



Meeting Report

Participants: Raffaele Zoratti (RZ), Manel Santña (MS), Ida Bukholm (IB), Bozena Waliewska (BW), Jernaja Farkas (JF), Susan Framton via Webex (SF), Jürgen Pelikan (JP), Hanne Tønnesen (HT)

Meeting facilitators: HPH Secretariat – Jeff Kirk Svane and Thor Bern Jensen.

Excused: Elke Jakubowski, WHO Europe.

1. GB Progress Report

The Governance Board is welcomed by Chair RF who gave a progress report of the GB and the action plan. JF reported on the HPH School in Zagreb (June 5-7). The focus was on implementing HP in the Croatian hospitals. The school was organised by the HPH Secretariat in collaboration with Andrian Stamper University and Professor Selma Sogoric. JF was a part of the teaching panel, along with former GB member Dr. Nazih Eldin (Ireland), TBJ and HT.

Master in Clinical Health Promotion

HT informed that the Master is in the EU Accreditation Process. It have been anchored in the University of Southern Denmark, with collaboration of Lund University in Sweden, Oslo University in Norway and Charité University Hospital in Berlin as main partners. We have had positive feedback from several universities.

Advocate HPH Internationally

HPH was invited to the 15 year anniversary of the National HPH Network of Estonia in Tartu.

HPH was present at the 63 Regional Committee of the European WHO member states and at the HCWH meeting in Bologna. Health Care without Harm wishes to strengthen the existing collaboration with the HPH and wishes to set up a partnership between the two organisations.

Recruitment

The challenge is to advocate for and convince the policy makers of the importance and effect of HP both on the long term and the short term. Everybody knows that these risks exist, but data and easy-to-understand models are needed.

The situation in Italy and their 21 Regions, each with their own autonomic health policies was explained. For Italy, it is important to include both policy makers at state level and at local level. A focus for the HPH and the GB should be on how to make the state level aware, that a HP commitment should be provided at local level. It is important to make the two levels work together and acknowledge the importance of having the other part included at decisional level.

IB: the experience in Norway is that the challenge is to convince the hospitals, as the hospital directors have many individual agendas.

Advancement of ClinHP Research

The HPH is a great platform for scientific studies. In Italy an international EU project with participants in several HPH member countries has been initiated. Austria has started a project on diabetes, among the



partner countries are Israel. The different project will strengthen the HPH Network, if the projects are anchored as HPH projects and they include HPH members. The Recognition project is an example on this.

2. Member Ratification & Approval of new N/R Networks

Nishiyodo-Hospital - Osaka City, Osaka, Japan was ratified.

Croatia, Japan, England and Israel are potential new National HPH Networks, the HPH secretariat will follow-up on the progress. .

3. Follow-up on the Working Group on Amendment to HPH Constitution

HT presented the proposals, and also the need for a clarification on the members eligible for election to the GB.

After advice from Legal Consultant Jan Thor Krøyer, GB agreed to recommend to GA:

- Article VI, 2: Members should be read as “Corporate members”
 - *By doing this it is clarified, that it is only persons representing the N/R Network (Corporate members according to Article II in the Constitution), and that a Corporate Member (N/R HPH Network) is entitled to identify a new person representing it, if the N/R Coordinator changes, the organisation undergoes reconstruction etc.*

The next proposal has three suggestions on how to deal with a possible forthcoming shortage of eligible GB members and how to secure international representativeness.

The GB decides to have three proposals for GA to decide from. They should all be decided for or against, independently of each other. However, if both a) the amendment to Article VI, 3 and c) the amendment to Article VI,6 are approved by the GA, then it should be included that “The election and re-election after an interim period will have to respect the rotation principle”:

- a) Amendment to Article VI, 3: “The members of the Governance Board shall serve 2 years. They may be re-elected once and again elected and re-elected after an interim period of 2 years.”
- b) Amendment to Article VI, 2: “In order to insure global representation, a regional seat of the Governance Board is allocated to each of the six WHO Regions having two or more N/R HPH Networks. The excessed seat(s) will be open for all corporate members.”
 - *At the moment HPH has 2 or more N/R Networks in four WHO Regions: EURO, PAHO, WPRO, SEARO – while there are no N/R Networks in AFRO and EMRO - thus there will be four regional seats open for regional candidates, and the excessed three seats will open for all corporates members.*
 - *All corporate members holding the election right participate in the election for all the seven seats.*
- c) Amendment to Article VI, 6: “Representation must rotate between the corporate members who are willing to be represented in the Governance Board.”
 - *Once all willing corporate members have been represented in the GB for 1 election period possibly with addition of 1 re-election period the rotation starts again and representatives of all willing corporate members are eligible.*



Any amendment shall be approved only by a two-thirds majority of the votes present in the GA according to Article V,6 in the HPH Constitution. After the decision at the GA in Oslo, a Guideline will be made to elaborate on the GB election procedure and the tasks and responsibility of the GB members.

4. Financial Report

HT gives a presentation of balance for 2014. It seems as 2014 will be the first in recent years, where the balance will end with a surplus (if promised payments arrive!). The HPH Secretariat has begun the process of reducing the number of HPH Members, so only members who pay their fee, will be considered as HPH Members. At the time of the GB Meeting, 659 had paid their fee and 69 members have expressed that they will pay all pending fees. Altogether 728 members compared to 963 before the reduction in members.

The 2015 budget will have an increase as the all fees are increased by €50 (Approx. €30.000]. The slides from this item and the 2015 Budget are inserted at the end of this report.

5. HPH Action Plan

The matter of GB member's portfolio was discussed. The GB decide on the following portfolio representation

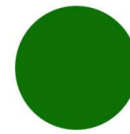
| Strategy Areas of Portfolio | GB Member |
|--|--------------------------|
| WHO-HPH standards & Indicators | Raffaele Zoratti |
| Teaching & Training | Manel Santana |
| Communication & Advocacy | Bozena Walewska-Zielecka |
| Advancement of Clinical HP Research | Ida Bukholm |
| Task Forces Portfolios | GB Member |
| Children and Adolescents TF | Susan Frampton |
| Migrant Friendly and Culturally Competent Health Care TF | Jerneja Farkas-Lainscak |
| Environment TF | Manel Santana |
| Health Enhancing Physical Activity in Hospitals TF | Susan Frampton |
| Age Friendly Health Care TF | Raffaele Zoratti |

For the new HPH Action Plan it was agreed that the development phase of next strategy will be moved to fit with the expiry of the current strategy in December 2015, and not in June 2015. The next strategy will thus be called 2016-2018.

6. GA 2015: Agenda Coordinator workshop

The issue of combining the GA and Coordinator Workshop to a one-day event (in contrary to now, where Coordinators WS is the day before the GA). The GB agreed for a framework for a short meeting. The Secretariat will send out a proposal for the ½ day GA agenda to GB with this meeting report.

7. Conferences



IB gave an up-date on the organisation and planning of the 23rd International Conference in Oslo, June 2015. The GB asks about the fees, in particular to the promise of a low participation, which were an important part of the persuasion given at the GA in Barcelona. IB will discuss the fees with the Norwegian conference organising group for the conference and return with a reply to GB.

2016 HPH Conference: Two bids were presented to the GB: Melbourne, Australia and Connecticut, USA. The two candidates will submit their pitch to the Vienna secretariat. These must include 1 slide on delegate fees, any info on reduced airfares or other special agreements, discounts on accommodation etc. SF agreed to send this for the Connecticut bid, while Sally Fawkes will be asked to provide the same for Victoria.

The HPH Secretariat will send out a link to online voting along with the 2 proposals (pitches) to GA, who will then have a deadline at December 15 to cast their vote.

In the letter introducing the two candidates, two conditions will be formulated, that in order to be eligible for hosting the conferences, the host shall:

1. Obtaining the majority of votes
2. Having paid all pending member fees

Both candidates will after the online voting be informed of the result by the HPH Conference secretariat.

8. HPH Partners

A New MoU with WHO Europe has been signed and it now runs for 2020. The MoUs and Action plans between HPH and the partners were disseminated in the meeting binder.

The Secretariat stresses the importance of the MoU partnerships should add value for the HPH. We need to see the partnerships as beneficial for the HPH and the HPH aim and objective.

Current and potential partners of the HPH was evaluated and GB agreed on a division of the types of partnership into four categories: MoU partners, Affiliated members, Task Force members (who are not HPH members), Conference Partners.

The Idea of this categorisation is to highlight the degree of work and obligation related to the different partnerships. HPH will look at utility before establishing future partnerships, and then offer the category of partnership which fits within our and their idea of collaboration.

9. Communication & Advocacy, Teaching & Training, Clinical Research

- The HPH Schools of 2014 was evaluated positively, and the planned schools of 2015 presented.
- A list of the International Meetings was presented.
- The HPH Secretariat has initiated a new CRS module Podio, which the HPH has been granted a free use of as the HPH Network is considered a non-profit organisation. The Podio module is closely related to the HPH website, so information of the new HPH members who register via the website will be automatically transferred into the Podio set-up.



- The official journal of the HPH Network: Clinical Health Promotion – Research and Best Practice for patients, staff and community, has reached its fourth year of publication.
- Clinical Health Promotion Society - workshop for young researchers on project management and a round-table discussion on Good Clinical Health Promotion Practice will be arranged at the HPH Conference in Oslo in 2015.

10. HPH Awards

RF, MS, JF volunteered for judging the HPH Award on HPH Standards – RF will present the award at the Social dinner at the conference in Oslo, June 2015.

SF, BW, IB volunteered for the HPH Award on HPH Strategy – IB will present the award at the Social dinner at the conference in Oslo, June 2015.

Editorial office will judge publication award and HT will present to recipient at dinner.

11. Meeting in spring 2015

GB decided to have three Webex meeting in spring 2015: January, March and May. The GB decided that future meetings should start at 2:00 pm (CET) to accommodate the time difference of the GB members.

The HPH Secretariat will send out Doodle links for the meetings in 2015.

Slides from Item 4 (Balance and 2015 Budget)

Financial report (Item 4)

| | | | | | |
|-----------------------|---------|------------------------|---------|---|---------|
| Balance 2013 | | 2014 | | Comparison 2013 Bal. 2014 Est. Bal | |
| Income Total | 202,621 | Income Total | 208011 | Income Total | 215061 |
| Member Fees | 156,610 | Member Fees | 162000 | Member Fees | 156,610 |
| CHC: IT, Offices & FO | 46,011 | CHC: IT, Offices & FO* | 46011 | CHC: IT, Offices & FO* | 46,011 |
| Costs Total | 238,520 | Costs Total | 208011 | Costs Total | 238,520 |
| Staff | 156,089 | Staff | 150000 | Staff | 156,089 |
| GA, GB, Meet, WS, TR | 14,528 | GA, GB, Meet, WS, TR | 5000 | GA, GB, Meet, WS, TR | 14,528 |
| IT Maintenance | 9,077 | IT Maintenance | 5000 | IT Maintenance | 9,077 |
| IT Reconstruct spec | 10,559 | IT Reconstruct spec | 0 | IT Reconstruct spec | 10,559 |
| CHC: IT, Offices & FO | 46,011 | CHC: IT, Offices & FO | 46011 | CHC: IT, Offices & FO | 46,011 |
| Miscellaneous | 2,256 | Miscellaneous | 2000 | Miscellaneous | 2,256 |
| Balance | -35,899 | Balance 2014 | 0 | Balance | -35,899 |
| Deficit 2012 | -10,318 | Deficit 2013 | -46,217 | | |
| Deficit total | -46,217 | | | | |

** excl Australia; Incl 4 now +ITPlam&EmRo +Gre +Indo: +12200*

| | | | | | |
|---------------------------------|-----|---|--|--|--|
| Fees to date 2014 (2013) | | Networks in good standing (29) I have added HongKong = 26? | | Network in Bad Standing | |
| Numbers | Fee | | | | |
| 581(580) | 250 | • Austria, Canada (Q), Czech Rep, Estonia, Finland, France (75% due 2014), Germany, Hong-Kong, Ireland, N-Ireland | | • Australia: -5,000 (20 members; or 12 ?) | |
| 76 (76) | 150 | • Italy x 5: (Aosta Valley (due 2014), Emilia Romagna (due 2014), Friuli Venezia Giulia, Piemonte (due 2014), Veneto) | | – no payment 2014+ 2013 (1 paid)+partly 2012 | |
| 2 (2) | 100 | • Lithuania, Norway, Poland, Rep Korea, Slovenia, Spain (Catalonia), Sweden, | | • Indonesia: -1,200 (8 members still due) | |
| 659 (658) | | • Taiwan, Thailand, US (C) | | – Partly payment for 2013 | |
| | | Requiring more members: Slovakia | | | |
| | | | | Needs clarification: | |
| | | | | • Greece: - 3,750 -7members pay due debt | |
| | | | | • Italy: -8,750 – (12 members have paid, 32 members still due but promised ASAP) | |

**One member paid 2014 (2013 still due)*



2015 Budget



CLINICAL HEALTH PROMOTION CENTRE



| | Budget 2013 | Budget 2014 | Budget 2015 |
|---------------------------------|----------------|----------------|----------------|
| Income Total | 278,511 | 208,011 | 238,011 |
| <i>Member Fees*</i> | 232,500 | 162,000 | 192,000 |
| <i>CHC: IT, Offices &FO</i> | 46,011 | 46,011 | 46,011 |
| Costs Total | 278,488 | 208,011 | 208,011 |
| <i>Staff</i> | 188,053 | 150,000 | 163,000 |
| <i>GA, GB, Meet, WS, TR</i> | 23,497 | 5,000 | 9,000 |
| <i>IT Maintenance</i> | 8,004 | 5,000 | 6,000 |
| <i>CHC: IT, Offices &FO</i> | 46,011 | 46,011 | 46,011 |
| <i>Miscellaneous</i> | 12,923 | 2,000 | 2,000 |
| <i>Official HPH Journal</i> | 0 | 0 | 10,000 |
| Balance | 23 | 0 | 2,000 |

* The estimated fee income for 2015 has been raised due to the increase in all three categories of fees with €50