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In 2011-2013, the IHF has written a new chapter in its development history with the settlement of the IHF secretariat team in the Geneva office and a major institutional move to bring all activities under one umbrella. The move to the new premises was smooth as it did not affect the IHF operations and by now the team of the IHF secretariat is completed and well settled in the new working environment.

But 2011-2013 was also a period where it was necessary to adjust with the depressed global economical environment. In a period of long lasting economical and financial crisis, with limited positive prospects in the coming years, most organizations tend to concentrate efforts on their core activities as well as on the short term results. The healthcare sector in many countries is dominantly funded by public funds, so the reduction of fiscal space is immediately affecting service providers. This is not favorable for international activities because organizations are chasing savings and, for many of them, international activities are considered as a second level priority, although the globalization is moving forward all around the world. It is therefore necessary now, more than ever, to show the value of an international platform for healthcare providers.

For the IHF, the critical challenge in such a period is to strengthen the ownership of the organization by its members and to develop activities that better respond to their needs. As requested by the IHF Governing Council strategic orientation meeting in November 2010, IHF secretariat activities have been developed on two major pillars.

- The IHF is representing the community of health care providers in the international arena and because of this it has continuously developed its interaction with major international organizations and NGOs. In the past, part of this activity was linked with dedicated projects, but the major reduction of available funding has put an end to these projects. In the last two years, the IHF secretariat has concentrated its efforts on participating in international dialogue on key topics and in providing inputs for technical work undertaken by international organizations. Strengthening collaboration with strategic partners is also a new direction that should yield results for all by increasing visibility and impact of respective activities.

During the past two years, efforts have been made to maintain and increase our portfolio of activities on knowledge management and generation. The quality of the Journal is continuously improving, with a stronger participation of key authors sharing their knowledge on better focused topics. With electronic copies available, the dissemination of the journal is now limited only by the language barrier, but with new generations speaking more English, this obstacle will be reduced in the coming years. At the same time, members’ support to translate content in major languages will facilitate increasing outreach of content.

While the website has been refreshed continuously and is hosting a wealth of information coming from events the IHF is involved in, important efforts have also been made in early 2013 to activate social media with a LinkedIn section (http://www.linkedin.com/company/international-hospital-federation) and a Blog (ihfnews.org) supporting both Facebook (www.facebook.com/IHF.FIH) and Twitter (https://twitter.com/IHF_FIH) accounts. It is yet too early to fully measure the impact, but at this stage we highly recommend IHF members and all those interested in IHF activities link up with these social media to best take advantage of the continuous production of hands-on knowledge coming from our events as well as from dedicated surveys. As you will read in this report, the IHF is producing rapid surveys on various topics in response to members’ concerns. These surveys are made available to all on our web site. The IHF secretariat will continue these surveys according to the demand from its members.
The very successful 2012 leadership summit in South Africa provides an example of how social media can make content more accessible to all. Participants in the leadership summit have fully benefited from the presentations and discussions, but with social media showcasing some of the presentations, it is possible for a very large number of health professionals who could not attend to have access to part of the knowledge that was shared, and potentially to follow up with the authors of the presentations. This will never substitute for the benefit of effective participation, but it remains valuable available knowledge.

The 37th World Hospital Congress has also marked a turning point in the development of IHF congresses. For the first time in its history, the congress has moved from fully host-driven content to a member’s forum. This new approach provides to members a double opportunity. First they can engage their own affiliates by offering to those having innovative approaches an international platform to share their successes. Second, it is for them an opportunity to shape the program on topics that are very close to their current concerns and priorities. With this new formula that has been scaled up for the 38th Conference in Oslo, the IHF has developed a unique congress model. It is the only venue where key representatives from major national healthcare organizations share the latest developments from their countries on a topic of relevance for them and the international community. As for the Leadership summit, all the content of the Congress is available on our website and key presentations will be pushed to a large audience with social medial tools. In addition, efforts will continue to increase international visibility of the Congress because it is obviously a major event for the IHF. Participation in Congress remains a unique opportunity for networking with key decision makers from all around the world. With the support of its members, the IHF World Hospital Congress is becoming the “one must not miss” event. Starting in 2015, the Congress will become an annual event and will be the platform for hosting all other IHF activities.

Along with the reinforcement of the Congress identity, major efforts have been put into launching dedicated activities with special interest groups. These activities have been growing at a slow pace because the approach is based on a full ownership from those involved in these chapters. The first formalized chapter was developed around group purchasing organizations. The activity has been focused on the theme of innovation and this group has become an interesting arena for dialogue with the corporate sector, especially IHF corporate partners. Two other chapters have been launched in these last two years. The University hospital chapter has its secretariat supported by the University Hospital Consortium from the USA. The Chapter for healthcare managers associations is still in an initial stage of creation but has already started promising work on an international competency framework for healthcare managers. All three chapters are aiming at enlarging the circle of IHF members and at developing content of interest for those in the chapter and also for the community of healthcare providers. All interested parties are welcome to join the initial group and, as with other IHF activities, the members will be shaping the agenda.

The advocacy and international relation activities are by nature more diversified than the knowledge sharing portfolio. But some clear priorities can be seen when reading the detailed reports of activities.

These last two years, important efforts have been made to scale up possibilities of interaction between IHF representatives and larger audiences. For this reason, the members of the Executive Committee, including the current President but the past and in-coming as well, have participated to various meetings on behalf of the IHF. In addition, the IHF has nominated special advisors covering the major regions who have also participated in developing activities in their respective regions. Furthermore, MoUs have signed with strategic partners (HPH, IAPO and ISQua) to consolidate relations and to expand visibility. This is allowing IHF members to have better access to the activities undertaken by these partners and Likewise for their members to be informed about IHF activities.

The relation with WHO has always been very strong and over the last two years there have been many opportunities to continue working together, although WHO headquarters has faced a major cut in resources which impact projects. In addition to formal participation reported with more details, there is an ongoing stream of consultation meetings between the IHF secretariat and WHO on various topics related to healthcare and service delivery.

For the World Bank there is a strong growing interest in returning hospitals to their portfolio of activities to better respond to client demands. The IHF has provided special assistance in Africa for
Burundi where there is a need to reorganize hospitals in Bujumbura, but it has also participated in the World Bank Human Development week with a one day workshop on hospitals and by supporting other sessions. In addition, there is now for WHO a flow of exchange with the IHF on various topics for which the IHF provides knowledge support. As for the World Bank, the IHF has also been mobilized by the African Development Bank to support strategy development in healthcare and to review the strategy documents before their formal adoption. With the OECD, there is a working relationship that has been established. In OECD meetings, the IHF can speak on behalf of service providers, and in IHF meetings, the OECD can present their results as well as trends of evolution in countries.

The interaction of the IHF with major NGOs and its participation in major events organized around healthcare remains an important part of IHF secretariat activity, mostly with the mobilization of the IHF’s CEO, who is preparing presentations on key topics currently discussed in the international arena. Participating in such meetings is important to make sure the voice of service providers can be heard, especially when a large part of the audience is policy makers and academia who shape the public health research agenda and back up priority setting in policies.

I do hope this activity report will not only encourage members’ participation in the IHF and trigger stronger interest in activities with increased ownership but that it will also attract new members, because the value of a membership association is always higher than the sum of the individual participants.

Eric de Roodenbeke, PhD
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INTERNATIONAL HOSPITAL FEDERATION
KNOWLEDGE SHARING
KNOWLEDGE MANAGEMENT
IHF Official Journal – World Hospitals and Health Services

Description
The efforts in publication are concentrated in the IHF official WHHS journal first launched in 1929 under the name Nosokomeion. The journal is distributed to our members and subscribers, who are mostly national hospital associations and other health care related organizations as well as universities and hospital management schools. The first number of WHHS saw the light in 1964 and has continued uninterrupted to the present day. It is actually published four times a year. In 2012 we reached volume 48, and its four numbers focused on such issues as the private sector role in health care, Health care leadership and University hospitals. For 2013 the first edition was dedicated to an unprecedented “Best IHF Members contribution in 2012,” and the second one will focus on the Asia region and innovation. The journal intends to keep its target audience, comprised of decision makers in the health care sector, managers at health ministries and other health professionals, up to date with developments and thinking across the international healthcare sector. As a professional journal it contains effective information allowing readers to grasp the key issues and developments as well as understand the potential of new approaches or tools. All this is in a format that allows readers to go over an article in a few minutes.

Assessment of Activities
The Journal is supported by an Editorial Advisory Board with representatives from major international organizations that is chaired by Alexander Preker, formerly Lead economist at the World Bank and sitting on the editorial committee of several international journals. The members of the board participate in identifying relevant themes for the health care industry decision makers and identify possible authors that will bring the most useful and relevant information for our readers. In addition, an Advisory committee has been created to benefit from the support of experts in the field for the manuscript reviewing process. The IHF has not adopted a blind peer reviewing process but has put in place a quality enhancement approach to support authors in improving the quality of articles and adjusting to the editorial approach selected for this journal. Efforts have been made to increase the financial sustainability of the journal, but all discussions undertaken with large scale well-known health care publishers have not come to a positive conclusion. The major challenge for a new title for these publishers is that it will be sold in a bundle subscription approach for which almost no additional revenues can be expected from the IHF. In addition, they are restricting wide dissemination with no flexibility. For the IHF it is important to have a lot of flexibility to disseminate the journal through various channels. For these reasons it has been decided to continue the publication through our editor based in the UK, which provides professional work and allows continuity for the graphic design and journal outlay.

The secretariat is aware of the advantage of having an electronic version of the journal to increase the readership. The printed version of the journal is limited to about 1200 prints for members to showcase in waiting areas or professional libraries. The electronic version is sent to the same number of organizations. Considering the membership base and the cascade to their affiliates, plus circulation in healthcare facilities, it is likely that the journal is read by more than 100,000 people in its electronic format.

The IHF website retains for its members electronic versions of the journal dating from 2004 and encourages the diffusion of the electronic version on the website to its members, partners and some recognized organizations. Some of the issues have been published on the website of the Pan American Health Organization (PAHO), the Hudson Institute, and Hospital Authority of Hong Kong and have been included on the mailing list of the WHO, World Bank and ISQua among others.

To contact a new public that cannot access our full electronic version of the journal and to give more
visibility to this, a new short version of the journal has been published with every new issue on the IHF website and is available free to everybody. This short version features the editorial, the first half page of each article and the abstracts in English, French and Spanish.

**Prospects for the future**

Quality of the contents and visibility are two drivers for the positive evolution of the journal. Continual improvement of performance through new ideas and innovation will be a key to guarantee the quality of the journal, while the usage of social media and other aspects of the internet to promote the journal should help to reach new readers, improve the visibility of this and from there encourage the submission of articles for publication in the journal.

**Communication Tools**

**Description**

During the past years the IHF Secretariat has given high importance to the external communication strategy to improve the visibility of the organization. The objective is to strengthen the IHF institutional image and to promote a clear and consistent message addressed to a wider audience.

The choice of the tool and the message are key steps for the definition of a communication strategy to ensure its effectiveness. The IHF has reworked both its paper and electronic material and made its first steps within the social media.

**IHF Website**

The IHF Website – [www.ihf-fih.org](http://www.ihf-fih.org) – launched in October 2010, represents the most important communication tool for the organization by offering clear visibility of all the work and activities developed by the IHF. Conscious that the website represents the main window for the public to discover the IHF, the Secretariat made important efforts to improve its communicative potential by focusing on both the content and the graphic design. Visitors can easily and freely access information concerning IHF Governance and Membership, projects, activities, events and high quality health resources, organized by region and topic under the section “Health System Knowledge Base”. Internal links keeps visitors informed of IHF activities while external links highlight our commitment to cooperation and communication with members and partners.

The website is constantly updated and special attention has been given to simple navigation through the different sections. Most of the changes are reflected in the “Events” section that updates the information from past and future events where IHF has been or will be present and also from the numerous members and partners of the federation, and in the “Publications” section where the electronic versions of files, reports and documents – like the quarterly publication of the IHF Journal – is available.

A new Tab Banner “IHF Chapters” created in March 2013 is dedicated to our newly created activities of hospital procurement with the Group Purchasing Chapter and the University Hospital Chapter. A section dedicated to the Health Care Executives chapter is expected in the incoming months. Content in these pages should allow peers to dialogue and share practices and experiences.

To improve the dynamic component of the website, a forum has been created and IHF Members have the possibility to meet online and discuss relevant healthcare issues.

The *World Hospitals and Health Services* Journal is available online in a reader friendly format. Members and subscribers can download it to their computers and E-book readers.

**Newsletter**

The e-Newsletter is an important tool for IHF external communication and the Secretariat has invested lots of energy to improve its content quality and its frequency. The newsletter provides stakeholders with relevant information on the healthcare field such as healthcare facilities management, human resources for health, healthcare reform, best practices, worldwide events, etc.

The information is organized under five main sections, covering IHF activities and events, information from international organizations (e.g., WHO, OECD, etc.) and international events. An editorial has been added to the newsletter since August 2012. It highlights one or more articles published in the newsletter to attract readers’ attention and interest. Readers are invited to react and share their comments using the editorial.
Since October 2012, the e-newsletter is published eight times a year and it is expected to move to a monthly publication in the coming months. Given the high flow of worldwide information, the frequency of publication is central to its effectiveness. Providing a more regular information flow is, however, very important to maintain and improve subscribers’ interest.

Important efforts have been made to increase the audience. As a result, the number of subscribers increased from 1,600 in 2012 to 4,600 in 2013. In addition, the electronic format facilitates dissemination beyond the subscribers list.

To improve its potential as a global instrument of knowledge sharing, IHF Members and all colleagues from the international healthcare community are strongly invited to consider the IHF newsletter as a platform to share relevant initiatives, publications and events with colleagues.

**Social Media**

In order to improve the IHF’s Communication and Public Relations status, a social media package was created. The objective of these tools is to generate an accessible and immediate way of communication between specialized sectors of the industry and the IHF. In addition, a Wordpress Blog was created to be used as an informative platform that acts as a relay between IHF news activities and the social media users. Within these spaces, the organization sends a coherent message to all targeted audiences (from health stakeholders to general audiences).

The social media package was originally set up with accounts in Facebook, Twitter, Linkedin and YouTube. However, while IHF uses all of them, Twitter and Linkedin have become the most important tools for this communication strategy.

The Twitter account (@IHF_FIH) allows a direct link between the IHF and a specialized audience consisting of journalists, specialists and field related actors (health organizations and individuals with a special interest in health care and hospitals) and establishes an open space of communication that allows the message sent to be disseminated to a huge audience in a short period of time. The possibility of immediate interaction between IHF and full or associate members that have a Twitter account is also an important use of this tool.

The Linkedin account has a more specific use. A great number of health care and hospital actors and stakeholders (CEOs, CIOs and all sorts of executives) are integrated in this social space, which permits IHF to create a direct relationship with them that would otherwise be difficult to attain. Linkedin allows delivering key news and messages to important members of the industry, thus developing an efficient way of information exchange.

Finally, Facebook and YouTube remain as supporting tools that complement the messages previously delivered and, eventually, allow contact with a more general audience.

For its part, the IHF blog (www.ihfnews.org) serves as an accessible open platform to instantly update all audiences about the activities, participations and events of the IHF along with important health care and hospital news.

**Targeted communication efforts**

Paper communication tools are also very important for the IHF communication strategy. Brochures and flyers can be easily distributed during events and meetings and a short and focused message can effectively reach the attention of the audience. The Secretariat redesigned its membership brochure. As a membership organization, it is crucial for IHF to have an effective instrument to reach potential new members. The new brochure is born from the conviction that only a member can effectively be a promoter of the value of joining IHF. It highlights the benefits of joining the Federation and provides direct testimonial of three IHF Associate Members from different regions.

The IHF Group Purchasing Organization (GPO) Chapter is a working group dedicated to hospital procurement. It serves as a platform for open dialogue at the international level between key Group Purchasing Organizations (GPOs), healthcare decision-makers and industry.

Since creation in 2010 of the Chapter, there has been both an upgrade and increase in the use of various networks of communication to disseminate
knowledge and encourage participation in its activities. The most recent event was the creation of a dedicated section to the Chapter on the IHF website at http://www.ihf-fih.org/IHF-Chapters/Group-Purchasing-Organisations-GPO.

The University Hospital Chapter provides a dedicated forum for international knowledge exchange, performance improvement, and collaboration among university hospitals around the globe.

As the Secretariat of the Chapter and with the support of IHF, the University HealthSystem Consortium (UHC) – IHF Premier Associate Member – has developed the brochure for the newly established University Hospital Chapter. This brochure synthesizes the objective of the Chapter and provides key information on its activities. There is also a section dedicated to the Chapter on the IHF website at http://www.ihf-fih.org/IHF-Chapters/University-Hospitals.

Prospects for the future
The IHF website aims to be a key information portal for international stakeholders in the health sector. The IHF mission is to be a platform for knowledge and experience sharing and IHF members are invited to use the website forum as an instrument to exchange their unique expertise. Information available in the IHF website is updated on a regular basis and current and past numbers of the newsletter are available online. The electronic format facilitates its dissemination and IHF members are encouraged to share relevant topics with their community.

IHF updates social media tools and the blog in a constant and active way, which aims to make IHF more visible and increase its recognition worldwide. These tools will be recognized as an efficient method for networking and data sharing whilst becoming useful information relays. The website, the social media and the newsletter are services developed for members and they are invited to share all relevant material to enable enhancement of these effective communication tools.

Global Healthcare Internship Program
Description
The Global Healthcare Internship Program is a recent IHF initiative developed in 2011. The aim of this 3-6 month internship program is to provide an opportunity for interns to become familiar with all major functions of IHF and to expose them to activities of the key international governmental and nongovernmental healthcare organizations located in Geneva, Switzerland. The scope of work undertaken covers projects that contribute towards achieving the goals and current priority activities of the IHF as an international knowledge broker for the international healthcare community.

The students selected will have successfully completed one year of graduate studies and be enrolled in a healthcare or association management program at a European or US/Canadian university.

Assessment of Activity
Four students, to date, have successfully participated in this program.

At the time of writing this report, we have Rodrigo Molina, an MBA student in PR/Communications at the European University in Geneva, Switzerland. Rodrigo joined the IHF in February 2013 for a six-month Public Relations/Communications internship, the goal of which is to strengthen the world wide external communications activities of the IHF.

The two key elements of the internship involve, on the one part, developing IHF’s social media network, and on the other part, to coordinate press conferences events and generate interaction among healthcare executives, journalists and other key stakeholders at the Oslo Congress.

Through relations established with Boston University (Geneva), the IHF welcomed for an 8 week period in October 2012, Matthew Kelly, a Bachelor of Science (B.S.) student in Public Health Studies with a minor in Economics at Johns Hopkins University in Baltimore, USA. Matthew’s key areas of interest were Health Administration and Management, healthcare and business, and methods of government intervention in policy in regard to hospitals. Matthew concluded his internship by preparing a background paper on the consequences and challenges for hospitals /healthcare facilities in moving to comprehensive, patient-centered care in the treatment of chronic and multi-chronic conditions.

Tema Pefok, a graduate student at the University of Detroit Mercy (USA), pursuing a Masters degree in Health Services Administration, in November 2012 spent the final week of her three-month program at the IHF Secretariat, having worked remotely from the US for the greater part of the internship. Her main tasks involved coordinating a
survey of IHF Full Members on their mission, member/affiliate categories and activities and the IHF Full member best of articles publication project.

The internship of Clémence Gros, a graduate student in International Relations at the University of Geneva (Switzerland), was for three months in 2011. For her internship, she assisted in various research projects, and authored the article *World Trade Organization activity for health services*, published in the IHF official journal, *World Hospitals and Health Services* – Volume 48 No.1 (2012).

**Prospects for the Future**
Prospects for this Program are certainly good and will be pursued by the Secretariat.

**KNOWLEDGE GENERATION**
**Healthcare Organizations’ Profile**
**Description**

Seen from a national point of view, IHF Full Members are very different, each with its own agenda, priorities, constraints, etc. It is therefore very important for the Secretariat to have a clear vision of Full Members’ profiles to determine their expectations towards IHF and how to better serve them. To this end, from September to November 2012, the IHF Secretariat conducted research focusing on Full Members’ missions, activities and affiliations. The first step involved collation of data through 34 out of 37 Full Members’ websites. For each of the areas that have been analyzed, categories were created to have consistency between the collected data which allowed a larger analysis of the outcomes.

**Outcomes**
The information collected was organized under three major groups: mission, activities and affiliates.

The most noticeable value among the members is their focus on quality of care being delivered, which can be ensured through a transparent, integrated health system that gives patients the best possible treatment available. Member organizations also place a high priority on representing and supporting their organizations through consulting, advocacy, and effective communication. Some organizations wish to support their affiliates by being a national and international voice, or by supporting their occupational interests and general achievements in healthcare programs. In addition, many members illustrated that they believe in equitable and efficient care for all that can be easily accessible, especially for those with underserved backgrounds. Some organizations also place emphasis on their role in preventing disease and illness among their patients by providing different supporting services to help them regain and/or maintain their health. A few organizations also believe in the role of patient empowerment in this process. They believe that patients should play a large role in the healthcare they receive, and should be sufficiently satisfied with this healthcare. Finally, many member organizations expressed in their mission statements that they place great value on improving and developing health policy that will most successfully meet the needs of the health of their populations.

The most prevalent activity IHF Full Members are engaged in is publication. This includes journals, newsletters, annual reports, position papers, bulletins, etc. Along with publications, a major activity is the advocacy activities that they perform. They serve as advocates for their affiliated organizations, as well as for the policy makers involved in the makeup of their health systems. Many IHF Member organizations also implement different research and development programs, educational activities, and other forms of training to improve the well being of their affiliated members. They perform activities that create environments conducive to learning through sharing and developing health policy and practice initiatives in their health systems. They also hold roundtables, seminars, and conferences. Also, member organizations engage in different improvement and development activities, such as building structures and maintaining health facilities to develop and improve the conditions of their members and patients.
The most common category of healthcare entity that most of the IHF Member organizations represent is Healthcare Facility Body (which includes medical centers, specialized hospitals, clinics, etc.). The next most prevalent category we identified is Public/Private Hospitals, which comprise just over half of our member organizations. Also, a good number of member organizations are identified as being Individual entities, meaning they focus large amounts on healthcare initiatives at the individual level. A smaller, but still significant, portion of full member organizations were grouped as being Professional Body organizations. Finally, we recognized those member organizations that can be best identified as Territorial/Provincial Healthcare Organizations, healthcare entities that operate and focus mainly on their geographic area.

Prospects for the future
Such research initiative is very important to enable better understanding of IHF Members’ expectations. It would be useful to have regular analysis of Members’ activities and major interests, which would allow the Secretariat the possibility of developing projects and activities in line with IHF Members’ interests. The modality of research is time consuming and it would be very important that members themselves provide updated information on a regular basis. An additional obstacle is represented by the language barrier. In some cases, websites are only available in one language other than English, which limits the access to the information.

Mechanism to Monitor Patient Satisfaction
Description
In March 2013, a survey on “Mechanism to Monitor Patient Satisfaction” was sent to IHF Full and Associate Members. The total number of respondents was 27 from the following Countries: Australia (7); Canada; China; Hong Kong; Denmark; Finland (2); France (2); Israel; Japan; Kuwait; Lebanon; Morocco; Nigeria; Norway; Philippines; Portugal; Switzerland; United States of America (3).

Outcomes
Within the 17 surveyed countries, 14 have a formal system for monitoring patient satisfaction in facilities. 50% of respondents report existence of national standardized systems and 50% have locally developed systems. For two thirds of those with formal patient satisfaction monitoring systems, these were mandatory. For 37.5% the systems rely on facility good will. Three countries out of 17 reported the absence of formal systems to monitor patient satisfaction in facilities. The graph below describes the kind of system in place to monitor patient satisfaction.

Globally, we can say that in one country different mechanisms are in place at the same time. In most cases the system adopted is the satisfaction survey/questionnaire, which, in the majority of instances, is conducted internally. In only two cases the survey is conducted by an external agency. One country applies a standardized telephone questionnaire to patients. Half of the countries have a website with public reporting at the national level and 48% organize annual reports on patient satisfaction which are discussed by healthcare boards or authorities. From the final comments, it is assumed that, in the majority of countries, there is still a lack of uniformity in the system of monitoring patient satisfaction, even in cases where these are well developed at the local level. However, at the national level this remains underdeveloped. In some countries dialogue is open and patient satisfaction is part of the agenda of the national health reform. Complete analysis of the survey is available at http://www.ihf-fih.org/index.php/Publications/Reports/Mechanism-to-Monitor-Patient-Satisfaction.

Prospects for the future
This topic seems to be of high interest for IHF members and the Secretariat has been asked to provide information (documents, studies, experiences, etc.) that could help them to improve their system. To accomplish its mission of being a platform for knowledge and experience sharing, IHF Secretariat decided to create an open discussion on this topic on the IHF Web Forum. The discussion will be operational by the end of 2013 and will benefit from the support and expertise of the International Alliance of Patients’ Organizations (IAPO).
Molecularly Targeted Therapies Survey

**Description**
In June 2012 a survey on “Molecularly Targeted Therapies” was sent to IHF Full and Associate Members and it was expected to have an overall trend at the national level.

The total number of respondents was 11 from the following Countries: Argentina; Brazil; Finland; France; Germany; Iran; Kingdom of Bahrain; Kuwait; Portugal; Switzerland; United Arab Emirates.

**Outcomes**
Eight out of the eleven surveyed countries have Molecularly Targeted Therapies.

A great number of anti-cancer therapy drugs are available. Three drugs were selected for this survey: Jevtana (Cabazitaxel – Sanofi); Yervoy (Ipilimumab – BMS); Yondélis (Trabectedine – Pharmamar). Among the respondents, six have all three drugs. In Iran both Jevtana (Cabazitaxel – Sanofi) and Yondélis (Trabectedine – Pharmamar) are used, whilst only Yondélis (Trabectedine – Pharmamar) is available in Kuwait.

These drugs are fully funded for 62.5% of respondents; in Portugal drugs are included in hospital budgets. In Iran and in France the drugs are partially funded.

The table below shows the sources of funding for the drugs in eight of the eleven countries surveyed:

![Source of Funding Graph]

The overall picture is that, in the majority of cases, the sources of funding for the drugs are either through public insurance or integration in hospital budgets. Other funding sources are available in Kuwait and Finland. In Kuwait payment comes through the government budget whilst in Finland, it comes through a combination of hospital budgets and the social insurance scheme.

The full report, providing the price of the three therapies in the different countries and details about how expenses for drugs are funded is available in the IHF website under the Publication section (Reports).

**Prospects for the future**
This survey has been useful and relevant; the analysis has been disseminated to IHF Members and published on the IHF Website. Surveys are a valid instrument to gather relevant information on specific topics and to provide overall trends to the IHF community.

The evolution of hospital responses to Non-Communicable Disease

**Description**
Despite the success of global health improvement efforts, the world is facing a rising tide of chronic disease. Hospitals are at the forefront of responding to this transition to the global burden of disease, particularly as people’s chronic conditions become more complex, as they acquire multiple chronic conditions, and as they develop serious complications.

Responding to NCDs is now a major driver of hospital workload in all countries, and this volume of work will continue to increase for the foreseeable future. In the last twelve months the IHF has done a range of work on the responses hospitals are making to this challenge.

**Outcomes**

*Background paper on hospitals and NCDs*
In late 2012, Matthew Kelly, IHF intern from Johns Hopkins University, Baltimore, USA, prepared a background paper on the consequences and challenges for hospitals/healthcare facilities in moving to comprehensive, patient-centered care in the treatment of chronic and multi-chronic conditions. Hospitals are shouldering a significant part of the rising burden of chronic and particularly multi-chronic conditions. Over half of healthcare expenditure in Europe and the US is now spent on people with multi-chronic conditions.

In responding to this, hospitals and healthcare facilities face a clear need from their patients but lack clear evidence on how best to proceed. There has been a diversity of reforms across many countries, and the following are just a few examples from the background paper. 96% of US commercial health insurers now offer disease management programs (DMPs), particularly in the
care of diabetes and cardiovascular disease, where the evidence is strongest. Germany has seen the widespread introduction of DMPs from 2002, along with efforts to close the divide between hospital and ambulatory care since 2004. France has improved access to chronic care by exempting patients with long-term conditions from copayments. The Chronic Care Model developed by Wagner and others is increasingly being adopted, at least in part, and an evidence base assessing its impact and appropriateness has grown strongly over the last decade. Building on this, the WHO has established the Innovative Care for Chronic Conditions Model, emphasizing policy responses to the community based effects of NCDs.

**Survey of IHF Members on NCDs**

The IHF recognizes support for self-care of non-communicable diseases as central to the involvement of hospitals in the management of people with Multi-Chronic Conditions. A survey on “Hospitals and Multi-Chronic Conditions” was sent to IHF Full Members and Associate Members. The total number of respondents was 14 from the following Countries: Australia, Austria, Belgium, Canada, France, Japan, Korea, Philippines, Portugal, Republic of Moldova, Switzerland, Taiwan, United Arab Emirates and United States of America. The survey identified a series of issues faced on this topic that reinforce the literature. Responding to the needs of patients with Multi-Chronic Conditions is one of the major challenges facing hospitals in the next decade. The principal element of weakness is fragmentation of care inside and outside the hospital. The continuum of care for MCC patients is most commonly erratic and highly practitioner-dependent. The principal strategy hospitals have identified for remediation is improvement of the integration of care; however, hospital remuneration systems are seen as a barrier to this. Growing numbers of hospitals (nearly half of responses from member organizations) have dedicated units/teams for management of MCC patients and they play a significant role in supporting patient empowerment.

**Prospects for the future**

The potential is for development of a series of activities to provide to IHF Members the arena to discuss and exchange experiences on NCDs as well as be exposed to best practices.

**Hospital Management Course**

**Description**

On several occasions the IHF Secretariat has been requested to develop trainings on hospital management. This request comes from different healthcare actors: IHF Full Members, international healthcare organizations and the corporate sector. In January 2013 the Aga Khan Foundation and the IHF Secretariat met in Geneva to discuss the possibility of developing a basic hospital management course of one year for Aga Khan Hospitals.

**Outcomes**

The Aga Khan Foundation request has led the Secretariat to work, in collaboration with the Institute of Hygiene and Tropical Medicine, New University of Lisbon, Portugal, and the health economist Dr. Thomas Vogel, on an introductory learning program on Hospital Management. The 9-month program will be open to senior members of the hospital management team (i.e., hospital manager, director of medical services, director of nurses, director of information systems, etc.) who are central actors in the hospital face different responsibilities and challenges, and whose decisions can impact overall healthcare quality.

The idea behind the design of this training is to build content suitable for health professionals having solid experience but limited management education. It is also designed to support development for individuals having to continue to actively work. Based on the need of each professional, the training offers resources allowing fine tuning and knowledge development. The learning modalities adopted for the course, in English and open to a maximum of 30 participants, will be organized in four phases: one phase face-to-face, one phase face-to-face and video conference, and two phases of individual work and tutoring.
The costs related with the course preparation and its fulfillment will be supported by the Aga Khan Foundation.

**Prospects for the future**
Participants are expected to acquire specific knowledge and tools and to exchange experiences to effectively fulfill their responsibilities. At the end of the course, participants will receive a certificate of attendance. The course is scheduled to begin in 2014.
IHF EVENTS
37th World Hospital Congress – Dubai, United Arab Emirates (2011)

Description
The biennial World Hospital Congress of the International Hospital Federation (IHF) was first held in 1929 in Atlantic City, USA. This event remains the world’s unique forum where decision makers and leaders from regional and national healthcare federations, hospitals and healthcare organizations are brought together to engage in dialogue and exchange experiences, ideas and knowledge on best practices in leadership in hospital and healthcare management and delivery of services.

Assessment of activities
The 37th Edition of the Congress was held 8-10 November 2011 in Dubai, United Arab Emirates, the first city in the Middle East and North Africa region to host the event since the foundation of the IHF in 1929.

The Congress, inaugurated by H.E. Khalid Al Sheikh, Deputy Director General of the Dubai Health Authority at the Atlantis Hotel in Palm Jumeirah, was attended by officials from different IHF member countries as well as by CEOs and directors of other major national and international hospitals and health care organizations. Some 70 countries were represented at the event.

The scientific program with the theme ‘Healthcare in a Changing World: Overcoming the Challenges’, was in the format of the new Congress model, whereby IHF national member associations hosted 12 of the 30 parallel sessions. In these sessions, developments and innovations at hospital and organizational levels in countries were showcased and shared with peers and the wider international healthcare community.

Among the topics discussed were Delivery of Effective Care Through Better Global Governance, Hospitals in Pursuit of Excellence, Private Public Partnership: Dubai Health Authority Experience, Innovation: Promoting New Partnerships, and specific missions of university hospitals.

In addition, the scientific program provided an ideal forum for representatives of IHF partner organizations, such as the World Health Organization (WHO), the Organization for Economic Co-operation and Development (OECD), the International Society for Quality in Health Care (ISQua) and the International Alliance of Patients’ Organizations (IAPO), to disseminate key institutional messages.

Sponsorship from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (Germany), African Development Bank and the Government of Taiwan enabled participation by delegates from Malawi, Uganda and Burkina Faso, an initiative the IHF hopes will be reproduced at future congresses and other IHF events.

The full program and presentations are available at http://www.IHF-fih.org/Events/Past-Events/37th-World-Hospital-Congress; and in the Photo Gallery at http://ihfdubai.ae/Photo_Gallery/index.html.

Networking opportunities enabled significant interaction between IHF corporate partners and IHF members. Among the many interesting side meetings held was that of the IHF Group Purchasing Organization Chapter, a recently created working group dedicated to hospital procurement.

The Congress is also the occasion for meetings of the General Assembly and the Governing Council, the key IHF governing bodies responsible for governance of the Federation. The decision-making activities of both bodies include election of President, Treasurer, Governing Council and Life Honorary members, and endorsement of financial and Secretariat activity reports.

Thomas C. Dolan, PhD, FACHE (USA) was inducted as the 33rd President of the IHF at the Dubai General Assembly. Mr. Dolan in his opening remarks acknowledged that great changes had been made to the IHF over the past years under the leadership of his predecessor, Dr. José Carlos de Souza Abrahão (Brazil) and said that he looked forward to working “with everyone to improve healthcare around the world.” Dr. Kwang Tae Kim (Korea) was elected IHF President Designate and Dr. Erik Normann (Norway) as Treasurer. Life Honorary Memberships were awarded to IHF Past
The CEO in his report highlighted the sale of the IHF Secretariat in Ferney-Voltaire, France, and its relocation to Geneva, Switzerland, as well as the creation of a new Swiss constitution for IHF. The report was unanimously approved by both the Council and the Assembly. The Assembly also approved the Secretariat Activity Report which highlighted the following five areas as requiring improvement:

- Strengthening of management
- Increase in members’ participation
- Improving external communication
- Increased active engagement with the corporate sector
- Widen knowledge about the IHF in the international arena

Farewell was bid to Governing Council members Dr. Leke Pitan (Nigeria), Prof. Helene Lapsley (Australia), Dr. Lawrence Lai (Hong Kong), Mr. Gerard Vincent (France) and Mr. Abdul Salam Al Madani (United Arab Emirates). The Assembly expressed its gratitude to them for their active contribution to the development of the IHF in the international arena and in their respective countries and regions.

Newly elected Governing Council members were Dr. Al Awadhi (Kuwait), Dr. Rafiat Olufunmilayo Olatunji (Nigeria), Dr. Ibtesam Al Bastaki (United Arab Emirates), Dr. Pak Yin Leung (Hong Kong), Mr. Cédric Lussiez (France), and Ms. Pamela Fralick (Canada).

Among the key decisions adopted by the newly elected Governing Council were the creation of Special Advisors (USA/Asia/Africa/Middle East) to represent the IHF at events in their assigned regions and the formation of four additional committees on communication, membership, associate membership and strategic planning.

**Prospects for the future**

The Congress was hailed as highly successful in terms of organization and quality of the scientific program. Participants were challenged by the content and impressed by the variety and quality of all the sessions. The consensus was that the level of quality demonstrated in all aspects of the program would undoubtedly provide a high level benchmark for future IHF events.

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**38th World Hospital Congress – Oslo, Norway (2013)**

**Description**

At the time of preparing this report, planning and organization are at an advanced stage for the 38th edition of the World Hospital Congress - [www.oslo2013.no](http://www.oslo2013.no) - to be held 18-20 June 2013 in Oslo, Norway. The theme of the Congress is ‘Future Health Care – The Possibilities of New Technology’. The country host is the Norwegian Hospital and Health Service Association (NSH), IHF Full Member for Norway. Many leaders of the world’s major national healthcare and hospital associations, key decision makers, policy makers and healthcare professionals are expected to gather at the Oslo Spektrum, the venue for events such as the Nobel Peace Prize Concert, to share and learn how modern technology improves access to high quality healthcare for patients, both within and beyond the realms of hospitals.

The guest of honor will be HRH Crown Prince Haakon of Norway. Among the keynote speakers will be Dr. Margaret Chan, Director General, World Health Organization, and Seth Berkley, M.D., CEO, GAVI Alliance.

The response to the call to host parallel sessions from IHF Full Members has been very positive and encouraging. At the time of preparing this report, 16 of the 30 parallel sessions will be hosted by members, such as the American Hospital Association (AHA), the Norwegian Hospital and Health Service Association (NSH), the Korean Hospital Association, the Aga Khan University Hospital (Pakistan) and the Healthcare Information and Management Systems Society (HIMSS).

A number of sessions will also be hosted by IHF special interest groups, such as the Healthcare Executives, University Hospitals and Group Purchasing Organization Chapters. A full pre-Congress program will include sessions by partner organizations such as the international Network of Health Promoting Hospitals and Health Service,
and DNV Business Assurance, a new IHF Corporate Partner.

Healthcare developments in Scandinavia will also be addressed. Since Norway is a country with some of the most modern hospitals in Europe, pre- and post-Congress visits will be organized to St. Olavs, Oslo University and Akershus University Hospitals, three of the country’s state-of-the-art hospitals. One of the highlights of the Congress will be the live broadcast of an operation from St. Olav’s Hospital Operating Room of the Future.

Prospects for the future

The IHF Governing Council, at its meeting in November 2012, adopted a major decision in favor of the Congress becoming an annual event. As a result, the last biennial event will be the 39th World Hospital Congress in 2015, with the first annual event beginning in 2016. The following bids have since been received and approved by the Governing Council for 2015, 2016 and 2017:

39th World Hospital Congress, October 2015-Chicago, USA
Host: American Hospital Association and American College of Healthcare Executives

40th World Hospital Congress, October/November 2016-Durban, South Africa
Host: Department of Health, Republic of South Africa

41st World Hospital Congress, November 2017-Kaohsiung City E-DA World, Taiwan
Host: Taiwan Hospital Association

At the time of preparing this report, indications are that positive progress is being made towards establishing the IHF World Hospital Congress as the unique platform for the gathering of all IHF full/associate members to both share experiences and present accomplishments in their respective hospitals, healthcare organizations or countries.

Assessment of activity

The 3rd Edition of the Summit held 5-6 June 2012 in Sun City, South Africa, was the first major official IHF event in sub-Saharan Africa. The event, attended by 130 participants from 22 countries, was jointly hosted with the Department of Health of South Africa. The pre-Summit program hosted by the Department of Health (DoH) addressed the topics of Leadership and Management; Error reduction to enhance patient safety; Current trends on public private mix in health service delivery; Performance based financing of hospitals, all within the African context. The joint IHF/DoH Forum, open to IHF and non-IHF Members as well as local participants, addressed the same topics within the international context. Medical Tourism & Leadership Competencies were the topics of the IHF members only roundtable debate sessions. The Summit was inaugurated by Ms. Precious Matsoso, Director General of Health, Republic of South Africa, with opening and welcome remarks from Dr. Magome Masike, Member of the Executive Council of NW Health, Republic of South Africa. Dr. Masike, in his overview of the issues facing the healthcare sector in South Africa, included the relationship between the private and public health sectors, development of good ethical practices, the importance of leadership competence and the need to enhance competencies of staff and management.

3rd Hospital and Healthcare Leadership Summit - Sun City, South Africa (2012)

The first and second IHF Hospital and Healthcare Association Leadership Summits were held 2009 and 2010 in Paris, France, and Chicago, USA, respectively. This event is by invitation and open only to the leadership of IHF Full, Associate, and Governing Council members and corporate partners. Participation is also extended to non-IHF members from the wider healthcare community in other international organizations such as the World Health Organization (WHO), the World Bank and the Organization for Economic Co-operation and Development (OECD).
Economic Cooperation and Development (OECD) and IHF Full, Associate and Governing Council members.

Recommendations from the Pre-Summit session on leadership and management included introduction of a standardized health management and training program, succession planning, and professionalization, through licensing, of the health manager position. These actions, participants felt, would enhance the establishment of a leadership framework envisaged in the Management and Leadership Competencies for Hospital CEOs program developed by the Government in South Africa.

The international Roundtable Debate on Leadership Competencies was chaired by Ms. Gayle L. Capozzalo, FACHE, Chairman, American College of Healthcare Executives (ACHE). The aim of the session was to establish dialogue among the stakeholders in regard to the interest expressed in creating an international framework for leadership competencies required in training good, efficient and effective healthcare managers to lead complex organizations.

Presentations were made on the Australian, French, and American systems as well as the American College of Healthcare Executives credentialing program for healthcare leaders. The consensus was a call to support the idea for the development of an international competency framework for hospital managers. This subject will be addressed in the session of IHF Healthcare Executives Chapter at the 2013 Oslo Congress.

The focus of presentations and discussions in the Quality and safety: compliance and error reduction session was on factors influencing patient safety practices in Africa. This session, chaired by Dr. Carol Marshall, Chief Director, Office of Standard Compliance, Department of Health, South Africa, had amongst its panelists Professor Stuart Whittaker, Founder and CEO of the Council for Health Service Accreditation of Southern Africa (COHSASA). Participants in their recommendations called for:

- a major culture shift in regard to patient empowerment
- greater accountability
- strengthen reporting systems
- wider and better exercise of ethical practices and improvement in human behavior (e.g. errors)
- application of due diligence in data collection, and
- recognition of the role of the private sector and the need for the health sector to draw lessons from models for good safety practices developed by other industries.

The international perspective for Europe was presented by Dr. J L Knudsen, Board Member, International Society for Quality in Health Care (ISQua), whilst Asia and the Americas were presented by Dr. M. Reksoprodjo, Indonesian Hospital Association, and Dr. Paul Van Ostenberg, Joint Commission International, respectively.

The key challenges cited included:

- resistance to culture and attitude change by medical/healthcare organizations
- patient engagement
- absence of reliable information, which hampers patient safety efforts and quality of care
- medication management and poor use of health technologies
- leadership

South Africa’s Health PPP (Public-Private-Partnerships) 10 Point Plan was presented, highlighting, in particular, such initiatives as the national health insurance scheme. The recommendations called for included:

- Increased accountability
- A more system-based approach to healthcare
- Coordinated/evidence-based care
- Focus on patient safety and quality
- Empowerment of patients and caregivers

In the international session on public-private mix, leaders of the private sector from Brazil and Korea presented developments in their respective countries. In Brazil, Dr. Balestrin, Chairman, National Association of Private Hospitals, reported that private sector services and expenditures far exceed those of the public sector, representing 9 percent of the country’s GDP. Although universal healthcare is provided under the public system SUS (a unified health system), the health system still relies strongly on private health insurance, with almost 25 percent of the population using private coverage.

The Korean picture, presented by Dr. B M Ahn, Chairman International Korean Hospital...
Association, is one where private hospitals make up 88.2 percent of hospitals, providing 92.6 percent of outpatient services and 89.6 percent of inpatient services. A recent phenomenon is the merging of Korea’s big four hospitals to become large healthcare centers. The problems facing Korea’s public hospitals include human resources and supply shortages.

Discussions on Performance based financing of hospitals focused on ways to address current and future financing systems and the appropriate models to apply. In the African and, more specifically, South African context, the merits for hospitals applying the Diagnosis Related Groups (DRGs) system, a classification system for hospital admissions, were presented. In the African context, Professor David Croce, University of Witwatersrand, South Africa, reported that in spite of an increase in public expenditure on health, the public health systems in many countries have failed to meet user needs and demands. In South Africa, Mr. Barry Childs, Fellow, Institute of Actuaries and Actuarial Society of South Africa, reported that financing systems of both the public and private sector are performance based, each applying different reward systems. Quality improvement and greater efficiency, however, were perceived as the challenges in the public and private sector, respectively. For hospitals to move to a DRG system, they would need to:

- Create a common platform for data collection
- Address recruitment of appropriate number and quality of staff
- Engage in training and strong leadership programs

Rwanda was cited among the successful examples of countries that have introduced DRG and applied performance-based financing.

Dr. Mark Pearson, Head, Health Division, Organization for Economic Cooperation and Development (OECD), presented the global picture on the use of DRGs and pay-for-performance (P4P). Dr. Sakai, President, Japan Hospital Association, Dr. Sandrine Boucher, UNICANCER, and Dr. Rulon Stacey, CEO University of Colorado Health, made presentations on the Japanese, French and American systems, respectively. In each case it was acknowledged that the backbone of a DRG and P4P run system is a sound data/information system, through which efficiency and quality of care can be guaranteed.

The special roundtable debate on medical tourism, chaired by the IHF CEO, was an opportunity for the IHF to formally address this topic and allow its members to reflect on the matter and come up, if possible, with recommendations for good practice. Members from the Philippines, Brazil, Nigeria, USA, Argentina, Kazakhstan, and United Arab Emirates reported on the situation in their respective countries. Lower costs, private sector interest, and shorter wait times were noted as drivers. However, from the provider countries, the trend is rather for outbound patients, that is, wealthy patients, to travel to countries such as the US, Germany and the UK. Quality of care, ethical consequences, and epidemiological risks were raised as issues of concern that would require further and more in-depth investigation and research.

No clear cut recommendations were reached. However, the intention is to continue to monitor developments on this topic.

Prospects for the Future

This event undoubtedly is a value-added membership service and one which constitutes an ideal platform for continual knowledge sharing and discussion. It continues to grow in relevance and as a source for strengthening relations with members and collaborating with the wider healthcare community. Equally important, it represents a neutral setting where member and partner organizations are able to share insights with each other on their activities and learn from best practices. Lastly, the event is a positive means by which good relations are both maintained or built with industry.

The 4th Hospital and Healthcare Association Leadership Summit will be held in 2014, in Seoul, South Korea.
University Hospitals play a critical role in the advancement of patient care and medical delivery systems worldwide. Regardless of location, university hospitals share three common missions:
- Provide the highest quality of care to patients;
- Provide the best level of education and training to future doctors and researchers; and
- Invest in research to enhance the effectiveness and efficiency of diagnosis and treatment.

Considering most university hospitals have some international activities and that globalization is expanding, the interest for an international platform for university hospitals is on the rise. In response to this need, the IHF decided to create a dedicated University Hospital Chapter—an international knowledge exchange platform where a network of major university hospitals are able to share experiences and results.

The program of activities adopted by the Chapter includes:
- Advance international knowledge and collaboration among university hospitals
- Enhance organizational performance
- Enhance research and education initiatives

The University Hospital Chapter will focus its work on such major themes as:
- Organizational Governance
- Performance improvement in:
  - Care delivery models
  - Patient safety
  - Clinical quality
  - Operational efficiency
  - Patient satisfaction
- Medical training support
- Research funding
- International activities

Membership in the Chapter is open to IHF Full and Associate Members expressing an interest in and commitment to the chapter’s goals.

Organizations such as University Hospital Brussels, Belgium; Kuopio University Hospital, Finland; University of Colorado Health and University HealthSystem Consortium from the United States have already joined the Chapter.

The University HealthSystem Consortium is the Secretariat of the Chapter and Rulon Stacey, PhD, FACHE, President of the University of Colorado Health, USA, is the first chairperson. The role of the IHF Secretariat is that of facilitator, provider of technical support, and meeting host, as well as making available its communications network for dissemination of information.

Assessment of activities
In 2011, the IHF has been working closely with university hospitals in Europe to identify themes that represent an international priority to university hospitals. The result of this work was presented at the Parallel Session, Specific Missions of University Hospitals, during the 37th World Hospital Congress, Dubai, UAE, 8-10 November 2011.

Even though participants expressed a high interest for the raised issues, there has not been a real engagement from IHF Members. A new chance to strengthen the Chapter was the 3rd IHF Hospital and Healthcare Association Leadership Summit, which was held in Sun City, South Africa, 5-6 June 2012. Some IHF Members had the opportunity to attend a side meeting to discuss the mission and objective of the University Hospital Chapter and the way forward.

In view of the University Hospital working group meeting, which took place in Orlando, USA, on September 14, 2012, in conjunction with the University HealthSystem Consortium’s Annual Conference, the IHF Secretariat prepared the Terms of Engagement. This document defines mission, objectives, governance, finance and membership of the Chapter.

The meeting in Orlando represented the opportunity to further plan the objectives of the Chapter to be presented at the Governing Council during its meeting in Geneva, Switzerland, in November 2012.

In conjunction with its three-day meeting in Geneva, Switzerland, the IHF held a dinner meeting of the University Hospital Chapter interest group. All participants expressed their interest in collaboration and shared potential areas of focus for the Chapter. During the meeting it was agreed that a session will be organized during the 38th World Hospital Congress (WHC).
Under direction of the IHF WHC, the University HealthSystem Consortium, with the support of the IHF Secretariat, developed the University Hospital Chapter Brochure.

**Financing**
Participation in the University Hospital Chapter is complimentary to all IHF university hospital member organizations. Additional fees may apply for participation in collaborative research projects and/or special initiatives.

**Prospects for the future**
During the IHF 38th World Hospital Congress, to be held 18-20 June 2013 in Oslo, Norway, the University Hospital Chapter will have a special session on *Perspectives on Shared Challenges and Opportunities to Improve Health around the World*. This session, chaired by Irene Thompson, President and CEO of the University HealthSystem Consortium, will examine the unique role played by university hospitals across the world. University Hospital administrators and physicians will share their perspectives on the critical issues facing academic medical centers. Session participants will also discuss and identify strategic issues and potential collaborative projects for the IHF University Hospital Chapter.

In conjunction with UHC’s Annual Conference being held in Atlanta, Georgia, USA, a chapter meeting is being planned for October 18, 2013, from Noon – 5:00 pm (local time).

**Group Purchasing Chapter**

**Description**
Public and private hospital purchasing/procurement are major strategic issues in health systems. It is estimated that worldwide, each year, OECD country hospitals spend more than 450 billion Euros (620 billion US$) in purchasing/procurement of goods, services and works, making it the second largest expense after personnel costs. Its continued growth in volume is mainly due to technological progress, enhanced safety requirements for healthcare and the increase of outsourcing of both support functions and services. Management of purchasing/procurement affects both the quality of patient care and that of the working environment of hospital personnel. Furthermore, it represents a major challenge in terms of sustainable development, innovation and the impact healthcare has on the industrial economic system.

In response to this situation, the IHF Group Purchasing Organization (GPO) Chapter was created in 2010. The Chapter is a working group dedicated to hospital purchasing/procurement, serving as a platform for open dialogue at the international level between key Group Purchasing Organizations (GPOs), healthcare decision-makers and industry. It is also a vehicle for cross-fertilization 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. Other membership groups may include private and public associations, groups of hospitals or individual hospitals, and private or public institutions involved in health care purchasing.

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, provider of technical support, and meeting host, as well as making available its communications network for dissemination of information.

**Assessment of Activities**
The Chapter adopts a program of activities each year and holds annual meetings in conjunction with IHF events, namely, the GPO / IHF / Industry Dialogue Exchange meeting and the World Hospital Congress. The Chapter has as its focus the theme of *innovation and sustainable procurement*. The Chapter has hosted a variety of events and introduced certain initiatives which have served to raise the profile and strategic importance of purchasing and procurement among and beyond the IHF membership network as well as in the agenda of healthcare decision-makers. There has also been a positive impact in regard to
recruitment of new members. The key events and initiatives include:

- **IHF World Hospital Congress**
  - **2013 Oslo: Pre-Congress Event**
    - Theme: “Hospital purchasers: Catalysts for innovative and sustainable procurement”
  - **2011 Dubai: GPO Special Interest Session**
    - Theme: International Benchmarking Experiences for Effective Purchasing
- **GPO/IHF/Industry Dialogue Exchange Meetings**:
  - 2011 Paris, France:
  - 2012 Geneva, Switzerland:
    - Theme: Innovation and Group Purchasing Procurement
  
  This is an initiative that has only recently been introduced, together with a Members’ Forum, with the objective of providing greater opportunities for dialogue as well as exchange of ideas.

**Prospects for the future**

The consensus is for the focus of the Chapter activities to be on consolidating and formalizing its governance and membership structures. Steps have been taken towards this goal with the revision and approval by the founder members of the terms of engagement. Recruitment of new members from other regions, inclusion of expert bodies or individuals as members and better and increased engagement of industry as dialogue partners are the other areas targeted for action.

**Healthcare Executives Chapter**

**Background**

For many years several healthcare managers or executives associations have been IHF associate members. The most active in the last 5 years has been the American College of Health Care Executives which is the largest and most advanced association in the world. In an initial meeting during the Dubai Congress in 2011 and during a follow up meeting in Chicago in March 2012, a small group envisioned the interest of creating a specific group working with the IHF to promote the professionalization of health care managers.

**Description**

This activity has started after a discussion between ACHE, IHF and PAHO during the IHF leadership meeting in June 2012 in South Africa where it was decided to move forward an initiative to promote a universal framework for health care executives. An initial comparative analysis of existing frameworks was prepared by ACHE and was used to support an initial meeting hosted in Washington (DC-USA) in January 2012 by PAHO (the WHO regional association in the Americas). The purpose of the meeting was to agree upon (i) some fundamental competencies that should be in place for health service executives, (ii) who the target audience for the competencies should be, (iii) what those competencies should cover, and (iv) how and by whom those competencies should be assessed. We also attempted to determine the role of each organization represented within the group and the next steps in terms of preparation to present this framework elsewhere. There were 12 individuals representing 10 different organizations. This initial meeting has allowed a consensus on some key points around a universal framework:

- Competencies should be backed by evidence and rely on a contemporary model which forces health executives to examine economics, politics, social climate, etc;
- Framework will be focused on individuals but include interface with a team dynamic;
- Competencies are based on knowledge, skills and abilities and a healthcare management diploma is beneficial but not enough to assure competencies;
- Target audience is health managers (not only CEOs) in all career stages;
- There is an agreement on the minimal requirement for recognition as a profession;
- Evolution of health services must be reflected in the framework as well as level of competencies;
- Framework must be challenged and examined by all those surrounding the profession so that it is fully visible and understood.

In addition it was decided that there is a need to adopt a charter to better promote the identification of the health care management profession and to create a momentum around this initiative. A working party was put in place with the Australian College of Health Service Management (ACHSM) coordinating. It was also decided to develop this group as a chapter of IHF, and to develop terms of
engagement as well as a platform on the IHF website.
A project development platform under Basecamp™ was put in place with the support of ACHSM for members of the group to continue developing the various documents.

A follow up meeting during the March ACHE congress in Chicago allowed participants to agree on the basic framework of core competencies resulting from the ACHE framework amended at the Washington meeting. The Charter is also on its way, as well as the terms of engagement for members of the IHF chapter. A special session will be organized during the Oslo meeting to present the initial approach and to expand the group of participants.
It was also agreed to call upon external experts from around the world to have their feedback on this initial framework, which covers the first level of description of competencies around five critical clusters.

Assessment of activities
This activity has a lot of potential for development because there is in each country an interest to increase level of recognition of healthcare managers as a profession, and to develop minimum international standards to strengthen this recognition.
In addition this is a real win-win approach between the IHF and healthcare executive associations as associate members. The IHF provides an international platform for them to share resources and develop in common a tool that will serve each organization to support its own growth and strengthen its unique position as the key country professional association for healthcare managers.
This activity also allows the IHF to expand its outreach to key health professionals while allowing association members to get access to IHF material with a stronger awareness of resources they can tap for their own needs.

Prospects for the future
It is expected that by early 2014 the chapter will have been fully formalized with the affiliation of the major health executive associations, and that it will have adopted the first major competency items as well as the charter. The objective is to be able to start the discussion on the model for competency assessment and recognition as well as to increase the possibility for associations to share documents on competency enhancement.
The next step will be to have this group better recognized in the international arena where healthcare managers are not included in consultations. For this the IHF can also play a major role from Geneva where most other international professional associations are based and with whom the IHF has already working relations.
ADVOCACY AND INTERNATIONAL RELATIONS
INTERNATIONAL ACTIVITIES
IHF President: International Mission and Advocacy

It has been a privilege to serve as your President for the past two years. During this time I have had the honor of representing IHF around the world.

After serving on the Scientific Committee for two years, it was a real pleasure to be in Dubai, United Arab Emirates, in November 2011 for the 37th World Hospital Congress, where I was inducted as President. It was the first time we conducted a World Hospital Congress in the Middle East, and it was very well executed by our colleagues from the United Arab Emirates. With strong support from our members, the presentations were truly international in nature and informative for all.

My next opportunity to represent the IHF was at the Geneva Health Forum in April 2012. My IHF colleagues Eric de Roodenbeke, Bernhard Wegmuller, Erik Normann, José Carlos de Souza Abrahão and I presented on “Chronic Conditions: Challenges for Hospitals.” I also had the opportunity to chair a session titled “Clinical Pathways for Chronic Conditions.” While I was in Geneva, I also met with officials from the WHO and other international health partners to further strengthen ties with the IHF.

The next opportunity to participate with my IHF colleagues was in June 2012 when the IHF held its first major meeting in Africa—the third IHF Hospital & Healthcare Associations Leadership Summit in Sun City, South Africa. Preceded by a day of interesting and informative sessions on the healthcare challenges within South Africa, the summit itself featured speakers from around the world discussing leadership and management, quality and safety, public/private mix in health service delivery, and financing of hospitals. I flew from Sun City directly to Berlin, Germany, where I had the honor of representing the IHF at HOSPAGE, the European Hospital and Healthcare Federation’s annual meeting.

In addition to our two annual face-to-face Governing Council meetings, we conducted our first Governing Council conference call in August 2012 to maintain the momentum on a variety of activities and have the staff keep the Governing Council informed of administrative issues. Another call was held in February 2013.

In September 2012, I represented the IHF at the University HealthSystem Consortium meeting in Orlando, Florida, in the United States. The UHC is an alliance of 119 academic medical centers and 293 of their affiliated hospitals representing the leading academic medical centers in the U.S. UHC is getting more involved in international activities and is actually sponsoring the IHF’s new University Hospital Chapter.

In November 2012, the Governing Council had a very productive meeting in Geneva and spent a day with the IHF’s Group Purchasing Organizations chapter. During the meeting, Governing Council members, group purchasing organizations and corporate suppliers engaged in a valuable dialogue. Materials for the 37th World Hospital Congress in Dubai, the third IHF Hospital & Healthcare Associations Leadership Summit in Sun City and the Group Purchasing Organization Chapter Industry Exchange Meeting in Geneva can all be found on IHF’s website.

I concluded 2012 by speaking in December at the annual forum of ANAHP, the national association of private hospitals in Sao Paulo, Brazil.

Beginning in 2011 and following through to June 2013, my IHF colleagues and myself have been planning the 38th World Hospital Congress in Oslo, Norway. This will be another wonderful opportunity for an international exchange of ideas and best practices. On the way to the meeting in June, I will stop in Amsterdam to speak to the members of NVZD, the Dutch Association of Health Care Executives, about the establishment and maintenance of voluntary credentialing in healthcare management.

In addition to these opportunities to represent IHF around the world, I have also spent time with your elected leaders and staff in strengthening your organization. Efforts have been made to increase both Full and Associate membership. To strengthen the finances of the organization, we continue to pursue corporate partners that support the IHF’s vision and mission. Also, under
the leadership of our CEO, Eric de Roodenbeke, we have been visible in a number of international policy meetings. Finally, we have made good progress in advancing our three chapters: Group Purchasing Organizations, University Hospitals and Health Care Executives.

In closing, I would like to thank the Executive Committee and Governing Council for their leadership and support during my presidency. I would also like to thank Eric de Roodenbeke and his staff for their efforts.

Finally, I would like to thank IHF’s Members and Associate Members for their contributions, as they are the reason we exist. I am looking forward to seeing many of you in June in Oslo at the 38th World Hospital Congress.

Thomas C. Dolan, PhD, FACHE, FASAE
IHF President-Designate: Activities and International Representation

Dr. Kwang Tae Kim, Past President of the Korean Hospital Association, was elected IHF President-Designate during the General Assembly Meeting, which took place during the 37th World Hospital Congress, held in Dubai, United Arab Emirates, November 2011.

In April 2012 Dr. Kim attended the Geneva Health Forum in Geneva, Switzerland. He also joined the third IHF Hospitals and Healthcare Association Leadership Summit, held for the first time in Africa and hosted by the Department of Health of the Republic of South Africa. The Summit represented an interesting platform for knowledge sharing and a unique opportunity to meet with peers. Dr. Kim participated in the IHF Governing Council and General Assembly institutional meetings held 28-30 November 2012 in Geneva, Switzerland. This three day meeting represented the opportunity for interesting discussions and exchanges.

Dr. Kim engaged in numerous ambassadorial activities since his election as IHF President-Designate. These have included:

- Delivery of opening remarks during the International Healthcare Conference and Exhibition of the Association of Private Hospitals of Malaysia, Kuala Lumpur, Malaysia, 17-19 July 2012
- Delivery of keynote and congratulatory speeches at the Annual Healthcare Conference of the Taiwan Hospital Association, 20-22 September 2012
- Delivery of keynote speech at the Annual Healthcare Conference of the Philippines Hospital Association, 18-19 November 2012
- Leader of the Korean Hospital Association delegation at the Congress on Healthcare Leadership of the American College of Healthcare Executives, Chicago, USA, 13-14 March 2013
- Speaker on “The Global Healthcare Cooperation for the Better World” at the Medical Korea 2013 Conference, Seoul, Korea, April 2013

As Chairman of the IHF Membership Committee, Dr. Kim has been instrumental in the recruitment of 13 Hospitals and University Hospitals from Korea as IHF Associate Members, including the Daerim Saint Mary’s Hospitals in Seoul, Korea, of which Dr. Kim is President.

Other membership recruitment efforts have involved a membership campaign with Dr. Lawrence Lai – IHF Special Advisor for the Western Pacific Region – in Singapore.

Finally, Dr. Kim proposed and donated seed money of a total sum of US$30,000 for the creation of a Trust Fund Account. The gesture was acknowledged by the IHF CEO and approved by the IHF Governing Council. The Trust Fund is open to receive voluntary donations in support of IHF.

Dr. Kwang Tae Kim
IHF Special Advisors

Description
For IHF it is crucial to expand its presence and role in the international arena and thus it is very important to participate in worldwide events and meetings. This participation will also provide first hand knowledge and information to be provided to IHF Members as part of the IHF mission.

To support the IHF in this effort, the Governing Council agreed in 2012 on the need to better mobilize Members in IHF related activities. A special mandate for individuals belonging to members’ organizations was created to officially represent the Federation.

The Special Advisor is invited to support the IHF by participating in meetings on behalf of the organization, developing public relations with different stakeholders, participating in studies or projects undertaken by the Secretariat, and supporting the work of the Governing Council or the IHF Secretariat. The Special Advisor will also support the IHF as ambassador to recruit new members.

Special Advisors should be nominated by an IHF Full Member and the position is for one year and is renewable. It is a fully voluntary position and there would be one Special Advisor per world region.

In 2012, four Special Advisors have been appointed for the following regions: Africa, America, Middle East and West Pacific.

Outcomes

Dr. Leke Pitan, Special Advisor for the African Region, was an IHF Governing Council Member from 2005 to 2011. Dr. Pitan attended the following meetings on behalf of IHF:

- Date and Place: 5 October 2012, Ikeja Lagos, Nigeria
  Event: Medical Women Association of Nigeria National Conference
- Date and Place: 10 October 2012, General Hospital Lagos, Lagos State, Nigeria
  Event: Co-arranged a meeting of IHF stakeholders in Nigeria
- Date and Place: 16 to 18 October 2012, Victoria Island Lagos, Nigeria
  Event: Medic Wes Africa
- Date and Place: 18 to 20 March 2013, Johannesburg, South Africa
  Event: WHO-AFRO Stakeholders dialogue on NCD

Dr. Pitan provided to the IHF Secretariat contacts of some African hospitals interested in joining the Federation.

Mr. Charles R. Evans, FACHE, Special Advisor for the Americas Region, strongly supported the development of an “international hospital partnership” in the United States. To this end, Mr. Evans presented the initiative to some key organizations, such as Sutter Health, American International Health Alliance, AnewMed and Catholic Health Association of the United States.

Furthermore, Mr. Evans provides much valued support and expertise as a member of the External Advisory Board of the IHF official Journal World Hospitals and Health Services.

Dr. Lawrence Lai, Special Advisor for the West Pacific Region, was an IHF Governing Council Member from 2005 to 2011. Dr. Lai is a member of the Scientific Committee for the 38th World Hospital Congress. In September 2012 he attended the Hospital Management Asia (HMA) Conference in Hanoi. Dr. Lai traveled in several countries as an IHF Ambassador, namely Macau, Malaysia and Singapore. Thanks to Dr. Lai’s efforts, the CHCSJ Hospital in Macau joined IHF as an Associate Member.

Dr. Abdul Salam Al Madani, Special Advisor for the Middle East Region, was an IHF Governing Council member from 2005 to 2011. Dr. Al Madani attended the Second International Congress on The Role of Leadership and Human Resources for Hospital Accreditation, on behalf of the IHF. The Congress, held 8 and 9 July 2012 in Tehran, Iran, and organized by Hospital Management Research Center (HMRC) and Tehran University of Medical Sciences (TUMS), with the support of the IHF and MOHEB Medical Institute, had about 1000 participants, mostly CEOs and Directors of Hospitals, Managers and Supervisors of Hospitals. Dr. Al Madani represented IHF in several countries, namely Oman, Qatar, Kingdom of Saudi Arabia, Kuwait, Iraq, Libya and UAE. The IHF and its activities are regularly promoted through INDEX Holding, of which Dr. Al Madani is the Chairman.
INDEX Conferences and Exhibitions Org. Est. (a subsidiary of INDEX Holding), which is one of the region’s major conference and exhibition organizers, also plays an active and integral role in the promotion of IHF and its global activities through all of its annual medical conferences. In the past Dr. Al Madani supported the organization of a Senior Hospital and Health Manager Course through the establishment of an MoU between the IHF and the Hamdan Bin Mohammed E-University. Efforts are being made to develop the program in other universities of the Middle East Region.

Prospects for the future
The supporting role played by the Special Advisors ensures that the IHF is represented nationally and regionally and should serve as a valuable membership recruitment and communications source.

Memorandums of Understanding
Description
The International Hospital Federation continues expanding its relations with major international organizations in the field of health care. Memorandums of Understanding were recently made with three important health care organizations. With this the IHF will have the opportunity to cooperate and facilitate exchange of information with the International Network of Health Promoting Hospitals and Health Services (HPH), the International Society for Quality in Healthcare (ISQua) and the International Alliance of Patients Organizations (IAPO).

Assessment of activities
The HPH is a network initiated by the World Health Organization – Regional Office for Europe as a setting for healthcare organizations to improve the quality of health care, the relationship between hospitals/health services, the community, and the environment and the satisfaction of patients, relatives and staff. The HPH aims at improving the health gain of hospitals (and other health services) by a bundle of strategies targeting patients, staff and the community.

The collaboration between IHF and HPH will primarily focus on Communication and Capacity Building. Regarding Communication it was agreed that both HPH and IHF will publish an article about the collaboration. On Capacity Building it was agreed that there will be a mutual participation in each partner’s conferences. The IHF will participate in the HPH conference in Gothenburg on May 22 to 24, 2013, and the HPH will participate in the IHF OSLO conference on June 18 to 20, 2013.

For the long term it was also discussed that IHF and HPH should engage more items from the action list, among which are Pilot projects and implementation of Evidence-based Health Promotion.

For its part, ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy-makers and consumers to achieve excellence in health care delivery to all people, and to continuously improve
the quality and safety of care. As a nonprofit, independent organization with members in over 70 countries, ISQua is a unique forum for this target audience to share expertise and knowledge. The purpose of this agreement is to:

- Exchange information on, participate in and promote each other’s activities, including reciprocal membership and circulation of each other’s newsletters;
- Have joint or parallel relationships with international agencies;
- Identify possible common or joint projects – these could be in relation to low and middle income countries;
- Continue the IHF’s involvement with the ISQua International Accreditation Program;
- Assess the possibility of ISQua joining the Competency Framework for Healthcare Executives working group;
- Explore possibilities to enhance the relationship between both organizations including arranging a meeting of members of both Boards if present at each other’s international conferences;
- Explore the possibility of undertaking research in the area of accreditation including the different approaches to accreditation and the role of accreditation in service delivery;
- Adopt an annual work plan to implement activities agreed upon by both parties and reported by each organization secretariat to its governing bodies.

The signing of the MoU is not the beginning of a relationship. The IHF has been participating from the beginning in the International Accreditation Program as an observer. In addition it is also present in the ISQua congress. This participation usually covers a contribution to the selection of papers as well as the responsibility to chair a session. The participation also allows the IHF to provide information on its activities and the conference offers good opportunities for valuable networking with accreditation organizations. On its side the IHF has invited ISQua representatives to its congress in Dubai and to its leadership summit in South Africa. These invitations are supporting the work of ISQua but also offer to IHF members access to specific resources on quality enhancement and accreditation. Such an approach is benefiting to both partners.

IAPO is a unique global alliance representing patients’ organizations working at the international, regional, national and local levels to represent and support patients, their families and careers. IAPO promotes patient-centered healthcare around the world. IHF and IAPO decided to work together as partners to advance the cause of patient-centered healthcare worldwide. The purpose of this agreement is to:

- Ensure that healthcare providers and health service personnel worldwide are informed of the importance of patient-centered healthcare and the best instruments to promote it.
- Ensure that there is global exchange of good practice, instruments and ideas to maximize patient benefit
- Actively encourage and support the collaboration, development and implementation of patient-centered programs worldwide
- Develop the most effective instruments to monitor patient satisfaction worldwide and to support transparency of results as well as benchmarking
- Support stronger and effective dialogue between patients’ organizations and healthcare organizations’ leaders.

This agreement is based on extension of reciprocal benefits as in, for example, access to paper and electronic publications, participation in events, etc. IAPO invited the IHF to support the 5th Global Patients Congress, which took place between 17 and 19 March 2012, in London, United Kingdom. Mr. Cédric Lussiez, Director of Communication of the French Hospital Federation and IHF Governing Council Member, attended the Congress on behalf of IHF and participated in the Plenary Panel Discussion on “Achieving Patient-Centered Healthcare: Moving from Value to Actions.”

In his presentation, Mr. Lussiez addressed the French experience and presented position statements from IHF national member healthcare associations, surveyed on “Mechanism to Monitor Patient Satisfaction.”

Mr. Lussiez also reported on the various approaches adopted by the associations in monitoring patient satisfaction in regard to the
care provided in facilities in their respective countries. Mr. Lussiez’s full presentation is available on the IHF website at http://www.ihf-fih.org/Resources#toc_2783.

**Outcomes**

These agreements are very important for the overall expansion of the IHF outreach. They increase possible activities that can be developed at the international level. They also reinforce relations with existing partners. These MoUs express a strong will from the IHF Secretariat to build a longer term relationship and collaboration with other international healthcare organizations in order to increase its field of action, as well as align with matters that are of concern to members at national level. These MoUs are designed to be fully mutually beneficial as they allow the other signatory to have better access to IHF activities and members. This is a mutual benefit because the IHF and signatory organization share the same overall vision and although some members may be affiliated with the IHF and other organizations the vast majority of members represent different stakeholders.

The themes mobilizing the IHF and other associations are of common interest but the focus varies. From the IHF perspective it is important to embed theses themes in the overall strategic approach of health service development while the specific organizations develop detailed knowledge in each theme for implementation at the facility level.

**Prospects for the future**

It is expected that the benefit of these agreements will be reviewed in 2 to 3 years and the next steps will be determined according to this candid review. The review will cover the expansion of outreach and interest outside the member’s inner circle and possibly participation in activities. It will also consider if joint activities providing reciprocal economy of scale or increased impact have been developed and implemented.
INTERACTION WITH INTERNATIONAL ORGANIZATIONS
IHF interaction with the World Health Organization

Description
The objectives of relations between WHO and nongovernmental organizations are to strengthen mutually beneficial relations at global, regional and national levels in ways that improve health outcomes, strengthen health actions and place health issues on the development agenda. The policy for achieving these objectives comprises two elements: accreditation and collaboration. Demonstration of competency in a field of activity related to the work of WHO, membership and/or activities that are international in scope, are among the qualifications required of an NGO in order to become eligible for accreditation to the Health Assembly, Executive Board and committees and conferences. In turn the NGO is conferred such privileges as appointment of a representative to participate (without right of vote) in such events as Executive Board sessions and Health Assemblies.

The accreditation process requires submission to the Executive Board of an activity report by the NGO. Upon the approval of the Executive Board, the NGO enters into official relations with WHO. The report is submitted every two years.

Assessment of Activities
IHF maintains official relations with WHO
Following the review of the 2012 report submitted by the IHF, the WHO Executive Board at its 132nd session decided to maintain the IHF in official relations with WHO. In making its decision, the Board commended the continuing dedication of the IHF in its support of the work of WHO.

Dr. H. J. Montenegro Von Mühlenbrock, Health System Advisor, Health System Governance, Policy and Aid Effectiveness, was assigned as the Designated Technical Officer for the purpose of fostering relations and to pursue implementation of the plan for collaboration.

WHO HEADQUARTERS, GENEVA


The IHF Governing Council held its 2nd Retreat meeting, 28 November 2012, in Geneva at the IHF Secretariat to discuss future governance and program strategies. In acknowledgment of the IHF/WHO plan for collaboration, representatives of two key WHO divisions - Health System Governance and Patient Safety – with whom the IHF is in close relationship, were invited to present the current and future strategy of the WHO in the field of service delivery and hospital partnerships.

Dr. Montenegro Von Mühlenbrock, IHF/WHO Designated Technical Officer and Health System Advisor, Health System Governance, Policy and Aid Effectiveness, presented WHO’s program on health service delivery and the reform agendas in relation to universal coverage, service delivery, leadership and public policy.

The key objectives of the reform agendas were highlighted as follows:

- **Universal coverage**: Improve quality of health through such mechanisms as community and patient empowerment.
- **Service delivery**: Make health systems people-centered
- **Leadership**: Make authorities more reliable
- **Public Policy**: Promote and protect health of communities

Dr. Shams B. Syed, Program Manager/Technical Officer of the African Partnerships for Patient Safety (APPS), part of the WHO’s Patient Safety Program, presented the activities of this initiative. APPS, Dr. Syed reported, was responding to a call from 46 Ministers of Health in WHO’s African Region in 2009 for urgent action to address the problem of patient safety and tackling it through partnerships between hospitals in Africa and Europe.

Through the program, a series of resources and tools have been developed for patient safety improvement in the context of an African hospital. The program catalyses improvements in patient safety through the use of hospital-to-hospital partnerships and facilitates spreading of patient safety improvements across and between countries. The tools, co-developed by frontline health professionals, are openly available and have utility and applicability to any health setting wishing to implement patient safety improvements.

There will be dedicated WHO sessions at the Oslo World Hospital Congress at which more in-depth reporting on these subjects will be made.
The IHF was among the NGOs in official and informal relations with the World Health Organization (WHO) invited to attend the Consultation Meeting on WHO Reform: Towards a New Policy of WHO Engagement with Nongovernmental Organizations (NGOs), held 18 October 2012, at the WHO Headquarters, Geneva, Switzerland.

The WHO Secretariat was requested during the 65th World Health Assembly (May 2012) to present a draft policy paper on WHO’s engagement with nongovernmental organizations to the Executive Board at its 132nd session in January 2013 (WHA65(9)). As a step in developing the draft policy WHO convened the meeting to consult and dialogue with NGOs on issues concerning consultation, collaboration and accreditation, and current practices in WHO’s engagement with NGOs.

In welcoming the 44 NGOs represented, Dr. Margaret Chan, Director-General, WHO, emphasized the purpose of the meeting and drew particular attention to collaboration, consultation and accreditation as the three main pillars for the engagement of NGOs. She also drew attention to the “unique political space” occupied by nongovernmental organizations, which served as a “counterbalance to commercial interests and political views”. Regarding the three pillars:

- **Collaboration**: Improving the modalities for engaging nongovernmental organizations in the different WHO activities at country, regional and global levels in pursuit of the WHO General program of Work.  
  Recommendation(s): Clearer definition of the principles guiding collaboration between WHO and all the different non-State actors (civil society or private commercial entities), as well as access by all to the same information.

- **Consultation**: Seeking the views of nongovernmental organizations in the development of health policies and strategies.  
  Recommendation(s): Engage all concerned stakeholders in the process from conception to implementation of ideas; create two-way communication flow; for wider-ranging consultation processes, different mechanisms could be considered (e.g., web platforms and teleconferences). Dissemination to WHO staff (at country, regional and headquarter level) of guidelines on how to interact with stakeholders.

- **Accreditation**: Updating the practices and the criteria for accreditation and of defining modalities of NGO participation in the Governing Bodies meetings.  
  Recommendation(s): Provide an accreditation policy that did not have, as a condition, collaboration with WHO.

All participants fully acknowledged that relations with Member States overrode (and would override) all others, but pointed out that the value of the consultation would have been enhanced by the presence of representatives of Members States.

They also expressed major concern on the matter of transparency and accountability. The recommendations were for information provided by stakeholders on their interests, funding, membership, etc., to be made publicly available in order to ensure transparency in the consultation process and protection from influence of groups with vested interests. In addition, a transparent process of accreditation and consultation, it was argued, would protect WHO from conflicts of interest.

Three key practices highlighted by some NGOs that preclude effective exchanges between NGOs and Member States at WHO HQ Governing Bodies meetings were:

1. Submission of statement requests 24 hours in advance;
2. The practice of reviewing statements which on occasion may lead to a request being declined; and
3. Permitting NGOs to speak only after Member States.

The recommendations proposed were for NGO speakers to be included in the regular list of speakers as well as be offered speaker opportunities in between Members States’ interventions.

Furthermore, they requested increased support from WHO in organizing meetings during the World Health Assembly as this would improve direct interaction between Member States and NGOs.


**World Health Day Dialogue**
To mark World Health Day on 3 April 2013, WHO called for intensified efforts to prevent and control
hypertension, also known as high blood pressure. Worldwide, high blood pressure is estimated to affect more than one in three adults aged 25 and over, or about one billion people.

Dr. Paul Dugdale and Sheila Anazonwu attended the 'Dialogue on Strengthening Self-Care of Non-Communicable Diseases' convened by Dr. Shanti Mendis, Director (Acting), Chronic Diseases Prevention and Management, WHO Geneva. This was attended by around 20 Health NGOs.

Self care of chronic diseases is recognized as an important direction for all countries to pursue as they develop their health systems to meet the challenge of non-communicable diseases. However, this development will require greater than ever cooperation between government, commercial and non-government organizations. The purpose of the roundtable Dialogue was to strengthen the involvement of NGOs in the international consultations around this topic.

The IHF, along with others, argued that in the field of NCDs, there should be no sole focus on prevention without addressing the conditions of those suffering from chronic and multi-chronic conditions.

The IHF called on WHO to continue to recognize and promote the connections between hospitals, primary care and community organizations. In addition to providing referral services and care planning for people with multi-chronic conditions, hospital information capabilities can track patients who are self-caring and their educational resources can support community organizations’ efforts to encourage self-care of NCDs.

The IHF also called for research on optimizing the formal monitoring of NCDs for people who are largely self-caring and on how to integrate patient life-goals into chronic disease management protocols. There is an urgent need to research the forms of organizational support for self care, and to understand better how payment systems can reimburse hospitals and referral based health professionals for patient education, preventive health and follow-up management.

The IHF also supported WHO's proposal to create an international network to support self-care for people with multi-morbid chronic conditions. Such a network could cross-fertilize efforts to support self-care between researchers, service providers and community level organizations. Activities of the network could include the following:

- Provide country and district level input into how primary care and referral service development (including sub-acute care services) can support and enhance self-management for NCDs.
- Foster community development that supports self-management for NCDs, for example through the evolution of volunteering structures within the post-retirement community and encouragement of community level self-help organizations.

There was also considerable discussion at the Dialogue about the importance of health literacy. This included how to support critical health literacy, through which community members are able to organize their communities to demand and create change in their local health system. This is essential to reorienting the health system toward increasing support for self-care.

In her closing remarks, Dr. Mendis drew attention to the forthcoming Global NCD Action Plan, and noted that it would include a discussion about strengthening health services. Hospitals, as central health service providers in all countries, have an important role in providing support for self-care of NCDs. We look forward to continuing the dialogue about this with the WHO and our NGO sister organizations.

WHO AFRICA REGION

In March 2013, the IHF, with Dr. Adeleke Pitan as a representative member, participated in the “Stakeholder’s dialogue to address risk factors for Non-Communicable diseases” hosted by the World Health Organization African Region, 18-20 March 2012, in Johannesburg, South Africa.

With the objective of sharing information, identifying challenges and opportunities, and reaching a consensus in priority actions to take against NCD’s, the main stakeholders (government, industry and civil society) established a dialogue on implementation and intervention strategies to eliminate NCD risk factors in the future.

In a presentation given by Dr. Pitan, it was noted that Non-Communicable Diseases (or NCDs) are
the leading cause of deaths worldwide with almost 35 million victims each year (60% of global deaths). While expanding its numbers worldwide, NCDs specially represent a huge threat for the African population and are projected to increase 27% on the continent in upcoming years.

In the dialogue it was pointed out that health services in Africa focus on curative care rather than preventive and promotional care. Dr. Pitan pointed out that while it is important to debate the appropriate balance, it is the IHF’s point of view that there should be no sole focus on prevention without addressing the conditions of those suffering of chronic and multi-chronic conditions and that it is obvious to all that there is a need of combination between treatment and prevention.

A number of solutions from a health provider perspective where proposed by Dr. Pitan:

- Integration of basic EHR (Electronic Hospital Records) into hospitals which would allow easier follow-up of NCDs patients
- Establishment of screening and identification of NCDs as part of baseline care in hospitals.
- Reform of payment systems to reimburse hospitals and health professionals in order to support patient education, preventive health and follow-up management
- Inclusion of the use of standardized NCD intervention protocols as a performance indicator for hospital/health facility accreditation.

Other measures outside the providers’ view were given, such as increasing taxation on tobacco, alcohol and carbonated drinks or the possibility of increased government, NGO or donor funding to aid the research on NCD prevention and management.

A call for collaboration was made to all stakeholders to support the elimination of these risks.

**WHO EUROPE**

As part of official relation status with WHO, the IHF is invited to participate, in addition to major meetings held in Geneva WHO-HQ, in events undertaken by the regions.

This activity with WHO–Euro is a follow up of the meeting held in Geneva in November 2010 after the IHF had submitted its report on WHO portfolio review and possibilities for involvement in the hospital agenda. The Geneva meeting established a platform allowing the hospital agenda to move forward and the WHO-Euro meeting was an initiative to mainstream the discussion around the role of hospitals in a modern health care delivery system requiring a high level of care coordination.

IHF was invited as a stakeholder and key discussant to the workshop hosted by Belgium Federal Public Health Service in Brussels 21-22 November 2012. During two days it was possible to review the WHO-Euro proposals and provide input into the discussion, which has been translated into a paper. ([http://www.euro.who.int/__data/assets/pdf_file/0008/158885/BRU-report-Modern-health-care-delivery-systems.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/158885/BRU-report-Modern-health-care-delivery-systems.pdf)).

IHF views were seriously considered as participants reached major agreements regarding needs to:

- Refine the role of hospitals in a better balanced health system
- Define all the functions of hospitals
- Identify successes on hospital reforms
- Describe the role of national/sub national authorities and the international community, including WHO

Such a conclusion highlights once more that adequate consideration is not given to hospitals in the global health policy agenda, while from a systemic perspective, it is recognized that it will be hard to achieve major transformations if hospitals do not play an active role in these transformations. However, it must be noted that although WHO-Euro had the initiative and has disseminated the outcomes of this discussion, the service delivery portfolio remains in a very early stage and is not listed as a top priority in the WHO-Euro portfolio of activities. For this reason the IHF must continue an active dialogue with all components of WHO to make sure this agenda is not totally sidelined. Conclusions will be fruitful only if a process to push and monitor implementation of recommendations is also adopted. This is not the case.
WHO gave the IHF another opportunity to speak on the topic of the role of hospitals in a meeting hosted by the European Forum for Primary care in Gothenburg. IHF participation has allowed us to emphasize that the role of hospitals is not adequately considered in current discussion. This is a shortcoming considering the major challenges that face health service delivery that will require major transformation of hospitals. The presentation was also an opportunity to highlight that the Primary care discussion should be developed around three key dimensions: principles, stakeholders and activities. As long as the discussion is confusing these three dimensions, it is difficult to clarify a systemic approach that will allow a good alignment of the three dimensions. Hospitals have a role to play and this role will also be better recognized with a three dimension approach.

This interaction is part of the on-going dialogue and consultation between WHO and the IHF. The IHF secretariat must follow up on the development of the WHO service delivery agenda and participate actively in any further consultation. Such consultation will be moving to WHO-HQ where these activities are in progress (see section on presentation of WHO to Governing Council).

The invitation to the European Primary forum has opened a new arena for collaboration as this group expressed a strong will to work closer with the IHF, while on its side it is expanding its boundaries toward formalizing a world forum on primary care.

62nd Session WHO Regional Committee for Europe, Malta, 10—13 September 2012
Dr. Risto Miettunen, Chief Executive Officer, Kuopio University Hospital, Finland, represented the International Hospital Federation at this conference. At the meeting, the WHO European Region adopted a sustainable policy to protect and promote the health of its 900 million citizens, particularly the most vulnerable. The comprehensive new policy, called Health 2020, was endorsed by the WHO Regional Committee for Europe, WHO’s governing body for the Region.

Zsuzsanna Jakab, WHO Regional Director for Europe, observed that “this European policy could be the beginning of a new united fight to save not just the lives of the citizens of today’s Europe, but also those of generations to come.”

The policy targets the main health challenges in the 53 countries in the Region, such as increasing health inequities within and between countries, shrinking public service expenditures due to the financial crisis, and a growing burden of ill health from non communicable diseases (NCDs), including obesity, cancer and heart disease. Its implementation will help mobilize decision-makers everywhere, within and beyond the boundaries of the health sector.

Health decision-makers and experts representing 30 countries expressed their support for the new pan-European policy, as it will help to put new measures in place and reinforce those that already exist to deal with these challenges.

Further information on the meeting is can be found at: http://www.euro.who.int/en/.

WHO-PAHO

In the past WHO has been represented by PAHO for its activities (Chicago and Sun City Leadership summits and Dubai World Hospital Congress). This strong interaction as well as the specific interest of PAHO in supporting managers’ capacity development for health services has established a continuous exchange of information and a good willingness for collaboration.

The IHF was invited as a stakeholder and key discussant to the workshop hosted by PAHO to review its Regional Agenda for Hospitals in Integrated Health Service Delivery Networks. During two days it was possible to review background papers prepared for this meeting and to shape the conclusions and recommendations (http://new.paho.org/hq/index.php?option=com_content&view=article&id=7329%3Aexperts-meeting&catid=3184%3Ahss03-02-integrated-networks&Itemid=3553&lang=en).

Conclusions generated in the meeting are resonating well with IHF members’ views:

- Hospitals are faced with similar challenges:
  - Epidemiologic/demographic challenges: CNCD, aging population, urbanization,
violence and trauma, reemerging diseases.

- **Systemic Challenges**: Poor planning and use of resources (HR, Finance, Strategic Plans, technology); lack of efficient/effective organization (centralized, poor communication, duplication of structures); need to strengthen Primary level.
- **Population**: Increased expectations, lack of awareness on hospital role.
- **Political pressure**
  - Need for use of social media for public information, engaging the public in what happens with health facilities so they can understand functions.
  - Hospitals represent a crucial link in the system.
  - Without functioning as a network, primary level services as well as hospital services will continue to suffer the same problems now and in the future. More investment needs to be made at the primary level, including social service support (community based centers for long term care).
  - System must be sensitive to “internal” and “external” customers, with better HR planning and support and people focused services, all along the continuum of care.
  - Establishment of partnerships with the private sector must be enhanced.

At this stage the publication on health service delivery prepared by PAHO requires some improvements and the IHF should be following up on future developments, especially taking advantage of the special advisor nominated for America who could increase contact with PAHO on behalf of the IHF.

**Prospects for the Future**

Undoubtedly, interaction with the World Health Organization (WHO) should and will be maintained for the foreseeable future and as long as the IHF Biennial Activity report meets with the approval of the Board, allowing maintenance of IHF in official relations with WHO.

The key issue for the IHF, with the support and guidance of its Designated Technical Officer, is to identify and strengthen its engagement in the appropriate and relevant program agendas, especially in regard to the role of hospitals and the plan of collaboration.

The IHF will continue to actively participate, either at headquarters or the regional level, in the Health Assemblies, Executive Board, consultation and conference meetings to which it is invited.
IHF Secretariat: 2011-2013 Activity Report

IHF interaction with the World Bank

Description

The relationship between the IHF and the World Bank is not formalized because the World Bank does not have an institutional framework for collaboration similar to the one existing with WHO. However, relations have always existed and World Bank Task Team Leaders interested in hospitals have always linked up with IHF and participated in our events. World Bank is considered as the group inclusive of International Finance Corporation (IFC).

Although the hospital agenda is not visible in World Bank Strategy, there is always a strong demand from countries to receive Bank support for their health care reform, which most often includes the hospital sector. For this reason a thematic group has been formalized in the Bank, and the IHF is well linked up with the leaders of this group, who consider us as a strong support organization for expertise in health care management and service planning.

Assessment of Activities

The World Bank was invited to participate in the Dubai Congress (specific session organized with IFC on public/ private partnerships).

But the major activity took place in 2012 when the World Bank requested support for a consultation with the government of Burundi to enhance the hospital performance in Bujumbura. In response to this request, the IHF was mobilized for two missions and was able to accomplish the following:

- Initial assessment of the distribution of health care with stakeholders’ participation and a workshop to discuss the benefits of a planning approach based on territory to better distribute functions and activities between the various stakeholders.

- Development of recommendations for collaboration and drafting of terms of reference to:
  - Assess the best potential for service redistribution among stakeholders as part of a mid-term plan for the development of service delivery
  - Evaluation of the hospital performance of each of the five public hospitals and benchmarking with selected private hospitals.

- Development of a quality improvement approach relying on a revision of the existing pay for performance scheme.

- Discussion and approval of terms of references including timelines, and estimating of financial resources that should be mobilized to undertake these various tasks.

- Follow up with proposal for support with the Geneva University Hospital.

This consultation provided a very good example of critical intervention needed for hospitals in low income countries and could serve for other countries where health care is uncoordinated in major cities.

In February 2013, the IHF has also been mobilized by the World Bank for a one day seminar during Human Development Week to support training of World Bank staff involved in supporting the hospital sector. This contribution allowed the IHF to reinforce the importance of a framework for intervention and strong support for enhancement of hospital management capacities. The concerns expressed by participants in this seminar are clear: they need support for hospital management training and the professionalization of healthcare managers. Initiatives from the IHF in both of these areas, described in other sections of the activity report, fully respond to a demand from countries.

The IHF has also been invited to a workshop organized by IFC and Johns Hopkins International in Turkey in March 2013 (http://2013ifc-jhihealthconference.com/) to promote private sector development in healthcare. Although there was no slot for a formal intervention it has been possible to take part in the discussion and to organize contacts with participants. At this stage the initiatives with the private sector are very much driven by short term business opportunities, but it is important to be present because it is expected that soon there will be a stronger mid-term strategy in relation to major opportunities for globalization of service delivery provision.

The IHF was also invited to a study tour organized by a small delegation from the World Bank and Japanese officials to assess the hospital reforms in France and develop a case study on governance. The French Hospital Federation was invited to participate and the IHF served as moderator for the discussion between French experts and the World Bank delegation as well as during field visits. Further case study will be developed in relation with French partners for whom the IHF served as a go between.
**Prospects for the future**

Prospects for strengthening relations with the World Bank are favorable but there are also major uncertainties. The new director of the health sector will take his position only this June, and it is unclear what priority the hospital agenda will be given in universal health coverage and pay for performances. The thematic group is mostly a bottom up initiative and it is very much relying on personal engagement with limited funding for activities. However, an internal website has been developed which will include links with the IHF website.

Possibilities for further collaboration are explored, especially through mobilizing hospital partnerships in support of quality hospital enhancement, but any decisions will be made by the beneficiary. In addition, opportunities for either country interventions or for participation in training will certainly arise and the IHF should consider these opportunities. If the timeline for mobilization permits it, calling upon IHF members' participation is very desirable.

**IHF interaction with the World Intellectual Property Organization**

**Description**

The World Intellectual Property Organization (WIPO) - [http://www.wipo.int](http://www.wipo.int) - is the United Nations agency dedicated to the use of intellectual property (patents, copyright, trademarks, designs, etc.) as a means of stimulating innovation and creativity. It has as its mission promoting innovation and creativity for the economic, social and cultural development of all countries, through a balanced and effective international intellectual property system. WIPO also works with its member states and stakeholders to improve understanding and respect for IP worldwide; provide economic analysis and statistics; and contribute IP-based solutions to help tackle global challenges.

Among its many sponsored initiatives is WIPO's Re:Search ([Sharing Innovation in the Fight Against Neglected Tropical Diseases (NTDs)](http://www.wipoReSearch.org)): a Consortium of a range of public and private sector organizations that aim to stimulate more research and development for new and better treatment options for those suffering from neglected tropical diseases like malaria and tuberculosis. Through this initiative, access is provided to intellectual property for pharmaceutical compounds, technologies, and – most importantly – know-how and data for research and development. Licenses for product distribution in least developed countries are provided royalty free. The initiative is in collaboration with BIO Ventures for Global Health (BVGH) and supported by the World Health Organization through provision of technical advice to WIPO. Membership in the consortium is made up of Providers, Users and Supporters who agree to commit in writing to WIPO Re:Search Guiding Principles.

**Assessment of Activities**

IHF CEO Eric de Roodenbeke and Sheila Anazonwu, Partnerships and Project Manager, had an introductory meeting in July 2012, in Geneva, with WIPO representatives Konji Sebati, Director, Department of Traditional Knowledge & Global Challenges, and Anatole Krattiger, Director, Global Challenges Division, to exchange information as well as explore possible areas of collaboration.
Sheila Anazonwu, in addition, represented the IHF at a reception to celebrate the first year of the launch of **WIPO Re:Search**, at which Francis Gurry, WIPO Director General, delivered the opening remarks. Two keynote speeches were given by Dr. Dennis Liotta, Professor of Chemistry at Emory University, Atlanta, Georgia (USA), pioneer of the work in the invention and development of anti-retroviral therapies for HIV/AIDS; and Dr. Owusu-Dabo, Scientific Director of the Kumasi Center for Collaborative Research in Tropical Medicine, Kwame Nkrumah University, Ghana. Both speakers, representatives of WIPO Re:Search member institutions, expounded the value of **WIPO Re:Search** to scientists in developing and developed countries. The IHF in November 2012 was formally invited to become a Supporter of WIPO Re:Search. Both parties have agreed to explore collaboration in the following areas related to WIPO’s activities in health:

*Membership*
- IHF to become Supporting Member
- Database online link for IHF member organizations
- Hospital participation in clinical trials

*Education and Training*
- Innovation & IP Management in Health Programs
- Develop survey for IHF membership on their knowledge of IP management/patents/product licensing in health

*It was agreed that a meeting should be organized with heads of WIPO Academy- http://www.wipo.int/academy/en/ - to explore specific areas of collaboration*

*Events*
WIPO presentations on the topic of Patents/IP Management at selected IHF events:
  i) IHF/Industry/Group Purchasing Dialogue Exchange Meeting (29 Nov 2012, Geneva);
  Presentation was given by Thomas Bombelles, WIPO Consultant, Global Challenges Division, on the *Interplay of Intellectual Property with Drug Innovation, Procurement & Pricing*
  ii) IHF Hospital & Healthcare Associations Leadership Summit (2014, Seoul, Korea)

At the time of preparing this report, full details of WIPO collaboration have yet to be discussed.

**Prospects for the Future**
The subject of intellectual property and its relevance, role and impact in the field of health service management and delivery systems remains relatively unexplored. Given that there is willingness on the part of both the IHF and WIPO to pursue the agreed areas of collaboration, particularly in regards to education, training and events, the outlook for development of activities looks hopeful. At the time of preparing this report, WIPO has advised that they have begun work on a strategy to leverage the interests and network of the Supporters category of members.
INTERACTION WITH OTHER NGOS AND PARTNERS

Geneva Health Forum

Description
The Geneva Health Forum (GHF) is a global health conference which brings together practitioners, researchers, policy makers, civil society and the private sector to promote critical reflections and constructive debates on contemporary global health issues. The GHF is a joint initiative launched by the University Hospitals of Geneva and the Faculty of Medicine of the University of Geneva, in partnership with leading Swiss public institutions engaged in Global Health and the major international organizations and institutions active in health in Geneva and around the world.

Assessment of activities
The IHF was invited to collaborate and participate in the 2012 scientific program of the 4th edition of the Geneva Health Forum. The focus of the GHF was on “A Critical Shift to Chronic Conditions: Learning from the Frontlines”. The over 800 participants from 70 countries shared experiences and emphasized the complexity of the issue of chronic diseases. The IHF President, Thomas C. Dolan, was invited to chair the parallel session on Clinical Pathways for Chronic Conditions (PS13). During this session, speakers presented reviews of the concepts and definition of care, pathways, and empirical evidence on the conditions under which pathways successfully improve the quality of care for peoples with chronic conditions. The following topics were presented during the session:

- Clinical Pathways: Definitions and Relevance for Chronic Diseases, Anne-Claude Griesser, Medical Directorate, Lausanne University Hospital, Lausanne, Switzerland
- NCDs and Risk Factors Prevention and Control Studies: Policies for Tackling Non-Communicable Diseases and Risk Factors in Turkey, Nazan Yardim, Ministry of Health of Turkey, Public Health Institution, NCD Department, Ankara, Turkey
- Implementation of Clinical Pathways in Malaysia: Challenges, Obstacles and Achievements, Syed Mohamed Allunid, United Nations University – International Institute of Global Health (UNU-IIGH), Kuala Lumpur, Malaysia
- Implementing a Heart Failure Ambulatory Care Pathway in the Canton of Geneva, Switzerland, Severine Schusselé Filliettaz & Nicolas Perone, Heart Failure Ambulatory Care Pathway, Promotion des Réseaux Intégrés des Soins aux Malades (PRISMG-E), Geneva, Switzerland.

The IHF CEO, Eric de Roodenbeke, was invited to chair the panel discussion on “IHF Roundtable Session Chronic Conditions: Challenges for Hospitals”. Panelists were called on to respond to various issues and the discussion provided an international overview on the challenge of chronic diseases for hospital leaders in the US, Brazil, Switzerland and Norway. All questions and answers are available on the IHF website.

Prospects for the future
The event organizers greatly appreciate the contribution of the IHF. The 5th edition of the Geneva Health Forum will address the issue of Global Health: Interconnected Challenges, Integrated Solutions. The GHF will be held 15-17 April 2014 in Geneva, Switzerland.

Hospital Management Asia

Description
Hospital Management Asia (HMA) is the region’s premier annual learning conference and exposition for hospital managers and healthcare professionals. The event offers hospital managers the opportunity to learn specific tools and techniques to enable them to improve job performance in an environment of quality learning and networking with peers. The event is organized by Exedra Events, an Asia-based conference management company, which specializes in conceptualizing and organizing regional conferences and award programs in Asia. Since the first edition of Hospital Management Asia in 2002, the IHF has been invited to participate as a supporting partner. The relationship has evolved from participation in several activities held in conjunction with the program to a collaborative agreement through which IHF has responsibilities in organizing a session.
Assessment of Activities
The first IHF-dedicated session, co-hosted with Johns Hopkins International, on the topic of governance of hospitals, was in 2011, during the conference held in Singapore. The 2012 event in Hanoi was co-hosted with the Asian Hospital Federation on the theme of public-private partnerships, for which the IHF was able to mobilize participation by the World Bank and International Finance Corporation. The World Bank representative was in effect an expert on the Healthcare Information and Management Systems Society (HIMSS), an organization that is both a strong supporter and Associate member of the IHF. This arrangement has now been fully integrated into the program, along with strong willingness on the part of the IHF to strengthen ties with regional associations.

An additional Partner benefit is a booth which provides good networking opportunities with participants. Past experience has shown, however, that expressions of interest in IHF have been difficult to translate into membership status. Dr. Lawrence Lai, IHF advisor for Asia, has nevertheless provided strong support by organizing several meetings with large hospital groups and Vietnam to recruit them as IHF members.

The IHF was also involved in the Asian Hospital Management Awards and was given an opportunity to be featured in a plenary session, all of which has served to positively expose the IHF and therefore justifies the effort made in supporting this event. Furthermore, the quality of the event supported by high quality professionals has to be taken into consideration as a positive asset for this association between the IHF and the event organizer.

Prospects for the future
The collaboration which has been negotiated each year is now formalized with an MoU that indicates clearly the reciprocal contribution of each partner. With this evolution in relations, the organizer has agreed to expand dissemination of the IHF-eNewsletter to the participants of the event. The IHF, in turn, will dedicate an issue of the journal to featuring the best presentations in a special edition on innovation in management practices in Asia.

This event presents little risk of competition to the Congress, the IHF’s flagship event, as it targets middle rather than top managers, is regional in focus and is held over periods that do not conflict with IHF events.

The Organization for Economic Co-operation and Development (OECD)
Description
IHF has actively cultivated its relationship with the OECD as this organization hosts the most comprehensive health data base and has a portfolio of research including service delivery. In addition, the OECD’s approach to health care is very consistent with the views of IHF members. Official relations are not possible because the OECD does not have a formal process for inviting NGOs. But the good working relationships established between the IHF and the OECD Health team has permitted the IHF to be invited to several OECD supported meetings.

On its side the IHF is also inviting as many OECD participants as possible to its events like the Congress and leadership summit.

Assessment of Activities
Copenhagen Roadmap for Diabetes
The IHF participated in the European Diabetes Forum (http://www.diabetesleadershipforum.eu/), organized 25-26 April 2012, by the Organization for Economic Co-operation and Development (OFCD) and the Danish Diabetes Association under the auspice of the Danish Ministry of Health.

Possible solutions to the diabetes question are known and are well described in the Copenhagen roadmap: http://www.senato.it/documenti/reposit ory/commissioni/comm12/documenti_acquisiti/copenhagen%20roadmap.pdf. The urgency now lies in the need to better mobilize all stakeholders and move them from advocacy to result-oriented actions.

This meeting, dominated by health professionals, was an illustration of a situation where speakers are preaching to the converted but are not reaching out to those who should change their policies to influence risk factors.

This illustrates also the current challenges with chronic conditions for which most preventive measures have to be taken outside the “jurisdiction” of ministries of health. Ministries of health and all other health-related stakeholders become advocates for actions to be taken by
finance ministers, agriculture ministers, trade and commerce ministers, etc. It seems that as long as global public health threats are not placed high on society’s agenda, chances to achieve results are limited. For this to happen it will be necessary to engage civil society to push the issue of global public health threats as a major political agenda item. In the current economic and social climates, it is very difficult to envision such a mobilization, although the absence of proper answers to the chronic condition threats will dramatically aggravate the economic and social situation in the coming years. It is the responsibility of all health stakeholders to participate in such awareness campaigns in addition to all their other respective work programs. We are all confronted with the crisis; however, long term threats have to be addressed now, before they become a major source of crisis on their own.

This meeting was also an opportunity to consider the need for changes in health services to address the multidimensional nature of diabetes. Continuum of care and patient-centered care need to be implemented in order to provide effective responses to those already suffering from diabetes. The way forward is obvious in principle, but implementation is limited by the multiplicity of funders and payment systems in each country. The rationale behind the financing of healthcare does not support a change in the delivery model. For this reason the IHF representative in the meeting asked for the roadmap to be completed by an outcome framework indicating:

- How countries have made efforts in changing health service payment systems to align incentives for patient-centered care
- What results are actually achieved by way of transparent monitoring and evaluation of progress on key targets

Furthermore, the policy development should also include a mechanism for benchmarking practices and results and for recognizing and celebrating the best performers. Just because diabetes is a major source of concern for the sustainability of healthcare systems, this doesn’t mean that all communications should be alarming. It is also important to place more focus upon accomplishments, which also offer hope for the future.

**European Health Forum Gastein**

The theme of the meeting was crisis and opportunity in an age of austerity. There were a large number of well-documented presentations, mainly on the issues of healthcare system sustainability and the consequences of chronic conditions. All of them can be found on the Congress website by clicking on sessions in the day-by-day program (http://www.ehfg.org/program2012.html).

Some attempt was made to link the crisis to the deterioration of healthcare results, although the data presented to support this claim was very poor. This is not surprising since the impact on health status can’t be measured in the short term when there are other measures affecting the general health of a population.

The IHF was invited to a session organized during the European Health forum under the watch of OECD. This session was focused upon the sustainability of healthcare systems. The participation of the IHF allowed for a discussion on the challenges posed to hospitals in providing appropriate care for patients with multi-chronic conditions. Visit http://www.ehfg.org/923.html?eid=27 for all the details on this session.

With the accelerating growth of complex chronic conditions resulting from behavioral factors, environmental conditions, and an ageing population, hospitals are finding it increasingly difficult to cope with the higher demand for healthcare services and more demanding patients. Although hospitals are considered “unique”, it is necessary to make a distinction between first line, local hospitals and referral/university hospitals. The challenges these facilities face are different, as are the possible responses to the challenges themselves. However, the IHF has developed a generic hospital framework in order to better sustain the analysis and policy-making activities. This framework relies upon the hospital as a production unit. It reconciles all the factors that affect the organization and the results, in order to make sure that the policy options and managerial strategies coincide.

In order to address these complex chronic conditions, the hospital production model needs to be revised. Most market-oriented service delivery reforms on a nation-wide level have pursued improved efficiency through payment systems.
However, there is no evidence that such approaches have provided any positive results in terms of healthcare results versus healthcare expenditures. Considering the limitations of the market mechanisms, attempts to steward the system have not yet shown any major progress in patient-oriented care. Although there have been some positive experiences in the progression towards this type of system, there haven’t been any large scale examples of efficient models that will allow for a continuity of care for patients with complex chronic conditions.

In order to overcome the issues associated with complex chronic patients, the healthcare production model needs to be reconsidered. From an organ and disease-based model, it will be necessary to move towards a matrix approach, combining the knowledge of different diseases affecting different organs in order to come up with the best treatment options possible. For this to take place, a primary care approach that combines the basic and complex interventions in the most efficient way needs to be adopted. And while the management and coordination of information is critical to ensuring success, it is not yet clear whose responsibility this will be.

In order to make progress, some major bottlenecks need to be addressed by policy makers:

- Payment systems should be moving the delivery model away from solo players & specific intervention
- Professional healthcare education must emphasize the need to move towards a more patient-oriented healthcare model
- The system must be adapted to better support the ever-changing needs of the patients
- Low cost/ high impact healthcare activities must be disseminated
- The roles and functions of public and private hospitals need to gain increased visibility

In order to address these bottlenecks, the first step is to mobilize enough support to obtain the resources for:

- Evidence-based research on organizational efficiency
- Population empowerment & paradigm change in hospitals
- Research for treatments of major conditions (Parkinson, Alzheimer, HIV, etc.)

The wild card for this transformation is technology! There isn’t any hard evidence on how technology will affect the current trends and change the paradigm. Research is therefore needed in order for these innovative changes to the model to be promoted.

**Prospects for the future**

The good existing working relationship should move forward smoothly. But under the current model, activities are bound to opportunities. For its part, the IHF will continue to involve OECD as much as possible and will be responding to offers from the OECD itself.

**The World Economic Forum**

**Description**

The IHF has established working relationships with the health team of the World Economic Forum and has mobilized on their projects as a stakeholder representing the voice of healthcare.

**Assessment of Activities**

The WEF has developed an agenda for sustainable health system scenarios. This one year process concluded with a report and has mobilized the IHF to participate in a 3 stage process (http://www3.weforum.org/docs/WEF_SustainableHealthSystems_ExecutiveSummary_2013.pdf).

An initial interview was conducted with the IHF CEO to obtain expert input and come up with an agenda for future scenarios.

A workshop was organized with a group of industry representatives and major stakeholders in order to draw up possible scenarios in relation to various hypotheses concerning the current development trends. This was an intensive exercise that allowed ample space for innovative thinking, as well as for mainstreaming major ideas from different sources.

The last stage was a final consultation on the outcomes of the previous consultations, with a draft proposal for scenarios and the roles to be played by the major stakeholders in their development.

This last stage allowed for a number of key issues to be put forward:

- In order to improve organizational efficiency, it is essential to align incentives and policy options. This is not often the case and this mismatch is a source of significant tension between the public authorities and those dispensing the services.
• In many countries there is still a lot of room to improve the competence of healthcare managers, as medical doctors with limited managerial experience are often being placed in charge of major hospitals. The consequence of this situation is that the healthcare industry is often far behind other sectors in terms of managerial practices.

• The globalization of healthcare is still at an early stage. From niche markets with activities like medical tourism or the establishment of hospitals in certain fast-growing countries, it will quickly move on to become a large-scale industry. For this reason, trade barriers need to evolve, as does the mentality.

• There is still much room for task shifting, above all in hospitals. This can significantly reduce the unit cost of healthcare and help facilities cope with the increased demand foreseen for the coming decade.

Prospects for the future
The WEF has also agreed to present the scenarios to the World Hospital Congress; this will be an opportunity for follow up and further engagement in upcoming projects.

The African Development Bank
Description
The IHF has been commissioned by the African Development Bank (AfDB) to prepare a report on opportunities for engaging Africa in support of the Hospital sector. This report was delivered in 2011 and, as a follow up, the IHF was invited to a strategic meeting on Human development Strategy, as well as to take part in various follow up activities.

Assessment of Activities
In preparation for an internal discussion on the healthcare component of the Human Development strategy, the IHF secretariat prepared a background document for a retreat organized by the African Development Bank. Following up with this support, the IHF has been asked to review the Health sector’s strategy in support of the overall human development strategy and to review a support document on possible interventions in the hospital sector.

Comments have been provided for both of these documents, some of which are expected to be taken into consideration for the final version. As a follow up to the 2011 mission, some informal support has even been provided for the Uganda health project.

The IHF has also contributed to a discussion between the WHO and the AfDB on the possibility of undertaking a large-scale survey on the provision of hospital services. The IHF provided suggestions to make such an intervention even more effective.

At a latter stage, the IHF was again consulted in relation to a survey questionnaire for which it offered its own recommendations. All these activities were offered pro bono and are considered by the IHF secretariat as part of its support for a developing nation in relation to its chartable status.

Prospects for the future
Follow up with the AfDB is a slow process as the healthcare sector has to reorganize and the strategy has to be approved. In the past, the healthcare sector was in very poor conditions, with the near complete withdrawal of the AfDB. It will therefore take some time for the sector to build up a solid portfolio and to engage in smooth relationships with its partners. However, considering Africa's potential for development and the IHF's tradition of offering support to developing countries, the AfDB will certainly continue to enjoy the support of the federation. But when the health program is finally adopted, if it includes any significant interventions in favor of the hospitals, the IHF’s mobilization efforts will need to be covered financially.
IHF SPEAKING OPPORTUNITIES AT EVENTS

**Description**
As the IHF is frequently invited to numerous conferences, its responses to such invitations must be selective. The selection criteria that have been adopted are the following: the theme and/or location has to be significant to the IHF’s development; the cost should be at least partially covered; the conference should have educational content. The participation should be based, as much as possible, upon a collaborative approach, with the federation having a say on the content of the sessions and a preference for events that will be repeated over the years in order to improve the IHF’s visibility as an expert resource.

**Assessment of Activities**

**American College of Health Care Executive Annual Congress**

The ACHE is a premium associate member and a long time supporter of the IHF. The IHF was invited to participate at its major congress in Chicago, which hosts nearly 5000 health care executives every year in March. In addition to participating at various secondary meetings, the IHF was offered the possibility of setting up a stand in the exhibition hall and was even granted a speaking slot at one of the sessions. The IHF was even promoted in the Congress brochure. In recent years, efforts have been made to promote hospital partnerships and, with the IHF’s input, a session has been continuously organized on this topic. This activity has been important to promoting interest for hospital partnerships in support of developing countries. The ACHE’s involvement in establishing a roster of hospitals involved in such activities represents an important initial step to coordinating the activities themselves. This is important for the IHF, as it is serving as a supporter for increased professionalism, intervention and improved coordination among all the key players supporting hospital partnerships.

**Health Finance and Investment Forum**

The IHF participated in the First European Edition of the Health Finance and Investment Forum (HFIF), which was held in Zagreb, Croatia, at the end of March 2012. The HFIF served as an international platform, where top healthcare representatives and public officers from the region established a dialogue to link the finance and healthcare communities and to upgrade and support the healthcare sector. The president of Croatia, H.E. Ivo Josipovic, was present and participated in the event by sending the message that increased private sector involvement is necessary in order to further advance healthcare opportunities. The IHF CEO was a key speaker on the panel, which discussed the healthcare sector’s potential and opportunities. Some of the key points that were discussed during the session included:

- Investments in Infrastructure and Healthcare Real Estate
- Hospital Upgrading & Investments in Equipment
- Environmentally Friendly Hospitals and Sustainable Buildings
- The Advantages of Establishing Production Industries in the Region
- The Future of the Healthcare Sector is Digital: Growth Opportunities for eHealth and mHealth
- Wellness & Medical Tourism: Benefitting from an Increasingly Globalized System

This event provided for an interesting open forum for discussion between healthcare service providers, health insurers, health authorities and the healthcare industry, as well as the banking sector.

**Congress of the Venetian Hospital Association**

The IHF was invited to attend the Congress of the Venetian Hospital Association, which was held from 25 to 26 October 2012 in Feltre, Italy. Mr. Cédric Lussiez, Director of Communications for the French Hospital Federation and IHF Governing Council Member, attended the Congress on behalf of the IHF and participated in the Plenary Panel Discussion on “Multichronic conditions : a challenge for re-building hospitals/primary care relations”.

In his presentation, Mr. Lussiez addressed the challenge of continuity of care and discussed the roles and functions played by hospitals in relation to multichronic conditions. Mr. Lussiez cited his experience in France in order to discuss the inadequate use of hospitals for such patients. He also presented the survey carried out by the IHF among its members, which
shows why hospitals only have a limited capability to respond to the rise of multichronic conditions and how an effective clinical pathway can be constructed.

**COLUFRAS Meeting**

The IHF was invited to attend the 4th edition of the COLUFRAS meeting in the city of Praia, Cape Verde. COLUFRAS was created to promote healthcare knowledge and to facilitate the exchanging of ideas among French and Portuguese speaking countries.

At this year's edition, healthcare industry decision makers from 22 countries worldwide discussed their perspectives and shared their experiences on the implementation of Primary Health Care (PHC). While success stories like that of the Brazilian PHC are now well known worldwide, the success of PHC services varies widely from Nation to Nation based on the particular conditions. In other countries, such as Portugal for example, although the significant expansion of the PHC services is promising and further development is expected, it appears that the discussion is often focused upon rather different perspectives.

For this reason, Eric de Roodenbeke (CEO of the IHF) emphasized the need to distinguish between the 3 different Primary Health Care dimensions:

- The key principles
- The activities
- The players

In a fast evolving context of healthcare needs and possible responses from health providers, it is important to comply with the key PHC principles, which should be implemented by all healthcare providers.

While there are clearly numerous differences in PHC activities among advanced and low income countries, the distinction is far more complex at the primary care level. This is why Mr. de Roodenbeke notes that it is essential to implement patient-oriented care within a context that's capable of addressing chronic and multi-chronic conditions.

With regard to the evolution of popular healthcare needs, PHC’s response for advanced countries appears to be that of teamwork among family practitioners, while the role of GPO’s frontline is increasing in Africa, following the examples of countries like Mali (which shows how PHC’s boundaries are expanding).

While PHC has traditionally been associated with less qualified healthcare workers, the present changes have demonstrated that this is no longer the case. However, PHC’s real changes do not lie with the healthcare workers themselves. In fact, rather than the healthcare workers, the key players are now the patients. This is the real meaning of patient-oriented care, above all when dealing with chronic conditions. And this type of progression calls for a major shift in professional healthcare behavior, which must be sustained by adequate training.

Finally, it has been said that putting together these 3 dimensions of PHC demonstrates that it is no longer reasonable to continue dispensing the service according to a pyramid scheme. Rather, PHC should now be see more like a Rubik's cube, continuously changing based on the countries' specific local conditions.

**3rd International Symposium: International Association of Public and Private Healthcare Purchasers**

The International Association of Public and Private Healthcare Purchasers (ASSIAPS) is an association that brings together healthcare specialists and purchasers from various countries.

The association primarily seeks to act as an international forum that brings together those responsible for group purchases and procurement for public and private organizations in the healthcare and social services industries, so as to facilitate:

- the sharing of expertise and knowledge
- the development of established methods in relation to group purchasing and procurement
- an exchange of information between professionals, specialized in group purchasing and procurement.

The Association began with a biennial event, with the 1st symposium being held in 2008 in Quebec, Canada, and the 2nd Symposium being held in 2010 in Paris, France.
IHF was invited to participate in the 3rd Symposium, held from 18 to 19 October 2012 in Brussels, Belgium, the theme of which was *The Transversal Approach to the Purchasing Function through the Hospital Organization*. Eric de Roodenbeke, IHF Chief Executive Officer, participated in the Symposium Roundtable. The event brought together hospital managers, doctors, pharmacists, biotechnologists and companies operating as buyers and suppliers for the procurement of goods and services for hospitals and healthcare facilities. This event complimented the activities of the IHF Purchasing Chapter, a work group formed in 2010 dedicated to hospital procurement. The 4th Symposium is scheduled to be held in Italy in 2014.

**The Maghreb Health Summit**

The Maghreb Health Summit, hosted in the Maghreb region (Algeria, Morocco and Tunisia), is a business-to-business healthcare summit that provides a networking platform for C-level decision makers, including ministries of health, senior healthcare professional groups, private hospitals, representatives, and investors. For the first time, the International Hospital Federation was invited to participate at the 2012 Summit, held from 2 to 3 October in Algiers (Algeria). The IHF was represented by Mr. Dominique Delpeche (member of the French Hospital Federation), who, together with other panelists, including Sebatien Audette (Accreditation Canada), Dr. Nkaki Matlala (Hospital Association of South Africa) and Prof. Omar Bouredjouane (CHU Beni Sessous), discussed the issue of Hospital Construction and Safety. Over the course of the two-day summit, some 350 delegates representing authorities and practitioners throughout the region, as well as international healthcare experts, were brought together to hear and share their insights and success stories in their respective fields. The summit's complete program (French and English) is available at: [http://www.ihf-fih.org/IHF-Events/Collaborative-Events/Past-Events/Maghreb-Health-Summit](http://www.ihf-fih.org/IHF-Events/Collaborative-Events/Past-Events/Maghreb-Health-Summit).

Further in-depth discussions with the organizers of this event will be required to determine prospects and the nature of any future collaboration.

**Prospects for the future**

Each of these speaking opportunities has resulted in increased visibility for the IHF. The participants are usually high-level and promising young professionals. While it is difficult to assess the impact of this exposure, such a critical mass of activities helps in to build up the IHF’s notoriety as a hub for knowledge. Furthermore, as part of a more extensive communication strategy, the association's participation in these events feeds the social media content and allows for a dialogue to be instilled not only among members, but also with an even more ample audience.
CORPORATE PARTNERSHIP PROGRAM

Description

The IHF Corporate Partnership Program (http://www.ihf-fih.org/Partnerships/Corporate-Partners) was launched in 2009 in response to the need to create an effective forum for building relationships and for sharing ideas and experiences among the corporate leaders and executives of the hospital and healthcare sectors. By affiliating themselves with the program, major corporations are given the exclusive opportunity to join IHF members in working to improve the performance of hospital and healthcare facilities around the world, as well as to introduce new ideas and expand knowledge throughout the healthcare market.

Since the program's introduction, these partners have included industry leaders like Philips, GE Healthcare, Johnson Controls and Medtronic.

Assessment of activities

From 2013 to 2014, the association has been re-modeled to meet the ever-changing demands in the healthcare sector's priorities and the development of the IHF's program of activities. As a result, partners are being offered the opportunity to sign either one (1) or two (2) year agreements, with discounts offered for the signing of the two year contract.

The members of the IHF Governing Council have continued to recruit new partners. Once again, special appreciation must be extended to the current IHF President Dr. Thomas Dolan (USA) and former IHF President Dr. Abrahão (Brazil) for the active roles they continue to play in supporting this endeavor.

Partners have regularly and actively participated in various IHF events, such as the 2011 Dubai World Hospital Congress and the 2012 Sun City (South Africa) Leadership Summit. Numerous partners have even offered a positive contribution to the dialogues of the Group Purchasing Chapter (GPO) exchange meetings. These events, which are organized in neutral settings, address issues that are of concern to both groups, and provide for an environment that's conducive to debate and to building personal relationships. Furthermore, the industry partners have even shown themselves to be committed to the program's activities. For more information, please refer to this report's section on the GPO Chapter.

Prospects for the future

The current global economic climate has had a significant impact on the numbers of new Partners recruited, as well as those which have been retained. This is in spite of a conscious effort to expand on behalf of the recruitment campaign. On a positive note, however, the Partners are showing increasing commitment in terms of both engagement and participation. Nevertheless, the program's goals for the future will remain:

- To develop strategies aimed at enhancing and expanding the Program itself
- To recruit a growing number of partners from various regions throughout the world, with increased support on behalf of the IHF Governing Council
- To transform the current activities into concrete projects.
IHF SECRETARIAT

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James Moreno Salazar, MSc
Program Officer
(May 2012 to date)

Special Research Officer

Paul Dugdale
Associate Professor
Director Centre for Health Stewardship
Australian National University
Director Chronic Disease Management
Canberra Hospital and Health Services
March – April 2013

Interns

Clémence Gros
May – July 2011

Tema Pefok
September – November 2012

Matthew Kelly
October – November 2012

Rodrigo Molina
February – August 2013
Mark Your Calendar
International Hospital Federation
39th World Hospital Congress

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The Hyatt Regency Chicago—the program site—is a prime location with breathtaking skyline and Lake Michigan views.

More information will be forthcoming at www.ihf-fih.org, but for now, save the date!