

Application from the Alliance for Health Promotion for admission into official relations with WHO

1. **Year of establishment of the organization:** 2008
2. (a) **Address of the headquarters of the organization.**

Grand Montfleury 48
1290 Versoix
Geneva
Switzerland

Website: <http://www.alliance4healthpromotion.org>

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- (b) **Contact information, name(s) and titles of officer(s) who may speak and correspond authoritatively on behalf of the organization.**

Ms Gabriella Sozanski
Board member/Director
Grand-Montfleury 48
1290 Versoix
Geneva
Switzerland

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3. **Aims (or purposes, objectives) of the organization as they appear in its constitution, by-laws or equivalent document.** The Alliance for Health Promotion aims to promote the right of all people to a healthy life, drawing on the evidence base created, to a large extent, by its members. It aims to improve the health and well-being of people by catalysing civil society efforts in health promotion and linking global policy to local realities. It strives for health promotion to be seen as a continuum and an economic benefit. The Alliance pursues the following:

- to facilitate and support the work of nongovernmental organizations and civil society for health promotion at the international, regional, national and community levels;
- to catalyse and coordinate nongovernmental organizations and civil society in the promotion of health; and
- to partner with WHO by building on its past contributions to promote the declarations of the Global Conference on Health Promotion.

4. Main fields of work of the organization. Communicable diseases, mental health, and noncommunicable diseases, including cardiovascular and respiratory conditions, cancer and diabetes. The overall cross-cutting discipline for its activities is health promotion/disease prevention.

5. Main types of activities of the organization.¹ Advocacy.

The organization has activities in the following countries: Kenya.

6. Membership information.

Type of member	Total number	Voting status
Other nongovernmental organizations, foundations	27	All members that have paid their membership fees receive voting rights

Members in the following countries and areas: Australia, Austria, France, Germany, India, Kenya, Netherlands, South Africa, Spain, Switzerland, Uganda, United Kingdom of Great Britain and Northern Ireland, United States of America.

Regional offices/representatives in the following countries: Kenya

7. Name, composition, function and frequency of meetings of the main, or if applicable, the two main decision-making bodies.

Name:	Annual General Meeting
Composition:	All members.
Function:	The Annual General Meeting is the supreme authority of the Alliance for Health Promotion. It approves admissions of members and cessations of memberships; elects members of the Board; notes the contents of the reports and financial statements for the year and approves or rejects the contents thereof; supervises the activity of other organs, which it may dismiss, stating the grounds wherefore; and approves the appointment of the auditor. At the Annual General Meeting only those members that have paid their membership fees receive voting rights. Decisions are made by simple majority of the voting members present or by proxy. The President chairs the Meeting. When not otherwise decided by the Meeting, elections take place by secret ballot. All proceedings and decisions taken are recorded in the minutes of the meeting.
Frequency of meetings:	An ordinary General Meeting is held once a year. Extraordinary sessions may be held whenever necessary, by decision of the Board of the Alliance or at the request of one third of the total membership.

¹ For an explanation of the types of activities, please see the Annex to the application.

Name:	Board of the Alliance
Composition:	The Board is composed of the President, Vice President, Secretary, Treasurer and not more than 11 other members. Nominations to the Board need to reach the Alliance's secretariat 40 days before elections. Board members are elected by majority vote every two years at the Annual General Meeting. The Board then elects from among its members the President, Vice President, Secretary and Treasurer. A Board member will serve a two-year term and re-election is possible. The Board may co-opt a member of the Alliance to the Board should a vacancy open before the next Annual General Meeting. The International Federation of Medical Students' Associations and the International Pharmaceutical Students' Federation are always represented on the Board by their presidents, who are elected on an annual basis.
Function:	The Board is the executive body of the Alliance and carries out all the functions not attributed to another organ of the Alliance. The Board is authorized to carry out all acts that further the purposes of the Alliance. It implements the decisions made by the Annual General Meeting and is authorized to manage the Alliance's business. The President chairs the Board meetings and represents the Alliance. The Treasurer and the President have the official signature rights to all financial and legal transactions. The President has the mandate to reassign his or her signature right to another Board member, when necessary. The Board members act voluntarily, although each Board member may receive appropriate compensation for activities that are not part of their usual functions. The Board appoints one independent auditor for a period of two years, subject to the approval of the Annual General Meeting, with possible reappointment. The Auditor examines the Alliance's accounts and presents a report to the Annual General Meeting for acceptance.
Frequency of meetings:	Six times a year.

8. Human resources of the organization.

Number of paid staff at headquarters/secretariat:	0
Number of volunteer staff at headquarters/secretariat:	1
Number of paid staff worldwide (including staff at headquarters/secretariat):	0
Number of volunteers worldwide (including staff at headquarters/secretariat):	2

9. Financial information on the organization.¹

Annual income and expenditure in the range: US\$ 1000 to US\$ 50 000

¹ In order to facilitate comparison, nongovernmental organizations are requested to express their annual income and expenditure in United States dollar equivalents, and to provide estimates of these annual figures in cases where their accounts cover different periods.

10. Formal relations with organizations and bodies in the United Nations system and nongovernmental organizations.

The Alliance is in the process of applying for consultative status with the United Nations Economic and Social Council.

11. Collaboration with WHO.

(a) Activities carried out jointly with WHO during the working relations period.

The Alliance's predecessor was established in 1997 at the Fourth International Conference on Health Promotion as an advisory group of WHO, from which it has developed into an international nongovernmental organization registered with the Canton of Geneva. Its founding members include nongovernmental organizations from different sectors that have a strong commitment to health promotion.

Since its establishment, the Alliance has mainly been working with the Health Promotion unit within the Noncommunicable Diseases and Mental Health cluster. However, as the Alliance's membership comes from various sectors, it would be clearer to address health promotion issues through intersectoral collaboration and by addressing the social determinants of health. As trends increasingly indicate the mainstreaming of health promotion, the Alliance has widened its collaboration with other WHO departments while keeping in mind the aim of promoting a "health in all policies" approach.

The Alliance organizes nongovernmental organization consultation meetings and dialogue during sessions of the Executive Board, in Geneva, which may lead to joint statements by nongovernmental organizations for submission to the Executive Board. The Alliance organizes annual briefings bringing together representatives of governments, the United Nations and its specialized agencies, academia and nongovernmental organizations on a priority issue of the global development agenda. The title of the briefing in 2013 was "from global declarations to local actions – health promotion beyond 2015".

Alliance representatives participated at the 8th Global Conference on Health Promotion in June 2013. In coordination with other nongovernmental organizations, a joint statement was put forward relating to the outcome document of the Conference.

Following the success of a first regional workshop in 2012, a second one was organized by the Alliance in Kenya in 2013, with the aim of empowering communities, particularly women, and creating a participatory framework for dialogue between government and civil society with a bottom-up approach. The workshop participants identified local issues and discussed what "health in all policies" means for them at local level.

The Alliance organized the second Health Promotion Forum in 2012 and the third International Health Promotion Forum, with the title "building capacity for health promotion: inter-sectoral partnership between civil society and government", which was held in collaboration with WHO and the Institut de Santé Globale (global health institute) of the University of Geneva in November 2013. The Forum focused on how to connect the local to the global, and how policy can be translated into practice through intersectoral collaboration and by empowering communities.

The 2014 annual briefing for the representatives of governments, the United Nations and its specialized agencies, academia and nongovernmental organizations, organized jointly with R20 – Regions of Climate Action, addressed the topic “empowerment for sustainable development: making health promotion tangible in the post-Millennium Development Goal agenda”. The director of WHO’s department of Public Health, Environmental and Social Determinants was the keynote speaker. Other speakers represented the Parliament of Kenya, the International Federation of Medical Students’ Associations and R20 – Regions of Climate Action, as well as the Alliance. The briefing was attended by 80 people, and among the prominent guests figured the Assistant Secretary for Health of the United States of America and several members of WHO’s senior management. The report of the 2013 International Health Promotion Forum was presented at the briefing.

The Social Determinants of Health unit has provided significant support for strengthening the Alliance’s capacity by seconding its intern to the Alliance in order to strengthen the Alliance’s communication and collaboration with WHO. This collaboration resulted in the successful organization, with strengthened community participation, of the third health promotion workshop in Kenya in August 2014. As well as strengthening local capacity and mobilizing local resources, the engagement has led to strengthened communication with the country and regional offices, with the support of headquarters.

A major event for the Alliance in 2014 will be a forum on international health promotion to be organized, as previously, in collaboration with WHO and the Institut de Santé Globale (global health institute) of the University of Geneva. The Forum will aim to address issues of how health promotion can contribute to the three pillars (economic, social and environmental) of the sustainable development goals.

(b) Planned collaborative activities with WHO for the coming three-year period.

Collaboration with WHO, initiated by the Alliance for Health Promotion and R20 – Regions of Climate Action during the 2014 annual briefing, will focus on activities to reduce health inequities through improving the environmental and social determinants of health, including air pollution and climate change, and targeting both rural and urban populations. The collaboration with WHO builds upon successful past health promotion workshops organized by the Alliance in conjunction with Afro-European Medical and Research Network mobile clinics in Kenya. The workshops will strengthen civil society’s perspective and thus will enable a better response to local needs. They will also serve WHO’s objectives to support national governments in inclusive policy-making and field validation. WHO will provide technical assistance, evaluation and monitoring tools for the activities.

The Alliance is promoting increased intersectoral policy coordination to address the social determinants of health. The rural component of the collaboration will consist of the following activities:

- continuing to strengthen community participation, empowerment and training;
- promoting healthy behaviours;
- working alongside existing health centres to meet their demand for energy with renewable energy technologies;
- gaining feedback and input from stakeholders about the most appropriate renewable energy technologies;

- monitoring and evaluating the social, environmental and economic impacts of renewable energy projects on the health and well-being of the population; and
- documenting and communicating the results of these projects.

The urban component of the collaboration will focus on:

- collecting examples of interventions for improving access to energy in housing that have both a health and equity benefit; and
- obtaining feedback through the Alliance and related nongovernmental organizations about awareness-raising needs and priorities on how best to address specific vulnerable population groups affected by exposure to short-lived climate pollutants.

Joint advocacy efforts with government authorities are expected to help scale up these local projects.

The Alliance will continue its collaboration with WHO's Noncommunicable Diseases and Mental Health cluster, in particular by contributing to the implementation of the Helsinki Statement on Health in All Policies and the Framework for Country Action, which were the outcome documents of the 8th Global Conference on Health Promotion, as well as the comprehensive mental health action plan 2013–2020 as regards mental health promotion.

As soon as preparations for the 9th Global Conference on Health Promotion begin, including a decision on its date, the Alliance will identify how best to mobilize its wide network of nongovernmental organizations with the aim of providing a meaningful contribution to the Conference.

The Alliance will continue its annual activities linked to WHO events, namely a consultation with nongovernmental organizations during sessions of the Executive Board and a briefing during the Health Assembly. The Alliance's three-year plan also includes the launching of regional health promotion workshops in other continents, using the model of the regional workshops in Kenya and with the involvement of WHO country and regional offices. The Alliance will also continue to organize the annual Global Forum on Health Promotion in collaboration with WHO.

ANNEX

EXPLANATION OF TYPES OF ACTIVITIES

Advisory – the organization regularly advises governments, nongovernmental organizations and institutions, intergovernmental bodies, or the media on matters within its competence.

Advocacy – the organization regularly undertakes campaigns, or its main purpose is, to influence decision- or policy-makers, or individual or societal behaviours or attitudes.

Conferences – the organization regularly holds scientific conferences, or other forums, excluding governing body meetings.

Data collection/surveillance – the organization, for example, maintains a register of specific diseases, up-to-date data about the number of people in a particular profession, etc.

Education/training – the organization, or its members, regularly provides educational or training courses for individuals or organizations (governmental and nongovernmental), is an examining or licensing body, or develops curricula.

Funding/donations – the organization funds the work of others and/or donates goods to others, for example, hospital equipment and pharmaceuticals.

Journals/publications/media – the organization regularly publishes a peer-reviewed professional or scientific journal and/or regularly produces and revises books and other media, e.g. CDs and videos, and maintains a publications/resources catalogue.

Research – the organization undertakes commissions or funds research as a regular activity.

Service delivery – the organization provides, commissions or is contracted on a long-term basis to provide services to non-members, for example, child counselling/protection, hospital care, suicide prevention services and delivery of food aid.

Sponsoring – the organization maintains a sponsorship programme, for example, for children, the elderly or young scientists.

Standard-setting – the organization formulates standards, ranging from professional conduct to goods and services.

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