



Venue

Ludwig Boltzmann Institute, Vienna, Austria

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 Favaretti (CF), Coordinator, Italy
Zora Bruchacova (ZB), Coordinator, Slovakia
Irena Miseviciené (IM), Coordinator, Lithuania
Margareta Kristenson (MK), Coordinator, Sweden
Shu-Ti Chiou (STC), Coordinator, Taiwan (Observer)

Excused

Maria Haralanova (MH), WHO Regional Office for Europe

Secretariat

Irene Nielsen (IN), 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. The GB approved the agenda with no comments or alterations. IN was welcomed and introduced. STC was congratulated with her new position as Director General at the Taiwan Bureau of Health Promotion.

Follow-up according to the Action Plan

HT went through the updated plan and the related changes and developments. It was agreed that good progress in being made on the overall level. Work is expected to be on time regarding Growth, Partnerships & Alliances Policy, Recognition Process (documentation of being an HPH member) and the MoU between HPH and WHO. The HPH Advocacy Toolbox is currently being updated. The GB approved the updated action plan.

WHO Collaboration and the MoU

MH was excused due to duty travel, but sent her regards to the GB. The previous communications between the Secretariat and WHO Europe have, among other things, included discussions of a potential relocation of primary point of contact for HPH from WHO Europe to WHO HQ, in the light of HPH's now fully international focus. HT stressed that more and more ties to WHO HQ are being formed – for instance by the Secretariat's being invited to Rio by WHO HQ to participate in the Director General's Initiative on Primary Health Care Renewal etc. HT emphasized that due to the current circumstances and developments, it might be preferable to work towards formalization of a MoU with WHO HQ – still in parallel and close collaboration with WHO Europe. JP noted that perhaps this process could also open up for a revision of the MoU content by going back to previous editions, thus making the document stronger and more



committing. The GB then discussed this issue.

It was agreed to continue the work on both collaborations with WHO Europe and WHO HQ and also to seek to involve and inform all relevant WHO offices and contact persons more thoroughly in future. It was also agreed to send an introductory letter from the GB in January 2010 to the new WHO Europe leadership (Susanne Jacob), in which the need for a MoU between HPH and WHO should be stressed. The letter should also extend an invitation to open the HPH Conference in Manchester in April 2010.

Growth in Membership

IN went through the recent growth in membership, which included 34 individual members and 50 new Network members. The GB ratified the list of individual members, and Shu-Ti was congratulated on being the high scorer (Taiwan = 14 new H&HS).

According to the Strategy, all Task Forces and all National/Regional Networks should recruit at least one member each. Some have still not done this. It was agreed that the Secretariat should send out reminders to encourage and support improvement in this field.

As for applications for new Networks, JS went through the recent developments. The proposal for a local Manchester Network was considered impossible within the limits of the HPH Constitution. Therefore, a revised proposal for a Regional Network of England was discussed and subsequently approved by the GB instead. It was understood that this new Network would begin with only a few members in Manchester and then grow over time.

The Secretariat had also received a proposal for a Regional Network of Victoria, Australia. The hospitals in Victoria (both international HPH members and non-members) have been working actively with HP for many years and have now decided to formally enter the International HPH Network. The Network in Victoria follows the same state approach as has been used in USA and Canada. The GB approved the application.

The secretariat also informed the GB of expected upcoming Networks. One is in Thailand where 12 hospitals/health services have recently joined via the Department of Health. Another is Portugal where the High Commissioner for Health has recently arranged a national conference with the aim of introducing HPH.

Regarding member retention in Poland after the National Coordinator has passed away, the Secretariat had drafted a letter for the Polish Ministry of Health (in accordance with the GA decision from Crete 2009). The GB made a few adjustments to the letter and emphasized the importance of supporting the Polish HPH members to continue their work. It was decided to arrange for adequate procedures, should a similar situation arise in other Networks in future. The letter was approved by the GB and signed by the Chairman and the CEO of the Secretariat.

As for further Network issues, HT followed up on previous information about the situation in Scotland. Today there are six paying members in Scotland, but the Scottish Network had proposed to integrate all the Scottish hospitals and health services into one corporate membership and pay only one (or a few) 250 Euro membership fees. HT asked the GB to advise on whether the secretariat should look further to find a compromise. The GB discussed this, and



subsequently it was unanimously decided to adhere to the HPH Constitution and not accept the Scottish proposal. The Secretariat will inform the Scottish Network of this decision and take the appropriate measures.

Partnerships & Alliances

CD, IM and ZB presented the document prepared. The GB welcomed the draft and discussed further additions and alterations. It was noted that Partnerships & Alliances should explicitly support the overall goal of HPH on achievement of better health gain for patients, staff and community (as described in the HPH Constitution). The GB argued that the Policy for Partnerships & Alliances should include a section on conflicts of interest as well as on methods of evaluation. This was decided.

HT then summarized some of the new initiatives that the Secretariat has dealt with recently. These include the HPH application for participation in the EU Health Forum (EUHF), the secretariats participation in WHO's meeting on Primary Health Care Renewal in Rio, PAHO's South-South Development Expo and others.

Qualitative Growth: Standards & Indicators

MK commented on where the Working Group is now, and the GB discussed the development and future steps. It was suggested to utilize the member experiences from e.g. Taiwan, Estonia and others already implementing the standards. This was decided. Furthermore, it was agreed to write and ask all other members for their input on the standards too. Lastly, it was noted that the standards currently in place have taken 4 years to develop, and so it was agreed to continue the implementation to ensure progress. The working group will move forward and continue the work in the next period in terms of further standard development in accordance with the decision at the GA in May 2009.

Guide to Develop a HP Policy

LC presented the Guide on How to Develop a Health Promotion Policy, which has recently been published by the Montreal Network. The guide is available on the website. The GB thanked the Montreal Network for the great effort, which will no doubt be received well by members worldwide, as this is a much-needed document.

Recognition Process

HT explained the process and the proposal. The GB discussed the issue, and it was widely agreed that members request such a tool. The challenge remains to determine the right levels of recognition and to establish a process that is simple to use. It was decided to go forward and conduct the exploratory pilot test of the proposed recognition process as it stands right now and include the results in the continuous dialogue with the Working Group on Standards & Indicators.

Manchester, April 2010

The GB discussed the agenda for the GA meeting in Manchester. One challenge was the reporting from the strategic Task Forces and Working Groups. It was agreed TFs should present orally (5 minutes, 5 slides) and also in writing in advance (short reports), while WGs should present only in writing in advance (short reports). Owing to the TF presentations, it was decided



that the GA meeting would be extended with 30 minutes. Further, it was decided that the Secretariat should prepare an analysis and summary of progress reports in advance of the meeting.

Another point was the election of new GB members. It was decided that the Secretariat would ask all Network to propose candidates. The GB also discussed the legal ramifications of potential 3rd term (2nd re-election) of GB members who served first term before the finalization of the HPH Constitution. To clarify this issue, it was decided that the Secretariat should ask Niels Undritz and consult with the meeting reports from the GA meetings in 2008 and 2006 and with the decisions regarding the previous Steering Committee.

Economy

IN went through the issues pertaining to pending membership fees and warnings. The pending fees in Greece and elsewhere were discussed, and where possible circumstances were explained. Another issue that was discussed by the GB had to do with index regulation of fees and the necessity of membership numbers for status and verification purposes. The GB advised that decisions on these two subjects should be made as soon as possible in the future.

Budget 2010 and 2011 and preliminary balance 2009

HT went through the budget proposal for 2010 and for 2011 as well as the preliminary balance for 2009. The GB approved both proposals and balance.

Budget for the International HPH conference 2010 and 2011

JP informed the GB that the budget is approximately 210,000-240,000 Euro, and that the Conference Secretariat receives about 40,000 Euro for its support, advertising, technical assistance etc. The local host in Manchester, Gary Cook, had prepared a presentation of the budget for the GA in Crete 2009, but was unable to deliver it due to time constraints at the meeting. The GB decided that in future, the local organizers would be asked to present the detailed conference budget to ensure public availability and full transparency.

Projects

Evaluation project on HPH by the Vienna WHO CC: CD informed the GB of the progress and status of the PRICES HPH project. Nearly all HPH Networks are participating, thus representing a total of 564 hospitals and health services. CD also informed that 28 Networks have so far returned the questionnaire. In early 2010 CD and JP will be able to present the preliminary results, which will also be included in the Manchester program – both at GA and at a special seminar.

HPH DATA Project: HT presented the status and progress of the HPH Data Project. The core group has had some last minute additional data from the clinical specialists. This is now being added to the rest and re-analyzed. The paper is also in the making and will hopefully be sent out before Christmas.

New Research Project: HT explained the details of the new randomized controlled VIP (Very Important Patient) Project.

4 New Pre-Working Groups Established



Pre-WG on HPH and Environment: JS and HT presented the proposal. The GB approved a pre-working group with a focus on internal and external environmental issues and noted that several model hospitals in his field are part of the HPH Network. It was agreed that Taiwan should be asked to take a leading role in the pre-working group. It is expected that this Pre-WG will put forward a proposal for WG or TF status at the next GA in Manchester, April 2010.

Pre-WG on Physical Activity: MK went through the proposal. The GB approved a pre-working group. It is expected that this Pre-WG will put forward a proposal for WG or TF status at the next GA in Manchester, April 2010.

Pre-WG on Nutrition: Furthermore, the GB decided to give a mandate for a pre-working group on nutrition as soon as contact persons have been identified. The preliminary suggestion is to possibly involve Australia and Canada.

Pre-WG on HP in Non-Hospital Organizations: In the light of the recent WHO-CC status of the Center for Health Services Institute of Social and Preventive Medicine in Greece, YT also recommended a pre-working group on Primary Health care with the title "HP in Non-Hospital Organizations". The GB applauded the initiative and look forward to receiving preliminary documents on this.

Next GB meetings

It was decided to pass on knowledge and experience of the current GB to the new GB. For this purpose a document should be drafted. Among other things, it should be recommended to have more than two meetings annually (possibly via videoconference). The secretariat will send out a meeting calendar for the GB, and the GB will have the first of the videoconference meetings in the first week of February 2010. The next GB meeting after February will be subsequent to the GA in Manchester, and during it, the GB will constitute itself and elect Chair and Vice Chair, in accordance with the HPH Constitution.