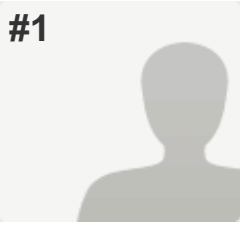


#1



COMPLETE

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Started: Tuesday, January 08, 2013 6:24:14 AM
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Time Spent: 00:22:18
IP Address: 78.150.18.139

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force

Health Promotion with Children and Adolescents
 (previously HP for children and adolescents in and
 by hospitals and health services)

Q2: 2. Date of Establishment and Expiration

Date of Establishment 01/04/2004,
 Expiration of Task Force Agreement 30/04/2016

Q3: 3. Which of these does the work of your Task Force focus upon?

Community

Q4: 4. Task Force Leader

Name Jim Robinson
 Address Nursing Studies, University of Edinburgh,
 Teviot Place, Edinburgh, EH8 9AG
 Email jim.robinson@ed.ac.uk
 Phone + 44 (0) 7919964945
 Task Force Website www.hphnet.org/index.php?
 option=com_content&view=article&id=294
 %3Ahp-for-children-a-adolescents-in-a-by-
 hospitals-&catid=20&Itemid=95

Q5: 5. Period covered by this Progress Report

From 04/01/2011,
 To 12/31/2012

Q6: 6. Coordinating Institution

Name	Nursing Studies, University of Edinburgh
Address	School of Health in Social Science, The University of Edinburgh, Medical School, Teviot Place, Edinburgh EH8 9AG
Email	Nursing@ed.ac.uk
Phone	+44 (0)131 650 3889
Fax	+44 (0)131 650 3891
Institution Website	www.ed.ac.uk/schools-departments/health/nursing-studies

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	9
Health Services	3
Non-Hospital/Health Services	12

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Checkup date 01/01/2013

Q9: 9. The list of my members at hphnet.org is: Not up to date (Note: If not, please provide information in APPENDIX)

Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library? Yes (Note: Please provide information in APPENDIX)

Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database? No

Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact? Yes (Note: Please provide information in APPENDIX)

Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network? Yes (Note: Please provide information in APPENDIX)

Q15: 15. Task Force Growth

Number of new members	5
Number of withdrawals	2

Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)?

Yes (Note: Please provide information in APPENDIX)

PAGE 2: Exchange of Knowledge and Experience (Part B)

Q17: 17. Organizational structure and way of working

Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)

As in previous progress report

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements

Developed Self Evaluation model and Tool on Children's Rights. This is being most successfully implemented in Spain in collaboration with UNICEF Spain and ISSOP. Initiated work on establishment of WHO CC for child rights in health care. Knowledge exchange contributed to development of child protection programme in Hungary. We have recruited members and partners from outside of Europe

Please describe the main facilitators and supportive factors encountered

Having senior level management and clinician support

Please describe the main problems encountered

Stimulating interest in institutions during a time of severe economic difficulties and competing priorities. Variations in legislation between member states.

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

Child health is a lower priority in some services in comparison to adult chronic illness and care of the elderly. Variations in legislation and professional codes of practice make it present barriers to common action. There would need to be restructuring of the taskforce into smaller action groups.

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX)	No
Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX)	Yes
Which strategies have been used for evaluation and monitoring?	Surveys and ad hoc reports

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. 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

Q21: 21. 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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Are they developed based on formal assessment of need? Yes

Are they developed based on international, national or regional policy? Yes

Implementation is monitored by Hospitals/Health Services? Yes

Implementation of monitoring is followed up by Hospitals/Health Services? Yes

Which projects have been given priority? Child rights in health care

Q26: 26. 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? Yes

Q27: GROWTH & MEMBER CARE 27. Has your Task Force recruited HPH members among Task Force members? Yes (Note: Please provide information in APPENDIX)

HPH TF Progress Reports 2012

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment?	No
Q29: 29. If so, has your Task Force distributed the folder to all members and partners?	No
Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise?	No
Q31: 31. Has your Task Force contacted Task Force partners to recruit new members?	Yes (Note: Please provide information in APPENDIX)
Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction?	Yes (Note: Please provide information in APPENDIX)
Q33: 33. Has your Task Force received funding for Task Force activities?	No
Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results?	Yes (Note: Please provide information in APPENDIX)
Q35: VISIBILITY & PUBLICATION35. Has your Task Force designed information material regarding results, initiatives and improvements?	Yes
Q36: 36. Has your Task Force informed Task Force members about HPH?	Yes (Note: Please provide information in APPENDIX)
Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition?	No
Q38: 38. Has your Task Force implemented a PR strategy?	Yes (with at least 3 appearances in political, public, academic or professional settings)
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q40: 40. Has your Task Force focused on patient and community information?	Yes
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	Yes (Note: Please provide information in APPENDIX)
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	No

HPH TF Progress Reports 2012

Q43: PARTNERS & AFFILIATED MEMBERS 43. Has your Task Force collaborated with strategic partners at Task Force level? Yes (Note: Please provide information in APPENDIX)

Q44: QUALITATIVE GROWTH 44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations? Yes (Note: Please provide information in APPENDIX)

Q45: 45. Existing tools and databases

Have you advocated existing tools instead of creating new ones? Yes

Have you fed information on existing tools to international databases? No

Have you implemented existing tools and databases? Yes

Have you followed up online? No

Have you reported online on specific issues? No

Q46: 46. Has your Task Force:

Provided training facilities No

Exchanged staff members No

Participated in conferences Yes

Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion? Yes

Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School? No

Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan? No

Q50: ADDITIONAL QUESTIONS 50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) Yes

For the next period? (Note: If yes, please provide information in APPENDIX) Yes

Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? Yes (Note: Please provide information in APPENDIX)

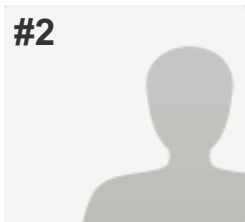
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Q52: 52. Are key Task Force documents available in any languages? Yes

Q53: 53. Collaboration with the International HPH Network and with WHO *Respondent skipped this question*

Q54: 54. Does your Task Force collaborate with WHO? Yes (Note: Please provide information in APPENDIX)

#2



COMPLETE

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PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force

Task Force on HPH and Environment

Q2: 2. Date of Establishment and Expiration

Date of Establishment 14/04/2010,

Expiration of Task Force Agreement 14/04/2014

Q3: 3. Which of these does the work of your Task Force focus upon?

Environment

Q4: 4. 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

Q5: 5. Period covered by this Progress Report

From 01/15/2011,

To 01/15/2013

Q6: 6. Coordinating Institution

Name	Bureau of Health Promotion, Department of Health, The Executive Yuan, Taiwan
Address	No.2, Changqing St., Xinzhuang Dist, New Taipei City 24250, Taiwan
Email	msc@bhp.doh.gov.tw
Phone	+886-2-29978616 #105
Fax	+886-2-29945271
Institution Website	http://www.bhp.doh.gov.tw

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	150
Health Services	1
Combined Hospital/Health Services	0
Non-Hospital/Health Services	6

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Checkup date 01/08/2013

Q9: 9. The list of my members at hphnet.org is: Up to date

Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library? Yes (Note: Please provide information in APPENDIX)

Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database? No

Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact? Yes (Note: Please provide information in APPENDIX)

Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network? Yes (Note: Please provide information in APPENDIX)

Q15: 15. Task Force Growth

Number of new members	153
Number of withdrawals	0

Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)? Yes (Note: Please provide information in APPENDIX)

PAGE 2: Exchange of Knowledge and Experience (Part B)

Q17: 17. Organizational structure and way of working

Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX) See Appendix

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements

1. The 3rd TF Meeting The 3rd Meeting of TF on HPH and Environment took place on June 2nd, 2011, during the 19th International HPH conference in Turku, Finland. TF members exchanged comments and thoughts on the 5 terms of references and agreed to a set of "mainstream" tool for hospitals to follow. 2. HPH and Environment Symposium: 19th International HPH conference 2011, Turku, Finland The HPH and Environment Symposium was organized by the TF during the 19th International HPH conference and was held on June 3rd, 2011. Experts from NGOs, government organizations and hospitals convened at the symposium to share their experiences on promoting environment-friendly healthcare system and hospitals. 3. Workshops on Environment-Friendly Hospitals Promotion in Taiwan: September-October 2011 The TF organized 5 workshops on implementing environment-friendly hospitals, and invited 5 hospitals to showcase their results. Some 154 healthcare professionals from 112 hospitals participated; experts from the fields of energy, waste management and green building were invited for counselling and experience sharing. 5. Advocacy of TF Missions during the UNFCCC COP17 The TF worked with HCWH, EQPF and other partners to co-organize a one-day Climate and Health Summit in Durban on December 4th, 2011, during the United Nations Framework Convention on Climate Change 17th Conference of Parties (COP17). Dr.

Chiou was invited as the leader of the task force and Vice Chair of the International HPH network to talk about reduction of the climate footprint in the health sector. Other activities included an international press conference on the Durban Declaration on Climate and Health on December 6th, where Dr. Chiou was invited to address and comment with important health officials such as Dr. Maria Neira, Director of the Department of Public Health and Environment, WHO. On December 8th, Dr. Chiou attended the side event Climate Change and Public Health: Healthy Climate, Healthy People, Healthy Economy, and discussed with experts and dignitaries from health related sectors on Taiwan's experience in promoting and implementing environment-friendly hospitals and operations.

6. The 4th TF Meeting The 4th Meeting of TF took place on April 12th during the 2012 International HPH Conference in Taipei. Participants included TF Members and presenters from Symposium, Pre-conference, and other distinguished experts. The minute of the meeting is summarized as following: (1) The Low Carbon indicators and data collected by the Taiwanese hospitals are not suitable for comparison between peers; differences in cultures and socio-economical status between the nations make it difficult for the survey to be used internationally. (2) Hospitals may start by choosing an indicator (i.e. carbon emission), then identify the source during daily hospital operations, and set to reach their reduction target by following guidelines such as the GGHHN action items or self-assessment forms. (3) Taiwan Hospitals will pilot test the Self-Assessment Form drawn upon the 10 goals of GGHHA as issued by HCWH. (4) TF members should hold interim meetings between HPH conferences, or meet during international events such as the CleanMed Europe.

7. HPH and Environment Symposium in 20th International HPH conference 2011, Taipei, Taiwan The TF organized a HPH and Environment Symposium during the conference on April 12th. Dr. Shu-Ti Chiou, along with 5 Experts from various fields convened at the symposium to share their experiences and practices on promoting environment-friendly healthcare system and hospitals, with regard to the political, scientific and business dimensions. The

invited speakers were Dr. Pendo Maro from HCWH; Dr. Peter Orris from the Occupational Health Service Institute of the University of Illinois, U.S.; Mr. Daniel Eriksson from the TEM consulting service under Lund University, Sweden; Dr. Tu-Bin Chu from the Taipei Medical University Hospital, Taiwan, and Dr. Chin-San Liu from the Changhua Christian Hospital, Taiwan.

8. Pre-conference on HPH and Environment: Global Green and Health Hospitals Agenda in HPH 2012 A Pre-conference on HPH and Environment, co-organized by the Task Force on HPH and Environment and Health Care Without Harm, was held on April 11th and received approximately 250 participants. 12 speakers were invited to give their presentations regarding various aspects of the promotion of environment-friendly healthcare. Nearing the end of the event, the Southeast Asian Launch Ceremony of HCWH's Global Green and Healthy Hospitals Network (GGHHN) also took place. The TF itself joined GGHHN as a funding member, and other 33 hospitals (including 22 Taiwanese hospitals) around pledged to take on initiatives to "green" their facilities. Dignitaries at the launching ceremony included Dr. Shu-Ti Chiou, Chair of the International HPH Network and Task Force; Dr. José Gomes Do Amaral, President of the World Medical Association; Mr. Somsak Pattarakulwanich, Deputy Director-General of the Department of Health under Ministry of Public Health, Thailand.

9. Developing a Self-assessment Form for Environment-Friendly Hospital Initiative and Pilot-testing in Taiwan The self-assessment form integrating GGHHN action items has been completed in September of 2012, and was delivered to 164 low-carbon hospitals in Taiwan; 150 replies have been returned (November, 2012), with a 91% response rate. Initial analysis of the data revealed that hospitals generally performed well on dimensions such as leadership, chemicals, waste, energy, water and building; areas of improvement were food and transportation.

10. Workshops on Environment-Friendly Hospitals Promotion in Taiwan in 2012 3 workshops on environment-friendly hospitals in Taiwan were completed between September and October, 2012, with more than 80 participants from 73 hospitals. Three hospitals with different

scales and backgrounds were chosen to showcase their best practices. Experts from green building, waste management, and water resource were invited for counselling. The workshops were organized in the form of world café model: different groups with guidance from team leaders with various backgrounds can produce different outcomes and consensus through this pattern. This method was commonly used in the environment-related fields but rarely in Taiwan's medical fields. 11. Advocacy of TF Mission in international occasions (1) 2012 UN Conference on Sustainable Development, Brazil: Taiwan Bureau of HP supported an expert from the Environmental Quality Protection Foundation of Taiwan, a registered UN Civil Society Organisation, to participate in the UN Conference on Sustainable Development (UNCSD, Rio+20) and help disseminate TF-related materials in the venue, which took place from June 20th to 22nd in Brazil. (2) CleanMed Europe 2012, Malmo, Sweden: Dr. Chiou was invited as the chair of the International HPH Network to attend the CleanMed Europe on September 28th, 2012, in Malmo, Sweden. She gave a plenary speech on Taiwan's experiences of promoting the TF and environment-friendly hospitals. (3) International media exposure: On November 13th, 2012, a group of 17 journalists and media workers in the fields of environment from 17 nations, invited by Taiwan's Ministry of Foreign Affairs, visited Dr. Chiou. Dr. Chiou introduced the task force, its missions and terms of reference, and the experience of health promoting hospitals in reducing their ecological footprints.

Please describe the main facilitators and supportive factors encountered

1. International HPH Network: provide relevant administrative resource and platform for information exchange. 2. HCWH: assist Task Force in organizing annual symposiums and related conferences; contribute to collection of worldwide information on green healthcare; promote resource and experience sharing. 3. BHP (DOH, Taiwan): main financial contributor; provides best practice examples and experience sharing from Taiwan's hospitals, academic experts and government sectors 4. EQPF (Taiwan): commissioned by BHP to assist in the implementation of the TF terms of reference.

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Please describe the main problems encountered	Indicators (or tools) that measure and monitor the effects of climate change are still in development; diverse cultural and national characteristics make it difficult to implement a universal indicator and analyze performance of green healthcare.
What do you think is the limit for more members to join the activities of your Task Force?	Lack of resources, leadership commitment, know-how, language proficiency (mainly English), manpower and heavy workloads preclude more hospitals and healthcare institutions in joining the task force and carrying out the green initiatives.

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX)	No
Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX)	Yes

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. 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

Q21: 21. 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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Are they developed based on formal assessment of need?	Yes
Are they developed based on international, national or regional policy?	Yes
Implementation is monitored by Hospitals/Health Services?	Yes
Implementation of monitoring is followed up by Hospitals/Health Services?	Yes
Which projects have been given priority?	1. International: (1) HPH and Environment Symposiums during the annual International HPH Conferences (2) Collaboration with HCWH on projects such as the Pre-conference on Global Green and Healthy Hospital Agenda (3) Advocacy of TF during international events on climate or sustainable development 2. Domestic: (1) Workshops on environment-friendly hospitals promotion (2011-2012) (2) Annual collection and analysis of energy and resource data consumption from 128 Low-Carbon Pledged hospitals in Taiwan (2010-2012). (3) The Self-Assessment Forms for Environment-friendly Hospital Initiative – modified from the Global Green and Healthy Hospital Agenda with items more applicable to the hospital situations in Taiwan. The assessment form was pilot-tested in Taiwan in 2012.

Q26: 26. 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?	Yes

Q27: GROWTH & MEMBER CARE 27. Has your Task Force recruited HPH members among Task Force members? Yes (Note: Please provide information in APPENDIX)

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment? Yes

HPH TF Progress Reports 2012

Q29: 29. If so, has your Task Force distributed the folder to all members and partners?	Yes
Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise?	Yes (Note: Please provide information in APPENDIX)
Q31: 31. Has your Task Force contacted Task Force partners to recruit new members?	Yes (Note: Please provide information in APPENDIX)
Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction?	Yes (Note: Please provide information in APPENDIX)
Q33: 33. Has your Task Force received funding for Task Force activities?	Yes (Note: Please provide information in APPENDIX)
Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results?	Yes (Note: Please provide information in APPENDIX)
Q35: VISIBILITY & PUBLICATION35. Has your Task Force designed information material regarding results, initiatives and improvements?	Yes
Q36: 36. Has your Task Force informed Task Force members about HPH?	Yes (Note: Please provide information in APPENDIX)
Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition?	Yes
Q38: 38. Has your Task Force implemented a PR strategy?	Yes (with at least 3 appearances in political, public, academic or professional settings)
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	No
Q40: 40. Has your Task Force focused on patient and community information?	Yes
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	Yes (Note: Please provide information in APPENDIX)
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	No
Q43: PARTNERS & AFFILIATED MEMBERS43. Has your Task Force collaborated with strategic partners at Task Force level?	Yes (Note: Please provide information in APPENDIX)

HPH TF Progress Reports 2012

Q44: QUALITATIVE GROWTH44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations? Yes (Note: Please provide information in APPENDIX)

Q45: 45. Existing tools and databases

Have you advocated existing tools instead of creating new ones? Yes

Have you fed information on existing tools to international databases? Yes

Have you implemented existing tools and databases? Yes

Have you followed up online? No

Have you reported online on specific issues? No

Q46: 46. Has your Task Force:

Provided training facilities No

Exchanged staff members No

Participated in conferences Yes

Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion? No

Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School? Yes (Note: Please provide information in APPENDIX)

Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan? No

Q50: ADDITIONAL QUESTIONS50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) Yes

For the next period? (Note: If yes, please provide information in APPENDIX) Yes

Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? No

Q52: 52. Are key Task Force documents available in any languages? Yes

Q53: 53. 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?

1. Bring visibility to the environment issues by featuring plenary sessions from experts in related fields during the annual International Conference. 2. Encourage HPH members to submit case studies or publish in HPH scientific journal to give more attention to the missions of the task force.

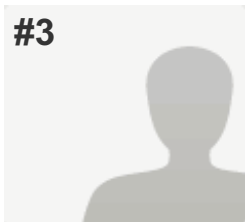
How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives?

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

Q54: 54. Does your Task Force collaborate with WHO?

Yes (Note: Please provide information in APPENDIX)

#3



COMPLETE

Collector: PrgrpTF2012 (Web Link)
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Last Modified: Thursday, February 07, 2013 12:17:24 PM
Time Spent: 00:20:51
IP Address: 88.68.235.51

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force	Task Force on Health Promoting Psychiatric Services
Q2: 2. Date of Establishment and Expiration	
Date of Establishment	05/05/1998,
Expiration of Task Force Agreement	05/05/2013
Q3: 3. Which of these does the work of your Task Force focus upon?	Patients, Staff, Community
Q4: 4. Task Force Leader	
Name	Prof. Dr. Hartmut Berger
Address	Vitos Philipppshospital, D-64560 Riedstadt, Philippsanlage 101
Email	hartmut.berger@vitos-philippshospital.de
Phone	0049-6158-183-216
Fax	0049-6158-183-243
Task Force Website	www.hpps.net
Q5: 5. Period covered by this Progress Report	<i>Respondent skipped this question</i>
Q6: 6. Coordinating Institution	
Name	Prof. Dr. Hartmut Berger
Address	Philipppshospital, D-64560 Riedstadt, Philippsanlage 101
Email	hartmut.berger@vitos-philippshospital.de
Phone	0049-6158-183-216
Fax	0049-6158-183-243
Institution Website	www.hpps.net

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals 5

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Respondent skipped this question

Q9: 9. The list of my members at hphnet.org is:

Not up to date (Note: If not, please provide information in APPENDIX)

Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes (Note: Please provide information in APPENDIX)

Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database?

Yes

Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes (Note: Please provide information in APPENDIX)

Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network?

Yes (Note: Please provide information in APPENDIX)

Q15: 15. Task Force Growth

Number of new members 0

Number of withdrawals 0

Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)?

Yes (Note: Please provide information in APPENDIX)

PAGE 2: Exchange of Knowledge and Experience (Part B)

Q17: 17. Organizational structure and way of working

Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)

Psychiatric Hospital with a steering committee

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements	New strategies of supporting patients gaining more self-confidence, supporting the recovery-process and enhancing the sense of coherence. At the level of workplace more health and work satisfaction. At the level of institutions a better development of community mental health services
Please describe the main facilitators and supportive factors encountered	To have a new effective idea of dealing with mainly chronic ill patients
Please describe the main problems encountered	lack of funding, lack of political support
What do you think is the limit for more members to join the activities of your Task Force?	acute economic problems in psychiatry

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX)	Yes
Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX)	Yes

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. 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

Q21: 21. 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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Are they developed based on formal assessment of need? Yes

Are they developed based on international, national or regional policy? Yes

Implementation is monitored by Hospitals/Health Services? Yes

Implementation of monitoring is followed up by Hospitals/Health Services? Yes

Q26: 26. 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

Q27: GROWTH & MEMBER CARE 27. Has your Task Force recruited HPH members among Task Force members? No

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment? No

Q29: 29. If so, has your Task Force distributed the folder to all members and partners? No

Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise? No

Q31: 31. Has your Task Force contacted Task Force partners to recruit new members? No

Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction? Yes (Note: Please provide information in APPENDIX)

Q33: 33. Has your Task Force received funding for Task Force activities? No

Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results? Yes (Note: Please provide information in APPENDIX)

Q35: VISIBILITY & PUBLICATION 35. Has your Task Force designed information material regarding results, initiatives and improvements? Yes

Q36: 36. Has your Task Force informed Task Force members about HPH? Yes (Note: Please provide information in APPENDIX)

Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition? No

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Q38: 38. Has your Task Force implemented a PR strategy?	Yes (with at least 3 appearances in political, public, academic or professional settings)
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q40: 40. Has your Task Force focused on patient and community information?	Yes
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	Yes (Note: Please provide information in APPENDIX)
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	Yes (Note: Please provide information in APPENDIX)
Q43: PARTNERS & AFFILIATED MEMBERS43. Has your Task Force collaborated with strategic partners at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q44: QUALITATIVE GROWTH44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations?	Yes (Note: Please provide information in APPENDIX)
Q45: 45. Existing tools and databases	
Have you advocated existing tools instead of creating new ones?	Yes
Have you fed information on existing tools to international databases?	Yes
Have you implemented existing tools and databases?	Yes
Have you followed up online?	No
Have you reported online on specific issues?	No
Q46: 46. Has your Task Force:	
Provided training facilities	No
Exchanged staff members	No
Participated in conferences	Yes
Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion?	Yes
Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School?	No

Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan? No

Q50: ADDITIONAL QUESTIONS50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) Yes

Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? Yes (Note: Please provide information in APPENDIX)

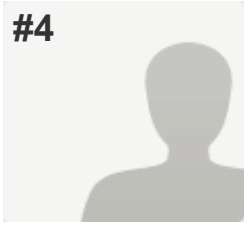
Q52: 52. Are key Task Force documents available in any languages? No (Note: Please provide information in APPENDIX)

Q53: 53. 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? Give more space at the GA and ten conference to the work of taskforces

Q54: 54. Does your Task Force collaborate with WHO? No

#4



COMPLETE

Collector: PrgrpTF2012 (Web Link)
Started: Monday, February 18, 2013 2:29:00 PM
Last Modified: Monday, February 18, 2013 2:52:19 PM
Time Spent: 00:23:18
IP Address: 95.192.86.9

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force	Physical activity
Q2: 2. Date of Establishment and Expiration	
Date of Establishment	10/04/2012
Q3: 3. Which of these does the work of your Task Force focus upon?	Patients
Q4: 4. Task Force Leader	
Name	Mats Börjesson
Address	Swedish School of Sports and Health Sciences
Email	mats.brjesson@telia.com
Phone	+46705298360
Task Force Website	under development
Q5: 5. Period covered by this Progress Report	
From	04/10/2012,
To	02/17/2013
Q6: 6. Coordinating Institution	
Name	Swedish School of Sports and Health Sciences
Address	Lidingövägen 1, Stockholm
Institution Website	www.gih.se
Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting	<i>Respondent skipped this question</i>
Q8: 8. Date of checking online list of all my Task Force members on hphnet.org	<i>Respondent skipped this question</i>

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Q9: 9. The list of my members at hphnet.org is:	Not up to date (Note: If not, please provide information in APPENDIX)
Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?	Yes (Note: Please provide information in APPENDIX)
Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database?	No
Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?	Yes (Note: Please provide information in APPENDIX)
Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network?	No
Q15: 15. Task Force Growth	
Number of new members	21
Number of withdrawals	0
Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)?	Yes (Note: Please provide information in APPENDIX)

PAGE 2: Exchange of Knowledge and Experience (Part B)

Q17: 17. Organizational structure and way of working	
Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)	under development
Q18: 18. Outcomes and main achievements	
Please describe the main problems encountered	funding, to be able to meet
What do you think is the limit for more members to join the activities of your Task Force?	difficult to meet

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX) No

Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX) No

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. 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

Q21: 21. 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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Respondent skipped this question

Q26: 26. 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? No

Q27: GROWTH & MEMBER CARE27. Has your Task Force recruited HPH members among Task Force members?

Respondent skipped this question

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment? No

Q29: 29. If so, has your Task Force distributed the folder to all members and partners? No

Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise? No

HPH TF Progress Reports 2012

Q31: 31. Has your Task Force contacted Task Force partners to recruit new members?	No
Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction?	No
Q33: 33. Has your Task Force received funding for Task Force activities?	No
Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results?	No
Q35: VISIBILITY & PUBLICATION35. Has your Task Force designed information material regarding results, initiatives and improvements?	No
Q36: 36. Has your Task Force informed Task Force members about HPH?	No
Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition?	No
Q38: 38. Has your Task Force implemented a PR strategy?	Yes (with at least 3 appearances in political, public, academic or professional settings)
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	No
Q40: 40. Has your Task Force focused on patient and community information?	No
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	No
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	No
Q43: PARTNERS & AFFILIATED MEMBERS43. Has your Task Force collaborated with strategic partners at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q44: QUALITATIVE GROWTH44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations?	No

Q45: 45. Existing tools and databases

Have you advocated existing tools instead of creating new ones? No

Have you fed information on existing tools to international databases? No

Have you implemented existing tools and databases? No

Have you followed up online? No

Have you reported online on specific issues? No

Q46: 46. Has your Task Force:

Provided training facilities No

Exchanged staff members No

Participated in conferences Yes

Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion? No

Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School? *Respondent skipped this question*

Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan? No

Q50: ADDITIONAL QUESTIONS50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) No

For the next period? (Note: If yes, please provide information in APPENDIX) No

Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? Yes (Note: Please provide information in APPENDIX)

Q52: 52. Are key Task Force documents available in any languages? No (Note: Please provide information in APPENDIX)

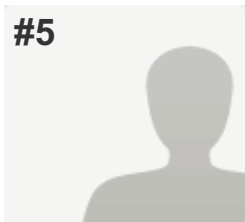
Q53: 53. Collaboration with the International HPH Network and with WHO

How do you think that the International HPH Network, the GB and the GA could better meet the needs of the Task Forces? provide funding for task force work

Q54: 54. Does your Task Force collaborate with WHO?

No

#5



COMPLETE

Collector: PrgprTF2012 (Web Link)
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Last Modified: Friday, February 22, 2013 8:37:46 AM
Time Spent: 01:45:44
IP Address: 46.7.99.101

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force

Tobacco Free United (TFU)

Q2: 2. Date of Establishment and Expiration

Date of Establishment 14/05/2008,

Expiration of Task Force Agreement 22/05/2013

Q3: 3. Which of these does the work of your Task Force focus upon?

Patients, Staff, Community, Environment

Q4: 4. Task Force Leader

Name

Ann ORiordan

Address

15 Bellevue Park Ave

Email

atoriordan@eircom.net

Phone

353872447702

Task Force Website

<http://www.hphnet.org/index.php/members/tf/20-members/tf1/303-tobacco-free-united>

Q5: 5. Period covered by this Progress Report

From 04/11/2012,

To 05/22/2013

Q6: 6. Coordinating Institution

Name

Tobacco Free United Taskforce Office

Address

15 Bellevue Park Ave

Email

atoriordan@eircom.net

Phone

353872447702

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Non-Hospital/Health Services

63

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Checkup date 02/22/2013

Q9: 9. The list of my members at hphnet.org is:

Not up to date (Note: If not, please provide information in APPENDIX)

Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library?

Yes (Note: Please provide information in APPENDIX)

Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database?

No

Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact?

Yes (Note: Please provide information in APPENDIX)

Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network?

No

Q15: 15. Task Force Growth

Number of new members

5

Number of withdrawals

4

Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)?

Yes (Note: Please provide information in APPENDIX)

Q17: 17. Organizational structure and way of working

Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)

Structure of the TFU Task Force Tobacco Free United (TFU) as a collaborative taskforce has an elected leader Ann O'Riordan (Ireland), key representative from the main partners, the HPH Board member Tiiu Harm (Estonia) and the ENSH Board president Estéve Fernandez (Spain). Development and activity is supported by sub-group leaders for the key action areas; Advocacy - Sibylle Fleitmann (Germany), Good Practice – Christa Rustler (Germany) and Evaluation /Indicators – David Chalom (Sweden) and overall coordination support is provided by Ann O`Riordan (Ireland) and Esther Carabasa (Spain). The TFU four year action plan (2008 to 2012) and extend for a further year (2012-2013) is carried out in three action groups and a number of active participants. Many TFU participants work across all sub-groups. Over 60 participants from more than 28 countries joined the TFU. They are either members of one of the networks or from outside the networks and active in tobacco control. See organisational chart

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements

Tobacco Free United (TFU) has achieved the following outcomes during 2012 -2013.

1. Commitment to continue collaboration under a signed Memorandum of Understanding between HPH and ENSH-Global – a primary outcome for TFU. The principle collaborative activity of TFU has been an annual “sharing and learning” conference, organised in association with the International HPH Conferences. These pre conference events have acted as host to the ENSH-GOLD Forum that gives recognition to hospitals and health services global who have received a high level implementation of a tobacco control policy in line with the ENSH-Global Standards. The ENSH GOLD Forum is a quality process where HPH and ENSH-Global members can demonstrate and share “good practice” in the implementation of tobacco control policies.
2. Tobacco Free Pre conference were held in Greece (2009), Manchester (2010), Taiwan (2012) and Gothenburg (2013) with a workshop in Turku (2011) – a secondary outcome for TFU. Scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease & disability. Health professionals are role models that have the trust of population media and policy makers. It is imperative therefore that they, hospitals and health care services actively engaged in influencing the health/tobacco political process. To this effect in November 2012 at the fifth session the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC) in Seoul, Republic of Korea, the TFU petition poster was presented.
3. Signatures of 41.522 health professionals from 78 countries worldwide via the TFU Advocacy CAMPAIGN: HEALTH PROFESSIONALS FOR A TOBACCO FREE WORLD - a further secondary outcome for TFU The final outcome of TFU activity has been the realisation of Indicators for tobacco control policies with in hospitals and health services.
4. Development of a set of performance and key indicators has been achieved via worldwide consensus and piloted within the ENSH GOLD Forum Process for 2013 – final secondary outcome for TFU. See appendix for summary of activities (2011 - 2012) and the financial accounts for TFU (2008 – 2012).

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Please describe the main facilitators and supportive factors encountered	Commitment of Core Taskforce Members, Clear Leadership and good Coordination
Please describe the main problems encountered	Lack of funding, Lack of Time
What do you think is the limit for more members to join the activities of your Task Force?	Closure of TFU

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX) No

Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX) No

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. Standard 1: Management Policy

The organization identifies responsibilities for health promotion Yes

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

Q21: 21. Standard 2: Patient Assessment

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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Are they developed based on formal assessment of need? Yes

Are they developed based on international, national or regional policy? Yes

Implementation is monitored by Hospitals/Health Services? Yes

Implementation of monitoring is followed up by Hospitals/Health Services? Yes

Which projects have been given priority? ENSH-Global GOLD Forum Process

Q26: 26. 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? Yes

Q27: GROWTH & MEMBER CARE 27. Has your Task Force recruited HPH members among Task Force members? No

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment? No

Q29: 29. If so, has your Task Force distributed the folder to all members and partners? No

Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise? No

Q31: 31. Has your Task Force contacted Task Force partners to recruit new members? Yes (Note: Please provide information in APPENDIX)

Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction? Yes (Note: Please provide information in APPENDIX)

Q33: 33. Has your Task Force received funding for Task Force activities? Yes (Note: Please provide information in APPENDIX)

Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results? Yes (Note: Please provide information in APPENDIX)

Q35: VISIBILITY & PUBLICATION 35. Has your Task Force designed information material regarding results, initiatives and improvements? Yes

Q36: 36. Has your Task Force informed Task Force members about HPH? Yes (Note: Please provide information in APPENDIX)

Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition? No

HPH TF Progress Reports 2012

Q38: 38. Has your Task Force implemented a PR strategy?	No
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	No
Q40: 40. Has your Task Force focused on patient and community information?	No
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	No
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	No
Q43: PARTNERS & AFFILIATED MEMBERS 43. Has your Task Force collaborated with strategic partners at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q44: QUALITATIVE GROWTH 44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations?	Yes (Note: Please provide information in APPENDIX)
Q45: 45. Existing tools and databases	
Have you advocated existing tools instead of creating new ones?	Yes
Have you fed information on existing tools to international databases?	Yes
Have you implemented existing tools and databases?	No
Have you followed up online?	No
Have you reported online on specific issues?	Yes
Q46: 46. Has your Task Force:	
Provided training facilities	Yes
Exchanged staff members	No
Participated in conferences	Yes
Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion?	No
Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School?	Yes (Note: Please provide information in APPENDIX)

Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan? No

Q50: ADDITIONAL QUESTIONS50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) Yes

For the next period? (Note: If yes, please provide information in APPENDIX) No

Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? No

Q52: 52. Are key Task Force documents available in any languages? Yes

Q53: 53. 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?

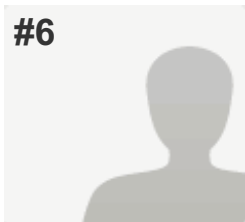
Support for the integration of taskforce actions at membership level, actively promote the use of taskforce materials, guidelines, strategies and recommendation. Create visibility for the topic of the taskforces with International HPH Conference programme (Plenary) and HPH Summer Schools

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

Develop close communication with national and regional network coordinators and actively participate in future HPH Strategy development

Q54: 54. Does your Task Force collaborate with WHO? No

#6



COMPLETE

Collector: PrgpTF2012 (Web Link)
Started: Tuesday, January 22, 2013 3:50:32 AM
Last Modified: Friday, March 08, 2013 1:37:06 AM
Time Spent: Over a month
IP Address: 161.4.82.7

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force

Alcohol and Alcohol Interventions

Q2: 2. Date of Establishment and Expiration

Date of Establishment 01/05/2009,

Expiration of Task Force Agreement 31/05/2013

Q3: 3. Which of these does the work of your Task Force focus upon?

Patients, Staff

Q4: 4. Task Force Leader

Name

Sverre Nesvåg

Address

KORFOR, Stavanger University Hospital,
Norway

Email

ness@sus.no

Phone

+47 90837431

Task Force Website

www.sus.no/korfor

Q5: 5. Period covered by this Progress Report

From 01/04/2011,

To 01/02/2013

Q6: 6. Coordinating Institution

Name

KORFOR, Stavanger University Hospital

Address

PO Box 8100, 4068 Stavanger, Norway

Institution Website

www.sus.no/korfor

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals

11

Health Services

3

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Checkup date 01/23/2013

Q9: 9. The list of my members at hphnet.org is: Up to date

Q10: 10. Has your Task Force delivered, or is it planning to deliver, material for the online HPH Library? Yes (Note: Please provide information in APPENDIX)

Q11: 11. Has your Task Force reported on HP activities in the Online HPH Activity Database? No

Q12: 12. Has your Task Force described a relation to mission, purpose and objectives of the International HPH Network and the expected impact? No

Q13: 13. 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: 14. Have you recruited and supported Task Force members in becoming members of the International HPH Network? No

Q15: 15. Task Force Growth

Number of new members 0

Number of withdrawals 0

Q16: 16. Does your Task Force have partnerships or working relations with other organizations, institutions or similar (such as political entities, scientific organizations, NGO's, public institutions, private companies etc.)? Yes (Note: Please provide information in APPENDIX)

PAGE 2: Exchange of Knowledge and Experience (Part B)

Q17: 17. Organizational structure and way of working

Describe the organization of your Task Force e.g. coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)

Coordinating institutions and scientific committee

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements	Two databases with relevant standards and guidelines
Please describe the main facilitators and supportive factors encountered	financial support from the Norwegian Directorate of Health
What do you think is the limit for more members to join the activities of your Task Force?	Not applicable as we are now in the finalizing phase

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX)	No
Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX)	No

Q20: Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?20. 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

Q21: 21. 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

Q22: 22. 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

Q23: 23. 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

Q24: 24. 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

Q25: 25. Implementation of international, national, regional or local projects

Are they developed based on formal assessment of need? Yes

Are they developed based on international, national or regional policy? Yes

Implementation is monitored by Hospitals/Health Services? Yes

Implementation of monitoring is followed up by Hospitals/Health Services? Yes

Q26: 26. 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

Q27: GROWTH & MEMBER CARE 27. Has your Task Force recruited HPH members among Task Force members? No

Q28: 28. Has your Task Force implemented a folder for streamlined recruitment? No

Q29: 29. If so, has your Task Force distributed the folder to all members and partners? No

Q30: 30. Has your Task Force established contact to Hospitals/Health Services as part of the HPH Twinning or otherwise? Yes (Note: Please provide information in APPENDIX)

Q31: 31. Has your Task Force contacted Task Force partners to recruit new members? No

Q32: 32. Has your Task Force focused on networking within the Task Force to improve member satisfaction? No

Q33: 33. Has your Task Force received funding for Task Force activities? Yes (Note: Please provide information in APPENDIX)

Q34: 34. Did your Task Force engage in advocacy towards partners and dissemination of results? No

Q35: VISIBILITY & PUBLICATION 35. Has your Task Force designed information material regarding results, initiatives and improvements? Yes

Q36: 36. Has your Task Force informed Task Force members about HPH? No

Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition? No

Q38: 38. Has your Task Force implemented a PR strategy? No

HPH TF Progress Reports 2012

Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	No
Q40: 40. Has your Task Force focused on patient and community information?	No
Q41: 41. Has your Task Force contributed to or participated in scientific publications?	Yes (Note: Please provide information in APPENDIX)
Q42: 42. Has your Task Force delivered material to scientific libraries or databases?	No
Q43: PARTNERS & AFFILIATED MEMBERS43. Has your Task Force collaborated with strategic partners at Task Force level?	Yes (Note: Please provide information in APPENDIX)
Q44: QUALITATIVE GROWTH44. Has your Task Force enabled Hospitals/Health Services to support and work more with communities/non-hospital organizations?	Yes (Note: Please provide information in APPENDIX)
Q45: 45. Existing tools and databases	
Have you advocated existing tools instead of creating new ones?	Yes
Have you fed information on existing tools to international databases?	Yes
Have you implemented existing tools and databases?	Yes
Have you followed up online?	No
Have you reported online on specific issues?	No
Q46: 46. Has your Task Force:	
Provided training facilities	No
Exchanged staff members	No
Participated in conferences	Yes
Q47: 47. Do you expect your Task Force members to participate in the New Master of Clinical Health Promotion?	No
Q48: 48. Has any Task Force leaders or Vice leaders participated in WHO HPH Summer School?	No
Q49: 49. Has your Task Force described a relation to the HPH strategy and action plan?	Yes (Note: Please provide information in APPENDIX)

Q50: ADDITIONAL QUESTIONS50. Does your Task Force have additional strategy, priorities and focus areas:

For 2011-2013? (Note: If yes, please provide information in APPENDIX) No

For the next period? (Note: If yes, please provide information in APPENDIX) No

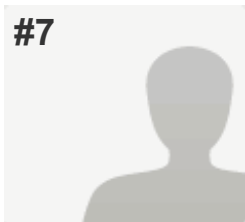
Q51: 51. Has your Task Force received recognition from public authorities, health systems etc.? Yes (Note: Please provide information in APPENDIX)

Q52: 52. Are key Task Force documents available in any languages? No (Note: Please provide information in APPENDIX)

Q53: 53. Collaboration with the International HPH Network and with WHO *Respondent skipped this question*

Q54: 54. Does your Task Force collaborate with WHO? Yes (Note: Please provide information in APPENDIX)

#7



COMPLETE

Collector: PrgrpTF2012 (Web Link)
Started: Friday, March 08, 2013 3:14:46 AM
Last Modified: Friday, March 08, 2013 4:07:07 AM
Time Spent: 00:52:21
IP Address: 195.62.185.251

PAGE 1: Administrative Information (Part A)

Q1: 1. Name of Task Force

Task Force Migrant-Friendly Culturally Competent Healthcare

Q2: 2. Date of Establishment and Expiration

Date of Establishment 18/05/2005,

Expiration of Task Force Agreement 18/05/2012

Q3: 3. Which of these does the work of your Task Force focus upon?

Patients, Staff, Community

Q4: 4. Task Force Leader

Name

Antonio Chiarenza

Address

5, via Fornaciari- 42121 Reggio Emilia, Italy

Email

chiarenz@alice.it

Phone

+393283607272

Task Force Website

http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

Q5: 5. Period covered by this Progress Report

From 08/03/2012,

To 08/03/2013

Q6: 6. Coordinating Institution

Name

AUSL of Reggio Emilia

Address

2, via Amendola - 42123 Reggio Emilia - Italy

Email

direzionegenerale@ausl.re.it

Phone

+390522335563

Institution Website

<http://www.ausl.re.it>

Q7: 7. Number of hospitals, health services and other members of your Task Force at the time of reporting

Hospitals	27
Health Services	10
Combined Hospital/Health Services	6
Non-Hospital/Health Services	2

Q8: 8. Date of checking online list of all my Task Force members on hphnet.org

Checkup date 08/03/2013

Q9: 9. The list of my members at hphnet.org is: Not up to date (Note: If not, please provide information in APPENDIX)

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Describe the organization of your Task Force e.g. scientific committee
 coordinating institution, scientific committee, steering group, task forces etc. (If available, please provide an organizational chart in APPENDIX)

Q18: 18. Outcomes and main achievements

Please describe the main outcomes and achievements
 Development and pilot-testing of Equity standards in healthcare for migrants and other vulnerable groups

Please describe the main facilitators and supportive factors encountered
 Sinergies with other funded projects

Please describe the main problems encountered
 Lack of economic means

What do you think is the limit for more members to join the activities of your Task Force?
 Task forcs cannot be to large otherwise thy become networks

Q19: 19. Evaluation and monitoring

Has any evaluation and monitoring been carried out according to implementation of the WHO Standards, projects etc.? (Note: If yes, please provide information in APPENDIX)
 No

Have any additional analysis or surveys been carried out? (Note: If yes, please provide information in APPENDIX)
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HPH TF Progress Reports 2012

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Q37: 37. Has your Task Force applied for HPH awards and WHO HPH recognition?	No
Q38: 38. Has your Task Force implemented a PR strategy?	Yes (with at least 3 appearances in political, public, academic or professional settings)
Q39: 39. Has your Task Force collaborated with a patient organization at Task Force level?	No
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Q52: 52. Are key Task Force documents available in any languages? Yes

Q53: 53. 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? Support the diffusion and validity of Tf activities within the wider HPH network

How do you think your Task Force could better contribute to the International HPH Network's fulfilment of its objectives? Better alignemnt of TF actions with HPH strategy

Q54: 54. Does your Task Force collaborate with WHO? No