



Meeting Report

Attending delegates

Margareta Kristenson (Sweden, GB Chair), Sally Fawkes (Australia, GB Vice Chair), Antonio Chiarenza (Emilia Romagna, GB Member + Task Force on Migration, Equity and Diversity), Cristina Iniesta (Catalonia, GB Member), Ying-Wei Wang (Taiwan, GB Member), Alan Siu (Hong Kong, GB Member), Oliver Gröne (Germany), Cristina Aguzzoli (Friuli Venezia Giulia), Junhee Ahn (Republic of Korea), Heli Hätonen (Finland), Bozena Walewska-Zielecka (Poland), Giulio Fornero (Piedmonte), Mitsuhiro Funakoshi (Japan), Nan Sonne (Denmark), Ilaria Simonelli (Task Force on Children and Adolescents), Ming-nan Lin (Task Force on Environment), Shu-Ti Chiou (Task Force on Age-friendly Hospitals), Manel Santiña (Task Force on standards and implementation), Rainer Christ (Austria).

Secretariats

Jürgen Pelikan (Congress Secretariat), Astrid Loidolt (Congress Secretariat), Rainer Christ (Congress Secretariat), Hanne Tønnesen (Intl. Secretariat), Thor Bern Jensen (Intl. Secretariat), Louise Bryan Skov (Intl. Secretariat), Jeff Kirk Svane (Intl. Secretariat, Rapporteur).

Partners

Rudi Gasser (Global Network of Tobacco Free Healthcare Services - GNTH), Ann-Lise Guisset (WHO HQ).

Excused delegates

Kaja Põlluste (Estonia), H. Suherman (Indonesia), Zou Yanhui (Hunan), Milena Kalvachová (Czech Republic), Anne Borgene (France), Anna Cichowska (WHO Europe), Giorgio Galli (Aosta-Valley).

MORNING SESSION

OPEN WORKSHOP (DISCUSSIONS NOT REPORTED IN DETAIL)

Workshop 1: New HPH Standards: Health Promotion for tobacco, alcohol diet/nutrition and physical activity & the HPH Umbrella standards / *JK Svane, R Christ and A Chiarenza*
JS, RC and AC presented. The Behaviour Interventions standards were nearly ready for hand-over to the work in the Task Force. The estimated deadline for was set for August 20th 2019. AC presented the HPH Umbrella framework of 7 HPH approaches. This will be developed further and potential strategic uses of the work, in a suitable format, will be considered in GB and GA (see appendix).

Workshop 2: The new Global HPH Strategy 2020-2024/ *S Fawkes and C Iniesta*.
A survey had been made among HPH networks and Task Forces and a draft strategy document had been developed to stimulate discussion of scope, strategic options and content for the 2020-2024 period Discussions were held in break-out groups and wrap-up of main points was done under the main agenda for the GA (see appendix).



AFTERNOON SESSION

GENERAL ASSEMBLY

1. Welcome/ GB Chair (M Kristenson)

Margareta Kristenson welcomed all GA delegaters. At the meeting, 15 of 21 N/R coordinators were present, which gave the GA its quorum for decisions.

The GA approved the 2018 GA meeting report and the proposed agenda for the present GA meeting without any comments.

M Kristenson reported on the work of the HPH Governance Board and the progress in GB activities since last GA. Especially, work had been undertaken on the following matters:

- Drafting Behavioural Interventions standards
- Drafting the Global HPH Strategy 2020-2024
- Continued discussions on the basis for collaboration with WHO HQ
- Establishing the formal arrangements for the HPH Secretariat.

2. HPH Constitution/ M Kristenson

M Kristenson invited TB Jensen to present the GB's suggested amendments to the HPH Constitution. The Norwegian Network's exit from HPH had vacated a seat at the GB. Thus, the GB had explored the possibilities to install a replacement GB member for the vacancy to be filled for the remainder of the period of service (i.e. until GA in 2020). The proposal was to bring in the unelected coordinator, who had run for the GB at last election and had the most votes (i.e. 8th place on vote); in this case H Hätonen from Finland. Bringing in a replacement GB member in this way required an amendment to the constitution to be supported by 2/3 of the GA.

Decision: The GA approved the amendment. M Kristenson welcomed H Hätonen to the GB.

M Kristenson explained the rationale for making further amendments to the constitution – especially pertaining to the relationship with WHO, the role of WHOCCs and governance matters in general. M Kristenson also proposed to have another approach to have a more permanent Chair of the International HPH network, as exemplified by in other organisations i.e. having a president elect, president and past president. She sees this approach will give better continuity in the governance of the HPH Network. Both proposals will need to be developed in due time before any decision at the next GA.

3. International HPH Secretariat report / TB Jensen

TB Jensen reported on the work of the International HPH Secretariat in the period since the last GA in Bologna 2018. A formal and detailed report of the progress in official form was available in the meeting documents binder.

Member status

TB Jensen presented that HPH currently has a total of 21 national/regional networks. Additionally, HPH is represented via individual membership in a further 13 other countries/regions. At the time of reporting, 5 National/Regional HPH networks had ceased their corporate HPH memberships since last GA (Norway, Connecticut, US, Veneto & Trentino, It, Iran). Reasons for ceasing membership included non-sustainability of host institutions, member drop-out rendering the network unviable with under the minimum 3 members required for network status, or due to non-payment of fees. By the end of 2018, a total of 597 HPH members had paid their 2018 fees. Of these, 563 were in National/Regional networks and 34 were individual members. Of the 597 members, 11 members were affiliated members. In terms of payments, 23 members had pending fees. The secretariat has concurrently followed up on those non-payers with reminders and will continue for the remainder of 2019. Since the last GA, 40 new members had signed up – 22 in 2019. Conversely, 37 members had ceased their memberships on request and a further 17 had been terminated due to non-payment and/or no contact.

Staff

Concerning staff, TB Jensen presented the staff members in the International HPH Secretariat.



Finances

At the time of reporting, 592 invoices had been put together for 2019. Payments amounted to €140,800 altogether (as per May 22). TB Jensen also presented the budget and the balance for 2018. The paid fees for 2018 were less than expected, and the Secretariat had taken measures to cut costs accordingly.

The surplus for 2018 is €9,381. The total accumulated deficit is then brought down to €17,001 by the end 2018.

In terms of the audit of accounts required by the constitution, H Tønnesen stated that the 2017 balance had been audited by the public financial auditors in Denmark and the auditing of the 2018 balance was scheduled for final sign-off soon, however a discrepancy of €3 has been identified. H Tønnesen further informed that Bispebjerg-Frederiksberg Hospital kindly covers the auditing of the HPH finances as part of their support to the secretariat. As it has been accustomed the previous years, the international HPH Secretariat had brought all 2018 financial documents for GA scrutiny. HT was asked to confirm what documentation would be provided to the GA showing the official audit report.

Decision: The GA decided that the GB would, on behalf of the GA, be tasked with final approval of the 2018 financial report upon receiving the signed auditor's report.

TB Jensen then presented the 2019 budget approved by GA in Bologna 2018. (Fee payments had gone up slightly from 2018, and so the budget expected a small surplus of €648 to be used to further bring down the deficit).

For 2019, Clinical Health Promotion Center (WHO-CC hosting the Editorial Secretariat for Clinical Health Promotion – Research and Best Practice for patients, staff and Community) have secured additional funds by engaging with the Taiwan network to fund and prepare a supplement for the Clinical Health Promotion Journal. The agreement between Clinical Health Promotion Center and the Taiwan network was that half of the amount to be paid by the Taiwan network could be directed to the HPH budget to further reduce the deficit. TB Jensen reported that, factoring in the amount generated via the supplement, the total accumulated deficit by the end of 2019 would be expected to be around €10,500.

The GA thanked YW Wang and H Tønnesen for their contribution and efforts in bringing down the deficit.

Website and communications

TB Jensen presented the website developments. The new website had been launched in Bologna 2018 and several functions and improvements had been added since then. The website had around 17.000 unique IP visits each year. Also, a subsite for the Warsaw conference had been made with twitter wall, Taiwan supplement, announcement of the 2020 Seoul conference and the Warsaw Conference abstract book.

TB Jensen invited all coordinators and Task Force and Working Group leaders to please help provide materials, pictures, videos, text, evidence etc. for the website. Finally, the GB had decided to transfer and relaunch the HPH newsletter as part of Secretariat function. This was under way in 2019.

2018 balance			
		Budget (Euro)	Balance (Euro)
INCOME	Fees	175000	173,797
	(CR-DK)	50612	50,612
	Total	225612	224,409
EXPENDITURES	Salaries	160000	156,755
	Meeting	7000	4779
	IT	3000	2882
	(CR-DK)	50612	50612
	MISC	3500	-
	Total	224112	215,028
	Balance	1500	9,381

Accumulated deficit and efforts to bring it down			
Fiscal year	2017	2018	
budgeted balance (netto)	1500	1500	
reported balance	11365	9381	
accumulated surplus	-26382	-17001	

Fiscal year	2011	2012	2013	2014	2015	2016	2017	2018
budgeted balance (netto)	634	5007	10318	0	13000	1500	1500	1500
reported balance	-9431	-24502	-35899	6440	2155	-134	11365	9381
accumulated surplus	14184	-10318	-48217	-39798	-37813	-37747	-26382	-17001

Budget 2019 approved by HPH GA June 6, 2018				
		2018	2019	revised budget
INCOME	Fees	175,000	178,296	172,684
	(CR-DK)	50,612	50,612	50,612
	Total	225,612	228,908	223,296
EXPENDITURES	Salaries	160,000	159,000	159,000
	Meeting	7,000	7,000	7,000
	IT	3,000	3,000	3,000
	(CR-DK)	50,612	50,612	50,612
	MISC	3,500	3,000	3,000
	Total	224,112	222,612	222,612
	Balance	1,500	6,296	684



Technical support and advocacy activities

Details on technical support and advocacy activities pursued by the Secretariat were provided in the GA meeting binder. The Secretariat had been asked by the GB to provide a report to give an overview of the work done in the international HPH Secretariat. Upon request by GB, the International HPH Secretariat have in the report indicated, which activities were dedicated to and funded by HPH and which were funded by Clinical Health Promotion Center or inviting parties. TB Jensen informed the GA that the Secretariat currently handles around 8 queries a week from the website plus an additional 30-60 incoming queries via phone, email, letter and so on.

In terms of advocacy, TB Jensen explained that direct expenses associated with opportunistic advocacy activities were funded by Bispebjerg-Frederiksberg Hospital or organisations funding participation in meetings and presentations. H Tønnesen informed that these activities have often helped to encourage new memberships and sustainability of HPH networks.

Clinical Health Promotion Journal

For 2018, the number of issues published were one scientific issue in December and four supplements: the conference abstract book (May) and three PHD theses by Clinical Health Promotion Centre students (supplements Sept, Oct, Dec). TB Jensen clarified that finances and the work load for the journal is organized by the Clinical Health Promotion Center Twin-center in Malmö, Sweden (WHO-CC for Implementation of Evidence-based Clinical Health Promotion Alcohol/Drugs-Tobacco-Nutrition-Physical Activity-Comorbidity). The international HPH Network does not supply any resources to the organization of the journal. The WHO CC in Malmö has received external funding of 400.000 SEK (circa €40,000) per year for three years (2019-2021) from FORTE in Sweden to support the staffing and expenses for production of the journal.

To expand content in the journal, research news from other sources (for the first 2019 issue; PLOS ONE 14(5): e0216402 and N Engl J Med 2019; 380:629-637) had been added as a special feature. To improve accessibility, DOI numbers for back catalogue archive had been given to the previous issues. Additionally, an application for Open Access journal indexing in PubMed has been initiated.

The status of the journal as the official journal for the International HPH Network was raised by MK and discussed by the GA. A key point was made that clinical health promotion represents a narrow dimension of HPH, so the journal is not representative of the full scope of HPH policy and practice. H Tønnesen argued that the journal did not provide any cost the HPH Network as it was funded through other sources. The journal is an outlet for HPH research publications, offers a knowledge base for the HPH members and provide a special editorial assistance to young/new researches within the field of Clinical Health Promotion, which have benefited HPH members during the years. The GA discussed the relation between the journal and the HPH Network, and arguments were made that since the journal do not come with any costs, a change to the relation should be well considered before any decision. It was further discussed how the official journal should relate to and how it could play a part of the next global HPH Strategy, and of how the scope of the network and the journal respectively should have clear overlaps, and how the journal could be included in the development of the new Global HPH Strategy 2020-2024.

No decision was made on the status of the journal as the official journal of the International HPH Network.

4. International HPH Network activities

Four Task Forces and one Working Group presented on their progress since the last GA.

HPH Task Force on Health Promotion with Children & Adolescents/ I Simonelli

In the past year, the Task Force had worked on the standards implementation at international level. So far, the standards have been adopted in Georgia and Taiwan. The goal was now to bring this result up to five countries. Next year, the activities of the Task Force would focus on the dissemination of standard and on the definition of an internationally validated tool for training professionals concerning implementation of the standards and the concepts of health promotion for children and adolescents in hospitals and healthcare services. Hopefully, the webinar/online technology for disseminating the training contents (organized by structure/processes/outcomes) could be supported by the HPH network website. The Task Force asked for renewal of its mandate to use the results collected so far. The Task Force would finalize the next steps regarding training modules and validation thereof in order to guide professionals to use the Task Force standards.

Decision: The GA approved the extension of the Task Force for 4 years.

HPH Task Force on Migration, Equity & Diversity/ A Chiarenza

The scientific committee of the Task Force included HPH members and external experts. The Task Force goal had been to make health services more responsive to the equity agenda. Specific objectives had been to enable the evaluation of equity outcomes in health services, to identify gaps and to further develop improvements in equity outcomes. Five standard domains had been developed since 2010, and they had since then been piloted for the second time in 2015. In 2018, the analysis of the test was finalized. It appeared that equity data was rarely collected and often not used for planning. Further, it appeared that written policies did not ensure implementation of equity improvements, that there was substantial difference in managerial engagement and support, that little investment in equity training of staff took place, that participation of disadvantaged groups was generally low and that many equity improvements were in place but rarely evaluated. The Task Force had collected good practices and the piloting had increased awareness in countries (e.g. Belgium), helped linkages to existing tools along (e.g. accreditation in Canada), fostered networking (e.g. in Norway and Finland) as well as contributed to new policies and strategies (e.g. in Australia). The next steps were to complete the analysis of the piloting data, develop “introductory standards” for organizations that are relatively under-developed in the area of equity, revise introductory standards, survey to collect feedback on introductory standards and finalize them. Closure of the Task Force was scheduled for May 2020.

HPH & Environment/ MN Lin

The Task Force had initiated and developed many collaborations with NGO’s internationally (e.g. HCWH, WONCA and the International Federation of Medical Students) and also with health care foundations in Taiwan and Singapore. HPH environment work had been disseminated in conferences in Asia, at the Global Climate Action Summit in LA and at the UN COP 24 Climate Change Summit in Poland. Also, the TW climate-smart framework had been developed as a guideline to climate issue-handling. This guide included interviews with medical centres and work in 174 low-carbon hospitals in the Task Force’s network. In October 2019, the 5th Green Hospital Asia conference will be held in Singapore and the Task Force will be prominently visible there and will share experiences. The Task Force have planned a workshop at the HPH Warsaw conference - also featuring a WONCA environment working group delegate. The next steps included the development of guidelines for HPH in this area and also further support to and collaboration with WONCA and other partners.

HPH and Age-Friendly Health Care/ ST Chiou

ST Chiou reported that the scope of the Task Force work is the life-course approach towards universal health coverage, person centeredness and dignity including how these relate to older people. In the current term, The Task Force had worked with the adaption of the Task Force’s framework. Also, elderly-unique health issues had been the focus of collaborations between all types of health services and other actors such as e.g. healthy cities. The task force had its main inspiration from the Age-friendly Cities Network under WHO. The Task Force has worked to add health promotion aspects to the, normally geriatric-oriented, approaches. The new guideline of the Task Force would be introduced at the workshop during the HPH Conference in Warsaw. Also, work was currently ongoing in the USA in form of a collaboration with the private philanthropic John A. Hartford Foundation, which is working in this area. The Task Force had also developed a tool for risk-assessment and this tool was now to be applied in out-patient settings and for discharged patients in Taiwan. In 2018, the Task Force had focused on collaborations and in 2019 mainly on best practices. The Task Force had disseminated its work in conferences in China, Japan, Hong Kong, Indonesia and also at the IUHPE Conference in New Zealand. The number of hospitals and health services currently working with the Task Force tools in Taiwan was already 609 and this number would continue to growth.

WG on Health Literate Organizations/ J Pelikan

J Pelikan presented the progress of the Working Group on health literate health care organizations. A symposium would take place at the HPH Conference in Warsaw. The group’s tool had been developed in English and then translated into Mandarin, French and Italian. Further translation and piloting in countries will be next steps.

National/Regional Network and Task Force Progress reports 2017-2018/ TB Jensen

TB Jensen presented the HPH Progress Reports 2017-2018. The summary report had been included in the GA meeting binders. The full technical document was also available online along with all individual reports and will be made available on the HPH website. The Secretariat invited the Global Strategy Working Group to consider using the detailed data collected for the further development.

5. Framework for new HPH Global Strategy 2020-2024 / S Fawkes and C Iniesta

S Fawkes and C Iniesta presented and incorporated the ideas from the morning's discussion in the workshop. The strategy will be designed for the International HPH Network as an organisation. National/Regional Networks, individual members, Task Forces and Working Groups will have to develop their own strategy that is relevant for their context. To inform the development of the strategy, a Working Group comprising HPH members from networks in Europe, Asia and Oceania was set up. The WG designed a survey, which was sent to GA members (to date, 8 responses had been received). The WG convenors had also looked at the structure of strategies of other organizations, such as International Hospital Federation, and explored the emerging policy context relevant to the International Network. The group would continue to lead the process until finalization. It was expected that the next six months would feature a strong collaboration in the WG with assistance from the Secretariat, and the strategy would be completed by the end of 2019. A draft strategy had been developed to stimulate thinking about the next five years of the International Network. It includes 6 objectives regarding governance and administration, communications, memberships, capacity building, influencing policy globally and cultivating the next generation of HPH leadership. The WG had also suggested a small number of strategies under each of the 6 objectives, to prompt discussion. The input from the breakout groups at the morning workshop was then presented by each group (see appendix). On behalf of the WG, SF summed up the discussions and thanked the groups for their considered input. The WG would now continue the work and invite in further GA discussions and input as much as possible.

6. Contracts for secretariat functions for International HPH Network/ M Kristenson

M Kristenson presented the steps and results of the open tender process for the hosting of the International HPH Secretariat.

The GB had decided to use the ongoing discussions on the continued relationship between HPH and WHO to discuss the functions of the international HPH Secretariat. The two WHO-CCs (Copenhagen and Vienna) had as a result of the implementation of the new WHO Framework for Engagement of Non-state Actors (FENSA) had their Terms of Reference changed, so these no longer included areas of work directly related to the HPH Network. The secretariats previously operated under direct agreements between the WHO CCs and WHO Europe.

With this change of Terms of Reference and agreement between WHO Europe and the two HPH Secretariats, the GB had decided to create new formal agreements with the institutions hosting the international HPH Secretariat and the HPH Congress Secretariat respectively. The GB decided to create new Terms of Reference for the two secretariat functions and as a result for the first time create direct contracts between the HPH Network and the two secretariats. To do this properly an open tender process was announced for hosting the International HPH Secretariat on March 23, 2019 per email to GA. To ensure stability for the International Network, it was decided to start with the international HPH Secretariat in 2019 and the HPH Congress Secretariat in 2020.

Organisations in three countries had applied to host the secretariat for the next period: Denmark, Finland and Germany. M Kristenson presented the results of the tender process, which had already been sent out to all GA members. A unanimous GB had prior to the GA recommended the German application as the best. Following the GBs endorsement, the other applicants (i.e. Denmark and Finland) had withdrawn their applications in order to not cause internal disagreement and conflict within HPH, which would be of no benefit to members. Then only the German applicant remained for election for host of the new international HPH Secretariat.

Decision: The GA decided that the new host of the International HPH Secretariat would be private company OptiMedis AG in Germany led by Oliver Groene, the national coordinator of the German HPH Network.

The GB, GA and the current Secretariat congratulated O Groene on decision and welcomed his organization's coming role as host of the International HPH Secretariat for the next period. OG thanked the GA for the trust and looked forward to commencing the work.

The GA then discussed the practical and financial considerations involved in moving the Secretariat function from Denmark to Germany, regarding accumulated debts and timing of the transition. M Kristenson assured that these issues would all be taken care of and meetings of negotiation with the three parties (the GB, the current and new secretariats)

would be set up. A period of the next three months was proposed for transferring the secretariat function. Discussions were raised whether this was practicable and concerns for current staff members.

Decision: The GA agreed upon in an amicable and proper fashion to allow for a smooth and efficient transition and transfer process and collaboration.

7. Relationships between WHO and the International HPH Network/ Dr. AL Guisset

AL Guisset informed the GA that WHO was happy to still be closely involved and continue the collaboration with the International Network, especially since there was so much in common in terms of mission. HPH, she said, was even more relevant to WHO now than before, so the question now was not if, but how, collaboration can be sustained and enhanced.

Previously, WHO had requested that the International Network do more to clearly show the fact that HPH and WHO are separate legal entities. HPH had complied with this request, and suggested changes to the constitution were viewed as being on the right track but not sufficient. The request from WHO to clarify such things resulted from the FENSA (WHO Framework for Engagement with non-state Actors), which WHO had adopted in 2016. The International Network as an NGO may engage with WHO provided that the FENSA requirements are met. Whether these conditions are currently met is currently being investigated via an ongoing due diligence process in WHO. If all proves satisfactory, HPH may then apply to be an NGO in official relations with WHO via official application under FENSA. A new list of applying NGOs is presented every year for approval at WHO, each with a clear work plan that can be agreed on. Becoming an NGO in official relations will make collaborations smoother and allow HPH to attend the WHA and contribute to WHO advancing work on key global priorities – such as the UHC agenda, which now clearly includes all kinds of health services. Obtaining this status will require a good application by HPH, showing the history of collaboration with WHO, looking closely to how other NGOs have met requirements (e.g. IHF) and so on. If the application fares well, HPH may help WHO with advocacy, projects, organisation of meetings etc. The application will include such things in the form of 3-year work plan.

The GA thanked AL Guisset for attending the meeting and discussing the changes and new opportunities. In general, there was a need for greater clarity on how the changes would impact the International Network. AL Guisset acknowledged the need for clarity and would explore further and report back to the GA with the results and with the results of the due diligence process that will determine the possibilities for collaboration.

8. HPH Partnerships by MoU

R Grasser from the Global Network of Tobacco Free Healthcare Services (GNTH) reported. GNTH now has over 400 members in Asia and Europe. In 2018, an interim conference on smoking cessation in psychiatric health services was held in Switzerland. In Warsaw, the gold level forum had also been held, and here 13 members had been awarded for extraordinary achievements. The GNTH website had also been re-designed and interlinked better with the HPH website. There was also a new online self-assessment tool for download to rate the current status of achievement and plan for improvement. The self-assessment tool was free to use for any health service in the world. RG thanked the HPH conference organizers too for allowing the GNTH to have its pre-conference as part of the HPH conference each year, in spirit of the good ongoing collaboration with the International Network.

The GA thanked R Grasser for attending and the work of the GNTH.

9. International HPH Conferences

Report on 2019 Warsaw Conference /B Walewska-Zielecka

The total number of participants registered was 480. Of those two-thirds was from Taiwan (n=316). The second most represented networks were Japan (n=30) and Korea (n=25). Following those networks were Austria (n=16) and Italy (n=15). Altogether, 900 abstracts had been submitted and of these, 731 had been accepted; 132 in oral sessions, 73 in mini oral sessions and 526 in poster sessions. The finances for the 2019 conference seemed to be positive.

The GA thanked BZW and the local organizing committee for their great work in organising the conference.

2020 candidates & election of host /J Pelikan



The HPH Network of Republic of Korea had prepared an application to host the 2020 conference in the capital city, Seoul. The GB proposed that the GA approve the Korean application. The host organization will be Seoul Medical Centre, which has been an HPH member since 2010 and has several ongoing HPH programs for employees, patients and community. The proposed dates were 3-5 of June 2020. The theme proposed was “Health promotion and healthy ageing based on future technology”. This theme would be relevant world-wide and especially for Asian countries, which have faced the challenges of ageing societies much faster than Western societies. A part of the solution is the use of technology to support the treatment of patients, provide long term care and medical information – such as by use of AI in treatment, diagnostics and education of the elderly.

Decision: The GA approved the application from the HPH Network of the Republic of Korea to host the 2020 conference. The scientific committee will discuss the theme in more detail during their meeting in Warsaw.

2021 conference/J Pelikan

J Pelikan asked the GA to consider hosting the 2021 conference. There were no immediate candidates. The GA members were invited to each consider the possibilities.

10. AOB

There was no other business.

11. Closure /M Kristenson

On behalf of the GB, M Kristenson thanked the GA members for their participation and for the successful meeting.

M Kristenson thanked the Secretariat in Copenhagen for their service to the International Network for the long period after they took over the secretariat function from Barcelona in 2005.

On behalf of the Secretariat, H Tønnesen thanked the GB, the GA and all HPH members for the many years of fruitful collaboration. She also noted that Clinical Health Promotion Center (the WHO-CC in Copenhagen) will continue the collaboration with HPH via the new Danish HPH Network and many HPH relevant research and training activities in the WHOCC as well as in the Clinical Health Promotion Centre.

With this, M Kristenson closed the meeting of the GA for 2019.



Appendix

Selected slides from workshop on New HPH Standards: Health Promotion for tobacco, alcohol diet/nutrition and physical activity / JK Svane & R Christ

HPH Standards for BI/CHP



HPH
The International Network of Health
Promoting Hospitals & Health Services

Agreed title:

- **“Health promotion in hospitals and health services; tobacco, alcohol, diet/nutrition and physical inactivity”**

Agreed key decisions:

- Simpler, more narrow, more focused for practice
- Staying close to the original green book in format
- Applicability to various types of members is priority
- Evidence and policy: simpler, less ambitious
- Referral to other standards and umbrella framework
- A five-scale ranking when appropriate (in some cases, distinction yes/no will remain appropriate, and other places a % will be best)

HPH Standards for BI/CHP



HPH
The International Network of Health
Promoting Hospitals & Health Services

Finalization had been hoped for after Bologna, but extra work was deemed needed by the GB WG

Meetings in 2018 = 9

- February 2018 (x1), March 2018 (x2), April 2018 (x2), October 2018, November 2018 (x2), December 2018

Meetings in 2019 = 4

- February 2019, March 2019, April 2019, May 2019

Status by May 2019

5 standards ready and layouted – and clearer/more concise than before

Indicators almost ready

Surrounding text almost ready and clearer than before – mainly except for definitions of SI/II + evidence section

Aim

Finalization in summer of 2019 – hand over to TF

Selected slides from workshop on the HPH Umbrella standards / A Chiarenza

Analytical framework for the analysis of existing HPH-Standards/recommendations



- The analysis of HPH Standards (2004-2006) was the starting point by grouping the 5 standards (and sub-standards) into conceptually distinct topic areas (domains). Then dimensions that showed the concrete operationalization within each domain were identified.
- A second standards' approach was selected and its content was subsumed under the domains and dimensions identified in step 1.
- New domain and sub-domains have been created (or re-named) where necessary.
- The remaining standards' approaches have been treated in the same way.
- A new "umbrella framework" containing preliminary domains, sub-domains and operational dimensions was created.

Agreement on domains and sub-domains



DOMAINS	SUB-DOMAINS	HPH	Equity	HL	Engagement	Environment	Children	Elderly
1. Organisational commitment	1. Policy & leadership	yes	yes	yes	yes	yes	NO	yes
	2. Measurement of performance	yes	yes	yes	yes	yes	yes	yes
2. Staff / workforce	1. Recruitment	NO	NO	NO	yes	NO	NO	yes
	2. Competences	yes	yes	yes	yes	yes	yes	yes
	3. Involvement	yes	NO	yes	NO	NO	NO	yes
	4. Workforce health promotion & wellbeing	yes	yes	yes	NO	yes	NO	NO
3. Accessibility	1. Entitlement/Rights	NO	yes	NO	NO	NO	yes	NO
	2. Physical & geographical accessibility	NO	yes	yes	NO	yes	NO	yes
	3. Socio-cultural acceptability	NO	yes	yes	NO	NO	yes	yes
4. Person (family) centred care	1. Needs assessment	yes	yes	yes	yes	NO	yes	yes
	2. Care provision	NO	yes	yes	yes	NO	yes	yes
	3. Patient/provider communication	NO	yes	yes	NO	NO	NO	NO
	4. Patient information	yes	yes	yes	NO	yes	yes	yes
5. Health care environment	1. Respectful & trustful	yes	yes	NO	NO	yes	yes	NO
	2. Healthy & safe for patients	NO	NO	NO	NO	yes	yes	yes
	3. Healthy & safe for staff	yes	yes	yes	NO	yes	NO	NO
6. Involvement & participation	1. Patient/family engagement	NO	yes	yes	yes	NO	yes	yes
	2. Community engagement	NO	NO	yes	NO	yes	NO	yes
7. Promoting health in the wider society	1. Sharing information with other services	yes	yes	yes	yes	NO	NO	yes
	2. Networking & collaborations	yes	yes	yes	yes	yes	NO	yes

Appendix

Input from the breakout groups at the morning workshop on the New Global Strategy was as follows:

Group 1: H Hätonen presented. The group had discussed the layout and structure of the strategy, adding in columns for impact etc. The group was of the opinion that first of the proposed objectives (i.e. Governance) did not fit in, because it had to do more with ways of working. Also, the group argued that the proposed objective 5 (i.e. influencing policies) should be priority, and so the order should be considered again. The group also believed that there should be a better connection to the SDGs, a clearer connection to hospitals/clinical systems and indicators for outcomes and impact included. The increased value for money should have a prominent placement given that HPH is based on its members. The group also discussed different levels of the strategy (micro, meso and macro level). The HPH framework was discussed too. Finally, the group argued that the term health services should be used throughout in that the future will bring more HPH members from different organizations that are not hospitals.

Group 2: AJH presented. The group had focused on priority 3 and 4. The group argued that HPH should be increased in member numbers and in participation intensity. This required a focus on getting hospital CEOs interested in joining. Practically, HPH should send a letter to each hospital in each country to encourage them to sign up. In Korean culture, for instance, this might work. Also, HPH should have a catch phrase. The group suggested “Build the health”, “See the health”, “Do the health” or “Feel the health”, but it could be something else too. Concerning priority 4, the group argued for use of communications on youtube etc. This they believed, would be an effective way to get to know about activities in other countries. Finally, the group had a concrete idea concerning an “HPH network member’s facebook-week” to get friends of members interested etc.

Group 3: MN Lin presented. The group had discussed that for governance, the HPH standards should be extended to relate to the SDGs. This would professionalize the HPH network, they believed. For communications, the group argue for the need of having a best-practice database in different languages. Also, the group believed that more could be done to expand memberships in other organizations such as long-term care. Additionally, the group felt that there should be superstructure-networks for whole continents – like a network for the Americas or for Asia etc. Also, the group felt that more should be done to connect better with other NGOs such as IHF, WONCA etc. – by e.g. attending their conferences more, inviting them more to join the HPH conference and so on. About capacity, the group argued for the usefulness of webinars, data and documents – all easily accessible for new members on the website. This would help with learning etc. Furthermore, the group believed that the International HPH level could do more to help countries make localized tailoring of HPH tools. In terms of policy, the group felt that HPH should do more to persuade governments to have their hospitals join HPH and to have HPH-friendly policies in general. Finally, and for the next generation, the group argued for the need for better linkages to medical student federations etc. Essentially, they need to know about HPH and be pro-HPH early on.

Group 4: A Chiarenza and C Aguzzoli presented. Ideas included to addition of a column to the strategy about stakeholders relevant for the related objectives – e.g. policy-makers, managers, health promotion professionals and so on. The group also felt that the standards would have to be a topic of the strategy. The group felt that it was a good approach to try to gain inspiration from other networks, but HPH should still stay close to its own simple main vision. Another element of importance, the group felt, was the addition of shorter than 5 years action plans to go with the 5-year strategy. This would better link the strategy up to local implementation efforts. There could be, e.g. a 2-year action plan and the a 3-year action plan. Furthermore, the group argued for better involvement of patient associations and linkages with other settings such as schools, workplaces etc. Regarding capacity, the group argued for more use of the Task Force and Working Group results. Also, the group felt that a toolbox should be created concerning the Umbrella Framework to help engage networks and members. Additionally, a certification for HPH professionals for their competences would be useful – it could be a course with a certificate for professionals. This would mark staff in HPHs and give a shared identity to support developments at local level. Another idea was to explore patient engagement even further – following the New Haven Recommendations. Finally, and to rejuvenate the network, the group agreed with the need for involving young people more. One idea would be to try to connect more with residents in public health in countries and also with student associations.