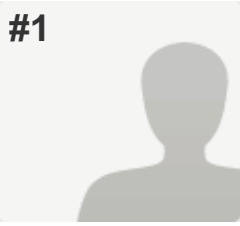


#1



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Collector: HPH TF Progress Reports 2010 (Web Link)
Started: Tuesday, March 08, 2011 5:04:32 AM
Last Modified: Tuesday, March 08, 2011 6:29:19 AM
Time Spent: 01:24:47
IP Address: 217.68.2.185

PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Task Force in Mental Health Promotion in Health Care Settings
Q2: Date of Establishment	
Date of Establishment	02/05/1998
Q3: Period of Signed Agreement	
Expiration of Network Agreement	12/05/2013
Q4: Which of these does the work of your Task Force focus upon?	Patients, Staff
Q5: Task Force Leader	
Name	Prof. Dr. Hartmut Berger
Address	Vitos Philipppshospital D-64560 Riedstadt
Email	hartmut.berger@vitos-riedstadt.de
Phone	0049-6158-183-216
Fax	0049-6158-183-243
Task Force Website	www.hpps.net
Q6: Period covered by this Progress Report	
From	2010
To	2011
Q7: Coordinating Institution	
Name	Prof. Dr. Hartmut Berger
Address	Vitos Philipppshospital D-64560 Riedstadt
Email	hartmut.berger@vitos-riedstadt.de
Phone	0049-6158-183-216
Fax	0049-6158-183-243
Institution Website	www.hpps.net

Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting

Combined Hospital / Health Services 10

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

Respondent skipped this question

Q10: Please provide an updated list of all Task Force members (including name and contact information)

1. Thomas Edward Harrison
ThomasEdward.Harrison@ggc.scot.nhs.uk

Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes,

If yes, please provide titles and authors
1. Berger, H., H. Gunia, K. Nürnberger, A. Teschner (1997) Psychoedukative Gruppen für Familien. Erste Erfahrungen. In: Dittmar V. (Hrsg.): Die Behandlung schizophrener Menschen. Roderer Regensburg 6. Berger, H., R. Paul (1999) The Health Promoting Psychiatric Hospital 9. Paul, R., H. Berger, R. Kilian (1996) Health Promotion in a Psychiatric Healthcare Institution. In: Newsletter Health Promotion Hospitals 8, 4 - 59.14. Berger, H. (2003) Gesundheitsförderung - Ein neuer Weg in der Psychiatrie. In: Klug, G. (Hrsg) Dem Menschen in seiner Welt begegnen. Psychiatrische Praxis. Supplement 1 Band 30 S14-2015.

Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes,

If so, please provide here or in attachment email to the HPH Secretariat
see email to HPH secretariat

Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)

Yes

Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?

No

Q15: Task Force Growth

Respondent skipped this question

Q16: Does your Task Force take part in any partnerships with other organizations or similar?	Yes, If so, please provide names of partners and of contact persons Aktionsbündnis für seelische Gesundheit; Bundesdirektorenkonferenz
Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)	<i>Respondent skipped this question</i>
Q18: Briefly describe your Task Force's plan for the next period	In planning are three studies:
Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?	No

PAGE 2: Part B - Exchange of Knowledge and Experience

Q20: Organizational structure and way of working Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)	The task force on health promoting psychiatric services was founded in 1998 enfoldng a working group of varying members from different countries mainly from Ireland, Scotland, Norway, Lithuania, Denmark, Germany, Poland and Italy. The task force is managed by a working group of Vitos Philipppshospital, a clinic for psychiatry and psychotherapy seated in D-64560 Riedstadt Germany. The task force is partially supported by the stakeholder but there is no funding by the government or other institutions. Therefore the task force is not able to recruit and administer a continuously acting network of psychiatric institutions, which was intended in the beginning. But it was possible to implement working groups for special themes as well as a close and continuous scientific cooperation with the universities of Darmstadt, Frankfurt and the psychoanalytic institute in Mainz.
Q21: Outcomes and main achievements Please describe the main outcomes and achievements Please describe the main problems encountered	At Vitos Philipppshospital the following projects could be realized: No appreciable financial support

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

No funding, but work time spent for coordination and research together with the universities of Darmstadt and Frankfurt

Plan for the next period

No possibilities of funding

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?

self -assessment-tool for health promotion in mental health services

Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?

Standard 1: Management Policy

The organization identifies responsibilities for health promotion

Yes

The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities

Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion

Yes

The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background

Yes

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed

Yes

The organization ensures that all patients, staff and visitors have access to general information on factors influencing health

Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace

Yes

The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff

Yes

The organization ensures availability of procedures to develop and maintain staff awareness on health issues

Yes

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans Yes

The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge Yes

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority? On the basis of the given experience it seems to be time for a report about what mental health promotion could be and how to be realized in all day practice. Therefore it's planned to fashion the knowledge in a manual and guidelines for mental health promotion in psychiatric services after finishing the above mentioned and ongoing studies. This should be done by a final report for the general assembly of the HPH network presumably in the year 2013. With that report the work of the task force on health promoting psychiatric services could be finalized.

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH? No

Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.) No

Does the Task Force issue any guidelines on implementation? Yes

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members No

Advocate own Task Force and the International HPH Network Yes

Invite to participate in Task Force related HPH activities Yes

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	Yes
Identify Task Force related partners in integrated setting strategies	Yes
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	Yes
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	No

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010 *Respondent skipped this question*

Q35: Strategy, priorities and focus areas of your Task Force for the next period *Respondent skipped this question*

Q36: Recognition from public authorities, health systems etc.

If relevant, then please describe the recognition given to your Task Force - from whom and in what way?	member of Aktionsbündnis für seelische Gesundheit
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Q37: Task Force information and internal / external communication

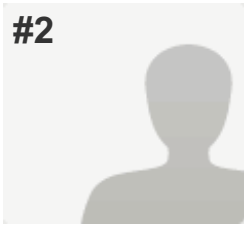
Are key Task Force documents available in any local languages? If not, is translation envisaged?	yes
Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)	homepage
How is your Task Force advocating itself (regionally, nationally and internationally)?	publications, lectures, workshops (see report)

Q38: Collaboration with the International HPH Network and with WHO *Respondent skipped this question*

Q39: Publication list of the Task Force

Please list any publications made by your Task Force	see above and given by the report sent by email
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#2



COMPLETE

Collector: HPH TF Progress Reports 2010 (Web Link)
Started: Tuesday, March 15, 2011 2:23:19 AM
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PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Alcohol and Alcohol Interventions
Q2: Date of Establishment	
Date of Establishment	06/05/2009
Q3: Period of Signed Agreement	<i>Respondent skipped this question</i>
Q4: Which of these does the work of your Task Force focus upon?	Patients, Staff
Q5: Task Force Leader	
Name	Sverre Nesvaag
Address	KORFOR, Stavanger University Hospital, PO.box 8100, 4068 Stavanger, Norway
Email	ness@sus.no
Phone	+47 90837431
Task Force Website	www.sus.no/korfor
Q6: Period covered by this Progress Report	
From	April 2010
To	March 2011
Q7: Coordinating Institution	
Name	KORFOR, Stavanger University Hospital
Address	PO.box 8100, 4068 Stavanger, Norway
Email	post@sus.no
Phone	+47 48136702
Institution Website	www.sus.no/korfor

Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	11
Health Services	3
Combined Hospital / Health Services	0
Non-Hospital / Health Services	3

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

susan.sadiq@rlbught.nhs.uk: Susan Sadiq, Royal Liverpool Hospital. andrew.whitfield@uhsm.nhs.uk: Andre Whitfield, Lead Alcohol Specialist Nurse., suzanne.mcdonald@srft.nhs.uk: Suzanne McDonald, Healthy Hospitals Project Manager, Salford Royal NHS Foundation Trust., heli.hatonen@imatra.fi: Heli Hätönen, Coordinator of Preventive Mental Health Care Services, Municipality of Imatra. , d.comerford@st-vincents.ie: Denise Comerford, Preventive Medicine, St. Vincents Univerity Hospital, Irland. , gary.bickerstaffe@rbh.nhs.uk: Gary Bickerstaffe, Health Improvement Specialist, Bolton Hospitals NHS Trust, Bolton., wangtsojen@gmail.com: TsoJen Wang, Director of Adult Psychiatry, Tsao Tun Psychiatric Center, Taiwan. , lisa.luger@tvu.ac.uk: Lisa Luger, Principal Lecturer and Programme Leader, Substance Use and Misuse Studies, Thames Valley University, Middlesex. , jean.mcqueen@nhs.net: Jean McQueen, AHP Consultant, The Ayr Clinic, Ayr. , tpaparrig@med.uoa.gr: Thomas Paparrigopoulos, Ass.prof. of Psychiatry, Athens University Medical School. , htoe0002@bbh.regionh.dk: Hanne Tønnesen, HPH – CC, Copenhagen, tim.neumann@charite.de: Tim Neumann, Charite, Berlin, claudia.spies@charite.de: Claudia Spies, Charite, Berlin, ogroene@fadq.org: Oliver Grøne, Barcelona, Spain, Rasmus.sand@ras.rl.no: Rasmus Sand, Rogaland A-senter, Anders.hellman@ras.rl.no: Anders Hellman, Rogaland A-senter, Moyfrid.lode.yndestad@sus.no: Møyfrid Lode Yndestad, KORFOR, Stavanger University Hospital, Barclay.stevenson@iris.no: Barclay Stevenson, International Research Institute of Stavanger, Jan.tore.daltveit@helse-bergen.no: Jan Tore Daltveit, Haukeland University Hospital, ness@sus.no: Sverre Nesvaag, KORFOR, Stavanger University Hospital

Q10: Please provide an updated list of all Task Force members (including name and contact information)

Respondent skipped this question

HPH TF Progress Reports Online 2010

Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?	Yes, If yes, please provide titles and authors Alcohol and Alcohol Intervention Manual, WHO-CC, Copenhagen
Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?	No
Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)	Yes, Comments Presented to the General Assembly, April 2010
Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?	No
Q15: Task Force Growth	
Number of new members	0
Number of withdrawals	0
Q16: Does your Task Force take part in any partnerships with other organizations or similar?	Yes, If so, please provide names of partners and of contact persons The UK network of substance misuse liason nurses, Adrian Brown, St.Marys London
Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)	The Norwegian Directorate of Health
Q18: Briefly describe your Task Force's plan for the next period	1. Dissemination of the Alcohol and Alcohol Intervention Manual. 2. Mapping examples of good policies and intervention, 3. Reviewing the research literature, 4. Workshop at the Turku HPH conference, 5. Initiating new research projects
Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?	No

Q20: Organizational structure and way of working

Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)

Coordinating committee and five work groups lead by coordinating committee members

Q21: Outcomes and main achievements

Please describe the main outcomes and achievements

1. Produced the Alcohol and Alcohol Intervention Manual, 2. Established the framework for the experience database. 3. Collected relevant research literature

Please describe the main facilitators and supportive factors encountered

Financial support from the Norwegian Directorate of Health

Please describe the main problems encountered

Up til now: not been able to engage the task force members in a satisfactory degree

What do you think is the limit for more members to join the activities of your Task Force?

Engaging new member in the task force work groups

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

The Norwegian Directorate of health: Annually 125.000 Euros

Plan for the next period

According to working plan

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?

No

Have any additional analysis or surveys been carried out?

A prevalence studie in three Norwegian Hospitals

**Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?
Standard 1: Management Policy**

The organization identifies responsibilities for health promotion

Yes

The organization allocates resources for the implementation of health promotion

Yes

The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities

Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion	Yes
The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	Yes
The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	Yes

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	Yes
The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace	Yes
The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff	Yes
The organization ensures availability of procedures to develop and maintain staff awareness on health issues	Yes

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans	Yes
The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge	Yes
Further comments	A new research project regarding the last point has now been started

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority?	Collaboration between hospital and general practioners after discharge
How are projects chosen? Are the developed based on formal assessment of need or on international, national or regional policy?	yes
How is the implementation monitored?	monthly reporting
How do hospitals and health services follow-up on the results of the monitoring?	discussed in the project reference group
Concerning the implementation of your projects, which factors were most supportive or obstructive?	strong interest from the department management

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH?	No
Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.)	Yes
Does the Task Force issue any guidelines on implementation?	Yes
Anything you would like to add?	Alcohol and Alcohol Intervention Manual

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members	No
Advocate own Task Force and the International HPH Network	Yes
Invite to participate in Task Force related HPH activities	Yes
Invite to make special arrangements involving HPH	No

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	No
Identify Task Force related partners in integrated setting strategies	No
Initiate new partnerships and develop and continue existing partnerships	No
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes
Details, if needed	Turku HPH conference workshop

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	Yes
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	Yes

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010 *Respondent skipped this question*

Q35: Strategy, priorities and focus areas of your Task Force for the next period see over

Q36: Recognition from public authorities, health systems etc.

If relevant, then please describe the recognition given to your Task Force - from whom and in what way?	The importance of the task force has been recognised by all national and international partners
---	---

Q37: Task Force information and internal / external communication

Are key Task Force documents available in any local languages? If not, is translation envisaged?	will be translated to French and Spanish
Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)	workshop, newsletters
Please list meetings and conferences, if applicable (indicating organisers, participants, presentations etc.)	Turku HPH conference
How is your Task Force advocating itself (regionally, nationally and internationally)?	Active networking to Hospitals with implemented policies and interventions

Q38: Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces? by helping us in the networking process

How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives? by disseminating results

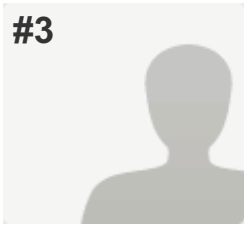
If applicable, describe the collaboration between WHO and your Task Force (directly and / or indirectly) established direct contact with Geneva WHO employees who have been active in the development of the new WHO Global Alcohol Policy

How is your Task Force advocating the International HPH Network and WHO (regionally, nationally and internationally)? by explaining or relationship and role in the network

Q39: Publication list of the Task Force

Please list any publications made by your Task Force Alcohol and Alcohol Intervention Manual

#3



COMPLETE

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PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Health Promotion for Children and Adolescents in and by Hospitals and Health Services
Q2: Date of Establishment	
Date of Establishment	01/04/2004
Q3: Period of Signed Agreement	<i>Respondent skipped this question</i>
Q4: Which of these does the work of your Task Force focus upon?	Patients
Q5: Task Force Leader	
Name	Ana Isabel Fernandes Guerreiro
Address	Sesmarias Cx300H, 8200-385 Albufeira - Portugal
Email	ana_isabel_guerreiro@hotmail.com
Phone	+351 91 215 1514
Task Force Website	hphnet.org
Q6: Period covered by this Progress Report	
From	March 2010
To	March 2011
Q7: Coordinating Institution	
Name	Office of the High Commissioner for Health, Ministry of Health
Address	Av. João Crisóstomo, 9, 1049-062 Lisboa - Portugal
Email	anaguerreiro@acs.min-saude.pt
Phone	+351 21 330 50 11
Institution Website	http://www.acs.min-saude.pt/

Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	13
Non-Hospital / Health Services	9

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

Task Force HPH-CA Members December 2010:
 Ana Isabel F. Guerreiro Non-HPH Member Task Force Leader Technical Officer Office of the High Commissioner for Health, Portugal Av. João Crisóstomo, nº9 1049-062 Lisbon Portugal www.acs.min-saude.pt anaguerreiro@acs.min-saude.pt ana_isabel_guerreiro@hotmail.com
 Giuliana Filippazzi Non-HPH Member European Association for Children in Hospital (EACH) Via Tesio 7 20151, Milano, Italy www.each-for-sick-children.org ffilippazzi@alice.it
 Isabelle Aujoulat HPH Member Unité d'éducation pour la santé RESO Health Systems Research Ecole de Santé Publique Université catholique de Louvain Brussels – Belgium isabelle.aujoulat@uclouvain.be
 Klaus Arbeiter HPH Member MD, Paediatrician Department of Paediatric and Adolescent Medicine Medical University of Vienna Waehringer Guertel 18-20 1090 Vienna, Austria http://www.meduniwien.ac.at/index.php?id=372&language=2 klaus.arbeiter@meduniwien.ac.at
 Kjersti J. Ø. Fløtten HPH Member Coordinator Norsk nettverk for helsefremmende arbeid Norwegian HPH network Centre for health promotion Akershus university hospital P.O.Box 70 1478 LØRENSKOG Norway kjersti.johanne.flotten@ahus.no www.ahus.no
 J. Raquel Mullen HPH Member MD Stanly Pediatrics at Troy 835 Albemarle Rd 27371, Troy, North Carolina, USA docroxm@hotmail.com http://www.stanlymedicalservices.org/
 James E. Robinson HPH Member Health Equalities and Inclusion Facilitator Royal Hospital for Sick Children NHS Lothian University Hospitals Sciennes Road EH9 1LF, Edinburgh, United Kingdom James.Robinson@luht.scot.nhs.uk http://www.nhslothian.scot.nhs.uk/
 Lagle Suurorg HPH Member Quality Manager Tallinn Children's Hospital Tervise, 28 13419, Tallinn, Estonia lagle.suurorg@lastehaigla.ee http://www.lastehaigla.ee/
 Leonor Santos Non-HPH Member Clinical Psychologist Coordinator, Humanisation Department of the Child Support Institute (IAC) Instituto de Apoio à Criança Largo da Memória, 14 1349-045 Lisbon Portugal leonor.humanizacao@gmail.com http://www.iacrianca.pt
 Les White HPH Member MBBS, FRACP, MRACMA, MHA, AFACHSE John Beveridge Professor of Paediatrics University of NSW & Executive Director Svdnev Children's

.....
Hospital High Street, Randwick NSW 2031,
Australia
Les.White@SESIAHS.HEALTH.NSW.GOV.AU
http://www.sch.edu.au/ Liz McArthur HPH Member
Clinical Nurse Specialist Pain and Sedation service
Alder Hey Children's NHS Foundation Trust Eaton
Road Liverpool L12 2AP UK
Liz.McArthur@alderhey.nhs.uk
http://www.alderhey.com/ Micheline Ste-Marie
HPH Member MD, FRCP Associate Director of
Professional Services and Academic Affairs
Montreal Children's Hospital McGill University
Health Centre micheline.ste-
marie@muhc.mcgill.ca
http://www.thechildren.com/en/
http://www.muhc.ca/ Marija Radonić HPH Member
Pediatric Department in General (County) Hospital
Dubrovnik Dr. Roka Mišetića, 2 20000, Dubrovnik,
Croatia marijarado@bolnica-du.hr
http://www.bolnica-du.hr/english/index.php Núria
Serrallonga Tintore HPH Member Co-ordinator of
DIVER/CHILD-LIFE Programme Hospital Sant Joan
de Déu Barcelona Pg. St Joan de Déu, 2 08950 -
Esplugues de Llobregat (Barcelona), Spain
nserrallonga@hsjdbcn.org www.hsjdbcn.org Rosa
Gloria Suárez HPH Member Public Health
Directorate Government of the Canary Islands
Rambla General Franco, 53 38006. Santa Cruz de
Tenerife. Canarias, Spain
rsualop@gobiernodecanarias.org
www.gobiernodecanarias.org/sanidad/ Stella
Tsitoura HPH Member Member, European Society
for Social Pediatrics and Child Health (ESSOP)
Director, Department of Social Medicine 2nd
Paediatric University Clinic "P & A Kyriakou"
Children's Hospital Mesogeion Avenue 24 11527,
Athens, Greece stella.tsitoura@gmail.com
www.essop.org Zsuzsanna Kovács HPH Member
National Institute of Child Health Child Health Main
Department Methodology Department Diószegi út
64. 1113, Budapest, Hungary
kovacs.zsuzsanna@ogyei.hu www.ogyei.hu ,
www.sepa-esap.org Andrew Clarke Task Force
Partner, non-HPH Member Health Advisor: Practice
& Development CWS 32-36 Loman Street
Southwark London SE1 0EH 020 7922 8003
London office +44 (0)783 467 9060 UK mobile +977
9804174693 Nepal mobile www.cwsuk.org Liam
Cairns Task Force Partner, non-HPH Member
Director, Investing in Children Durham, UK
Liam.cairns@durham.gov.uk Sandra Eismann
Task Force Partner, non-HPH Member
Development Manager Methods Care Quality
Commission Finsbury Tower 103 - 105 Bunhill Row
London EC1 8TG Direct line: 0207 448 4555 Ext.
3755 Sandra.Eismann@cqc.org.uk
http://www.cqc.org.uk/ Matthew King Task Force
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HPH TF Progress Reports Online 2010

Partner, non-HPH Member UNICEF UK UNICEF
House 30a Great Sutton Street London EC1V 0DU
Tel: 0207 490 2388 Fax: 0207 250 1733
<http://www.unicef.org.uk/>

Q10: Please provide an updated list of all Task Force members (including name and contact information)

Respondent skipped this question

Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes

Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes

Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)

Yes

Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?

No

Q15: Task Force Growth

Number of new members

1

Number of withdrawals

0

Q16: Does your Task Force take part in any partnerships with other organizations or similar?

Yes,

If so, please provide names of partners and of contact persons
Attachment will be sent by email

Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)

Respondent skipped this question

Q18: Briefly describe your Task Force's plan for the next period

Enhance the work around children's rights in hospitals and health services; develop an assessment tool for children and adolescents to assess the respect of their rights in hospitals and health services; to develop the salutogenic approach in health promotion for children and adolescents in and by hospitals and health services

Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?

No

PAGE 2: Part B - Exchange of Knowledge and Experience

Q20: Organizational structure and way of working

Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)

The Task Force Leader coordinates and monitors the work of Task Force members. In relation to some specific work, some reports are sent by individual members, when requested. Task Force members engage with HPH members and non-HPH members to implement Task Force-related activities.

Q21: Outcomes and main achievements

Please describe the main outcomes and achievements

The work around the Self-evaluation Model and Tool on the respect of children's rights in hospital has been the most successful and effective one by the Task Force, being that it has been used and replicated in a large number of hospitals. Following this work, the Task Force has been contacted by WHO, CoE and IOM to engage in different activities. The work of the Task Force has also been published.

Please describe the main facilitators and supportive factors encountered

There is great motivation in the group and the achievements reached so far keep reaching further actors and institutions.

Please describe the main problems encountered

Financial support

What do you think is the limit for more members to join the activities of your Task Force?

In countries where there are several people working for the Task Force, such is the case in the UK, professionals coordinate nationally. I believe this is the way forward.

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

Each member is funded by its own institution, including all the activities promoted by the Task Force. This is a great impediment to push the work even further.

Plan for the next period

We have tried to finance the Task Force through European funding or other, so far without success, but we will keep trying.

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?	No
Which strategies have been used for evaluation and monitoring?	Ad hoc reports
Have any additional analysis or surveys been carried out?	No

**Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?
Standard 1: Management Policy**

The organization identifies responsibilities for health promotion	No
The organization allocates resources for the implementation of health promotion	No
The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion	Yes
The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	Yes
The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	Yes

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	Yes
The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace No

The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff No

The organization ensures availability of procedures to develop and maintain staff awareness on health issues No

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans No

The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge No

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority?	Respecting Children's Rights in Hospital
How are projects chosen? Are they developed based on formal assessment of need or on international, national or regional policy?	This activity was identified as one priority area of the Task Force since the beginning
How is the implementation monitored?	The Task Force has developed a Self-evaluation Model and Tool. For its implementation, there is a Local Report, which all participants fill out and submit to the Task Force Leader.
How do hospitals and health services follow-up on the results of the monitoring?	It depends on the local needs and priorities.
Concerning the implementation of your projects, which factors were most supportive or obstructive?	As described before.

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH? Yes

Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.) Yes

Does the Task Force issue any guidelines on implementation? No

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members	No
Advocate own Task Force and the International HPH Network	Yes
Invite to participate in Task Force related HPH activities	Yes
Invite to make special arrangements involving HPH	No

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	Yes
Identify Task Force related partners in integrated setting strategies	No
Initiate new partnerships and develop and continue existing partnerships	No
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	No
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	Yes

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010 *Respondent skipped this question*

Q35: Strategy, priorities and focus areas of your Task Force for the next period *Respondent skipped this question*

Q36: Recognition from public authorities, health systems etc. *Respondent skipped this question*

Q37: Task Force information and internal / external communication

Are key Task Force documents available in any local languages? If not, is translation envisaged?	Yes
Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)	HPH website and HPH Conference. An HPH Newsletter number dedicated to the Task Forces has been suggested to the HPH Scientific Committee
Please list meetings and conferences, if applicable (indicating organisers, participants, presentations etc.)	The Task Force has presented its work in various meetings
How is your Task Force advocating itself (regionally, nationally and internationally)?	At all levels

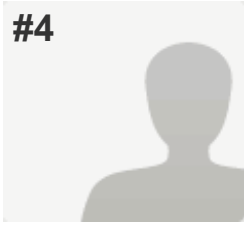
Q38: Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces?	More active support in implementing and disseminating its activities, i.e. through a Newsletter, which could be managed by the Task Force
How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives?	In enhancing HP knowledge for children and adolescents
If applicable, describe the collaboration between WHO and your Task Force (directly and / or indirectly)	The Task Force has always collaborated with various professionals of WHO European and Headquarters' offices

Q39: Publication list of the Task Force

Please list any publications made by your Task Force	- Simonelli F, Guerreiro AIF and Sereni N (2009) The respect of children's rights in hospital. A model and tool of self-evaluation by the International Network of Health Promoting Hospitals; Educazione Sanitaria e Promozione della Salute. - Guerreiro AIF et al. (2009) The right of migrant children to healthcare: the response of hospitals and health services; WHO Collaborating Centre for Health Promotion Capacity Building on Child and Adolescent Health & IOM - Simonelli F and Guerreiro AIF (eds); The respect of children's rights in hospital: an initiative of the International Network on Health Promoting Hospitals and Health Services. Final Report on the implementation process of the Self-evaluation Model and Tool on the respect of children's rights in hospital. January 2010
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#4



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PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Migrant-Friendly and Culturally Comptetent Healthcare
Q2: Date of Establishment	
Date of Establishment	19/05/2005
Q3: Period of Signed Agreement	
Expiration of Network Agreement	22/07/2012
Q4: Which of these does the work of your Task Force focus upon?	Patients, Staff, Community
Q5: Task Force Leader	
Name	Antonio Chiarenza
Address	AUSL of Reggio Emilia - Via Amendola, 2 - 42100 Reggio Emilia, Italy
Email	antonio.chiarenza@ausl.re.it
Phone	+390522335087
Task Force Website	http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38
Q6: Period covered by this Progress Report	
From	April 2010
To	March 2011
Q7: Coordinating Institution	
Name	AUSL of Reggio Emilia
Address	Via Amendola, 2 - 42100 Reggio Emilia - Italy
Email	TFMFCCH@ausl.re.it
Phone	+390522335087
Institution Website	Http://www.ausl.re.it

Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	11
Combined Hospital / Health Services	6
Non-Hospital / Health Services	13

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

Nr.; Name; Country; Affiliation; e-mail ; Chiarenza, Antonio; Italy; AUSL of Reggio Emilia - HPH Emilia-Romagna; Antonio.chiarenza@ausl.re.it ; Dall'Asta, Ilaria; Italy; AUSL of Reggio Emilia - HPH Emilia-Romagna; Ilaria.dall'asta@ausl.re.it ; Riboldi, Benedetta; Italy; AUSL of Reggio Emilia - HPH Emilia-Romagna; Benedetta.riboldi#@ausl.re.it ; Nurse, Diana; Ireland; Social Inclusion Health Service, Dublin - HPH Ireland; Diane.Nurse@hse.ie ; McHugh, Laura; Ireland; Social Inclusion Health Service, Dublin - HPH Ireland; laura.mchugh@hse.ie ; Aambø, Arild; Norway; Ullevaal University Hospital, Oslo – HPH Norway; a.aa@nakmi.no ; Spilker, Ragnhild; Norway; Oslo University Hospital, Oslo - HPH Norway; ragnhild.spilker@nakmi.no ; Cattacin, Sandro; Switzerland; Geneva University, Geneva; sandro.cattacin@unige.ch ; Patrik Hunziker; Switzerland; CP 26 CH-1142 Pampigny - HPH Switzerland; contact@healthhospitals.ch ; Domenig, Dagmar; Switzerland; Swiss Red Cross, Bern; ddomenig@hispeed.ch ; Bischoff, Alexander; Switzerland; Basel University, Basel; alexander.bischoff@unibas.ch ; Khan, Dilshad; UK; Bradford Teaching Hospitals, Bradford; dilshadkhan7@googlemail.com ; Chiu, Lai Fong; UK; TF member, Leeds University, Leeds; l.f.m.chiu@leeds.ac.uk ; Johnson, Mark; UK; De Montfort University, Leicester; mrdj@dmu.ac.uk ; Robinson, James; Scotland; Lothian University Hospital NHS Trust - HPH Scotland; james.robinson@luht.scot.nhs.uk ; Gorman, Dermot; Scotland; NHS Lothian - HPH Scotland; Dermot.Gorman@nhslothian.scot.nhs.uk ; Glover, James; Scotland; NHS Lothian - - HPH Scotland; James.Glover@nhslothian.scot.nhs.uk ; Fernandez, Manuel; Sweden; Uppsala University Hospital, Uppsala; manuel.fernandez.gonzalez@akademiska.se ; Ammentorp, Jette; Denmark; Kolding Hospital, Kolding; ammentorp@tdcadsl.dk ; Sodemann, Morten; Denmark; Institute of Clinical Research, Odense Universitetshospital, Odense; 'morten.sodemann@ouh.regionsyddanmark.dk' ; Nielsen, Dorthe; Denmark; Institute of Clinical Research, Odense Universitetshospital, Odense; dnielsen@health.sdu.dk ; García-Ramírez, Manuel; Spain; Universidad de Sevilla, Seville ; magarcia@us.es ; Mendez, Elvira; Spain;

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Asociacion Salud y Familia, Barcelona – HPH Spain; cherrera@saludyfamilia.es ; Juvinyà i Canal, Dolors; Spain; HPH Catalonia, Universitat de Girona, Girona; dolors.juvinya@udg.edu ; Salceda de Alba, Antonio; Spain; Hospital Punta de Europa, Cadiz; mizar@ono.com ; Himel, Susan; Canada; Bridgepoint Health, Toronto - HPH Canada; SHimel@bridgepointhealth.ca ; Abraham, Elizabeth; Canada; University Health Network , Toronto - HPH Canada; Elizabeth.Abraham@uhn.on.ca ; Serdyska, Marie; Canada; Montreal Children's Hospital, The McGill University Health Centre, Montreal - HPH, Canada; marie.serdyska@muhc.mcgill.ca ; Gurwinder, Gill; Canada; Brampton Civic Hospital, Brampton ; Gurwinder.Gill@williamoslerhs.ca ; Ingleby, David; The Netherlands; Utrecht University , Utrecht; J.D.Ingleby@fss.uu.nl ; Karl-Trummer, Ursula; Austria; Danau University, Krems ; uschi.trummer@univie.ac.at ; Schmidt, Werner; Germany; Berlin ; Profwerner.schmidt@t-online.de ; Fawkes, Sally; Australia; La Trobe University, Melbourne - HPH Australia; s.fawkes@latrobe.edu.au ; Travaglia, Johanna; Australia; New South Wales University, Sydney; j.travaglia@unsw.edu.au ; Robertson, Hamish; Australia; Prince of Wales Hospital, Randwick; Hamish.Robertson@SESAHS.HEALTH.NSW.GOV.AU ; Like, Robert; USA; Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School, New Jersey; like@umdnj.edu

Q10: Please provide an updated list of all Task Force members (including name and contact information)	<i>Respondent skipped this question</i>
Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?	No
Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?	Yes
Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)	Yes
Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?	Yes

Q15: Task Force Growth

Number of new members	12
Number of withdrawals	1

Q16: Does your Task Force take part in any partnerships with other organizations or similar?

Yes,
 If so, please provide names of partners and of contact persons
 COST-Action HOME - Prof David Ingleby (University of Utrecht)

Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)

University of Geneva, University of Seville, University of Gerona, University of Brighton, University of La Trobe, University of New South Wales, De Monford University, Leeds University, PICUM, Caritas, IOM, Council of Europe (Dept. of Social Cohesion), WHO Venice (Network of Health Regions)

Q18: Briefly describe your Task Force's plan for the next period

The HPH-TF MFCCH plan for the next period aims at developing a comprehensive framework for measuring and monitoring the capacity of healthcare organisations to improve accessibility to appropriate and effective health services, health promotion and preventive care for migrants and ethnic minorities. The project will represent the main activity of the 2011-2012 work plan of the TF MFCCH and aims at developing specific standards to ensure equity in healthcare. Equity is widely acknowledged as a core element of healthcare quality, yet, inequities in the provision of healthcare are severe and pervasive despite widespread documentation and numerous attempts to address them (See for example the "Solidarity in health: reducing health inequalities in EU, EU Commission 2009). These standards should provide hospitals and health services with a framework to evaluate their practices and to stimulate development. They will provide a real opportunity for staff to question what they do, why they do it and whether it can be done better. Performance indicators complementary to the standards will be added to allow a quantitative monitoring of quality improvement over time.

Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?

Yes

Q20: Organizational structure and way of working

Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)

Coordinating team (decision making level): to lead and coordinate actions; to decide and organise activities (projects, workshops, conferences). Advisory group (scientific level): to discuss ideas and developmental activities to inform the coordinator decisions. Working groups (operative level): to collect and develop knowledge and practice in the areas of concern. Hub of networks (partnership level): to facilitate connections between other networks and projects. MFH web-site (communication level): to share ideas and knowledge, to promote and disseminate best practice.

Q21: Outcomes and main achievements

Please describe the main outcomes and achievements

Implementation of the MFH model at National/Regional levels. Establishment of forms of cooperation with EU institutions: Council of Europe; PICUM, IOM, MFS,... Participation at EU projects: Nowherland and COST-Action HOME; Organisation of expert meetings and workshops (5 in the last 3 years with an average of participants between 30-50 people)

Please describe the main facilitators and supportive factors encountered

The establishment of synergies with other networks and projects.

Please describe the main problems encountered

Lack of funding

What do you think is the limit for more members to join the activities of your Task Force?

Lack of a minimum level of economic support that could facilitate the organisation of meetings.

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

8.000 Euro from Regional funds. Participation to EU funded projects is another source of funding.

Plan for the next period

Support the project for the development of Equity standards (16.000 in 2 years)

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?

no

**Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?
Standard 1: Management Policy**

The organization identifies responsibilities for health promotion	Yes
The organization allocates resources for the implementation of health promotion	Yes
The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion	Yes
The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	Yes
The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	Yes

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	Yes
The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace	Yes
The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff	Yes
The organization ensures availability of procedures to develop and maintain staff awareness on health issues	Yes

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans

Yes

The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge

Yes

Further comments

The TF project aiming at developing standards for assessing and monitoring the equity of access and quality of care for migrants will use the same format, terminology and development process adopted by the HPH standards.

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority?

1. Service policy and quality development. 2. Staff training and development. 3. Intercultural communication. 4. Patient and community empowerment.

How are projects chosen? Are they developed based on formal assessment of need or on international, national or regional policy?

Projects are proposed by the coordinating team on the basis of international priorities and then agreed upon by the Advisory group.

How is the implementation monitored?

At national level (each member representing a national network is responsible for the implementation and evaluation process)

How do hospitals and health services follow-up on the results of the monitoring?

Both at local (national/regional) level as well as at the international level for the overall process.

Concerning the implementation of your projects, which factors were most supportive or obstructive?

It's fundamental the commitment of the national HPH coordinator for facilitating the implementation at the level of individual organisations.

Anything you would like to add?

It's important also that the international network supports the TF plans by including them into the overall strategy plan. This will provide for a more formal commitment of national networks to a TF workplan.

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH?

Yes

Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.)

No

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members	Yes
Advocate own Task Force and the International HPH Network	Yes
Invite to participate in Task Force related HPH activities	Yes
Invite to make special arrangements involving HPH	Yes

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	Yes
Identify Task Force related partners in integrated setting strategies	Yes
Initiate new partnerships and develop and continue existing partnerships	Yes
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	No
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	No

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010

Respondent skipped this question

Q35: Strategy, priorities and focus areas of your Task Force for the next period

1. Objective: To conceptualise the notion of equitable healthcare organisations in a document that clarifies the position of the Task Force in the debate on cultural competence. This document will describe the conceptual model to identify and organise standards and measurable elements based on a set of interrelated domains (or primary standards). 2. Objective: To identify the primary domains (5-6 main domains) for measuring and monitoring equity in healthcare. 3. Objective: To develop the structure and content of the standards for equity using the same format, terminology and development process adopted by the HPH standards. Action: Identify, for each primary standard, a set of sub-standards and measurable elements in order to operationalise them, break them down into their principle components and allow for measurement. 4. Objective: To revise the proposed standards and development of preliminary standards. 5. Objective: To pilot test the preliminary standards in order to assess their clarity and actual compliance to people and services' needs. 6. Objective: To publish final standards.

Q36: Recognition from public authorities, health systems etc.

If relevant, then please describe the recognition given to your Task Force - from whom and in what way?

Invitation received to participate in advisory or working groups by the Council of Europe or other international bodies active in the field.

Q37: Task Force information and internal / external communication

Are key Task Force documents available in any local languages? If not, is translation envisaged?

Background documents and papers on TF Website. Article of the TF on report published by by the Portuguese presidency of EU 2008

Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)

On TF website are available all papers presented at TF meeting (more then 60). TF activities and projects have been systematically presented at national as well at international conferences.

Q38: Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces?

To support the implementation of the TF activities at the level of HPH networks.

How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives?

By contributing at the development of the overall strategy plan.

If applicable, describe the collaboration between WHO and your Task Force (directly and / or indirectly)

Including the TF themes in the Summer schools. Continuing to support the flow of information on TF activities on the WHO website.

How is your Task Force advocating the International HPH Network and WHO (regionally, nationally and internationally)?

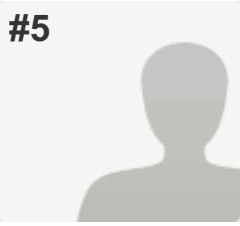
By presenting the TF activities in the framework of the international HPH network.

Q39: Publication list of the Task Force

Please list any publications made by your Task Force

Publications are available on the TF website.

#5



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PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Task Force on HPH and Environment
Q2: Date of Establishment	
Date of Establishment	14/04/2010
Q3: Period of Signed Agreement	
Expiration of Network Agreement	14/04/2014
Q4: Which of these does the work of your Task Force focus upon?	Environment
Q5: Task Force Leader	
Name	Shu-Ti Chiou
Address	No.2, Changqing St., Xinzhuang Dist, New Taipei City 24250, Taiwan
Email	stchiou@ bhp.doh.gov.tw ; stchiou@ym.edu.tw
Phone	+886-2-2997-8616 # 100
Fax	+886-2-2991-6328
Task Force Website	http://www.hphnet.org/index.php?option=com_content&view=article&id=18&Itemid=95
Q6: Period covered by this Progress Report	
From	April 14,2010
To	January 15,2011

Q7: Coordinating Institution

Name	Bureau of Health Promotion, Department of Health, Taiwan
Address	No.2, Changqing St., Xinzhuang Dist, New Taipei City 24250, Taiwan
Email	mhc@ bhp.doh.gov.tw
Phone	+886-2-29978616#120
Fax	+886-4-29945271
Institution Website	http://www.bhp.doh.gov.tw

Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	3
Health Services	0
Combined Hospital / Health Services	0
Non-Hospital / Health Services	2

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

Name; E-mail; Organization; Position ; HPH membership status
 Advisor Group; Shu-Ti Chiou ; stchiou@bhp.doh.gov.tw; Bureau of Health Promotion, DOH,Taiwan; Director General;
 Member Hanne Tonnesen; ht02@bbh.regionh.dk; WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services; Director;
 Member Jürgen Pelikan; Juergen.Pelikan@lbihr.lbg.ac.at; WHO Collaborating Centre for Health Promotion in Hospitals and Health Care; Director;
 Member Gary Cohen; gcohen@igc.org; Health Care Without Harm; President and Co-Founder; Non-member Pendo Maro; pendo@env-health.org; Health Care Without Harm; Senior Climate & Energy Advisor; Non-member Susan Wilburn; WilburnS@who.int; Occupational and Environmental Health Department of Public Health and Environment, WHO; Technical Officer; Non-member Michael Wong; wong.michael.tk@alexandrahealth.com.sg; Department of Family & Community Medicine, Alexandra Hospital; Head and Consultant; Member Chin-Lon Lin; CLLINMD@tzuchi.com.tw; Buddhist Tzu Chi General Hospital; Chief Executive Officer; Member General Member Paola Antonioli; p.antonioli@ospfe.it; Azienda Ospedaliero-Universitaria di Ferrara (Universitary Hospital); ; Member

Q10: Please provide an updated list of all Task Force members (including name and contact information)

Name; E-mail; Organization; Position ; HPH membership status
 Advisor Group; Shu-Ti Chiou ; stchiou@bhp.doh.gov.tw; Bureau of Health Promotion, DOH,Taiwan; Director General;
 Member Hanne Tonnesen; ht02@bbh.regionh.dk; WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services; Director;
 Member Jürgen Pelikan; Juergen.Pelikan@lbihr.lbg.ac.at; WHO Collaborating Centre for Health Promotion in Hospitals and Health Care; Director;
 Member Gary Cohen; gcohen@igc.org; Health Care Without Harm; President and Co-Founder; Non-member Pendo Maro; pendo@env-health.org; Health Care Without Harm; Senior Climate & Energy Advisor;
 Non-member Susan Wilburn; WilburnS@who.int; Occupational and Environmental Health Department of Public Health and Environment, WHO; Technical Officer;
 Non-member Michael Wong; wong.michael.tk@alexandrahealth.com.sg; Department of Family & Community Medicine, Alexandra Hospital; Head and Consultant;
 Member Chin-Lon Lin; CLLINMD@tzuchi.com.tw; Buddhist Tzu Chi General Hospital; Chief Executive Officer;
 Member General Member Paola Antonioli; p.antonioli@ospfe.it; Azienda Ospedaliero-Universitaria di Ferrara (Universitary Hospital); ; Member

Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes,

If yes, please provide titles and authors
 Title: The 2010 International Conference on Healthy Hospital and Healthy Environment.
 Authors: Shu-Ti Chiou, Bureau of Health Promotion, Department of Health, Taiwan

Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes,

If so, please provide here or in attachment email to the HPH Secretariat

Mission: The Task Force on HPH, Climate, and Environment presents the terms of references directly to the mission of the International HPH Network. The proposed Task Force thereby adds to better health gain by promoting the health for patients, their families, staffs, and the environment, as well as improving quality of health care. Purpose: The International HPH Network will develop and encourage more environment friendly hospitals and health services within countries, regions, and internationally. Objectives: 1.To set up norms and standards for environment friendly hospitals & health services. 2. Advocate evidence-based policy and set up best practice examples regarding environment friendly HPH hospitals. 3. To monitor the development of health promotion regarding environment friendly intervention in hospitals & health services.

Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)

No

Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?

No

Q15: Task Force Growth

Number of new members

2

Number of withdrawals

0

Q16: Does your Task Force take part in any partnerships with other organizations or similar?

Yes,

If so, please provide names of partners and of contact persons

HCWH, Gary Cohen, email: gcohen@igc.org

Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)

Taiwan Green productivity Foundation; Bureau of Energy, Ministry of Economic Affairs, R.O.C (Taiwan); Environmental Protection Administration, Executive Yuan, R.O.C (Taiwan)

Q18: Briefly describe your Task Force's plan for the next period

1.To finalize the HPH and Environment Manual by appending and integrating more environment friendly facts and best practice examples into sub-standards or explanatory texts. 2.To arrange experience sharing in 2011 Turku conference: workshop, parallel sessions, and poster sessions. 3.To manage the TF website on the HPH new site and collect relevant materials in cooperation with HCWH.

Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?

No

PAGE 2: Part B - Exchange of Knowledge and Experience

Q20: Organizational structure and way of working

Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)

Please see detail organizational chart on attachment (email to Jeff Svane: JSva0004@bbh.regionh.dk, Technical Officer of WHO-CC for HPH)

Q21: Outcomes and main achievements

Please describe the main outcomes and achievements

1.HCWH has been collecting the monitor tools and information of environment-friendly websites. 2. The 2010 International Conference on Healthy Hospitals & Healthy Environment was successfully held in Taipei, Taiwan on Oct. 22-23. Representatives from 9 hospital associations and 128 hospitals (account for more than 64% of hospital beds in Taiwan) attended the pledge ceremony entitled "Health Sector Leading the Action to Reduce CO2 Emissions". They committed to take action toward Environment-Friendly Hospitals by reducing 13% of annual CO2 emissions by 2020 compared to the level in 2007. The annual amount of CO2 reduction will be 164,648 tons, equivalent to the annual absorbing capacity by 34 New York Central Parks. 3. The draft Manual of HPH and Environment has proposed by Hanne Tonnesen, and it was discussed on the 2nd Task Force Meeting on HPH and Environment on Oct. 22, 2010.

Please describe the main facilitators and supportive factors encountered

1.WHO-CC : Provide relevant administrative resource and platform for information exchange. 2.HCWH : Assist Task Force in collecting world wide information on health care and environment-friendliness, and promotion of resource and experience sharing. 3.BHP (DOH, Taiwan) : The major financial sponsor, also provide the best practice examples and working experience shared among Taiwan's hospitals, experts, and government.

Please describe the main problems encountered

Indicators that measuring and monitoring the effect in climate change are still under developing stage so that it is diverse at different countries. Hence it is difficult to do the analysis internationally.

What do you think is the limit for more members to join the activities of your Task Force?

No.

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

The major funding of Task Force is from BHP, DOH, Taiwan allocated from the public funding according to government regulation of Taiwan.

Plan for the next period

The budget of 2011 is about \$62,500 EURO.

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?	No.
Which strategies have been used for evaluation and monitoring?	No.
Have any additional analysis or surveys been carried out?	A self-assessment survey had been analyzed from Taiwan's 128 hospitals about the CO2 emission, which use the data of oil, gas, water, waste, and electricity in 2007 as the indicators to estimate the total amount of carbon reduction in 2020. The total decreased amount of carbon dioxide emissions will reach 164,648 tons.

**Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?
Standard 1: Management Policy**

The organization identifies responsibilities for health promotion	Yes
The organization allocates resources for the implementation of health promotion	Yes
The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion	Yes
The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	No
The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	No

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	Yes
The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace	Yes
The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff	Yes
The organization ensures availability of procedures to develop and maintain staff awareness on health issues	Yes

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans	Yes
The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge	No

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority?	1.The symposium on low-carbon hospital was held on Sep. 15th, 2010 in Taiwan. There were initially 44 hospitals participated in the workshop and later on, up to 128 hospitals joined low carbon hospital, and they had pledged for reducing CO2 emissions on the conference in Oct. 2010. 2. The manual of “Green Hospital, Green Life, Green Planet : Experience Sharing on Green Hospital” had published by Bureau of Health Promotion, which consists of the energy saving and carbon reduction experiences from 12 Taiwan Hospitals and Singapore Alexandra Health Cluster.
How are projects chosen? Are the developed based on formal assessment of need or on international, national or regional policy?	The project process is based on the Kyoto Protocol and 2009 Copenhagen Climate Summit, and abided by the goal of carbon emission reduction. It is also in compliant with the policy of energy saving and carbon reduction currently in Taiwan.
How is the implementation monitored?	It is calculated by the amount of carbon reduction, which was based on Oil, Gas, Water, Electricity, and Waste, as the indicator.
How do hospitals and health services follow-up on the results of the monitoring?	Hospitals will continue tracking the effects by collecting and analyzing the resource utilization data.
Concerning the implementation of your projects, which factors were most supportive or obstructive?	Due to the resource utilization data collected from Environmental Protection Administration and Bureau of Energy, Ministry of Economic Affairs in Taiwan, hospitals do not have to elaborate more documents in details, which could enhance hospitals’ willingness to participate in the carbon reduction activities.
Anything you would like to add?	No.

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH?	No
Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.)	Yes
Does the Task Force issue any guidelines on implementation?	No
Anything you would like to add?	No.

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members	Yes
Advocate own Task Force and the International HPH Network	Yes
Invite to participate in Task Force related HPH activities	Yes
Invite to make special arrangements involving HPH	Yes

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	Yes
Identify Task Force related partners in integrated setting strategies	Yes
Initiate new partnerships and develop and continue existing partnerships	Yes
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	Yes
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	Yes

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010

1. Visualizing environment-related health promoting issues in existing HPH Models and Tools. 2. Giving examples on best evidence practice related to HPH Models and Tools. 3. Developing tools for monitoring the effect of environment-friendly intervention programs.

Q35: Strategy, priorities and focus areas of your Task Force for the next period

1. To finalize the HPH and Environment Manual by appending and integrating more description related to "environment" into sub-standards or explanatory texts. 2. To arrange 3 types of experience sharing in 2011 Turku conference: workshop, parallel sessions, and poster sessions. 3. To set up the new TF webpage on the HPH website and collect information in cooperation with HCWH.

Q36: Recognition from public authorities, health systems etc.

If relevant, then please describe the recognition given to your Task Force - from whom and in what way?

1. Dr. Chiou, General-director of BHP, DOH, Taiwan (R.O.C,) is the chairman of the task force, and the TF budget is also supported by BHP. 2. Taiwan government have dubbed 2010 as the "Year of Energy Conservation and Carbon Reduction", and announced the National Appropriate Mitigation Actions together with the promotion of the Master Plan of Energy Conservation and Carbon Mitigation. By doing so, the inter-governmental efforts from the 5 major dimensions such as energy, industries, transportation, environment and lifestyle will be gathered and move residents towards a low-carbon emission society, and to achieve carbon reduction targets systematically. No matter public or private hospitals are willing to participate in this relevant issue.

Q37: Task Force information and internal / external communication

Are key Task Force documents available in any local languages? If not, is translation envisaged?

Yes.

Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)

The task force database website has been set up which consists of mission & objective, task force members, conference information, task force meetings, conference presentations, references, publications and relevant links. The dissemination of the HPH and Environment information are through two different channels : 1.Through the HPH website to publish pre-conference announcement, conference report, and progress report. 2.To communicate by email with National/Regional HPH coordinators to notify and invite their network members to participate in the activities.

Please list meetings and conferences, if applicable (indicating organisers, participants, presentations etc.)

1st meeting: Chair: Shu-Ti, Chiou; Participants: Jeff Svane, Gary Cohen, Pendo Maro, Michael Wong, Chin-Lon Lin; Date: 16th April, 2010 ; Venue: Room 406, Manchester University, UK. 2nd meeting: Chair: Shu-Ti, Chiou; Participants: Hanne Tonnesen, Jürgen Pelikan, Jeff Svane, Pendo Maro, Peter Orris, Gladys Wong, Chin-Lon Lin; Date: 22nd , October, 2010 ; Venue: Evergreen International Convention Center, Taipei, Taiwan. The 2010 international conference on healthy hospitals and healthy environment: Organizers: BHP, DOH, Taiwan, the International Network of HPH; participants: Hanne Tonnesen, Jeff Svane, Pendo Maro, Jürgen Pelikan, Peter Orris, Gladys Wong, Chin-Lon Lin, Shu-Ti, Chiou, and representatives of 106 Taiwan hospitals, academic, ministries. Date and Time: 22nd~23rd , October, 2010 ; Venue: Evergreen International Convention Center, Taipei, Taiwan.

How is your Task Force advocating itself (regionally, nationally and internationally)?

1.To disseminate the Task Force message and activity report through the HPH website and newsletter. 2.Through HCWH experts disseminate the information of 2011articles invitation to network members. 3.In Taiwan, we have set up a “Promoting Health Care and Environment-Friendly Committee”, which assists the Task Force in promoting the concept to participants, government officers, and hospitals to gather up more supports.

Anything you would like to add?

No.

Q38: Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces?

The introductory presentation of the Task Force could be arranged on the plenary session of the annual International Conference. In addition to the conference, it could also be arranged in the future such as scientific Journal with the thesis and case study to explore furthermore on this issue, which leads more members pay much attention to it.

How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives?

Through mutual interaction of carbon reduction related activities, we encourage non-HPH member hospitals to apply membership of International HPH Network.

If applicable, describe the collaboration between WHO and your Task Force (directly and / or indirectly)

Susan Wilburn in WHO, is one of the advisory group of the Task Force.

How is your Task Force advocating the International HPH Network and WHO (regionally, nationally and internationally)?

Yes, by encouraging the participants to join the HPH Network while having an international conference.

Anything you would like to add?

No.

Q39: Publication list of the Task Force

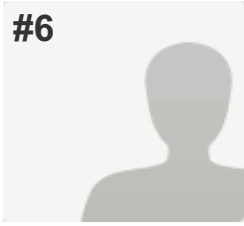
Please list any publications made by your Task Force

Green Hospital, Green Life, Green Plant. Experience Sharing on Green Hospital.

Anything you would like to add?

No.

#6



COMPLETE

Collector: HPH TF Progress Reports 2010 (Web Link)
Started: Tuesday, November 08, 2011 8:08:00 AM
Last Modified: Tuesday, November 08, 2011 8:25:09 AM
Time Spent: 00:17:08
IP Address: 130.226.172.129

PAGE 1: Part A - Administrative Information

Q1: Name of Task Force	Collaborative Taskforce - Tobacco Free United (TFU)
Q2: Date of Establishment	
Date of Establishment	14/05/2008
Q3: Period of Signed Agreement	
Expiration of Network Agreement	14/05/2012
Q4: Which of these does the work of your Task Force focus upon?	Patients, Staff, Community, Environment
Q5: Task Force Leader	
Name	Ann ORiordan
Address	15 Bellevue Park Avenue, Booterstown, Blackrock Co. Dublin, Ireland
Email	oriordanann@gmail.com
Phone	+353872447702
Task Force Website	http://www.facebook.com/group.php?v=wall&gid=357231931900
Q6: Period covered by this Progress Report	
From	May 2010
To	May 2011
Q7: Coordinating Institution	
Name	As above
Q8: Number of hospitals, health services and other members of your Task Force at the time of reporting	
Combined Hospital / Health Services	64

Q9: Please provide an updated list of all members of your Task Force - including name, contact person, address and contact information as well as the HPH membership/non-membership status (Note: Can be Copy/Pasted into the field below)

Number of TFU participants = 53 from 22 countries

Q10: Please provide an updated list of all Task Force members (including name and contact information)

Tiiu Härm, MD Estonian HPH Network/National Institute for Health Development Ülle Ani, MD Estonian HPH Network/ Tartu University Hospital, Clinic of Lung Diseases Milena Kalvachova The Ministry of Health Health Services Quality Unit Milana Sachlova, MD Masaryk Memorial Cancer Institute (HPH Hospital) Lenka Stepankova, MD 1st Faculty of Medicine of Charles University at the General University Hospital Eva Kralikova, MD. Tobacco Dependence Treatment Centre at the General University Hospital head of the Society for Treatment of Tobacco Dependence Sona Csemyova, MD, University Hospital Motol (HPH Hospital) Eva Gottvaldova The Ministry of Health Unit for the promotion of public health Nicolas Bonnet Réseau Français Hôpital Sans Tabac Ariadni Ouranou Bertrand Dautzenburg European Network for Smoke-free Hospitals Sibylle Fleitmann ENSH Consultant Tobacco Control Dr, Schopper Hildegard Klinikum Memmingen Christa Rustler ENSH-Germany Miriam Gunning HSE/Irish HPH Network Ann O'Riordan Independent Consultant Simone Tasso Regional Network of HPH Veneto Cornel Radu Loghin Reteaua Romana Pentru Prevenirea Fumatului Theodor Haratau Reteaua Romana Pentru Prevenirea Fumatului Mihaltan Florin Reteaua Romana Pentru Prevenirea Fumatului Lorna Renwick Health Improvement Programme Manager - NHS, Healthy Sectors Team, NHS Health Scotland David Chalom Doctors Against Tobacco Shu-Ti Chou MD, MSc, PhD Taiwan HPH Network, Institute of Public Health National Yang-Ming University Tai-Yin Wu, M.D. Taipei City Hospital, Renai Branch Lin-Chung Woung, Superintendent Taipei City Hospital, Renai Branch Wenna Tsai China Medical University Beigang Hospital Ying-Ling Kuo Cardinal Tlen Hospital Yung Ho Branch Sinikka Krogerus Central Finland Central hospital Dott.ssa Rosa Stimolo ASL Napoli 1 Dott.ssa Sara Diamaro ASL Napoli 2 Kirsten Doherty Dept. Preventive medicine & Health Promotion Denise Comerford Dept. Preventive medicine & Health Promotion Rudi Gasser Barwon Health Staffcare Esteve Fernandez Institut Catala d'Oncologia Gry Kjevik Dep. Health promotion and Rehab Andrey K. Demin Russian Public Health Society Cristina Martínez Institut Catala d'Oncologia Shou-Jen Kou, Superintendent Changhua Christian Hospital Feng-Cheng Tang, M.D. Changhua Christian Hospital Atsuko Sasaki-Bronnenmayer, M.D. & Ph.D Tokyo Adventist Hospital Dr. Lothar

M.D. & M.D. Tokyo Adventist Hospital Dr. Louisa Erbenich Krankenhaus Waldfriede Dr. Constantine Vardavas RN, MPH, PhD MDC University of Crete Manja Nehrkorn ENSH-Germany Julia Sahling University Bielefeld Matthew G. Masiello, MD, MPH The Center for Health Promotion and Disease Prevention Dr. Diane Levin-Zamir PhD, MPH, CHES Department of Health Education & Promotion Susan Himel Bridgepoint Health Dr. Wael Safwat abdel mageed Coordinator of Egyptian coalition for tobacco control Esther Carabasa Institut Catala d'Oncologia Paula Wye Hunter New England Population Health/University of Newcastle Shannon Furey, BSW, MSW, RSW Sunnybrook Health Sciences Centre Sejdefa Bašić Ćatić Partnership for Public Health Nick Kai Schneider Erika Takács Health Services Management Training Centre, Semmelweis University Susann Koalick Klinik Barmelweid Liz Hughes NCSCT CIC

Q11: Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes,

If yes, please provide titles and authors
TFU Pact, TFU Charter, shortly ENSH-Global GOLD Forum Process leaflet and later Indicator set for tobacco control in health care settings

Q12: Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes,

If so, please provide here or in attachment email to the HPH Secretariat
HPH Collaborative Taskforce on Tobacco Draft Strategy Framework Version 4 - 16th July 2008
The International Network for Health Promoting Hospitals (HPH) and the European Network for Smoke-free Healthcare Services (ENSH) agree that hospitals and healthcare services have important obligations in the struggle to reduce the use of tobacco and its deleterious health effects. These obligations include not only a tobacco-free environment, but also the provision of active support for smokers in their quitting process. This concerns patients, their relatives as well as all categories of personnel and the community. Tobacco Free United (TFU) is a collaborative taskforce initiated by HPH in association with ENSH with the aim of gathering health professionals, hospitals and health services with individuals and organizations to work towards a tobacco free society, using the principles of Ottawa Charter, Budapest Declaration and other WHO health promotion documents and on the basis of the Code of the European Network for Smoke-free Health Services ENSH. → Vision To strengthen links and collaborative activity between main partners on tobacco within hospitals and health services. Ensure that hospitals and health

health services. Ensure that hospitals and health services become settings of good practice itself and towards a Tobacco Free Society. This means hospitals and health services work together with Public Institution, Voluntary Organizations and other community partners for a smoke free world. Hospitals and healthcare services take their role not only in ensuring a tobacco-free organization but also to offer smoking cessation services for patients and affiliates, staff and the community. → Mission To join first the forces of the two Networks (HPH and ENSH) in a way that strengthens existing links and synergy between them and subsequent involves other stakeholders, partners and experts in the field of tobacco prevention and protection, training research and cessation services. → Members National/Regional Coordinators or → representatives of Health Promoting Hospitals and Health (HPH) Networks National Coordinator or representatives of European Network of → Smoke-free Hospitals and Health Services (ENSH) Additional – to be invited ie Professional bodies, NGO's and other Interested hospital/health services and relevant experts in the field of tobacco Working Levels → Strategic Level It will be conducted by the members of the working group with contributions of experts and colleagues at the operative levels. It consists the following main phases: 1. To create a pathway for synergy of the two networks and concepts HPH and ENSH 2. to create documents and guidelines for supporting the operative level (i.e. TFU Charter , the correlation of the HPH & ENSH approach, implementation tools). 3. to identify and collect models of good practice 4. to support the evaluation of tobacco free policies and the TFU Initiatives/projects. 5. to disseminate the best information and examples, 6. to collaborate with and contribute to - as much as possible- common international actions/initiatives → Operative Level It will be conducted in the hospitals and health services. It consists of the development of tobacco free policies and actions following –as much as possible- the guidelines from the strategic level Taskforce Governance Tobacco Free United (TFU) is a collaborative taskforce with an elected lead Coordinator, joint chairs from the main partners HPH and ENSH and supported by sub-group leaders from the key action areas and invited other relevant members. Overall support is provided by two associate coordinators, one from HPH Network and one from ENSH Network. Lead Coordinator: Ms. Christa Rustler (HPH +ENSH) Chairs: Prof. Dautzenburg (ENSH), Dr. Simone Tasso (HPH) Support Coordinators: Ariadni Ouranou (ENSH), Ann O'Riordan (HPH) → Sub-Groups Advocacy Sub-Group Lead: Ariadni Ouranou → Support

Sub-Group Lead: Ann O'Riordan, Evaluation
Sub-Group Lead: David Chalom (expressed interest to be confirmed) Each subgroup to seek a core of at least 3 active participants Taskforce coordinators to work across all sub-groups
Additional Representatives: 3/4 to be invited from ENSH + HPH to ensure broad representation.
Prerequisites: Improvements in Tobacco control requires a secure foundation in the basic prerequisites described in Ottawa Charter for Health Promotion: 1. Advocate: Political, economic, social, cultural, environmental, behavioural and biological factors all influence the smoking habit and, consequently, the harms from tobacco. Advocacy in all these fields will be necessary to get integrated actions and sustainable results. 2. Enable: Working on Tobacco control includes a secure foundation in supportive environment, access to information, life skills and opportunity to making the right choices. It will be necessary to work on staff, patients and community to enable people to take control on those things which determine the smoking habit of a society and to enable health care professionals in the best available and evidence based smoking cessation practice. 3. Mediate: The prerequisite and prospects for tobacco control cannot be ensured by the health sector alone. Professional and health personnel have a major responsibility to mediate different interests in society for the pursuit of it, involving governments, health and other social and economic sectors, nongovernmental and voluntary organizations, local authorities, industry and media. Framework Actions: TFU will have to support the following general actions: Build / support a Public Policy against the harms from tobacco Tobacco control goes beyond health care. It means to put it the agenda of policy makers in all the sectors and levels. Tobacco control policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It requires the identification of the obstacles to adoption of healthy tobacco control policies and the ways of removing them. Create supportive environments & Strengthen community actions Hospitals and Health services must be supportive environments for the tobacco control and treatment of tobacco addiction, representing good examples of tobacco free working places and engaging with community partners to build a tobacco free society. Development personal skills Working on tobacco control and smoking cessation means to support personal and social development through providing information, education of personnel, patients, individuals for creating/enhancing correct skills. First of all, this

creating/rennancing correct skills. First of all, this must be present in hospitals and health care services but also this has to be facilitated in Schools, home, work and community services. Standards As the HPH Standards are developed as a comprehensive framework in which different topics/aims/approaches/ for health promotion, regardless if they address patients, staff or the community can be added and enabled, the ENSH Code with its standards and implementation tools are seen as helpful concept to achieve the common stated mission of hospitals and healthcare services for a tobacco-free society. Management Policy: for building comprehensive tobacco free policies and treatment for smokers through Hospitals and Health care Services in their organizations and for the community. Patient assessment: for identifying, assessing and managing the patient's who smoker during their stay in hospital and/or heath services, with the aim to support and assist them quit. Patient information and intervention: provide patients, visitors and staff with information on the harmfulness of tobacco and the provide smokers with opportune interventions to quit. Promoting a Healthy Workplace: work towards a tobacco environment in the hospital and health services as personnel have the right to work in smoke free workplace. Continuity and cooperation: hospitals and health services have to guarantee the continuity of care from in-patient to out-patients and vice versa. Following the HPH Standards and Self Assessment Manual and using the ENSH standards and self audit tool, TFU will work for the development of how to best create synergy out of the two networks and concepts. STRATEGY ACTION PLAN (2008-2012) Action Success Criteria Timeframe Monitoring Advocate for stronger tobacco legislation in all the countries that can direct and support tobacco free hospitals and health services and then work towards a tobacco free society. 1. Develop a TFU Charter for hospitals and Health Services in line with the WHO Framework Convention on Tobacco Control; and with the orientation of the synopsis. TFU Charter completed TFU Charter widely disseminated to all the HPH and ENSH members Using existing HPH and ENSH websites have periodical updates and reports on TFU activity 2009 Number of collected signatures Reports and actions available on Web sites 2.Join with existing international efforts aimed at strengthening Tobacco legislation in all the countries in support of a Tobacco Free Society: creating advocacy involving personalities of our communities : single persons (journalists/writers, sportive champions, culture people, famous doctors and so on) ; and organizations In each country find well know

personalities (i.e. sportive champions) giving the their image to TFU / or specific initiatives of TFU (i.e. children prevention) ; Presentation to mass media of the data in World No Tobacco Day (better with the well known personality/(s))
 Presentation to policy makers (single country and E.U.) of the data to support changing in legislation
 2009 2010 2011 Database of the names and place of work of the personnel having signed the Charter
 Number of News about our initiative in TV, Newspaper, Radio, News internet sites.
 Tobacco legislation changes in some/all counties: inside hospitals and health services, in workplaces, in public spaces
 3. Strengthen institutional visibility of the Task Force and improve understanding in hospitals and health services on the relevant articles of the WHO Framework Convention on Tobacco and through the results/good practise of the members of the ENSH and HPH networks
 Writing of article(s) about the initiatives of TFU and writing of a text – book describing all the Project of TFU 2009-2012
 Publication of article(s) about the initiatives of TFU
 Publication of the text-book Enable: support the implementation and monitoring tobacco free policies in all hospitals and health care services and identify best practice actions and activities.
 1. Create an overview/synopsis of the correlation of the two concepts to give hospitals and healthcare services best orientation how to implement a tobacco free policy to support the development of the Health Promoting Hospital.
 2. Identify and collect models of good practice
 Consensus about the synopsis and positive feed back about usability from member of ENSH and HPH networks
 Disseminate and develop a database of examples of good models
 2010 2011 Publication of the synopsis in the HPH conference
 Number/percentage of members who are aware of or piloting /using the synopsis.
 Uptake and transfer of best practice across European and at individual organisation level
 3. Review implementation support process by national/regional coordinators to implement tobacco free policies integrated in health promoting programs in their networks
 Increasing members of HPH implement tobacco free policies
 Increasing ENSH members integrate health promoting programs
 2010 Workshops in international conference
 Increasing number of documented self audits
 Increasing results in ENSH standard 7
 4. Review, update and disseminate materials and guidelines to support the implementation of Tobacco Free Policies
 2012 Realization of the materials
 Use of those materials in hospitals and health services
 Enable. Support the evaluation of tobacco free policies as implemented by the HPH Collaborative TEL

implemented by the HPH Collaborative TFU members to contribute to health improvement and health gain outcomes within hospitals and health services

1. Establish a sub-group to support the development and piloting of an evaluation process to measure the health impact of implemented tobacco free policies
2. Identify Health improvements indicators in order to monitor the efficacy of tobacco policies in TFU members.
3. Develop and seek funding to undertake an European Pilot Project to replicate the German evaluation process on a European Level Pilot evaluation process with German Hospital and Health Service Network Common action of HPH and ENSH to collect data on the quality/impact of the implementation of tobacco free policies in hospitals and healthcare services (if possible, common EU-project Funding from EU or on national level (government, research funds, foundations) 2009-2012)

Benchmarking sample of participating members to monitoring of the efficacy of tobacco free policies within hospitals and health services.

Q13: Have you submitted a detailed Task Force description to the International HPH Secretariat? (Including Action Plan, Task Force members, Time Schedule, Deliverables List and Plan for Evaluation)

Yes

Q14: Have you recruited and supported Task Force members in becoming members of the International HPH Network?

Yes

Q15: Task Force Growth

Number of new members

10

Number of withdrawals

0

Q16: Does your Task Force take part in any partnerships with other organizations or similar?

Yes,

If so, please provide names of partners and of contact persons
National Heart Alliance, ENSH, ENSP, Eur Med Assoc, Cancer Societies in countries, Research Institute for Tobacco Free Services, others

Q17: If applicable, please list any further institutions, enterprises etc. with which your Task Force has working relations (such as political entities, scientific organizations, NGOs, public institutions, private companies, other networks, etc.)

As above

Q18: Briefly describe your Task Force's plan for the next period

Communication: Action: Seek a Joint meeting of the HPH Governance and ENSH-Global Boards for the purpose of: increasing synergy between the actions on tobacco control at International and national/regional network levels, promote collaborative action and activities across the members of both networks (a) Advocacy: Sub Group: Actions - development of online databases to collect the signatures globally to TFU Pact and Charter, total number collected to data not available at this time. Output: As the theme of world no tobacco day this year is "Support for the Framework Convention", TFU intends to present the signatures collected to the conference of the Parties (Governments who signed the FCTC) to point out the necessity of implementing article 14!!! (b) Good Practice: Sub group:: Actions - development of synergy paper to promote understanding and common activity (HPH + ENSH). Promote through participation in ENSH-Global GOLD Level Process sharing and learning around models of good practice that support tobacco control within health care services. Training workshop organized within the frame of the 19th International HPH Conference, Turku, Finland. Output: support for the implementation of the ENSH-Global Standards in all health care services and recognition and the sharing of models of good practice through participation in the ENSH-Global GOLD level Forum Process (c) Evaluation: Sub-Group Actions: Tobacco Free Pre-conference in Manchester 2010, promotion of ENSH GOLD Level Award process 2009-2010 across both networks and internationally that result in the first application from HPH and non ENSH member. Initial meeting held in October 2010 with Swedish HPH Network Indicators Group to initiate joint working on the identification of key indicators for tobacco control within health care services. Indicators workshop organized at the ENSH-Global Network – Annual General meeting, TFU Indicator workshop will take place within the 19th International HPH Conference, Turku, Finland. Output: Identify list of and priority indicators that can assist the quality development of the ENSH Gold Level Award process, Influence HPH development on indicators for tobacco control and tobacco management in healthcare services. Achieve a level of international consensus on key indicators for tobacco control policies in healthcare services that will be implemented, collected and monitored by ENSH & HPH members and can be integrated within national and regional performance indicator sets.

Q19: Has your Task Force reported on HP activities in the Online HPH Activity Database?

No

PAGE 2: Part B - Exchange of Knowledge and Experience

Q20: Organizational structure and way of working

Describe the organization of your Task Force (coordinating institution, scientific committee, steering group, leadership, etc. If available, please email an organizational chart along with the rest of the attachments)

See TFU Communication Outline

Q21: Outcomes and main achievements

Please describe the main outcomes and achievements

The TFU Task Force met within the framework of the 17th International HPH Conference, Crete 2008 and Core members meet again on the 22 August 2009 in Berlin to review actions for 2009/2010. The most recent relevant events were: 1. TFU development and structure Communication structure (Aug 2009): updated to reflect feedback and changes within HPH and ENSH networks (see appendix) Report to the ENSH General Assembly (Oct 2009): TFU activities and results were presented in the General Assembly in Barcelona. ENSH Board Meeting (Feb. 2010): Report on actions and development of TFU and discussion of further activities of common interest. The ENSH Board signed the TFU Pact and TFU Charter. HPH Governance Board meeting: Update on TFU actions and development sent for presentation at Governance Board meeting with a request for Governance Board to endorse TFU Pact and TFU Charter for implementation within International HPH Network members 2. Advocacy Sub-Group (Aug 2009): → TFU Pact and TFU Charter (Oct 2009): updated to reflect feedback and are being translated into a number of languages (Taiwanese, Italian, Finnish, Swedish, Spanish, German) and they has been presented at national level in a number of countries (i.e. Ireland, Austria, Switzerland, Germany, Finland, Taiwan, Italy). → Implementation guide (April 2010): An implementation guide for the TFU Pact and Charter was developed to support national and regional networks. This guide will be presented in the TFU Workshop in Manchester. 3. Good Practice Sub –Group (Aug 2009): developed an action plan to collect examples of best practice that meet transferable criteria. → Synergy paper (April 2010): A draft of a paper on synergy between both networks

will be presented and discussed in a dedicated parallel session in Manchester.

→ Criteria of Good Practice (April 2010): Using the well developed Template for Description of Good Practices of the TF HPH CA (2007), examples of good practice of both networks will be presented in the TFU Workshop in Manchester and discussed on these criteria. More examples will be gathered and shared to support synergy and the development of good practice.

4. Evaluation Sub-Group (Sept 2009): TFU encouraged and supported the enlargement of the ENSH Gold Level Award Process to be open in 2010 for candidates from HPH members who are non ENSH members and also invited all TFU participants to join this process. Four applications from four countries were sent to the ENSH coordinating centre, three from ENSH and one from a HPH network. The three nominated hospitals will present their implementation process in the Pre-conference on Tobacco Free Healthservices, April 14th in Manchester. Further exchanges on different national validation processes in HPH and ENSH networks are planned.

→ Website (Nov 2009): domain names purchased www.tfu-health.org/ and www.tobaccofreeunited.org. Due to lack of resources the establishment of a website and online registration of signatures for the TFU Pact and TFU Charter for Health Personnel has → been postponed. TFU on Facebook - your face for Tobacco Free Health Care Services. (March 2010) As it was not possible to have a website, a TFU group was launched on Facebook and has 20 members in three weeks.

<http://www.facebook.com/group.php?v=wall&gid=357231931900>

Please describe the main facilitators and supportive factors encountered

As Above

Please describe the main problems encountered

Funding, communication, joint Governance Board discussions await

What do you think is the limit for more members to join the activities of your Task Force?

Unlimited

Q22: How is your Task Force financed and managed?

Funding of your task Force (sources, amount of overall annual budget in Euro etc.)

Individual and organization funding, small amount obtained by provision of training

Plan for the next period

Seek sponsorships or funding source

Q23: Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.?	Yes, via PRICES mainly
Which strategies have been used for evaluation and monitoring?	As Above
Have any additional analysis or surveys been carried out?	Not at the moment

**Q24: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?
Standard 1: Management Policy**

The organization identifies responsibilities for health promotion	Yes
The organization allocates resources for the implementation of health promotion	Yes
The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	Yes

Q25: Standard 2: Patient Assessment

The organization ensures the availability of procedures for all patients to assess their need for health promotion	Yes
The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	Yes
The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	Yes

Q26: Standard 3: Patient Information and Intervention

Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	Yes
The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	Yes

Q27: Standard 4: Promoting a Healthy Workplace

The organization ensures the development and implementation of a healthy and safe workplace Yes

The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff Yes

The organization ensures availability of procedures to develop and maintain staff awareness on health issues Yes

Q28: Standard 5: Continuity and cooperation

The organization ensures the health promotion services are coherent with current provisions and regional health policy plans Yes

The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge Yes

Q29: Implementation of international, national, regional or local projects

Which projects have been given priority? Advocacy, Best Practices, Evaluation with respect to tobacco free activity within health services

How are projects chosen? Are they developed based on formal assessment of need or on international, national or regional policy? Upon setting up terms of reference for TF

How is the implementation monitored? PRICES, ENSH self audit, ENSH GOLD Forum

How do hospitals and health services follow-up on the results of the monitoring? Via online resources, mainly on ENSH site

Concerning the implementation of your projects, which factors were most supportive or obstructive? funding, time, other roles

Q30: Teaching and training

Does the Task Force offer to organize any training activities related to HPH? Yes

Has the Task Force participated in any training activity related to HPH? (e.g. WHO Summer School, staff exchange program, study tours, national / regional HPH conferences, etc.) Yes

Does the Task Force issue any guidelines on implementation? No

Q31: How does your Task Force work with HPH Growth? (International HPH Strategy 2009-2010, Priority 1)

Recruit new members	Yes
Advocate own Task Force and the International HPH Network	Yes
Invite to participate in Task Force related HPH activities	Yes
Invite to make special arrangements involving HPH	Yes

Q32: How does your Task Force work with HPH Partnerships & Alliances? (International HPH Strategy 2009-2010, Priority 2)

Task Force related advocacy	Yes
Identify Task Force related partners in integrated setting strategies	Yes
Initiate new partnerships and develop and continue existing partnerships	Yes
Cooperate in the framework of Task Force conferences, workshops, projects and other activities	Yes

Q33: How does your Task Force work with HPH Qualitative Growth? (International HPH Strategy 2009-2010, Priority 3)

Describe Task Force's relation to the HPH Constitution	Yes
Participate in WHO-HPH Schools, International HPH Conference and HPH Newcomers' Workshop	Yes

Q34: Additional strategy, priorities and focus areas of your Task Force for 2009-2010 Continuation of main three focus areas

Q35: Strategy, priorities and focus areas of your Task Force for the next period

Actions planned on 2010 Advocacy: Disseminate the implementation guide and support national and regional networks in the implementation process. Synergy and Good Practice: If possible a TFU meeting will be held in Sweden to discuss, share and agree common indicators for good practice in Tobacco Free healthcare./ Hospitals and Health Services. In addition, commence analysis on some identified models of "good practice" against general transferability criteria. Evaluation: A training on validation processes on national level for national, regional coordinators/auditors or project leaders in hospitals will be held in June 2010 in Ireland. Also reviewing the GOLD Level Award process 2010 to integrate experiences and improve the process for 2012.

Q36: Recognition from public authorities, health systems etc.

Respondent skipped this question

Q37: Task Force information and internal / external communication

Are key Task Force documents available in any local languages? If not, is translation envisaged?

yes some are, more is on the way

Please list existing strategies and actual activities to disseminate information inside the International HPH Network as well as externally to partners etc. (HPH website (discussion forum), HPH Conference, General Assembly, Newsletters, HPH Scientific projects?)

HPH subsite, more on the way

Please list meetings and conferences, if applicable (indicating organisers, participants, presentations etc.)

EU conf on Tobacco or Health, HPh conf, others

How is your Task Force advocating itself (regionally, nationally and internationally)?

facebook, via hph websitem ensh website

Q38: Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces?

Communicate more with TF

How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives?

completion of subgroup outputs

If applicable, describe the collaboration between WHO and your Task Force (directly and / or indirectly)

- implement and support implementation of WHO objectives and guidance for health professionals on tobacco

How is your Task Force advocating the International HPH Network and WHO (regionally, nationally and internationally)?

on all docs and communications

Q39: Publication list of the Task Force

Please list any publications made by your Task Force

to come