

行政院所屬各機關出國報告  
(出國類別：國際會議)

參加 2014 年國際健康促進暨  
教育聯盟執行委員會會議

服務機關：衛生福利部國民健康署

姓名職稱：邱淑媿署長(女)、林真夙研究員(女)

派赴國家：法國(巴黎)

出國期間：103 年 12 月 1 日 至 103 年 12 月 7 日

報告日期：104 年 2 月 11 日

## 摘要

國際健康促進暨教育聯盟 (International Union for Health Promotion and Education, 下稱 IUHPE) , 是全球最大之健康促進與健康教育之國際非政府組織, 與世界衛生組織(World Health Organization, 以下簡稱 WHO)有正式官方關係, 也是 WHO 推動 Health in all policies 政策最重要之專業夥伴, 其使命為促進全球健康與福祉, 達成全球社會之健康平等。

IUHPE 執行委員會會議每年召開兩次, 與會者有全球理事長、副理事長、區域副理事長等, 本次會議內容包括實地演練「政策倡議工作坊」、討論 IUHPE 未來發展策略、財務報告及討論 2016 年預定於巴西召開, 三年一度之 IUHPE 全球研討會等。

國民健康署邱署長淑媿於 2013 年獲選為該聯盟之全球副理事長(任期 3 年), 因此出席本次執行委員會會議, 會中除了參與相關討論, 分享台灣健康促進經驗, 並提案及獲大會同意於 2015 年 6 月在台北辦理執行委員會會議, 希持續以有意義的專業參與, 進一步提升台灣於國際相關公衛組織之影響力與能見度。

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## 壹、 與會目的

- 一、 國民健康署邱署長淑媿代表我國，於 2013 年獲選為 IUHPE 全球副理事長 (Global Vice President for Partnerships) 任期三年，故前往參與 IUHPE 執行委員會會議，踐行我國推動專業外交，有意義實質參與國際事務之努力。
- 二、 於本次會議提案 2015 年 6 月執行委員會會議於台灣台北召開，獲決議通過，有助於進一步增進台灣與國際社會在健康促進領域之雙向交流。

## 貳、 過程

出國行程摘要:103年12月1日至12月7日出席2014年IUHPE執行委員會會議

日期	行程
12月1日(一)	啟程前往法國巴黎(曼谷及奧地利轉機)
12月2日(二)	抵達法國巴黎
12月3日(三)	14:00~17:30 出席「工作坊」:討論 IUHPE 後續透過執行委員會推動之策略及方向。
12月4日(四)	9:00~12:00 出席「倡議課程」 14:00~17:30 出席「執行委員會會議」
12月5日(五)	9:00~17:30 出席「執行委員會會議」
12月6日(六)	啟程返台
12月7日(日)	抵達桃園國際機場

### 會議議程

日期	12月3日	12月4日	12月5日
上午		09:00-12:30 倡議課程	09:00-17:30 執行委員會會議
下午	14:00-17:30 工作坊	14:00-17:30 執行委員會會議	

## 參、會議重點

### 一、IUHPE 介紹

#### (一) 歷史及使命

IUHPE 成立已經超過 60 年，是具世界性、獨立及專業的組織，由承諾透過教育、社區行動及健康公共政策發展，促進人類健康及安適之個人及組織組成，該聯盟之願景是所有人達到最佳之健康安適。

(二) 管理架構：分為全體代表會議(General Assembly)、執行委員會 (Executive Board)及法規文件(Statutory documents)。

1. 全體代表會議：由所有會員組成及理事長主持。
2. 執行委員會：代表全體會員，成員包括一位理事長 (President)、前一屆理事長、12 位經由全體會員大會選出之全球副理事長、3 位執委會指定之成員，以確認 IUHPE 財務及合法性及區域副理事長。2014 年成員如下：

(1) 理事長：Dr. Michael SPARKS (國籍：澳洲)

(2) 前一屆理事長：Mr. David MCQUEEN (美國)

(3) 經由全體會員大會選出之全球副理事長：Dr. John ALLEGRANTE (美國)、邱淑媿署長(負責國際夥伴關係)、Dr. Paolo CONTU (義大利，負責能力建構、教育及訓練)、Ms. Maggie DAVIES (英國，負責研討會)、Ms. Ronice Maria FRANCO DE SA (巴西)、Dr. FU Hua (中國大陸)、Dr. Erma MANONCOURT (法國，負責溝通事務)、Mr. Hans ONYA (南非)、Dr. David PATTISON (蘇格蘭，負責行銷及募款)、Dr. Jeanine POMMIER (法國，負責行政事務)、Mr. Graham ROBERTSON (蘇格蘭，負責財務及內部管控)、Dr. Trevor

SHILTON (澳洲，負責倡議事務)、Dr. Stephan VAN DEN BROUCKE (比利時，負責會員事務)。

(4)區域副理事長:各區域選出之理事長，亦同時擔任執行委員會之「區域副理事長」，包括:Dr. Marco AKERMAN (巴西，負責區域:拉丁美洲)、Mr. William POTTS-DATEMA (美國，負責區域:北美)、衛藤隆教授 (日本，負責區域:西太平洋北部)、Dr. Beate Grossmann (德國，負責區域:歐洲)、Dr. Sione TU' ITAHI (紐西蘭，負責區域:西南太平洋)

3. 法規文件:IUPHE 組織章程、IUHPE 細則、2011 至 2016 IUHPE 優先行動範疇(健康之社會決定因子、健康促進之永續發展、非傳染病預防及控制、健康促進系統)及策略性方向等文件。

(三)會員:分為兩大類，組織會員及個人會員，組織會員下又細分為理事 (Trustee member 國民健康署為此項會員)、國家級、學術性、區域性等會員，個人會員則有學生、個人、退休人員及榮譽會員。

## 二、2014 IUHPE 執委會會議內容

(一)12月3日下午工作坊

### 1.前言:

工作坊目的是透過執行委員會研商 IUHPE 組織之策略方向及訂定相關規定，包括如何傳送 IUHPE 之首要策略目標及執行落差等問題，對於形成 EB 管理之角色及成員之行動很重要。

本會議由執行委員會理事長 Michael Sparks 及副理事長 Graham Roberson(負責 IUHPE 財務及內部管控)帶領討論。

## 2. 工作坊內容:

討論策略方向文件包括: IUHPE 之介紹、2015 年至 2020 年策略方向、運作方式、願景、價值及任務、目標等。IUHPE 之重要角色為倡議健康促進之重要性及非傳染病對於健康之影響，該項倡議對於國際健康促進政策之影響甚巨。而其未來策略方向為倡議及夥伴關係之建立、知識之發展、轉譯、交流及宣傳、專業與技術發展、強化組織能力等。

邱署長於會上建議有關 IUHPE 策略方向，由於該聯盟是一個實證基礎及倡議之組織，應納入聯合國規則及政策等全球化內容，並強調 IUHPE 對於聯合國及世界衛生組織之影響，應檢視過去成就、優勢及弱勢，以規劃未來方向，另建議於文件中納入 IUHPE 已提供之健康促進實證基礎、工具、訓練及傳播者等內容。

與會者: Michael Sparks(Chair)、Hans Onya、Takashi Eto、Maggie Davies、Graham Robertson、Jeanine Pommier、Yuri Cartier、David Pattison、Lianne Wilson、Beate Grossman、Marie-Claude Lamarre、Trevor Shilton、邱署長淑媿及林研究員真夙等。



執委會會議進行情形





執委會會議進行情形



執委會會議進行情形

## (二)12月4日上午:倡議課程介紹

由 Trevor Shilton 主持，他是負責倡議事務的全球副理事長，且本身有豐富的全球倡議經驗，尤其是運動與菸害防制的倡議。透過理論架構說明及實務操作，使得執委會成員了解倡議課程之進行方式，並決定未來將培訓更多種子師資。課程內容包括：

1. 有效倡議之六項規則：實證基礎 (Evidence)、符合政策(Policy fit)、解決方式(Solutions the agenda)、夥伴關係(Partnership)、策略(The strategy)、說服之訊息架構(Persuasive message framework)。分別說明如下：

(1) 實證基礎

以非傳染病(Non-Communicable Disease，下稱 NCD)之預防為例，試著回答以下問題：你的議題對於 NCD 預防之重要性？哪些證據可以協助界定問題及提供解決策略？哪些新實證對於敘述相關議題是有用的？

請與會者選擇感興趣之議題進行分組討論，如減糖、菸害防制等議題，並依據議題，選擇可充分協助倡議之證據，包括健康研究、監測、市場調查、介入研究、夥伴關係等等。以 NCD 為例，首先可透過 WHO 國家檔案，了解及比較國際及國家死亡率等情形，而致病因子包括肥胖等因素，顯示健康促進之重要性。試問，為何 NCD 仍然是健康最大的挑戰？因為此問題不僅僅是健康的問題，還包括交通、教育、永續性等，另減糖、菸害等涉及產業界，可能遭受產業界之反擊，應事先準備。

(2) 符合政策

思考哪一些部門(包括：主管部門)與你的議題最相關？哪些健康政策是相關的？以酒為例(可將菸害防制之原則轉化為酒害防制)，如限制其可近性、增加稅賦、重組供應鏈、限制酒類產品促銷等，並透過社群及社會媒體進行社區動員，共同關注酒害議題。

(3) 解決方式：建立共識性之議題，特別是想要改變之議題及預定改變之時程。

(4) 夥伴關係

夥伴關係與結盟可顯示組織間具有共識，對於倡議議題及帶領之組

織亦可提供力量與財務支援。試問自己：夥伴關係之優點？夥伴關係對於倡議，是具價值之方式嗎？應選擇哪些團體作為結盟對象？此外，由於參與倡議之成員可能包括業界、學界、社會團體及政府等，必須了解他們對於倡議之觀點。

#### (5) 策略

倡議是改變的過程、政治承諾、制度之支持及應為社會上所接受，並透過嚴密規劃之策略達到改變。倡議可以發生於各層面，包括：政治倡議、媒體倡議、專業動員、社區動員、本身組織之動員。

以 10 項有效促進健康飲食策略為例：包括：食品再進化(減鹽、減反式脂肪及減糖)、禁止不健康食品之促銷、以稅賦減低不健康食品之消費、以稅賦為一項永續財政之機制、以財務方式使健康選擇更便宜、建立容易行動之環境、食品標示、學校提供具品質之身體活動、介入系統、強化社區之認知。

此外，關鍵核心為非限於健康部門，須與農業、交通、財務、貿易、教育及體育等部門合作，也就是要 Health in all Policies。

何時應運用倡議為一優先策略？當行動應超越僅有承諾時、當政策行動缺乏時及實證與政策間有巨大落差時。另倡議應具備之能力包括：科學與藝術、建立關係之能力及將科學轉譯為實務之能力。

#### (6) 說服之訊息架構

試問自己，倡議的議題中，有哪些具說服力之訊息？訊息內容應該呈現熱情、具創造性、具願景之意象。另人們對於健康促進，常有兩項迷思：昂貴及費時，然而並非如此，以企業為例，健康促進可

以快速增加生產力及降低缺席率，上游之策略可以具有成本效益及立即之健康衝擊。

(三)12月4日下午至12月5日執委會會議

1. 議程如下：

項次	題目
1	主席致詞
2	確認議題
3	確認 2014 年六月於加拿大蒙特婁會議之會議紀錄
4	更新 2014 年組織目標之成就
5	財務報告-包括 2014 年收入及花費預估；2015 年預估之預算
6	確認更新會員發展及留住會員策略
7	蒙特婁會議追蹤事項：審視副理事長擔任科學事務部長案
8	更新預定 2016 年於巴西召開第 22 屆健康促進國際研討會之進度
9	界定區域副執行長之角色及發展持續性區域議題
10	IUHPE 策略之發展：更新策略方向
11	IUHPE 策略之發展：回應及討論如何傳播首要之策略目標
12	2015 年組織目標發展及整合性工作計畫
13	認可西南太平洋工作計畫、相關議題及建議
14	維基百科介紹 IUHPE 內容之認可
15	更新 2015 年 6 月 IUHPE 執委會於台灣辦理地點及日期

## 2. 摘要如下:

- (1) 討論 IUHPE 對於會員之策略，如對於國家級健康促進會員，IUHPE 提供:全球層級之品質保證(能力及認證)、全球網絡、知識分享、全球層級之倡議，可影響區域及國家健康促進之政策及預算、建立優勢及動力、正向之全球力量、全球組織間之結盟、代表全球化。
- (2) IUHPE 策略發展:優先之四項領域包括非傳染病、健康之社會決定因子、健康促進系統及永續發展等。邱署長提議將 health in all policies 納入 IUHPE 策略發展項目，因 IUHPE 在全球健康促進及 WHO 對於非傳染病議題上，均扮演關鍵性之角色。獲得採納。
- (3) IUHPE 組織目標:2015 年財務收支平衡、發展 2015 年以後新辦公室地點、持續發展溝通策略、促進專業活動之連貫性，另增列尋求 NCD 倡議之基金支援、合作提供 NCD 倡議訓練、發展 NCD 及飲食之關鍵訊息及強化 NCD 夥伴關係及合作(最後一項請邱署長協助)。
- (4) 提案 2015 年 6 月 18~20 日於台北辦理 IUHPE 執委會：本案除了可增進全球健康促進最具影響力之人士與台灣之雙向交流，同時配合端午節，讓上述專家體驗傳統節慶，本項提案獲得本與會人員一致通過。

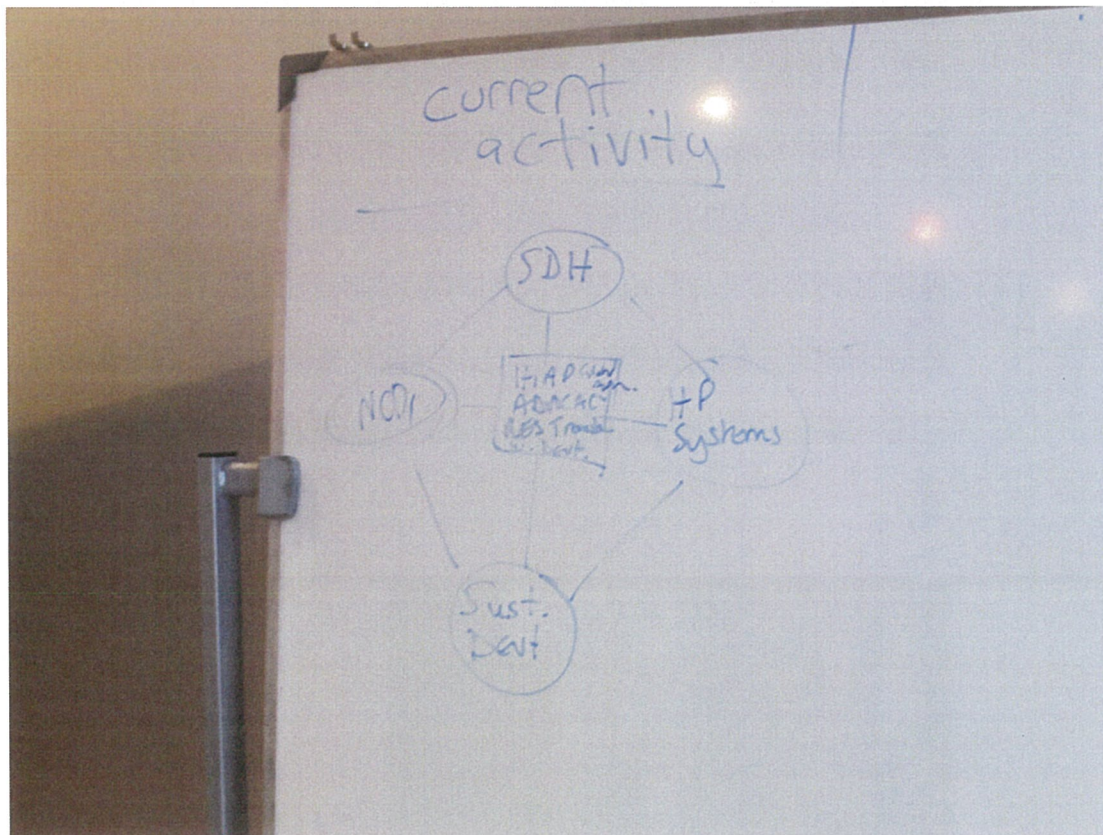


邱署長與日本衛藤隆教授分享推動健康促進經驗





邱署長與 IUHPE 執委會會員合照



由於邱署長建議，IUHPE 將 Health in all policies (HiAP) 納入優先領域之核心，獲得採納通過 (納為中央核心方塊之第一項)

## 肆、心得及建議

- 一、IUHPE 長期在健康促進領域居於崇高之領導地位，然當前一方面有全球經濟不景氣之衝擊，一方面又有聯合國全球非傳染病防治之重大新政機會，走在歷史發展的關鍵點，組織本身變與不變之取捨，邱署長淑媿於會上提出強烈質疑與憂心，建議在傳統研究與政策倡議之外，主動出擊，提供各國政府、NGO 與健康促進專業人士更具體之協助，以便持續在聯合國的發展主題上扮演動見觀瞻之角色，另建議透過一些財務面設計，讓會員有感，獲得與會人員之討論、接納及讚賞。
- 二、邱署長淑媿以副理事長之身分，於討論 IUHPE 策略目標時，建議與會者把握「策略性」的思考角度，怎樣做對此組織的國際定位和擴大發展最有利，及把聯合國重點政策所仰賴的新作法(Health in all policies ; HiAP)納入 IUHPE 優先領域，最終獲得大家採納。代表我國於國際事務實際參與，善盡地球村成員之角色及功能，連帶使與會者對我國文官素質授予肯定。
- 三、邱署長淑媿於 IUHPE 委員們午餐時繼續交流，法國 Jeanine POMMIER 教授具有醫師、碩士、博士背景，她的博士生正在做健康促進職場研究，另 Graham Roberson 曾擔任英國蘇格蘭公醫體系 CEO 長達 7 年之久，有很豐富之醫務管理經營與組織管理經驗。邱署長與他們討論台灣推動健康促進職場認證之經驗，談到企業主管與經營策略之重要性，以及台灣醫療體系與英國、法國之異同，除了將台灣經驗推展至國際，同時汲取他山之石，可做為未來推動之參考。
- 四、IUHPE 執委會之委員為國際健康促進專家，為深化交流，國民健康署規劃利用 2015 年 6 月份 IUHPE 於台灣召開執委會會議時，辦理訓練及座談等，對象包括我國各級政府官員、學術界、健康促進民間組織幹部等，以提升台灣健康促進工作者之能力。
- 五、特別感謝駐法國代表處呂慶龍大使及同仁們之協助，駐外人員於人力及物

力拮据狀況下，竭力推展台灣之經貿、文化及外交等，以多元方式促進中法兩國交流，令人感佩!





**IUHPE – UIPES**

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION  
 UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ  
 UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD

## Meetings of the Executive Board and related side-meetings – December 2014

Please kindly note that all meetings will take place at Reid Hall, 4 rue de Chevreuse, Paris 6.

Further information will be provided closer to the meetings.

Date and time	Meeting	Who should attend?
Wednesday, December 3 <sup>rd</sup> 10:00 – 12:30	Committee of Internal Control (CIC)  Meeting Chair: Graham Robertson	Michael Sparks; Graham Robertson; Jeanine Pommier; Erma Manoncourt; Marie-Claude Lamarre; Marco Akerman and Simone Tetu Moyses for the dealing with the IUHPE World Conference govern Yuri Cartier for the part dealing with staff governa
Wednesday, December 3 <sup>rd</sup> 14:00 – 17:30	Workshop to consider our strategic directions and more specifically the rules through which our Executive Board operates.  The Workshop will be focused on how we will deliver our overarching strategic goals. This addresses the common problem of the implementation gap and is vital for purposes of shaping the governance role of the Executive Board and the actions of the staff.  This Workshop will be prepared and led by Michael Sparks and Graham Robertson	All Executive Board members

<p>Thursday, December 4<sup>th</sup> 09:00 – 12:30</p>	<p>Advocacy course</p> <p>This IUHPE course on Advocacy for the Board will be led by Trevor Shilton.</p> <p>Trevor is one of our best experts in the field but may not always be able to carry out all training opportunities, for reasons of availability/travel/etc. It would make sense therefore to try to expand the number of people/IUHPE Officers who could run training sessions based on the IUHPE/Trevor's framework.</p>	<p>All interested Executive Board members ;</p>
<p>Thursday, December 4<sup>th</sup> 14:00 – 17:30</p>	<p>Formal Meeting of the Executive Board</p> <p>Meeting Chair: Michael Sparks</p>	<p>All Executive Board members</p>
<p>Friday, December 5<sup>th</sup> 09:00 – 17:30</p>	<p>Formal Meeting of the Executive Board</p> <p>Meeting Chair: Michael Sparks</p>	<p>All Executive Board members</p>
<p>Saturday, December 6<sup>th</sup> 09:00 – 12:00</p>	<p>Meeting of all members of the various Global Committees engaged in the planning of the 22<sup>nd</sup> IUHPE World Conference on Health Promotion, present in Paris</p> <p>Meeting Chair: Michael Sparks</p>	<p>Marco Akerman Yuri Cartier Paolo Contu Maggie Davies Ronice Franco De Sa Marie-Claude Lamarre Erma Manoncourt David McQueen/Louise Potvin Graham Robertson Michael Sparks Simone Tetu Moyses Lianne Wilson</p> <p><i>(to be possibly completed)</i></p>



18/11/14

**To:** IUHPE Executive Board  
**From:** Michael Sparks, President and Graham Robertson,  
Vice President for Finance and Internal Control

Wednesday, December 3<sup>rd</sup>, 2014 – 14:00-17:30  
Reid Hall, 4 rue de Chevreuse, Paris 6 – Room 314

## Workshop to consider IUHPE strategic directions

The Workshop will be focused on how we will deliver our overarching strategic goals. This addresses the common problem of the implementation gap and is vital for purposes of shaping the governance role of the Executive Board and the actions of the staff.

Attached is a revision of the current Strategic Directions document that re-aligns and edits the document to reflect contemporary approaches to strategic planning. As you read it you will notice that there are also questions inserted in bold lettering within the text. These questions have arisen in the revision of the text and will be explored more fully during the workshop.

We would be very grateful if you would read the document and give thought to the questions prior to the workshop so that we can all arrive with our head full of ideas and so that we can make progress on revising this important document. Please feel free to develop your own questions as you read the document and bring them along to the workshop.

Michael Sparks and Graham Robertson  
Nov.28, 2014



## Strategic directions document: discussion starter

1. (The following text would have a dual function of being an introduction for public/website consumption, and it can also serve as the Introduction to the Strategy document itself which should be used by the Exec. Board, and be available to the Forum and members)

### **About the IUHPE**

2. The International Union for Health Promotion and Education (IUHPE) is a unique worldwide association of individuals and organisations committed to improving the health and wellbeing of the people of the world and to reducing health inequalities through health promotion, including health education, community action and the development and implementation of healthy public policy. The IUHPE is a knowledge-based organisation which develops and delivers health promotion research, training and capacity building services to a broad range of clients.
3. The IUHPE has existed for over sixty years and remains a relevant and resilient organisation. It is the only global, independent and professional non-governmental organisation in the field of health promotion specifically, and works in close cooperation with UN agencies, as well as other major intergovernmental institutions, non-governmental organisations, networks, national agencies, academic institutions and a broad range of practitioners in the field. Our purpose is to influence and facilitate the development of health promotion knowledge, strategies and projects.
4. At the IUHPE we aim to provide an opportunity to build an international network that encourages the free exchange of ideas, knowledge and experiences, as well as facilitating the development of relevant collaborative projects at global, regional and local levels.

## **Strategic Directions 2015-2020**

### **Introduction (see text above)**

5. This document is intended to provide focus and direction for activity by the Executive Board, the Regional structures, working groups, interest groups and networks of the IUHPE, as well as the Headquarters.

### **Context and challenges**

6. An overriding global concern for health promotion is to find effective ways to influence health promotion policies and practices that lead to improvements in



health at global and regional levels, in addition to national and local levels. Acting effectively to influence the distribution of social and economic determinants of health is vital. Working closely with other global health-focused organisations is essential in this task as is a commitment to working with organisations outside the health sector, including from civil society and the private sector, across a range of settings.

7. The organisation's major strength lies in the quality of the skills and knowledge of its membership, and the capabilities of the Headquarters and Regional teams in securing and managing partnerships and resources to enable the organisation to pursue its goals. The IUHPE unlocks this potential by enlarging and involving its membership. The Regional structures have a key role in achieving the overall global strategy through regionally-focused priority actions, fundraising, membership development and contributing to global programmes and activities. **(Still true?)**
8. The organisation is well positioned to demonstrate global leadership in health promotion and health education alongside major partner organisations such as WHO, UNESCO, UNICEF, the World Bank, World Federations, the European Union, and others. **(How?)**
9. As a global non-governmental organisation, one of the IUHPE's strengths is its independence: we can present global perspectives on issues influencing the health and well-being of populations and be a catalyst for change. **(Agreed? If so, how?)**
10. Recent global challenges arising from disease pandemics and natural disasters such as tsunami, earthquakes, drought, and famine have been detrimental to the health and wellbeing of large numbers of people in the world. Likewise human-generated problems such as situations of war, terrorism and conflict have had great negative impact on the health and wellbeing of populations. The migration of peoples from their homelands, cultures and familiar practices that results from both natural and human-generated disasters also presents challenges for a global health promotion organisation such as ours. The IUHPE is challenged to develop new ways of mobilising to provide whatever support is possible, to advocate for more health promoting outcomes, and to participate in effective partnerships that result in better health and wellbeing outcomes for people affected by these circumstances. **(Whilst all of this might be true, it perhaps also highlights our limitations and that other organisations are better placed to respond more immediately to such circumstances. It perhaps says more about what we can't easily influence?)**



### **Influencing policy agendas: advocacy**

11. National governments across the globe have in place a variety of public health policies and health promotion structures. As a global organisation outside the political dictates or environment of any individual country, the IUHPE is in a position to provide politically independent, technically sound expertise. **(But then how do we exert our influence? Do we have examples?)**

### **Developing the science supporting health promotion**

12. In face of the growing pressure on public investment across the globe, there is an urgent need for high quality evidence of the effectiveness and efficiency of health promotion. This requires investment in the development and testing of scientific methods to enable the evaluation of the complex set of interventions that comprise effective contemporary health promotion. **(Does this reflect recent discussions at the Forum about our role in synthesising research rather than doing it?)**

13. An ongoing challenge for the IUHPE is to develop innovative ways of exchanging and translating this knowledge across cultures, contexts and regions. New developments in information and communication technologies will be pivotal in addressing aspects of this challenge. **(What are the implications of this for the organisation: opportunities/threats?)**

**(What other challenges or contextual issues should influence our strategic thinking? For example membership and funding trends; potential income sources?)**

## **How we work**

### **Set priorities for action**

14. We must make hard decisions about priorities, and invest our limited resources in pursuing strategic directions that address our priority goals and objectives.

## **Vision, Values, and Mission**

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

16. The **values** critical to the achievement of this vision include:

- Respect - for the innate dignity of all people; for spiritual and cultural identity; for cultural diversity; and for natural resources and the environment;

- Inclusion and involvement of people in making the decisions that shape their lives and impact upon their health and wellbeing;
- Equity in health, social and economic outcomes for all people;
- Accountability and transparency– within governments, organisations and communities;
- Sustainability;
- Social justice for all people; and
- Compassion and empowerment.

**(Are these values linked to the vision or just a statement of our ideological beliefs? As they stand these are more the principles underpinning health promotion rather than how they impact on our work at IUHPE. Do we need them in this document?)**

17. The IUHPE's **mission** is to promote global health and wellbeing and to contribute to the achievement of equity in health between and within countries of the world. **(What is 'global health'?)**

### **Goals**

18. The IUHPE has five goals:

- To advocate the policies and practices that will create greater equity in the health of populations between and within countries of the world;
- To help create and support effective alliances and partnerships that **produce optimal health promotion outcomes; (Must be better way of saying this)**
- To help make accessible in all regions evidence-based knowledge in health promotion;
- To promote excellence in policy and practice for effective, quality health promotion; and
- To encourage and support the development of high levels of capacity in individuals, organisations and countries to undertake health promotion activities.

**Do these goals reflect discussion of the above and provide a link to action plans?**

### **Strategic themes**

19. The IUHPE will achieve its goals by working across the following action areas:

#### **I Advocacy and Partnership Building**

- Gathering and presenting the evidence to enable advocacy to be conducted by the organisation on a range of issue of **international** significance;



- Providing **advice and information** to governments and organisations about the implementation of effective health promotion structures, policies, and strategies;
- Assisting countries to develop and improve their national institutions for health promotion;
- Developing partnerships that will enable the organisation to increase its **influence** in health promotion in international arenas; and
- Working in close collaboration with global organisations to improve health equity between and within countries by influencing and facilitating the development of equity-focused policies and strategies. **(Is this not implied/covered by the first bullet point above?)**

## **II Knowledge development, translation, exchange and dissemination**

- Continuing to carry out, sponsor, and publish international reviews of evidence of effectiveness in health promotion – with particular emphasis on drawing together evidence from across the globe;
- Continuing to explore the most effective means by which to link evidence of effectiveness in health promotion to the formulation and adoption of public policy;
- Continuing to disseminate new learning and knowledge through publications, conferences, electronic exchange of information and experiences, training and mentoring;
- Providing opportunities for continuing education for members, in person and through distance learning to translate and exchange knowledge across the globe; and
- Strengthening the networks of people and institutions involved in health promotion throughout the world, and creating new ones when the need arises.

## **III Professional and Technical Development**

- Continuing to contribute to the professional development of health promotion practitioners, and to the development of the range, quality and effectiveness of health promotion across the world;
- Promoting quality assurance, competence and mobility in health promotion practice and education and offering professional recognition for health promotion practitioners and courses through accreditation
- Continuing to conduct projects and technical activities with a particular focus on synthesising and disseminating information about effective practice across the world.

**(How does this differ from some statements in section II above?)**

## **IV Strengthening the organisation's capacity**

- Increasing membership in all categories and across all regions of the world, with particular emphasis on increasing the membership of developing countries;



- Increasing awareness of the skills and capacities of members to respond quickly and more comprehensively to health challenges that result from natural and human-generated crises;
- Involving the membership (in all categories) actively in the work of the organisation;
- Increasing the security of funding for the basic infrastructure of the global organisation;
- Strengthening the working relationships between Headquarters and the Regional structures, and among the Regional structures;
- Facilitating interchange among members, regions and sectors to advance collaborative efforts across institutions, sectors, countries and regions as well as the sharing of lessons learned and application of learning.
- Continuing to explore the most effective means by which to deliver our vision, values and mission as an organisation; and
- Developing tools to evaluate our performance and demonstrate our organisational effectiveness.

**(This section will need more revision following discussion as it's of a different type of action area)**

**'Simple rules' for supporting and implementing the strategy. (To be added based on discussion)**

(Text deleted: numbers retained for ease of identification)

To that end, we:

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

To achieve these goals the IUHPE will pursue the following:

27. Increased investment in health promotion by governments, intergovernmental and non-governmental organisations, academic institutions and the private sector;
28. An increase in organisational, governmental and inter-governmental policies and practices that result in greater equity in health between and within countries;
29. Improvements in policy and practice of governments at all levels, organisations and sectors that influence the determinants of the health of populations;
30. Strong alliances and partnerships among all sectors based on agreed ethical principles, mutual understanding and respect;
31. Activities that contribute to the development, translation and exchange of knowledge and practice that advance the field of health promotion;
32. The wide dissemination of knowledge to health promotion practitioners as well as to policy-makers, government officials and other key individuals and organisations;
33. A strong and universally accessible knowledge base for effective, quality health promotion;
34. Improved mechanisms for the exchange of ideas, experience and knowledge that promote health and wellbeing;
35. A global forum for mutual support and professional advancement of members; and
36. Capacity-building opportunities for individuals and institutions to better carry out health promotion initiatives and advocacy efforts.



IUHPE – UIPES

# Estonia, Noncommunicable Disease Advocacy Course

Monday 8 December and Tuesday 9 December, 2014

Time	Topic or activity	Speaker
9.30 – 9.45	<b>1. Welcome: (1)</b> <ul style="list-style-type: none"><li>- Introductions, acknowledgements</li><li>- Objectives</li><li>- Program overview</li></ul>	
9.45 - 10.00	<b>2. NCDs in Estonia (2)</b> <ul style="list-style-type: none"><li>- Local context</li></ul>	
10.00 - 10.15	<b>3. Global context for NCDs (3,4)</b> <ul style="list-style-type: none"><li>- Evidence and disease burden</li><li>- UN, WHO Commitments</li></ul>	
10.15 – 10.45	<b>4. Health promotion approaches to NCD prevention (3,4)</b> <ul style="list-style-type: none"><li>- Health promotion strategies</li></ul>	
10.45 – 11.15	<b>5. Advocacy: an introduction – content concepts (5)</b> <ul style="list-style-type: none"><li>- What is advocacy?</li><li>- Types of advocacy</li></ul>	

	<ul style="list-style-type: none"> <li>- When should advocacy be a priority strategy?</li> <li>- The case for prioritizing advocacy – underutilized relative to return on investment</li> <li>- Advocacy competencies – a ‘science’ and an ‘art’</li> <li>- HP approaches, cross-sector approach</li> <li>- Lessons from other areas</li> <li>- Lessons from success</li> </ul>	
<b>11.15 – 11.30</b>	<b>BREAK</b>	
<b>11.30 - 11.40</b>	<b>Risk Factor: Tobacco – introduction (6)</b>	
<b>11.40 – 12.10</b>	<ul style="list-style-type: none"> <li>- Content background: The case for tobacco control as a NCD priority, FCTC</li> </ul> <b>Tobacco Control advocacy – defining success (6)</b> <ul style="list-style-type: none"> <li>- Global reflection: <ul style="list-style-type: none"> <li>o What has worked</li> <li>o Case study. Plain packaging, Australia</li> <li>o Future priority advocacy strategies</li> </ul> </li> </ul>	
<b>12.10 – 12.40</b>	<b>Tobacco control in Estonia (7)</b> <ul style="list-style-type: none"> <li>- National reflection <ul style="list-style-type: none"> <li>o Tobacco control in Estonia</li> <li>o What has worked – case study</li> </ul> </li> </ul> Future priority advocacy strategies	
<b>12.40 – 13.00</b>	<b>Advocacy: Introducing models for advocacy: (8)</b> <ul style="list-style-type: none"> <li>- Six Imperatives for effective NCD Advocacy</li> </ul> Workshop purpose – advocacy strategy development for NCD risk areas using this model Advocacy introduction to the model/ models for advocacy action	
<b>13.00 – 13.30</b>	<b>LUNCH</b>	
<b>13.30 – 13.45</b>	<b>Advocacy Imperative 1: Evidence (9)</b> <ul style="list-style-type: none"> <li>What do we mean by evidence? <ul style="list-style-type: none"> <li>o Types of evidence for advocacy?</li> </ul> </li> </ul>	

	<p>Evidence to inform policy-makers</p> <p>Evidence as our key asset in describing the problem, describing solutions</p>	
13.45 – 14.05	<p><b>GROUP ACTIVITY 1: Split into (4) groups in accord with identified (or allocated) issues of interest, from Tobacco and Alcohol (others possible, eg. physical inactivity and Unhealthy eating)</b></p> <p>Group introduction</p> <p>Advocacy Imperative 1: Evidence</p> <p>Activity:</p> <ol style="list-style-type: none"> <li>1. Why is your issue important for NCD prevention nationally?</li> <li>2. What evidence sources/ data help define the problem?</li> <li>3. What evidence sources define solutions? (evidence of effectiveness)</li> <li>4. What new evidence sources would be useful to address your issue, or advocate for your issue?</li> <li>5. Why is your issue deserving of increased priority?</li> </ol>	
14.05 – 14.15	<p><b>Advocacy Imperative 2: Understanding the policy landscape, intro (9)</b></p> <ul style="list-style-type: none"> <li>- Health policy intersects and levers</li> <li>- Non-health policy intersects and levers</li> </ul>	
14.15 – 14.30	<p><b>GROUP Activity 2: Advocacy Imperative 2: Understanding the policy landscape</b></p> <p>Activity:</p> <ol style="list-style-type: none"> <li>1. What key health policies are your issue relevant to?</li> <li>2. What key non-health policies present possible solutions?</li> <li>3. Which are the key non-health sectors to engage?</li> </ol>	

14.30 -14.45 14.45 – 15.15	<p><b>Risk Factor: Alcohol (10)</b>  <b>Alcohol control and management in Estonia</b>  National reflection</p> <ul style="list-style-type: none"> <li>o What has worked?</li> <li>o Future priority advocacy strategies</li> </ul> <p>- National case study  TBC</p>
15.15 – 15.30	<p><b>Alcohol control advocacy - defining success (11)</b></p> <ul style="list-style-type: none"> <li>- Content background: The case for Unhealthy eating as a NCD Priority</li> <li>- Global reflection: <ul style="list-style-type: none"> <li>o What works?</li> <li>o Future priority advocacy strategies</li> </ul> </li> <li>- Global case study</li> </ul>
15.30 – 15.45	<b>BREAK</b>
15.45 -16.00	<p><b>Advocacy Imperative 3. Solutions: The Agenda (12)</b></p> <ul style="list-style-type: none"> <li>- Developing national consensus actions</li> <li>- 10 point National action plan for your risk area</li> <li>- What are the key solutions you will advocate for? <ul style="list-style-type: none"> <li>- International examples (FCIC, Toronto Charter for Physical Activity, IUHPE 'key message' documents (NCDs), World Obesity Federation call for a Convention on Diet)</li> </ul> </li> </ul>
16.00 - 17.00	<p><b>GROUP Activity 3: Advocacy Imperative 3: Building the solutions</b>  Activity:</p> <ol style="list-style-type: none"> <li>1. What are the specific solutions /actions you are seeking?</li> <li>2. What's your 10-point plan for your group's chosen priority? <ul style="list-style-type: none"> <li>- Brainstorming</li> <li>- Ranking</li> </ul> </li> </ol>
17.00	<b>Close</b>

Time	Topic or activity	Speaker
	<b>DAY 2: Tuesday, 9 December, 2014</b>	
9.30 – 9.45	<b>Recap on Day 1 (13)</b> <ul style="list-style-type: none"> <li>- The model and imperatives 1-3</li> </ul>	
9.45 – 10.00	<b>Advocacy Imperative 4: Partnerships and Coalitions (14)</b> <ul style="list-style-type: none"> <li>- Importance of cross-sector working, Health in All Policies</li> <li>- Characteristics of effective partnerships</li> <li>- Examples of effective NCD partnerships</li> </ul>	
10.00 – 10.45	<b>GROUP Activity 4: Partnerships/Coalitions</b> Who will you partner with to advance your issue? What will be the roles of the partners?	
10.45 – 11.15	<b>Risk Factor: Content, case studies and examples (Nutrition, physical activity, obesity)</b> <ul style="list-style-type: none"> <li>- Content background:               <ul style="list-style-type: none"> <li>- Global examples:                   <ul style="list-style-type: none"> <li>o Nutrition/Diet (15)                       <ul style="list-style-type: none"> <li>▪ The World Obesity Federation</li> <li>▪ Call for a Convention on diet</li> </ul> </li> <li>o Physical activity (16)                       <ul style="list-style-type: none"> <li>▪ The case of Global Advocacy for Physical Activity (15)                           <ul style="list-style-type: none"> <li>• Five advocacy priorities for GAPA</li> <li>• Toronto Charter and 'best investments'</li> <li>• Bogota case study – urban mobility</li> </ul> </li> </ul> </li> <li>o Obesity (17)                       <ul style="list-style-type: none"> <li>▪ LiveLighter – Public Education done well</li> </ul> </li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>- National reflection</li> </ul> <p>What has worked? Future priority advocacy strategies</p>	
11.15 – 11.30	<b>BREAK</b>	
11.30 – 12.00	<p><b>Advocacy Imperative 5: Building a comprehensive advocacy strategy (18)</b></p> <p>Key strategies to advocate for NCD policy and system change.</p> <ul style="list-style-type: none"> <li>- Political advocacy (examples)</li> <li>- Media advocacy (paid, unpaid)</li> <li>- Professional mobilization (examples)</li> <li>- Community mobilization (examples)</li> <li>- Advocating from within (examples)</li> </ul>	
12.00 – 12.10	<p><b>Introduction to GROUP Activity 5: Groups choose a 'specific' advocacy 'ask' (to get specific with strategy selection). Choose form within tobacco, alcohol, or other areas) for which the group will develop a detailed advocacy strategy (examples are provided).</b></p> <ul style="list-style-type: none"> <li>- Increased smoke-free public places</li> <li>- Tougher restrictions on alcohol promotions</li> <li>- Introducing plain packaging of tobacco</li> <li>- Others</li> </ul>	
12.10 – 13.00	<p><b>Build a comprehensive advocacy strategy based on</b></p> <ul style="list-style-type: none"> <li>- Political advocacy</li> <li>- Media advocacy</li> <li>- Professional mobilization</li> <li>- Community mobilization</li> <li>- Advocating from within</li> </ul> <p><b>Activity:</b></p> <ol style="list-style-type: none"> <li>1. Populate your model by brainstorming advocacy strategies in each of the above areas</li> <li>2. What advocacy actions / strategies will help achieve change for your chosen issue?</li> </ol>	
13.00 – 13.30	<b>LUNCH</b>	



13.30 – 13.50	<p><b>Advocacy Imperative 6: The 'art' of advocacy (19)</b></p> <ul style="list-style-type: none"> <li>- Passion, perseverance, message framing</li> <li>- How to frame</li> <li>- Examples of framing</li> </ul>	
13.50 – 14.50	<p><b>GROUP Activity 6</b></p> <p><b>Advocacy Imperative 6: The art of successful advocacy</b></p> <p><b>Communication and message framing: The art of successful advocacy</b></p> <p><b>Activity:</b></p> <ol style="list-style-type: none"> <li>1. What are your 'key' messages</li> <li>2. How can these be persuasively stated?</li> <li>3. What are some potential creative ways to present your issue?</li> </ol> <ul style="list-style-type: none"> <li>- At community level</li> <li>- 'Sound bites' for the media</li> <li>- Politically/with government</li> </ul>	
14.50 – 15.30	<p>Preparation for Group activity 7.</p> <p><b>GROUP Activity 7: Putting it all together: Group preparation for presentations</b></p> <ol style="list-style-type: none"> <li>1. Review and finalize each step of your advocacy plan</li> <li>2. Prepare for presentation of advocacy plans: <b>Try to involve your whole group</b></li> </ol>	
15.30 - 15.45	BREAK	
15.45 – 16.45	<p>Presentation of advocacy plans</p> <p>Group 1</p> <p>Group 2</p> <p>Group 3</p> <p>Group 4</p> <p>Debriefing on each of the above &amp; lessons learned</p>	

<p>16.45 – 17.00</p>	<p><b>Sustainability and the way forward: The future of NCD advocacy Nationally</b>  <b>Future strategies to maintain the momentum for advocacy for NCDs Nationally:</b>  <b>Discussion and planning re the future (20)</b></p> <ul style="list-style-type: none"> <li>- Building capacity and sustaining change</li> <li>- Mechanisms for sustaining the impact of training. <ul style="list-style-type: none"> <li>o Network development</li> <li>o Mentoring</li> <li>o Train the trainers</li> </ul> </li> <li>- Advocacy capacity building in the system</li> <li>- Specific planning Nationally</li> </ul>	
<p>17.00</p>	<p><b>Summary, thanks and close</b></p>	

# Worksheet: Six imperatives for effective advocacy

Advocacy issue: (What is the change that you are seeking?)

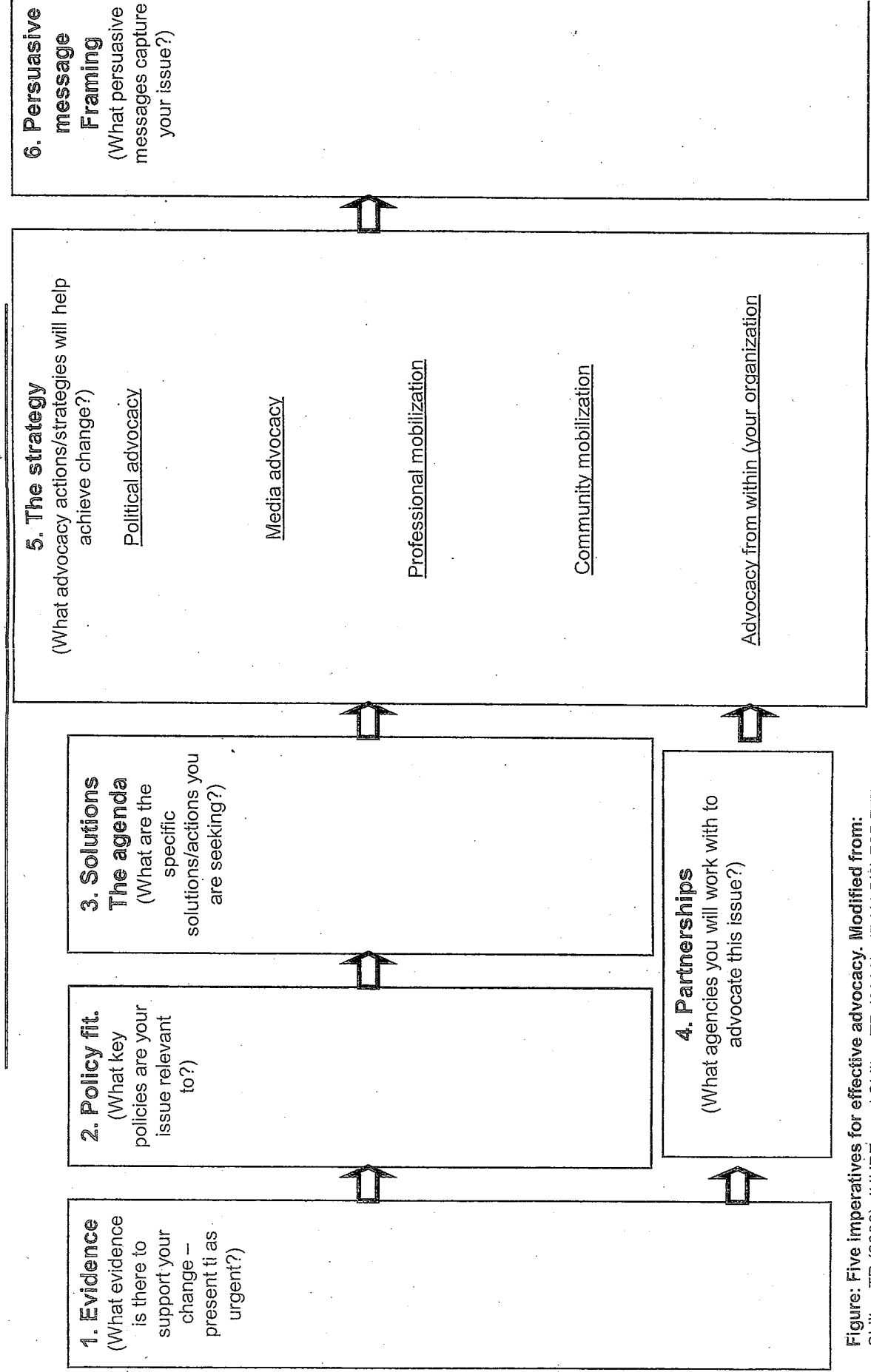


Figure: Five imperatives for effective advocacy. Modified from: Shilton TR (2006). *IUHPÉ*; and Shilton TR (2008). *JPAH*:5(6);765-777

## Meeting of the IUHPE Executive Board – Reid Hall, 4 rue de Chevreuse, Paris 6, France

December 4th, and 5th, 2014

### Agenda

Item	Topic	Time set
<b>Day 1 – Thursday December 4<sup>th</sup>, 2014</b>		<b>14:00-17:30</b>
1	Introductory remarks – <i>President Michael Sparks</i>	14:00 – 14:10
2	Approval of the Agenda	14:10 – 14:20
3	Approval of the Minutes of the last meeting of the Executive Board in Montreal, in June 2014	14:20 – 14:30
4	Update on the accomplishment of Organisational Objectives set for 2014 – <i>Graham Robertson</i>	14:30 – 15:00
5	Financial Report, including 2014 Income and Expenditure Forecasts; a report from the CIC and Resource Management Group Action Plan Implementation and Recommendations - <i>Graham Robertson</i>	15:00 – 16:00
	BREAK	16:00 – 16:20
5 (cont.)	Financial Report, including 2015 provisional budget – <i>Graham Robertson</i>	16:20 – 17:00
6	Approval of a renewed membership development and retaining strategy – an overview – <i>Stephan Van den Broucke and Marie-Claude Lamarre</i>	17:00 – 17:30
<b>Day 2 – Friday December 5<sup>th</sup>, 2014</b>		<b>09:00-17:00</b>
6 (cont.)	Approval of a renewed membership development and retaining strategy – benefits for different membership categories – group work and reporting – <i>Stephan Van den Broucke</i>	09:00 – 09:45
7	Review of the VP for Scientific Affairs Portfolio following the meeting of the Forum in Montreal <i>Louise Potvin, representing David McQueen</i>	09:45 – 10:30
	BREAK	10:30 – 10:50
8	Update on progress of the planning of the 22 <sup>nd</sup> World Conference on Health Promotion to be held in May 2016 in Curitiba, Brazil – <i>Maggie Davies, Marco Akerman, Ronice Franco De Sa, Simone Tetu Moyses</i>	10:50 – 12:00

9	Defining more precisely the role of Regional Vice Presidents to develop responses to ongoing regional issues such as (but not limited to) appropriate boundaries and representation – <i>Michael Sparks</i>	12:00 -12:30
	LUNCH	12:30 – 13:45
10	Development of the IUHPE Strategy: update of the Strategic Directions – <i>Michael Sparks and Graham Robertson</i>	13:45 – 14:30
11	Development of the IUHPE Strategy: a reflection and discussion on how we will deliver our overarching strategic goals - <i>Michael Sparks and Graham Robertson</i>	14:30 – 15:30
12	Development of Organisational Objectives for 2015 and of an integrated Work Plan – <i>Michael Sparks and the whole Executive Board</i>	15:30 – 16:30
13	Endorsement of the SWP Region Work Plan and related issues and recommendations – <i>Sione Tu’Itahi</i>	16:30 – 17:00
14	Process for endorsement of a Wikipedia page of the IUHPE	17:00 – 17:15
15	Update on the dates and venue of the next meetings of the Executive Board in Taiwan, in 2015	17:15 – 17:30
	Closure of the Executive Board	

