



**Venue:**

Bispebjerg University Hospital, Bispebjerg Bakke 23, DK 2400 Copenhagen NV

**Participants:**

Yannis Tountas (YT), Chairman and Coordinator, Greece  
Louis Coté (LC), Vice Chairman and Coordinator, Canada  
Hanne Tønnesen (HT), WHO CC Copenhagen  
Jürgen Pelikan (JP), WHO CC Vienna  
Christina Dietscher (CD), Coordinator, Austria  
Carlo Farvaretti (CF), Coordinator, Italy  
Zora Bruchacova (ZB), Coordinator, Slovakia  
Irena Miseviciene (IM), Coordinator, Lithuania  
Shu-Ti Chiou (STC), Coordinator, Taiwan (Observer)  
Margareta Kristenson (MK), Coordinator, Sweden

**Excused:**

Maria Haralanova (MH), WHO Regional Office for Europe

**Secretariat:**

Margrete Ripa (MR), Secretary (Rapporteur #1)  
Jeff Svane (JS), Technical Officer (Rapporteur #2)

**Welcome and introduction to the agenda:**

YT presented the agenda and chaired the morning session. LC chaired the afternoon session. JS was welcomed and introduced.

**Follow-up according to the Action Plan:**

HT went through the plan and the related changes and developments. The Secretariat's work had been delayed for about one month due to staff changes, and the action plan was revised accordingly. The GB expressed their understanding.

**Relationship to WHO and the MOU:**

MH was excused and sent her regards to all. She would do her best to get the MOU signed as soon as possible after GB approval. WHO will continue close collaboration with HPH. The newest version of the MOU with WHO revisions was presented for GB approval. The major changes were:

- WHO Regional Office for Europe – not Geneva.
- "Health promoting services" – not "Health Promotion".
- "Populations" was added.

It was agreed to sign the MOU, and that the main priority is to get that done as fast as possible. The MOU still fits with HPH documents. As soon as the MOU is signed, it was agreed to have a meeting with WHO, to explore the possibilities and limits of the current MOU and on how to proceed and implement the MOU after signature.



### **Strategy - Growth:**

MR went through the recent growth in membership. In Berlin 2009 the General Assembly welcomed two new regional networks (Spain, Catalonia, and Canada, Toronto). Recently, a new network has emerged in Pennsylvania, USA, which the GB approved. More networks are to be expected (in e.g. the UK, Manchester; Italy Sicily; Italy, Calabria and Thailand) in 2009. A total of 49 new members have joined in 2008 and more members are to be expected in Japan and South Korea amongst others.

### **Proposal for a HPH / PlaneTree Working Group:**

HPH has been in contact with PlaneTree, U.S. during the last year. Having presented the HPH Network at the PlaneTree Conference in Chicago, LC proposed a WG with PlaneTree and HPH members to follow up on previous contact and establish a closer collaboration. This was in agreement with HPH strategy (see below). The WG members were: HT, LC, Matthew G. Masiello and Susan Frampton. The WG will meet in February.

### **Collaboration with Strategic Partners:**

The GB discussed the need for a policy or guidelines regarding selection of and collaboration with strategic partners. It was decided to establish the guidelines / policy and continue the discussion online.

### **HPH Strategy 2008 – 2009:**

HT went through the HPH Strategy for 2008 – 2009.

It was agreed by the GB that the draft Strategy was highly ambitious, and that it was necessary to set further realistic priorities among the already prioritized focus areas. It was therefore agreed to focus on:

- 1) Standards & Indicators (2A+3B in the draft HPH Strategy)
- 2) Quantitative Growth (3A)
- 3) Partnerships & Alliances (1B+4)

(See final HPH Strategy Document in attachment. The priorities given by General Assembly included exchange of knowledge and experience, which is already ongoing and supported by the Secretariat).

It was agreed that by the end of the Strategy Period (May 2009), results should be visible in these three areas. After that a decision will be made by the GB listing its new strategic priorities.

### **Role of Chair, Vice Chair and elected members of the GB:**

YT proposed that there is a need to assign specific roles to GB Members that correspond to Strategy Plan and prioritized focus areas. The GB agreed. It was then agreed on a broad scale that the GB has to be active and responsible for working towards fulfilling the HPH Strategy.

More specifically, it was decided that:

- **The responsibility of the Chairman and the Vice Chairman** is to support HPH activities as well as assist the networks on overall important key issues. They furthermore hold the overall responsibility for the fulfillment of the HPH Strategy. The formal tasks include that the Chairman and Vice Chairman chair the GB meetings and, together with WHO CCs, the



GA meetings; the Chairman signs official letters to third parties, together with CEO of the Secretariat.

- **The role of the elected GB Members** entails specific areas of focus and responsibility. Each GB member should thus be assigned to one of the prioritized strategic focus points. Each GB member should also be assigned a supporting function in relation to a specific Task Force.
- **All GB members stay updated with the Secretariats' work and progress.**
- Also, YT proposed to use the website and newsletter for strengthened communication between the GB and the GA.

**It was decided that the GB Members will be assigned Focus Areas as follows:**

Standards & Indicators: MK, CF, STC, JP (HT takes part in the work regarding WHO acknowledgement, according to the MOU)

Alliances & Partnerships: IM, ZB, CD

Quantitative Growth: LC, YT, HT

**It was decided that the GB Members will be assigned Task Forces as follows:**

TF on HP for Staff: LC

TF on Children and Adolescents: YT

TF on Migrant Friendly and Culturally Competent Health Care: ZB

TF Tobacco Free United: STC

TF on Psychiatric Services: IM

The Scientific Journal group: HT, CF, ZB, MK

**Development of Secretariat:**

YT proposed that it would be beneficial to equip the International Secretariat with more staff for further strengthening the growth in members and external communication according to the prioritized HPH strategy. The GB agreed.

This was discussed further in relation to budgeting, and the GB decided to allocate the surplus of 35,000 – 40,000 euros. The total need for resources is, however, higher (approx. 60,000 euros in total).

If the balance allows it in January, the said staff will be hired full time for one year. If not, a reduction in time would be necessary.



### **Crete, May 2009**

YT went through the GA draft agenda, which was discussed and revised accordingly.  
(See revised GA Draft Agenda for Crete)

### **Sverre Nesvaag's suggestion to the GB about starting a working group on alcohol:**

This proposal was discussed and the GB decided that the group should go forward as an HPH working group. The GB recommended to involve a WHO representative regarding alcohol policy and to invite all N/R Networks to participate and contribute, once TF status is acquired. The TF status is to be decided by the GA.

### **HPH Conference 2009:**

CD presented the conference program. IM pointed towards a few possible title/content discrepancies. JP agreed that the Conference Secretariat will take these suggestions into consideration.

### **Economy:**

MR went through the International Network finances. Total Fee incomes to date were 84,500 euros. Total Fees pending were 76,100. LC, CF and CD explained how a few payments have been delayed by technical errors.

The GB emphasized that pending payments should be handled according to the constitution. It was agreed that N/R Coordinators should provide missing letters of intent in copy to the Secretariat as soon as possible.

### **Projects:**

JS went through the online implementation of HPH Standard Reports and Activity Database. MR went through progress report for nat/reg networks and task forces. All are progressing according to the revised action plan.

JP and CD presented the plans for the evaluation project on HPH by the Vienna WHO CC. The project will not only look at both present and previous HPH members. The budget is secured from partners already, and the question is whether the GB is able and willing to support the project as a scientific advisory board. Full GB support was given.

### **Collaboration with the International Society for Behavioral Medicine (ISBM):**

MK presented the proposal. It was agreed that collaboration should be made with regards to conferences. The Conference Secretariat will look into the possibilities for the Crete conference.

### **HPH and ENSH:**

HT informed the GB that ENSH had not received further EU funding.

### **Migrant-Friendly and Culturally Competent Health Care:**

The GB was updated through the materials distributed by the TF.

### **Health promotion for Children and Adolescents in and by Hospitals:**

The GB was updated through the materials distributed by the TF.



**Scientific Journal:**

HT had followed up on the journal according to the GA decision, which stated that HT should present the revised title and focus to publisher and advertiser and report back to the GB and then further put the result to vote per email in GA.

The follow up was reported to the GB by email on the 24<sup>th</sup> of July 2008, stating that the budget for the first three years would double from 90,000 to 180,000 euros. Also, the main advertisers would prefer to spend their money on money with a clear clinical target group and approach. Journals regarding health promotion in all other aspects than HPH already exist on the market. MK proposed to obtain the journal experience from ISBM (see Agenda 12.b.)

HT thus recommended that the GB discuss the target group and then decide on a title. It was decided that the WG should return with a revised proposal (see Agenda 10.e.)

**HPH DATA Project:**

HT gave a brief update. The number of participants is increasing and the data collection is initiated.

**Proposal on HP for staff:**

LC went through the proposal briefly. JP argued that it would be fruitful to invite the European network of HP in workplaces. LC will send out mail after GB meeting to identify further interested participants. The goal is to publish before the Manchester conference 2010.

**Agenda items that were not discussed due to time restrictions:**

- Budget for the International HPH conference 2009, according to the Constitution (article IX, §1)
- TF on Patient Safety (No materials received)
- TF on Psychiatric Services (No materials received)

**Next GB meeting:**

Will be after the GA meeting in Crete on Wednesday the 6<sup>th</sup> of May 2009. It was decided to prepare for the GA meeting well in advance and to avoid last minute meetings and corrections the evening before.