This activity report covering the period from August 2007 to August 2009 provides a fairly detailed overview of the IHF secretariat activities. It is a first attempt to improve open communication with our members and all our partners. This overview is not fully comprehensive but it presents our major activities both those resulting from long lasting developments, and those relating to new areas of involvement.

This report is divided in two major sections, one dedicated to all our project and advocacy activities and the other to knowledge generation and sharing. These are the two current pillars of the IHF Secretariat’s activities. To allow quick reference to any of the activities, we have opted to present them in identical formats: an overview of the activity, the results and perspectives. There is enough information to get a good understanding of what has been accomplished but those interested in getting more details are welcome to contact the IHF Secretariat (info@ihf-fih.org).

The diversity of our interventions shows that the organization has a large spectrum of possibilities in regard to members’ involvement. However, although IHF Secretariat has to focus its activities on a limited number of areas, it is also open to discuss with members and partners on other possible areas involvement. We consider that been responsive and having the capacity to evolve according to current trends is a key element that IHF Secretariat should develop.

We expect that this report will allow both members and partners to better engage with the IHF Secretariat.

As we serve as a bridge between our members and the major international organizations, it is hoped that through these activities, the importance of our collaboration for mutual benefit would be recognized.

We are open to the corporate world, so we hope that they will find interest in engaging in a productive dialogue for health care improvement and performance enhancement to better serve the people all around the world.

We are a membership organization, so we hope that this activity report will not only provide a sense of the importance of the work performed by the IHF Secretariat with its small team, but that it will provide a better sense of venues for stronger involvement in activities that are of interest to them.

Eric de Roordenbeke
Chief Executive Officer
International Hospital Federation
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Lilly MDR-TB Partnership:

**Fighting Multidrug Resistant Tuberculosis (MDR-TB)**

The Lilly MDR-TB Partnership was created in 2003 to combat multidrug-resistant tuberculosis (MDR-TB). The Partnership is a public-private initiative that mobilizes 18 partners on five continents - [http://www.lillymdrtb.com/partners.html](http://www.lillymdrtb.com/partners.html). Lilly is supporting the effort with $135 million in donations, medications and technology to increase access to treatment and focus global resources on the prevention, diagnosis, and treatment of MDR-TB. Its country outreach is in over 60 countries. The programme elements include community support and patient advocacy, awareness and prevention; treatment, training and surveillance; transferring technology and research and development.

**Project Description and Goal:**

The IHF bilateral partnership was created in 2004 upon recognition of the need, firstly, to address TB management/treatment from the perspective of the hospital/healthcare setting. Secondly, and even more importantly, upon acknowledgment that ‘ignorance’ and exclusion of IHF membership group, may have led and can lead to adoption and implementation of contra-productive decisions and actions in the fight against MDR-TB. In addition, it is important that this group, also in charge of financing and organisation of health services, be made aware of their role and responsibility in regard to making financial means and human resources available to ensure the provision of uninterrupted drug treatments.

The aim of the project is to develop a Distance (on-line) Learning Course on Multi-drug Resistant Tuberculosis (MDR-TB) Control, Treatment and Prevention for Hospital/Clinic/Health Facility Managers.

**Activities:**

**Training Manual:**


**Results achieved to date:**

- Roll-out of the workshop version of the manual on IHF website and its publication on paper and CD-ROM
- Update of the manual in collaboration with the New Jersey Medical School Global Tuberculosis Institute and Health Development International. The updated manual includes information on current global strategies utilized by National TB Control Programmes, accepted infection control principles and recommendations for management of TB/HIV in a hospital setting, for managers, with and without clinical or TB experience.
- Translation into Spanish, French and Chinese

**Envisage outcomes**

- Development of the manual, online and on CD-ROM, as a self assessment management course – To be posted on the IHF website – [www.ihf-fih.org](http://www.ihf-fih.org) (November 2009)
- Translation of the manual into French and Spanish (November 2009)
- Field testing of manual in Mumbai, India (November 2009); Mumbai India (November 2009); South America (2010); Middle East (2011)
**TB Hospital Managers Workshops:**

The workshop objectives are development of skills in leadership, strategic and operational planning and budgeting. Also development of guiding policies and practices for hospital/clinic/health facility managers in order that they may gain cooperation and commitment of other agencies and their own staff to plan and to organise successful and sustainable TB and MDR-TB control programmes, at facility and ultimately national level.

The workshops are processes by which the manual is field tested. They bring together between 25-30 managers of MDR-TB hospitals from low, medium and high burden regions in the country. Other participants include National TB Programmes (NTP), and/or Ministries of Health representatives as well as managers from countries in which the manual has been or is to be field-tested.

Participant make-up is in support of a strategy to create platforms of exchange, development and sharing of management practices. The teaching method is interactive by case studies and group projects, focusing on the tasks and skills managers use in their work: i.e. planning, organizing, leading and checking. Feedback from participants and awareness of the challenges in each culture provide the source for continual improvement of these activities. They are facilitated by a representative of the collaborating organisation - Health Development International (HDI – USA). Certificates of attendance are awarded to participants.

**Results achieved to date:**

- Training of 60 managers of MDR-TB specialized hospitals from TB high, medium and low-burden regions in South Africa and China in more than 20 provinces in China and 9 in South Africa.
- Introduction of a total of 12 country-based trainers of trainers, from South Africa, China and India.
- Establishment of effective platforms for knowledge sharing, dissemination and cross-fertilisation of ideas, experiences and practices through participation of hospital managers from the different countries.

**Envisaged outcomes**

- Improvement in quality and increase in quantity of trained managers of MDR-TB specialized hospitals.
- Establishment of an enlarged pool country-based trainer of trainers within regions, especially in the four MDR-TB.
Partnership pilot countries of China, India, Russia and South Africa.

Expansion of platform for knowledge sharing, dissemination and cross-fertilisation of ideas, experiences and practices.

**Inter Professional Training Seminars on Infection Control**

The Seminars are conducted in partnership with the International Council of Nurses (ICN), International Federation of Red Crescent Societies (IFRC) and the World Medical Association (WMA). They bring together physicians, nurses, hospital managers and community health workers working within M(X)DR-TB treatment healthcare facilities. Participants examine and address safety issues within the healthcare and community setting; identify existing strengths and weaknesses of infection control policies and practices; address the barriers to health worker safety and identify opportunities for inter-professional collaboration in infection control. These events serve to create awareness among each professional group of their respective roles, responsibilities, obligations and challenges as well as establish links with community care providers. They also provide the opportunity to develop a variety of strategies in infection control within the management of M(X)DR-TB. The envisaged outcomes from the Seminars include the following:

- Identification of good practices
- Joint recommendations for facilities and health workers
- Establishment of a working group and plan of action to disseminate/communicate the identified practices and recommendations
- Preparation of a report.

**Results achieved to date:**

- Training Seminars in Cape Town, South Africa (2007), Rio de Janeiro, Brazil (March 2009), Durban, South Africa (June 2009)
- Publications – Reports
- Trained 150 healthcare professionals
- Recommendations that have been incorporated in infection control country level policies and practices
- Creation of an effective instrument in breaking inter-professional silos in provision of health care
- Establishment of an effective multidisciplinary approach and enhancing value to team building in provision of health care.

**Envisaged outcomes**

- Expansion of seminars in frequency and numbers in the primary MDR-TB Partnership countries of activity – China, India, Russia and South Africa
- Conduct of these Seminars in French-speaking countries
- Development of global, national and inter-professional advocacy, policy and support training tools.

**Events & Advocacy**

By these, IHF seeks to engage effectively in communications outreach, develop and expand partnerships and platforms of collaboration.

**Commonwealth Health Ministers Meeting: Lilly MDR-TB Partnership Briefing (May 2009)**

This event was held on the occasion of the Commonwealth Ministers of Health annual meeting in Geneva, Switzerland. The Ministers of Health represent 53 independent states which include some of the countries with the highest disease burden of TB/MDR-TB. The event was an opportunity to reach out to an influential, targeted group and provide a forum for exchange of dialogue on how best to address the MDR-TB situation in Commonwealth countries. The objectives were to get the
Ministers of Health and their delegation to have a better understanding of the looming MDR-TB crisis as well as introduce them to the work and activities being carried in their countries by organizations affiliated with the Lilly MDR-TB Partnership.

International Union Against Tuberculosis and Lung Disease World Conferences on Lung Health
Annual Lilly MDR-TB Partnership Summit held in conjunction the International Union Against Tuberculosis and Lung Disease World Conferences on Lung Health. The events provide opportunities for partners to learn about recent MDR-TB trends, the current status of the Lilly MDR-TB Partnership, and brainstorm on the strategic opportunities for the upcoming years. There is a Partnership booth which serves as an effective forum for dialogue, dissemination of information, even advocacy.

World Health Organization (WHO) – Representation & Consultancy
Participation in various meetings and consultation groups to contribute expertise to the development of a global TB infection control strategy to promote, implement and monitor TB infection control activities at country level:
- Member of the TB/HIV & Drug Resistance (THD), Stop TB Department
- Member of TB Infection Control Consultation Group
- Member of Working Group on MDR-TB of the Stop TB Partnership
- Participation at the 3rd Stop TB Partners Forum, held in Rio de Janeiro, Brazil (March 2009).
- Fifty-ninth session of the WHO – Regional Committee for the Western Pacific – Manila, Philippines (September 2008) - An event attended by IHF as an observer and submitted a statement on agenda item WPR/RC59/8 – Prevention and Control of Tuberculosis highlighting IHF’s contribution in the field of prevention and control of tuberculosis and drew attention to the manual and the IHF TB hospital managers’ workshop in Beijing, China.

International AIDS Society (IAS) - is the world’s leading independent association of HIV/AIDS professionals. It the world’s largest meetings on HIV/AIDS, which provide critical platforms for presenting new research, sharing best practice and advancing the fight against HIV/AIDS. It promotes dialogue, education and networking, with the aim of closing gaps in knowledge and expertise at every level of response to HIV prevention, treatment and impact mitigation.

IHF Participation
This has been very limited and sporadic. Aside from an invitation to an Informal Consultation on Scaling Up Measures to Address TB/HIV Co-Infection by Associations & Organizations of Health Professionals in July 2008, IHF involvement with the organization has been minimal. An IHF/IAS introductory meeting was held in December 2008. The meeting agenda was to explore specific /potential areas of collaboration, in partnership with the French-Government sponsored ESTHER (Network for Therapeutic Solidarity in Hospitals)
programme, developed to facilitate access to care for people living with HIV/AIDS in developing countries. However, there has been no feedback in spite of efforts to follow-up. With the ever-increasing emergence of the co-infection phenomenon in TB/HIV, there is certainly justification to maintain an open door policy with regards to this activity.

**STOP TB Partnership**
Participation in various meetings and consultation groups to contribute expertise to the development of a global TB infection control strategy to promote, implement and monitor TB infection control activities at country level.

**Publications:**
*World Hospitals & Health Services journal; IHF Reference Yearbook; E-Newsletter;*  
Website: [www.ihf-fih.org](http://www.ihf-fih.org); Ad Hoc Programme/Project Reports

These are the sources by which IHF continues to successfully disseminate knowledge and best leadership practices in the organization of successful and sustainable TB and MDT-TB national control programmes. Sharing and cross-fertilisation is further ensured through the links that are established with the Partnership organisations. MDR-TB articles are presented regularly to a readership of some 20 000 in some 100 countries.

**Outlook and Observations:**
Four out of ten people who become ill with tuberculosis fail to get accurate diagnosis and effective treatment. To reach them, public programmes need to form new and innovative partnerships. Only through scientific investigation can the many urgent questions about tuberculosis be answered. Therefore, there is need for more basic research on how to prevent, diagnose and treat tuberculosis faster and more effectively; including research on how to make tuberculosis services more accessible and their delivery more efficient.

The IHF therefore through its various activities is striving, independently and collaboratively, to engage the international community in dialogue and present, first hand, best practices, tools, raise awareness, advocate and share knowledge and experiences on the phenomenon of MDR-TB. In addition, dissemination of material/tools detailing activities, it is believed will serve to encourage and mobilise effective advocacy and support.

As the bilateral partnership with Lilly develops and matures, the signs are positive of willingness and preparedness on the part of Lilly to explore further other avenues to engage scientifically and financially.

**Quote:** Dr Bah-Sow World Health Organization (WHO) Regional TB Advisor (WHO AFRO) – A Peer Reviewer of the manual:

> The document is one of great interest which will contribute a great deal in training of healthcare workers. The document is well set out and will allow for easy instruction/training. The document is informative and the training exercises are relevant. I feel that the course and the participants will need accrediting. I would recommend that the course be made available as soon as possible as it is a tool that is urgently required by those healthcare workers in the field. Steps should be taken to make provide French and Spanish versions of the manual.
Engagement in Patient Safety

Infant and Child Food Safety Programme
Safe Food Preparation, Handling and Feeding Practices in Hospital/Healthcare Facility

Project Description and Goal
Although food handling is not the cause of major fatalities, it nevertheless impacts patient outcomes and length of stay in healthcare facilities. For this reason the International Hospital Federation (IHF) with a grant from the International Association of Infant Food Manufacturers, in pursuit of their commitment to strengthening healthcare organizations and patient safety, by improving food preparation, storage and handling, will seek to explore ways to improve food handling safety as well as food preparation in healthcare organizations, through engagement in field missions to Peru and Indonesia, to increase awareness of current practices and beliefs within hospital and healthcare settings and develop a system of best practices based on realistic situations. Given the importance of the vulnerability of children, the focus of initial efforts will be on this specific group. Initial activities will involve in-depth literature review of WHO breastfeeding and food preparation recommendations and Codex Alimentarius Commission guidelines, for use as reference material and practical guidelines in preparation of the field mission material and programmes. Formation and meetings of a technical Advisory Committee of experts, entrusted with pre-mission tasks of reviewing and approving the reviewed literature; assessing country feedback information; determining information; determining and finalizing the missions’ objectives and outcomes; drawing up country workshop programmes. As post mission tasks, they will review conclusions of the missions and discuss the first elements of the planned toolkit, a project deliverable element. The project partners include:

- **International Association of Infant Food Manufacturers (IFM)** – [www.ifm.net](http://www.ifm.net)
  IFM, the International Association of Infant Food Manufacturers, founded in 1984 to enable industry to work together to protect and promote the health of infants and young children through adequate and nutritious infant feeding.
- **Federación Peruana de Administradores de Salud, (Peruvian Federation of Health Administrators (F.E.P.A.S)** – IHF national member association for Peru - [www.fepas.org.pe](http://www.fepas.org.pe)
- **Indonesian Hospital Association (IHA)** – IHF national member association for Indonesia - [www.pdpersi.co.id](http://www.pdpersi.co.id)

Activities:
Field Missions
Peru: 13 – 25 September 2009
Indonesia: 12 – 23 October 2009

The missions will involve observation, recording, by way of a survey, interaction and discussions with patients and hospital personnel (clinical, managerial, support services, nursing, housekeeping, catering, laundry, maintenance and decontamination and sterile services staff) on infection control, food preparation practices, vis-à-vis such essentials as:
- Hand Washing
- Hygiene and Uniform
- Barriers: Caps, Masks, Gloves
- Equipment Safety and environment
- Safe Food Handling
- Risk Assessment and surveillance
- Data collection and analysis
- Formula room preparation and hygiene practices
- Monitoring and Evaluation

Public & private – urban, rural, tertiary, medium-sized - hospitals and healthcare facilities will be visited, ending with workshops with the key stakeholders responsible for food preparation in the hospitals and healthcare facilities to be visited. Paediatric and not maternity wards will be the targets for the field missions.

Workshops will be held after the hospital visits. The number of anticipated participants will be between 15 & 20, and will include representatives of IHF, the Ministry of Health, IHF local member organization and hospital personnel (clinical, managerial, support services, nursing, housekeeping, catering, laundry, maintenance and decontamination and sterile services staff) from the different hospitals to be visited.

**Envisaged outcomes:**

- Preparation of a report and discussion of the missions outcomes at a Special Nutrition Session at the IHF 36th World Hospital Congress, Rio de Janeiro, Brazil (November 2009)
- Preparation of a report, summarising the entire project, which will serve as material for preparation of the food safety toolkit. The material will include practices in pediatric units to enable:
  - Better understanding and awareness of the need to address risk management within the hospital/healthcare setting;
  - Understanding of local and institutional beliefs and behaviours that govern food handling, preparation and feeding practices;
  - Identification of protocols for improving hygiene in food preparation, handling and feeding practices;
  - Identification of effective ways and sustainable programmes of institutionalising interventions within healthcare settings;
  - Identification of protocols to improve reporting systems for Healthcare Acquired Infections within healthcare settings.

**Outlook & Observations**

This programme does present opportunities for innovation with the potential for IHF to spearhead an initiative that would pave the way for adoption of safe feeding practices not just in pediatric wards, but also for adoption of similar food handling practices...
throughout the hospital/healthcare facility. However, the legacy of efforts by food companies to displace breast milk with marketed substitutes for children continues to prove a source for lingering and real distrust. This may hamper efforts and attempts to capitalise on this industry’s potential to contribute, particularly, at country level, to the establishment of safe and best practices and strategies in infant and child care.

In regard to health care associated infection (HCAI), recognised as a global patient safety challenge, organisational and management factors have been identified as being important factors that affect quality care. However, it needs to be recognised that infection control safety and risk management in complimentary feeding practices for infants and young children exist within hospitals and healthcare settings, and that more attention must be paid to the environmental, behavioural and organisational contexts in which care is delivered.

…it needs to be recognised that …. more attention must be paid to the environmental, behavioural and organisational contexts in which care is delivered
Collaboration with the World Health Community

**World Health Organization (WHO)**

World Health Organization (WHO) - is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

*The International Hospital Federation is in official relations with the World Health Organization.*

**Activities**

*The World Alliance for Patient Safety* - launched in October 2004 in response to a World Health Assembly Resolution (2002) urging WHO and Member States to pay the closest possible attention to the problem of patient safety. This programme aims to coordinate, disseminate and accelerate improvements in patient safety worldwide. It also provides a vehicle for international collaboration and action between WHO Member States, WHO’s Secretariat, technical experts, and consumers, as well as professionals and industry groups.

**IHF Collaboration**

**AREA 1 - The Global Patient Safety Challenges:** (1) Health care-associated infection; 2) Safer Surgery; 3) Tackling antimicrobial resistance - aim to identify a topic that covers a major and significant aspect of risk to patients receiving health care.

- Involvement in activities to initiate complementary test sites.
- Participation in meetings to contribute expertise in Phase 2 of Clean Care is Safer Care Challenge - This activity remains ongoing and has extended into the Save Lives: Clean Your Hands Challenge. The latter has involved hosting of a global hand hygiene awareness event 5 May 2009 to improve infection control through hands cleaning. Through the challenge WHO launched a call to hospitals/healthcare facilities to register and join the worldwide initiatives. The IHF website - [www.ihf-fih.org](http://www.ihf-fih.org) - served as point of registration for healthcare facilities. The aim of the challenge was for 5000 registrations an as at May 2009, registration figures were 4904 hospitals/healthcare facilities from 116 countries. IHF publications have also served as sources of dissemination.

**AREA 7: High 5s** - an international patient safety improvement project, that has as its mission to facilitate implementation and evaluation of standardized patient safety solutions within a global learning community to achieve measurable, significant and sustainable reductions in challenging patient safety problems.

- Collaboration as a member of the project Steering Committee. Other supporters of the project include the U.S. Agency for Healthcare Research and Quality and the Commonwealth Fund. The WHO Collaborating Centre for Patient Safety, led by The Joint Commission and Joint Commission International is responsible for coordinating the project.

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**The IHF website** [www.ihf-fih.org](http://www.ihf-fih.org) **served as point of registration for healthcare facilities**
Health Workforce Migration and Retention in Remote and Rural Areas

Partner: Department of Human Resources;  
Project Type: Consultancy  
IHF Collaboration  
IHF will have the task of conducting a literature review of the current evidence on strategies that have contributed to increasing the access to health workers in remote and rural areas. Interview stakeholders and hold discussions with the HMR team at WHO/HRH. The expected outcome will be a summary report of the effective strategies that have contributed to increasing access to health workers in remote and rural areas through different models of service delivery, or through specialist outreach support programmes. The report is expected to fill information gaps in the potential pattern of mobilization of health workers for the remote and rural population. A draft of the report is to be presented to the Core expert group meeting.

The Tobacco Free Initiative (TFI) - established in July 1998 to focus international attention, resources and action on the global tobacco epidemic.

IHF Collaboration
The first phase of the project - Non-Smoking Policies in Hospitals - initiated in 2006, involved survey of health facilities (tertiary, secondary and primary care levels) in English-speaking countries in Africa to provide details of policies and actions implemented in the workplace. A survey report (2006) recorded responses confirming the desire to collaborate with the project in the future; the need to increase public awareness to the hazard posed to health by smoking and its consequences; and willingness to enter a more active phase in abolishing smoking in health care facilities. The report was sent to all partners, which in addition the WHO included the International Council of Nurses, the World Medical Association, the World Dental Federation, the International Pharmaceutical Federation and the European Medical Association on Smoking & Health.

Recent discussions between TFI, IHF and leaders of the newly formed Russian Hospital Association seem to present opportunities for pursuit of a revised Phase II Action Plan of the Non-Smoking Policies in Hospitals project, for a Bloomberg-funded IHF/TFI/Russian non-smoking capacity building project.
A Special session will be held on the theme of non-smoking hospitals at the IHF 36th World Hospital Congress to be held in November, in Rio de Janeiro, Brazil.

**WHO Framework Convention on Tobacco Control** (WHO FCTC) - the first treaty negotiated under the auspices of the World Health Organization, adopted by the World Health Assembly in May 2003 and entered into force in February 2005 with 166 Parties. It was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

**IHF Collaboration**

IHF is an accredited observer to the Conference of the Parties and participates at the sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products.

**Events & Advocacy**

**World Health Assembly**

**Executive Board**

**Regional Committees**

There is regular representation by the IHF at these meetings. Representation at Regional level is either by the Secretariat or by a nominated IHF Governing Council member. At the Fifty-ninth session of the Regional Committee for the Western Pacific – Manila, Philippines (September 2008) IHF as observer, submitted statements on agenda items WPR/RC59/8 on Prevention and Control of Tuberculosis and WPR/RC59/4 on Health Systems Strengthening and Primary Health Care.

WHO participation at IHF Biennial World Hospital Congresses is regularly ensured through invitations to representatives for keynote presentations.

**Publications**

**Global Report on the Performance of Hospitals**

This report is a health knowledge resource for dissemination to the international health community and has been posted on the IHF website – [www.ihf-fih.org](http://www.ihf-fih.org) (See Activity Report on Knowledge Management – Publications for more details)

**IHF Journal: World Hospitals and Health Services and Reference Yearbook**

WHO articles continue to be featured regularly in the journal (also produced in electronic format) and Reference Yearbooks, which have a circulation of over 5000 in some 100 countries worldwide and an estimated readership of 20 000, the key recipients being National Hospital Associations, Ministries of Health, hospitals, universities, libraries, individuals working in or involved with the healthcare sector at managerial level, corporate companies providing healthcare/medical equipment, and hospital designers and architects. Also, since January 2009, there is publication of an e-newsletter in addition to the journal, which has a dedicated WHO News section.

**Outlook and Observations**

As one of the Non-Governmental Organisations (NGOs) in official relations with the World Health Organization, IHF is required to contribute, participate and engage as effectively and fully as possible in the appropriate areas of activities in WHO. Such action, in certain of the initiatives has, to
date, either been limited in scope, target and relevance or lacked reciprocal support from the WHO. A major stumbling block has been finance, in that both entities have either independently or collectively been unsuccessful in mobilizing funds.

The most pressing issue that requires immediate attention is the creation of a clearly defined and dedicated health systems/hospitals department/IHF-WHO liaison officer. This would enable greater visibility, presence and solicitation of expertise from IHF and its membership network within WHO. Although this situation remains unresolved, the trend over the last year, however, and it seems likely to continue, is one of greater solicitation, participation and even financial engagement on the part of the WHO.

The most pressing issue that requires immediate attention, is the creation of a clearly defined and dedicated health systems/hospitals department/IHF-WHO liaison officer. This would enable greater visibility, presence and solicitation of expertise from IHF and its membership network within WHO.
Global Health Workforce Alliance (GHWA)

Description
The Global Health Workforce Alliance (the "Alliance") - created in 2006 is an international partnership of governments, UN agencies, professional associations, NGOs, foundations, research and training institutions and the private sector. A function of the Alliance is promotion of country –initiated and country-led actions. Task Forces and Working Groups have been established as needed to address specifically defined areas of work such as migration and retention, education and training, financing and universal access to HIV prevention, treatment, care and support. IHF collaboration is in various areas and forms.

Activities
First Global Forum On Human Resources For Health, Kampala, Uganda (2008)
The event was the first-ever Global Forum on Human Resources for Health
1. To build consensus on accelerating human resources for health action
2. To build implementation capacity on human resources for health action at a global and country level
3. To build networks and alliances as a global movement on human resources for health moving from recognition to concrete action

IHF Collaboration
IHF presented a summary of the key recommendations on retention strategies as they relate to Positive Practices Environments and the role of hospital federations. IHF was among the many participating organisations that contributed in the dialogue that served to provide the final text which formed the Kampala Declaration and Agenda for Global Action to guide international response for the next decade.

Task Force on Migration - Health Worker Migration Policy Initiative (HWMI) - a partnership of GHWA, WHO and Realizing Rights, formally established in May 2007. HWMI is composed of the Health Worker Migration Global Policy Advisory Council and the Technical Working Group. Among its key activities, the Policy Advisory Council and the Technical Working Group both support the lead role of the WHO in the development, negotiation and implementation of an International Code of Practice for Health Worker Migration, as called for by resolutions WHA57.19 and WHA58.17.

IHF Collaboration
IHF, as a member of the Migration Technical Working Group, participates regularly at its coordination meetings, including those held to review and formulate the first-ever joint guidelines on incentives for the retention and recruitment of health professionals, which were unveiled at the Sixty-first World Health Assembly 2008. Another notable meeting was the first coordination meeting under the auspices of the GHWA Board, held in October, 2008, to review the work of the Task Forces (TFs) and Working Groups (WGs), as well as identify ways to translate output from the Task Forces into action at national and global level.
Areas for specific follow up actions identified were:

i) Creation of a reference group (actual and/or virtual) to provide the monitoring and oversight of the work of the task forces, way in which and how this work can be taken at country level. It will also provide some continuity for the work of the task forces.

ii) Ways in which TFs and WGs can contribute to the pool of evidence with regard to the Kampala Declaration and Agenda for Global Action.

iii) Initiation of regular interactions between TFs and WGs through improved communication and coordination.

Resource Requirements Tool (RRT) – launched July 2009 at the Annual Ministerial Review of the UN Economic and Social Council – a costing tool to assist countries to estimate and project the costs of their human resources for health plans, analyse the plans' affordability, simulate "what if" scenarios and monitor implementation.

IHF Collaboration

IHF was invited to participate in discussions, exchange ideas and provide appropriate expert advice on behalf of its target audience.

Positive Practice Environments (PPEs) Campaign: - a joint programme under the umbrella of the Global Health Workforce Alliance (GHWA), to collectively undertake a five year campaign to improve work environments and aid in staff recruitment and retention through the development of positive practice environments. The Campaign aims to address item 6 and possibly 4 of the Kampala Declaration.

Partners of the campaign include the International Council of Nurses (ICN), International Pharmaceutical Federation (FIP), World Confederation for Physical Therapy (WCPT), World Dental Federation (FDI), and World Medical Association (WMA).

IHF Collaboration

Phase 2 of this activity is underway with signing, by the International Council of Nurses (ICN), on behalf of the six Core Partners of an Agreement of Performance of Work with seed money from GHWA to fund country-led campaigns. Tasks accomplished to date:

- Establishment within ICN of a secretariat for the 5 year campaign, with support to the National Associations of member countries;
- Staffing of a part time Campaign Manager and Administrative Assistant responsible for:
  i) developing the detailed architecture of the Campaign, including policy, plans, a website, media and marketing materials, and databases;
  ii) liaising with partners internationally and nationally;
  iii) establishing national steering groups into country action teams addressing HRH in the country. The national groups are to develop common themes, oversee and support workplace activities. The 3 pilot countries are Uganda, Zambia and Morocco.

Outlook and Observations

Partnership with GHWA and involvement in is myriad of activities, is very much welcomed and should be encouraged and sustained. Relations with the organization remain good and beneficial in value as its area of activity are in line with IHF vision objectives.
A Call to Action: Global Human Resources for Health: 
*International conference*

**Description**
This international event through the interaction of researchers, policymakers, educators, organization leaders and those working on the frontlines of healthcare, addressed the critical issues surrounding the international health care workforce crisis. The message echoed by speakers and participants was that of the shortage of skilled health care workers in specific disciplines and professional categories and attributable to problems of systems. The conference encouraged dialogue about systems-based strategies and solutions, with a ‘call to action’ to what must be done and possible first steps to be taken in the pursuit of ensuring global human resources for health. Partnering organizations in the event included the World Health Organization, Commonwealth Secretariat, International Labour Organization University Hospital Geneva, International Organization for Migration, American Hospital Association, American Organization of Nurse Executives, AcademyHealth, Global Health Workforce Alliance, World Dental Federation, World Confederation for Physical Therapy, International Pharmaceutical Federation, International Council of Nurses, World Medical Association, International Confederation of Midwives and the International Centre for Migration and Health.

A special Hospital CEO Discussion Roundtable was held in conjunction with the conference, which addressed the real action and solutions that hospital leaders are able to take in order to solve the workforce shortage. Discussants, from developing, transitional and developed countries, presented profiles of actual workforce migration issues in their respective countries and regions.

The conference was supported by a grant from the Bill and Melinda Gates Foundation. The programme sponsor was the American Society for Healthcare Human Resources Administration (ASHHRA).

**Outcome**
A Proceedings Report summarising the key recommendations of the conference was published. Publishing partners of the Report were *Health Research & Educational Trust (HRET)*, a private, not-for-profit organization involved in research, education, and demonstration programs addressing health management and policy issues. HRET is an affiliate of the American Hospital
Association. The other publishing partner is Health Services Research (HSR) journal, published by the Health Research & Educational Trust (HRET)

The Report has been disseminated widely and was the theme of IHF presentation at the first-ever Global Forum on Human Resources for Health held in Kampala, Uganda, 2-7 March 2008.

Outlook and Observations

This event was an effective instrument of communication and partnership building exercise for the IHF within the international health community. The Report continues to serve as a useful reference material for a topic that is of great relevance in the arena of health systems strengthening. The conference subject has also opened other doors for IHF participation in diverse programmes addressing the subject of human resources. Less positively, however, has been the limited extent to which a number of the recommendations have a yet failed to be capitalized on.

In the main, however, there were more positive elements from the event and was a very effective tool by which IHF was able to gain visibility and build and consolidate relations with the various pertinent actors in the international healthcare arena. Much guidance and lessons have indeed been learnt for future programmes. IHF should certainly consider hosting more of such events in Geneva, in the future.
Country Support for Kuwait

**Description**
In November 2005 IHF organized an international consultancy program with the Kuwait Ministry of Health to review the recent initiatives in improving health care in Kuwait. IHF lead a team of international consultants in this effort and compiled the report that was submitted to the Kuwait MOH.

As a follow-up in April 2008 a consultancy team from the International Health Federation was sent to Kuwait to work with country counterparts in the Ministry of Health in Kuwait in support of developing a vision for health services delivery in Kuwait and a strategy/action plan to 2020 in support of the vision.

**Stakeholders**
- The teams of experts assembled by the IHF in 2005 and 2008.
- Numerous representatives of the Kuwait Ministry of Health, Hospital Managers as well as representatives from other Ministries.

**Assessment of activity**
- The 2005 team was comprised of Prof. Per-Gunnar Svensson, Director General of the IHF; Dr. Isabelle Durand-Zaleski, Director of Guidelines and Healthcare Coverage, National Health Authority, France; Dr. Delon Human, President and CEO of Health Diplomats and former CEO of the World Medical Association; Dr. Meng-Kin Lim, Associate Professor of Health Policy and Management at the National University of Singapore; Mr. Nigel Edwards, Director of Policy for the NHS Confederation, United Kingdom, Dr. Ferdinand Siem Tjam, former Director of the Ministry of Health in Suriname and WHO Medical Officer and Mr. Dwight Moe from the IHF Secretariat.
- The 2008 team consisted of Prof. Per-Gunnar Svensson, Director General of the IHF; Prof. James Buchan of Queen Margaret University and Mr. Dwight Moe from the IHF Secretariat.

Both missions consisted of a series of both formal and informal meetings with Kuwaiti
counterparts to Ministry of Health as well as visits to hospitals in Kuwait City. These included presentations by the Kuwait Ministry of health concerning the situation in Kuwait and by the international experts outlining approaches from other countries that could be applied in whole or in part to Kuwait.

**Timing**
The initial program was organized in November 13-16, 2005 and the follow up in April 1-3, 2008.

**Financing**
The projects were financed by the Kuwait MOH.

**Outcomes**
Following the initial consultation visit a report was submitted to the Kuwait Ministry of Health. The main observation was that the health care system in Kuwait was found to be sound, but there was a sense that not all is well and many areas need to be addressed, but there was no clarity or consensus among Kuwaiti health service management regarding what the immediate priorities are, much less what to do about them let alone a 5 year, 10 year or longer term plan.

The second report recognised that the overall vision to promote health and prevent diseases in addition to curing diseases cannot be achieved without some fundamental changes in approaches and behaviour of health service workers, managers and policy makers. The overall vision must also be regarded as being long term, not open to fundamental change with any change of government or Minister.

**Perspective for the future**
IHF is well positioned to organize teams of experts for countries that would like to get an outside objective opinion on the issues that are most important to the local stakeholders. A key ingredient is the willingness of the local stakeholders and decision makers to take concrete steps.
Support for Opening of a Referral Hospital in Ouagadougou, Burkina Faso

Context and objectives of the project
The Taiwanese Export-Import Bank has provided a loan to finance the future 600-bed Hospital in Ouagadougou, Burkina Faso. The opening of the hospital is planned for May, 2010. The International Hospital Federation proposed an assessment mission to review the documents and plans for the opening of this University hospital. This field mission focused on the process that should be put in place to insure that activities start in this new hospital in the best possible conditions. This mission allowed an independent analysis of the operation documents as well as a discussion with all the stakeholders to consider different issues like: the integration of the hospital in the health care delivery system, the governance structure, the capacity building program for teams, and the schedule and steps for opening the facility.

Stakeholder
➢ The field mission team was composed of:
- Project Leader: Eric de Roodenbeke, PhD, IHF Director General
- Sev Lucas, IHF Membership Manager, Junior Health Economist
- Two hospital specialists from the Puli Hospital, a Taiwanese hospital affiliated to the Taiwan Hospital Association.

A twinning program will be implemented between the Puli Hospital and the future hospital in Ouagadougou.
- 2 hospital experts (COO and CNO) from French University hospitals with international experience.

➢ During the field mission, the mission team worked with:
- The Taiwanese Embassy in Ouagadougou
- All the local stakeholders working on this project. In total, the field mission met individually with 18 people (key stakeholders in the health system in Burkina Faso), visited 2 university hospitals, 1 district hospital and 2 private health centers, in Ouagadougou and surroundings.

Field mission
The field mission was from 5-18 July 2009.

Financing
The project has been financed by the Taiwanese Embassy in Burkina Faso.

Outcomes: Deliverables
After the field mission, the field team provided a report. The report recommends a set of measures to be taken in order to ensure opening and sustainability of the future hospital.

Main recommendations:
➢ Creation of team assigned exclusively over a period of 15 months, with the task of the hospital opening
➢ Adoption of a management system that will allow good governance and promote performance.
➢ Phased opening of the hospital to enable total integration into the existing health system.
➢ A set of recommendations concerning plans for the building and equipment.
This report has been distributed to the Taiwanese Embassy and the local stakeholders. After an interview with the Minister of Health of Burkina Faso, a special report has also been provided for him.

**Perspective for the future**
The initial opening of the hospital was planned for March 2010. However, given the level of progress in construction and planning the hospital, it is unlikely that the hospital will be commissioned before October, 2010.

IHF has confirmed its preparedness to provide support to the would-be management team to define its role and mission. In addition, the IHF would also be willing to provide expert assistance, in the first years of operation, in such areas as contracting, financing and human resources.
International Patient Satisfaction Index (IPSI)

**Description**
The IPSI project was to support hospitals to develop their performance based on direct feedback from the patients’ perspective. The framework would offer systematic comparisons with best practice benchmarks, both within the sector and with other areas of the economy and society at large.

**Stakeholders**
The project was mandated by IHF and conducted by IPSI Rating - a private research company based in Sweden.

**Assessment of activity**
The IPSI methodology had already been successfully applied to other sectors of the economy to measure customer satisfaction and to help service providers improve their relationships with those who use their services. While virtually every hospital now does some sort of satisfaction survey of their patients, the authors of IPSI believe that the methodology behind them is often flawed and does not provide actionable information that hospital managers can act on.

The initial phase of the IPSI program was to do a pilot study in 8 Western European hospitals to judge the validity of the methodology, the interest in the project from hospitals and the economic viability of the project. The goal was to eventually offer the IPSI program as a commercial product to hospital managers.

The plan was to do surveys in orthopaedic and cardiac departments so that there would be a high number of patient interactions so that enough data could be rapidly assembled to do meaningful statistical analysis. Getting hospitals to agree to participate in the pilot study was an ongoing challenge.

Hospitals were contacted individually about participating. Usually they were not interested because they were already conducting their own survey or because they were concerned about placing an added burden on the staff to distribute the questionnaires.

**Timing**
This planning for this project was begun in 2005. The pilot project was done in 2006 and 2007 and the project was ended in 2008.

**Financing**
The pilot project was financed by a grant from a corporate donor.

**Outcomes**
Initial results were presented at the MCC Hospital World event in Cologne Germany in 2007. The researchers behind the project remained convinced that the data was instructive and that this could be a useful tool for hospital administrators.

There was never any real enthusiasm from potential users. This should have suggested that this project was not responding to an existing need, but was rather a solution in search of a problem.

**Perspective for the future**
While it is reasonable to believe that such a program could be of value if widely utilized the hurdles involved are great. The vast majority of hospital administrators are too preoccupied by their local and national issues to be interested in such a project at this time. This project has been terminated so that time and resources and be directed elsewhere.
European Union collaboration in Health Professional Mobility - ProfMobility Project

Context:
Worldwide mobility of health professionals is a growing phenomenon, impacting the health systems of receiving, transit, and sending countries. EU Member States are increasingly affected by these developments - which might occur simultaneously within the same country. Therefore, the need to develop European policies to adequately address these issues is urgent. MoHProf will contribute to improving this knowledge base and facilitate European policy on human resource planning.

Description and objectives
This European Commission sponsored-medium-scale collaborative project, launched in November 2008, aims to contribution, through research, to creation of knowledge base as well as facilitate implementation of appropriate European policies on human resource planning.

The project led by Wissenschaftliches Institut der Ärzte Deutschlands gem. e.V.(WIAD) - Scientific Institute of the German Medical Association), brings together a partnership of expert scientific institutes and international healthcare and professional organisations involved in research and policy development on health professional mobility. A Project Steering Group of regional research partners and international organisations, has been created to manage, assess and lead the research process of the overall initiative. This Steering Group comprises of a Research Steering Group and Project Advisory Committee. The primary task of the former group is the conduct of macro and micro research in their respective countries as well as management of research in selected countries within their respective regions (Europe, Africa, Asia and North America). The tasks of the Advisory Committee include advising on project activities, liaising with target groups and disseminating project outcomes.

Role of IHF and Partners
IHF has been appointed as both a partner of the Research Group and member of the Advisory Committee. The IHF, represented by the Director General, has as its task, support in development of guidelines and recommendations, delivery of relevant material (statistics, reports, literature…) and coordinating contact between project partners.
and its members. This provides a welcomed opportunity for IHF to establish even closer working ties with its members, particularly those involved in data collection, as well as to disseminate results of the studies to all its members.

A national consultant has been hired by the IHF Secretariat to work on the national Macro phase, from May to August 2009.

The methodological approach involves the search for quantities of migration flows, as well as detailed qualities like professions, motives, circumstances and the social context, i.e. push and pull factors. In addition there had been in-depth interviews, based on thematic guidelines, with representatives of these key stakeholders.

In total, 13 national key stakeholders have been interviewed.

Project Phases
The MoHProf project phases, as of November 2008, are as follows:
- M7-M18: Macro Studies: Field studies / reporting
- M19-M30: Micro studies: Field studies / reporting

The micro studies will take place from March to October 2010.

Outcomes
The deliverable of the first Macro Phase is a report, summarizing:
- The country profile
- Overviews on statistics
- Policy report
- Summary and key findings of interviews
- List of key stakeholders on the micro level.

A second report will be provided after the micro level study.

Finally, at a global level, the project comprises the analysis of migration flows, the evaluation of policies addressing migration and the development of recommendations concerning these policies.

Perspective for the future
One of the main objectives of the project is to fill the gaps in current data on the migration flows of health professionals in order to formulate recommendations that provide a base for effective migration management. The project provides a unique opportunity to formulate recommendations that are based on sound scientific data from a wide range of sources and destination countries. The final deliverable with specific information will be disseminated to targeted groups. Project website, round table and an international conference will be the avenues of dissemination for the results of the study.

Financing
MoHProf project and participation of IHF are funded by the European Commission, as a collaborative project within the Seventh Framework Programme, theme 1, Health.
KNOCKLEDGE MANAGEMENT

Publications

Description and Goals
IHF publications support and enhance the cross-fertilization of evidence-based management practices as well as stimulate the exchange of ideas within and between the public and corporate sectors. IHF, through its publications, endeavour to embrace and convey its mission objective, to improve and raise the levels and quality of patient care irrespective of the level of development within its membership network and the wider healthcare community. They contribute significantly to improving management and operations of health organizations through promotion of dialogue. These actions fundamentally serve to improve and enhance the image of the Federation and also provide the potential for increased revenue for the IHF.

The circulation for IHF publications is over 5000 in some 100 countries with an estimated readership of 20 000, the key recipients being ministers and ministries of health; national and regional hospital associations; hospital CEOs and managers, architects, engineers, doctors, nurses, members of hospital boards, libraries and commercial firms in the healthcare field.

Activities

Journal: World Hospitals & Health Services
First launched in 1929 as Nosokomeion, and renamed World Hospitals and Health Service, the journal is published four times a year, featuring articles from leading international figures, in the field of hospital and healthcare management. It is recognized as a dedicated media for knowledge sharing with content that embrace a large scope of subjects relevant to decision makers, keeping them up to date with developments and thinking across the international healthcare sector. Mailing of the journal in hard copy and electronically to all IHF members and subscribers is with the aim of increasing and broadening of information sharing and ensure larger dissemination.

The journal is published in partnership with Pro-Brook Publishing Limited, a private, contract publishing house specialising in working with international organisations, to provide information and knowledge for leaders and managers.

Subscribers to the journal include university hospitals, libraries, healthcare organisations (hospitals, clinics, etc); publishing agencies/houses; individuals (health professionals). Proposed changes to ‘C’ category membership with subscriber status may result in an increase in numbers as well as geographic representation, particularly from low income countries.

Reference Yearbook
Launched in 2005, the Reference Book forms an integral part of the IHF communications strategy, featuring annual assessments of the worldwide evolution in hospital care and facilities development. It constitutes an ideal resource for sharing ideas and information about hospital management strategies, care regimens and the evaluation of medical equipment and treatments, among other topics. Information about members and the IHF Secretariat featured in this publication allows for and encourages communication.
amongst members and the IHF Secretariat. It is also available electronically to members and subscribers.

**Building Quality in Health Care (BQHC) Journal**

Launched in 2007, this journal is published jointly with Methodist International a division of The Methodist Hospital (Houston, Texas, USA). The journal aims to bridge the gap between scientific evidence and actual practice in health care, in its provision of practical information about quality and patient safety and how hospitals can improve their knowledge and best practice. It also seeks to identify and disseminate practical knowledge regarding sustainable applications that would contribute to improvement in health care quality and safety as well as play a critical role in establishing global benchmarks in organizations whose primary focus is patient care and safety. Publication of the journal is bi-annual and is available in hard copy and electronically to IHF members and subscribers.

**Website:** [www.ihf-fih.org](http://www.ihf-fih.org)

This new site, which became live in February 2007, has been designed to be a one-stop healthcare portal through which to develop and increase effective communication between IHF and its membership, the wider healthcare community and the commercial sector as well as ensure availability of and access to valuable and high quality information and education resources. Establishment of two-way links with key bodies and organisations also enable healthcare professionals to enjoy direct interaction with IHF and its influential membership network.

The website is manager by Pro-Brook Publishing Limited.

**Ad Hoc Publications:**

**Global Study Report “The performance of hospitals under changing socioeconomic conditions – a global study on hospital sector reform”,** prepared in collaboration with the World Health Organization (WHO) involving 20 countries of all six WHO regions. The Report analyses the performance of hospitals under changing socio-economic conditions and provides a significant contribution to the WHO work on health systems development and service delivery.
Language newsletters
The way forward for these initiatives will need to be reviewed as since January 2009, their publication has ceased. Resumption of these activities is recommended as they are additional and more importantly, dedicated sources of information sharing for IHF French and Spanish-speaking members. They could also serve as potential sources of membership attraction from the French and Spanish-speaking global healthcare community.

La Lettre Hospitalière Francophone, is published by the French Hospital Federation – IHF national member association for France Servicios de Salud en el Mundo, is published by Camera Argentina de Empresas de Salud (CAES) and La Confederación Argentina de Clínicas, Sanatorios y Hospitales (CONFÉCLISA) - IHF national member associations for Argentina.

Outlook and Observations
IHF publications present great potential for numerical and revenue generation. Clear and coherent strategies certainly would need development and implementation to realise this objective. The activity requiring the most immediate attention is the website, whose potential in revenue generation, communication, public relations and knowledge sharing resource, has yet to be maximized.

Receipt of first hand articles for publication, continue to prove a source of challenge. Steps to overcome these have nevertheless been undertaken, and have been yielding some positive results. Some of the steps taken have involved posting of a ‘call for papers’ banner on the homepage of the IHF website, with links to the American College of Healthcare Executives (ACHE) website. Our appreciation is extended to Mr. Tom Dolan, ACHE Chief Executive Officer and IHF Governing Council member for USA and his team for their assistance and guidance in this initiative.
Communications and Public Relations: Events

Description
The nature and levels of involvement by IHF in these events vary considerably and as a consequence can have positive and/or negative impacts in regard to realisation of IHF’s mission and vision. The IHF has recently embarked on a thorough review and re-evaluation of its participation in the various communications and public relations events.

Activities
Geneva Health Forum (2006/2008/2010): a joint initiative launched by the Geneva University Hospitals and the Faculty of Medicine of the University of Geneva in partnership with the major international organizations active in health in Geneva and around the world. It brings together the major stakeholders from field workers to policy makers, and form a developing global network for international and inter-sectoral dialogue. The aim of this event is to facilitate the strengthening of health systems and basic health services and to keep global access to health on the international agenda.

IHF Participation
The IHF continues to have representation as member of the Forum Organising Committee. IHF Director General also receives keynote speaker invitation for the event, which is always accepted. IHF is among the many international partnering organisations with booths to disseminate material and network with Forum attendees. Themes of the Forum have been of particular relevance to IHF vision and mission goals; as a result, therefore, IHF should strive to enhance the value and its involvement in this activity.

Hospital Management Asia (HMA) - an annual learning conference and exposition for senior hospital managers and healthcare professionals in Asia, that provides a forum for sharing of expertise and best practices in hospital management. The event is organized by OIC Events - an Asian based conference management company, which specializes in conceptualizing and organizing regional conferences and awards programs in Asia.

IHF Participation
IHF has been a partner and has actively participated in the event since its inception in 2002. Other partners include such organizations as Joint Commission International, Johns Hopkins Medicine International (JHMI), Private Hospitals Association of the Philippines, Indonesian Hospital Association, Indian Healthcare Quality Forum, National Association of Health Industry of China and Hong Kong Hospital Authority.

IHF Director General is a member of the Conference Advisory Board responsible for:
- Providing guidance and support
- Sharing ideas and concerns
- Acting as a management think tank
- Providing ideas and expertise and advice
- Assisting HMA identify developing trends to keep HMA one step ahead

IHF is also a member of the Conference Advisory Board responsible for:
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- Assisting HMA identify developing trends to keep HMA one step ahead

IHF Director General is a member of the Selection Committee for the Asian Hospital Management Awards. This event has been a useful and effective membership recruitment source as well as a platform for promoting IHF events in the region, in particular the IHF World Congress.
Joint Commission International (JCI) European Regional Advisory Council has two main areas of focus - accreditation and patient safety solutions. With respect to accreditation issues, the Council provides feedback and input to JCI regarding standards, international patient safety goals, performance measurement and quality improvement. With respect to patient safety solutions, it provides feedback and input on the responsibilities related to JCI’s designation as a WHO Collaborating Center.

Organiser of the event, Joint Commission International (JCI) is the International division of Joint Commission Resources, whose focus of activity is on improving the safety of patient care through the provision of accreditation and certification services as well as through advisory and educational services aimed at helping organizations implement practical and sustainable solutions.

IHF Participation:
IHF is a member of this Council and has attended its meetings. IHF has made contributions with regards to the Council’s search for solutions in matters relating to JCI & developing nations activities and ways to effectively disseminate WHO Patient Safety material.

It is hoped that sooner rather than later, the fruits and benefits of this activity will be realised and as a result enable better assessment in order to determine the way forward.

Outlook and Observations
Review and re-evaluation of IHF participation in communications and public relations events need to be constantly undertaken. In the meantime it is also necessary to embrace new ones that will positively orient IHF to realization of its mission and vision.
MCC HOSPITAL WORLD

IHF and Health Financing Knowledge Exchange

**Description**
Hospital World is an annual two day congress organized in Germany that covers issues of concern to leaders in health care management, finance and policy.

**Stakeholders**
The stakeholders are IHF Secretariat and MCC, a communications and event management firm based in Germany.

**Assessment of activity**
This annual conference in Germany is ongoing partnership with MCC has been successful in bringing together high level decision makers in the health care industry, primarily but not exclusively in Europe, to look at the Hospital Market on a strategic level. This event has a focus not only on the German experience, but also addresses numerous other issues facing hospital and health care managers and other decision makers in the global healthcare sector.

The event attracts between 100 and 200 participants. It is held over two days and always includes an evening social event which allows for networking in a relaxed environment. The goal is to present as much useful information as possible in an efficient manner so that the time investment is judged well spent by the paying participants.

Topics are selected to appeal to a broad range of interests, but do focus more on the private sector rather than the public sector.

**Timing**
This is planned as an annual event held over two days in early autumn in Berlin or another major city in Germany. The 2009 edition was held from September 21-22.

**Financing**
The event is financed by corporate sponsorships and participant enrollment fees. MCC defrays IHF costs and compensates for time spent on the event by IHF staff. The current economic conditions have negatively impacted corporate sponsorship.

**Outcomes**
This congress has struggled to grow into a larger event, but the retention rate for attendees of previous editions is very high which shows that the event is perceived as valuable.
IHF is working to expand the number of presentations that can be also used as the basis for articles for the IHF Journal – *World Hospitals and Health Services*.

**Perspective for the future**
While the quality of the presentations is high this event needs to perhaps be recalibrated to appeal more directly to IHF members.

*While the quality of the presentations is high this event needs to perhaps be recalibrated to appeal more directly to IHF members*
IHF Leadership Summit

Leadership by example!

Description
The International Hospital Federation organized an invitation only summit for top level decision makers on hospital issues from National Hospital Associations, Ministries of Health and IHF Governing Council members.

Stakeholders
Thirty-two representatives from hospital federations of nineteen countries attended the meeting. An additional twenty invited guests and speaker from industry and other international organizations including WHO and OECD also participated in the sessions that were open to non-members of IHF.

Assessment of activity
The event marked the beginning of a new direction for the IHF and for its members. By providing an initial opportunity for the leaders of the Federation’s constituent organizations to reflect together on their individual and common goals and on the problems they collectively confront, the meeting demonstrated some of the possibilities for mutual support and knowledge sharing that can be realized by using the IHF as a venue for content-rich discussion.

The first day and a half of the summit was reserved for internal discussions among the IHF members dealing with topics concerning the roles, positions and challenges facing their organizations as well their relations with IHF and the other members of IHF. Special attention was also paid to relations and issues concerning their own members in their home countries.

The next session was opened to presenters from the World Health Organization (WHO), the Organization for Economic Co-operation and Development (OECD), International Social Security Association (ISSA) and Association Internationale de la Mutualité (AIM) to give their perspectives on financing healthcare in the context of the global economic crisis.

The final day was dedicated to a global dialogue between suppliers and hospitals and gave certain suppliers an opportunity to present their perspectives.

Timing
The first IHF Leadership Summit that took place in Paris on May 12-14, 2009

Financing
This project was financed by registration fees from the participants and through the generous support of the French Hospital Federation which hosted the meeting.

Outcomes
Throughout the discussions it emerged that the issues of patient safety, cost effectiveness and access to hospital care constituted the main content of everyone’s concerns. As for process issues, the role of hospital organizations as agents for change, both among their memberships and in their relationship to the health systems of which they are a part, was of major interest.

Promoting the general interest of the populations served by their health sectors, in part by enhancing the credibility of health Information available to those populations, emerged as an important goal as well.
The presentations by the other international organizations highlighted the enormous challenges that lie ahead in the near term future for the health care sector give the background of the ongoing poor economic situation.

The discussions with industry representatives provided a welcome opportunity to discuss the needs and motivations of both suppliers and consumers in a non-commercial environment. This allowed all participants to focus on looking for areas where they can cooperate to address specific issues and to discuss the best means to do so. IHF will be able to play a role as focal point for this effort.

**Perspective for the future**
This was the first IHF Leadership Summit and will not be the last. The participant’s feedback indicated that they found the discussions useful and the topics important. The creation of a joint project involving representative from both industry and the hospital sector will also be pursued.
Hospital Database Project

Resource management and sharing

**Description**
Currently there is no comprehensive hospital database for the world. The development of this kind of system is a potentially vital resource in the delivery of quality healthcare to individuals worldwide. It could provide valuable aid in planning and measuring global healthcare. As the largest representative of national hospital associations IHF is keen to develop such a database despite the challenging nature of the project.

**Stakeholders**
This is a partnership between IHF and ESRI, the world leader in geographic data software.

**Assessment of activity**
The first step was that IHF shared with ESRI the information it had collected from over 40,000 hospitals from over 70 countries. ESRI performed a data quality analysis. This was to get a better sense where the project stands at this moment in order to determine the next steps needed and to identify the challenges ahead for such a project.

The determination of how best to move this project forward is ongoing.

**Timing**
This project began in 2008 and is ongoing.

**Financing**
This project is currently unfinanced – IHF and ESRI are contributing their own resources.

**Outcomes**
The data review was completed in June of 2008. This review concluded that there are wide variations in terms of the quality and completeness of the information. The data collection issue is formidable in and of itself. There is also a problem of differing definitions of terms as simple as “hospital bed” or “nurse” from country to country.

Various models of data collection are being considered with an eye to the fact that this is a huge task that will need to be sustained for the life of the project in order to keep the data accurate and useful.

**Perspective for the future**
The need for and potential benefits of such a project are clear, but the project will not move forward without significant financing. A funding grant from a major foundation is being pursued.
Knowledge and Information Sharing
Enhanced - e-Newsletter

Description and Objectives
The e-newsletter is a new service provided by the IHF secretariat, to be used as a platform for knowledge and information sharing. The objective of this electronic newsletter is to provide an information ‘advisory’ service in health service delivery as well as to update members on IHF activities. The e-newsletter is part of IHF’s renewed communication strategy to better serve its members and the wider healthcare community. It will provide Direct access to critical and up-to-date information on health services and organizations.

Stakeholders
The e-newsletter is edited in-house. Contributions of members are expected to illustrate news about the healthcare sector in their own countries or organizations, report of events, etc. This newsletter should serve as an interactive tool for members, to enjoy the opportunity to express themselves at an international level on topics of interest, and disseminate their own information. IHF Members and colleagues from the wider international healthcare community are strongly invited to use this newsletter to report on initiatives and events that can inspire others.

Outcomes
The newsletter is published five times a year.

From March 2009 until now, four newsletters have been sent.

About 800 people receive directly the e-newsletter, and disseminate it to their own affiliates.

Challenges and Perspectives
The main difficulty in IHF policy for communication is reaching our members’ affiliates. In fact, the IHF secretariat is not in a close dialogue with them. We do hope that our members transmit relevant information to their own members. In fact, the electronic format of the newsletter has been decided to make the dissemination easier and for no additional cost.

Furthermore, we did not receive a lot of feedback concerning the newsletter. It is a service developed for members, and we need their own involvement for this newsletter to be a useful tool.
IHF SECRETARIAT STAFF
2008-2009

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