## Contents

**FOREWORD** ......................................................................................................................................................... 4

**KNOWLEDGE MANAGEMENT** ...................................................................................................................................... 6

**COMMUNICATIONS AND PUBLIC RELATIONS** .......................................................................................................................... 6

IHF Official Journal – *World Hospital and Health Services* .................................................................................................................. 6

Communication tools: Website and Institutional/Membership Brochures ......................................................................................... 7

e-Newsletter – The IHF Electronic Newsletter: A Platform for Knowledge Sharing................................................................. 8

**KNOWLEDGE GENERATION** ........................................................................................................................................ 9

Health Organisations Priorities ................................................................................................................................................. 9

H1N1 Virus Pandemic Preparedness .............................................................................................................................................. 9

**IHF EVENTS** ........................................................................................................................................................................ 11

36th World Hospital Congress – Rio de Janeiro, Brazil (2009) ....................................................................................................... 11

37th World Hospital Congress – Dubai, United Arab Emirates (2011) ........................................................................................... 12

IHF Leadership Summit ............................................................................................................................................................... 13

**COLLABORATIVE AND PARTICIPATORY EVENTS** .................................................................................................................. 15

MCC Hospital World Conference 2009/2011 ............................................................................................................................... 15

Hospital Management Asia (HMA) .................................................................................................................................................. 16

Hong Kong Hospital Authority Convention ......................................................................................................................................... 17

American College of Healthcare Executives Congress 2011 ......................................................................................................... 18


**ADVOCACY AND INTERNATIONAL RELATIONS** .............................................................................................................. 19

IHF President: International Mission and Advocacy ....................................................................................................................... 19

Interaction with the World Health Organization (WHO): .................................................................................................................. 21

Human Resources for Health: Outreach Programme ...................................................................................................................... 21

Government of Laos Technical Support Mission........................................................................................................................... 22

Hospital Portfolio ........................................................................................................................................................................... 23

Interaction with the Organisation for Economic Co-operation and Development (OECD) ......................................................... 25

Cooperation with the African Development Bank ......................................................................................................................... 27

Collaboration with the World Economic Forum: *Global Health Data Charter* .................................................................................. 29

**OTHER ADVOCACY AND INTERNATIONAL RELATIONS EVENTS** .................................................................................... 31

Dialogue with French Ministry of Foreign Affairs ......................................................................................................................... 31

Commonwealth Partnership Meeting................................................................................................................................................ 31
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAMME DEVELOPMENT</td>
<td>32</td>
</tr>
<tr>
<td>IHF-LED PROJECTS</td>
<td>32</td>
</tr>
<tr>
<td>Lilly MDR-TB Partnership</td>
<td>32</td>
</tr>
<tr>
<td>Patient Safety: Infant and Child Food Safety Programme</td>
<td>36</td>
</tr>
<tr>
<td>COLLABORATIVE PROJECTS</td>
<td>39</td>
</tr>
<tr>
<td>Health Professional Mobility: MohProf Project</td>
<td>39</td>
</tr>
<tr>
<td>Positive Practice Environment (PPE)</td>
<td>41</td>
</tr>
<tr>
<td>INITIATIVES WITH THE CORPORATE SECTOR</td>
<td>43</td>
</tr>
<tr>
<td>Corporate Partnership Programme</td>
<td>43</td>
</tr>
<tr>
<td>Group Purchasing Chapter</td>
<td>45</td>
</tr>
<tr>
<td>Corporate Leadership Council</td>
<td>48</td>
</tr>
<tr>
<td>IHF GOVERNING COUNCIL</td>
<td>49</td>
</tr>
<tr>
<td>IHF SECRETARIAT STAFF</td>
<td>50</td>
</tr>
</tbody>
</table>
FOREWORD

This Activity Report of the IHF Secretariat covers the years 2009-2011. The IHF has been facing like many other organizations a period of turbulence. The crisis has triggered close screening of budgets by all organizations, be they in the public sector, governments included, or in the private sector, industry included. This has resulted in close monitoring and evaluation of the financial benefits and costs related to programmes and membership activities.

As aptly described by the Chinese, a crisis is a period of threats and opportunities. This dynamic has characterized the nature of IHF programmes over the past two years. In spite of the challenges, which are presented in this Report, the IHF, over these last two years, has been able to increase the volume of activities, independently and with partners. In addition, IHF has been more visible in the media and international events, as a result of which in the eyes of the international community, the IHF Secretariat has become recognized as a key stakeholder and voice through which its members communicate issues concerning health care delivery challenges and successes. It has become an advocate for more effective population-focused health care delivery strategies in times of economic crises.

Some key activities have been maintained even under conditions that have dramatically evolved. A key mandate from members to the IHF Secretariat is the engagement in facilitating knowledge sharing.

IHF publishing activities were formerly a major source of revenue. However, a breach in publishing contract and an end in advertising royalties have required a review of these activities. The outcome has been a decision by the Board to maintain publication of the journal – World Hospital and Health Services - but with the added aspect of its publication online, a development which has been realized with the redesign of our website – www.ihf-fih.org with the use of new technology. Members and affiliates are now able to download the journal on tablets and dramatically increase its dissemination. In addition major efforts have been undertaken to reinforce the editorial quality of the journal so as to make it as fully competitive as any other professional publication. In order to enhance its uniqueness, the editorial line has been reinforced so that it has become a leading reference source in the field of experience sharing between health care leaders on strategic and policy perspectives for healthcare service delivery.

We have maintained and developed the content of our e-Newsletter and have made it available to all, which is in fulfillment of our general mission as a not for profit organization. In addition the redesigned web site is now supporting an increased volume of resources open to all. In addition, members have now dedicated access to resources offering important wealth of knowledge. This service was put in place to increase value for money for membership.

Another opportunity for knowledge sharing was at our second leadership summit held in 2010 in Chicago, which confirms the high interest shown by members for such member-dedicated and invitation-only meetings. IHF is the only venue for healthcare national bodies to meet and discuss with peers and exchange with experts from international organizations. It has been decided that such leadership Summit events are to be held during non-Congress years.

The Congress organized in Rio in November 2009 was a great success not only in terms of numbers of participants but also in countries represented. The venue was excellent and the organization by our Brazilians hosts remarkable. In addition this Congress became the platform from which our collaboration with WHO in the area of health systems and services has been strengthened.

Postponement and revision of the theme of the 2011 Dubai World Hospital Congress, allowed the opportunity to remodel the concept and format of this and future Congresses, so that they become platforms upon which not only the host country but other member countries can show case their respective healthcare delivery systems. This new model will be inaugurated at our Congress in Dubai, by which the identity of IHF will be enhanced in a world of increasing competition. In the Dubai Congress, we will offer a unique programme, based on its asset; its members, as no other organization than the IHF is able to gather leaders of all the major national healthcare organizations in a forum to present to the rest of the world, the latest development in healthcare strategy and policy. Such a gathering is also possible because of the strong ties we have with all major international organizations from government, professional groups and civil society.

IHF is an organization that is committed to knowledge sharing through cross fertilization, this objective has been strengthened over the past years as you will be able to read in the knowledge section of this Report.

The second part of the Report is on the projects and activities IHF has been developing.
Some activities have continued and been developed to consolidate the benefits from them. Others have ended, mostly because of limited sources in funding.

Activities under Phase II of the MDR-TB partnership funded by Eli-Lilly have continued but are now nearing their end. IHF has fully delivered all elements to which it has committed. This activity has permitted strong mobilization of some of our members and it contributes to the cross fertilization of knowledge, especially with inter professional workshops on fighting hospital acquired infections. This programme has permitted to bring a managerial dimension to what, in the past, was seen as a technical matter to be handled by core health professionals. What has been promoted through the MDR-TB programme can be extended to all medical activities in hospitals.

The IHF was also requested to provide advisory services to the World Health Organization (WHO) and the African Development Bank. The latest intervention opens an interesting perspective, the future of which, however, is uncertain as it is dependent on the evolution of the health strategy to be adopted by this organization. The IHF, nevertheless, was positioned to provide candid assessment on a matter of great importance and to make proposals to guide decision making in these organizations. Involvement of members was unfortunately not at the desired level due to the limited timeline for conduct of the project.

The second direction in which IHF has strongly evolved is in partnership relations with the corporate sector. The development of this global programme is based on the fact that it is in the interest of both the healthcare sector and industry to develop better efficiency in health care delivery.

The current uncertain economic climate, led to a set back in the attempt to launch, with the corporate sector, the ambitious Corporate Leadership Council. There was reluctance on the part of industry to commit on a long term basis to a development programme. This partnership was to be based on a mutual interest on preserving the independence of IHF as a knowledge broker. Exchanges, however, on this imitative were considered very fruitful by both parties. The outcome of the lessons learned has led to development of other corporate-related programmes. Interesting perspectives have been opened with the Group Purchasing Chapter, which confirms that there is a need to create an open and neutral platform for discussion.

I hope that not only will you enjoy reading this informative Report but that it will activate further interest in you to become involved in activities undertaken by the IHF Secretariat. For IHF members we also hope that this Report will have gained clearer understanding and picture of developments over the last two years. There are still activities to consolidate and potential ones to build upon, as well as solid assets to rely on and to continue to develop.

Value for money is a key issue in today’s economy. In light of that which has been accomplished by the IHF Secretariat with its limited resources in personnel and finance, we believe that members have received services that are more than commensurate in value to the fees paid.

The task accomplished by the IHF Secretariat has been possible because of:

- the work performed by an extremely dedicated staff committed to realising the mission of IHF;
- membership engagement to contribute and support activities approved by the Governing Council.
- strong support provided by Governing Council members to develop IHF.
- partners confidence in our ability to deliver according to their expectation.

As CEO of the IHF I am proud to work with and for such people and organizations and I hope that in return they will fully receive what they expect from the IHF Secretariat.

Eric de Roodenbeke, PhD
Chief Executive Officer
INTERNATIONAL HOSPITAL FEDERATION
KNOWLEDGE MANAGEMENT

COMMUNICATIONS AND PUBLIC RELATIONS

IHF official journal – World Hospital and Health Services

Description

IHF publications support and enhance the cross-fertilisation of evidence-based management practices and policy making. Through the promotion of dialogue, they contribute significantly to improving management and operations of hospitals and health care organisations. IHF, through its publications, endeavours 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 members.

Assessment of activity

For the past years, IHF produced two journals, a reference book and several miscellaneous publications on various topics. In 2010, the partnership between IHF and Methodist International, a Texas hospital group came to an end. As a result, the last edition of the Building Quality in Health Care journal was published in December 2010. Throughout the five editions, the journal aimed 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. All editions are freely available on the IHF website. In addition, in order to ensure the quality, production and sustainability of its publications, IHF also decided in 2010 to put an end its reference book, the Hospital and Healthcare Innovation Book. This annual publication was dedicated to hospital management strategies, care regimens and the evaluation of medical equipment and treatments, among other topics. All editions are also available on the IHF website.

Adapting this strategy has allowed the Secretariat to mainly focus on its official journal. First launched in 1929 as Nosokomeion, the World Hospitals and Health Services Journal is a quarterly journal which focuses on policy and strategy related issues in health service delivery. The journal targets decision makers in the health care field (hospital CEOs, managers at health ministries, and CEOs of health care organizations, etc.) and aims to provide global information on the current and most important issues, transformations, and challenges faced by the health sector, thus allowing decision makers to make sound decisions for their organizations. The journal is mainly read by our members and subscribers which include in particular, but not exclusively national hospital associations and representative bodies such as Ministries of Health, as well as their members and health care related organizations. The journal is also referenced in approximately fifty university libraries around the world.

IHF believes that the hospital plays a central role in all health systems, both in its role as a core part of clinical and preventive health services and in terms of its contribution to the training and maintenance of a skilled workforce. There are many lessons to be learned from both developed and developing countries that could be better understood and disseminated more widely. It is the IHF Secretariat’s aim to make the World Hospitals and Health Services Journal a premier source of such information and debate on current issues of major interest to its readership.

To this end, the IHF Secretariat has made efforts to improve the quality of its official journal, World Hospitals and Health Services. To achieve this objective, several means have been deployed. First of all, a survey was sent out to all members to identify the topics and issues which are the most important and relevant to them. Similarly, an Editorial Advisory Board composed of eight members and chaired by Alexander Preker, The World Bank and Eric de Roodenbeke, CEO of IHF was created. The function of the Editorial Advisory Board is to provide strategic advice on the contents
of the journal, audience for the journal, production of the journal, and the sustainability of the journal.

Outcomes
These efforts have allowed IHF to rethink the content of its journal; since June 2010, the different issues of the journal are organized according to a central theme. So far, we have dedicated special editions to hospital architecture, human resources, and innovative approaches to dealing with the challenge of non-communicable diseases. The remaining two editions of this year will focus on the evolving role of hospitals in health systems, and the role of the private sector in providing an innovative service delivery. Each journal edition also features articles on more general topics which represent a strong interest to our readership.

The quality of the selected articles has also been strengthened. To ensure high quality submissions, an Editorial Committee has been created. The committee reviews each submission and decides whether or not the content meets the standards that have been defined.

Perspective for the future
The presentation and accessibility of the journal represent another area which has been improved. The journal is now available electronically in a reader friendly format. Members and subscribers receive a paper copy of the journal, but can also log into the IHF website to read the journal online. The electronic version can be read online as if it were a paper journal or be downloaded it to the computers and/or E-book readers. The new format also has an automatic feedback function, where readers can rate articles and post comments.

Communication tools: Website & Institutional/Membership Brochures
Description
Efforts have been made to improve the communication strategy of IHF during the past year. The objective is to reinforce the institutional image of the organization by delivering a coherent and consistent message throughout the different communication tools.

Assessment of activity
One important communications project undertaken in 2010 was the development and creation of a new www.ihf-fih.org - launched in October 2010. The website acts as an efficient communication tool which offers great coverage and visibility of IHF events, projects and activities. Visitors can familiarize themselves with the work being undertaken by IHF. The website also represents a user-friendly tool that allows our members to connect. The global nature of our member network means that our members are not able to directly communicate face-to-face on a regular basis. The new website aims to bridge this gap by providing a dynamic platform where members can meet online and discuss, blog and comment on pertinent issues facing healthcare.

The website also aims to be an important information tool. Visitors and members can freely access the Health System Knowledge base, which is an information platform that offers high quality health resources, organized by region and topic.

The journal, World Hospitals and Health Services is now available electronically in a reader friendly format. Members and subscribers are able to read the journal online as if they were reading a paper journal or download it to their computers and E-book readers. The new format also has an automatic feedback function, where readers can rate articles and post comments.

The organization’s profile has been raised through two media coverages:
- Gallup management journal about the key challenges health care is facing. The full article is available at http://gmj.gallup.com/content/144881/Improving-Healthcare-Global-Challenge.aspx#1
- Economist Intelligence Unit - “The future of global healthcare delivery and management”.

The Secretariat also redesigned its institutional brochure that aims to offer information to readers about IHF activities, projects, and events. This tool is especially valuable for the organization in its participation at conferences and events. This allows unfamiliar participants to discover or learn more about the organization’s vision, mission, and overall activities. An additional brochure was designed to attract new associate members. The increase of associate membership represents a major priority for IHF at the moment. This brochure, as the institutional brochures provides information on IHF activities, but also highlights the benefits of joining an organization like IHF. In terms of design and content, substantial effort has been made to ensure consistency between the different electronic and paper communication supports.

Perspective for the future
IHFW updates its publications, events, projects and activities sections on a regular basis, and uploads newsletters four times a year, offering a wealth of information to its visitors. In 2012 IHF also aims to make available a map that geolocalizes hospitals from all over the world; thus providing an essential open access tool during times of crises, such as natural disasters. Through its website, IHF aims to position itself as a key information portal for international stakeholders in the health sector.

e-Newsletter - The IHF Electronic Newsletter – a platform for knowledge sharing
Description
The redesign and content of the newsletter also received much attention as this represents an important tool for our members and subscribers.

Published for the first time in March 2009, the newsletter provides stakeholders in the healthcare sector with key information on the latest and most relevant topics in the field. Its content covers topics such as hospital management, health financing, healthcare access and reform, national and international strategies, worldwide event, etc.

The e-newsletter is organized under five main sections: IHF news, WHO round up, from international organizations, hospital and health services worldwide news and international events.

Stakeholders
The e-newsletter is edited in-house by the Secretariat. Contributions, from IHF members and actors of the international healthcare community, are expected to provide information on the healthcare sector at the national and international level. This e-newsletter is designed as an interactive tool for members to present developments in the field of health in a particular context and disseminate their own information and experiences. IHF members as well as all colleagues from the international healthcare community are strongly invited to use the IHF newsletter to report on initiatives and events that can be of interest to colleagues in the wider healthcare community and beyond.

Outcomes
The e-newsletter is published 4 times a year: March, June, September and December. Between March 2009 and September 2011, eleven issues of the e-newsletters have been published.

Some 1600 people receive directly the e-newsletter, who subsequently disseminate it to their own affiliates.

Perspective for the future
The electronic format has been adopted for ease of dissemination and at no additional cost. The main difficulty is to reach our members’ affiliates. We encourage members to disseminate relevant information to their own members so as to improve the informative potential of the newsletter as a global instrument of knowledge sharing. Furthermore, limited feedback was received concerning the newsletter. As a service developed for members, it would be important to have more involvement from them to enable enhancement of this effective communication tool.
KNOWLEDGE GENERATION
Healthcare Organisations Priorities

Description
In January 2011 the IHF Secretariat initiated a consultancy exercise with its Full members in order to better understand what constituted their national and organizational priorities.

The rationale for this project was twofold: firstly, to improve intra and inter-level information sharing among IHF members; and, secondly, to determine members expectations.

The first step involved collation of data through Full members’ websites, with particular focus on ‘mission’, ‘values’ and ‘activities’. Comments and feedback was then requested from members on the data collected.

For the second step the data was analysed and disseminated to Full members.

Stakeholders
IHF Secretariat, IHF Full Members

Timing
Data collection from Full members’ websites was in January 2011. Feedback and comments from members were received and processed between February and March. Analysis of the results was in April 2011.

Outcomes
The information – collected from 26 members’ websites and feedback directly from members – was organized under two major groups:

- Activities
  - Congress/Workshop/Conferences (80.8%)
  - Publications (57.7%)
  - Training/Seminars (53.8%)
  - Advocacy (38.5%)
  - Consulting (27%)
  - Research/Investigation (23%)
  - Hospital Accreditation (3.8%)

- Issues
  - Hospital Management/ Leadership (77%)
  - IT/e-Health (73%)
  - Quality of care (57.6%)
  - Healthcare financing (50%)
  - Healthcare crisis/reform (42.3%)
  - Human Resources for Health (42.3%)
  - Preventive Health Service (7.7%)
  - Specific Matter

As it can be seen, within the activities, more than 80% of IHF Members organize congresses, workshops and conferences. More than half produce at least one kind of publication (newsletter, report, journal, review, etc.) and conduct educational programmes such as training courses and seminars. Only one member offers hospital accreditation services.

In what concerns ‘issues’, the most part of our members seems to be strongly interested in Hospital Management, Leadership, e-Health and IT development. Another subject that appears to be of particular interest for IHF members is the quality of care. One member of two has, within its priorities, the question of healthcare financing. Only two members work on preventive health service. In some case had been possible to detect specific subject matter as, for example, nutrition, drugs and HIV.

Perspective for the future
Regular analysis of IHF Members’ activities and major interests it’s fundamental to enable better understanding of our members’ expectations. This should allow the Secretariat the possibility of developing even greater numbers of projects and activities that would be of interest.

Such research initiatives are very time consuming and more importantly do require involvement of IHF members themselves to regularly provide updated information.

H1N1 Virus Pandemic Preparedness

Description
The H1N1 project initiative, aimed to provide an overview of country responses to the H1N1 Influenza Pandemic. The project reviewed the key roles played by healthcare organizations and associations representing hospitals, which ranged from providing advice to designing guidelines.

The two sources from which information was gathered from IHF members were:

- An online survey conducted between August 27th and September 25th 2009
- Information posted on member’s websites on the H1N1 virus

The survey focused its attention on:

- The Member’s engagement in the dialogue between national health authorities and hospitals
• How the institutions are following up the evolution of this pandemic in hospitals and healthcare services
• The institutions in charge of vaccination programmes

Assessment of activity
Analysis of the data collated confirmed that while effort was being made to develop a vaccine, most countries had had put in place response plans which involved:
 I) Adopting national pandemic influenza plans and pandemic influenza preparedness to limit the effects of a potential pandemic
 II) Informing the public about pandemic influenza
 III) Communicating government and health services strategies on pandemic preparedness
 IV) Informing the public on response plans in the event of a pandemic.

In addition, IHF members were deeply involved in countrywide pandemic preparedness efforts. The key role they had played in highlighted the importance of scaling up measures requiring massive mobilization of healthcare providers.

Stakeholders
The IHF Secretariat and its national member associations.

Timing
The project timeline was between August 27th and September 25th, 2009.

Financing
The project was self-funded.

Outcomes
The results of the survey were presented at the IHF 36th World Hospital Congress held in Rio de Janeiro, Brazil, 12-14 November, 2009. Member feedback was that there was potential for further in-depth investigation of certain subject matters that emerged from the project.

Perspective for the future
This project has been useful and relevant, the results of which have been disseminated to the international healthcare community. It represents a tested and useful programme model for future IHF-Member collaborative activities. IHF will continue to collaborate with its members so as to gather relevant information facilitating the exchange of knowledge and experience in health sector management.

<table>
<thead>
<tr>
<th>Roles</th>
<th>Response Percent</th>
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<tbody>
<tr>
<td>Outpatient investigation of suspicious cases</td>
<td>68.8%</td>
</tr>
<tr>
<td>Inpatient treatment of cases</td>
<td>100.0%</td>
</tr>
<tr>
<td>Advisory to health authorities</td>
<td>43.8%</td>
</tr>
<tr>
<td>Research activity</td>
<td>31.3%</td>
</tr>
<tr>
<td>Other</td>
<td>18.8%</td>
</tr>
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Table VIII: roles hospitals are playing
IHF EVENTS:
World Hospital Congress
Leadership Summit

36th World Hospital Congress – Rio de Janeiro, Brazil (10-12 November 2009)

Description
The First biennial International Hospital Congress, the showcase and main event of the International Hospital Federation (IHF) was held in Atlantic City, USA in 1929. This event remains the world’s unique forum at which decision makers and leaders of regional and national healthcare federations, hospitals and healthcare organizations, are brought together to engage in dialogue, exchange experiences, ideas and knowledge on best practices in leadership in hospital and healthcare management and delivery of services. An IHF full member organization alone may host the World Hospital Congress.

Assessment of activity
In November 2009, the 36th World Hospital Congress, was held for the first time in Latin America – Rio de Janeiro, Brazil, a country that is fast becoming one of the major world players and a reference for the entire continent. The event, attended by some 2000 participants from 70 countries, had as theme Healthcare in the knowledge Era. Dr. José Carlos Abrahao, President of the and incoming president of IHF and Dr. Waleska Santos, Presidents of the host organizations, National Health Confederation (CNS) and Hospitalar Fair and Forum, respectively, welcomed the many key personalities of the international hospital and healthcare community, such as Dr. Carissa Etienne, Assistant Director, World Health Organization, Yunkap Kwankam, Executive Director, International Society for Telemedicine and eHealth (ISfTeH).

The topics addressed in the plenary and parallel sessions included:
- Challenges and the role of health technology in responding to the needs, in a context of primary health care renewal
- Future of healthcare technology in the knowledge era
- Patient safety issues and evidence-based decision making in healthcare
- Safe and operational hospitals in emergencies and disasters
- Importance of health technologies in healthcare systems
- Sustainable development and hospitals: environmental performances of health facilities

Stakeholders
IHF Secretariat and its membership network and the local host and organisers: National Health Confederation (CNS) and Hospitalar Fair and Forum

Financing
Full financial responsibility of every World Hospital Congress is undertaken by the host

Outcomes
The strategic importance of the Latin American countries in the economic, social and cultural arenas and the increasing special contribution they are making in the healthcare sector is widely recognized.

The Rio Congress provided an ideal platform for interaction and sharing of country experiences and practices towards the enhancement and development of the latest technologies from all over the world. In addition the congress bore witness to the tremendous progress made in medicine and conversely enabled delegates to reflect on the current global healthcare problems.

The exhibition - Medical Devices Expo - held in conjunction with the Congress also provided exhibitors and sponsors the unique opportunity to enjoy visibility on a global platform on which to showcase their products, meet and network with industry leaders, policy decision makers and professionals from the healthcare sector.
Another milestone will be achieved in that the 37th World Hospital Congress (www.ihfdubai.ae), held 8-10 November 2011 in Dubai, United Arab Emirates, the first city in the Middle East and North Africa region to host this event since the foundation of the International Hospital Federation in 1929. The event will be hosted in collaboration with the Dubai Health Authority and Index Conferences & Exhibitions Org. Est., under the Directives of H.H. Sheikh Mohammed Bin Rashid Al Maktoum – Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai and under the Patronage of H.H. Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance, President of Dubai Health Authority. An exhibition will be held in conjunction with the Congress.

Assessment of activity

Under the theme of ‘Healthcare in a Changing World: Overcoming the Challenges’, the Dubai Congress has been reformatted so as to make the event the unique platform not only for the gathering of all IHF members and other hospital and healthcare organizations but also as a forum for them to both showcase and share developments and innovations at hospital and organizational levels in their respective countries. Keynote speeches will be presented by world-renowned speakers from partner organizations such as the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD), the International Society for Quality in Health Care (ISQua).

The key topics are:

i) Delivery of effective care through better global governance

ii) Technology-driven innovation: perspectives and obstacles

iii) Quality and Safety: what is new?

iv) Organizational challenges of Ethics in healthcare

v) Key challenges in sustainable financing of healthcare

vi) Opportunities to increase productivity in delivery of hospital

In addition, under the new format, the intention is also to capitalize on and take full advantage of IHF partnering relations with major international organizations and NGOs having leading roles in healthcare by providing them opportunities to express their views and share their expertise with Congress participants and representatives of the healthcare world. This assembly would provide a one-stop shop forum, thereby making Congress participation very informative, enlightening, rewarding and cost effective.

Stakeholders

IHF Secretariat and its membership network and the local host and organisers: Dubai Health Authority and Index Conferences & Exhibitions Org. Est

Perspective for the future

Primary objectives of the IHF, is to undertake activities that primarily include:

• Offering a platform for free exchange of ideas, expertise, experience (projects) and information among the global community of healthcare organizations and management professionals

• Acting as the global representative of its Members in the dialogue with other global organizations

The IHF, therefore, will continue to seek ways to ensure that the Congress, its showcase event to the international healthcare community, serves as one of its key instruments in achieving its stated mission of being: A world leader in facilitating the exchange of strategic knowledge and experience in the hospital and health care delivery sector.

The 38th World Hospital Congress (www.oslo2013.no) will be held 18-20 June 2013 in Oslo. The theme will be ‘Future Health Care: The Possibilities of New Technology’.
IHF Leadership Summit

Description

The IHF Hospital and Healthcare Association Leadership Summit is by invitation only and is open only to the leadership of IHF member organisations representing National Hospital Associations, Ministries of Health and IHF Governing Council members as well as to qualified potential IHF members. By restricting participation to this exclusive group the summit creates an arena for the frank exchange of concerns, opinions and ideas. It provides a unique opportunity to address, on a global level, policy issues concerning hospital associations, government relations as well as relations with other healthcare sector stakeholders, namely representatives from industry and international institutions dealing with both health and economics such as the World Health Organization (WHO), the World Bank and the Organisation for Economic Co-operation and Development (OECD).

The goal of the event is to pave the way for an effective advocacy strategy for hospitals and hospital associations. The recommendations emerging from the discussions are distributed by the IHF throughout the global health community.

The first Leadership Summit http://www.ihf-fih.org/en/IHF-Events/Past-Events/Paris-Leadership-Summit was held 12-14 May 2009 in Paris, France and hosted by the French Hospital Federation. The themes addressed were:

- Challenges to hospitals and to leaders in healthcare
- Hospital Association Leadership
- Leading in the healthcare environment
- Working with NGO’s
- Working with industry and what industry can do to help
- Working with political entities

The second Summit http://www.ihf-fih.org/en/IHF-Events/Past-Events/Leadership-summit-in-Chicago held 1-2 June 2010 in Chicago, USA, was co-organized and hosted by the American College of Healthcare Executive (ACHE) and the American Hospital Association (AHA) . It gathered 44 participants from 17 countries representing IHF full members, corporate partners and representatives from other organizations (WHO, World Bank), to discuss the following key issues related to healthcare delivery:

- Ethics and healthcare management
- Accreditation to improve quality
- Globalization of care and human resources crisis
- Hospital safety
- Disaster preparedness
- Roles of geo-localization in emergency and of first-line hospitals
- Health career education systems
- Healthcare delivery reform. Most advanced thinking and evidence on the subject were provided to participants.

Assessment of activity

The event has 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.

As a value-adding instrument to IHF service as a platform for continual knowledge sharing and discussion, this event fullfils its mandate. IHF member organizations are certainly able to use the knowledge shared for the benefit of their own memberships as well as disseminate technical knowledge to their constituencies and thereby provide internationally-sourced added value to their members. Equally important, member organizations are able to share insights with each other about problems arising in their own relationships with their members and present and/or learn from best practices. These meetings in addition provide an intensified link with the corporate sector on matters of health and hospital care.

IHF members should, however, realise the decisive influence their response and degree of involvement and participation, has on the nature and limits of this activity. With regard to
involvement of the corporate sector, ideas members may have as to the appropriate approach and relationship to establish with this group is also a determinant factor in the activity's impact and development.

**Stakeholders**

IHF Full, Associate, Governing Council members and its corporate partner representatives. In addition to these groups are non-IHF members from the wider healthcare community in other international organizations such as WHO, the World Bank and OECD.

**Financing**

Payment of nominal registration fees by the participants and support – financial and/or in kind by the host organisation(s).

**Outcomes**

- Successful and effective role play by IHF as focal point and platform for free exchange of ideas, in keeping with a set priority.
- Creation of a unique platform for knowledge sharing and exchange of ideas and practices among leaders of hospital and healthcare organizations, international governmental and non-governmental organisations.
- Creation of an ideal environment for effective dialogue with industry representatives to discuss the needs and motivations of both suppliers and consumers in a non-commercial environment.
- Identification, through the presentations and discussions, of future challenges in the healthcare sector at country and global levels.
- Development by IHF members themselves, of recommendations and position statements on the selected key topics pertinent to delivery of services by hospitals and healthcare organizations.

**Perspective for the future**

This event aligns strategically with IHF’s mission to act as a knowledge platform through creation of a neutral and free environment for discussions and experience sharing. It is also an advocacy tool for IHF with which to enhance the voice of the global community of health care decision makers.

We are pleased to announce that the 3rd Summit meeting will be held in May/June 2012 in Sun City, South Africa in collaboration with the Department of Health. This will be the first official IHF event to be held on the continent of Africa.
COLLABORATIVE AND PARTICIPATORY EVENTS:

MCC Hospital World Conference\textsuperscript{2009}:
\textit{The Hospital World of Today and Tomorrow}

**Description**
MCC Hospital World Conference (\url{www.hospitalworld.info}) is an event that brings 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, which attracts some 100 participants, provides a 360 degree perspective on most relevant topics for healthcare decision makers, through presentations from key experts in the countries where the major developments are being witnessed. Roundtables and networking offer the opportunity to open an international perspective through dialogue among key players as well as allowing one-on-one exchanges with the said leaders. Its primary focus is on delivery of health care by the private sector.

The 7\textsuperscript{th} Conference took place 21-22 September 2009 in Berlin, Germany. Over 20 renowned international speakers from Great Britain, India, Russia, Germany, France, Israel, Hong Kong and the USA, which included decision makers in the hospital industry, health insurances, associations, consultative, IT, research and development as well as politics, were brought together to discuss current and future trends in the international hospital market and presented strategies for successful management. The event, in addition welcomed a delegation of Chinese hospital directors.

**Stakeholders**
The IHF Secretariat and MCC, a German communications and event management firm, are the event’s stakeholders.

**Timing**
This event is held in September over a two day period in Berlin or another major city in Germany.

It was held annually until 2009 and restarted in 2011.

**Financing**
Full financial responsibility of the event is undertaken by MCC through corporate sponsorships and participant registration fees. For the 2011 Conference, a call for sponsorship has been extended to members of the IHF Corporate Sponsorship Programme. Travel expenses for IHF participation are covered and as well as receipt of a small revenue.

**Outcomes**
Although this event struggles to grow into a larger one, it does serve to increase awareness of IHF and to introduce IHF to colleagues within the healthcare community and industry who were not previously aware of the organization.

The retention rate in participation remains consistent, which is confirmation that the event is perceived as valuable.

**Perspective for the future**
This partnership with MCC remains of value and excellent as IHF seeks to collaborate with partners with shared goals and target audience. The intention is to attract sponsorship and engagement from IHF’s corporate partners. With the high quality presentations, steps need perhaps to be taken to increase the event’s appeal to IHF.

**MCC hospital world \textsuperscript{2011}; Trends and Opportunities in Emerging Markets**

**Assessment of activity**
The 8\textsuperscript{th} Conference was held 22-23 September 2011, again in Berlin, Germany. For this event, special attention was given to Brazil, China, India and Russia (BRIC) countries. In addition to the BRIC countries, there were opportunities for participants to engage in exchanges of dialogue which enabled them to better understand factors influencing the increase in market share by the private sector in OECD countries whilst the Middle East remains a vibrant market for health care.

Other topics discussed included:
- Emerging Markets:
Gulf Region (Saudi-Arabia, Dubai) • India • China • Russia • Brazil
- Management of Increasing Financial Pressure
  - Opportunities and Threats in a Highly Competitive Environment
- The Future Role of E-Health and IT for the Hospital Market
- Integrated Solutions for Patients
- Hospital Benchmarking as Competitive Advantage
- Strategies for a Successful Quality- and Risk management
- Globalization of Health Services
- Successful Strategies of Internationalization
- Quality and Accreditation in Health Care
The target audience was again international experts of decision makers in the hospital industry, health insurances, associations, consultative, research and development as well as politics.

Hospital Management Asia (HMA)
Description
This event is an annual learning conference and exposition for senior hospital managers and healthcare professionals in Asia, which 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 award programmes in Asia.

Assessment of activity
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). IHF full members, namely the Indonesian Hospital Association and the Hong Kong Hospital Authority are also partners of the event.
IHF is also 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

Eric de Roodenbeke, IHF CEO and Sheila Anazonwu, IHF Partnerships and Project Manager, are members of the Selection Committee for the Asian Hospital Management Awards.
An initiative which will be introduced in HMA2011 is the IHF-JHMI Health Leaders Forum, the objectives of which will be to take up the concerns and issues of health leaders in Asia. The session will be co-chaired by CEOs of IHF and JHMI, the topic of which will be The Role of Doctors/Clinicians in Hospital Governance in the Public and Private Sectors

Stakeholders
- IHF Secretariat, Governing Council
- Full members in Asia and Exedra Events, the Philippine-based conference management company, organisers of the event.

Timing
The 2011 event was held 7 & 8 September in Singapore

Financing
Accommodation and travel costs for IHF CEO are covered. In addition, IHF is granted 2 complimentary registrations.

Outcome
This event has been a useful and effective platform for promoting IHF and its activities as well as membership recruitment source in the region.

Perspective for the future
The event organizers greatly appreciate the contribution of IHF and intend in future events to assign key speaker roles at either the opening or plenary sessions to IHF CEO and/or Council members.
The IHF had the great pleasure of participating in the Hong Kong Hospital Authority Annual Convention from 7 to 8 June, 2011.

Assessment of activity
During the Convention, IHF Governing Council Members participated in the IHF Forum, under the title “Healthcare Issuer, Priorities and Reforms in IHF Member Countries”. Presentations were made by Dr José Carlos de Souza Abrahão (President of the Brazilian National Healthcare Federation & IHF President), Dr Thomas Dolan (CEO of the American College of Healthcare Executives), Prof Helen Lapsley (Professor at the University of the New South Wales), Dr Tsuneo Sakai (President of the Japan Hospital Association), Mr Gerard Vincent (Director General of the French Hospital Federation) and Dr Delon Wu (President of the Taiwan Hospital Association).

The speakers’ presentations were on their respective healthcare systems. Dr Abrahão described the healthcare system in Brazil, the economic impact of the healthcare sector, developments in the public and private sectors as well as quality and safety in healthcare delivery service. Dr Dolan highlighted some key trends in the United States healthcare delivery system in regard to health status, quality and cost; insurance coverage and manpower; facilities, equipment and delivery reform. Prof. Lapsley highlighted specific issues in Australia related to vertical fiscal imbalances and uncapped fees in provision of medical services. She described the four priorities for healthcare services: mental health, cost containment, health workforce and activity-based funding. Current reforms in the Australian health system, she reported are on: increased focus on prevention, better management and coordination of aged care services, increased mental health services and expansion of subsidies for diagnostic and pathology services. Dr Sakai gave a presentation on the Great Eastern Japan Earthquake which hit Japan in March 2011. The disaster, accompanied by the tsunami and nuclear power plant destruction, had a devastating impact on the healthcare delivery system in the affected areas. Dr Sakai described the three phases of the Disaster Support System (acute-stage, mid-term and long-term support) and the efforts realized by the Japan Hospital Association to restore the healthcare delivery system. Mr Vincent outlined four central issues for the French healthcare: the consequences of shortage of nursing and medical workforce on the organization of hospitals and healthcare services; the impact of DRGs and hospital financing mechanisms on public services activities; the influence of accreditation on the quality of care provided; the involvement of patients in decision-making at hospital level. Dr Wu described developments in the healthcare system in Taiwan since the implementation in 1995, of the universal health insurance system. He also reported on the influence and impact of the private sector in development of the country’s healthcare service and as a result has emerged as a major force in healthcare promotion.
American College of Healthcare Executives Congress (2011)

**Description**
IHF had the pleasure of participating at the American College of Healthcare Executives (ACHE) Congress on Healthcare Leadership held 21-24 March 2011 in Chicago.

**Assessment of activity**
This event gave IHF the opportunity to have a booth and present its activities, events and publications to a wide North American audience. Dr. Eric de Roodenbeke, IHF CEO also made two presentations on the situation of the hospital sector in developing countries, and international hospital partnerships, themes that appealed to a wide audience.

**Outcomes**
IHF’s main objective during the ACHE Congress was to provide more visibility to the organization and its activities, and expand its associate membership. The latter represents one of the main goals of the organization for this year, and falls within the Federation’s aims to expand membership to individual hospitals and healthcare institutions. The associate membership mainly targets University Hospitals, as a University Hospital Chapter will be inaugurated during the 37th World Hospital Congress in Dubai. IHF thanks Dr. Tom Dolan, President and CEO of the American College of Healthcare Executives and IHF President (President-Designate) for giving us the opportunity to participate in this event.


**Description**
IHF was invited to participate at the 2nd edition of the Chronic Diseases and Health Management conference held in Bucharest, Romania on September 22 and 23, 2010.

**Assessment of activity**
The management of non-communicable diseases represents a topic of high relevance to the majority of IHF members which occupies a priority on their political agendas. As a result, IHF decided to participate and provide its input on two key issues: financing and human resources. IHF’s CEO, Eric de Roodenbeke chaired the session ‘Financing of Chronic Care Treatment and the Economic Evaluation of Chronic Care’ and made a presentation on ‘Financing Non Communicable Diseases. Looking for Better Alignment of Payment Mechanisms’. Similarly, IHF’s Communications and Research Project Manager, Ioana Rusu co-chaired the session ‘The Role of Medical Services in Chronic Care’ and presented the ‘Health Workforce Challenges in France’ as an example of the importance of human resource management in dealing with chronic diseases.

**Outcomes**
These presentations can be found on the IHF’s website - http://www.ihf-fih.org/IHF-Events/Past-Events/Leadership-summit-in-Chicago
**ADVOCACY AND INTERNATIONAL RELATIONS**

**IHF President: International Mission and Advocacy**

**Description**

Dr. José Carlos Abrahão, President of the Confederação Nacional de Saúde (National Hospital Confederation (CNS) – Brazil) and the International Hospital Federation, undertook various mission trips to Spain, USA, Colombia and Puerto Rico, between January and June 2011. Dr Abrahão through these missions was able to reinforce relations as well as promote IHF and its activities to audiences and countries where outreach and interaction has been limited.

**Assessment of activity**

Dr. Abrahão was invited to make presentations covering topics particularly relevant to IHF and its objectives. The mission programmes were as follows:

- **Date and Place:** January 2011 - Barcelona, Spain  
  **Event:** Sustainable Development and Enterprise in Barcelona  
  **Presentation:** "Hospital: Sustainability and Business"  
  **Participants:** 200  
  **Key participants:** Helena Ris – General Director of Unió Catalana de Hospitales and Miquel Nadal – Director of RACC foundation.

- **Date and Place:** March 17, 2011 – Washington DC, USA  
  **Event:** Sustainability Forum in Washington at the Embassy of Spain in partnership with the World Bank  
  **Presentation:** Business, Health and Sustainable Development  
  **Participants:** 100  
  **Key participants:** Gregory Stackle - Director of RTKL, Diego Belmonte - Esound Energy, Dr. Luis Donoso - Director, Hospital Clínico Provincial de Barcelona, Dr. Santiago de Torres - President of E-diagnostic, Dr Roser Vicent, and José Maria Pérez Gallego - Gesaworld.

- **Date and Place:** April 25 to 27, 2011 – Madrid, Spain  
  **Event:** Seminar on Hospital Safety  
  **Presentation:**  
  - Lecture on Green Hospitals and Insurance  
  - Economic crisis in health systems?  
  - Inaugural Conference "Need for change in hospitals to seek efficiency and sustainability”  
  **Participants:** 2000  
  **Key participants:** Ministry of Health of Spain, several health counselors and leaders in the sector.

- **Date and Place:** May 5 to 8, 2011 – Bogotá, Colombia  
  **Event:** Bionexo Governing Council  
  **Presentation:** The Healthcare System in Brazil  
  **Participants:** 200  
  **Key participants:** Minister of Health for Colombia

- **Date and Place:** June 29 and 30, 2011 – Puerto Rico  
  **Event:** VII Latin American Congress of Health Administrators  
  **Presentation:** Governance and governability in Latin America: Facing the challenges of the new decade.
Participants: 500
Key participants: Several presidents and leaders of the Latin America healthcare sector.

Date and Place: September 14-15
Event: CUDASS Congress – Uruguayan College of Healthcare Managers for Human Resources
Presentation: Dr. Jose Carlos Abrahao’s Presentation: “Management of Human Capital in Health”
Participants: Participants: 200
Key Participants: Uruguay Minister for Public Health, and key healthcare representatives from other Latin American countries

Outcomes
Dr Abrahão has partnered with the organizers of the Barcelona event - Unió Catalana de Hospitales and the Gesaworld - an international consultancy group specialized in consulting to improve health services and social sector - to promote sustainable development of hospitals affiliated with CNS, improving efficiency, effectiveness and quality in healthcare facilities.

The Washington event was based on the concept of sustainable development in the Brundtland Report (1987), prepared by the United Nations Conference on Environment and Development (UNCED), which states that “Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

At the Seminar on Hospital Safety held in Madrid, Spain, Dr. Abrahão in his presentation emphasized that a change in behavior was necessary to provide quality service. This could only be achieved through total commitment by, as well as cooperation among all players in the health sector. Dr Abrahão spoke in particular about sustainability and management techniques.
Interaction with the World Health Organization (WHO):

Human Resources for Health

**Description**

IHF was invited to collaborate in major activities developed by the human resource for health department of the World Health Organization (WHO). These activities were mostly around two areas of work: Developing international recommendations for access to health workers in remote areas and the code on ethical recruitment of health workers.

For both activities IHF was able to provide technical inputs and advocate for better recognition of the role of health facility decision makers. In development of the recommendations, IHF was commissioned to provide a study on outreach services around the world.

Given the importance of the challenges in mobilizing human resources for health, it was vital for IHF to echo the perspective of employers as well as that of service delivery organizations.

**Assessment of activity**

The code of ethical recruitment was a country-led activity for which IHF played a supportive role by providing early information to members to allow them to influence the national point of view during a two year long process, which culminated in the adoption of global recommendation at the World Health Assembly. IHF involvement as follow-up action to the adopted recommendation has been to contribute suggestions on the dissemination and implementation strategy. IHF contribution was also made at a side event on this subject during May 2011 World Health.

The WHO rural health workers programme took part within the WHO migration and retention stream of work. Initial contribution from the IHF involved providing input to the concept note. IHF, however, fully engaged in all subsequent meetings, which concluded with the adoption of recommendations. This was a very open consultative process for consensus building. In addition to pure technical inputs, IHF was able to make its point of view heard; it is very important not only to develop retention strategies but also to explore all alternative approaches on service delivery to provide better health coverage for populations in remote areas.

IHF has developed a study highlighting modalities of intervention to improve outreach services to populations in order to encourage support of this approach. A report was delivered presenting various experiences of hospital based outreach services. A large section was dedicated to virtual outreach as new technologies open up many possibilities for services to people without direct physical access.

**Stakeholders**

The WHO resolution was developed as is the norm under the supervision of Members States. IHF could not play a direct role but was able to spark off stronger involvement of members in the position statements from their respective countries. For implementation of the recommendation, IHF has been recognized as an important player as it represents the largest employment sector for health workers.

The guidelines on access to care in remote areas enabled consultation with key professional associations, including IHF as well as the best experts from the academia and policy makers from various countries. The format of this project permitted extensive informal exchanges between the participants, which resulted in the building of good relations. The long period of group association also served to reinforce ties between people and their respective institutions.

**Timing**

Both activities took place between early 2009 and mid-2011. There has been an ongoing stream of work up to mid 2010. The pace of work slowed down for the follow up activities. Since mid 2011 there has been very limited activity. The financial crisis WHO is facing has severely hampered progress of this programme.

**Financing**

Most of the activities took place in Geneva, and as a result the main expenses for IHF involved staff time spent in attending meetings and preparing pre and post meeting background work.

Travel and accommodation expenses for the meeting held in Vietnam were covered by WHO. For the report on outreach services, WHO provided a small grant, which covered the expenses to hire, on a short-term basis, a consultant to do the background research and prepare the initial draft of
the report. Much time has had to be dedicated to final editing of the document. WHO has provided most of this as the publication was to be in line with WHO editorial publishing guidelines.

**Outcomes**

Human resources is one of the major topics of concern for IHF members. It was therefore important for IHF secretariat to be fully involved in the major WHO activity on this topic.

IHF participation was very positive, in that input was made in the discussions and in the final content of the publication. This input has been very positively received by the other stakeholders. For IHF discussions with all the stakeholders brought to light other perspectives on the very sensitive issue of human resource mobilization.

This activity gave several opportunities to the IHF secretariat to mobilize its members and to channel their views in the global discussions.

IHF has been able to increase awareness of policy makers and academic experts on the role of employers’ strategy in the overall human resource approach. Good guidelines should not only respond to a public health need or policy orientation, they should also be fully endorsed by the health care representatives who determine the evolution of human resource needs and reshape health care delivery models.

**Perspective for the future**

Implementation of the code and of the global recommendation will be the major challenge for the coming two years. It would be a pity if given all the investment made, all stakeholders do not make full use of them.

The financial crisis facing WHO, is likely to put at risk follow up of these programmes. IHF members, however should maximize use of this product to the benefit of their respective constituents and countries.

The report on outreach services for population in remote area should be available soon. This should trigger further interest in developing service alternatives rather than just retention strategies in a delivery model which is not sustainable.

**Technical assistance to WHO to review and extend Government of Laos Health Investment Policy Document**

**Description**

The World Health Organization (WHO) requested support from the IHF to revise and further develop the Health Investment Policy Document for the Government of Laos

The existing document, prepared with technical assistance from WHO, only covers biomedical equipment. The Government of Laos requested revision of the document and expansion of its scope to cover all types of investment, including civil works.

**Assessment of activity**

The current policy document was reviewed in the light of international best practices and the example of recent policy documents adopted in developing countries.

A 4-day workshop was undertaken with key national stakeholders identified by the Ministry of Health. The IHF played a significant role in facilitating the work of the group in identifying key points of improvement in current document and to make proposals to include civil work investment policy.

A global review of the policy document was undertaken and completed with the collaboration of Dr Porter, an independent expert commissioned by WHO.

A broad consultation allowed presentation of the proposed policy options and to take into account comments from various sectors in the Ministry of Health.

A number of hospital visits were organized to enable further discussions with management teams and gain understanding, at hands-on level, of some of the issues that were discussed in the workshop.

**Stakeholders**

This activity was funded by WHO under a grant from Luxembourg government who is very active in the health sector in Laos. The team worked closely with the Department in charge of medical devices and with representatives of major hospitals from Vientiane.

**Timing**

Preparations for the 2-week mission to Vientiane were carried out in September 2010 and the actual
mission in October 2010. Limited post-mission follow-up activity has been required.

**Financing**

The mission was funded by WHO, which included travel and accommodation and payment of a consultancy fee, which did not cover actual staff time and overhead costs. However, IHF involvement and contribution to this activity has enabled IHF to provide support to a developing nation in a region where there is need for its increased visibility.

**Outcomes**

The work delivered during the mission was formally approved by the national authorities. The new policy framework is now put in place.

Relations with WHO have been tightened as a result of this consultation exercise as well as their confidence and assurance in mobilising IHF as a solid technical partner and an organization from whom expertise can be received for country support initiatives.

The document prepared for the Laos Government has served as reference material for other countries that have requested WHO assistance.

For IHF in addition to credibility as a technical partner recognized by the senior management of Laos MoH, this mission was an opportunity to link up with some hospital executives and discuss prospects for membership with IHF as there is a willingness to develop a network of hospitals in the sub-region.

**Perspective for the future**

As a follow-up strategy to the mission, IHF has recommended undertaking of an analysis current capacities available in the MoH, other public departments and the private sector on architecture and building services (electrical and mechanical engineering systems) as well as on property management. Weak management capacity was another element addressed in policy implementation, as the target of most activities seemed to be front line technical capacities with limited success in a public environment. Should the Government of Laos decide to pursue the recommendations, IHF could assist by identifying among its members competencies to provide the necessary support to Laos. This activity has highlighted the need for better formalized representation of the hospital sector through an association or any other such organization so that formal and well structured platforms for dialogue and capacity building can be created. IHF has proposed support for any activity related to this initiative, to be undertaken at national or regional level.

On both of these aspects there has been no immediate follow up action from the Laos Ministry of Health, the hospital managers met during the mission or WHO(Geneva), country or West Pacific Regional Offices.

On the latest possible development the IHF will follow up with the Asian Hospital association if there is an interest in pro-active support to developing countries from their region.

**Hospital Portfolio Description**

IHF was commissioned to undertake a review of the World Health Organization(WHO) portfolio of hospital-related activities in order to provide clearer understanding of the resources at the disposal of WHO to assume its role in global governance of hospitals and effectively assist in achieving the Primary Health Care renewal strategy as outlined in the 2008 World Health Report (WHR) “PHC Now More Than Ever”. Following publication of the Report, WHO initiated a stream of work on hospitals in order to
better engage them in support of Primary Health Care (PHC). The first initiative involved a review of the role of district hospitals and the level of progress made over the last decade. A workshop, organized in Rio de Janeiro, Brazil in November 2009, in conjunction with the IHF 36th World Hospital Congress, created the opportunity to take stock of the current situation across the globe. The major conclusion from the workshop was that over the past decade hospitals have attracted very little interest in the field of research, and that policy makers have made limited progress in the mobilization of the hospital sector.

This work which captures both the role of hospitals in the health system and the challenges they face, is intended to pave the way for dialogue to determine the possible role and contribution to be made by WHO. The anticipated proposals from the dialogue should ensure enhancement of performance of the health system through better utilization and/or evolution of the hospital sector. This material will serve to further encourage discussion internally within WHO, both at headquarter level and at regional level, as well as with various stakeholders representing bilateral multilateral agencies.

At the Brazil workshop, the International Hospital Federation (IHF) presented a framework, acknowledged as having appropriately captured the role and functions of hospitals at district level as well as for any other level. The framework highlights the diversity of activities hospitals undertake and as a result calls for further work to determine ways in which a consistent approach could be found in the governance of hospitals. In order to realize this objective, a further review was deemed necessary of the strategy by which WHO, through its various units in their support of different programmes, may engage the hospital sector.

IHF, the sole body internationally representing hospitals, and therefore appropriately positioned to provide insight to the likely impact the various activities may have on the roles and functions of hospitals, was commissioned to undertake the review.

Assessment of activity

The portfolio review was undertaken in close collaboration with the Health System Governance and Service Delivery Department from the health systems and services cluster at the WHO. With their assistance, the research team selected units to interview. This selection was based either on known hospital related activities or on their area of intervention which was likely to be relying on hospitals. A total of 19 interviews were completed that covered most of the clusters at the WHO headquarters.

The interviews used a semi-structured format, with ten questions framed in a way intended to encourage discussion. The purpose of the interviews was to reveal the level of engagement the units/department had with the hospital sector and also to report their views on possible areas for change and perspectives for WHO involvement with hospitals.

The generic district hospital model framework adopted during the Rio workshop was used to guide discussion on challenges faced by hospitals, as well as to develop clear concepts on the functions of hospitals.

Report: Key Findings and Recommendations

The draft report provides key findings of the overall portfolio review of activities and the major challenges facing hospitals and provides various recommendations on the way forward. A unique generic hospital model developed by IHF to describe the internal and external forces that shape the nature and level of performance of hospitals, is featured in the report. The model highlights the three levels of intervention: policy and governance, market forces and population needs and demands, whilst emphasizing the role that adequate management and leadership plays in ensuring good performance by the hospital.

Stakeholders

Health System Governance and Service Delivery Department from the health systems and services cluster at the World Health Organization (WHO)

International Hospital Federation

Timing

May 2010 – date (July 2011)

Financing

Health System Governance and Service Delivery Department from the health systems and services cluster (HSS/HDS/HGS) - HQ World Health Organization (WHO)
Outcomes

A Report – Hospitals’ challenges and WHO portfolio of hospital related activities: Exploring the way forward - currently in draft, has been prepared.

A 2-day dialogue exchange meeting was organized by the WHO Health System Governance and Service Delivery Department, attended by representatives of the surveyed departments, interviewees and IHF CEO and Partnerships and Project Manager. Eric de Roodenbeke, IHF CEO, presented the key findings of the Portfolio review with recommendations on the way forward.

Next steps activities will involve a follow-up stakeholder management meeting to be hosted by the Government of Luxembourg. In addition, the WHO will lead a session at the forthcoming IHF Dubai Congress, dedicated to this theme, with the aim of identifying the way forward.

Perspective for the future

The potential is for development of a series of activities. However, this will require preparation of dossiers for presentation to donors for funding. Discussions are underway to publish parts of the Report for dissemination.

Interaction with the Organisation for Economic Co-operation and Development (OECD)

Description

One of the core missions of the IHF is to represent its members’ perspective in fora organized by the major international organizations. Since 2008 effort has been made to increase involvement with the health department of the Organisation for Economic Co-operation and Development (OECD). Although the OECD does not have an institutional mechanism by which official relation status can be established with organizations such as the IHF, very positive working relation has been established with the Health Committee administration.

Without any doubt the OECD has been the most active international organization working on the hospital portfolio from a broader policy perspective. It has the most reliable and largest data base on hospitals from among its members. The topics that are addressed are very relevant to IHF, which are in line that those that are of concern to our members.

Assessment of activity

The 2 opportunities IHF has had to be featured in major events organized by the OECD are as follows:

- The Health ministers’ Roundtable organized in October 2010. At this event, IHF was invited to a pre-meeting forum on quality of care, in conjunction with the public launch of the report: Improving Value in Healthcare – Measuring Quality.

- OECD 50th Anniversary, celebrated in June 2011. IHF was invited as a discussant on the topic of financing and payment system with multiple morbidities to a dedicated session on the challenge of ageing population and multiple morbidities.
  [http://www.oecd.org/document/17/0,3746,en_2649_37407_37088930_1_1_1_37407,00.html](http://www.oecd.org/document/17/0,3746,en_2649_37407_37088930_1_1_1_37407,00.html)

Both of these meeting were an excellent opportunity to convey messages on the urgent need to develop a more holistic view on healthcare without undermining the dynamic of service providers. Whether it is about improving quality of
care or better meeting the challenges of an ageing population the current financing models, regardless of country specificities, are too focused on a narrow dimension of service provision.

**Stakeholders**

The OECD meetings allow for very productive interaction between representatives of governments, industry and trade unions as well as academia. Unfortunately professional associations are denied official representation. Recently, however, significant effort is being made by the OECD to invite representatives from such organizations as IHF.

The meetings where professional associations are invited are open meetings. The formal meetings are closed to the public as well as to external partners. For these meeting the IHF secretariat was able to inform its members ahead of time and to ask them for contributions to be able to reflect their views in the talk delivered to the audience.

**Timing**

The timeline although tight for consultation of IHF members allows such a process to take place. The infrequency of these meetings, however, prevents the IHF Secretariat from preparing and submitting formal work programme.

**Financing**

Expenses for participation for the IHF Secretariat in the meetings are often minimal as they are held at the OECD Headquarters in Paris. For the June 2011 meeting transportation and accommodation costs were covered by the OECD. The majority of costs to the IHF Secretariat was in administrative.

**Outcomes**

In presentation at the October 2010 meeting IHF emphasised its commitment to promote best practices as well as to advocate for the need for continuous improvement of quality of care and patient safety. The pitfalls of measurement and of summarizing complex processes into indicators were also highlighted.

It has to be recognized that measuring results is only one step toward what is the most important mechanism: implementing quality improvement at all levels in health care services. Today we are facing a large variety of quality improvement methods, but without having a clear view on which is most effective in any given situation. OECD could play an important role in assessing the quality improvement approaches to help service providers to make evidence based decisions. Last but not least, the payment system should not be disconnected from the quality insurance process. Most countries are facing payment systems that target individual providers rather than health outcomes. In countries where the bulk of health spending is related to chronic diseases in an ageing population, it becomes urgent to shift the financing model to health outcomes at patients’ level. Health authorities have a strong responsibility to align regulations, paying mechanisms and health outcome goals while granting providers more responsibility and so make them more accountable to the population they serve.

In the June 2011 meeting, IHF in its presentation, demonstrated that current health reforms over-emphasise financing mechanisms, which continue to be predominantly based on episodes of care. There are some attempts to reduce excess of care while improving coordination but such initiatives remain speculative. In a very complex environment, the adopted measures can be classified as simple measures which influences very little the way providers are organized. Limited consideration is also given to the multiplicity of payers whilst with the ageing population the divide between social expenses and medical expenses will become increasingly blurred. Patient-centered care is considered as the way forward but for this to happen it will be important to give a stronger voice to citizens. They will have to be involved in making choices on three major concerns:

- The ethical question on maintaining life and on an acceptable ‘end of life’ for this population group. A debate likely to be championed by the ageing population itself. In OECD countries a very large amount of health related expenses are linked to last months of life.
- The question of the individual responsibility versus social responsibility has been raised but here again there is not much debate linked to financing models for healthcare. Solidarity can work when this question is dealt appropriately from the dominant opinion of the population
- The nature of care which will have to change dramatically. It will be necessary to go beyond economic analysis on home care versus institutional care. Technology will accelerate
development, however, here again, the key question of nature and quality of life will have to be at the center of the decision making process.

The situation is calling for strong mobilization which has been initiated and is gaining ground in some OECD countries. The recent adverse economic situation has forced the immediate focus of governments to be diverted to issues of growth and public deficit.

The situation is also calling for more effort on research for more solid evidence on key factors influencing trends and potential responses to major health threats. It requires also a more positive perception of old age care through a multi disciplinary approach.

There is a major trend in decentralization of stewardship power on healthcare, and this is certainly a very positive move as local democracy and stronger accountability of politicians will pave the way for customized solutions to the multiple challenges to a very complex issue.

**Perspective for the future**

The collaboration with the OECD should continue with reciprocal invitations in events. This will allow IHF members to better use the wealth of information available from the OECD health committee. It will provide for OECD an opportunity to have key players on the front line making better use of their analytical work.

We also hope that this informal dialogue may help the OECD health committee to take into consideration the point of view of the service delivery sector.

Participation by Mark Pearson, Head of Health Division at the OECD in the Dubai Congress will provide a strong opportunity for better interaction with the healthcare community.

Stronger collaboration with OECD will also facilitate development of links between our corporate partner activities and those of the Business Industry Advisory Committee (BIAC), the industry representative body of the OECD.

**Cooperation with the African Development Bank**

**Description**

The African Development Bank (AfDB) is assessing the results of its 2008-2012 mid-term strategy and preparing its 2013-2017 mid term strategy. This is a timely opportunity to explore possibilities for stronger involvement of AfDB in the hospital sector.

IHF was commissioned by AfDB to provide support their planned hospital sector initiative, which was launched at the end of 2010 and completed in July 2011.

The task required undertaking of background research on the current status of the hospital sector in Africa. There was also an opportunity to be involved in a project supporting the hospitals in Kampala, Uganda. The combination of research and onsite activities generated discussions on the health strategy in the broader perspective of human development with proposals for intervention.

**Assessment of activity**

This activity was a great opportunity for IHF to show the importance of support to the hospital sector as a core element of health policy intervention, and to complete an activity in Africa, where IHF membership remains limited. For IHF, the support to developing nations has always been a commitment but in the last years there have been limited opportunities to engage in this area.

The report prepared for AfDB pointed out the importance of hospitals not only for health care but also from an economic perspective. The various functions hospitals are able to fulfill were highlighted.

A framework was used to present all the possible angles for intervention. Also highlighted was the importance of inclusion of the delivery sector in all policies targeting health system improvement. There are many opportunities for stronger involvement by a regional development bank such as AfDB to support national health policies. The existence of alternative interventions would enable the bank to develop customized strategies for its clients.

The field mission to Uganda was undertaken to better understand the current AfDB intervention modalities and to support the project team and raise the prospects for the success of the project. It gave an opportunity to work with the
representative of the Ugandan Hospital Managers Association, who is an IHF member.

A short mission to Tunis resulted in very productive interactions with the Bank’s small health team, the outcome of which was conclusion of the proposals for relevant possible interventions by AfDB in the hospital sector.

As a follow up of this visit to the head quarters, IHF was unable to participate in a departmental workshop on the human development strategy because of the limited time given in the notice of meeting.

Stakeholders
Most of the work was by IHF due to the limited opportunities for contact with the AfDB health team, limited deadline for delivery of the report and opportunity to mobilization IHF member organizations.

The field visit provided opportunities for good interaction with the IHF Ugandan member as well as representatives from the Ministry of Health (MoH). Dialogue with the MoH was appreciated on both sides and served to raise visibility of IHF. There was also an opportunity to meet with representatives from the private sector and to hear of their interest in creating a national health providers’ association.

Timing
Initiation of the project by planned by a visit in January/February 2011 to Tunis, where the AfDB headquarters are located, was deferred, due to the political situation at the time. As a consequence, much more time was dedicated to desk work. The field mission to Uganda took place in March 2011, after having been postponed several times. The visit to Tunis to present the first part of the report and discuss the recommendation for intervention took place end of May early June. The recommendations for intervention for the Strategy workshop were submitted by the end of June and the final report sent to AfDB end of July.

Financing
For this activity, the IHF received 19,500 USD from AfDB. This covered most of the staff time cost but not the overheads. The task was more demanding than initially estimated and the IHF CEO was fully mobilized for this task. However although the full cost was not covered, it is acceptable as this activity has allowed to highlight the importance of hospitals in Africa. It was also a unique opportunity to link up with the AfDB.

Outcomes
The main outcome was the report prepared for the AfDB. This is a very comprehensive overview of the role and functions of hospitals in the context of African countries. The usual arguments against hospital interventions that have been put forward by the World Bank, WHO and bilateral developing agencies are reviewed and addressed. Other forms of interventions in favor of hospitals are also assessed, and arguments in support of an increase in their levels are developed. Different modalities of interventions are explored, demonstrating that whatever the nature of intervention in support to health development, relevant opportunities for health care support exist.

Emphasis is placed primarily on the importance of a system approach where hospitals should be fully integrated. The call is not for hospital-only based strategies, but rather for better recognition of the role and place of service delivery organizations in health system support.

Perspective for the future
This is the first ever commission of IHF by AfDB to provide advisory services both at a strategic level and on operations. This opens a window for possible further developments if the AfDB decides to give some place for service delivery support interventions. The report has to be fully accepted by AfDB and there are different possibilities for further development.

A large portion of this report could be published as this would be of benefit to all countries and developing nation partners.

Other potential areas of collaboration with AfDB may be in either provision of additional analytical work (country status reports on health care) or of guidance and external review of projects.
Collaboration with the World Economic Forum: The Global Health Data Charter

Description

As an advisory board member of the World Economic Forum (WEF) project, IHF has actively contributed to the discussion for a Global Health Data Charter.

The efficiency of health systems relies on the quality and accessibility of the data collected or received. The consequences of incomplete data means policymakers are misinformed, healthcare professionals find they lack the right resources to address pressing healthcare issues and patients suffer.

The Global Health Data Charter recognizes that accurate health data is essential for effective and efficient health management. The Charter aims to enable individuals, patients, health professionals and policy-makers to make more informed decisions through secure access to comprehensive, quality data. The Charter was developed by the World Economic Forum, with project advisory services and support provided by Deloitte and a broad group of stakeholders.

Assessment of activity

The process for elaborating the data charter was by a 3-step approach. The initial meeting organized by the WEF was to explore interest and possible direction for adopting principles for better access and utilization of health data. This first step involved exploration of the scope of work, the stakeholders to engage and the nature of the work that could be done by WEF. In this initial step IHF strongly advocated that the focus should be on patient rather than administrative data gathered at facility or government level. After this initial discussion there was an agreement from all participants on the value of adopting guiding principles on health data. This first step allowed the health unit of WEF to finalise the project and approved by the governing bodies of the WEF at its annual summit.

The second step involved consultation with an expanded group of stakeholders on the principles that should be included in the data base charter. The consultation outcome was reformatting of the approach and again the focus of discussion was on whether the data base charter should be generic, covering all forms of health data or on individual health data, accessible for purposes of epidemiology studies. The following Value Statement for the health data charter was agreed upon:

**Value statements**

<table>
<thead>
<tr>
<th>Vision</th>
<th>Better Health Data for Better Health – individual, National, and Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Placing the individual at the centre. Individuals are the owners of their personal health data and the main beneficiaries of better health data – they need to know, and influence, how their data are accessed, by whom, and for what purposes (except where constrained by law or other regulatory needs).</td>
</tr>
<tr>
<td>2.</td>
<td>Improving health outcomes. Aggregated personal health data and population-based data are valuable assets towards improving health outcomes, providing the data are de-identified and appropriately protected.</td>
</tr>
<tr>
<td>3.</td>
<td>Reducing disparities. Disadvantaged populations have the most to gain from being able to access and apply health data – there is a need to “level the playing field” with regards to capacity, technology and investment.</td>
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<tr>
<td>4.</td>
<td>Ensuring data quality. Quality data are a pre-requisite to delivering quality health – special attention needs to be paid to data quality (i.e., relevancy, accuracy, consistency, currency, timeliness, etc.) and adherence to standards.</td>
</tr>
<tr>
<td>5.</td>
<td>Enabling innovation. Health data can significantly influence transformation by enabling innovation, thus impacting better health – they need to be transparently accessible and in a digitized, standardized format to optimize their application.</td>
</tr>
<tr>
<td>6.</td>
<td>Viewing health data as a worthy investment. Health data are strategic assets that are worthy of the investment needed to realize the economic benefits from its use.</td>
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The third and final step addressed the principles to be adopted in the Charter and their promotion implementation in national health data policies. These presented the IHF the opportunity to engage in extensive consultation with its members and solicit their concerns on the issue of privacy and the need to preserve it. After the last round of discussions with the WEF team, it was possible to have some evolution in the presentation of rational and follow up of the Charter.

This activity has been a good example of collaboration between stakeholders representing the major players on the international health scene. It also enabled consultation with IHF members and created for them an avenue by which they were able to channel concerns to the promoters of the Charter and to influence them in the direction favoured by IHF members. There were no conflicts on perspectives and IHF succeeded in bringing a pragmatic approach in order to facilitate implementation of the Charter within health facilities.

**Stakeholders**

The initial group of stakeholders was a combination of individual experts from universities, IT industry partners, consultancy agencies, representatives of international organizations and some international NGOs like the World Medical Association and IHF. For the second round the group was expanded to include more NGOs such as the International Association.
of Patient Organization, the International Federation of Health Plans, the International Federation of Pharmacists. The last round involved a much broader consultation process through several events in which the WEF promoted the Health Data Charter. Within IHF, all its members were engaged in the consultation process in the last round.

**Timing**

The project started at the end of 2009. Once approved at the annual meeting of WEF in January 2010, the first draft was ready for discussion in May 2010. The consultation took place during summer 2010 until September 2010. The IHF governing Council in its meeting on November 2010 formally endorsed the charter.

**Financing**

This activity required mostly time from the IHF Secretariat. As the nature of activity was in the interest of members, it was decided that IHF would provide this in kind support to the project.

**Outcomes**

Availability of information is a prerequisite to health systems improvement which would allow countries to set priorities, allocate resources, assess effectiveness and performance, and promote accountability. Recognized as a cornerstone to any health reform, availability of information also plays a key role in helping countries prioritize interventions. The WEF has undertaken an initiative to document history and current status of national and international initiatives, facilitate a dialogue to develop and agree on the broad principles of a global charter and to obtain support and engagement of key stakeholders to turn these principles into significant actions and initiatives.

This charter is an expression of the commitment made by a group of organizations to collaborate and work towards addressing key health data gaps. The Charter has been designed to provide direction and help navigate individuals, professional bodies, organizations, countries, etc. as they proceed on the journey towards improving health data management. It is intended to act as a catalyst to encourage better data management practices that will in turn improve decision-making, and ultimately impact better health. The charter’s goal is not to mandate regulations or define implementation practices, but rather to be used as a foundation document that can be leveraged at all levels. There will be different approaches taken by jurisdictions as they implement the charter, however, we stress that all of the components of the charter need to be addressed in concert to ensure success.

A summary of the Charter is presented in the following figure:

![ Charter Diagram ]


**Perspective for the future**

The Global Health Data Charter, having now been completed, has been endorsed by IHF, and has undertaken to promote its principles. The support of IHF members is therefore requested for its wider dissemination. This activity has permitted IHF to link up with the WEF. To date the WEF has not scheduled any follow up of the charter but IHF will be keen to respond to any invitation for follow up activity in its implementation.
OTHER ADVOCACY AND INTERNATIONAL RELATIONS EVENTS:

Dialogue with the French Ministry of Foreign Affairs (2010)

**Description**
The International Hospital Federation was invited by the French Ministry of Foreign Affairs to participate in the ‘Platform for discussion and reflection on health human resources’.

**Assessment of activity**
The IHF participated in the discussions highlighting the issues which are straining human resources in the health sector in France, and also presented in June 2010 the first results of the Mobility of Health Professionals (MoHProf) by highlighting the ‘pull’ and ‘preventive’ factors influencing immigration of foreign health professionals to France. The main objective of the presentation was to discuss the relevance and role international recruitment of health professionals plays in France.

**Outcomes**
IHF was grateful to participate in the discussions as the planning of human resources has a major impact on healthcare access and delivery, a central focus of IHF.

Commonwealth Partners Meeting: Provision of Care for People Living with NCDs (2011)

**Description**
The International Hospital Federation was invited by the Commonwealth Secretariat to participate in the “Commonwealth Partners Meeting” on Provision of care for people living with non-communicable diseases on May 14.

**Assessment of activity**
The meeting brought together public and private sector and international civil society organizations to discuss the need of improving provision of care for people living with NCDs and innovative healthcare management.

Main topics of discussion include access to care, control of medicine, innovative healthcare delivery and human resources as well as the question of managing NCDs as a financial and economic priority.

**Outcomes**
IHF was grateful to participate in the meeting as the management and financing of NCDs is a topic of relevance for IHF members.

http://www.thecommonwealth.org/files/236965/FileName/MeetingSummary-ProvisionofCare(2).pdf
PROGRAMME DEVELOPMENT

IHF-LED PROJECTS

Lilly MDR-TB Partnership: Phase II (2008-2011) of programme in fight against Multidrug Resistant Tuberculosis (MDR-TB)

Description

The Lilly MDR-TB Partnership is a public-private initiative led by Eli Lilly and Company to address the expanding crisis of multidrug-resistant tuberculosis (MDR-TB) together with 17 global health and development organizations, academic institutions and private companies. The partnership is pursuing a comprehensive strategy to fight MDR-TB by providing access to medicines, transferring manufacturing technology, training healthcare workers, raising awareness of the disease and providing resources for prevention, diagnosis and treatment of people living with MDR-TB.

The IHF/Lilly bilateral partnership was created in 2004 after it was recognized that firstly TB management/treatment had to be addressed from the perspective of administrative and environmental controls in hospital/healthcare setting. Secondly, and even more importantly, that ‘ignorance’ and exclusion of the 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.

Assessment of activity

Training Manual and Management Workshops:

Development of a Training Manual for decision makers and managers of public and private hospitals, clinics and healthcare facilities engaged specifically in TB and MDR-TB Control programmes. The goal of the manual is to provide much-needed management skills and appropriate expertise to enable decision makers and managers to provide support to hospital staff that diagnose, treat and manage TB/MDR-TB patients. It also serves as a guide to infection control, helping to fight a growing health threat in hospitals, healthcare facilities and clinics in TB high, medium and low-burden countries.

The manual has been field tested between 2006 and 2011 in workshops, the objectives of which to develop skills in leadership, strategic and operational planning and budgeting. The workshops, facilitated by in conjunction with Health Development International (HDI - www.healthdevelopment.org), bring together between 25-30 decision makers/managers of MDR-TB hospitals from low, medium and high burden countries.
regions. Other participants include National TB Programme (NTP), and/or Ministries of Health representatives. 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. The workshops are concluded with visits of the host country main TB hospital, healthcare facility or institution. Certificates of attendance are awarded to participants.

**Inter Professional Training Seminars on Infection Control**

These seminars, also sponsored under the Eli Lilly MDR-TB Partnership Programme, 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 healthcare workers - physicians, nurses, hospital managers and community health workers - most directly concerned and 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. These seminars have as outcome:

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

The experiences gained from these 2-day workshops re-enforce the need for multidisciplinary approaches to infection control, with the added value of team building. The format of the workshops include plenary and group work (by hospital and profession) sessions during which participants jointly examined and address the major challenges they face, their impact on programme performance and treatment outcomes as well as sharing of experiences and practices.

**Events & Advocacy**

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

**International Union against Tuberculosis and Lung Disease World Conferences on Lung Health**

Annual Lilly MDR-TB Partnership Summits are held in conjunction this event, which provides 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 global TB infection control strategies, to promote, implement and monitor TB infection control activities at country level.

**IHF World Hospital Congresses:**

- **IHF 36th World Hospital Congress, Rio de Janeiro, Brazil (November 2009):** MDR-TB Special session, with WHO representation.
- **IHF 37th World Hospital Congress, Dubai, United Arab Emirates (November 2011):** MDR-TB Special session, again with WHO representation.

**Publications:**

- **IHF 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.
Timing
This activity has been conducted in phases. Phase I was between 2004 and 2006. Phase II has been conducted between 2008 and 2011. As at the time of preparing this report, discussions are underway for Phase III, the activities of which will be carried out between 2012 and 2015.

Financing
Eli Lilly is the sole sponsor of the bilateral and interprofessional programmes.

Outcomes

- **Field tested:**
  - Beijing, China (2008) – in collaboration with the National Association of Health Industry of China (NAHI).
  - Mumbai, India (2009) in collaboration with the *The Maharashtra State Anti TB Association*.
  - Rio de Janeiro, Brazil (2010) - in partnership with the *Confederaçao Nacional de Saude* (CNS - Brazilian Hospital Association), Health Development International (USA) and the National School of Public Health (ENSP-Fiocruz).
  - Tunis, Tunisia (first time in French – 2011) – in collaboration with the Ministry of Public Health (Tunisia). Participants at this event were from four countries: Tunisia, Algeria, Morocco and Burkina Faso. The two Algerian participants were the National TB Programme Manager and Director of the University Hospital of BéniMessous. The Moroccon participants were composed of Directors of the MDR-TB programme at the Ministry of Health. For Burkina Faso, participation was by Directors of the University Hospital of Yo.

  One of the unique challenges facing Tunisia at this time is the inflow of refugees from the Libyan conflict. The refugees entering the southern part of the country are bringing with them an increased risk of spreading airborne diseases such as TB and MDR-TB. Part of the workshop was devoted to brainstorming strategies for managing the increased risks associated with the refugee situation.

- **Translated**
  - French
  - Spanish
  - Chinese

- **Developed Toolkit (since 2009)**
  Online (http://www.ihf-fih.org/toolkit/index.html#PageReady) and CD-ROM as a self assessment management course.

- **Advocacy**
  - Training of decision makers/managers in MDR-TB specialized hospitals from key TB high, medium and low-burden countries, namely South Africa, China, India, Brazil and in more than 20 provinces in China and 9 in South Africa.
  - 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.
  - Improvement in quality and increase in quantity of trained managers of MDR-TB specialized hospitals.

Interprofessional Training Seminars have been held in

- **Hangzhou, China (May 2011)** in collaboration with World Health Organization (WHO) China office, Chinese Medical Association, Chinese society on TB, CMA, Centers of Disease Control and Prevention on TB, China CDC, Clinical center on TB, China CDC, Shenzhen Donghu Hospital in Guangdong province, US center for Disease Control and Prevention, Zhejiang Provincial Centers of Disease Control and Prevention.

- **Cotonou, Republic of Benin (September 2010)** – in collaboration with the Réseau des Hôpitaux d’Afrique, de l’Océan Indien et des Caraïbes (RESHAOIC). This Seminar was the first ever held in Francophone Africa.

- **Rio de Janeiro, Brazil (March 2009)** in collaboration with *Confederaçao Nacional de Saude* (CNS - Brazilian Hospital Association), Brazilian Medical Association, Brazilian Nurses Association, National TB Programme (Brazil), Centers of Disease Control and Prevention (CDC – USA), *Programme for Appropriate Technology in Health* (PATH)
- **Durban, South Africa (June 2009)** – in collaboration with National Health Laboratory Service, Democratic Nursing Organisation of South Africa, Church of Scotland Hospital (South Africa), Centers of Disease Control and Prevention (CDC – USA), Department of Health South Africa, King George V Hospital (South Africa), Foundation for Professional Development (South Africa)

- **Cape Town, South Africa (November 2007)** – in collaboration with the National TB Programme (South Africa), National Jewish Medical and Research Center, *Programme for Appropriate Technology in Health* (PATH), Centers of Disease Control and Prevention (CDC - USA)

Advocacy

- Training of pools healthcare professionals
- Development of 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
- Development of global, national and inter-professional advocacy, policy and support training tools

**Perspective for the future**

At the time of writing this report, IHF is preparing to enter into discussions with Lilly to determine the content of the bilateral and inter-professional partnership programme for Phase III (2012-2015). The content of the programme will include the sponsorship package, ways in which to expand the scope, subject and types of training activities. With this outlook, opportunities will increase for greater involvement and engagement of IHF members. A special MDR-TB session will be held at the November 2011 Dubai World Hospital Congress.
Patient Safety: Infant and Child Food Safety Programme

Description

Exclusive breastfeeding is the norm for children until six months. From six months to two years, appropriate complementary feeding with continued breastfeeding is recommended. Not all children, however, can be breastfed, in which case use of infant and child food becomes mandatory to ensure normal growth. Although infant and child food safety is a low priority concern in a number of healthcare facilities, risk of contamination in food handling is high. In the case of infant food, the risk increases given the vulnerability of this patient group. In addition, in facilities, very little has been done in the area of food preparation and handling practices to ensure there is compliance with high safety standards. Although food handling is not the cause of major fatalities, it nevertheless impacts patient outcomes and length of stay in healthcare facilities. The image of the facility and confidence of its population is also negatively impacted. These two factors indicate, therefore, that there is a real need to include food safety in the broader theme of patient safety. International guidelines and recommendations already exist on safe handling of infant food. However, their full application at healthcare facility level is either irregular or inconsistent. In resource-limited settings, the primary hurdles appear to be lack of coordination and harmonization of practices.

Against this background, the IHF with the support of a grant from the International Association of Infant Food Manufacturers (IFM - [www.ifm.net](http://www.ifm.net)), undertook a project, with the global objective of developing a ‘do-it-yourself’ Handbook for hospital decision makers, supervisors and front-line healthcare workers [http://www.ihf-fih.org/en/Projects-Activities/Current-projects/Infant-and-Child-Food-Safety-Programme](http://www.ihf-fih.org/en/Projects-Activities/Current-projects/Infant-and-Child-Food-Safety-Programme) to enable, firstly, identification and clarification of roles and responsibilities at organizational, supervisory and frontline levels of the key actors. Secondly to enable identification of hurdles and closure of gaps in implementing existing recommendations on infant and child food handling practices in hospitals/healthcare facilities.

Assessment of activity

The Handbook is the outcome of the field missions to Peru and Indonesia, organised in collaboration with IHF national member associations, the Federacion Peruana de los Administradores de Salud - Peruvian Federation of Health Administrators ([www.fepas.org.pe](http://www.fepas.org.pe)) and the Indonesian Hospital Association ([www.pdpersi.co.id](http://www.pdpersi.co.id)), respectively. Selection rationale of these countries was on the basis of the differences in their climatic, economic, health organization, cultural and social make-up and as a result determines the role played by such factors.

Other elements of the methodology included:

- Formation of an independent Advisory Committee of experts in the field of infant food safety
- Identification of hospitals/healthcare facilities in Peru and Indonesia in consultation with the respective member organisation
- Dissemination of questionnaires to hospital staff to have a first overview of global practices in preparation of the hospital visits
- Hospital observation visits on current feeding practices and policies in light of patient safety needs and requirements
- Conduct of workshops to bring together representatives of the different hospital and health facility professional groups and stakeholders to identify current challenges in infant food safety at national level and recommend actions to undertake in order to improve practices and guarantee patient safety.
Follow-up meetings to present the recommendations to national governing and healthcare authorities

Report of the field missions at the IHF 36th World Hospital Congress in Rio de Janeiro, Brazil – 10-12 November 2009

Development of a Handbook to provide guidance on:
- Ways to improve infant food handling and preparation practices
- Ways to implement national strategies and to increase adherence
- Ways to raise awareness of hospital personnel to international protocols and recommendations

Workshops:
In both countries these were highly successful with good and active involvement from the key stakeholders (clinical, managerial, support services, nursing, housekeeping, catering, laundry, maintenance and decontamination and sterile services staff) in identifying the key areas of challenge and proposal of recommendations

Follow-up meetings
**Peru:** Attendance was by the Vice Minister of Health, who committed to active engagement by the Ministry to further explore ways to improve infant food safety in hospitals and health facilities.

**Indonesia:** Attendance was by the national accreditation body, with whom the Indonesian Hospital Association has since engaged in discussions to collaborate in linking infant food preparation, accreditation, and standardization of practices at national level.

Stakeholders
International Association of Infant Food Manufacturers (IFM), project funder.
International Hospital Federation, with the primary role of catalyst and facilitator and not ‘driver’ or ‘implementer’ of the recommendations from the country workshops. The Federacion Peruana de los Administradores de Salud- Peruvian Federation of Health Administrators (FEPAS) and Indonesian Hospital Association, under whose leadership the recommendations would serve to develop protocols at facility and ultimately national levels in their respective countries.

Timing
- **Award and signature of Grant Agreement:** May 2009
- **Field Missions:**
  - Peru: 6 – 20 September 2009
  - Indonesia: 4 – 18 October 2009
- **Advisory Committee meetings:**
  - June 2009
  - September 2009
  - February 2010
- **Presentation of Field Mission Reports:**
  - November 2009 – IHF 36th World Hospital Congress (Rio de Janeiro – Brazil)
- **Delivery of Handbook:**
  - May 2010

Financing
Grant Agreement from the International Association of Infant Food Manufacturers (IFM)

Outcomes
The two field missions to Peru and Indonesia involved visits to twenty three public and private hospitals/healthcare facilities. The following shortcomings in patient safety issues as well as gaps between international recommendations and actual practices in infant and child food preparation and handling activities in healthcare facilities were identified:
- Hand hygiene compliance
- Lack of inter-sectoral approach
- Limited monitoring and evaluation
- No integration of food safety into overall safety programme
- Absence of Safety-oriented processes
- Limited cross-fertilisation and sharing of knowledge, communication and interaction at organisational, supervisory and front-line worker levels.
- Limited awareness and understanding of risk management and safety procedures. As a consequence, there was existence of weak safety procedures.

Mission recommendations:
From both country there was:
- Overwhelming acceptance of the need for protocols
- Willingness and preparedness expressed by hospital directors to engage in the programme
- Acknowledgement that the meetings provided an ideal platform for dialogue and opportunity to share experiences and ideas at intra and inter hospital levels and between hospital directors and staff.

  Preparation of a practical, ‘do-it-yourself’ handbook - [http://www.ihf-fih.org/Projects-Activities/Current-projects/Infant-and-Child-Food-Safety-Programme](http://www.ihf-fih.org/Projects-Activities/Current-projects/Infant-and-Child-Food-Safety-Programme) - designed for hospital decision makers, supervisors and front-line workers to improve safety in infant and child food preparation and handling practices in healthcare facilities. The handbook differentiates and clarifies the tasks between the different groups or key actors. Practical and key actions are provided to enable development of safety procedures at facility level, in accordance with the responsibility of each stakeholder group.

- Call for greater collaboration, communication and interaction within and between hospitals as well as among hospital staff at all levels. A factor emphasized as being vital to development and application of a guiding instrument at facility and ultimately at national level.

- Recognition of the importance of nutrition in hospital services, particularly with infants who are vulnerable patients

- Need to ensure that the recommendations and envisaged protocols have patient safety as their focus

**Perspective for the future**

- A request was received from IFM following the successful completion of Phase 1, to submit a proposal for a Phase 2 programme to be implemented over two years, the scope and objectives of which would involve:

  - Field testing of the handbook
  - Monitoring and evaluation of the results
  - Additional fact finding missions to high/middle/low-income countries
  - Full ownership of handbook at facility and ultimately country level.
  - Revision of the recommendations.
  - Adoption of customised improvement plans for each facility through strengthened monitoring and evaluation processes.
  - Establishment of strong food safety procedures and processes.
  - Clearly identified roles and responsibilities and execution of tasks.
  - Adoption of a comprehensive programme that encompasses a wide spectrum of countries and development of a generic food safety improvement instrument.

  No response, however, has been received as at the time of this report from IFM to the proposal submitted in July 2010. IHF believes this to be a missed opportunity by IFM for innovation to spearhead an initiative that would pave the way for adoption of safe feeding practices not just in pediatric wards, hospital/healthcare facilities, but also to capitalise on the industry’s potential to contribute, particularly, at country level, to the establishment of safe and best practices and strategies in infant and child care.
COLLABORATIVE PROJECTS
Health Professional Mobility: MoHProf Project

Description
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 contributes to improving this knowledge base and facilitates European policy on human resource planning.

Assessment of activity
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 [http://www.migrant-health-europe.org/component/content/article/68.html](http://www.migrant-health-europe.org/component/content/article/68.html) 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.

The overall research objective addresses current trends in the mobility of health professionals to, from and within the EU. Activities extend to non-European sending and receiving countries, whilst focus will be on the EU, through the conduct of comparative studies in a selected range of representative states in order to determine the impact of different types of migration on national health systems.

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 in-depth face to face and telephone interviews, based on thematic guidelines, are also conducted. This innovative approach, enables the collection of existing data and statistics, but, above all, enables the generation of new, qualitative data.

The policy dimension comprises of recommendations on human resource policies in European and third countries for policy and decision makers on the basis of sound empirical research. A key part will constitute development of conceptual frameworks for monitoring systems relating to mobility of health workers.

Stakeholders
Hospitals are the biggest employers of health human resources all over the world. As the worldwide body for hospitals and healthcare organizations, the contribution of IHF in this major European, and ultimately international initiative, has been rightly recognized by the project initiators.

IHF has been appointed as both a partner of the Research Group and member of the Advisory Committee. IHF provides support in the 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.

IHF was also responsible for conducting the research and writing the report for the macro and micro phases of the project. The Macro phase was completed in October 2009, and the micro phase in January of 2011.

The macro phase of the project allowed IHF to identify the major challenges France faces with regard to its health human resources, as well as the primary factors that drive mobility including the push/preventive/pull/retention factors. To this end, in-depth interviews were carried out with thirteen national key stakeholders. The micro phase of the project allowed for a more in-depth analysis of the migration and mobility process of health professionals. A case study concentrating on general practitioners and specialists in two contrasted regions of France was carried out. This phase included thirty-eight interviews with foreign-trained doctors (including EU and non-EU doctors), employers, unions, and public institutions. The macro and micro phase allowed IHF to propose recommendations both at the national and European level.

**Expected outcomes**

The research results from all national case studies are expected to provide the following expected outcomes:

- Guidelines for research
- Comprehensive, comparative reports on the macro, as well as on the micro level
- Empirically based recommendations for human resources policies, including conceptual frameworks for monitoring systems
- Various communication networks – website, roundtable of policy makers, international conferences – to disseminate project results and outcomes to a wider public of target groups

For further information, please consult the project’s website:

http://www.mohprof.eu/LIVE/index.html
The Positive Practice Environments (PPE) Campaign, launched in 2008, on the premise that patients and the public have the right to the highest performance from health care professionals which can only be achieved in a workplace that enables and sustains a motivated well-prepared workforce. The Campaign, therefore aims to improve work environments, staff recruitment and retention and quality of health services through the development of positive practice environments. PPEs are settings that support the provision of quality patient care by ensuring the health, safety and personal well being of staff. By promoting safe, cost-effective and healthy workplaces worldwide, the campaign strengthens health systems and improves patient safety. Campaign activities and projects also address factors and situations such as underinvestment in the health sector, the shortage of health care professionals and the deterioration of health care working conditions worldwide.

The multiyear, multi-stakeholder campaign promotes safe, cost-effective and healthy workplaces, thereby strengthening health systems and improving patient safety. The focus also for the key stakeholders was on positive change in the health care workplace so as to advance the quality of health services.

The aim over the course of the 5-year campaign was to:
- Make the case for healthy, supportive work environments, through evidence of their positive impact on staff recruitment/retention, patient outcomes and health sector performance
- Build a global platform - a catalogue of good practices in healthy, supportive workplaces
- Drive a sustained trend in establishing and applying the principles of positive practice environments across the health sector
- Celebrate success in support of effective strategies that promote sustainable health systems

The main objectives of the workshops were to review and analyse the development and implementation of the PPE Campaign in the three funded countries, in addition to developing a strategy for the national strategic direction of the Campaign in 2011 and sustainability of the initiative beyond the implementation phase.

Country case studies completed in these three countries focused on practice environments and health worker retention and were titled as follows:
- The Morocco Case Study: Positive Practice Environments: Health Care Environments in Morocco.
- Positive Practice Environments in Uganda: Enhancing Health Worker and Health System Performance.
- The Zambia Country Case Study on Positive Practice Environments: Quality Workplaces for Quality Care.

Assessment of activity
The workshops were undertaken in a spirit of professional cooperation, collaboration and determination to affect a real and positive impact in working conditions of health care professionals in all disciplines and organizations and thereby strengthening the delivery of care and improving patient outcomes.

The aim of the workshops was also to guide the group in the preparation of project proposals to support the future self sustainability of the initiative. The teams were requested to work on a chosen topic within the framework and objectives of the PPE Campaign and prepare project proposals which were submitted to the PPE Secretariat and included:

a) A project scope of work:
   - rationale
   - strategy and/or activities
   - anticipated and desired results of the project
   - references to constraints and assumptions.

b) A detailed activity plan (work breakdown structure) with milestones, timeline and a budget. In addition to identify activities, estimate time and resources needed (human resources, goods and funding).

c) An assessment of risks and constraints and a plan to minimise the impact.

d) The identification of key indicators to measure and monitor both the project implementation and outcomes.

e) A monitoring and evaluation mechanisms, frequency of monitoring and procedure.

The three countries were selected by all core partners as a focus for specific activities supported
by Campaign funds.

National Steering Committee were established which included various representatives of national organizations of the project’s partners. The task of these Committees was to guide PPE implementation at the country level with local professional organisations and other key health sector stakeholders, such as ministries of health, the World Health Organization.

**Stakeholders**

**Timing**
The Campaign was launched in 2008 with the initial phase culminating in the 3 country-level campaigns with delivery of the country reports in February 2011. However, following the decision by GHWA in May 2011 to cease funding of the Campaign, the core partners agreed that none would be in the position to commit financial or human resources.

The 3-day workshops were held as follows:
- 9-11 March 2010 in Lusaka (Zambia)
- 15-17 March 2010, Kampala (Uganda)
- 5-7 May 2010, Rabat (Morocco)

**Financing**
The Global Health Workforce Alliance ([http://www.who.int/workforcealliance/en/](http://www.who.int/workforcealliance/en/)), created in 2006 as a common platform for action to address the global health worker crisis, is the supporting partner that funded the three country projects (Morocco, Uganda and Zambia).

**Outcomes**
**Summary Reports and Recommendations:**


**Perspective for the future**
The decision by The Alliance, the supporting partner, to cease funding of the Campaign, has meant a suspension of the current formal partnership. However, the core stakeholders have committed to not only continue to work to promote safe, cost-effective and healthy workplaces globally but also to share their experiences in order to strengthen health systems and improve patient safety within their respective projects and disciplines.
INITIATIVES WITH THE CORPORATE SECTOR

Corporate Partnership Programme
Description

The rationale for initiating the IHF Corporate Partnership Programme [http://www.ihf-fih.org/Partnerships] in 2009, was upon recognition of the need for IHF to seek ways to:

• enhance hospital performance by facilitating a stronger interface between its members and the corporate sector
• Provide a forum – the IHF Hospital Leadership Summit - for relationship building and sharing of ideas and experience between corporate leaders and executives in the hospital sector.
• Provide industry with ongoing access and to decision makers from around the globe.
• Receive support from industry in its efforts to bring new ideas to resolve the challenges facing global healthcare.
• Generate revenue to enable IHF to better pursue its mission objectives.

On the part of industry, the Programme represents a sound marketing investment as well as unique opportunities to create and expand relationships in neutral setting, with the unique group of leaders in the healthcare sector represented by the IHF. Opportunities include gaining real insight into the needs of hospital associations and their members as well as collaborating with other actors in industry who are not direct competitors. Industry through such opportunities are able to develop and enhance their strategic overview of the healthcare and hospital sectors as well as develop potential synergies with other industry partners.

The Programme’s benefits package provides marketing and branding opportunities, by which Industry Partners are provided with extremely high visibility in their desired settings. These include:

• Marketing
  - IHF global events
• Advertising:
  - IHF paper and electronic publications
• Hospitality & Networking Opportunities
  - Use of IHF facilities for global meetings
• Customised knowledge opportunities:
  - Various

As IHF seeks to create long term partnerships, it encourages potential and existing Industry Partners to demonstrate their commitment to the Programme by engagement for a minimum period of three years.

Assessment of activity

Since its introduction in 2009, a total of 11 Corporate Partners have been recruited. Support of IHF Governing Council members has been engaged in this task. Special acknowledgment and appreciation is extended to Dr. Abrahao – IHF President (Brazil), Mr. Dolan – IHF President Designate (USA) and Mr Vincent – IHF Immediate Past President (France) – for the invaluable role they have played in the recruitment of such Partners as BIONEXO, GE Healthcare, Trane Ingersoll Rand, Phillips Healthcare and Dalkia-Veolia.

Stakeholders

Industry Partners, IHF Full and Associate members and the Secretariat.

Timing

This programme, initiated in 2009 with a total of 9 partners, to date, has increased to 11. The intention is to engage greater support and involvement from Governing Council members in recruitment of partners from the various countries they represent, over the years to come.
Financing
The fee for the Corporate Partnership Programme is paid annually. For 2011, the amount is 10 000 Swiss Francs (CHF).

Outcome
There has been active Industry participation in IHF Leadership Summits (Paris 2009; Chicago 2010), where there has been the unique opportunity to interact with leaders from IHF’s national member associations. These events have been working conferences, organized in neutral settings, where issues that are of concern to both groups have been debated and personal relationships built.

Industry Partners have also demonstrated commitment in activities of the Group Purchasing (GPO) Chapter and the forthcoming IHF 2011 Congress in Dubai – www.ihfdubai.ae. Following the GPO dialogue exchange meeting in Paris, 6 July 2011, all participating Industry Partners expressed their desire to commit to the programme. For more information see the section in this Report on the GPO Chapter.

Perspective for the future
The potential for development and expansion of this Programme is very positive indeed. The objectives have certainly been and are being realized in various ways and in the various activities undertaken to date. A number of the Industry Partners are demonstrating commitment to the Programme both in engagement and participation and as a result relationships are being built.

The focus for the Programme for the future should be on:
- Development of a strategy or strategies to enhance and expand the Programme
- Recruitment, with greater support from IHF Governing Council members, of other Partners from other regions of the world
- Translation of current activities into concrete projects
- Increased ‘hands on’ involvement by Industry Partners themselves
Group Purchasing Chapter
Description
Group purchasing is a principal strategy by which companies in many sectors, especially health services, have sought to achieve cost containment, improve the quality of goods purchased, and allow staff to focus their efforts on other activities. Goods and purchased services annually in the public and private hospital setting in OECD countries are in excess of 450 billion Euros (US$620 billion). Understanding of the healthcare supply chain is therefore pivotal to management of a health care delivery organization.

In response to this situation, the IHF in September 2010 created a dedicated Chapter specialized in hospital purchasing/procurement. The Chapter is to serve as a platform for open dialogue at the international level between key group purchasing organisations (GPOs), hospital and healthcare decision-makers and industry, in order to establish understanding and cooperation and build national, regional and international collaborative procurement and purchasing systems.

The programme of activities adopted by the Chapter includes:
- Organising an international network of major hospital purchasing/procurement centres
- Raising the profile and strategic importance of purchasing and procurement in the agenda of healthcare decision-makers
- Acting as a platform for dialogue and vehicle for cross-fertilisation of ideas and experiences between industry, purchasers, international healthcare associations and other non-governmental and governmental organizations.

Membership of the Chapter is open to IHF full and associate members expressing an interest and commitment to the goals of the chapter as well as other types of organisms such as, private and public associations and groups of hospitals or individual hospitals, private or public institutions involved in health care purchasing. The founding members include:
- East of England NHS, Collaborative Procurement Hub (England)
- NHS South East Coast, Collaborative Procurement Hub (England)
- Association Internationale des Acheteurs et Approvisionnements Publics et Privés de la Santé - ASSIAPS (Canada)
- GIP Resah Idf (France) – central purchasing body for public hospitals and nursing homes for the Ile de France Region
- Health Industry Group Purchasing Association - HIGPA (United States)
- Azienda ULSS N.20 Verona (Italy)

The corporate sector, by invitation, participates partially or totally in the activities of the Chapter.

The role of the IHF Secretariat is that of facilitator and provider of technical support and meeting host as well as making available its communications network for dissemination of information.

Assessment of activity
The Chapter has drawn up a programme agenda for 2011 and beyond, the focus of which is:
- Dialogue exchange between international GPOs and industry
- Launch of an International Benchmarking Initiative, the outcome of which will be
reported at the IHF 37th World Hospital Congress, to be held in Dubai (UAE), 8-10 November

At the time of writing this report, an inaugural GPO/IHF/Industry dialogue exchange meeting was held in Paris, France, 5 & 6 July 2011. The meeting brought together representatives of group purchasing organisations, hospital and healthcare decision-makers and industry. The aim of the meeting was to initiate an exchange of dialogue in order to establish understanding and cooperation and build national, regional and international collaboration with regard to procurement and purchasing systems.

The GPO members reviewed and debated the areas and types of challenges they faced as leaders and collaborators with industry (suppliers) and hospitals and healthcare facilities (clients/customers), with regard to the 3 programme themes – Innovation, Tier pricing and Green Agenda in procurement. Joint position ‘statements’ and questions were drawn up in preparation of the dialogue exchange with industry.

The following action plan was drawn up:

1) Preparation and circulation for review of a summary report by all participants
2) Creation of 2 Working Groups
   - Education: A learning platform for GPOs and the corporate sector on which to engage in discussions and dialogue
   - Innovation: Discussion and dialogue platform to involve GPOs in the innovation process
3) Set up of an e-discussion platform on the IHF website

The International Benchmarking Initiative

This initiative, commissioned under the leadership of Alyson Brett, Chief Executive of NHS Commercial Solutions and Dominique LeGouge, Director of Resah Idf, has as scope, production of an international comparative study to address the challenge of improving purchasing efficiency by examining:

- Performance (way in which GPOs deliver organizational services)
- Product (goods and services procurement methods for healthcare)
- Strategic (GPO markets and how they operate within them)

The study is multi-phased and will be expanded to produce a framework and benchmarking methodology to incorporate other stakeholders within the IHF membership network and beyond. Phase 1 will:

- Provide a baseline understanding of the healthcare market in France and the United Kingdom with Italy as an early associate
- Benchmark key markets, common suppliers, products and/or the cost of a basket of goods, to identify cost and service differences.
- Define a long term strategy to identify performance, product and strategic improvements, which will provide hospitals within France and the UK with efficiency and cost savings

Stakeholders

The founding members listed above, the IHF and the IHF corporate partners and other corporate entities who participated in the Paris meeting and have expressed their preparedness in intention to engage further in this initiative; they include, GE Healthcare Performance Solutions, Trane Ingersoll Rand, Johnson Controls, Medtronic, Healthtrust Europe LLP and GS1 Healthcare.

Timing

Creation of the Chapter was in September 2010 and activities are expected to be developed over the foreseeable future. At the meeting held in May 2011 in Paris, a programme agenda was drawn up and agreed upon for 2012.

Financing

- IHF Membership fees paid by Chapter members. In the event that a specific budget is required for an agreed project, members of the Chapter would either directly support the costs or agree to fund the budget.

Outcome

- Presentation of a progress report on the findings of the study will be made at the IHF 37th World Hospital Congress, in Dubai, UAE, 8-10 November 2011.
Perspective for the future

The agreed agenda for 2012 by the members was as follows:

i) Enlargement of the European benchmark group to other countries

ii) Further development of the 3 topics.
   - Tier Pricing (Leadership: NSH Commercial Solutions)
   - Innovation (Leadership: Resah-Idf & NIC), with particular focus on Public Procurement of Innovation (PPI)
   - Sustainable Purchasing (Leadership: HIGPA)

iii) Dedicated sessions on the 3 topics at the 2010 ASSIAPS Congress to be held in Brussels. The provisional dates for the event are 18-19 October 2012.

iv) Presentation of a progress report to the IHF Governing Council and Membership at its next Leadership Summit, to be held April/May 2012. IHF will confirm the location (South Africa, Luxembourg or Korea).

The consensus among all stakeholders was that the Group Purchasing Chapter initiative and its objectives were timely, appropriate and relevant. In order to consolidate the initiative it was agreed that an international forum that brings together GPOs, industry and hospitals/healthcare decision makers, should be created.
Corporate Leadership Council (CLC)  
**Description**  
In 2010, the International Hospital Federation wished to establish an effective, ongoing interface between its members and the corporate sector. IHF therefore instituted the Corporate Leadership Council (CLC) to provide a neutral platform for wide-ranging discussions and practical projects on the improvement of healthcare. In this manner, hospital decision-makers and industry partners would be able to work together towards achieving a common goal: improving the health of society.

This neutral setting would allow stakeholders from widely different healthcare domains to meet regularly with hospital leaders to discuss issues of mutual concern and set up common projects. Dialogue between a highly select group of corporate leaders and IHF members would be complemented by discussions between the companies themselves, setting the stage for collaborative, practical responses to pressing tasks such as reducing threats to patient safety, improving patient access to care, minimizing material resource usage in hospitals, and improving the productivity of the health workforce through technology and process innovation, etc.. The originality and uniqueness of the approach of the Corporate Leadership Council lies in the fact that the membership itself chooses the direction for the CLC’s activities specific to health provision. The IHF Secretariat coordinates the selected projects and activities and acts as a liaison between the corporate sector and IHF members.

The Council would allow corporations from a wide range of sectors to interact on a regular basis both among themselves and with international hospital decision-makers, to discuss overarching issues and to carry out projects that concern all parties and are beneficial to all. More specifically, the Corporate Leadership Council would enable the corporate sector to make a significant contribution to orienting health policies, to interact with IHF members, to build strong working relationships with corporations from a wide range of sectors and to create greater awareness of issues that are relevant to the corporate world. Moreover, the most advanced and innovative hospital suppliers can benefit greatly from an increased understanding of the needs of hospital decision-makers and so shape their offerings to the hospitals accordingly. In a complementary manner, hospital decision-makers would be able to be informed and have access to the most up-to-date solutions available for the many challenges they face.

**Assessment of activity**  
The activities of the Corporate Leadership Council include exploring areas through dialogue and carrying out practical projects together that have the common purpose of enhancing hospital performance and improving health care delivery worldwide.

The IHF Corporate Leadership Council represents an opportunity for discussions, research activities and joint projects. The research themes or undertaken projects would represent an interest common to all members and should be approved by the members.

**Outcomes**  
The project received interest from six IHF members and seven private corporations. The interested parties along with the IHF Secretariat meet twice in order to define in detail the activities of the Council and select a collaborative project. A two-day workshop held at the IHF Secretariat in August 2010 led to the definition of a project outline that received an initial support from the participants. Unfortunately, the initial support did not translate into a full commitment on the part of the participants necessary to carry out the project. For this reason, the Corporate Leadership Council ended all activities in March 2011.

Consequently, the IHF Secretariat decided to mainstream its activities with the corporate sector around the Corporate Partnership Programme in order to build a longer term relation with corporations which are interested in supporting the development of IHF. IHF also wishes to offer corporations various opportunities to interact with its members. To this end, the IHF Secretariat has recently set up a Group Purchasing Procurement Chapter.
IHF SECRETARIAT STAFF

Eric de Roodenbeke, PhD
Chief Executive Officer

Sheila Anazonwu, MSc, BA (Hons)
Partnerships and Project Manager

Dwight Moe, BA
Event and Project Manager (2004 – 2009)

Ioana Rusu MSc
Communications and Project Manager (2009-2011)

Sara Perazzi, MSc
Membership and Project Manager (January 2011 to date)

Sev Lucas, MSc
Membership Services Manager (January 2009 –2011)

Cecile Reynes
French Translator

Loly Vaswani
Spanish Translator
FUTURE HEALTH CARE
The possibilities of new technology.

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