161</strong></td>
</tr>
</tbody>
</table>
EDITORIALS

- Global Programme on Health Promotion Effectiveness: new perspectives from the frontline
  C. M. Jones and D. V. McQueen – GHP. March 2011; (18) 1
- How is evidence used for planning, implementation and evaluation of health promotion? A global collection of case-studies
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- Mainstreaming Health Promotion
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- 2011….une année de célébrations
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  A. Taub, G. D. Gilmore, L. K. Olsin and D. Connell – GHP. June 2011; (18) 2
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  W. Stommel and F. J. Meijman – GHP. June 2011; (18) 2
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- Perceptions des barrières à la stratégie de formation des médecins généralistes à la chirurgie essentielle pour l’offre de soins obstétricaux et chirurgicaux d’urgence au Burkina Faso
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  L. Arenas-Monreal, J. Jasso-Arenas y R. Campos-Navarro – GHP. December 2011; (18) 4

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  A. Frashia, A. Rutten, K. Abu-Omar and A. Wolff — GHP. March 2011; (18) 1

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- Une stratégie d’advocacy pour favoriser l’adoption d’une politique publique provinciale en matière de réduction du tabagisme
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  A. Silodeau, L. Sampson, P. Daheer, J. Bélanger, F. Gagnon and N. Lussier — GHP. March 2011; (18) 1

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  V. Ritde, R. Reimard, L. Rauland and K. Rauland — GHP. March 2011; (18) 1

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- El tratamiento restaurador atrofia (tra) como parte de un paquete básico de servicios de salud oral en el área rural de Bolivia
  J. Lopez y G. Andrade — GHP. March 2011; (18) 1

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- Evidence-based health promotion: an emerging field
  C.-E. Jones, C. M. Jones, D. V. McQueen and L. Potvin — GHP. March 2011; (18) 1

- Summary report for VHPD Stream of Discussion on “IHPE Conferences: future directions”
  H. R. Urke — GHP. September 2011; (18) 3
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Scoping Study - Health Promotion Workforce Capacity and Education and Training Needs in Low and Middle Income Countries
  B. Battel-Kirk & M. M. Barry – IUHPE Research Report Vol. 6 n° 1

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• A Call to Action on Health Promotion Approaches to Non-Communicable Diseases: Key messages from the International Union for Health Promotion and Education. IUHPE. 2011
• Promoting Health in Schools: A global momentum for equity and sustainable development in schools. IUHPE. 2011
• Non-Communicable Disease Prevention: Investments that work for Physical Activity. Global Advocacy for Physical Activity (GAPA). 2011
• The CompHP Core Competencies Framework for Health Promotion. Dempsey, C., Battel-Kirk B., Barry M.M. and the CompHP Project Partners, IUHPE. 2011

In one of the official languages only:

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• Manual de Buenas Prácticas: Como abordar la seguridad de los niños como pasajeros de vehículos. CDC, FIA Foundation, UIPES, World Bank Global Road Safety Facility. 2011
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• Building capacity for cardiovascular health promotion & non-communicable disease prevention and control. IUHPE. 2011
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• Boletín Informativo de la Oficina Regional Latinoamericana (UIPES/ORLA) (Quarterly newsletter)
• IUHPE/NARO Navigator (Monthly e-news)
• News from the IUHPE North American Regional Office (quarterly newsletter)
• IUHPE European Region e-newsletter (quarterly newsletter)
• GAPA 2011 Newsletter (published by GAPA in December 2011)