Consortium for the Worldwide Advancement of Promotion and Prevention in Mental Health (CAPP)

History

The Biennial Conference Committee was formed in 1997 through an initiative of the World Federation for Mental Health and the Clifford Beers Foundation and with support of The Carter Center. At the start of 2004 the Biennial Conference Committee changed its name to the Consortium for the Worldwide Advancement of Promotion and Prevention in Mental Health (CAPP). It has produced important conferences to bring mental health promotion and the prevention of mental and behavioural disorders onto the global mental health agenda side-by-side with treatment and rehabilitation/recovery. The Inaugural World Conference convened at The Carter Center in Atlanta, Georgia, USA, on December 2-5, 2000. The Second World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders was held in London, England, on September 11-13, 2002. The conference in Auckland, New Zealand, on September 14-17, 2004 is the third in the series.

This paper summarizes an initiative to expand the Consortium into a wider movement involving relevant international members, in order to improve needed synergy worldwide.

Overarching Aim

To promote mental health and to decrease the incidence of mental and behavioural disorders worldwide and its related disease burden.

Vision 2020

To ensure that all nations support state-of-the-science mental health promotion and mental illness prevention policies, interventions and research as integral to overall individual, family and societal health.

Mission Statement

To serve as a catalyst, creating synergy across international borders both to expand the capacity for developing, disseminating and implementing culturally tailored, effective interventions and to expand the knowledge base for promotion and prevention in mental health, facilitating advocacy and recognition; policy; delivery systems; training; and financial resources.

Why Needed?

The last two decades have shown significant progress in the development of effective programs and policies to improve mental health and to prevent mental and behavioral disorders. The resulting improvements in mental health are now being recognized in terms of both social and economic benefits. To continue to improve mental health and to further reduce the onset of mental and behavioural disorders, in developed as well as developing nations, effective programs and policies need to be tailored to meet the needs of specific populations, increasing effectiveness further. Large-scale implementation and assessment also needs to be enhanced to ensure accountability and effectiveness.
Reaching these targets is only possible when a range of successive conditions is met. These include availability of epidemiological knowledge and monitoring systems, evidence on malleable risk and protective factors, policy and program development, effectiveness research, exchange of knowledge and evidence-based programs, advocacy to generate inter-sectoral support for their implementation, development of service delivery systems for prevention and promotion, budgeting systems, training programs and other strategies to expand manpower and expertise.

Poor collaboration across organizations and countries as well as the lack of information exchange, mutual support and synergy in actions form major barriers to realizing these targets and conditions. Much can be gained in terms of synergy by systematically enhancing effective collaboration and making better use of the available resources and expertise (‘strengths’) across governmental and nongovernmental agencies, nationally and internationally.

**Goals and Objectives**

1. Create an international network of organizations that serves as a global forum for information exchange and discussion, mutual support and planning of shared actions to promote mental health and prevent mental and behavioural disorders worldwide, through
   a. Continuing to convene the Biennial World Conferences and special topic meetings for all involved in promotion and prevention in mental health
   b. Using the conferences as benchmarks of the status of the field and to identify and promote needed actions to accomplish the overall mission
   c. Establishing a General Council of all participant organizations, supported by an Executive Committee, a General Secretariat, projects and Task Forces.

2. Building capacity for information exchange and providing other supportive services for researchers, policy makers, advocates, practitioners and consumers in low, middle and high income countries across the globe
   a. Providing website information and access to databases/registries, on issues such as effective programs and policies, culturally sensitive guidelines for effective implementation, and models of organization, coalitions and infrastructures for service provision
   b. Identifying and disseminating good models of training programs, and initiating the organization of international training programs and consultation
   c. Facilitating the building of coalitions with other relevant sectors (e.g. education, labour and Human Rights organizations)
   d. Stimulating the development of international research networks, Research & Development projects, and research agendas
   e. Providing a forum to discuss standards of evidence and to stimulate a common system of standards across parties and countries.

3. Actively pursue resources and opportunities for international activities and projects
   a. Support in fund raising
   b. Networking and advocacy
   c. Consultation and advice in developing projects linked to the objectives of CAPP

The Consortium’s secretariat is currently maintained by the World Federation for Mental Health, P.O.Box 16810, Alexandria, Virginia 22302-0810, USA. Tel: 703 838 7543. Fax: 703 519 7648. Email: info@wfmh.com
ARTICLES OF ORGANIZATION

This document presents the initial articles and procedures for the organization and development of an expanded Consortium for the Advancement of Promotion and Prevention for the global mental health field. The Consortium is intended to build upon and succeed the Biennial Conference Committee (BCC), a collaboration of the World Federation for Mental Health, the Clifford Beers Foundation, and the Mental Health Program of The Carter Center, that organized and presented the World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders in 2000 and 2002, and the 2004 World Conference to be held in Auckland, New Zealand in September 2004. The BCC changed its name to the “Consortium for the Worldwide Advancement of Promotion and Prevention” in January 2004.

1. Introduction: The Rationale for an Expanded World Consortium

Needs and progress

Since the publication of the 1993 World Bank Development Report and the subsequent release of the “Global Burden of Disease” report by the World Health Organization, the Harvard School of Public Health and the World Bank, mental disorders have become recognized as a major cause of global disability – and a large social and economic burden to society. By the year 2020, they will cause at least 15% of the total burden of disease. One person in four will develop one or more mental disorders during their lives. Five of the ten leading causes of disability and premature death worldwide are mental and behavioural disorders, including depression, harmful alcohol use, schizophrenia and compulsive disorder.

Positive mental health becomes widely recognized as an essential component for physical health, wellbeing, quality of life, social capital, safer environments, and productivity in schools and work. Prevention of mental and behavioural disorders and improving mental health has the potential to generate significant economic benefits.

To date, already a wide range of effective evidence-based programs and policies are available to promote mental health, and to reduce risk factors and to strengthen protective factors in the development of mental and behavioural disorders. Growing evidence demonstrates that these practices can be cost-effective.

In many sectors of society the illness prevention and health promotion movement has acquired worldwide recognition. This also includes the field of prevention and promotion in mental health. A fast growing number of organizations and stakeholders have become actively involved in this field and many new initiatives are being undertaken.

Barriers

Although significant progress has been made in prevention and promotion over the last two decades,
- The range of effective programs and policies is still limited
- Major new investments are needed in research and development of new effective programs and policies to tackle this worldwide epidemic and its resulting social and economic burdens
- The opportunities for developing and implementing effective prevention and promotion initiatives and strategies are unevenly divided across countries and regions,
- Resources available for prevention and promotion are not used effectively, often due to a lack of collaboration between relevant organizations at national, regional and global levels
- Currently available effective interventions are underused due to a lack of national and international public mental health policies and expertise to disseminate and implement such interventions
- Cultural variation and cultural sensitivity play major roles in designing and implementing prevention and promotion effectively, but are still poorly understood.

**Biennial World Conferences**

These issues have been addressed in a series of Biennial World Conferences on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders. The World Federation for Mental Health and The Clifford Beers Foundation, with the support of The Carter Center and the World Health Organization, are the founding organizations of these conferences. The first conference was held in 2000 at The Carter Center in Atlanta, Georgia, USA, and the second in 2002 at the Commonwealth Conference Centre in London, England. The Third World conference will be held in Auckland, New Zealand in September 2004.

The Biennial World Conferences are designed to serve as benchmarks of the status of the field, to help identify needed actions to accomplish the overall mission, and to generate a worldwide coalition and movement to enhance and support evidence-based prevention and promotion in mental health.

The world conferences have been supported by a large group of leading international and internationally oriented organizations worldwide. Repeatedly, and especially during the 2002 conference in London, many organizations have stressed the need for strengthening the ties and expanding collaborative actions among their organizations worldwide in order to establish better conditions to develop, disseminate and implement evidence-based prevention and promotion in mental health worldwide.

**Need for an International Consortium**

As one of the outcomes of the series of conferences, a meeting of international organizations was held in April 2003 in Rockville, Maryland (US) to discuss opportunities for more effective global collaboration and to prepare for the establishment of an expanded World Consortium intended to enhance promotion of mental health and prevention of mental and behavioural disorders. This initiative is based on the belief that significant progress worldwide can only be made through effective collaboration and partnership among relevant international organizations, making optimal use of the individual and collective strengths represented by its potential members.


2. Mission Statement and Vision
The following Vision and Mission statements were reviewed and generally agreed to by the BCC/CAPP meeting that included other key stakeholders and held in Atlanta, Georgia January 25 – 26, 2004:

VISION
- Mental health and physical health is recognized worldwide as being integral and inseparable components of health. (‘There is no health without mental health’)
- All global, national and local public health activities direct attention and resources to mental health that realistically reflect the burden of disability caused by mental, neurological and behavioral disorders.
- Promotion and prevention in mental health are recognized as an integral and inseparable part of health promotion policies and programs at global, national and local levels
- The public mental health action agenda includes promotion of mental health and prevention of mental and behavioural disorders side-by side-with treatment, rehabilitation, and recovery.
- A major step ahead in promotion and prevention can be made by making more effective use of resources and expertise (‘strengths’) across international and national organizations through improving collaboration and synergy.

MISSION
- To increase understanding of the multiple conditions and successive steps necessary to develop and implement effective programs and policies in prevention and promotion worldwide
- To involve all relevant parties needed to implement these conditions and steps including researchers, policy makers, politicians, advocates, practitioners and consumers across sectors such as health, social welfare, education and labour.
- To inform all relevant parties about each other’s policies, activities, plans and strengths, and identify options for more effective shared actions or the linking of complementary activities.
- To build consensus across international and national organizations, to improve collaboration and synergy, and to stimulate common actions in achieving the Consortium’s goal.

GOAL
“The Consortium aims to promote mental health and to decrease the incidence of mental and behavioral disorders worldwide and its related disease burden through the development, dissemination and implementation of effective interventions and policies.”

As is reflected in the above statement, the Consortium strives to achieve a dual goal by emphasizing the need for both promotion and prevention. Promotion of mental health refers to policies and programs that enhance well-being by optimising psychosocial and emotional development, by creating supportive living conditions and environments and reducing those that are harmful to mental health. Concerning prevention, the activities of the Consortium are exclusively targeted at primary prevention, including universal, selective and indicated prevention
to reduce the onset of mental and behavioral disorders. The Consortium recognizes that promotion and prevention are overlapping and narrowly related fields.

3. The framework for analysis and action

The expanded Consortium is intended to be a catalyst for building international consensus and synergy of action with the goal of establishing an ongoing systematic global prevention-promotion agenda and improving the conditions for effective promotion and prevention at each level.

Successful prevention and promotion requires synergy across a range of actions and competencies -- for instance between research, policy and practice. This synergy is needed at each level of action (i.e., local, national, regional and global), but also between these levels. For instance, local policies for prevention and promotion should be supported by a national policy, and in the end by policies and actions of international non-governmental agencies.

To guide its mission, goals and activities, the Consortium will use the framework that has been developed across the first two biennial conferences. This framework is defined by two dimensions that comprise the matrix of promotion and prevention. The first dimension consists of the following five linked and interactive themes, representing the major conditions needed for effective prevention and promotion:

1. Prevention and health promotion research
2. Development of effective programmes and principles of effective interventions across countries and cultures
3. International exchange of research outcomes, programmes and principles of effective programme development and implementation
4. Advocacy, coalition building, organisation development and policy-making
5. Training to increase knowledge and expertise among all stakeholders

The inter-relationship of the themes, and the flow from research > to programs > to advocacy > to policy > to services, and back, was emphasized at each of the biennial conferences. Recommendations were made to develop work groups for each of the themes. At the London Conference (September 2002), life development stages and their related settings (i.e., start of life, school, work and old age) were introduced as a second dimension of the guiding framework. Figure 1 summarizes this framework:

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<th>Figure 1</th>
<th>General</th>
<th>Prenatal &amp; preschool</th>
<th>School</th>
<th>Workplace</th>
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<tr>
<td>Research &amp; knowledge development</td>
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<td>Development of effective programs and policies</td>
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<td>Knowledge exchange, dissemination and utilization</td>
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Development of strategic objectives

The development of the Consortium’s strategic priorities will be a stepwise process. The steps will be specified and linked to a time frame.

Two inter-related strands to the approach:

− Development of realistic objectives with targets, lead responsibilities, well-planned common actions and specified outcomes/outputs.
− Raising the profile and credibility of the Consortium to facilitate achievement of objectives.

Hence the general approach will be to:

− Develop an overall set of strategic objectives based on the outcomes from the World Conferences and the expertise and knowledge of Consortium members;
− Prioritize the objectives and actions to be taken based both on their ability to produce some early successes and on their ability to raise the profile of the Consortium.

Selecting and prioritizing objectives

Priority should be given to objectives that have:

− Potential to raise the worldwide visibility of, and esteem for, the new Consortium among relevant international and national organizations (NGO’s, private, public and governments),
− Relevance across the dimensions of our framework and stress the interrelatedness of these dimensions
− Good perspective for successful outcomes over the next two/four years
− Potential to attract more participants to the conference and other activities of the Consortium.

Elaboration of the objectives and their translation in feasible actions

List proposed strategic objectives, taking the criteria into account. For each of the strategic objective headings, it is suggested that a rationale and tabulated ‘action plan’ is produced, indicating funding requirement, lead role/organisation, overall timescale, milestones and targets, outcomes, monitoring arrangements, e.g.
4. Status of the Consortium and rules of operation

- The founding members of the Consortium are the World Federation for Mental Health, The Clifford Beers Foundation, and The Mental Health Program of The Carter Center, operating as the Biennial Conference Committee since 1998 to organize the series of World Conferences on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders. Additional members will be invited to join the Consortium in accordance with the criteria and rules outlined in this section.

- The Consortium will function as a coalition of independent international organizations and internationally active national or federal organizations that join together for the purpose of enhancing the conditions for effective promotion of mental health and prevention of mental and behavioural disorders worldwide.

- The expanded Consortium will be organized as an independent entity operating for an initial period of two years under the legal auspices of the World Federation for Mental Health (a not-for-profit corporation chartered under the laws of the District of Columbia, United States). The Consortium will operate under the legal structure of the World Federation for Mental Health, which will serve as its Secretariat. The responsibilities of the Secretariat will be delineated in a separate Memorandum of Agreement between WFMH and the Consortium’s governing body. In general, WFMH will serve as the principle facilitator and legal representative of the Consortium. The WFMH Board of Directors will have no decisive authority regarding the policy, strategic objectives and actions of the Consortium other than that authority given to all member organizations.

- The proposed organizational and legal structure of the consortium will be evaluated by the General Council and Executive Committee two years after the adoption of these Articles of Organization with regard to its efficiency and effectiveness, responsiveness to the need for equity among the member organizations, its capacity for involving new relevant organizations, and ability to activate member organizations to invest in the implementation of the Consortium’s goals and strategic objectives, according to their leadership roles and field of expertise. Depending on the outcomes of such an evaluation, adaptations in the organizational or legal structure and the rules of operation may be proposed to the General Council for consideration and action.

- Membership in the Consortium is not intended to limit the extent to which member organizations can pursue their individual goals, objectives and strategies related to the promotion of mental health and the prevention of mental and behavioural disorders.

- Neither is it intended that members organizations will be required to endorse or promote any policies, positions, and/or actions of the Consortium considered to be in conflict with its stated
policies and positions, and such exceptions will be properly noted in Consortium publications and records.

- Actions on behalf of the Consortium by its member organizations and designated representatives will always be based on agreements as described in the commonly endorsed Memorandum of Participation, or in commonly endorsed policy papers, strategic objectives and action plans. No member organization or individual representative will speak, or incur obligations, on behalf of the Consortium without proper approval from the Consortium’s Executive Committee.

5. Organizational Structure of the Consortium

The organizational structure of the Consortium will include a General Council comprised of its member organizations, an Executive Committee as its governing body, ad hoc Task Forces as may be created from time to time, and a Interim General Secretariat functioning under the direction of the Executive Committee. In addition, with approval of the Executive Committee, other program secretariats or project offices can be established in one or more of the member organizations to cover additional services in a specific area relevant for the Consortium (e.g. Training, Databases, Research integration)

- **The Consortium’s General Council**

The officially designated representatives of its Member Organizations will comprise the Consortium’s General Council.

*Aims and Tasks:*

- To elect the Chair and the members of the Executive Committee
- To adopt and promote the implementation of the mission statement of the Consortium and support the achievement of commonly accepted strategic objectives
- To promote the exchange of information among the member organizations
- To promote and facilitate common actions and other forms of synergy between the member organizations
- To provide input into the development and adoption of the Consortium’s biennial Strategic Plan and Action Agenda
- To periodically evaluate the activities of the Consortium

*Criteria for Membership:*

- Membership in the Consortium is open to multi-national, and international organizations that have well-defined goals, strategies and activities that are targeted to the promotion of mental health or prevention of mental and behavioural disorders. For applicant organizations other than verified international organizations, there must be a demonstrable substantial percentage of attention directed to promotion and prevention international projects for which they have primary responsibility.

- Membership in the Consortium requires the official sanction of the organization’s governing body, including acceptance of an adopted Memorandum of Participation, agreement to participate in the biennial meetings of the General Council, agreement to participate in collaborative actions, agreement to support and promote the Biennial World Conferences, and a statement of commitment to promote the implementation of policy recommendations or other recommended actions from the Consortium within their own organization, regions or countries (to the extent that such positions and recommendations are not contrary to the organization’s goals and objectives).

- The international organizations present at the Meeting in Rockville (April 2003) will form the Inaugural General Council. When the Executive Committee has prepared operational
criteria for membership, and when these criteria have been approved by the Inaugural General Council, the Executive Committee will actively recruit for the expansion of the members of the Consortium and is entitled to make decisions concerning acceptance of new members.

- The Consortium may establish a category of non-voting affiliate members, through which national organizations with major priorities and activities in promotion and prevention can be invited to participate in its meetings and activities. The Executive Committee will develop and present to the General Council for adoption specific criteria regarding affiliate membership requirements and privileges.

To prevent potential conflicts of interests, governmental ministries, departments or agencies will not be eligible for membership as voting members of the Consortium. However to assure their involvement, relevant governmental organizations will be invited to become active affiliate, non-voting members of the Consortium and to participate as advisory members.

Meetings and Communication
- The General Council will meet no less than once every two years, at the time of the Biennial Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders.
- E-mail communication, written reports, written feedback, conference calls and interactive webcasts (when funds are available) will be used as additional methods of communication among the member organizations, the Executive Committee and the Secretariat.

Guidelines of Operation (General Council)
- Each member organization will designate one person as its official representative to the General Council, and may designate one additional person to serve as an alternate representative.
- Each member organization will have one vote on the General Council, which will be cast by the official representative or the alternate.
- Decision making within the Council will be by consensus, or, when a vote is required or requested, by a simple majority vote of the member organizations present at a meeting of the Council.
- Votes on official actions requiring consent of the General Council that need to occur between meetings may be secured through an e-mail ballot process. Such votes will be authorized and supervised by the Executive Committee, and the results reported to the General Council in a timely fashion.

Executive Committee (Governing Body)

An Executive Committee will be elected by the General Council and will serve as the governing body of the Consortium.

Aims and Tasks
- To promote the implementation of the mission statement and the achievement of commonly accepted strategic objectives of the Consortium
- To promote the implementation of the Biennial Action Plan
- To prepare the meetings of the General Council
- To prepare the biennial Strategic Plans and Action Agenda for consideration by the General Council
- To prepare and adopt an agreed on Memorandum of Participation detailing the mutual expectations and procedures for membership in the Consortium
- To develop and oversee a biennial budget to support the work of the Consortium and its Secretariat
- To generate the necessary funding and resources to support the Consortium and its Secretariat
- To prepare the biennial Evaluation Report on the activities of the Consortium
- To decide on the establishing of any ad hoc Task Forces to address specific strategies or initiatives as approved by the General Council through the Strategic Plan or Biennial Action Plan
- To decide on the initiation or adoption of international projects as approved by the General Council through the Strategic Plan or Biennial Action Plan.
- To coordinate and oversee the activities of the Secretariat

Membership

- The Executive Committee will consist of nine (9) members, including the Chair, elected by the General Council. The three Founding organizations have the right to appoint one member of the Executive Committee during the first two biennial periods. (Alternative: all current formal members of the Biennial Conference Committee will become members of the Executive Committee during the first biennial period to safeguard continuity and developed leadership)
- Members of the Executive Committee must be elected from among the official representatives of the member organizations. Each member organization will be entitled to nominate one person to serve on the Executive Committee. Should there be more nominations than the six places available, the General Council will elect the members to serve on the Executive Committee (in addition to the three members appointed by the Founding organizations).
- Members are elected to the Executive Committee as individuals, not as organizational representatives. An organization's alternate representative cannot substitute for a member of the Executive Committee.
- Should an elected member of the Executive Committee resign their position prior to the completion of their term, their replacement will be selected by the Executive Committee from among eligible official representatives of member organizations, and will serve until the completion of the term.
- The staff coordinator for the Secretariat will participate in all meetings of the Executive Committee.
- The Executive Committee can invite advisors to its bi-monthly meetings. Any such invitations require the advance approval of all members of the Executive Committee and will be extended only by the Chair.

Meetings and Communication

- The Executive Committee will have at least one plenary meeting every year and bimonthly conference call meetings
- E-mail communication, written reports, written feedback, will be used as additional tools of communication
- Votes on official actions requiring consent of the Executive Committee that need to occur between meetings may be secured through an e-mail ballot process. Such votes will be authorized and supervised by the Chair of the Executive Committee, and the results reported to the General Council in a timely fashion.

Chair

The Chair of the Consortium will be elected by the General Council, from among the members of the Executive Committee, and will serve as the Chair of the Executive Committee.
Tasks and responsibilities

- To promote the implementation of the mission statement of the Consortium and the achievement of commonly accepted strategic objectives
- To enhance the implementation of the Action Plan of the Consortium
- To chair the meetings of the Executive Committee and General Council
- To execute activities and tasks on request of the Executive Committee
- To act as the official public spokesperson on behalf of the Consortium
- To communicate periodically with the chairs of Task Forces or leaders of projects
- To serve as the primary contact with the Secretariat and to maintain regular communication with the Secretariat's coordinator on issues related to tasks and activities conducted on behalf of the Consortium

Election and Period of appointment

- The Chair will be elected by the General Council at its Biennial Meeting
- The Chair will serve for a term of two (2) years and may be re-elected for one additional two-year term
- Until such time as the inaugural meeting of the General Council is convened, the founding organizations represented in the Biennial Conference Committee (The World Federation for Mental Health, The Clifford Beers Foundation, and The Carter Center) will constitute the Executive Committee and will elect an Interim Chair.

Other issues

- Any provisions for providing funding to support the activities of the Chair (e.g., secretarial support beyond that agreed to be provided through the Secretariat, travel expenses, telephone and fax, etc.) must be included in the adopted biennial budget for the Consortium, along with provisions to secure such funds.

Honorary Chair(s)

From time to time, the Executive Committee may invite internationally recognized leaders to serve as Honorary Chairs of the Consortium. Such appointments will require the consent of the General Council (which may be secured through electronic or mail ballot).

6. Interim General Secretariat, Special Project Secretariats and Program Offices

The Executive Committee will be authorized to secure the services of the World Federation for Mental Health, a founding member organization, to provide an Interim General Secretariat for the Consortium. The specific tasks and responsibilities of the Secretariat, including the assignment of a staff coordinator, will be outlined in a Memorandum of Agreement between the Consortium and the WFMH.

The initial term of the agreement between the Consortium and the Member Organization hosting the Consortium will extend until the Biennial Meeting of the Consortium in 2006.

The costs associated with the operation and maintenance of the Consortium Secretariat will be provided for by the Consortium through fund-raising efforts, and will be authorized through an adopted budget.

WFMH Capacity Statement

WFMH is well positioned to serve as the Secretariat during the next stage of development for an international mental health promotion and prevention consortium. It has a long
history of leadership in the mental health promotion and prevention field, including collaborating with the Clifford Beers Foundation, the Carter Center, SPR, and other organizations in organizing the first two World Promotion & Prevention Conferences. In addition, the gratis administrative support it provided in the planning for the organizational meeting of an expanded Consortium on 28-29 April 2003, and its continued gratis de facto functioning as an informal secretariat for the BCC/CAPP since that meeting, further demonstrates the commitment and capacity of WFMH to undertake this task.

Functional Tasks of the Secretariat:
In fulfilling the role of Consortium Secretariat, and contingent on the availability of necessary funding, WFMH will undertake and complete the following tasks:

Coordination
The Interim General Secretariat, operated by WFMH, will serve as the administrative coordinating body for the Consortium for the period agreed upon. This task will include:

- Providing support and assistance, through appropriate and agreed on channels, to the Consortium Steering Committee’s Chair
- Coordinating communication among members of the Consortium Steering Committee, funding sources, and key stakeholders
- Functioning as the central contact point for the Consortium with current and potential participating organizations
- Serving a clearinghouse function for informal sub-groups and task forces that may be developed by the Consortium Steering Committee.
- Providing a central mailing address to which correspondence to the Consortium Steering Committee will be sent
- Reviewing correspondence and distributing it to the appropriate members of the Consortium Steering Committee
- Establishing and maintaining a central historical and operational filing system through which to assemble, organize and maintain a record of the Consortium’s development and activities
- Maintaining a mailing list of Consortium participating organizations and contacts
- Serving as the fiscal agent for the Consortium, including repository of funds, payment of invoices as approved by the Consortium Steering Committee, and reporting regularly to the Chair on the financial status of the Consortium
- Assisting, within agreed on parameters, the Consortium Steering Committee to identify and cultivate potential funding support for the development and maintenance of the Consortium and the Secretariat
- Assisting the Consortium Steering Committee in the preparation of basic organization, operations, and strategic planning documents for the formal development of the World P & P Consortium.
- Coordinating with any Special Project Secretariats or Program Offices created by the Consortium to prevent duplication of effort, accurate grant reporting, and to maximize visibility for the Consortium’s overall work.

Communication
In its role as Consortium Secretariat, WFMH will conduct the following basic communication functions on behalf of the Consortium and its Steering Committee:

- Coordinating or assisting in the dissemination of summaries of meetings of the Consortium Steering Committee
- Developing and implementing a plan to ensure regular communication among the Consortium Steering Committee and participating organizations in order to maintain their connection and interest in the Consortium’s development
- Securing, contingent on the availability of funding, a dedicated website for the Consortium, and developing and maintaining the site as a primary means of communication and promotion for the Consortium.
- Preparing and uploading a periodic web-based *World P & P Consortium News Bulletin* to share news and events among participating organizations.
- Preparing and maintaining a Group E-mail (Topica.com) List including the primary designated representatives for each of the participating organizations and members of the Consortium Steering Committee.
- Organizing and coordinating periodic telephone conference call meetings of the Consortium Steering Committee.

**Liaison to the Consortium Steering Committee and Staffing Assistance**

The WFMH Secretary-General and CEO will provide overall direction to the project and will serve as the Project Officer. The WFMH Director of Communications and Affiliate Relations will be assigned the primary duties of supervising the proposed Coordinator of Prevention and Promotion Programs in order to assure that the agreed on tasks and functions of the Consortium Secretariat are accomplished. The Director of Communications and Affiliate Relations will report to the WFMH SG/CEO and to the Chair of the Consortium Steering Committee. The WFMH SG/CEO retains the authority to reassign the tasks and functions related to the Consortium Secretariat, following consultation with the Chair of the Consortium Steering Committee.

**Special Project Secretariats/Program Offices**

From time to time, the Executive Committee, with approval of the General Council, may authorize the establishment and operation of Special Project Secretariats or Program Offices within one or more of its member organizations. Such secretariats or project offices will be for the purpose of leading and coordinating specific projects or initiatives undertaken on behalf of the Consortium, or to carry out specific functions of the Consortium's strategic plan. Such special project secretariats or program offices will coordinate their work plans with the General Secretariat. The Executive Committee will determine the length of time such special project secretariats or offices operate.

7. **Budgeting and Resource Development**

To make the Consortium a viable venture will require cultivating and securing sustainable financial and/or personnel resources to support the Secretariat and special projects and initiatives, the functioning of the Chair, the meetings / conference calls of the Executive committee, and the organization of the biennial meetings of the General Council.

These resources will need to be cultivated through incidental grants, project grants, incomings from activities and services (e.g. Biennial Conference revenues), and by the contributed support of personnel time or other resources from participating organizations.

A requirement of membership in the Consortium will be the expectation that organizations will support the time and expenses of their official representative to the General Council and participation of representatives elected to serve on the Executive Committee.

To provide for the expenses of operating and sustaining the Consortium and its Secretariat, the Executive Committee will have the responsibility of working in conjunction with the Secretariat to prepare an annual operating budget and an annual funding plan through which to support that budget. A principal responsibility of the members of the Executive Committee will be to actively participate in the funding cultivation and development tasks necessary to generate support for the Consortium.

No special projects, conference contracts, unbudgeted travel, or other expenses will be obligated or incurred by the Executive Committee, its Chair or individual members, or the Secretariat without formal approval of the Executive Committee.
The Executive Committee will indemnify WFMH against any obligations to secure debts incurred by the Consortium, as long as WFMH, acting as the Consortium’s Secretariat operates within the guidelines established by the approved budget.