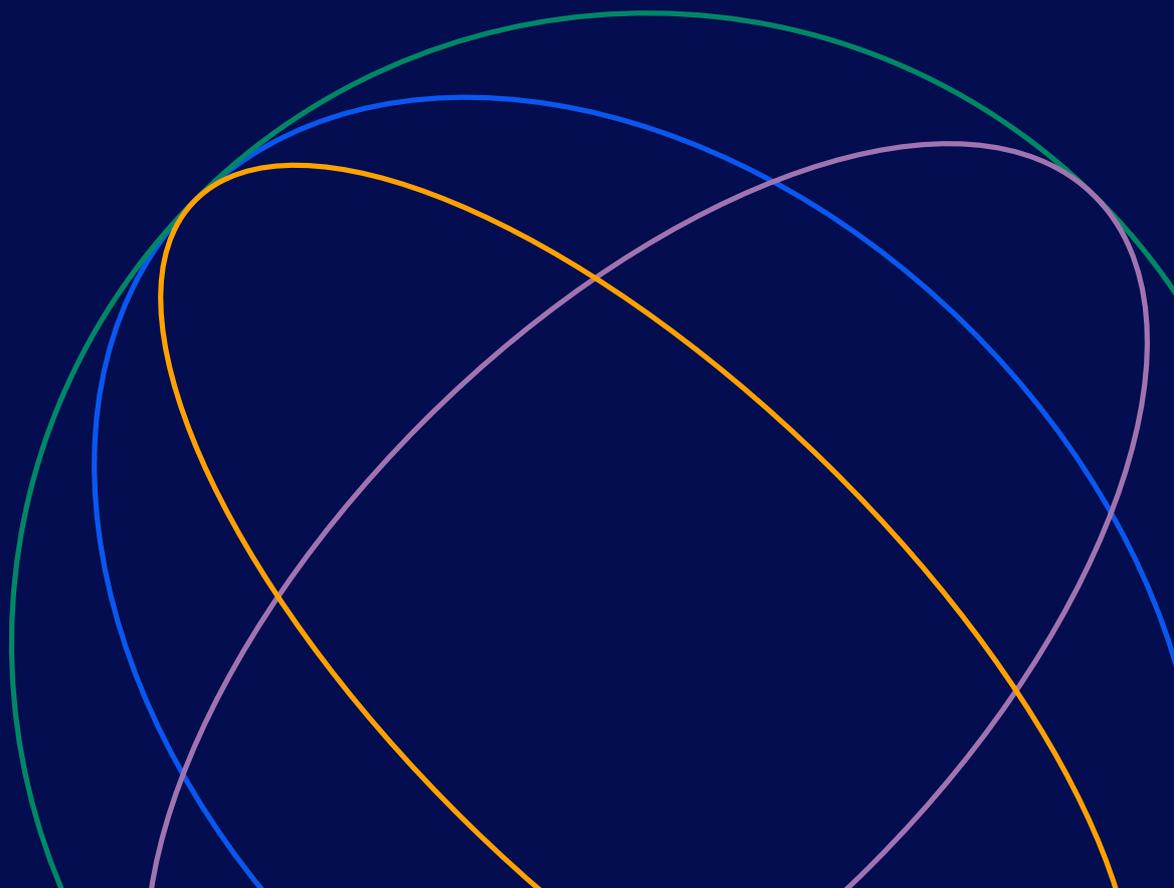




HEALTH PROMOTION FOUNDATION: SUSTAINABLE FINANCING AND GOVERNANCE

2025



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Foreword



Health promotion is vital for building healthier, more equitable populations and societies. The International Network of Health Promotion Foundations (INHPF) connects health promotion foundations and like-minded organizations around the world to tackle common health challenges. We do so through knowledge building and collaborative action, to nurture healthier communities, and address emerging health challenges together. Through these activities, we facilitate the exchange of ideas, experiences, and best practices, empowering members and aspiring health promotion organizations to build their capabilities in health promotion in a sustainable way.

This booklet, “Health Promotion Foundation: Sustainable Financing and Governance,” demonstrates our commitment to advancing health promotion globally. It addresses the pressing need for practical guidance in establishing and sustaining health promotion foundations (HPFs). Highlights three practical models—autonomous agencies, semi-autonomous entities, and government-based units. These models demonstrate how innovative financing mechanisms and governance structures can drive impactful, long-term health outcomes in various jurisdictions across the globe.

We hope this booklet serves as a resource to inspire action and support policymakers and practitioners in creating mechanisms and systems that prioritize health promotion, disease prevention and equity.

Together, we can create healthier, more resilient populations for all.

Mr. Tay Choon Hong
Chair, International Network of Health Promotion Foundations (INHPF)
Chief Executive Officer, Health Promotion Board, Singapore

Preface



Health promotion is a transformative force in addressing risk factors of preventable non-communicable diseases, rising healthcare costs, and health inequities.

Health promotion services and programmes require dedicated and sustainable funding as well as an effective mechanism to enable population health outcomes. Such innovative mechanism can be called a Health Promotion Foundation (HPF). Investing in a Health Promotion Foundation can help governments mitigate economic and social burdens, including the long-term cost burden of the Universal Health Coverage. At the UN High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases in 2011, “innovative financing” for NCDs has been addressed as a key factor to achieve its nine voluntary targets.

This booklet, *Health Promotion Foundation: Sustainable Financing and Governance*, serves as a roadmap for building resilient mechanisms through innovative financing and effective governance models on health promotion. Drawing on international insights, it highlights how dedicated funds, partnerships, and governance structures tackle critical health challenges, ensuring health promotion efforts are effective, impactful and sustainable. Case studies from diverse contexts demonstrate the adaptability and ingenuity needed to prioritize health as a national and international imperative.

This booklet is more than a guide; it is a call to action for policymakers, advocates, and practitioners to reimagine and advance sustainable health promotion. Together, we can create a healthier, more equitable world.

Prof. Dr. Prakrit Vathesatogkit
Former Secretary General, INHPF
Executive Secretary, Action on Smoking and Health Foundation Thailand



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- Health and Wellbeing Queensland (HWQld)
- Austrian Health Promotion Foundation
- Thailand Health Promotion Foundation (ThaiHealth)
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- Korea Health Promotion Institute (KHEPI)
- Vietnam Tobacco Control Fund
- Lao PDR Tobacco Control Fund
- Singapore Health Promotion Board (HPB)

Preface of the Health Promotion Fund: A Global View





Finland

Mongolia

Korea

Thailand

Taiwan

Lao PDR

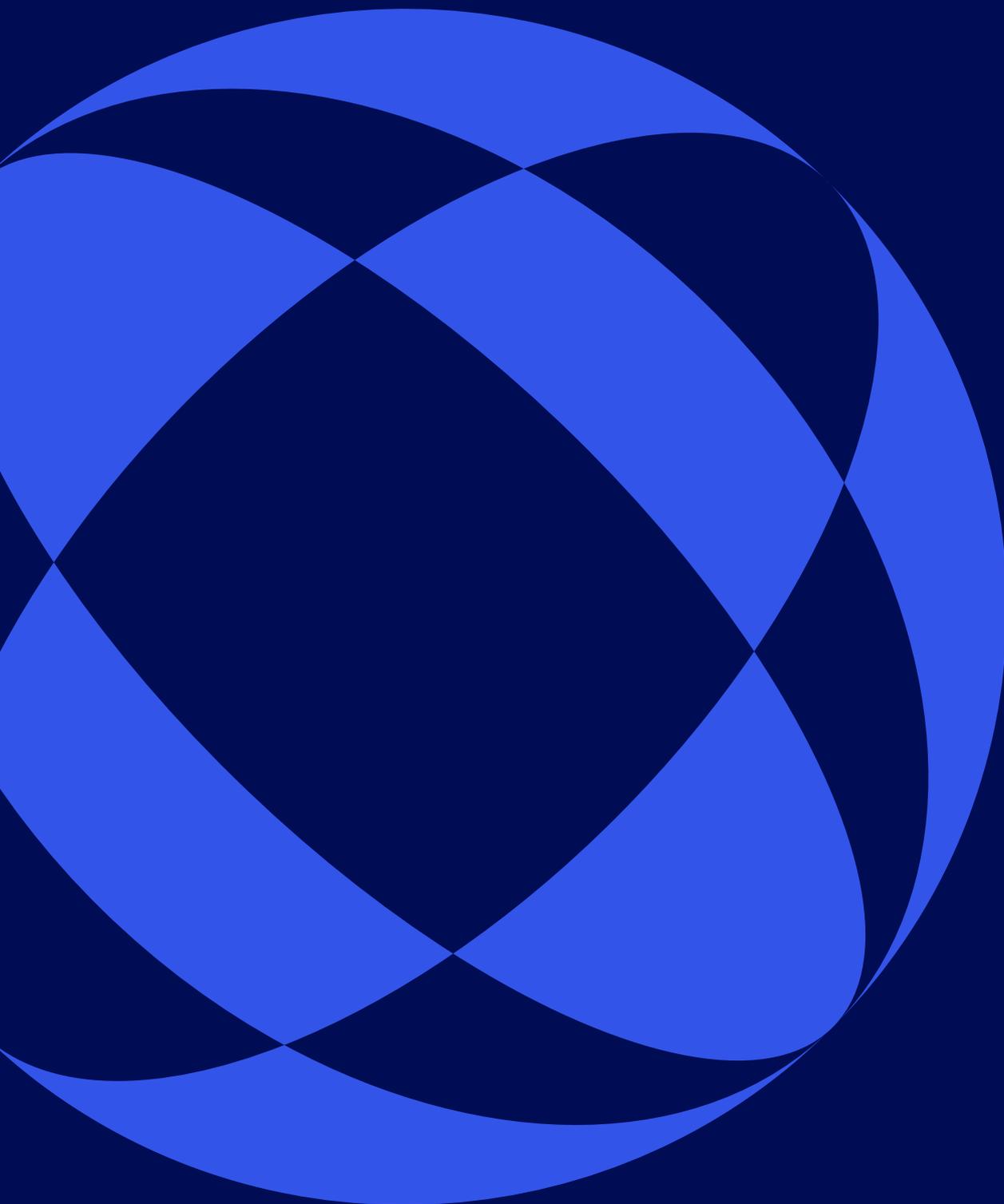
Singapore

Malaysia

Australia

New Zealand

A Global Overview of Health Promotion Funds and the Agencies¹



¹ <https://hpfhub.info/fund-management/a-global-overview-of-health-promotion-funds-and-the-agencies-that-govern-and-manage-them/>

- **Victorian Health Promotion Foundation
(VicHealth)**
- **Western Australian Health Promotion Foundation**
- **Health Promotion Switzerland**
- **Taiwan Health Promotion Administration**
- **Austrian Health Promotion Fund**
- **Thai Health Promotion Foundation**
- **Tonga Health Promotion Foundation**
- **Mongolian Health Promotion Foundation**
- **Korea Health Promotion Institute**
- **Lao PDR Tobacco Control Fund**
- **Vietnam Tobacco Control Fund**
- **Singapore Health Promotion Fund**



The Momentum towards Health Promotion ^{2,3}

Each year, approximately 36 million people die from non-communicable diseases (NCDs), with 29 million of these deaths in low- and middle-income countries. Up to 80% result from conditions such as cancer, cardiovascular diseases (CVDs), chronic respiratory diseases, and diabetes—largely driven by tobacco use. Tobacco is the most preventable cause of disease and death, contributing significantly to NCDs, and alone causes nearly six million deaths annually, including over 600,000 from secondhand smoke. This could rise to eight million deaths by 2030 without effective intervention. Other modifiable risk factors include physical inactivity, unhealthy diets, and harmful alcohol use, leading to millions more deaths each year.

As countries recognize the significant impact of NCDs on global health and economies, they are increasingly prioritizing health promotion to address health risks and disparities. Health promotion, defined as “the process of enabling people to increase control over and improve their health,” encompasses community engagement, health education, advocacy, and public health policy development. While prevention and health promotion are proven effective, sustained government commitment and investment are essential.

Tobacco control, a crucial intervention in reducing the NCD burden, has seen global advancement since the 2003 adoption of the WHO Framework Convention on Tobacco Control (WHO FCTC), yet many low- and middle-income countries face challenges in fully implementing these policies due to industry interference and limited financial and technical resources.



² World Health Organization. Fact Sheet: Noncommunicable Diseases. Geneva: World Health Organization. Available from: www.who.int/mediacentre/factsheets/fs355/en/

³ World Health Organization. Milestones in Health Promotion Statements from Global Conferences. Geneva: World Health Organization 2009. http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf



A Novel Way to Secure a Sustainable Budget for Health Promotion ⁴

Since the late 1980s, several jurisdictions have introduced health promotion foundations, financed through ‘sin taxes’ on tobacco, alcohol, or gambling. These foundations offer a sustainable source of revenue for health promotion and tobacco control programs. Presently, health promotion foundations play an essential role within government structures, supporting coordinated and cost-effective programs that enhance population health. They supplement existing health budgets, representing strategic investments for long-term prevention of NCDs and reducing health inequalities.

All jurisdictions can leverage taxes on harmful products like tobacco and alcohol to fund health promotion. By implementing dedicated taxes or surcharges, governments generate sustainable revenue to support health promotion foundations, reducing healthcare costs and improving public health outcomes. This approach aligns with WHO FCTC Article 6, which encourages jurisdictions to apply tobacco tax policies to support health objectives, with many nations now using these revenues to strengthen health policies and advance NCD prevention.

This report draws on experiences and lessons learned from various health promotion foundations worldwide, highlighting their specific features and effectiveness.



⁴ World Health Organization (2003). World Health Organization Framework Convention on Tobacco Control. Geneva: World Health Organization.



The Need to Ensure a Sustainable Health Promotion Foundation

A health promotion foundation is dedicated to financing health promotion programs. The foundation must be sufficient and sustainable, without competing with traditional health-related service and treatment programs. The sources of health promotion funds depend on the political context and vary by country. Legislation often specifies the funding sources, governance, objectives, and administration.



The Governance and Purpose of the Foundation

A health promotion foundation aims to promote and protect public health through strategies and multifaceted programs that reduce health inequities. Administered by an independent statutory body, government department, or semi-autonomous entity, the foundation supports initiatives that drive community development, advocate for healthy public policies, promote healthy behaviors, and reorient health services. These objectives align with the WHO Ottawa Charter for Health Promotion established in 1986.

Health promotion foundations typically feature⁵:

- A focus on funding health promotion activities.
- Establishment by legislation ensuring long-term funding.
- An independent Board of Governance comprising stakeholders.
- Autonomous decision-making within its governance structure.
- Independence from political groups, with engagement across the political spectrum.

⁵ Caroll A, Wood L, Tantives S. Many Things to Many People: A Review of ThaiHealth (2001-2006). Bangkok: T World Health Organization and Thai Health Promotion, 2007.

Health promotion action includes:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

(The WHO Ottawa Charter for Health Promotion 1986) ²



Why Sustainable Financing for Health Promotion is Important?

Establishing sustainable funding for health promotion is a cost-effective way to secure long-term resources for public health improvement. Health promotion foundations support various organizations and community groups, providing grants for partnerships, policy advocacy, creating healthy environments, and promoting behavior change through education and social marketing. These foundations also help jurisdictions meet WHO FCTC Article 26 requirements, which mandate funding for national tobacco control programs to achieve the Convention's objectives.

The case for establishing a health promotion foundation includes⁶:

Limited Budgets for Health Promotion and Tobacco Control, particularly in low- and middle-income countries

In many low- and middle-income countries, health promotion often ranks low in budget priorities, and available funding sources for NCD prevention are inconsistent and insufficient. These countries frequently rely on inconsistent and unevenly distributed donor funds that may not align with their specific needs and priorities. Despite the known benefits of health promotion and the need to reduce NCD risk factors like tobacco and alcohol use, these programs often receive minimal funding, competing with healthcare budgets focused primarily on treatment over prevention.

⁶ Vathesatogkit P, Yen Lian T, Ritthipakdee B. Lessons Learned In Establishing A Health Promotion Fund. Bangkok: Southeast Asia Tobacco Control Alliance (SEATCA), 2011.

Reducing Health, Social, and Economic Costs from Non-Communicable Diseases

Governments are grappling with unsustainable health, social, and economic costs due to the rising incidence of NCDs. National budgets, already strained by enormous healthcare costs, can benefit from integrated systems for preventive and holistic health care. Dedicated taxes or other sustainable financing mechanisms for prevention and control programs can help curb the escalating costs associated with NCDs. Effective tobacco control and other health campaigns reduce healthcare costs and provide long-term financial savings by lowering the treatment costs of preventable diseases. A health promotion foundation offers an effective administrative mechanism for reducing the financial and social burdens of chronic diseases while promoting social and economic development to address health inequalities.

Securing Long-Term Investment for Health Improvement

Considering rising costs and limited resources, dedicated taxes or novel financing mechanisms can provide a sustainable revenue base to support tobacco control and health promotion programs over the long term. Health promotion is essential for improving public health and reducing health disparities. Secure funding enables the development of innovative strategies across all societal levels and sectors, supporting desired policy, environmental, and individual behavior changes. A health promotion foundation can also respond quickly to emerging health risks, such as epidemics of newly emerging diseases.

Supplementing Health Insurance or Universal Health Care Policies

As many jurisdictions adopt universal health insurance or health care coverage to improve public health, government healthcare expenditures are increasing significantly. Health promotion is a key to these policies. A sustainable budget for health promotion can enhance public health and prevent diseases, resulting in substantial savings in healthcare costs. For instance, Thailand's Health Promotion Foundation Act (2001) and National Health Security Act (2002) demonstrate the effectiveness of integrating health promotion funding with universal health coverage, where the budget is funded by a surcharge on tobacco and alcohol products.

Making the Polluter Pay

Implementing the 'polluter pays' principle, a health promotion fund from taxes on harmful products like tobacco and alcohol shifts costs from governments to manufacturers. This approach allows governments to fund health programs without direct expense, reducing healthcare costs linked to these products. A portion of the tax revenue can support services like smoking cessation, making the industry accountable. Raising taxes on harmful products and allocating funds to health initiatives is a smart fiscal policy that brings long-term healthcare savings.

Alternative Sustainable Funding Sources

In some jurisdictions, it may not be feasible to use dedicated or surcharge taxes for health promotion due to various constraints. In these cases, other mechanisms to secure sustainable funding should be explored. The focus should be on how best to secure sufficient and sustainable funds, regardless of the revenue sources.





Convincing Policy Makers to Support Sustainable Financing for Health Promotion

There are some common questions raised by policy makers when advocating for a health promotion foundation, including:

- What is health promotion? Is it not already being taken care of by the Ministry of Health?
- Does the health promotion foundation duplicate the role of the Ministry of Health?
- Why use dedicated/surcharge funding and not an annual budget allocation like most government initiatives?
- Is this the most cost-effective way to fund health improvement?
- How do they ensure there is no misuse of the funds? How the fund will be oversight?

Advocates for a health promotion foundation need to prepare a case that counters all the decision-makers' concerns. Several arguments are noted for use as a reference tool when building a case for a fund⁷.

Proposition

There is no need for another agency.

Response

A health promotion foundation offers a sustainable solution for financing health programs, including tobacco control, which often lack of national budget support. Establishing such a foundation is a cost-effective way for governments to secure long-term resources for health initiatives. Countries like Australia, Switzerland, Austria, Thailand, and Singapore have successfully implemented these foundations, demonstrating their benefits in improving public health.

⁷ Vathesatogkit P, Yen Lian T, Ritthipakdee B. (2013). Health Promotion: Sustainable Financing and Governance. Bangkok, Thai Health Promotion Foundation (ThaiHealth).

Proposition

The Ministry of Health (MOH) can request a larger budget for health promotion activities.

Response

Requesting a larger budget for health promotion through the conventional health system is often ineffective, as these funds are typically a small fraction of total health expenditure, can fluctuate significantly year-to-year, and subject to policy changes, hindering the long-term efforts needed for substantial population health improvements. An autonomous or semi-autonomous foundation, separate from the Ministry of Health, offers greater flexibility, allowing for easier collaboration with other agencies and avoiding bureaucratic delays. A fund sourced from tobacco and alcohol taxes, as seen in Thailand Health Promotion Foundation, can provide a stable and long-term solution for financing health initiatives by comprising only about 1-2% of the national health budget. The foundation can support activities that would be challenging under the standard budgeting system.

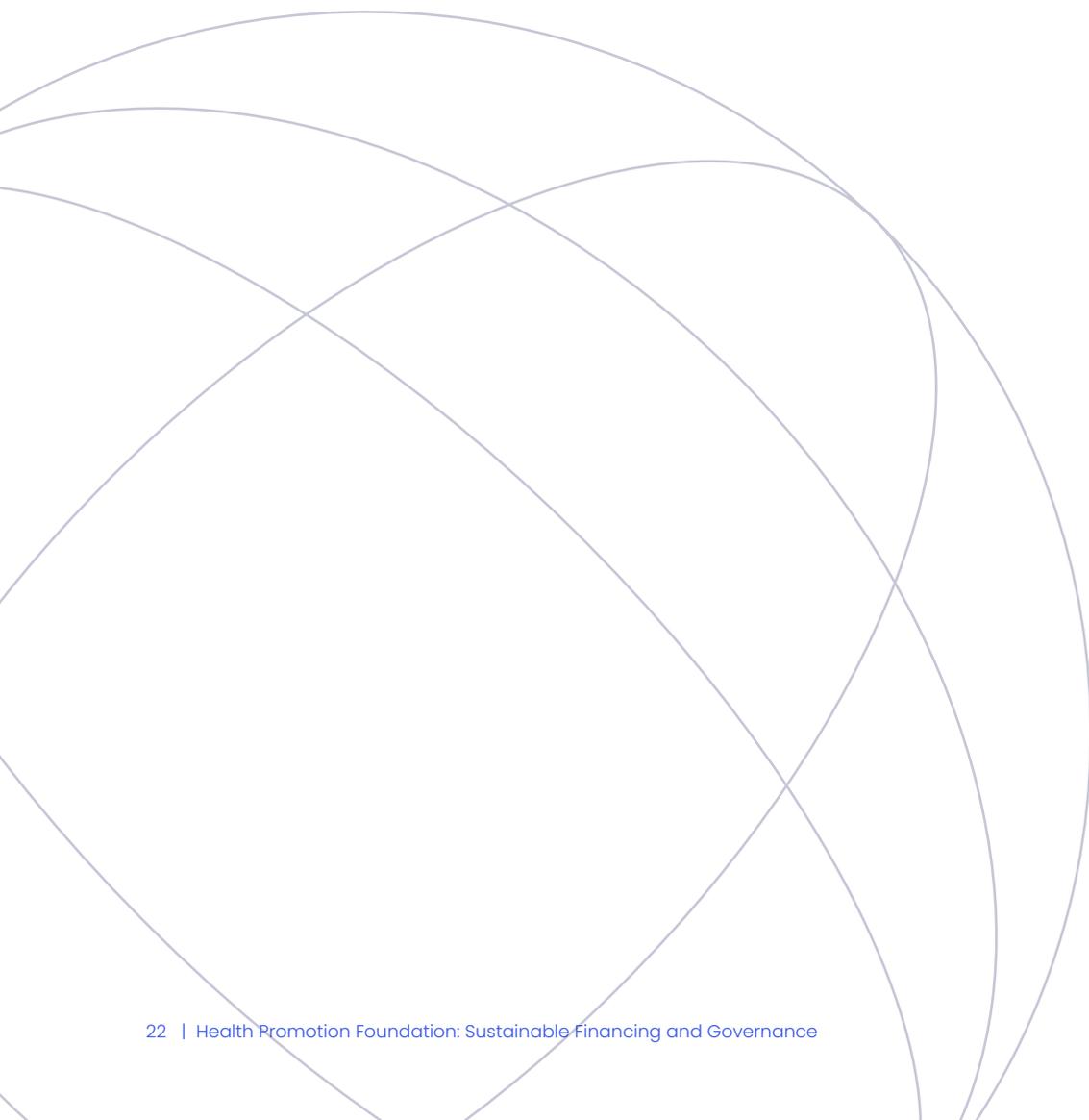
Proposition

A surcharge tax is counter to financial discipline and traditional practice.

Response

An additional surcharge tax can provide a new funding mechanism for health promotion, as demonstrated in Thailand, where it was implemented without being restricted by existing financial regulations. This approach could be adapted in other jurisdictions and should be explored as a viable source of health promotion funds. Initially, Thailand Health Promotion Foundation involved allocating 2% of the excise taxes on tobacco and alcohol, but due to opposition from the Ministry of Finance, it was revised to impose an additional 2% excise tax directly on producers, avoiding the need to reallocate existing revenue. This revised approach was accepted by all parties.

One common concern about surcharge taxes is that they might disrupt financial discipline by setting a precedent for other similar taxes. However, Australia's experience indicates that introducing a dedicated tax for health promotion did not lead to a proliferation of similar taxes. The key distinction is that tobacco and alcohol are addictive and harmful, causing socio-economic burdens that are not comparable to other consumer products. Before the Thailand Health Promotion Act in 2001, surcharge taxes were not a traditional practice, but the decision ultimately rests with each jurisdiction's parliament on whether to permit such dedicated taxes. See the Case Study in Box 1.





BOX 1:

Case Study on Thailand's Defense for a Surcharge Tax

Thailand's advocates for a health promotion foundation supported the 2% surcharge (additional excise tax) to fund a health promotion foundation (leading to the establishment of the Thailand Health Promotion Foundation - ThaiHealth) using these points:

- Health promotion programs, including tobacco control, require collaborative partnerships with both government and non-government sectors. Health promotion foundations facilitate inter-sectoral action and partnerships at all levels, engaging the community in planning and decision-making. These inter-sectoral relationships are harder for government ministries to establish.
- Many health promotion programs are innovative and strategic, requiring a level of experimentation or risk. Government ministries are often uncomfortable with such risks.
- The health financing system primarily focuses on health care services and treatment/service-based health promotion, with much less attention to broader health promotion programs aimed at improving population health.
- A health promotion foundation supports the advocacy and implementation of government health-related policies and priorities. The organization or agency managing the fund is accountable to the government, similar to other government agencies.
- The unique component is the source of funding, derived from a surcharge tax on tobacco and alcohol products, collected directly from producers and dedicated to the health promotion foundation. Without this surcharge tax, governments would have fewer preventative programs and would face rising health care costs from general revenue.
- Although governed by an independent board or committee, the health promotion foundation is audited by designated government agencies and reports annually to Parliament.



“As a result, public health will improve, and health care expenditures will decline over time.”

To engage policymakers opposing a dedicated or surcharge tax for health promotion, it is effective to ask, “What alternatives do they have?”

Either they maintain the existing financial process, which neglects health promotion and leads to a growing healthcare burden, or they impose a surcharge tax on the industry,

gaining additional government revenue to fund health promotion.” In other words, the benefits of improving health and saving lives should be weighed against preserving financial discipline.

It is important to emphasize that the tax supports short-, medium-, and long-term health promotion and tobacco control programs. As a result, public health will improve, and health care expenditures will decline over time.

Proposition

Many existing funds do not work well, why another one? How can we guarantee that this fund will work?

Response

In Thailand, where various small funds are attempting to generate secure funding, most are set up within government portfolios and created for services or charity purposes. These funds are often established by executive order or decree, lacking oversight from the public or auditing agencies. This potential lack of transparency in the administration of many existing funds should be avoided.

Health promotion foundations have proven effective in countries like Australia, Switzerland, and Austria.

To ensure the success of a new agency, the health promotion foundation's objectives and fund management methods should be clearly outlined in legislation, specifying:

- a) The objectives of the fund
- b) The means of administering the fund
- c) The foundation's processes for transparency and accountability
- d) The sources of funding

These specifications will ensure the security, transparency, accountability, effectiveness, and sustainability of the fund.

Proposition

It will be too hard to gain support in the parliament.

Response

The consumption of tobacco and alcohol imposes significant social and economic burdens, leading to increased healthcare costs due to illnesses, chronic diseases, accidents, and crimes. Governments, which collect substantial taxes from these products, have a moral obligation to mitigate these impacts by funding health promotion programs, including initiatives for tobacco and alcohol control. By implementing a small surcharge tax on these products, governments can generate funds dedicated to health promotion, using an efficient collection mechanism already managed by the finance ministry.

Thailand exemplifies this approach. When the government introduced universal health care coverage, advocates supported a health promotion foundation to reduce long-term

healthcare costs through preventive measures. The surcharge tax on tobacco and alcohol was allocated to this foundation, ensuring stable and sustainable resources for various health initiatives. This strategy not only reduces tobacco and alcohol use by increasing prices but also saves lives and lowers government healthcare expenditure over time, offering immediate and lasting benefits to society.

Proposition

Why should tobacco and alcohol tax be used to address problems caused by other risk factors?

Response

Tobacco and alcohol taxes currently contribute to general government revenue, which is allocated across various ministries and departments. Redirecting a portion of these taxes specifically to fund health promotion is appropriate, as these products harm health, while targeted health initiatives can reduce this harm and improve public well-being.

Proposition

A surcharge tax will put further burden to the tobacco/alcohol industry.

Response

A surcharge tax dedicated to health promotion and tobacco control on harmful products is a legitimate step for responsible governments to improve public health and reduce healthcare costs. The impact on the highly profitable tobacco and alcohol industries is minimal, as the additional tax represents only a small fraction of their total taxes and profits. Regularly increasing these taxes to keep pace with inflation is essential, as any rise in the affordability of these products can lead to higher consumption and adverse health outcomes.

Proposition

How will we know if the public will support the establishment of the health promotion foundation?

Response

In Thailand, a public poll revealed that the public strongly supported the government's proposal to set up a health promotion foundation funded by additional tobacco and alcohol taxes that focused on tobacco and alcohol control, road safety, exercise, and nutrition. The poll also showed that civil society and non-governmental organizations fully supported tobacco control and other health promotion initiatives.

Proposition

How to find evidence supporting the establishment of a health promotion foundation?

Response

There is a range of evidence that can support the case for establishing a health promotion foundation. Seek out:

- Information and statistics on the disease burden of major NCDs, including total health care cost of treating NCDs and tobacco-related diseases.
- Current budget for health promotion and tobacco control in the country.
- Examples of health promotion foundations established in other countries; and
- The recommendation stated in Article 26 of the WHO FCTC: “each Party shall provide financial support for its national activities intended to achieve the objectives of the convention”.

Proposition

How do we know the size of the budget for a health promotion foundation?

Response

The initial proposal for ThaiHealth’s budget was set at 1% of the government’s annual health budget, aiming to gain policy makers’ support by showing that dedicating one dollar to health promotion for every hundred spent on treatment would add value without merely expanding existing services. Although 1% may not cover a comprehensive program, it is sufficient for projects targeting major NCD risk factors. While a higher percentage could be beneficial, it must be balanced with political feasibility. In 2011, ThaiHealth’s budget was \$100 million, representing 1.07% of the national health budget.

Proposition

Who should be the one driving the process for setting up a health promotion foundation?

Response

A coalition of advocates and experts dedicated to promoting population health through an autonomous or semi-autonomous agency with sustained funding is essential. This coalition should include tobacco control advocates, health system experts with public health and health promotion expertise, finance experts, and technocrat politicians. These technocrat politicians bring their knowledge and political acumen to support the movement, advocating for a flexible health promotion agency aimed at preventing non-communicable diseases.

Proposition

The timing has to be right for setting up a health promotion foundation.

Response

Most countries are now focused on strengthening efforts to prevent and control NCDs, creating a valuable opportunity for advocates of health promotion foundations. According to Article 26 of the WHO FCTC, parties are required to secure financial support for implementing tobacco control programs to meet the Convention's objectives. Additionally, Article 6 recommends dedicating revenue to support both tobacco control and broader health promotion initiatives.

Experience shows that external funding alone is insufficient for NCD control, particularly in low- and middle-income countries. Donors often fund short-term pilot projects based on their interests, which may not align with the recipient country's priorities. Every country, regardless of economic status, has financial resources for health promotion, but there is a need for mechanisms to secure and direct these funds effectively. In developing and transitioning economies, tobacco and alcohol are often under-taxed. Raising taxes on these products and allocating a portion to health promotion is a practical solution, as seen in the successful model of the Thailand Health Promotion Foundation.

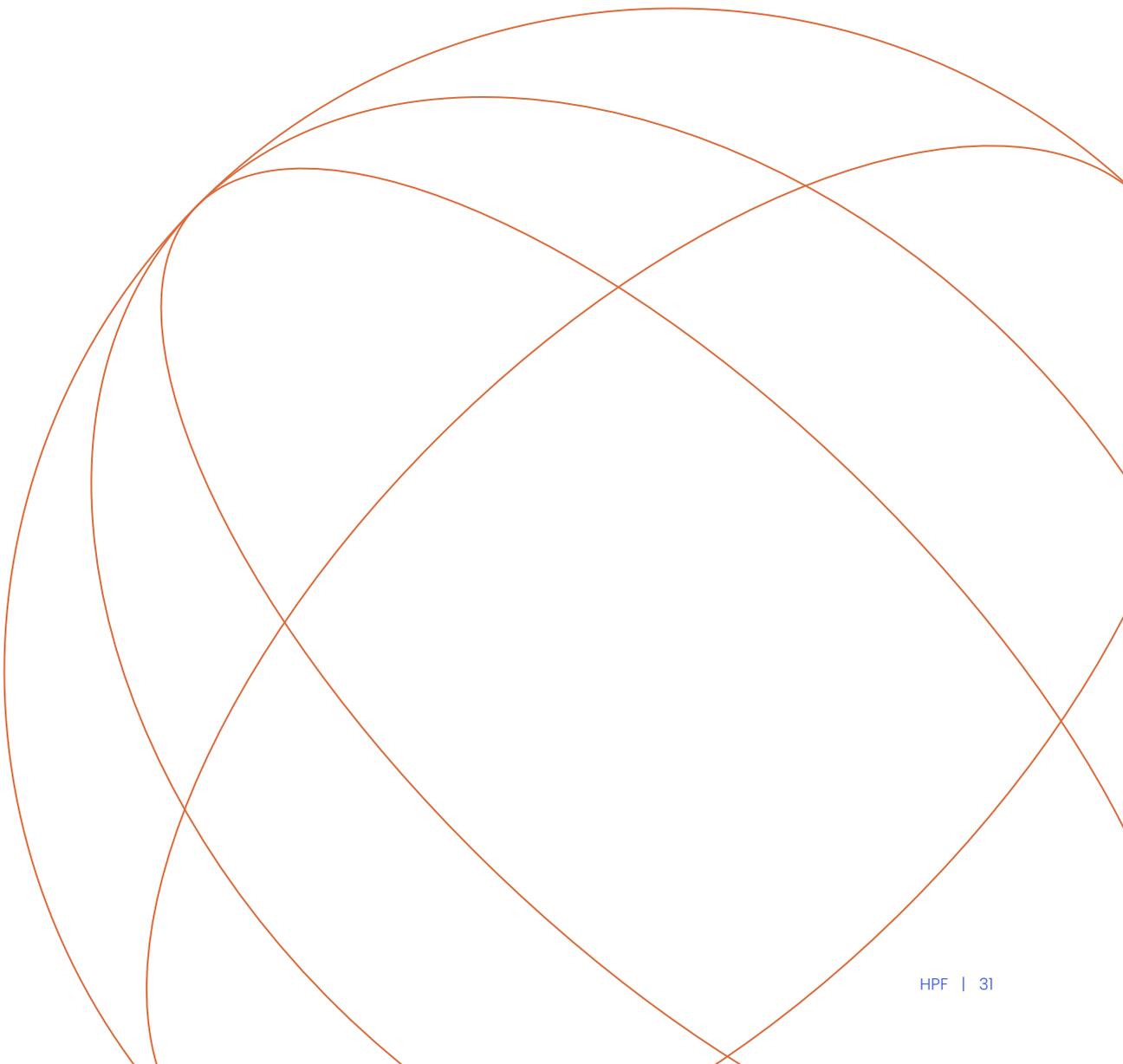


Governance Models of Health Promotion Foundation/Agency

Different jurisdictions have various health promotion foundation models, and understanding these can help identify the most suitable approach for each nation. For jurisdictions with regular and sufficient funding allocated annually from the national budget, like Singapore's Health Promotion Board, a separate health promotion foundation may not be necessary. However, regardless of the model, it is crucial that the fund's source, governance, roles, and objectives are established by legislation, such as an Act of Parliament. Clear legal provisions ensure transparency, accountability, and sustainability while protecting the foundation from misuse and political interference.

The three main health promotion foundation models are:

- 1) An autonomous agency that is governed by an independent statutory body outside of the government's bureaucratic system.
- 2) A semi-autonomous agency in which the fund is directed through the Ministry of Health and at the same time is administered by an independent board of governance.
- 3) A unit within a government structure where the fund is governed within a Ministry and is under the direction of the Prime Minister or the Ministry of Health.



MODEL 1:

An Autonomous Agency

A number of jurisdictions have established health promotion foundations or a tobacco control fund as an independent statutory body outside of the government structure. These foundations are autonomous with flexible and independent management. An independent board governs the fund and controls the decision-making on policies, programs, and the allocations of funds.

These foundations are mandated by legislation, such as an Act of Parliament. The legislation or Act establishes funds accountability and transparency standards and processes. While the foundation operates independently, it can work closely with the government by contributing to the development and implementation of the government's priorities and directions for health promotion.



An independent board governs the fund and controls the decision-making on policies, programs, and the allocations of funds.

The entity is likely to be relatively small and is not subject to all the necessary bureaucratic processes of government. Hence, they are more flexible, can innovate and respond to emerging needs, threats or opportunities that will strengthen public health activities. In addition, the higher level of autonomy enables the easier establishment of multiple collaborations across levels of government and civil society in sectors such as health, education, cultural, arts, religion, sport, transport and community.

The source of funds is guaranteed through legislation to ensure a predictable flow of funds and protect the activities from any political changes. The funds can be derived from surcharges on tobacco or alcohol products, a levy on foods with high fat, sugar and salt contents, social health insurance, grants or fiscal adjustments through value added taxes.

In some entities members of parliament are appointed to boards of governance. This is sometimes considered a compromise

approach. For example, in Thailand, the Prime Minister is the chair of the governing board of ThaiHealth and the Health Minister is the vice chair, and in Australia, three members of parliament are represented on the governing board in the Victorian Health Promotion Foundation. Generally, the government will maintain some control, for example by making appointments to the board and approving budgets. However, the foundations usually make independent decisions about health priorities and the allocation of their funds, and then report to the government. Prominent leaders who have access to a wide range of high-level networks that help to influence public health movement in the country are the strategic appointments.

Advantages and Disadvantages

Advantages

- Operate independently of government while supporting government priorities and directions for health promotion and contributing to government policy.
- Plan and implement long-term health promotion/tobacco control programs with guaranteed funding.
- Utilize its independence to advocate to government in relation to health promotion policy
- Operate transparently without bureaucratic constraints.
- Gain support from all political parties because it is not aligned to any one political group.
- Mobilize public support for health promotion through prominent board members who have access to a range of high-level networks that can influence both the public and the government for health policy movement in the country.
- Cement a multi-sectoral collaboration across a range of government departments, non-governmental and community-based organizations.
- Rapidly respond to research findings, threats, needs, or opportunities because of its independent management structure.

Disadvantage

- It can be extremely difficult to set up a health promotion foundation with a dedicated, sustainable source of funding guided by legislation.

MODEL 2:

A Semi-autonomous Agency

This model combines elements from the two models described above. It also known as a composite model, where a health promotion arm funded through dedicated taxes is set up within the appropriate government structure such as the department of health, but as a separate unit or a branch within the department. In this model, the government through the Ministry of Health determines the annual budget allocation and sets the priority action areas, while the independent Board of Directors have autonomy over the development of action plans and their implementation. There is no doubt that this model may be attractive to some governments that may be resistant to committing large sums of money to an organization which, through its structure, is at arm's length from the government.

Advantages and Disadvantages

Advantages

- Ensures alignment with national health priorities and stable funding. The funding mechanisms such as health insurance and sin tax provide financial stability and enable long-term planning for health promotion initiatives.
- Allows focused and efficient action plan development and implementation.
- Enhances effectiveness through collaboration with diverse partners.
- Quickly responds to emerging health challenges.
- Balances oversight and independence, making it appealing for governments..

Disadvantage

- Multiple stakeholders can slow decision-making.
- Government-determined budgets and priorities may limit independence.
- Economic fluctuations can impact funding stability. Despite having dedicated funding, these agencies may still face resource constraints.
- Maintaining robust oversight is difficult.

- Operating within a government structure means these agencies are not entirely independent. They must navigate governmental procedures and bureaucracy, which can sometimes impede swift action and innovation.
-

MODEL 3:

A Unit within Government Structure

Traditionally, public health and health promotion policy is located in ministries of health; hence, some jurisdictions have established a health promotion foundation as a discrete unit within their appropriate government department. It can be set up and managed by any department but should be accountable and responsible to the Prime Minister or the Ministry of Health. This type of governance model may result in less flexibility for innovative and more controversial programs, particularly if some government members are unsupportive of initiatives.

As a government entity, the main goal is supporting the implementation of government public health policies and strategies in close collaboration with other government sectors. A potential advantage is easier access to other government departments through the relevant Minister and or Departmental Head. By accessing a range of expertise from across government departments and developing strong working relationships, greater coordination can be fostered and the potential for duplication of resources, funding or efforts reduced. The nested nature of this type of entity, however, may inhibit its ability to collaborate with civil society and non-government agencies as well as some parts of the private sector.

The discrete unit is likely to be exposed to administrative and government influence, particularly in the making of policies and setting of priorities for health promotion. Also, the decision-making process for the disbursement of grants and sponsorships may be more readily influenced than if it was an autonomous entity.

The sources of funding can be the same as for an autonomous entity. However, if the collection of funds is handled within the

government system and with the absence of an independent board to oversee the distribution of funds, there is a potential for ministerial re-directions and legislative amendments that may see the transfer of funds for other purposes than health promotion.

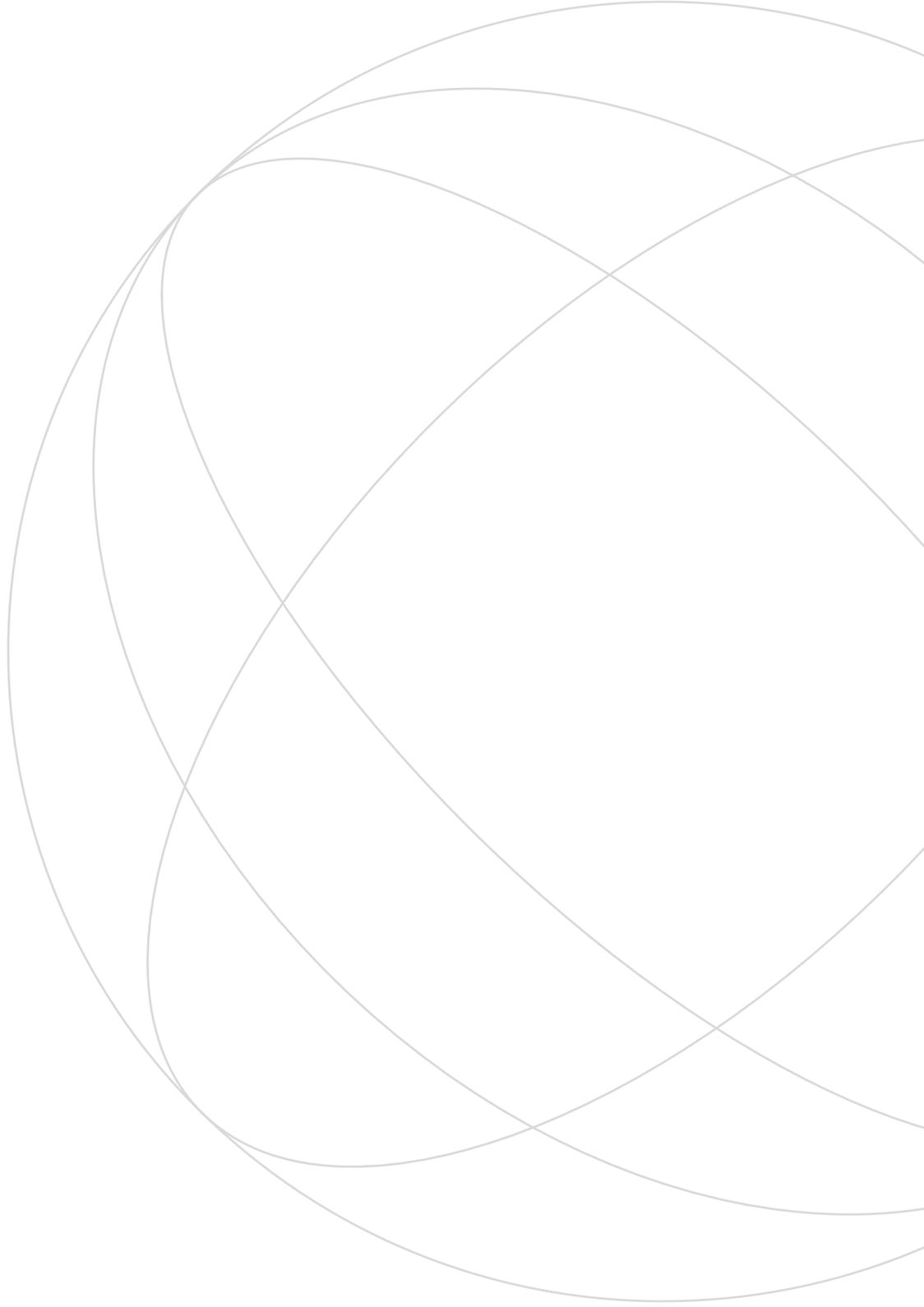
Advantages and Disadvantages

Advantages

- Fully support and implement government public health policies, priorities, and strategies because of the close working relationship with other areas within the department
- Gain direct access to government through the Minister and Departmental Head to better influence policy and direction for health promotion.
- Reduce potential for duplication of funding or effort.
- Access resources and expertise from a range of other departmental units.

Disadvantage

- Reduced independence because of direct ministerial control; limited flexibility to undertake innovative and perhaps controversial programs and activities.
- Possibility of political influence in grants and sponsorship disbursement decisions.
- Potential competition from within the department for resources.
- Capacity may be limited by the bureaucratic requirements of a government department, thus affecting the ability of the unit to collaborate with other ministries and especially with other sectors outside of the government to respond quickly to emerging health issues or to provide grants in a timely manner.





Case Studies of Different Models of Health Promotion Foundation/Agency

MODEL 1: An Autonomous Agency

The Victorian Health Promotion Foundation (VicHealth)⁸

VicHealth, established under the Tobacco Act 1987, was the world's first health promotion foundation, based in Victoria, Australia. It is a statutory body with an independent chair and a board of governance that reports to the Victorian Minister for Health and the State Parliament. The board includes members from sectors like sports, health, law, business, arts, and media, along with three Members of Parliament representing the government, opposition, and crossbench.



VicHealth was the first health promotion foundation in the world.

The multi-party representation on the VicHealth Board has been and continues to be one of its key strengths. The elected representatives drawn from multiple parliamentary parties, together with high profile members with diverse expertise and backgrounds, have been vital to the organization's credibility, profile and success in reaching all segments of the Victorian community.

For its first decade, VicHealth was funded by a 5% levy on state tobacco fees, dedicated to the Victorian Health Promotion Foundation (a dedicated or 'hypothecated' tax). However, in 1997, the High Court ruled this funding method unconstitutional at the state level. Since then, VicHealth's annual funding, around AUD 41.3 million, has been allocated from general revenue through the Victorian Government's budget. It also receives occasional special funding from government agencies for specific programs and campaigns.

⁸ Tobacco Act 1987 (Vic) (Austl.).

Victorian Health Promotion Foundation (VicHealth). 'What we do'. Available at: <https://www.vichealth.vic.gov.au/about/what-we-do>

Victorian Health Promotion Foundation (VicHealth). 'Our history'. Available at: <https://www.vichealth.vic.gov.au/about/our-history>

Victorian Health Promotion Foundation (VicHealth). 'Who we are'. Available at: <https://www.vichealth.vic.gov.au/about/who-we-are>

Victorian Health Promotion Foundation (VicHealth). Annual Report 2019–20. Melbourne Australia, 2020.

Victorian Health Promotion Foundation (VicHealth). The Story of VicHealth: A World First in Health Promotion. Melbourne Australia, 2005.

Victorian Health Promotion Foundation (VicHealth). VicHealth Action Agenda for Health Promotion 2019–23. Melbourne Australia, 2019.

VicHealth promotes good health and prevents chronic disease by funding world-class interventions, conducting research, supporting public campaigns, and advising the government. Its goal is to improve health across Victoria by targeting everyday environments, ensuring benefits for all residents. Guided by its Action Agenda for Health Promotion (2013–2023), VicHealth focuses on five strategic imperatives, each with specific goals and three-year priorities, which are;

- Promoting healthy eating
- Encouraging regular physical activity
- Preventing tobacco use
- Preventing harm from alcohol
- Improving mental wellbeing.

VicHealth aims to improve health and wellbeing by reducing health inequities and addressing social determinants. It collaborates with all levels of government, political parties, and sectors such as health, sport, education, arts, planning, industry, and media. It was designated as a World Health Organization Collaborating Centre for Leadership in Health Promotion in 2014, with a focus on building the capacity of existing and new health promotion organizations in the Western Pacific Region.

The organization is led by a Chief Executive Officer, supported by five executive managers overseeing areas including children and young people’s health and wellbeing, social marketing and communications, policy and research, human resources (people and culture), and corporate support, along with a small team assisting the Chief Executive Officer.

In accordance with the Tobacco Act, 30% of VicHealth’s budget is allocated to sporting bodies. Its activities range from small grants for community initiatives to multi-million-dollar programs like Quit Victoria, which focuses on tobacco control and smoking cessation, as well as investments in public health research and capacity building. VicHealth actively promotes its health promotion model internationally, advocating for dedicated taxes to fund health initiatives and sharing its experiences in cross-sector collaboration to improve health and wellbeing outcomes.

Western Australian Health Promotion Foundation (Healthway)⁹

Healthway (the Western Australian Health Promotion Foundation) was established in 1991 under the Tobacco Control Act 1990 and later the Tobacco Products Control Act 2006 as a statutory body to operate as an independent organization. Now operating under the Western Australian Health Promotion Foundation Act 2016, Healthway is funded through the state government's general consolidated revenue.

Healthway, the only dedicated health promotion agency in Western Australia, reports to the Minister of Health and promotes healthy lifestyles by funding activities focused on youth health. It provides grants for health promotion programs, research, and supports health initiatives in sports, arts, and racing. Healthway partners with government, communities, and various sectors, including education, culture, transport, and workplaces, to promote health across diverse settings.

Healthway is governed by a Board that sets strategic goals, directs operations, and decides on funding grants. A Health Promotion Advisory Committee advises the Board to ensure alignment with current health promotion policies, while a Research Assessment Committee evaluates research applications for scientific rigor and their potential to advance health promotion policy and practice.

Healthway's organizational structure includes a Chief Executive Officer, Chief Financial Officer, and Director of Health Promotion, who oversee two main grant programs: health promotion and research, and partnerships. The health promotion and research area manage the Healthy Communities and Healthy Research Programs, while the partnership area handles the Healthy Spaces and Healthy Partnerships Programs. Shared services such as finance, organizational development, IT, and risk management are provided by Lotterywest.

⁹ Tobacco Control Act 1990.
Western Australian Health Promotion Foundation Act 2016.
Healthway. Healthway website: <https://www.healthway.wa.gov.au/>
Healthway. Strategic Plan, Active Healthy People: 2018 – 2023: Available at: <https://www.healthway.wa.gov.au/our-priorities/active-healthy-people-2018-2023/>.
Healthway. Annual report 2020/21. Available at: <https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-Annual-Report-2020-21.pdf>



The key success factors of Healthway include sustainable and secure funding that allows long term planning. As an independent body it has flexibility to review priorities and adapt when necessary. It is free from political influence.

Between 2019 and 2022, Healthway had an annual budget of around USD 14.83 and 15.2 million, supporting a range of health promotion activities and research. Its initiatives include communicating healthy messages, providing education, facilitating healthy environments, and encouraging participation in healthy activities. Healthway also invests in capacity building through scholarships, fellowships, and partnerships with health organizations, working closely with over 700 grassroots partners.

The key priorities for Healthway are outlined in its strategic plan, Active Healthy People 2018-2023 and include increasing healthy eating and physical activity, improving mental health, preventing harms from alcohol and creating a smoke-free Western Australia.

Health and Wellbeing Queensland

In 2017 the Queensland Government recognized that sustained and targeted (not universal approach) investment in prevention and public health was needed to improve health, wellbeing and equity, disrupt cycles of disadvantage and address the growing impact of chronic disease and their associated costs.

In response, Health and Wellbeing Queensland (HWQld) was established on 1 July 2019 as a statutory body within the health portfolio under the Health and Wellbeing Queensland Act 2019 (the Act). The objective of HWQld is to improve the health and wellbeing of all Queenslanders by reducing the burden of chronic diseases, targeting their risk factors, and reducing health inequity.

Under the Act, HWQld's main functions are to:

- a. Facilitate and commission activities to prevent illness and promote health and wellbeing.
- b. Develop partnerships and collaborate with other entities to further their objective or carry out their functions under the Act.
- c. Give grants for activities to further their objective or carry out their functions under the Act.
- d. Monitor and evaluate activities to prevent illness and promote health and wellbeing.
- e. Develop policy, and advise the Minister and government entities, about preventing illness and promoting health and wellbeing.
- f. Coordinate the exchange of information about activities to prevent illness and promote health and wellbeing.

Consistent with its legislative functions, HWQld's remit includes a focus on relieving pressure on the public health system. Its functions extend to the development of partnerships and collaborations; and providing policy advice to all government entities.

HWQld is governed by a board of nine members appointed by the Governor in Council on the recommendation of the Minister for Health, for terms of up to four years. The board consists of at least one, and not more than four, chief executives (directors-general) of Queensland Government departments, and at least one board member must identify as an Aboriginal and/or Torres Strait Islander person.

The HWQld research capacity is bolstered by its Research Advisory Committee that provides independent advice and recommendations on health and wellbeing research priorities, opportunities to inform policy and practice, as well as research partnerships and partnership support activities.

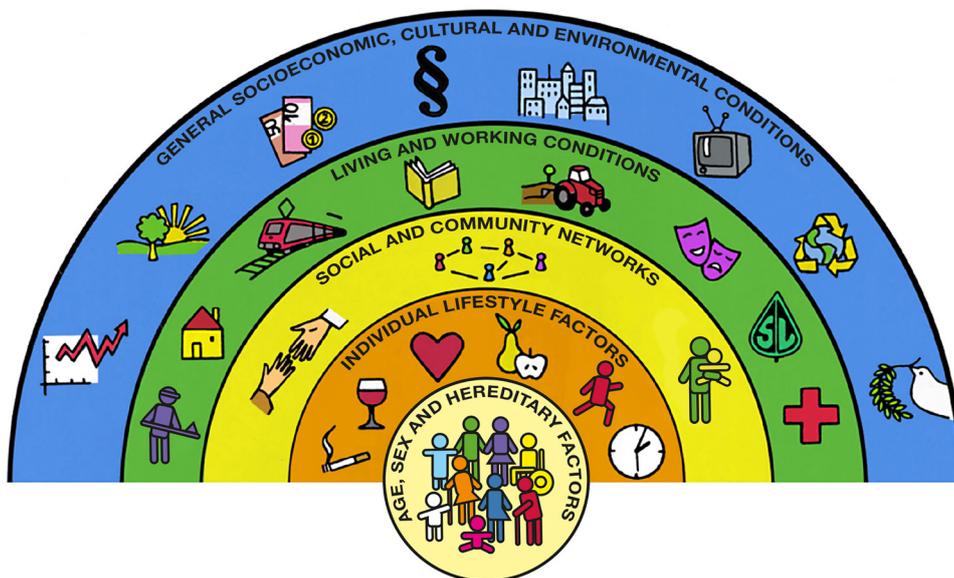
While the Act is drafted in broad terms, the then Minister for Health and Ambulance Services (at time of HWQld's establishment in 2019) directed HWQld's initial focus to be the reduction of chronic disease burden through targeting overweight and obesity, poor nutrition and low physical activity as key risk factors.

Austrian Health Promotion Foundation

The 1986 WHO Ottawa Charter for Health Promotion defined health as a person's overall sense of physical, emotional and social wellbeing. Committed health policy makers in Austria responded to this idea two years later (1988) by establishing "Forum Gesundes Österreich" (Austrian Health Promotion Forum), later renamed Fonds Gesundes Österreich (FGÖ) or refers to Austrian Health Promotion Foundation, its initial tasks limited due to a modest budget.

As the health promotion movement gained traction in the EU, national commitment followed, leading to the creation of a health promotion bill that resulted in the Health Promotion Act, passed in 1998. The Act outlines goals and strategies for using earmarked funds from value-added tax revenues, managed by the Federal Ministry of Social Affairs, Health, Care, and Consumer Protection (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, BMSGPK). With an annual budget of 7.25 million euros, it enables coherent, long-term health promotion planning and implementation

FGÖ is assigned the responsibility to "Maintain, promote and improve the public's health in a holistic sense and at all stages of life", and "Provide information and raise awareness on avoidable diseases and on the emotional, mental and social factors influencing health". Effective from August 2006, the FGO is embedded as a business division of the Austrian National Public Health Institute Gesundheit Österreich GmbH (GÖG) with financing and governance unchanged.

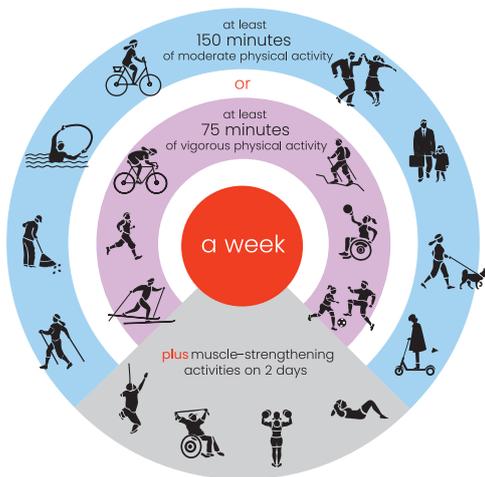


Determinants

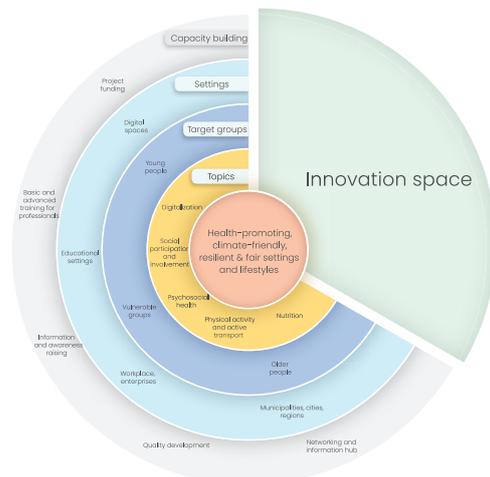
Implementation

One form of practical implementation involves providing funds for projects all over Austria which are planned and carried out by dedicated organizations. Project funding is a core priority of the FGÖ's activities.

The second line of action covers activities which are conceptualized by the FGÖ and either carried out internally or in cooperation with external partners: development and implementation of strategic programs and initiatives, quality development, informing and raising awareness in the population, training opportunities for practitioners working in the field of health promotion and networking activities for and with actors in the field of health promotion and – in the sense of “health in and for all policies” – beyond that.



FGOE Adults



The FGÖ's Priorities in 2024-2028

The FGÖ's Priorities in 2024-2028

The framework program for 2024-2028 defines the FGÖ's strategic goals and priorities for the next five years. Its strategy paper addresses social trends on a global and national scale that have a major impact on the health of Austria's population: The FGÖ's core mission for the next few years is to foster **“health-promoting, climate-friendly, resilient & fair settings and lifestyles”** by health promotion measures. This will be implemented using measures that take the following settings as their starting point:

- Educational settings
- Workplace, companies
- Municipalities, cities and regions
- Digital spaces (in preparation)

Strengthening Health Promotion

The COVID-19 pandemic highlighted the vital role of health across all aspects of society, from education and employment to housing and the environment, emphasizing the need for 'health in and for all policies.' In 2022, the BMSGPK launched the "Agenda Health Promotion" to enhance health, quality of life, and well-being in Austria, marking a strategic step toward strengthening and sustaining health promotion.

The agenda is supported both technically and strategically by three newly established competence centers within GÖG:

- Competence Centre Health Promotion and Health System
- Competence Centre Climate and Health
- Competence Centre Future Health Promotion – as department of FGÖ

Within the framework of the "Agenda Health Promotion" the Competence Centre for Future Health Promotion carried out the participatory strategy process "Future Health Promotion", which focused on measures to improve the quality of life and well-being of the Austrian population. Both the general public and experts were actively involved in the process; many of the proposed measures have already been picked up on in the current FGÖ framework program.

The planned activities also contribute to implementing national and international strategies such as Austria's Health Promotion Strategy, the Austrian Health Targets, the Sustainable Development Goals of the United Nations, and the Geneva Charter for Well-being. Starting in 2024, the Austrian Government decided an additional budget of 13 million euros per year allocated to GÖG/FGÖ for funding health promotion. The program for this investment is still being planned.

Thailand Health Promotion Foundation (ThaiHealth)¹⁰

The 2001 Health Promotion Foundation Act established the Thailand Health Promotion Foundation (ThaiHealth) as an independent organization. Operating as an autonomous state agency, it functions outside the Ministry of Public Health's bureaucracy but remains under the Prime Minister's supervision. ThaiHealth is governed by two boards: a 21-member multi-sectoral Board of Governance and an Evaluation Board. The Governance Board, chaired by the Prime Minister, includes the Minister of Public Health as the first Vice-Chairman, an independent expert as the second Vice-Chairman, representatives from nine ministries, and eight non-political experts from various fields. They set policies, strategies, regulations, and budget arrangements while overseeing management.

The Evaluation Board, consisting of seven experts in health promotion, finance, and evaluation, assesses ThaiHealth's performance to ensure accountability, transparency, and efficiency. ThaiHealth reports annually to the Cabinet and both houses of Parliament, as required by law, and is supported by expert advisory committees. As the first autonomous health promotion agency in ASEAN, ThaiHealth uses an innovative financing model through a 2% surcharge on excise tax from alcohol and tobacco, ensuring sustainable, long-term funding for health promotion.

Stable funding enables ThaiHealth to support and implement various short, medium, and long-term health promotion programs across the country. It operates under 15 master plans, covering issue-based areas like tobacco control, alcohol and substance abuse, road safety, physical activity, and healthy diets. Plans also target specific settings, including vulnerable populations, healthy communities, children, youth, families, organizations, and health services. Additionally, ThaiHealth focuses on building supportive systems and mechanisms to enhance overall health promotion.

¹⁰ Thai Health Promotion Foundation. Health Promotion Foundation Act, B.E. 2544 (2001). Bangkok, 2001.

Siwaraksa P. The Birth of Thaihealth Fund. Bangkok: Thai Health Promotion Foundation, 2002.

Adulyanon S. Funding Health Promotion and Disease Prevention Programmes: An Innovative Financing Experience from Thailand. WHO South-East Asia Journal of Public Health 2012;1(2):201-207.

Vathesatogkit P. Strengthening Intersectoral Collaboration in Addressing NCDs through Health Promotion. Presented at the Workshop on Strengthening Intersectoral Collaboration in Addressing Non-communicable Diseases through Health Promotion, 3 May 2013, Philippine.

Thai Health Promotion Foundation. Thaihealth plan (Online). Available at: <https://en.thaihealth.or.th/NEWS.html>

National Statistic Office. (2021). The 2021 health behavior of population survey. Ministry of Digital Economy and Society, Thailand. Available at: <http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-2020-Health-behavior-population-survey.aspx>

Ministry of Finance. (2017). Annual report. Excise tax department, Ministry of Finance, Thailand. Available at: <https://www.excise.go.th/cs/groups/public/documents/document/dwnt/mzex/-edisp/uatucm311825.pdf>



A surcharge tax, requiring tobacco and alcohol producers to pay an additional tax on top of the excise tax, the most effective funding mechanism for securing sustainable and long-term funding for a health promotion foundation.

ThaiHealth encourages interested organizations to apply for open grants and supports projects aimed at changing public values, lifestyles, and social environments to promote health and well-being. Acting as a catalyst, it complements existing health promotion efforts by other bodies.

Over the years, ThaiHealth has shown that taxing alcohol and tobacco products provides a reliable and effective revenue source for health promotion, while also helping reduce the use of these substances. Between 1991 and 2017, cigarette excise taxes increased about 11 instances, resulting in a significant gain in revenues from THB 15,898 million (USD 482 million) in 1991 to THB 68,603 million (USD 2,079 million) in 2017. Likewise, ThaiHealth annual revenue, per capita revenue from 2% tobacco and Alcohol surcharge increased by 36.1% from 103.7 million USD in 2010 to 136.5 million USD in 2021.

ThaiHealth, along with its multisectoral partners, has contributed to positive health outcomes in Thailand. Smoking prevalence among adults (aged 15+) declined from 25.47% in 2001 to 17.4% in 2021, while alcohol consumption dropped from 31.5% to 28.0% over the same period. Road traffic fatalities also decreased from 21,996 in 2011 to 16,957 in 2021. Physical activity levels improved from 66.3% in 2012 to 74.6% in 2019, though they fell to 57.5% in 2021 due to COVID-19 restrictions. According to the WHO NCD Progress Monitor 2022, Thailand leads the Southeast Asia region in implementing WHO best buys, fully achieving 13 and partially achieving 6 indicators.

ThaiHealth leverages strategic partnerships with government, private, NGO, and community sectors to mobilize and empower individuals and organizations in health promotion efforts. With a network of over 200 partners nationwide, it continues to build cross-sector collaborations to enhance community well-being. Its key strengths lie in a flexible organizational structure, strong management, financial security, and effective strategies, all contributing to better health outcomes for the Thai population.

Tonga Health Promotion Foundation (TongaHealth) ¹¹

Tonga Health Promotion Foundation (TongaHealth) was established by the Health Promotion Foundation Act 2007. It is an autonomous body that is accountable to the Government of Tonga through the Minister of Health. An appointment committee in which the Minister of Health chair appoint the members of the governance board and one to be chairman of the governance board. The governing body consists of five representatives, one from each sector comprising community churches, the legislative assembly, business and management, and the health. They are responsible for setting the agenda, policies and fund management of the foundation as well as appointment of the Chief Executive Officer who oversees the overall management of the foundation. TongaHealth commenced operations in May 2009.



Strengthening the understanding of health promotion through developing effective strategic partnerships, advocating for healthy lifestyle policies and legislation in all settings, managing grant and sponsorship programs as well as strengthening existing Non-Communicable Diseases (NCDs) research to prevent and reduce harm from NCDs for a healthy Tonga where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population is the main objective for TongaHealth.

As part of the capacity development and technical support for both staff and board members, they received mentoring support from VicHealth’s representative to empower them to plan, develop and implement health promotion programs. The four priority areas in the National NCD strategies were to reduce harm from tobacco and alcohol consumption, promote healthy eating and physical activity. The principal strategy involved supporting and facilitating partner organizations to undertake health promotion activities. Being the first health promotion foundation to be established in the Pacific Islands, TongaHealth plays a crucial role in promoting health to all levels of society to reduce the health risks of NCDs in line with Tonga’s national NCD prevention strategy. TongaHealth has recently finalized its 5th National NCD Strategies awaiting cabinet approval namely ‘Tuiaki I he Amanaki ki ha Tonga Mo’uilelei (persevering together through the crisis to a healthier Tonga) – Tonga National Strategy for the Prevention and Control of Non-Communicable Diseases 2021–2025”. This strategy acknowledges gaps, thereby presenting opportunities for improvement through empowerment of the collective and adopting a shared purpose. In contrast to previous strategies, the Tuiaki strategy takes a systems-approach to address NCDs, it considers the underlying social, economic, cultural, political and environmental factors, their interactions, consequences and how they impact health outcomes in a systematic way.

TongaHealth initially obtained its funding from three different sources including the government, the Secretariat Pacific Community (SPC) and private donors. In 2016 a total of AUD 2 million was contributed by Department of Foreign Affairs (DFAT) over 5 years to TongaHealth for implementation of the Tonga National NCD Strategy 2015–2020, with additional funding from the government budget of TOP 500,000 now increased to TOP 600,000. To date TongaHealth continued to obtain its funding from the Government of Australia through DFAT with a total of AUD 2 million over 5 years which was concluded in 2021 with a new transitional grant of AUD 300 million until June 2020 awaiting

10 Thai Health Promotion Foundation. Health Promotion Foundation Act, B.E. 2544 (2001). Bangkok, 2001.
Siwaraksa P. The Birth of Thaihealth Fund. Bangkok: Thai Health Promotion Foundation, 2002.
Adulyanon S. Funding Health Promotion and Disease Prevention Programmes: An Innovative Financing Experience from Thailand. WHO South-East Asia Journal of Public Health 2012;1(2):201-207.
Vathesatogkit P. Strengthening Intersectoral Collaboration in Addressing NCDs through Health Promotion. Presented at the Workshop on Strengthening Intersectoral Collaboration in Addressing Non-communicable Diseases through Health Promotion, 3 May 2013, Philippines.
Thai Health Promotion Foundation. Thaihealth plan (Online). Available at: <https://en.thaihealth.or.th/NEWS.html>
National Statistic Office. (2021). The 2021 health behavior of population survey. Ministry of Digital Economy and Society, Thailand. Available at: <http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-2020-Health-behavior-population-survey.aspx>
Ministry of Finance. (2017). Annual report. Excise tax department, Ministry of Finance, Thailand. Available at: <https://www.excise.go.th/cs/groups/public/documents/document/dwnt/mzex/-edisp/uatucm311825.pdf>

new arrangement through Tonga Health System Support Phase 3 (THSSP3). In 2020 TongaHealth also received a grant from European Union of TOP 125,000 for implementation of Zumba for 5 secondary schools in Tonga.

The TongaHealth fund aims to build knowledge and skills in public health, research, social marketing and health promotion programs that focus on preventive health and reducing the impact of NCDs. Specifically, TongaHealth promotes and advocates for healthy environments and access to healthy activity and food supply. Increasing awareness and encouraging healthy behavior through a healthy lifestyle includes staying physically active, eating healthy food, reduce consumption of alcohol and not smoking. A variety of programs are implemented through a grant program.

The limited and unstable funding source provides a great challenge for TongaHealth to plan for sustainable and long-term health promotion programs. TongaHealth has fostered strong partnerships with various sectors including Ministry of Health, World Health Organization, AusAID, European Union, SPC, other governmental departments, NGOs, churches, and villages communities to secure a more sustainable funding source.

Singapore Health Promotion Board¹²

Singaporeans have one of the world's longest life expectancies, thanks to quality and affordable healthcare. However, with a rapidly ageing population and a shift to a knowledge-based economy with more sedentary jobs, non-communicable diseases have been rising, accounting for 80% of the disease burden in 2019.

A key aspect of Singapore's health system is its focus on preventive care to keep citizens healthy. In July 2023, the Ministry of Health (MOH) launched Healthier SG, a national initiative to encourage proactive health management, prevent chronic diseases, and promote healthier lifestyles. The program aims to empower individuals to take charge of their health through a personalized Health Plan with support from their chosen family doctor and the community. The Singapore Health Promotion Board plays a key role in supporting the MOH in the Healthier SG initiative.

¹² WHO Health Statistics 2021. https://cdn.who.int/media/docs/default-source/gho-documents/world-health-statistic-reports/2021/whs2021_annex2_20210519.xlsx?sfvrsn=7f635c31_5
MOH/IHME 2017
HPB is to perform the functions, objects and duties set out in the Health Promotion Board Act (Chapter 122B) (the Act). It was also registered as a charity (Registration no: 01810) under the Charities Act (Chapter 37) since 17 September 2004.
The financial year starts on 1 Apr and ends on 31 March the next year. (e.g FY20 is from 1 Apr 2020 to 31 Mar 2021)
Data is accurate as at 18 April 2022 for 5 seasons of the National Steps Challenge. Season 6 ended on 31 March 2022. <https://hpb.gov.sg/>

- **About Singapore Health Promotion Board**

The Health Promotion Board (HPB) was established by Singapore’s Ministry of Health in 2001 as a statutory board to lead national efforts in health promotion and disease prevention. Guided by the MOH’s principles of individual responsibility and affordable healthcare, HPB focuses on encouraging behavior changes for healthier lifestyles. It promotes awareness, adoption, and maintenance of healthy behaviors through public education, intervention programs, digital engagement, and by shaping environments to support healthier choices.

- **Governance Structure and Funding**

HPB is governed by a Board of Directors, composed of independent members from sectors such as academia, finance, healthcare, public and private industries. This Board oversees corporate governance, reviewing and approving strategies, plans, and budgets to ensure that HPB’s activities align with its objectives and the MOH’s mandate.

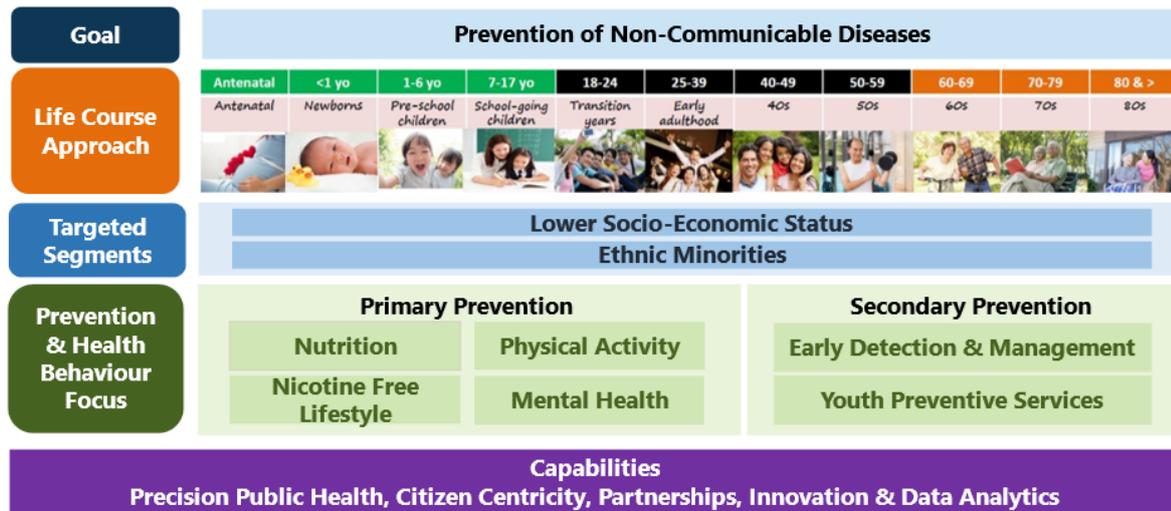
HPB is funded through general taxation as part of Singapore’s commitment to preventive healthcare. Operating on a 5-year block budget from the MOH, based on a set of agreed-upon performance indicators, this funding model ensures HPB has stable, sustainable resources for comprehensive, long-term health promotion efforts, with the flexibility to reallocate resources within this budget as needed. Annual reports are submitted to the MOH, and HPB is legally required to report to Parliament each year. Additionally, a mid-term review is conducted during the 5-year cycle to ensure progress towards strategic goals.

- **Approach to Health Promotion**

HPB takes a life-course approach to address modifiable lifestyle risk factors, including healthy eating, physical activity, nicotine-free lifestyle, and mental well-being. This is supported by secondary prevention through evidence-based health screenings for adults, children, and youth. Outreach efforts focus on three key settings—schools, workplaces, and the community—complemented by digital engagement to ensure preventive programs reach the wider population. Targeted efforts address harder-to-reach groups, such as lower socio-economic families and ethnic minorities.

To build a strong ecosystem that supports citizens in adopting a healthy lifestyle, HPB collaborates with public agencies, industry, and grassroots organizations, using programs, policies, regulations, and grants to shape environments and influence social norms, making healthy living more accessible and affordable for all.

HPB adopts a life course approach to reduce modifiable lifestyle risk factors that drive non-communicable diseases



- Leveraging policies and regulatory measures for greater impact

HPB employs a suite of complementary policy, regulatory and programme interventions to influence healthy eating behaviours, ranging from voluntary to mandatory measures and working across the value chain with manufacturers, retailers, and food service operators.

Key initiatives include the voluntary Healthier Choice Symbol (HCS) labeling scheme, which helps consumers identify healthier options across 150 food categories, and the Healthier Dining Programme, which partners F&B outlets to offer healthier menu options. Grant schemes are provided to support industry partners in reformulation and promotion of healthier ingredients. The Whole-of-Government Healthier Catering Policy ensures healthier food and drinks at all government events and premises, sending a strong signal to industry and paving the way for regulatory measures, including mandatory nutrition labels (Nutri-Grade) for pre-packaged and freshly prepared beverages and advertising prohibitions for less healthy options.



Product with Nutri-Grade Labeling

These measures have shown significant impact. Nutri-Grade measures have led to a reduction in median sugar levels in pre-packaged beverages from 7.1% in 2017 to 4.6% in 2022. Healthier options are now more widely available to consumers, with over 3,500 products across 100 product categories carrying the Healthier Choice symbol.

Fostering meaningful partnerships across whole-of-society

To encourage physical activity, HPB partners private and public sector organizations to provide programs in community spaces across the island, including neighbourhood parks and shopping malls, reaching over 114,000 participants over 1500 sessions a week. This approach increases residents' access to participation opportunities and normalises exercise in shared spaces, making physical activity part of daily life. Under the Healthy Workplace Ecosystem (HWE), HPB connects building owners, tenants, and nearby community partners to create supportive workplace environments for healthy living, with over 80 ecosystems established island wide. Employees in the HWEs have access to a variety of health programmes and workshops, healthy eating options and health coaching.

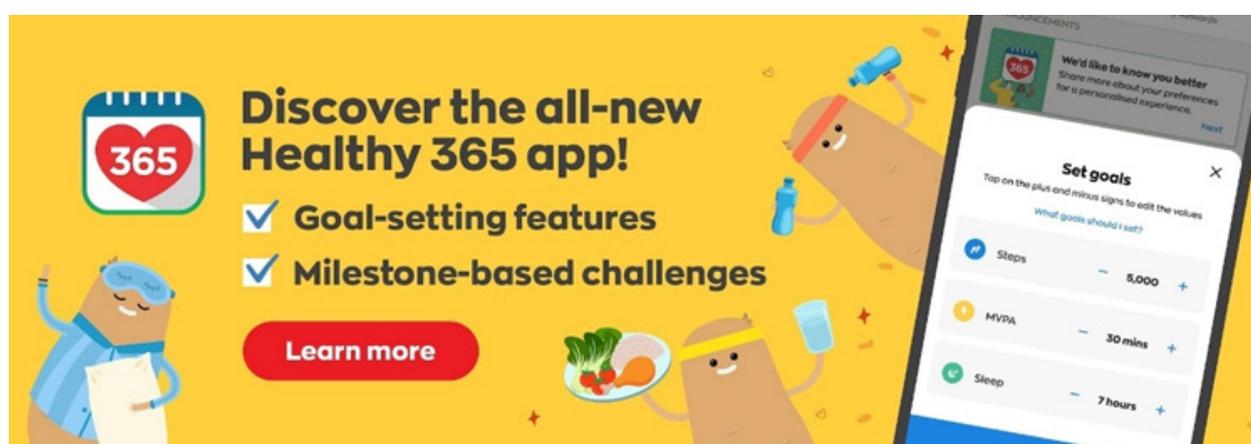
In schools, HPB works closely with the Ministry of Education to implement health education curriculum and health promotion programs. Mental well-being workshops help students manage

stress and transitions, while peer support networks in Institutes of Higher Learning provide additional support. School canteen operators in all mainstream schools are required to provide balanced meals and healthier options through the Healthy Meals in Schools Programme. Physical activity programmes are integrated into school curricula, and anti-smoking and anti-vaping education is conducted through interactive approaches like assembly skits to highlight dangers and debunk myths. Parent Hub provides resources such as tips and strategies to equip parents with knowledge and skills to support their children in forming and sustaining healthy lifestyle habits.

Harnessing technology and data to engage citizens at scale for behaviour change

HPB leverages technology to scale health promotion efforts and enhance citizen engagement. The Healthy 365 mobile application serves as the national digital platform for healthy lifestyle, providing residents with seamless access to health programmes, personalized nudges, and rewards, with about one-quarter our adult population used the Healthy 365 mobile application to track progress towards their activity goals, access healthy lifestyle activities, receive recommended resources and programmes, and earn rewards from completing tasks / challenges in 2023.

Flagship digital initiatives like Healthy 365 and LumiHealth programme use gamification and technology to promote healthy habits including physical activity, meal logging and sleep. Participants earn rewards such as Healthpoints by reaching personal activity goals, including daily steps and moderate to vigorous exercise, which can be redeemed for grocery vouchers and transport credits.



Going forward, accelerating shifts in lifestyle behaviors through technology-enabled insights, evidence-based research and programmes, and innovative engagement and partnership models will be HPB's key focus to sustain healthy living environments and empower Singaporeans with the knowledge and skills to make healthy living holistic, intuitive, inspiring and personalized for citizens.

MODEL 2:

A Semi-autonomous Agency

Health Promotion Switzerland¹³

Health Promotion Switzerland is a semi-autonomous foundation established under the Federal Health Insurance Act of 1994. Initially founded in 1989 as the "Swiss Foundation for Health Promotion," it was renamed "Foundation 19" in 1998 to implement Article 19 of the Act, and became "Health Promotion Switzerland" in 2002. Mandated by law, the foundation initiates, coordinates, and evaluates health promotion and disease prevention policies. Its Foundation Council includes the federal government, the cantons (states), Swiss health insurance companies, the Swiss Accident Insurance Fund (SUVA), medical and other healthcare professionals and public health researchers, agencies active in health promotion and consumer protection, as well as other partners, facilitating collaboration among key stakeholders to enhance health and quality of life for the Swiss.

Foundation Council members of Health Promotion Switzerland are proposed by the foundation and appointed by the Federal Department of Home Affairs for a four-year term. A Scientific Advisory Board guides strategic development and activity assessment. The foundation is accountable to the Federal Department of Home Affairs and, in practice, to the Social Security

¹³ Somaini B. Health Promotion Switzerland on the Way to a Ideal Health Promotion Foundation. Presented at Presented at Regional Workshop on Strengthening Capacity for Health Promotion Foundations and Tobacco Control, Hanoi, Vietnam, 14-16 September 2010.

Health Promotion Switzerland. Welcome to Health Promotion Switzerland. Available at: http://www.gesundheitsfoerderung.ch/pages/uebersicht/Ueber_uns/m_ueber_uns.php

Laura K. Schang, Katarzyna M. Czabanowska, Vivian Lin. Securing funds for health promotion: lessons from health promotion foundations based on experiences from Austria, Australia, Germany, Hungary and Switzerland. Health Promotion International doi:10.1093/heapro/dar023, Oxford University Press, 2011.

Swiss Statistics. Costs of health care system by service provider / Costs of health care system by service type, 2012. Available at: www.bfs.admin.ch/bfs/portal/en/index/themen/14/05/blank/key/leistungserbringer.html



and Health Committees of Parliament (National Council, Council of States). As a legally established, semi-autonomous health promotion agency, it allocates resources to meet long-term strategic goals. The 1994 Federal Sickness Insurance Law required Swiss insurers and cantons to create this institution, and they hold the majority of seats on the Council.

Collaboration between government, foundation and private sector will ensure effective implementation of health promotion activities.

Health Promotion Switzerland has about 50 full-time staff hired from all parts of Switzerland. They are committed to achieving professional standards expected of one of Switzerland's leading health promotion organizations.

Health Promotion Switzerland source of funding is derived from health insurance that imposes a surcharge of 4.80 Swiss Francs per insuree. Each insuree is required to pay annually to invest in health promotion. This financing source was proposed during larger revisions of the Sickness Insurance Act in 1994. Health or sickness insurance is mandatory in Switzerland. The amount of the total funding varies, depending on the population size (number of insurees) and currently the annual budget accounts for USD19.4 million, which represents a small portion of the total amount spent on health promotion. In 2010, it was estimated that USD 1.61 billion was spent on "prevention" (including health promotion) by state agencies, cantons, municipalities, social insurances, private households, and other private financing according to extrapolations of the Federal Office of Statistics

The foundation's vision is to empower well-informed individuals to lead healthier lives, supported by robust societal structures. Its 2025–2028 strategy focuses on four key goals: strengthening health promotion and prevention through coordination and networking; increasing the proportion of individuals with healthy body weight; improving mental health and reducing stress, particularly in the workplace; and enhancing prevention in healthcare. This strategy is developed in collaboration with the Foundation Council and key stakeholders across the healthcare system.

The future health system may struggle to meet rising healthcare demands, potentially leading to a financial crisis. Health promotion and prevention offer a cost-effective way to mitigate this risk. A foundation can play a key role in this solution, with effective implementation ensured through collaboration between the government, foundation, and private sector.

Mongolian Health Promotion Foundation ¹⁴

The Mongolian Health Promotion Foundation (MHPF) was stipulated in the Tobacco Control Law, in 2005 and approved by the State Law on Government Special Fund in 2006. The law regulates the collection, expenditure, execution, reporting, and monitoring of 23 funds in total.

Since 2006, the MHPF has been funded by a 2% excise tax on tobacco, 1% on alcoholic beverages, and 2% on drug registration. While it can also receive funds from other government sources, international aid, and contributions, it currently relies solely on government funding. The annual budget was approximately MNT 3 billion (USD 1.02 million) in 2019, and MNT 2.5 billion (USD 851,254) in 2020 and 2021, supporting various health promotion programs.

The MHPF is a major Government initiative to promote health and reduce exposure to health risks, including tobacco and alcohol. A Council that is responsible for the annual work program and financial management governs the Foundation. The Ministry of Finance is responsible for monitoring and auditing the Foundation's activities as it receives Government funding.

The Minister of Health chairs the Foundation's Council, where other members include government and non-government representatives, comprising the Director of the General Taxation Office; Director of Policy Implementation and Coordination, of the Department of the Ministry of Justice; Director of the Government Fiscal Budget, Department of the Ministry of Finance; Director

¹⁴ Law on Government Special fund 2019.

Law on Tobacco Control 2005. (Mongolian, English)

Ministry of Health. (2005). Tobacco Control Law.

Ministry of Health. (2006). Law on Government Special Fund.

Ministry of Health. (2021). Regulation on spending and monitoring of Health Promotion Fund, Government resolutions No 37 and No 323.

Ministry of Health. (2020). Situation of Public Health-II, 2010-2020, Brochure, Ulaanbaatar.

Ministry of Health. (2020). Audit results report-Annual 2019-2020, Mongolian National Audit Office. Ministry of Health. (2021). Audit results report-Annual 2020-2021, Mongolian National Audit Office.

Khandarmaa.Ts. Mongolian Health Promotion Foundation. Presented at International Seminar on Health Promotion Foundations and 12th Annual Meeting of the INHPF, 25- 27 June 2012, Seoul, South Korea.

Khandarmaa.Ts. Annual report of Mongolian Health Promotion Foundation. Presented at International Seminar on Health Promotion Foundations and 12th Annual Meeting of the INHPF, 25- 27 June 2012, Seoul, South Korea.

of the Department of Public Health Policy Implementation and Coordination, Ministry of Health; Director of the Medical Department of Mongolian Army Force; Executive Director of the Mongolian Public Health Professionals Association (subject to approval); and the President of the Mongolian Journalists Union.

The Foundation's mission is to promote health and reduce health risks for all Mongolians through strategies focused on information, education, and public relations. It supports a wide range of health promotion activities, including:

- Prevention of non-communicable diseases
- Prevention of infectious diseases
- Protect environmental health
- Prevent accidents and injuries, and support a healthy and safe living environment
- Protect mental health, and prevent the harmful effects of alcohol, tobacco, and drugs
- Promote the rational use of drugs
- Improving the ethics of medical professionals and improving the transparency and accountability of health organizations.



The MHPF promotes, coordinates and provides guidance for the implementation of health promotion activities

The Foundation offers competitive grants and sponsorships to enhance the capacity of organizations, communities, and individuals to improve health. Open to government institutions, non-profits, and citizens, all project proposals undergo rigorous screening and are awarded based on competitive funding and eligibility criteria, with a focus on evidence-informed interventions.

In 2021, the government has amended the "Regulation on spending and monitoring of Health Promotion Foundation" with resolution No.323. The amendments include:

- The Health Minister shall give the final approval on the working group's recommended projects. The working group shall carry out the selection process and make recommendations, and it will consist of at least 2 representatives of NGOs, professional associations, and relevant sub-councils.

- NGOs and legal entities shall submit their project proposals in writing within the first 20 days of each quarter (from 2 times to 4 times a year) to the ministry of health.
- A total of 271 project proposals were received from citizens, non-profits organizations, and other institutions in 2021. Of these, 87 projects were selected and funded by the health promotion foundation. The funded activities in 2020 and 2021 include:

Activities	2021		2022	
	Total grant	Total budget (MNT)	Total grant	Total budget (MNT)
Prevention of non-communicable diseases	23	382,239,340	34	1,091,517,100
Prevention of infectious diseases	7	172,656,660	16	398,542,700
Protect environmental health	21	1,665,014,000	1	20,721,750
Prevent from accidents and injuries, and support of a healthy and safe living environment	5	152,232,400	10	298,969,000
Protect mental health, and prevent the harmful effects of alcohol, tobacco and drugs	5	91,774,600	15	455,239,650
Promote the rational use of drugs	2	46,782,850	4	64,518,000
Improving the ethics of medical professionals, and improving the transparency and accountability of health organizations	3	78,190,000	7	176,730,000
Total	66	2,588,889,850	87	2,506,238,200

A key strength of the MHPF is the strong and positive work team, which operates within a supportive policy environment driven by political commitment to health sector reform. The Foundation is dedicated to controlling tobacco, alcohol, and drug misuse, and maintains an effective monitoring and evaluation system.

Since its inception, the MHPF has seen growth in community-based health promotion activities and an annual increase in grant funding. However, challenges remain, including a lack of sustainable long-term leadership and limited resources to strengthen infrastructure and institutionalize programs. Key concerns include building cross-sectoral capacity for health promotion and improving coordination and collaboration between partners.

MODEL 3: A Unit within Government Structure

Taiwan Health Promotion Administration (HPA) ¹⁵

The Health Promotion Administration (HPA) of the Ministry of Health and Welfare (MOHW) is the health promotion authority that promotes comprehensive health services to all residents of Taiwan. HPA upholds the spirit of “Prevention is better than cure.” HPA reinforces preventive medicine and community health, intimately integrates social welfare and cross-functional resources, and implements the concept of the womb to tomb, citizen health promotion from family to the community. With the director-general in overall charge of the HPA, the administration is supported by two deputy directors-general and one secretary-general. There are seven operational divisions and four administrative offices responsible for the planning and implementation of health promotion policies.



HPA’s mission includes the promotion of public health, maternal and child health, and primary preventive health services. The ultimate goal of the Administration is to prolong healthy life expectancy for all

The goal of HPA is to extend the longevity of citizens’ health, reduce health inequality, and achieve “Health for all.” The HPA gives priority to four major initiatives:

- Enhancing health literacy and promoting healthy lifestyles;
- Promoting preventive healthcare, effective prevention, and screening;
- Upgrading the quality of healthcare and improving chronic disease control and prognosis;

¹⁵ Koong S-L Tobacco Excise Taxes(The Health and Welfare Surcharge)and Health Promotion- Taiwan’s Experiences. Presented at Presented at International Seminar on Health Promotion Foundations and 12th Annual Meeting of the INHPF, 25- 27 June 2012, Seoul, South Korea. Bureau of Health Promotion, Department of Health, R.O.C. (Taiwan). Bureau of Health Promotion Annual Report 2012,Taiwan. Organization Act of the Health Promotion Administration, Ministry of Health and Welfare 2013. (Taiwanese, English) Health Promotion Administration, Ministry of Health and Welfare, R.O.C. (Taiwan). Taiwan Health Promotion Administration Annual Report 2021, Taiwan. Health Promotion Administration, Ministry of Health and Welfare, R.O.C. (Taiwan). Taiwan Tobacco Control Annual Report 2020, Taiwan.

- Creating a friendly and supportive environment and bolstering healthy options and equality.

The HPA implements measures to promote reproductive, maternal, child, adolescent, and elderly health, along with preventing and controlling health hazards like smoking, betel-quid use, cancers, cardiovascular diseases, and other major non-communicable diseases. It conducts public health surveillance and research on various health issues. Collaborating with public health agencies, hospitals, medical institutions, and private groups, the HPA works to implement health policies and create a healthier environment nationwide.

The HPA programs include:

- Healthy birth and growth;
- Healthy lifestyles and community development (tobacco control, obesity prevention and control, and a healthy environment including creating healthy cities and communities, advancing health-promoting schools, hospitals, workplaces, and building a network of safe communities and promoting safe schools);
- Healthy aging (active aging, chronic disease prevention and control, cancer prevention and control);
- Healthcare for the underprivileged; and
- A life-course approach to NCD surveillance, research, and health education.

The HPA's main funding source comes from tobacco health and welfare surcharges, established following a strong NGO-led campaign. The Tobacco and Alcohol Tax Act, enacted in 2002, formalized the surcharge, building on the earlier Tobacco Hazards Prevention Act of 1997. In 2007, the Act was designated as the legal basis for the surcharge, which has been set at about USD 0.67 per pack since 2009. These funds support national health insurance reserves and health promotion activities, aiming to enhance health equality for all citizens.

Tobacco health and welfare surcharge distribution and utilization including

- 50% for the Ministry of Health and Welfare (MOHW) to support national health insurance reserves, medical technology

assessment, medical service review, national health insurance policy promotion and insurance premium subsidies for those with financial difficulties;

- 27.2% for the MOHW to support medical subsidies for rare diseases, cancer prevention, tobacco control and health promotion;
- 16.7% for the MOHW to upgrade the quality of clinical care, subsidize medical shortage areas, and childbirth accident emergency relief;
- 5.1% for the MOHW to promote social welfare and long-term care services;
- 1% for the Ministry of Finance to support the investigation of smuggled or inferior tobacco products and preventing tax evasion of tobacco products;
- Less than 1% for the Ministry of Agriculture to provide assistance to tobacco farmers and workers of related industries.

In 2023, the HPA received 27.2% of the total tobacco health and welfare surcharge, amounting to approximately USD 229 million (NTD 7 billion 343 million). This funding supports medical subsidies for rare diseases, cancer prevention, and tobacco control, along with national and local health promotion initiatives. Managed by the HPA under the Ministry of Health and Welfare (MOHW), the Tobacco Hazards Prevention and Health Protection Funds are overseen by a council to ensure transparency and accountability. The council, led by the Deputy Minister of Health and Welfare and supported by the HPA Director-General as executive secretary, includes 13 to 17 experts or scholars who review and evaluate fund activities.

With the greater proportion of tobacco health and welfare surcharges allocated to national health insurance, subsidization, and investigation of smuggled or inferior tobacco products, not all health promotion activities can be funded adequately. An evaluation system is being developed to measure outcomes to support any changes in the tobacco health and welfare surcharges distribution and utilization. In addition, to gain more financial resources, HPA works to strengthen its partnerships with other agencies or organizations that have similar goals and tasks.

Korea Health Promotion Institute (KHEPI)

The Korea Health Promotion Institute (KHEPI) is the sole public organization dedicated to health promotion. Established in January 2011, KHEPI has been diligently involved in:

1. Development and Support of National Health Promotion Policies:

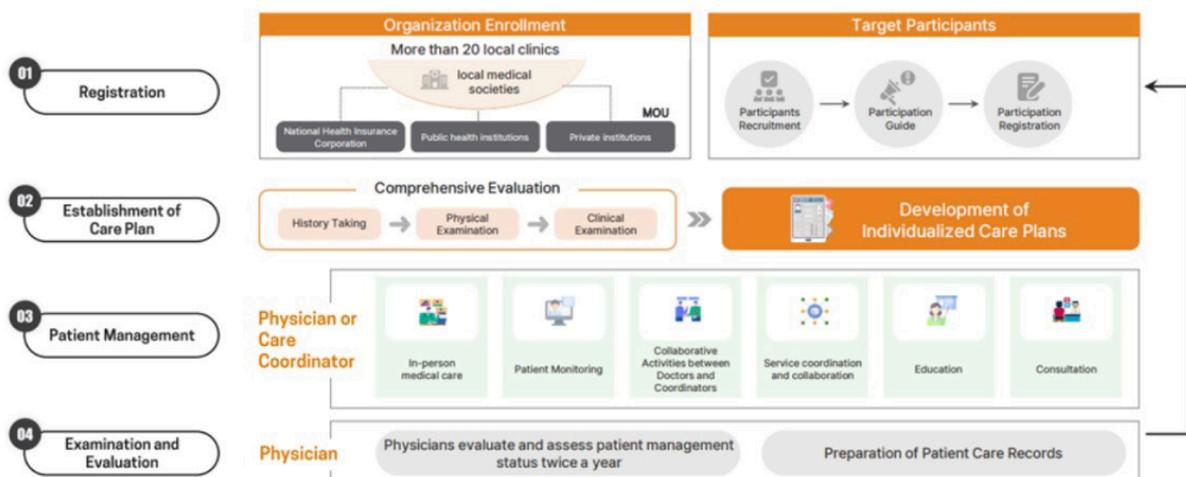
KHEPI is responsible for formulating, monitoring, and assessing health promotion strategies aligned with the National Health Plan.



Additionally, KHEPI collaborates with local governments to mitigate regional health disparities, offering high-quality health services through public health centers to enhance health equity.

2. Technical Development, Consulting, and Activation of National Health Promotion Programs:

KHEPI operates diverse programs to facilitate healthier lifestyles, encompassing smoking cessation, moderation in alcohol consumption, adherence to a balanced diet, and engaging in adequate physical activity to prevent non-communicable diseases (NCDs).

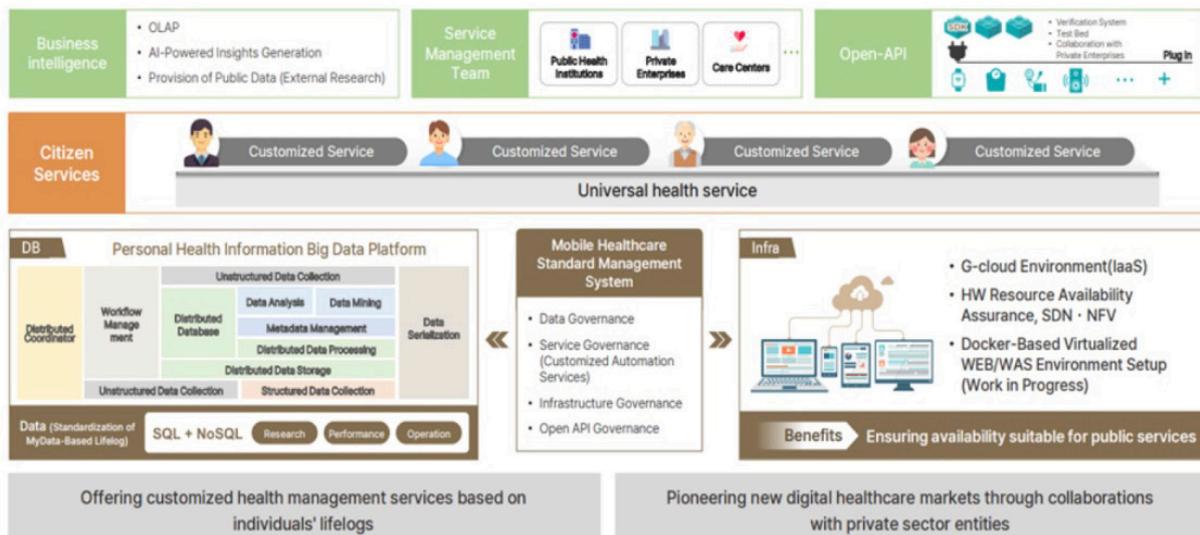


KHEPI's commitment lies in fostering the well-being of local community residents by devising and disseminating health promotion services tailored to the unique needs of each life stage.



3. Establishment of Digital New Deal Capabilities:

KHEPI is dedicated to expanding and delivering personalized, remote services utilizing ICT and big data technologies. Moreover, they provide IoT-based healthcare services tailored for elderly individuals residing in local communities who may be marginalized due to information disparities. KHEPI's ultimate goal is establishing an innovative K-Smart Health Management Platform to enhance Korea's distinctive, publicly-driven health promotion services.



Vietnam Tobacco Control Fund ¹⁶

The Vietnam Tobacco Control Fund (VNTCF) was established under the Tobacco Control Law, passed by the National Assembly on 18 June 2012 and effective from 1 May 2013, to prevent and control tobacco-related harm. The fund operates under regulations set by the Prime Minister and is managed by an Inter-sectoral Management Board. Supporting this board are the Board of Professional Consultants, Board of Controllers, and Board of Executives.

The inter-sectoral Management Board is chaired by Minister of Health and supported by a representative from Ministry of Finance as vice chair as well as member representatives from Ministry of Industry and Trade, Ministry of Education and Training, Ministry of Information and Communication and other relevant agencies.

The Vietnam Tobacco Control Fund (VNTCF) operates under the Ministry of Health (MOH) and is subject to financial oversight by the Ministry of Finance (MOF). The MOH reports annually to the government on fund performance and biannually to the National Assembly on operations and management.



Existing within a government structure, VNTCF functions as a semi-autonomous entity.

VNTCF's funding comes from a compulsory contribution by tobacco manufacturers and importers, set at 1% of the factory price of all locally produced or imported cigarettes from 1 May 2013, increasing to 1.5% in 2016 and 2% in 2019. The fund also accepts voluntary contributions from national and international entities. In 2019, VNTCF has collected USD 11.263 million (VND 260,970 million) and USD 16.256 million (VND 375,030 million) in 2020, all directed towards tobacco harm prevention and control.

The VNTCF, operating on a not-for-profit basis and guided by its Management Board, supports a variety of short-, medium-, and long-term strategies. These include communication campaigns

¹⁶ Socialist Republic of Vietnam. Law on Prevention and Control of Tobacco Harms. Law No.:09/2012/QH13. 18 June 2012. Law on Prevention and Control of Tobacco Harms 2012.

Department of Tax Policy, Ministry of Finance. Establishing Governance and mechanism of Vietnam Tobacco Control Fund (VNTCF). Presented at ProLEAD E: Establishing Health Promotion Foundations, ProLEAD Module II for Lao PDR and Viet Nam, Vientiane, Lao PDR, 3-4 April 2013. Vietnam Tobacco Control Fund (VNTCF). (2020). Performance, management and use fund for tobacco control for the period of 2019-2020.

on the dangers of tobacco use, community-based prevention efforts, and pilot models for smoke-free environments. The fund also backs smoking cessation services, research for evidence-based strategies, capacity building among collaborators, and educational content on tobacco harms. Additionally, it supports initiatives to provide alternative livelihoods for tobacco growers, raw material processors, and manufacturing workers.

Between 2019 and 2020, 100 grantees were funded by VNTCF with a total funding of USD 27.568 million (VND 636,000 million) distributed among 23 ministries, mass organization agencies, 63 provinces/cities agencies, 4 tourism cities and 10 hospitals. The projects supported mainly on communication campaigns related to tobacco prevention and control, smoke-free development, and capacity building for law enforcement.

VNTCF: Fund distribution for tobacco control programs (2019/2020)



Lao PDR Tobacco Control Fund ¹⁷

Lao PDR is establishing a tobacco control (TC) fund as stipulated in the tobacco control law passed in November 2009. A Prime Ministerial Decree for the TC fund was adopted by the government in January 2013 and became effective in May 2013. The fund is placed under the Ministry of Health and operates as a semi-autonomous entity.

It is governed by the Tobacco Control Fund Council which reports to the National Committee on Tobacco Control, which is chaired

¹⁷ Law on Tobacco Control. Vientiane, 26 November 2009.
 Decree on Tobacco Control Fund. Vientiane, 24 May 2013.
 Pholsena S. Establishing Governance and mechanism of Tobacco Control Fund in Lao PDR. Presented at ProLEAD E: Establishing Health Promotion Foundations, ProLEAD Module II for Lao PDR and Viet Nam, Vientiane, Lao PDR, 3-4 April 2013.



by the Minister of Health and supported by two vice-chairs from the Vice Ministers of the Ministry of Finance and the Ministry of Industry and Commerce. The other members are the Vice Minister of the Ministry of Education and Sport; Media Department (Ministry of Culture Information and Tourism); Police Environment Department (Ministry of Security); and Hygiene and Health Promotion Department (Ministry of Health). The Prime Minister appoints Council members. The Council is supported by a secretariat team comprising a manager, vice manager, and technical staff to carry out the management and implementation of the Fund. They are from the Tobacco Control Fund Office (TCFO) located in the Finance Department, Ministry of Health.

The funding sources of the tobacco control fund are obtained from two main sources:
1) two percent (2%) additional profit tax from tobacco business operators;
and 2) 200 kip per cigarette package of local produced tobacco and/or imported the manufactured tobacco.

The fund is equally distributed across the different objectives. About 37% of the total budget is allocated for tobacco control and health promotion activities including health education; production of tobacco control Information, Education and Communication (IEC) materials; cessation programs for smokers who want to quit smoking and those who have been affected by tobacco smoke; the expansion of smoke-free areas; support for research on the health, economic and social impacts of tobacco smoking; smuggling control activities, and an awards program that recognizes individuals and organizations who have achieved and contributed to the implementation of tobacco control.

A further 25% is used for improving and strengthening health care service quality such as building, renovation, and medical supplies and equipment for public hospitals, particularly for the diagnosis and treatment of tobacco-related diseases. Another 32% is for a National Health Insurance scheme for the public. The remaining six percent (6%) is for supporting the cost of administration and performance for the National Committee on Tobacco Control.



Impact Assessment: HOW TO AND CHALLENGES IN MEASURING IMPACT.



The Victorian Health Promotion Foundation (VicHealth)

To determine whether initiatives are achieving intended goals and identify areas for improvement, VicHealth uses impact assessments to evaluate the effects of their programs, policies, interventions and projects. These assessments inform decisions and guide future improvements to ensure that health promotion initiatives continue to be transformative.

Under its 2023–2033 strategy, VicHealth has publicly launched an Impact and Evaluation Framework. This framework is a guiding document that provides a roadmap for tracking progress through annual impact reports. VicHealth’s framework emphasises continuous learning and strategic decision-making through data and evidence collection.

Additionally, to support increased health promotion capacity, VicHealth is committed to establishing Research Translation Centres. These centres will contribute to generating knowledge and translating expertise that can be directly implemented into practice to improve the lives of Victorians.



Health and Wellbeing Queensland (HWQld)

Long term nature of prevention means results may take time to become visible, yet immediate, decision-making based on effectiveness and impact are often required. Population-level indicators, such as chronic disease rates, are typically measured every few years and may not quickly reflect change. At HWQld, effectiveness isn’t solely defined by broad health targets. Instead, they use a tiered Measurement, Evaluation, and Learning Framework (MEL-F) based on a theory of change, incorporating enablers, signals of system change, outcomes, and impacts to better assess and guide their efforts.

Systemic nature of prevention means their work focuses on shifting the underlying foundations of specific health outcomes.

Measuring only health or behavior changes may not fully capture the essence of health promotion or the complexity of health challenges. Often, their efforts target the systems and environments that sustain poor health behaviors and inequities, which are less defined and harder to measure. HWQId's approach to Measurement, Evaluation, and Learning (MEL) includes indicators of system change across Policies, Practices, Networks, and Mindsets. They also advocate for innovative methods such as Most Significant Change and Reflection Workshops, and embedding system change indicators in all flagship evaluations.

A need for agility and adaptation based on learning is vital for effective health promotion, especially when measuring process, outcomes, and impact, as pre and post comparisons can be challenging. HWQId encourages adaptive evaluation through collaboration, learning and flexibility which can be enhanced by embedding initiative outcomes and processes that are based on continuous feedback and iterative milestones rather than only pre-set outcome targets.

Multiple determinants and complexity of public health challenges means the influence of health promotion interventions can vary widely based on local context and economic, cultural, and environmental factors beyond health. Non-controllable variables, such as Covid 19, and the overlapping effects of multiple interventions, can also complicate impact measurement. Attribution of outcomes to specific interventions is challenging due to these confounders. To address these challenges HWQId explicitly recognizes influencing factors or determinants using frameworks like HWQId's Wellbeing model, which acknowledges several types of determinants impacting on wellbeing in addition to the social determinants of health, including commercial, digital, cultural and ecological. Additionally, the HWQId MEL-F indicates a ceiling of accountability that sits beneath the achievement of impact indicators, defining the realistic scope of HWQId's direct influence and accountability within the existing context.

Collecting and using community voice and insights from those impacted by interventions is vital for equity, sustainability and transparency. However, traditional evidence hierarchies often view these inputs as subjective, non-rigorous or low quality. Instead, data and findings from all stakeholders can be valued for the richness, reality and complexity captured and used to grow knowledge and convey genuine meaning that will better inform future likelihood of success in addressing

public health and health inequity challenges. HWQId embeds community voice through mixed method approaches and ongoing engagement, not only in data collection but also in design and implementation stages. This enhances the validity of impact assessments, ensures accurate interpretation of quantitative data, and helps share meaningful, translatable findings that contribute to ongoing learning and improvement within the discipline of health promotion and beyond.

A further challenge for health promotion evaluation is **a dependency on the perspective (point of view) selected** for analysis, particularly for economic evaluation. For example, an economic evaluation analysis can be conducted from a range of perspectives, including the agency that funded the intervention, the population subgroup or community the intervention is targeting, the health sector, another government sector (e.g. housing or education), the public sector more generally, or in its broadest form, the societal perspective which considers the cumulative costs and benefits accrued by all those affected by the intervention. Also required is consideration of their cultural humility where the outcomes selected as representing 'value' may represent only one perspective or worldview (e.g. applying only Western-based values). At HWQId, the choice of perspective is considered within the context of equity using the HWQId Equity Framework, and more than one perspective may be selected for investigation.

HWQId's way forward

Advancing impact assessment methods and outputs is crucial to strengthening health promotion as a discipline. While traditional metrics such as clinical trials and quantitative findings dominate some areas of academia and the health system, HWQId aims to redefine this narrative. They believe that valid outcomes in health promotion encompass a diverse range of data types, with signals of systemic changes indicative of success and essential for meaningful progress. They all have an opportunity to contribute to innovative knowledge development and translational research in prevention, ultimately shaping the future landscape of health promotion.

Additional comments on Measurement and Equity

Measurement should focus on strengths and solutions rather than deficits. Avoid reporting data comparisons that can perpetuate inequity by reinforcing stigma, disempowering individuals, or implying individual responsibility instead of system issues. This includes comparisons between population sub-groups (e.g. the

poor health behavior outcome is xx times higher in population A compared to population B) which tend to imply individual responsibility and ignore the systemic issues and context that may be impacting on the prevalence of the behavior or outcome. Instead, use diverse and inclusive data sources and methods, stories and lived experience perspectives to inform what is collected and interpret meaning, context and values.

Track both the results and the signals of change along the way. Include equity-focused outcomes like changes in resource distribution, power dynamics, discrimination and disparities. But also track improvements that indicate system change, such as collaboration, enhanced relationships, shifts in mindsets and adaptation to meet intersecting needs.

Data can serve everyone's interests and needs. Open data practices can allow for access, sharing and combining data while protecting privacy. Data sovereignty ensures people have ownership and control over their data, and that it is used in ways to benefit them. Data democratization ensures everyone can access and use data well, regardless of their digital skills or resources.



Thailand Health Promotion Foundation (ThaiHealth)

Impact Assessment Approach

1. Macro-Level Analysis (Top-Down Approach)

- **Objective:** Evaluate the overall impact of Thai Health's initiatives on a national scale.
- **Method:** Analyze changes in public health indicators and compare them against the investments made.
- **Tobacco Control:**

ThaiHealth implemented comprehensive tobacco control policies, including public smoking bans, graphic health warnings on cigarette packs, and anti-smoking campaigns. The macro-level analysis involves assessing the nationwide reduction in smoking prevalence over time, attributing these changes to the policies and campaigns initiated by ThaiHealth. By comparing smoking rates before and after these interventions, and considering other contributing factors, the analysis can quantify the overall impact on public health and healthcare costs saved due to fewer smoking-related illnesses.

2. Micro-Level Analysis (Bottom-Up Approach)

- **Objective:** Measure the impacts of specific projects or programs at a community level.
- **Method:** Collect detailed data from individual projects and aggregate these to understand their broader impact.
- **Community Health Programs:** In a rural district, ThaiHealth supports a program to increase physical activity and reduce alcohol consumption. The micro-level analysis collects data on participation rates in community exercise programs, changes in physical fitness levels, and reductions in alcohol consumption among participants. Surveys and health screenings conducted before and after the program provide quantitative and qualitative data, which are then aggregated to evaluate the program's success in improving health outcomes and reducing healthcare costs locally.

3. Social Return on Investment (SROI)

- **Objective:** Quantify the social, economic, and environmental value generated by ThaiHealth's investments.
- **Method:** Calculate the ratio of social benefits to the financial investment using financial proxies to estimate the value of non-monetary benefits.
- **Tobacco Control Initiatives:** ThaiHealth's tobacco control program included public education campaigns, smoking cessation support, and enforcement of tobacco laws. The SROI analysis calculates the financial savings from reduced healthcare costs due to fewer smoking-related diseases, the economic benefits of increased productivity, and the societal value of improved public health. For instance, the analysis might show that every baht invested in tobacco control yields 18 baht in social returns, highlighting the program's effectiveness in generating significant public health benefits compared to the investment made.

4. Stakeholder Involvement

- **Objective:** Ensure that the impact assessment reflects the experiences and perceptions of those affected by the programs.
- **Method:** Conduct stakeholder meetings, surveys, and interviews to gather qualitative data on the impacts.
- **Local Health Initiatives:** For a nutrition improvement program in schools, ThaiHealth involves teachers, parents, students, and local health workers in the assessment

process. Stakeholder meetings are held to discuss the program's effectiveness, gather feedback, and identify areas for improvement. Surveys and interviews with participants provide insights into how the program has impacted their health behaviors and well-being, ensuring that the assessment captures the program's real-world effects and aligns with the community's needs.



Challenges in Measuring Impacts

1. Data Limitations

- **Issue:** Incomplete or inconsistent data can hinder accurate impact measurement.
- **Solution:** Implement robust data collection and management systems to ensure comprehensive and reliable data.
- ThaiHealth's tobacco control program relies on national health surveys to measure smoking rates. If data collection methods vary over time or data is missing for certain years, it becomes challenging to accurately track trends and attribute changes to specific interventions. To mitigate this, ThaiHealth invests in standardized data collection protocols and continuous monitoring systems to ensure data consistency and reliability.

2. Attribution and Deadweight

- **Issue:** Difficulty in attributing observed changes directly to ThaiHealth's interventions versus other external factors.
- **Solution:** Use control groups and counterfactual scenarios to better isolate the effects of ThaiHealth's programs.
- In evaluating a program aimed at reducing teenage pregnancy rates, ThaiHealth must account for other influences such as national education campaigns or economic changes. By comparing communities with and without the intervention, and controlling for other variables, the analysis can more accurately attribute observed changes to the program itself, distinguishing its unique impact from other contributing factors.

3. Quantifying Intangible Benefits

- **Issue:** Non-monetary benefits such as improved mental health or community cohesion are challenging to quantify.
- **Solution:** Develop financial proxies and use qualitative methods to capture and value these intangible benefits.
- For a mental health awareness campaign, ThaiHealth may use proxies like reduced absenteeism and increased

productivity to estimate economic benefits. Additionally, qualitative methods such as participant interviews and focus groups can capture changes in mental well-being and social cohesion, providing a fuller picture of the program's impact beyond what financial metrics alone can convey.

4. Long-Term Impact Measurement

- **Issue:** Health promotion activities often yield long-term benefits that are not immediately measurable.
- **Solution:** Implement longitudinal studies to track the long-term outcomes of health interventions.
- ThaiHealth's initiative to promote healthy eating habits among children may not show immediate health improvements. Longitudinal studies that follow participants over several years can track changes in obesity rates, incidence of diet-related diseases, and overall health outcomes, demonstrating the long-term benefits of early intervention and sustained healthy eating habits.

5. Cultural and Contextual Variability

- **Issue:** The impact of health initiatives can vary significantly across different cultural and socio-economic contexts.
- **Solution:** Tailor assessment methods to account for local contexts and involve local stakeholders in the evaluation process.
- A physical activity program might be more effective in urban areas with better infrastructure than in rural areas with fewer facilities. ThaiHealth adapts its assessment methods to consider these contextual differences, ensuring that evaluations are relevant and accurate for each specific setting. Local stakeholders provide crucial insights into how programs can be tailored to fit the unique needs and preferences of their communities.



Korea Health Promotion Institute (KHEPI)

The National Health Plan is a 10-year plan established under the National Health Promotion Act to present medium- to long-term policy directions to prevent diseases and promote health. KHEPI continually oversees, assesses, and offers feedback to ensure effective implementation and goal attainment.

The purpose of the National Health Plan is:

- To assess the state of public health and the effectiveness of health initiatives
- To design a national health promotion strategy and establish the foundation for developing health promotion policies



The National Health Promotion Fund provides comprehensive support for physical and mental health, including preventive health management, early detection of diseases, healthy lifestyles, expansion of public health infrastructure, and financial support for health insurance.

To outline the mid- to long-term policy guidance for disease prevention and health promotion in alignment with the National Health Promotion Act, decadal plans have been formulated since 2002, accompanied by supplemental plans every five years. Up to this point, five comprehensive plans have been developed and put into action.

The National Health Plan Summary

Division	Heath Plan 2010		Heath Plan 2020		Heath Plan 2030
	1st (2002-2010)	2nd (2006-2010)	3rd (2011-2020) 4th (2016-2020)	5th (2021-2030)	
Vision	Society that Realizes Healthy Longevity over 75 Years of Age	Healthy World that Everyone Enjoys	Healthy World Where All people Enjoy Together		A society where everyone enjoys life-long health
Overarching Goals	Extension of Healthy Life Expectancy (66.0 years in 2002 → 75.1 years in 2010)	Extension of Healthy Life Expectancy (67.8 years in 2005 → 72.0 years in 2010)	Extension of Healthy Life Expectancy (71.4 years in 2010 → 75.0 years in 2020)		Extending Healthy Life Expectancy (70.4 years in 2018 → 73.3 years in 2030)
	-	Promoting Health Equity	Promoting Health Equity		Promoting Health Equity
Leading Health Indicators		12	16	19	64
Divisions/Topic Areas/Projects	6 Divisions 39 Projects	4 Divisions 24 Topic Areas 108 Project	6 Divisions 32 Topic Areas 140 Projects	6 Divisions 27 Topic areas 140 Projects	6 Divisions 28 Topic Areas 83 Projects
Performance Indicators	40	244	405	369	400

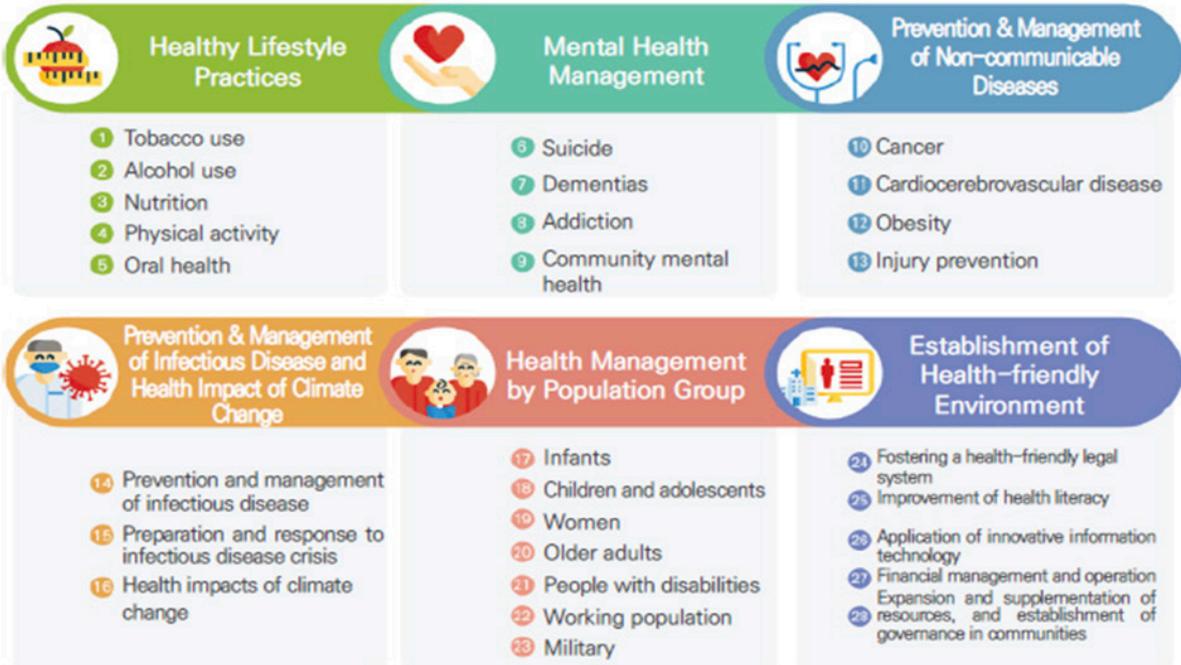
*source: <https://www.khepi.or.kr/healthplaneng>

A Society where **Everyone** Enjoys **Life-long Health**

Extending Healthy Life Expectancy and Promoting Health Equity

Basic Principles

- 1 To consider health in all policies (HiAP) at the national and local levels.
- 2 To improve population health while promoting health equity.
- 3 To provide application through the life-course, and with setting approach.
- 4 To develop an environment that fosters health.
- 5 To guarantee opportunities for anyone to participate and build, and to enjoy together.
- 6 To interact and cooperate with all related sectors.



Key Points of the 5th National Health Plan

1. **Vision: A society where everyone enjoys life-long health**
2. **Overarching Goals:** Extending healthy life expectancy and promoting health equity
 - 2.1. **Healthy Life Expectancy:** Achieve a healthy life expectancy of 73.3 years by '30
 - 2.2. **Health Equity**
 - **Income Levels:** Reduce the disparity in healthy life expectancy between the top 20% income group and the bottom 20% to less than 7.6 years by '30.
 - **Regions:** Narrow the gap between the top 20% and the bottom 20% of local governments by healthy life expectancy to less than 2.9 years.
3. **Performance Indicator:** 400 performance indicators were selected in 6 divisions with 28 topic areas.
 - 3.1. **Of these performance indicators,** 64 leading health indicators that strategically support the overarching goals (Extending Healthy Life Expectancy and Promoting Health Equity) were carefully selected, ensuring a focused approach.

Plan to Enhance Effectiveness

1. **Strengthening of Public Communication:** Selecting topics likely to elicit public interest in the National Health Plan, such as "Health Issues of the Month," and promoting these concepts intensely.
 - 1.1. **Creating an integrated platform** that provides health information by theme, and status of significant indicators.
2. **Cooperation with Other National Plans:** To improve compatibility, the National Health Plan's topic areas and indicators are associated with relevant ones of other national plans (32 in total).
3. **Continuous Monitoring:** Committed to developing a basis for cooperation and fostering stable production of performance indicators, ensuring that policy sectors in various ministries can promote policies that account for health and adapt to changing circumstances.
 - 3.1. **Production of Indicators:** Developing a system for the stable estimation of healthy life expectancy and other performance indicators.
 - 3.2. **Performance Report:** Monitoring and evaluating achievements and performance indicators for the topic area each year, providing feedback to each ministry through the National Health Promotion Policy Deliberative Committee.

3.3. Policy Feedback: Developing a system that monitors performance indicators, and reinforces policies for the vulnerable groups based on such information.

4. Cooperation with local governments: Metropolises, provinces, cities, counties, and boroughs should establish HP implementation plans each year. Moreover, legislative revision should be undertaken to incorporate them into the regional healthcare plan and improve evaluation efficiency

Singapore Health Promotion Board (HPB)

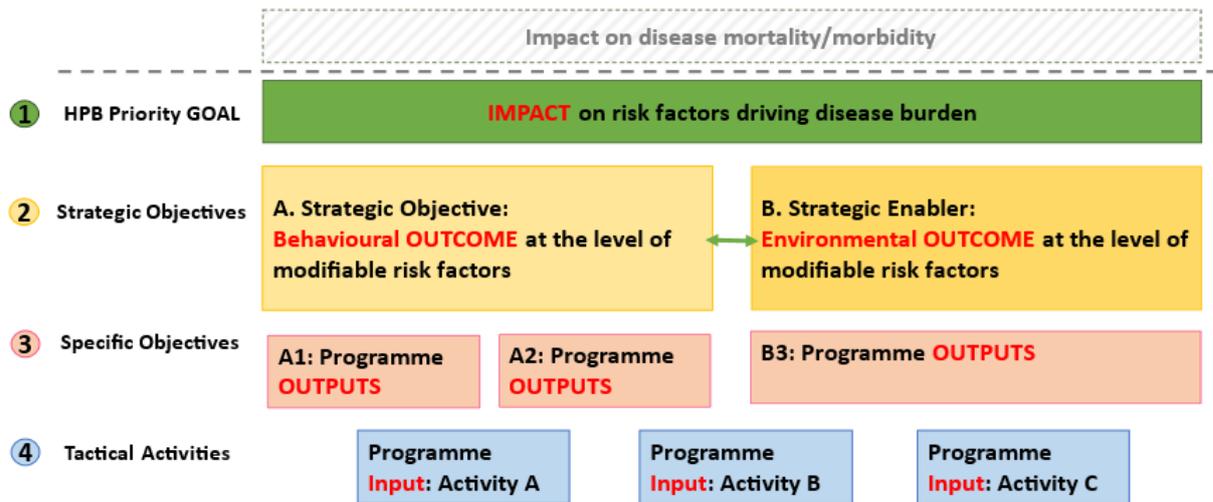
The Logical Framework Approach (LFA) (or Logic model/map) is one of the most effective and widely used strategic planning and project management methodologies in diverse fields. Since 2015, HPB has been using the Logic Map as a framework to monitor progress and ensure accountability. HPB's logic maps provide a hierarchical representation of its public health objectives at each level, making visible the theory of (behaviour) change underlying its interventions. They provide a structured way of articulating how interventions implemented on the ground will further health prevention objectives within the programme and ultimately national population health outcomes.

HPB's logic framework:

- A. At the national level, HPB's goal is to reduce the key risk factors of non-communicable diseases by increasing health-promoting (i) behaviours; (ii) knowledge and/or (iii) practices in the Singapore population (L1 impact-level objectives and indicators).
- B. To achieve national objectives, interventions and programmes aim to increase health-promoting (i) behaviours, (ii) knowledge and/or (iii) practices in specific populations and different settings (L2 outcome-level objectives and indicators).
- C. Measurable deliverables (L3 output-level objectives and indicators) resulting from interventions and programmes are expected to achieve the above programme outcomes and, over time, population-wide impact.

HPB logic maps incorporate two types of strategic objectives which reflect the board's comprehensive role. Firstly, strategic enablers address the broader environment to facilitate change.

Secondly, strategic objectives focus on promoting behaviour change at the individual level.



To underscore HPB’s central role in fostering a robust health-promoting ecosystem, these logic maps also include strategic enablers that reflect policy and normative guidance components.



Key Successes/Impacts in the Past 10 years

The Victorian Health Promotion Foundation (VicHealth)

Established as an independent statutory authority by the Victorian Parliament under the Tobacco Act 1987, the creation of VicHealth was a unique, world-first model. VicHealth's remit includes undertaking innovative, evidence-based, and thought-leading work that promotes good health and helps prevent chronic disease.

In the past decade (2013-2023), VicHealth has made significant strides in creating healthier food environments by increasing access to free drinking water and reducing sugary drink consumption at major venues in Melbourne. With over \$31 million invested in research projects, VicHealth strengthened understanding of disease prevention and effective health interventions. Initiatives promoted physical activity through partnerships with local governments, schools, and sports organisations, targeting life stages where activity often declines, and introducing health-promoting urban design projects.

VicHealth's long-standing support for Quit Victoria advanced smoking prevention, and their world-first Alcohol Cultures Framework in 2016 has been instrumental in shifting the focus of public health action from the behaviour of individuals to the shared drinking norms, practices and expectations of groups. Resilience, social connection, and gender equality became key priorities, with initiatives addressing violence against women and supporting young people through a co-design toolkit for youth focused programs.

VicHealth has remained firmly committed to health equity and ensuring that everyone has a fair opportunity to attain their full health potential. Recognising that some people face greater barriers than others to enjoying a healthy life, VicHealth released their health equity framework, Fair Foundations in 2015. The framework is a planning tool for health promotion policy and practice based on a conceptual framework developed by the World Health Organisation Commission on the Social Determinants of Health.

Health and Wellbeing Queensland (HWQld)

Health and Wellbeing Queensland (HWQld) was established on July 1, 2019, as a statutory body within the Health Portfolio of the Queensland Government, under the Health and Wellbeing Queensland Act 2019. The goal of HWQld is to improve the health and wellbeing of Queenslanders by reducing chronic disease risks and addressing health inequities. Over the first five years, HWQld has achieved several key successes:

Month/Year	Key Successes
July 2020	The “Clinicians Hub” was launched, providing online resources to help healthcare professionals confidently manage and prevent unhealthy weights. They also introduced the Project ECHO Series, a web-based platform for sharing evidence-based knowledge and developing professional skills in health and wellbeing.
October 2020	The “Pick of the Crop” Pilot was launched, promoting healthy eating in primary schools by encouraging children to learn about and consume more fruits and vegetables.
June 2021	HWQld partnered with the University of Queensland Health Care to deliver the Logan Healthy Living initiative. This program serves as a model for integrated chronic disease prevention and care by combining specialist services, general practitioners, and community services.
September 2021	HWQld made a significant \$68 million investment over three years in community-based prevention programs to improve health and wellbeing across Queensland.
December 2021	The Health and Wellbeing Centre for Research Innovation was established in partnership with the University of Queensland. This center brings together a multidisciplinary team of experts in various health fields to address chronic disease prevention and management.
January 2022	HWQld launched its first national cooperative advertising campaign with the Outdoor Media Association to promote healthy eating and lifestyles.
October 2022	“Impact of Obesity on Life Expectancy in Queensland” report was published, revealing that without intervention, the life expectancy of children born in the next decade could decrease by up to five years due to obesity.
November 2022	HWQld held its inaugural Symposium to highlight the work of local communities and partners in supporting Queenslanders’ health.
December 2022	HWQld established a Research Advisory Committee (RAC) to provide independent advice on health and wellbeing research priorities and opportunities.
January 2023	The GenQ Grants Program was launched to support initiatives driving generational change and improving health and wellbeing in Queensland.
May 2023	HWQld hosted its first “A Better Choice Expo,” bringing together various groups to discuss ways to improve access to healthy food and drink options.
July 2023	The “Pick Me” campaign started at Nissan Arena, promoting healthy eating in busy retail environments, and the free kids’ wellbeing app “Podsquad” was launched to encourage healthy habits in children.
October 2023	The “Clinician’s Guide to Healthy Kids” podcast series was introduced to provide healthcare professionals with insights for building healthy habits with children and their families.
November 2023	HWQld launched the “Gather + Grow 2023 – 2032” strategy to improve food security for remote First Nations communities in Queensland.
May 2024	HWQld launched the “Making Healthy Happen 2032” strategy to address and prevent obesity. This comprehensive strategy aims to support all Queenslanders in maintaining a healthy weight, create healthy environments, integrate prevention and treatment into healthcare, and reduce weight stigma.



Thailand Health Promotion Foundation (ThaiHealth)

Sin Tax Implementation

ThaiHealth's primary funding source is a 'sin tax' on alcohol and tobacco products. This innovative financing model has proven to be both sustainable and effective. The tax revenues are earmarked for health promotion activities, enabling ThaiHealth to support a wide range of health campaigns. This approach has allowed ThaiHealth to consistently fund initiatives that target the reduction of smoking and alcohol consumption. The success of this model lies in its dual benefit of discouraging harmful behaviors while generating revenue for health promotion.

Legislative Support

In 2018, the State Fiscal and Financial Discipline Act provided legislative backing that allowed specific taxes to be earmarked for health promotion. This legal framework ensured a stable and continuous flow of funds to ThaiHealth, enabling it to plan and execute long-term health initiatives. This legislative support has been crucial in maintaining the sustainability of health promotion efforts, ensuring that programs are not disrupted due to funding issues.

Health Promotion Agency

Inspired by the World Health Organization's Global Conference on Health Promotion, Thailand established ThaiHealth as an autonomous agency. This autonomy has given ThaiHealth the flexibility to operate independently from the Ministry of Public Health, allowing for rapid response to emerging health issues. This structure has enabled ThaiHealth to manage over 3,000 projects annually, addressing various health concerns with agility and efficiency.

Tobacco Control

ThaiHealth has led significant efforts in tobacco control, implementing comprehensive measures such as establishing smoke-free zones in schools, hospitals, and public areas. These initiatives are supported by strong public awareness campaigns and cessation programs like the Fahsai Clinic network for nicotine dependence treatment. The multi-faceted approach targeting both the supply and demand sides has effectively reduced smoking rates in Thailand, contributing to improved public health outcomes.

Alcohol Control

Through the Alcoholic Beverage Control Act and various campaigns, ThaiHealth has effectively reduced alcohol consumption. Initiatives such as alcohol-free events during the Songkran Festival and New Year celebrations have helped shift social norms around drinking. These efforts, combined with stricter regulations on alcohol advertising and sales, have led to a noticeable decline in heavy drinking and related health issues.

Road Safety

ThaiHealth has been instrumental in improving road safety, establishing the Road Safety Operation Centre (RSOC) and launching impactful campaigns such as 'Drink Don't Drive'. These initiatives have significantly reduced road accidents and fatalities. By combining policy enforcement, public education, and community engagement, ThaiHealth has created a comprehensive approach to road safety that has made Thailand's roads safer.

Healthy Food Systems

ThaiHealth has promoted healthy eating habits through initiatives like community green markets and policies to reduce sugar in school meals. By supporting sustainable agriculture and encouraging the consumption of fresh fruits and vegetables, ThaiHealth has addressed issues of obesity and poor nutrition. These efforts have led to healthier dietary behaviors and reduced obesity rates among school children.

Physical Activity Promotion

ThaiHealth has been promoting physical activity through national strategies and urban designs that encourage walking and cycling. Campaigns and community wellness projects have successfully increased public awareness and participation in physical activities. As a result, more Thais are engaging in regular exercise, leading to better overall health and reduced incidence of lifestyle-related diseases.

Sexual Well-being

ThaiHealth has addressed sexual health issues through education and support programs like the 'Let's Talk About Sex' campaign and the 1663 Hotline for unplanned pregnancy counseling. By providing accessible information and support services, ThaiHealth has improved sexual health education and reduced teenage pregnancies. These initiatives have fostered healthier attitudes and behaviors regarding sexual well-being.

Community Health Systems

ThaiHealth has developed community-based health systems that empower local communities to take charge of their health. By supporting community health workers and local health initiatives, ThaiHealth has improved healthcare access and quality at the grassroots level. This approach has led to better health outcomes and increased community engagement in health promotion.

Supporting Vulnerable Groups

ThaiHealth has created initiatives to improve the lives of marginalized populations, including ethnic minorities and the economically disadvantaged. Programs focus on providing equitable healthcare, appropriate welfare, and income security. By tailoring interventions to address specific needs and barriers, ThaiHealth has enhanced well-being and healthcare access for these vulnerable groups.

Enhancing Quality of Life for the Elderly and Disabled

ThaiHealth has implemented various strategies to improve the quality of life for the elderly and people with disabilities. These include creating employment opportunities, skill development programs, and community-based care models. Integrating economic support with health services has resulted in better quality of life and economic stability for these groups.

Consumer Protection

ThaiHealth has played a key role in consumer protection by supporting the establishment of the Independent Committee for Consumer Protection (ICCP) and promoting public awareness about consumer rights. Strong regulatory frameworks and active public education campaigns have improved product safety and empowered consumers, ensuring they are well-informed and protected.

District Health Systems

The Saraphi Model in Chiang Mai exemplifies ThaiHealth's efforts to integrate local health systems with community needs and data-driven approaches. By using real-time health data collection, this model has driven various community health innovations and public policy initiatives. Such integration has led to effective and targeted health interventions at the district level.

Intellectual Well-being

Initiatives promoting mindfulness and volunteerism, such as the New Year's Eve Praying Event and the Contemplative Education

Center, have enhanced intellectual well-being. By encouraging practices that foster mental peace and community engagement, ThaiHealth has contributed to a more harmonious and resilient society.

Media Ecosystem for Well-being

ThaiHealth has worked to create a healthy media ecosystem by supporting programs that promote health literacy and responsible digital citizenship. Collaborating with media to deliver health messages effectively has improved public understanding of health issues and fostered responsible media consumption.

Health Communication

Campaigns like “Hai Lhao = Chaeng” (giving liquor = cursing the receiver) have successfully changed public attitudes towards health hazards. Using innovative and culturally resonant messages, ThaiHealth has influenced public behavior and promoted healthier lifestyles. These communication strategies have proven effective in raising awareness and driving social change.

Child and Adolescent Well-being

Programs like the Child Support Grant and nutrition improvement initiatives in schools have significantly enhanced the health and development of young people. By providing comprehensive support, including financial aid, education, and nutrition, ThaiHealth has created a robust foundation for child and adolescent well-being.

Crisis Response

ThaiHealth’s flexible structure has enabled it to respond effectively to national and global crises, such as the COVID-19 pandemic. By promoting preventive behaviors and supporting telemedicine initiatives, ThaiHealth has managed to mitigate the impacts of health emergencies swiftly. This adaptability has been crucial in maintaining public health during crises.

Global Health Leadership

ThaiHealth has expanded its health promotion networks internationally, partnering with organizations like the World Health Organization. Their global initiatives have contributed to significant improvements in health policies and practices worldwide. Sharing knowledge and best practices has amplified the impact of ThaiHealth’s efforts, benefiting global health promotion.



Taiwan Health Promotion Administration (HPA)

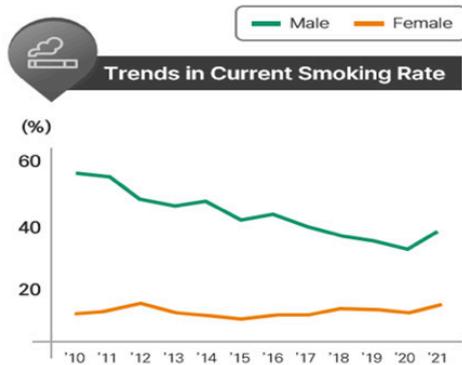
In line with WHO recommendations, Taiwan offers subsidized screenings for five types of cancer: breast, cervical, colorectal, oral and lung cancer. Research shows that cervical screenings can lower the incidence and mortality rates for cervical cancer by between 60 and 90 percent. Since 1995, Taiwan health authorities have encouraged women aged 30 and over to receive cervical cancer screening every three years. Women aged 30 and over with an NHI Card and National Identification Card can receive free examinations at NHI-contracted clinics and hospitals. As of the end of 2023, a total of 2.15 million women had undergone screenings, resulting in 1,262 diagnoses of cervical cancer and 2,689 of cervical carcinoma in situ. In addition, precancerous lesions were identified in 9,648 patients. The standardized incidence rate for cervical cancer in Taiwan dropped from 25.2 per 100,000 people in 1995 to 7.6 per 100,000 people in 2022. The standardized mortality rate for cervical cancer dropped from 11.0 per 100,000 people in 1995 to 2.9 per 100,000 in 2023, dropping by about 70 percent.



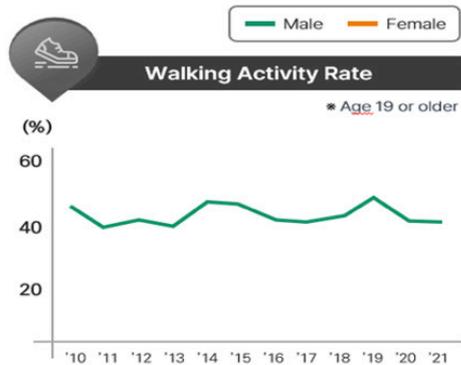
Korea Health Promotion Institute (KHEPI)

The Korea Health Promotion Institute is a specialized organization focused on health promotion, developing and implementing a range of policies and initiatives to safeguard the well-being of all citizens. Since the implementation of the National Health Promotion Act in 1995, prioritizing disease prevention through health promotion has become a significant focus in healthcare, and the Korea Health Promotion Institute is diligently striving to enhance public understanding of health and encourage the adoption of healthy lifestyles.

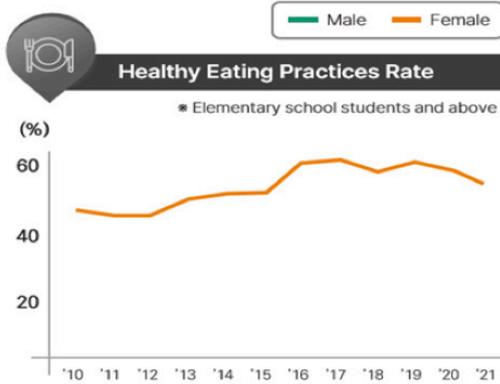
Over the past decade, KHEPI has dedicated itself to enhancing public health.



• Current smoking rate: Percentage of individuals aged 19 or older who have smoked over 5 packs(100 cigarettes) of regular cigarettes in their lifetime and currently smoke regular cigarettes.
 * Source: 2021 National Health Statistics (Korea Disease Control and Prevention Agency)

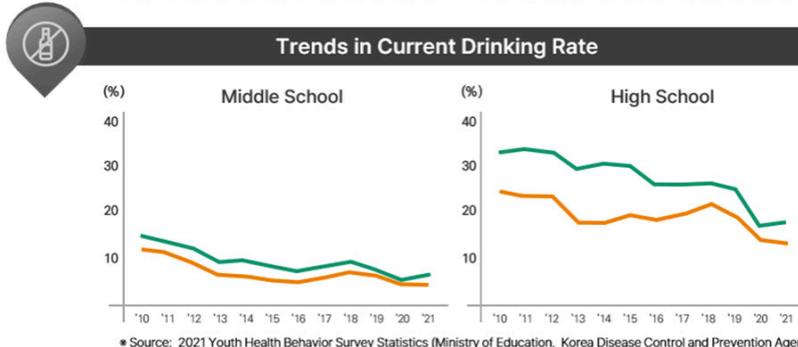
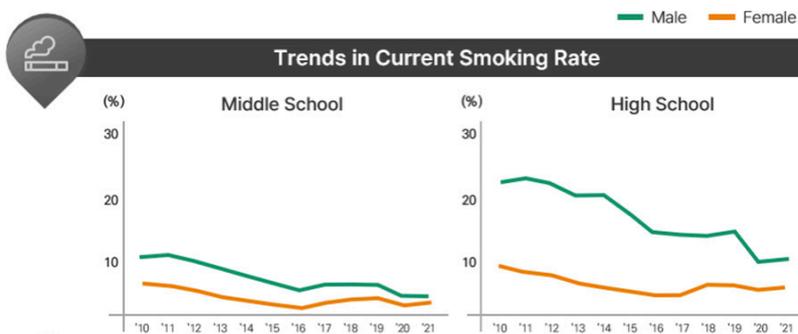


• Walking Activity Rate : The proportion of individuals who engaged in walks lasting more than 10 minutes, totaling 30 minutes or more per day, for at least 5 days a week during the past week.
 * Source: 2021 National Health Statistics (Korea Disease Control and Prevention Agency)



• Healthy Eating Practices Rate: The proportion of individuals who meet two or more of the four criteria related to fat, sodium, fruits and vegetables, and nutrition labeling.
 * Source: 2021 National Health Statistics (Korea Disease Control and Prevention Agency)

KHEPI has made significant contributions to lowering rates of smoking and drinking among youth.



* Source: 2021 Youth Health Behavior Survey Statistics (Ministry of Education, Korea Disease Control and Prevention Agency)



Singapore Health Promotion Board (HPB)

Over the years, HPB has established the foundations of an ecosystems approach to build healthy environments in key settings to reach most of the population segment, via schools, workplaces and the community.

Taking healthy eating as an example, HPB has implemented key policy measures and targeted initiatives that have significantly influenced consumer behaviour and industry practices in the food ecosystem. Nutri-Grade was first introduced in Dec 2022 for pre-packaged beverages, and the measures were extended to freshly prepared beverages since Dec 2023. Under the Nutri-Grade labelling requirement, beverages (both freshly prepared and pre-packaged) are graded “A”, “B”, “C” and “D” based on the beverages’ sugar and saturated fat content. Beverages graded “C” and “D” must be labelled with the Nutri-Grade mark. Advertisements used to promote the sale of Nutri-Grade beverages graded “D” are prohibited.

The introduction of Nutri-Grade labelling and accompanying advertising restrictions were crucial in driving industry reformulation efforts. Since the implementation of these measures, the median sugar content in pre-packaged beverages has decreased from 7.1% in 2017 to 4.6% in 2022. In terms of consumption behaviours, there has been an increase in the sale of pre-packaged beverages with sugar levels of 5% or lower – qualifying for Nutri-Grade ‘A’ or ‘B’, from 37% in 2017 to 71% in 2022. These results demonstrate the effectiveness of Nutri-Grade in shifting both market offerings and consumer choices towards healthier options.

To further generate consumer demand for healthier items, HPB runs the Eat, Drink, Shop Healthy (EDSH) Challenge. Through the EDSH Challenge, Singaporeans are rewarded with HealthPoints via the Healthy 365 mobile application when they choose healthier food, drinks and groceries. Healthpoints can be exchanged for vouchers or credits from participating merchants, such as major supermarkets, as well as transport and food vouchers.



HPB's Eat, Drink, Shop Healthy (EDSH) Challenge. Singaporeans are rewarded with HealthPoints via the Healthy 365 mobile application when they choose healthier food, drinks and groceries. Healthpoints can be exchanged for vouchers or credits.

HPB has also built upon this ecosystem approach to lay the building blocks for precision in public health, with the aim of harnessing data analytics to develop a better understanding of sub-segment lifestyle behaviours. Through this approach, HPB is able to tailor more specific health messaging and interventions, while continuing to scale general population approaches to address major modifiable risk factors for non-communicable diseases (NCDs), such as unhealthy diets, physical inactivity and tobacco use.

To support this strategy, HPB built up its capabilities in data collection and analysis, and forged partnerships with solution providers to develop a consolidated public health data hub and nudge recommendation engine. This enabled the cross-marketing of programmes under a unified Healthy 365 platform. In addition, through partnerships with leading players in the private sector like Apple, HPB piloted programmes such as LumiHealth that personalises health journeys for users to derive learnings and insights that could be applied to HPB's programmes.

In June 2023, the Ministry of Health launched Healthier SG, a national initiative focusing on preventive health in Singapore. This programme has generated new momentum in advancing preventive health efforts and enhancing citizens' healthy lifestyle experiences. As part of this initiative, HPB has expanded programme offerings on Healthy 365 to include programmes offered by partners, streamlining residents' access to a wide range of healthy lifestyle options in the community and evolving Healthy 365 into an integrated national digital platform and ecosystem for healthy lifestyles.



Key Challenges in HPF in Financing and Governance



The Victorian Health Promotion Foundation (VicHealth)

In 2023, VicHealth launched a ten-year strategy to 2033, with a vision to transform Victoria's health outcomes and evolve our approach from tackling individuals' behaviours and determinants of health to reshaping systems for a healthier, fairer Victoria. VicHealth is focusing on three key systems: Neighbourhood and Built systems, Commercial and Economic systems, and Food systems to support the health of Victorians.

VicHealth has supported Victorians through several public health challenges over past decades, including better understandings of community health and wellbeing during the COVID-19 pandemic.

In Victoria, one in two adults have been diagnosed with at least one leading chronic disease, a statistic that increases to four in five for those aged over 65. Chronic diseases, such as cancer, cardiovascular disease, diabetes, and mental health, are the leading cause of preventable premature death in Victoria and significantly impact the quality of life for many Victorians.

Victoria is changing quickly. The growing burden of chronic disease, health inequity, and an increased threat of climate-related disasters is creating an unpredictable future for Victorian's health and economy. This context exposes deep challenges and inequities in our society, identifies opportunities for positive action, and creates a clear case for systemic intervention.

VicHealth's current strategy has been developed in the context of increasing health inequity, where the communities facing the greatest barriers are experiencing the poorest health outcomes. VicHealth is responding to this widening gap by embedding equity into everything it does.

VicHealth's approach will focus on the systems where health promotion action and investment can add significant value and, with partners, address multiple systemic barriers to good health.

Health and Wellbeing Queensland (HWQld)

The Queensland Government recognizes that sustained investment in prevention and public health is needed to improve the health and wellbeing of Queenslanders by addressing the rates of chronic diseases; stem growing health costs; and disrupting cycles of disadvantage.

For this reason, HWQld was established on 1 July 2019 as a statutory body within the Health Portfolio under the Health and Wellbeing Queensland Act 2019 (the Act) with its objective to improve the health and wellbeing of the Queensland population, including by reducing the burden of chronic diseases through targeting risk factors for those diseases; and reducing health inequity.

HWQld's functions under the Act can be summarized as follows:

- **Prevention** – facilitate and commission activities;
- **Partnership** – develop partnerships and collaborate;
- **Grants** – for activities to further functions;
- **Evaluation** – monitor and evaluate activities;
- **Policy** – develop policy and advise the Minister and government entities; and
- **Coordination** – coordinate the exchange of information.

While the Act is drafted in broad terms, on establishment the then Minister for Health and Ambulance Services provided direction that HWQld's initial focus to reduce the burden of chronic diseases was to target the risk factors of overweight and obesity, poor nutrition, and low physical activity.

HWQld acknowledges the critical challenges the health system is facing with the increasing burden of chronic diseases and is committed to supporting the Queensland Department of Health and Hospital and Health Services (HHSs) to find solutions and helping all Queenslanders achieve better health and wellbeing, across an integrated healthcare continuum.

Governance

HWQld is governed by a board appointed by the Governor in Council. The board is appointed under the Act, which requires a member to have qualifications and experience in areas including law, business, public health, academia, community service organizations or the not-for-profit sector. The Act also requires that at least one board member must be an Aboriginal person or a Torres Strait Islander.

Successful governance requires strong leadership from individual board members that have knowledge, skills, and experience to guide their organizations through complex challenges. A successful strategy HWQld has employed for ensuring this are HWQld Board Members undertaking Board Champion roles, to provide direction, support, and oversight of HWQld's key strategic initiatives. This provides broad and critical skillset/capability and promotes collaboration across health and non-health sectors necessary to drive prevention efforts.

The main governance challenge experienced by HWQld, common to many small statutory agencies, is striking the balance of ensuring operations in compliance with its legislative requirements, including enabling legislation and a myriad of other relevant financial management, information management, public service management and accountability obligations. HWQld's organisational structure is agile and flexible and reflects the core expertise and skills necessary for HWQld to undertake its functions. HWQld's governance structure is set up the same way, fit-for-purpose to enable focus on the greatest risks and to ensure efficient delivery of strategic priorities (for instance, a single Project Governance Committee as oversight for multiple projects, verses separate project governance arrangements for every individual project).

Budget

HWQld requires a sustained and increased investment in prevention to improve health, wellbeing, and equity, disrupt cycles of disadvantage and address the growing impact of chronic diseases and their associated costs.

One of the greatest challenges faced is that increased sustained recurrent funding is necessary to provide HWQld an optimum environment to lead and support the broader system to respond to the complex challenges by targeting healthy eating, physical activity and mental health and wellbeing, and foster a life course approach, with reach into all population groups and all areas across the State, to reduce and eliminate barriers and to promote good health. While HWQld's enabling legislation provides a broad remit to tackle the problem, levels of funding for prevention remain disproportionate to the challenges faced, with current funding falling short of both the Queensland population and health systems demand for HWQld's functions.

Without sustainable and recurrent funding, successful delivery of HWQld's strategies and supporting programs are at risk, which in turn will expose high risk Queenslanders to an increasing burden of chronic diseases and the impacts of health inequity, placing pressure on the greater health system. Insufficient funding also creates reputational risks for both the HWQld brand and Queensland Health due to gaps in health promotion and prevention activities.

In response to this challenge, HWQld continues to make significant effort to attract new revenue streams to support its activities. Over the initial 5 years of its existence, HWQld has extended government investment and engaged across sectors, successfully leveraging significant strategic funding opportunities over and above existing appropriation funding.



Thailand Health Promotion Foundation (ThaiHealth)

Future Challenges Impacting Health

Rapid changes in both social and technological spheres, especially in communication technology, will significantly alter the environmental factors affecting health. These changes are expected to be swift and intense, leading to new emerging problems at a much higher rate than before. Presently, major health issues such as the increasing prevalence of non-communicable diseases (NCDs), income inequality affecting marginalized groups' health, and elderly care have seen progress in management. However, these advances have not yet been effectively expanded to cover all population groups.

The fast-paced social connections and movements are causing changes stemming from global environmental and health issues, such as the severe economic impacts from the COVID-19 pandemic, which spread to over 200 countries within two months. This is just one example of global crises that will affect the health of people worldwide, including Thai citizens in the near future. Moreover, Thailand is moving towards a super-aged society, with shorter generational shifts, potentially widening the generation gap and intensifying social conflicts. The new interconnected global economy will create more commercial determinants of health, and polarized domestic and international political systems will likely result in sensitive and volatile health policies.

All social changes will be accelerated by technological advancements, particularly in digital technology, which will disrupt existing technologies. This will lead to new and diverse social and health problems, making it difficult to apply past experiences in prevention and mitigation.

Readiness of Thai Health Promotion Foundation (ThaiHealth) to Face Future Challenges

When COVID-19 reached Thailand in March 2020, the government declared a state of emergency, shutting down businesses to curb the spread. As conditions improved, restrictions eased by June 2020. During April to June, ThaiHealth, guided by its Board of Directors, swiftly adapted by allowing units and network partners to adjust budgets and activities, aligning efforts with government measures to prevent the virus's spread and mitigate its effects. ThaiHealth reallocated over 300 million baht to key initiatives such as:

- Creating video clips for TV and social media to promote the “Stay Home, Stop the Spread, Save Lives” campaign in April-May 2020.
- Producing communication materials on COVID-19 prevention for various activities.
- Launching “Cofact,” a tool to verify COVID-19-related misinformation through the LINE application.
- Publishing “COVID-19 Storybooks” for young children, distributing 70,000 copies to local health volunteers and remote schools.
- Developing a school management guide for COVID-19 response in collaboration with the Office of the Basic Education Commission (OBEC).
- Collaborating with the Department of Mental Health and Thai PBS to produce the “Home Power” TV program, addressing common social issues and providing solutions.

Additionally, ThaiHealth supported over 60 new projects directly responding to COVID-19 impacts, involving over 1,000 local administrative organizations and 300 community groups in activities like installing foot-operated handwashing stations, promoting fabric masks, disseminating quarantine guidelines, and distributing essential kits with COVID-19 prevention manuals.

This real-life case shows that ThaiHealth, designed as a new type of government agency with a small, flexible organizational structure, can rapidly adjust its direction and network activities to

respond effectively to changing situations and manage emerging challenges.

ThaiHealth believes that by continuing to develop and refine its health promotion strategies, and with support from the Foundation's Board of Directors, it can effectively address future changes. This will involve expanding collaboration networks both domestically and internationally, enhancing internal efficiency, and developing staff capabilities and support systems to manage future challenges effectively.



Korea Health Promotion Institute (KHEPI)

Financing

KHEPI is committed to enhancing the financial stability and operational efficiency of the National Health Promotion Fund through the assessment of The National Health Promotion Fund project performance following the 'Subsidy Management Act' and the 'National Health Promotion Act'. The National Health Promotion Fund is a public fund established under Article 22 of the National Health Promotion Act for the promotion of national health promotion projects. It is financed by taxes on cigarettes sold by cigarette manufacturers or importers and operated directly by the Ministry of Health and Welfare. KHEPI assists in its management and operation by Article 5-3 of the National Health Promotion Act.

Governance

KHEPI is a specialized organization focused on health promotion, developing and implementing a range of policies and initiatives to safeguard the well-being of all citizens.

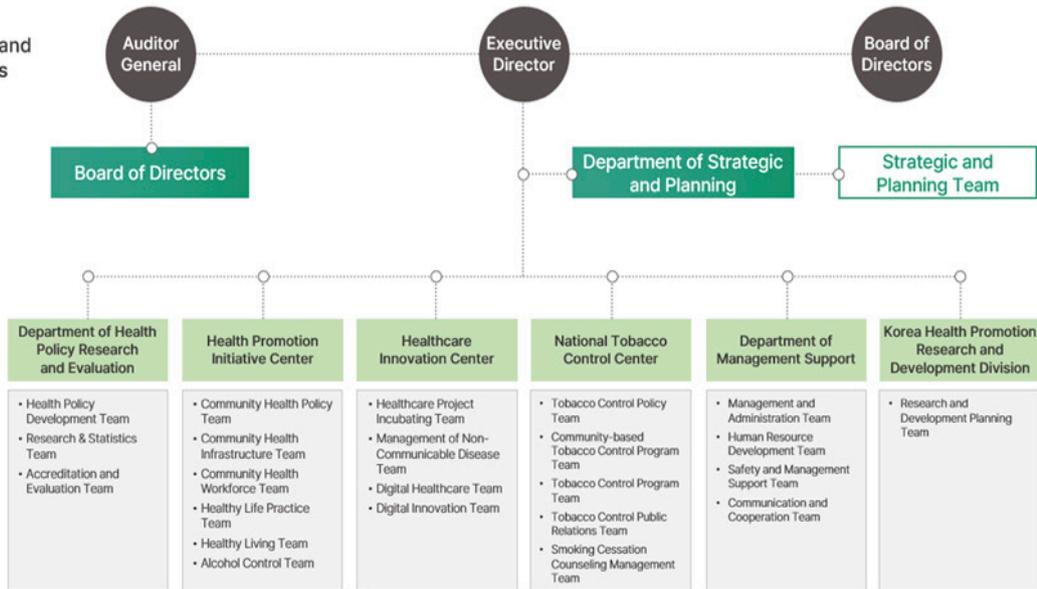
Since the implementation of the National Health Promotion Act in 1995, prioritizing disease prevention through health promotion has become a significant focus in healthcare, and the Korea Health Promotion Institute is diligently striving to enhance public understanding of health and encourage the adoption of healthy lifestyles.

2022-2026 Mid- to Long-Term Management Strategy Framework



Organization Chart

- 4 Departments, 3 Centers, 1 Business Group, and a total of 24 Teams
- Capacity: 164
Current Staff: 164
(As of January 2024)



Governance and Roles of Health Promotion Foundation

Name of Health Promotion Fund	Type	Governed and Chaired by	Report to	Role of Organization			
				Report to	Policy Development	Implementing Health Promotion Programs	Building Capacity
Victorian Health Promotion Foundation (VicHealth), 1987	Autonomous – State Government agency	Board of Governance and independent chair	Minister of Health	✓	✓	✓	✓
Western Australian Health Promotion Foundation (Healthway), 1991	Semi-autonomous agency	Board of Governance and independent chair	Minister of Health and to State Parliament	✓	✓		✓
Health Promotion Switzerland, 1994	Autonomous agency	Foundation council and independent chair	Federal Department of Home Affairs and to both Committees for Social Security and Health of the Parliament (National Council, Council of States)	✓	✓		✓
Austrian Health Promotion Foundation, 1998	Autonomous agency	Board of Governance chaired by Minister of Health	Minister of Health, Board of Governance and public	✓	✓	✓	✓
Thailand Health Promotion Foundation (ThaiHealth), 2001	Semi-autonomous agency and a unit in MOH	Board of Governance, chaired by P rime Minister	Cabinet and to both houses of Parliament	✓	✓	✓	✓
Singapore Health Promotion Board (SHPB), 2001	Unit in Ministry of Health and Welfare (MOHW)	Board of Governance and independent chair	Minister of Health	✓	✓	✓	✓
Taiwan Health Promotion Administration (HPA), 2001	Autonomous agency	Director General, HPA	Minister of Health and Welfare (MOHW)	✓	✓	✓	✓
Tonga Health Promotion Foundation (TongaHealth), 2007	Semi-autonomous agency and a unit in MOH	Board of Governance	Cabinet via Minister of Health	✓			✓

Name of Health Promotion Fund	Type	Governed and Chaired by	Report to	Role of Organization			
				Report to	Policy Development	Implementing Health Promotion Programs	Building Capacity
The Korea Health Promotion Institute (KHEPI), 2011	Unit in MOH	Council of the Fund is chaired by Minister of Health	Minister of Health and Welfare		✓	✓	✓
Lao PDR Tobacco Control Fund, 2013	Semi-autonomous agency and a unit in MOH	Board of directors chaired by a president	Government			✓	✓
Vietnam Tobacco Control Fund, 2013		Tobacco Control Fund Council (The National Committee on Tobacco Control)	Government and National Assembly	✓		✓	✓
Health and Wellbeing Queensland	Autonomous agency	Inter-sectoral Management Board and chaired by Minister of Health		✓	✓	✓	✓

Summary of Source of Funding, Estimate Budget and Purpose of Fund

Health Promotion Fund	Funding Source	Estimate Annual Total Budget (USD)	Purpose of the fund
Victorian Health Promotion Foundation (VicHealth), 1987	Treasury budget	\$27.47 million (2023)	<ol style="list-style-type: none"> 1. To fund activity related to the promotion of good health, safety or the prevention and early detection of disease 2. To increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture 3. To encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits 4. To fund research and development activities in support of these objects

Health Promotion Fund	Funding Source	Estimate Annual Total Budget (USD)	Purpose of the fund
Western Australian Health Promotion Foundation (Healthway), 1991	Treasury budget	\$15.2 million (2022)	<ol style="list-style-type: none"> 1. To fund activities related to the promotion of good health in general, with particular emphasis on young people. 2. To support sporting and arts activities which encourage healthy lifestyles and advance health promotion programs. 3. To provide grants to organizations engaged in health promotion. 4. To fund research relevant to health promotion.
Health Promotion Switzerland, 1994	Health Insurance (USD2 .6/head)	\$19.4 million (2012)	<ol style="list-style-type: none"> 1. Strengthen health promotion and prevention through institutional coordination and networking 2. Increasing the proportion of individuals with healthy body weight 3. Improving mental health and reducing stress, focusing mainly at the workplace by better equipping more people to shape and control their lives 4. Strengthen prevention in healthcare.
Austrian Health Promotion Foundation, 1998	Value Added Tax	\$13.88 million	<ol style="list-style-type: none"> 1. Project funding. 2. Promote competence in health promotion. 3. Information and awareness-raising.
Thailand Health Promotion Foundation (ThaiHealth), 2001	2% surcharge levied on excise tax from alcohol and tobacco	\$136.5 million (2021)	<ol style="list-style-type: none"> 1. To promote good health of Thai people according to National Public Health Policy. 2. To raise awareness of health issues through social marketing campaigns and sponsorship of sports, the arts and popular cultures. 3. To encourage a healthy lifestyle. 4. To fund research and development. 5. To support community initiatives to promote better health conditions.
Singapore Health Promotion Board (SHPB), 2001	Treasury budget	\$367 million (2021)	<ol style="list-style-type: none"> 1. Being a center of excellence for health promotion, disease prevention and patient education. 2. Establishing, engaging and supporting local and international partnerships.

Health Promotion Fund	Funding Source	Estimate Annual Total Budget (USD)	Purpose of the fund
Taiwan Health Promotion Administration (HPA), 2001	Tobacco tax 2002: USD\$0.17 per pack of tobacco excise tax 2006: USD\$0.33 per pack of tobacco excise tax 2009: USD\$0.67 per pack of tobacco excise tax	\$229 million (2023)	<ol style="list-style-type: none"> 1. Enhancing health literacy and promoting healthy lifestyles 2. Promoting preventive healthcare, effective prevention, and screening 3. Upgrading the quality of healthcare and improving chronic disease control and prognosis 4. Creating a friendly and supportive environment and bolstering healthy options and equality.
Tonga Health Promotion Foundation (TongaHealth), 2007	Treasury budget and private donors	\$610,158 (2020/2021)	<ol style="list-style-type: none"> 1. To build knowledge and skills in public health, research, social marketing and health promotion programs that focus on preventive health and reducing the impact of NCDs. 2. To promote and advocate for healthy environments and access to healthy activity and food supply. 3. To increase awareness and encourage healthy behavior through a healthy lifestyle includes staying physically active, eating healthy food, reduce consumption of alcohol and not smoking.
Mongolian Health Promotion Foundation, 2007	Government budget: 2% of excise tax on tobacco products 1% of excise tax on alcohol beverage 2% on drug registration	\$851,254 (2021)	<ol style="list-style-type: none"> 1. Prevent non-communicable diseases 2. Prevent infectious diseases 3. Protect environmental health 4. Prevent accidents and injuries, and support a healthy and safe living environment 5. Protect mental health, and prevent the harmful effects of alcohol, tobacco, and drugs 6. Promote the rational use of drugs 7. Improve the ethics of medical professionals and improve the transparency and accountability of health organizations.
The Korea Health Promotion Institute (KHEPI), 2011	Treasury budget and donations	\$30 million (2024)	<ol style="list-style-type: none"> 1. Development and support of national health promotion policies. 2. Planning and execution of national health promotion projects. 3. Development of techniques and provision of consultancy services for national health promotion programs. 4. Establishment of an evaluation system, conducting research, and analyzing data to provide information pertinent to health promotion and community health services.

Health Promotion Fund	Funding Source	Estimate Annual Total Budget (USD)	Purpose of the fund
Lao PDR Tobacco Control Fund, 2013	Government budget 1) 2% of profit tax from tobacco business operators 2) 200 kip per cigarette package of local produced tobacco and/or imported the manufactured tobacco.	Estimated budget for tobacco control from Ministry of Health: \$117,740 (2018)	<ol style="list-style-type: none"> 1. To support implementation of tobacco control law and Framework Convention on Tobacco Control (FCTC). 2. To improve and strengthen health care service quality. 3. To support National Health Insurance scheme for the public. 4. To support the cost of administration and necessary performance for the National Committee on Tobacco Control.
Vietnam Tobacco Control Fund, 2013	A compulsory contribution equal to 1% of factory price of all cigarette packs consumed in Viet Nam, effective May 1, 2013; increase to 1.5% from May 1, 2016; and 2% from May 1, 2019	\$16.26 million (2020)	<ol style="list-style-type: none"> 1. To support communication and community-based campaigns on the harmful effects of tobacco and initiatives on prevention and control of tobacco harms. 2. To support development of pilot models of smoke-free community, agencies and organizations as well as community-based smoking cessation services. 3. To generate evidence through research. 4. To build capacity among the network of collaborators. 5. To support development of teaching materials and integration of teaching on tobacco harms and tobacco control in the educational programs. 6. To support the implementation of measures for alternative occupation for tobacco growers, tobacco raw material processing, and tobacco manufacturing workers.
Health and Wellbeing Queensland, 2023	Queensland State Government budget	\$25 million per annum (2019 – 2020 and 2023 – 2024)	<ol style="list-style-type: none"> 1. Encouraging regular physical activity 2. Facilitate and commission activities to prevent illness and promote health and wellbeing. 3. Develop partnerships and collaborate with other entities to further our objective or carry out our functions under the Act. 4. Give grants for activities to further our objective or carry out our functions under the Act. 5. Monitor and evaluate activities to prevent illness and promote health and wellbeing. 6. Develop policy, and advise the Minister and government entities, about preventing illness and promoting health and wellbeing. 7. Coordinate the exchange of information about activities to prevent illness and promote health and wellbeing.

CONTACTS

Victorian Health Promotion Foundation (VicHealth), 1987
www.vichealth.vic.gov.au

Western Australian Health Promotion Foundation (Healthway), 1991
www.healthway.wa.gov.au

Health Promotion Switzerland, 1994
www.gesundheitsfoerderung.ch

Austrian Health Promotion Foundation, 1998
www.fgoe.org

Thailand Health Promotion Foundation (ThaiHealth), 2001
www.thaihealth.or.th

Taiwan Health Promotion Administration (HPA), 2001
<http://www.hpa.gov.tw>

Singapore Health Promotion Board (HPB), 2001
<https://hpb.gov.sg/>

Tonga Health Promotion Foundation (TongaHealth), 2007
www.tongahealth.org.to

Mongolian Health Promotion Foundation, 2007
www.moh.mn

Korea Health Promotion Institute (KHEPI), 2011
<https://www.khepi.or.kr/eps>

Vietnam Tobacco Control Fund, 2013

Lao PDR Tobacco Control Fund, 2013

Health and Wellbeing Queensland, 2023
<https://hw.qld.gov.au/>

