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This year is both one of initiative consolidation, as well as one for new developments, in a context that remains extremely challenging for international membership organizations. Furthermore, it is also a year in which the IHF has maintained its advocacy role on behalf of healthcare service providers.

This consolidation is visible on two fronts. The first regards the IHF’s core mission, which is dedicated to the dissemination of knowledge, while the second regards its increasing role within activities dedicated to supporting special interest groups. The IHF journal remains devoted to its objective of providing professional knowledge for decision makers. In fact, the organization continues to promote thematic issues that will make it easier for readers to get a good sense of how the world is evolving, and how to identify the various inspiring changes that can influence their own views on the subject.

However the challenge of getting articles to fit well with our editorial line should not be underestimated, and it is always difficult to remain on schedule with the delivery of each of the quarterly issues. While efforts have been made to plan the themes and to identify the writers ahead of time, there is still room for improvement, even by better mobilizing the journal’s contributors. In addition to the journal, we have also launched a blog as a complement to the e-newsletter. The Blog is open to all members who wish to share international or regional information. And while are still seeking greater and more active participation, the start-up has be promising nevertheless.

With regard to the e-newsletter, we have slightly increased the frequency of distribution while at the same time reducing content. In this regard, further developments will soon take place, with the goal of having an e-newsletter distributed every 3 weeks in order to compile the information from the international scene and the latest publications. The e-newsletter facilitates access to knowledge, thus optimizing the readers’ available time.

During the course of the year, we have also launched more active communication with the use of social media, but after a good start in support to the Oslo Congress, the secretariat has not been able to keep the pace with the social media activities. This initial shift to the social media outlets has proven to be extremely time consuming, while the benefits are not yet clear with regard to the objectives perused by the IHF. The IHF Congress was hosted by the Norwegian hospital association in June. The Congress was quite well prepared, and featured extremely rich contents for its participants. This was the second time, following the Dubai 2011 edition, that the Congress served as a forum for the organization’s Members. The sessions permitted the IHF members to share and showcase their achievements and challenges. Like in the past, a number of parallel sessions were also held by key IHF partners, like the WHO and the International Union of Architects. The Congress also supported the active participation of individuals who submitted posters regarding their projects. The global recognition of their work was made possible by rewarding the best posters and by publishing the contents that were showcased. Thanks to these posters, the IHF has succeeded in expanding the scope of the shared knowledge, above all by providing greater space for the recognition of these individual talents in areas impacting healthcare management. This serves as a complement to the organization’s role in promoting the healthcare providers themselves.

The Congress also hosted a high level discussion for leaders of major healthcare organizations, in order to give them a forum for an open discussion on the challenges of reform, as well as to exchange views on how they should be addressed. This session was highly appreciated by the various participants, and will certainly be repeated during the course of the next Congresses. The second dimension for consolidation was centered upon the special interest groups. During the course of the year, these groups worked actively in their respective fields of interest. The University Hospital SIG hosted a session during the Oslo Congress, while at the same time better formalizing its activities and increasing participation. By the end of the year, a research project was adopted. The University Hospital Consortium, which accepted the secretariat role for this SIG, played a major role in preparing a survey regarding End of Life care in the context of University Hospitals. With the results of this work, which will be available in 2014, it is expected that additional members will join, and that new topics will be explored.

The Group Purchasing Organization SIG also succeeded in organizing a special event prior to the
Congress, and has continued its work with members during the course of the year. At this stage, it is important for membership to increase, even if the GPOs’ development is still at an early stage outside of Western Europe and North America. The group will likely have to devote more time to establishment of the infrastructures in support of the creation of GPOs in emerging countries, as well as in Asian countries where they have not yet been properly implemented. The secretariat of this activity is driven by Resah-Idf, a leading French group purchasing organization.

The Healthcare Executive SIG has maintained low profile, as its active membership remains limited. But this does not mean that it has not been active. Rather, its work on the core management competencies has advanced quickly, and has triggered much interest on behalf of both academic institutions and professional associations. The American College of Healthcare Executives has assumed the responsibility of the secretariat of this activity, and has been a major driver of the organization’s activities throughout the year. It is expected that once the core competency task is completed, the SIG will be able to implement activities that will render this group even more appealing to professional associations.

IHF’s major developments have been focused upon training, with the possibility of offering a complete course on leadership and management in Dubai. This is the result of the continuous work and support provided throughout the region by Dr. Al Madani, an IHF Special Advisor, as well as the vision of Eng. Essa AlMaidoor, the General Director of the Dubai Health Authority, who has recognized the importance of enhancing the actual management and leadership capabilities of early to mid-career healthcare professionals from various professional backgrounds.

The IHF program is based on the latest developments in the field of healthcare management and leadership, and relies upon highly advanced approaches for adult learning, which involve the use of internet platform. The first batch of 30 students initiated their activities in December of 2013. This turnout is extremely promising, as it will allow IHF to respond to numerous demands for the enhancement, management and leadership performance of various healthcare teams.

Furthermore, the Governing Council has decided that IHF should also offer webinars. In fact, the last quarter of 2013 was dedicated to identifying topics and speakers, as well as to establishing webinar platforms. The program will be launched during the course of in 2014.

Another important decision that was made during the course of 2013 was that of changing the frequency of the Congress, with the decision being made to hold an annual congress that will host all of the members’ related activities. This move is a major challenge for IHF, since the landscape of the congress is extremely busy, and is primarily occupied with various commercial initiatives. Nevertheless, there is still space for the IHF congress to serve as a member’s forum. It is clearly unique in terms of its nature, and should be capable of attracting a large number of hospital decision makers. The objective is that, in addition to their national Congresses, the C-suites should consider attending the World Hospital Congress as a must.

After several years of continuous efforts, IHF membership involvement is increasing, and this is good news in a period in which the economic crisis is triggering selfish behavior. This does not mean that we are witnessing strong membership gains, but rather that the existing members are more willing to participate in the organization when it is worthwhile to them. This has been a long road, following a period during which an extremely passive attitude has left the Secretariat with the sole role of rendering the IHF functional. The IHF Secretariat is actively working on its members’ behalf, and is extremely aware of the fact that it needs to attribute value to membership within the organization. But as long as IHF remains a membership organization, the members must also demand services as provide knowledge that will benefit the community. The return on such investments will be obvious if there is a proper division among the members’ activities, thus providing benefits for all.

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

The year 2013 saw the publication of Volume 49 of the IHF journal. The March issue was a special edition dedicated to the most relevant publications made by our members on a local level. This issue offered eight valuable articles the opportunity to reach an international audience beyond the tight circle of our own affiliates. The June issue featured several articles showcasing some of the most innovative health care developments in South East Asia. The diversity of the subjects reflects the current dynamism of the region’s health care industry. For the September issue, the chosen theme was the innovative approaches to health information technology and management systems. The eight articles selected showed a number of new IT tendencies, such as the use of electronic records, as well as telemedicine and tele-monitoring. Finally, the December issue was dedicated to the most significant contributions made by speakers at the 38th World Hospital Congress, held in Oslo, Norway.

The journal aims to offer its target audience a variety of themes, complete with insights from authors representing the five regions of the world. As a professional journal, the selected articles provide effective information in a concise format, thus allowing the readers to go over the article in just a few minutes while quickly grasping the key issues and messages.

Communication Tools
For the IHF, it is crucial to strengthen the institutional image, as well as to promote a clear and consistent message targeting a wider audience. Much importance is therefore given to an effective external communication strategy. Both the paper and electronic materials have been entirely reworked, and the IHF has also taken its first steps within the social media outlets.

Newsletter
The e-Newsletter has continued to evolve, and has proven to be an important tool for keeping IHF members and non-members informed of the Federation’s benefits, activities, and accomplishments. The newsletter provides its subscribers with periodic updates, news from major health publications, and events from members and partners. The content is organized under five sections, and an editorial has been added in order to highlight the most relevant articles published in the newsletter itself. The main goal is to attract the readers’ attention and interest. From just four issues in 2012, the newsletter was issued seven times during the course of 2013, thus bringing it even closer to its goal of monthly publication. This increased publication frequency will allow IHF to increase its interaction with readers. Every issue of the newsletter has resulted in new subscription requests, thus proving that its content is highly appreciated and prompts the readers to share the information with their colleagues, as well as with other people operating in the healthcare system.

As a result, the number of subscribers has been steadily increasing over the last year, from 1,600 in 2012 to 4,600 in 2013. Furthermore, the electronic format facilitates the publication’s dissemination beyond the list of subscribers. The newsletter’s main goal is to maintain ongoing connections with members and existing readers. In order to improve its potential as a global instrument of knowledge sharing, IHF Members and all their colleagues throughout the international healthcare community are invited to consider the IHF newsletter as a platform for sharing relevant initiatives, publications and events with colleagues.

Social Media
In February of 2013, the IHF launched an online blog titled “IHFNews.org”. The blog complements the information published on the IHF website and in the newsletter. With this new tool, the Secretariat can quickly update the organization’s readers on IHF’s activities, events and projects, and can disseminate useful healthcare and hospital information quickly, while at the same time offering visitors the possibility of leaving comments under each article. In addition to providing for visitor interaction, the blog also
offers the possibility of sharing the published articles through the most popular social media outlets, such as: Twitter, LinkedIn, Facebook and YouTube.

The Twitter account (@IHF_FIH) provides for immediate interaction between IHF and its members, offering a direct link between the IHF and a specialized audience comprised of journalists, specialists and key players in the field (health care organizations and individuals with a special interest in the health care and hospital industries).

The LinkedIn account has a more specific use. A large number of operators and stakeholders in the health care and hospital industries (CEOs, CIOs and executives of various types) are integrated within this social arena, thus allowing IHF to establish direct relationships with them, which would otherwise be extremely difficult to obtain.

Finally, Facebook and YouTube continue to serve as supporting tools, complementing the messages previously delivered and, in the end, allowing the organization to reach out to an even broader audience.

With over 40 articles having been published on the IHF blog during the course of 2013, the IHF has taken an important step in improving its communication strategy by increasing its visibility using the most popular instruments of the times.

**Targeted communication efforts**

As a membership organization, it is crucial for IHF to have an effective tool for reaching out to potential new members. The new brochure arose from the conviction that only members can effectively promote the value associated with joining IHF. It highlights the benefits of joining the Federation, and provides direct testimonials offered by three IHF Associate Members from different regions.

New brochures have also been prepared for both the IHF Group Purchasing Organization (GPO) and the University Hospital (UH) Special Interest Groups.

**Cloud Computing**

The IHF Secretariat took a significant step towards improving its IT capabilities by adopting the Office 365 platform and by replacing the traditional service provided by a dedicated server. This move to a cloud platform was originally motivated by the fact that the server was reaching its limit, while the applications required a more powerful support system. In order to overcome this issue, the current overwhelming trend is to turn to cloud computing services.

The choice of the Office 365 platform was motivated by IHF’s acceptance as a recognized Non-Governmental Organization of public utility by Microsoft Corporation, and the consequent concession of various software licenses and a privileged contract to access the Office 365 plan (including e-mail and social networking services) through hosted versions of Exchange Server, Lync, SharePoint and Office Web Apps, as well as access to the Microsoft Office Suite. The transition to the cloud system has not had any negative effects upon the efficacy of the Secretariat’s work activities, and has considerably reduced the expenses associated with the IT systems themselves.

**Prospects for the future**

The IHF website aims to become a key information portal for international stakeholders in the health care industry. The information available on the IHF website is updated on a regular basis. Current and past issues of the newsletter are available online, and the electronic format facilitates its dissemination. The social media tools and blog are efficient methods for networking and data sharing, and significant efforts will be made to maximize their potential.

The website, the social media channels and the newsletter are services that have been developed for the organization’s members, who are invited to share any relevant material in efforts to enhance these effective communication tools.
KNOWLEDGE GENERATION
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; 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.

Mechanisms to monitor patient satisfaction
- Phone Interview: 005%
- Internal Assessment: 009%
- Survey/Questionnaire: 086%

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).

Patient Involvement in Hospitals

Description
In July of 2013, a survey on “Formal arrangements in hospitals for patient involvement” was sent to both IHF and IAPO Members. The aim of this survey was to provide a general overview of the trend of patient involvement in hospitals on a national level.
Completed questionnaires were submitted by 34 organizations, 17 of which are members of the IHF. The respondents were from the following 27 Countries: Argentina, Australia, Austria, Bulgaria, Cameroon, Canada, El Salvador, France, Germany, Greece, Guatemala, Hong Kong, Hungary, Indonesia, Israel, Korea, Nigeria, Pakistan, Philippines, Poland, South Africa, Switzerland, Taiwan, Thailand, the Netherlands, the United Kingdom and the United States.
Completed questionnaires were provided by both IHF and IAPO’s members from Australia, Israel, Nigeria and South Africa, and no discrepancies were found among the answers.

Outcomes
Half of the respondents indicated that there are no regulations for the patients' institutional involvement. For those who responded to the question in the affirmative, the two main areas and objectives of the regulations governing patient involvement in hospitals were:
- Patient involvement in the hospital board and/or on specific committees (i.e., patient support groups, quality of service, patient safety, etc.) (41%)
Collaboration with consumers aimed at improving the quality of healthcare (29%)

Among the 34 surveyed organizations, 15 reported having formal arrangements for patient involvement. The main formal arrangements for patient involvement were:
- Participation within formal committees (74%)
- Ad Hoc participation (63%)
- Participation in governing bodies (63%)

The chart below shows the nature of this patient representation:

```
Nature of patient representation

<table>
<thead>
<tr>
<th>Disease Specific Organization</th>
<th>General Patient Organizations</th>
<th>Consumer’s Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>20%</td>
<td>30%</td>
<td>20%</td>
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<tr>
<td>60%</td>
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<td>0%</td>
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<tr>
<td>80%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
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In more than 75% of countries, opportunities for patient involvement exist when no formal arrangements are in place. The two most frequent methods of patient involvement were:
- Involvement in specific organizations/groups (22%).
- Informational / educational activities, campaigns and conferences (17%)

**Prospects for the future**


The Role of Hospitals in Promoting Health

The collaboration between IHF and the Health Promoting Hospitals (HPH) resulted in a survey being conducted on “The role of hospitals in health promotion”. Nine questions were selected and sent to a number of the IHF members in order to obtain the executives’ points of view, as well as to assess the situation and trends in terms of hospital activities, focusing upon the importance, the barriers and roles of hospitals in the field of health promotion. The IHF took care to make sure that answers would be obtained from every geographical region, thus allowing it to gather the opinions of health care executives from all five continents.

The following major considerations arose from the survey:
- While health promotion is currently identified in the strategic development plans of most public hospitals, it is a field that needs to be significantly developed in the coming years.
- The top hospital executives will play a significant role in developing health promotion activities.
- Health promotion activities are expected to play a major role in the next coming years. However, the financing system has been pointed out as the main barrier to developing more health promoting activities within hospitals.
- In general, it was admitted that the more widespread use of the human genome is going to provide stronger opportunities for health promotion within hospitals in the future. On the other hand, the spread of electronic medical records will ensure better tracking of the roles played by hospitals in health promotion.
- The respondents all agree that health promotion is a major public health priority on a national level, but there is no general consensus regarding what the role of the hospitals should be: all the suggestions received a similar number of votes. There are several pathways to explore in order to decide what the role of the hospitals should be.

**Progress and Challenges on Integrated Care around the world**

The longstanding relationship that the IHF has maintained with the WHO gave rise to the session organized by the WHO and hosted by the IHF during the Oslo Congress, where the speakers presented the experiences, successes, challenges and lessons learnt in trying to implement more integrated care models throughout three world regions.

The IHF prepared a paper summarizing the presentations, with the aim of sharing the experiences and practices on integrated care, as described below.

Nick Goodwin focused his presentation on the challenge of ageing societies in Europe due to the significant demographic and epidemiological transition that has taken place in this continent, thus increasing the demand for care.
Hans Kluge presented the Regional Office's response upon the Member States' request for policy-options: a Framework for Action in relation to the coordination/integration of Health Services Delivery. Sjoerd Postma of the Western Pacific Region presented the efforts to introduce Universal Health Coverage, one of the social development goals on the post 2015 agenda, offering a number of successful examples of health service integration. Tsuyoshi Ogata highlighted the different methods of integrated care in practice, aimed at addressing the leading causes of death in Japan: The Medical Care Act amended in 2008; the use of information Communication Technology, and the implementation of Clinical pathways. Reynaldo Holder from the Americas region presented the Integrated Health Service Delivery Networks, a PAHO/WHO response to the challenges posed by the fragmentation of health services and to various international mandates and commitments. Finally, Irad Potter examined the current situation and the recent advances made to enhance health opportunities for everyone via the establishment of key institutions and strategic frameworks in the English Speaking Caribbean area.

Hospitals and Multi-morbid Chronic Conditions
In 2013, the IHF introduced a sabbatical program, the first candidate of which was Dr. Paul Dugdale, Director of the Centre for Health Stewardship at the Australian National University, and Board Director for the Australian Hospital & Healthcare Association. During the month-long sabbatical with the IHF, one of the key works undertaken by Dr. Dugdale was the preparation of a white paper, written in collaboration with Matthew Kelly (a student at Johns Hopkins University / IHF Intern) and Clare King (a Public Health Physician at the Canberra Hospital and Health Services), titled “Hospitals and Multi-morbid Chronic Conditions” (http://www.ihf-fih.org/en/Publications/Reports/Hospitals-and-Multi-morbid-Chronic-Conditions).

The White Paper highlights the issue of multi-morbid chronic conditions and the need for patient-centered care in hospitals today. Due to the shift of disease burden from communicable, maternal, neonatal and nutritional disorders to non-communicable diseases, it is crucial for healthcare systems to address this issue by shifting their focus from individual episodic patient events to a continuum of patient-centered care. The document emphasizes the importance of the primary healthcare role of hospitals. It is especially important for hospitals to reorient themselves to provide patients with more holistic care, specifically for those living with multi-morbid chronic conditions. Although this is currently a challenge for hospital management, technology developments in information sharing for patient centered clinical care can help improve the situation. In order to address this issue, there must be a paradigm shift in hospital management, which must include new modalities of interventions, changes in the education and roles of health professionals and the emergence of new occupational groups. Hospital management will also have to improve its collaboration with primary health centers and community based services, in order to ensure continuity of care for patients living with multi-morbid chronic conditions as they move around between various service delivery settings. In order to address the issue of multi-morbid chronic care in hospitals, health system financing must also be focused upon this issue. Universal health coverage for comprehensive care can fund care for people living with multi-morbid chronic conditions, while government-supported health coverage systems increase accessibility for those living with chronic conditions and who may be unemployed as a result. While fees for service financing usually increase access for patients, it often also incentivizes over-service and skews distribution towards wealthier communities. Capitation based payments, on the other hand, often undermine access since healthcare providers are incentivized to provide less services. Healthcare financing will be an obstacle for addressing the issue of multi-morbid chronic care, and will have to be addressed using the historical and economical characteristics of each specific healthcare system.
Although there are obstacles to shifting hospital management in order to address the issue of multi-morbid chronic conditions, there is nevertheless optimism for the future. Improvements are being made, and hospitals are switching their focus from individual care events to the continuum of patient-centered care. It will be important for hospitals and the primary care sector to consider the patient’s point of view when providing a continuum of care through multi-disciplinary teams.

**Global Healthcare Internship Program**

The Global Healthcare Internship Program is a recent IHF initiative, developed in 2011. The Internship Program primarily consists in conducting healthcare/healthcare management research on subject matters that are of current priority for the IHF, as well as building up the IHF knowledge base on global health issues in collaboration with IHF members, associates and partner organizations. As an outcome of the Program, the interns are expected to prepare reports or white papers for online or hard-copy publication. In addition, through this 3-6 month Program, the interns are exposed to activities of the key International Governmental and Non-Governmental Healthcare Organizations in Geneva, Switzerland.

The other key element of the Program is the development of IHF communications and social media activities in Healthcare/Healthcare Management. By way of the social media portals that have been created (News Blog, LinkedIn, Facebook and Twitter), networking has been enhanced with the IHF Secretariat and member news articles being disseminated to the wider international community.

The Boston University (Geneva) and the European University of Geneva are the Program key collaborators for recruiting interns.

As the Program’s benefits are increasingly outweighing the negative factors, the Secretariat plans for it to be maintained, with much attention being placed upon content change, in accordance with changes in the IHF’s priority activities.

**Workshop on Hospital Governance for Central Hospitals in South Africa**

The National Department of Health (NDoH) of South Africa asked the International Hospital Federation to support a strategic two-day high level workshop on hospital governance options. In response, the IHF has put together a team of high level experts from various countries in order to lead an open debate on the benefits and limitations of the different governance options for University hospitals.

The two international experts identified by the IHF were Pr. Paul Dugdale, PhD, MA, MPH, BMBS, FAFPHM, Director of the Centre for Health Stewardship at the Australian National University, and Pr. Ben Van Camp, MD, PhD, Chairman of the Board of Governors of the University Hospital of Brussels. They presented their respective experiences from Australia and Belgium, and shared their actual experiences in terms of the governance and stewardship of University hospitals with the national representatives.

The workshop convened on October 24th and 25th 2013 in Pretoria, and was attended by a number of key national stakeholders from the NDoH and various hospitals.

The NDoH has developed a medium-term strategic framework, known as the 10 Point Plan, for the period 2009-2014. Point number 4 of the Plan focuses upon the identification of key deliverables in order to improve hospital management.

The National Policy on Hospital Management is based on the provisions of the National Health Act of 2003. The policy’s key elements include:

- Classification of hospitals into 5 levels:
  - District Hospitals
  - Regional Hospitals
  - Tertiary Hospitals
  - Central Hospitals
  - Specialized Hospitals
- Hospitals should be run by competent and skilled managers
- Minimum educational and experience requirements for CEO nominees
- Development of an accountability framework
- Minimum requirements for hospital board member nominees.

The NDoH is considering the implementation of Universal Health Coverage, and this implies the need to improve hospital management, governance and leadership. The Constitution of the Republic of South Africa establishes that Health is a concurrent function between the National Government and the Provincial Government:

- The National Government is responsible for policies, regulations, norms and standards
- The Provincial Governments are responsible for service delivery

While hospital management falls under the responsibilities of the Provincial Governments, the
NDoH is exploring various alternative governance models for Central/Academic Hospitals. During the two-days workshop, some of the proposals included:

- The implementation of a combined management model for central hospitals: autonomy and National Control models.
- The establishment of an executive advisory board
- The establishment of a competency framework (including skills, knowledge, etc.) for hospital CEOs
- The redefinition of the governance framework
- The possibility of hospitals being governed by the Hospital Board
- The development of a policy framework for intergovernmental relations.
TRAINING
IHF Healthcare Management Advancement Course
In many countries, health professionals holding management positions do not receive specific management training, primarily due to lack of access to learning opportunities that are suitable for their needs. Some may have diplomas in management or healthcare administration, but may not have the chance to be coached and supported in order to translate this knowledge into know-how and develop strong managerial skills. The aim of the program developed by IHF is to strengthen, knowledge, skills and attitude of health professionals working in positions with managerial responsibilities by giving them the ability to fulfill their mission effectively and efficiently.

This program was established at the behest of the Dubai Health Authority, which funded it entirely and hosted the first batch of students. The program began in December of 2013, and was to be completed over a period of 9 to 12 months, based on the progress made by the participants in their personal assignments. The learning program exposes the participants to a number of key management principles, and enables them to acquire basic competencies for the effective management of health facilities, like hospitals. It relies heavily upon the process of personal development, allowing each student to customize the content in relation to his/her own background and needs. It not only aims to improve personal competency, but also to create a minimal common managerial culture, an ability to better interact with the top management, and a rational for understand the decision-making processes within the context of the country.

The program is designed to facilitate exchanges of experience and interaction, and will foster a better understanding of each position with regard to the optimal functioning of the system as a whole. It will empower the managers to act proactively as a driving force for change, with a strongly results-oriented mindset.

Upon the completion of this program, the participants will be expected:
- To understand the practical aspects of managing and running a healthcare environment
- To have developed competence with the core tools and approaches used for leadership and management within the context of their organization and culture
- To have developed the necessary skills to:
  - Enhance their organizational results
  - Respond to challenges
  - Work in teams and mobilize others
  - Understand how their personality shapes their role as a manager
  - Benefit from continuous learning

A selection process has been organized under the responsibility of the Dubai Healthcare Authorities in order to identify candidates who show a good level of motivation and dedication. The program is open to a maximum of 30 participants at any given time. A good knowledge of English and a bachelor’s degree are required.

The participants have a dedicated web-based platform where they can find all the course material, including that which is developed by the group during the course of the sessions. It is also a platform where they can discuss the topics asserted by the faculty, as well as a repository for their assignments.

This program has allowed the IHF to once again offer training activities, which had been lacking over the past decade after the IHF discontinued its UK-based senior management course. This program has great potential, as the demand for training in the field of healthcare management is
extremely high, and the IHF is providing unique skill-based contents customized to address the needs of specific locations, as well the needs of each individual student, taking into account their current positions, as well as their prospects for career advancement in the field of healthcare management.
The program relies upon the mobilization of IHF consultants, who have developed original and fully up-to-date contents for this program.
The program is currently designed for middle-income and advanced countries, but could be further customized for less advanced countries if requested.
This program is also an excellent example of the IHF Secretariat supporting one of its members, and the contribution of one of its members to the development of a program that will benefit the community of healthcare providers.
IHF EVENTS
38th World Hospital Congress – Oslo, Norway (18-20 June 2013)

The IHF World Hospital Congress represents a unique global forum where the multidisciplinary exchange of knowledge, expertise and experiences in health sector management and service delivery is facilitated. The audience brought together at this forum are leaders of key national and international hospital and healthcare organizations who drive healthcare policy, management, financial trends and solutions, and are capable of engaging in constructive dialogue regarding best leadership practices in hospital and healthcare management and delivery of services. Even more importantly, IHF members have un-paralleled opportunities to showcase their accomplishments to their peers and to the rest of the global healthcare community. The composition of the delegates regularly reflects IHF membership, which spans some 40 countries, with attendance ranging from 1000 to 1500 participants.

The Congress program is primarily scientific in terms of its objectives, and non-commercial in terms of its mission. However, it reaches out to industry through the unique opportunities provided to the exhibitors and sponsors, who can enjoy visibility on a global platform upon which to showcase their products, as well as meet and network with industry leaders, policy decision makers and professionals from throughout the healthcare sector.

The IHF World Hospital Congress is that one-stop shop for the healthcare professional seeking an opportunity/environment to engage in an all-encompassing learning and knowledge-sharing experience among peers.

The goal of creating a forum in which leaders, policy makers and clinicians from all over the world can share their experiences and best practices in terms of healthcare delivery was fully realized at the 38th World Hospital Congress, held from 18 to 20 June 2013 in Oslo, Norway. The Congress, which featured the theme Future Health Care – The Possibilities of New Technology, was hosted by the Norwegian Hospital and Health Service Association (NSH), IHF Full Member for Norway.

The 3-day event held at the Oslo Spektrum, a venue that hosts various major events, such as the Nobel Peace Prize Concert, drew over 1000 delegates from 42 countries seeking to exchange knowledge and experiences, as well as to network via the 44 sessions hosted by IHF member organizations, such as the American Hospital Association (AHA), the Norwegian Hospital and Health Service Association (NSH), the Korean Hospital Association (KHA), not to mention IHF Group Purchasing, University Hospital and Healthcare Executive Special Interest Groups.

The Opening Ceremony was attended by the HRH Crown Prince Haakon of Norway. Among the keynote speakers were Dr. Margaret Chan, Director General of the World Health Organization, who addressed the role of innovation and technology as game changers in the future of health, and Seth Berkley M.D., CEO of GAVI Alliance.

The IHF-sponsored Poster Award launched at the Congress, drew many entries. The Award recognizes and honors excellence in research, achievements, service improvements and innovations in hospital and healthcare management, by hospitals, healthcare institutions and/or individuals from the health care field worthy of international recognition. Its key aims are:

- To stimulate knowledge-sharing and interactions among healthcare professionals and managers worldwide;
- To enhance the image of health care providers, not only as caring professionals but also as skilled leaders;
- To showcase how hospitals and healthcare organizations can be at the forefront of managerial breakthroughs;
- To enliven the sense of camaraderie among health service managers.

With Norway being a country with some of the most modern hospitals in Europe, pre and post-Congress visits were organized to the St. Olavs’, Oslo University and Akershus University Hospitals, three of the country’s state-of-the-art facilities. One of the highlights of the Congress was a live broadcast of an operation from St. Olavs’ Hospital Operating Room of the Future.

An innovative and dynamic exhibition program ensured that the desired networking between
industry and non-commercial elements was ideally maximized.

The oral and poster presentations from the congress can be viewed at: [http://www.ihf-fih.org/index.php/Events/Past-Events/38th-World-Hospital-Congress](http://www.ihf-fih.org/index.php/Events/Past-Events/38th-World-Hospital-Congress)

A decision made by the Federation's Governing Board in 2012 to make the Congress an annual event will mean that the 39th Edition of the Congress in 2015, which will be held from 6 to 8 October in Chicago, USA, will represent the final biennial Edition. The 2015 Chicago Congress will be hosted by the American Hospital Association and the American College of Healthcare Executives, with *Advancing Global Health and Health Care* as the theme. The 40th and 41st Editions of the Congress, to be held in Durban, South Africa and Taipei, Taiwan, respectively hosted by the Department of Health and the Taiwan Hospital Association, will be the first of the events to be held annually.

**Special roundtable discussion meeting**

This special meeting, the first of its kind, was hosted and organized by the IHF in conjunction with the World Hospital Congress. The CEOs and key leaders of the IHF member hospital associations from Australia, France, Germany, Japan, Norway, the United Kingdom and the United States, gathered to exchange their views on the implications of national health reform developments, as well as to review the healthcare financing and delivery systems. The key issues addressed during the presentations included:

- **Financing Health Care** - What is the best long-term financing mechanism to cover the maximum proportion of a country's population?
- **Making the Health Care System Efficient** - What is the best way to align the financial and clinical incentives of the key stakeholders in the health care equation (consumers, providers, payers and the government)?
- **Barriers** - What are the greatest challenges to obtaining the best system, and can they be overcome?
- **Global Actions** - What collective actions, if any, should be taken to achieve better health, better care/patient experience, and moderation in the annual increase in health care expenditures?

IHF SPECIAL INTEREST GROUPS
University Hospital SIG

Having first been launched during the 3rd IHF Hospital and Healthcare Association Leadership Summit in 2012, the University Hospital Special Interest Group (UH-SIG) was created by the IHF in response to the need for an international platform for university hospitals, thus enabling major university hospitals to share their experiences and results.

Governed by the UH-SIG Terms of Engagement, membership in the SIG is open to IHF Members who express their interest in and commitment to the SIG’s goals. Organizations such as the University Hospital of Brussels, in Belgium, the Kuopio University Hospital, in Finland, and the University HealthSystem Consortium, in the United States, have already joined the SIG.

The University HealthSystem Consortium is the Secretariat of the SIG, and Rulon Stacey, PhD, FACHE, President and CEO of Fairview Health Services, USA, has been appointed the first chairperson.

The program of activities adopted by the UH-SIG includes:

- The advancement of international knowledge and collaboration among university hospitals
- The enhancement of organizational performance
- The enhancement of research and education initiatives

With the support of the IHF Secretariat, the University HealthSystem Consortium developed the UH-SIG Brochure, launched during the IHF 38th World Hospital Congress, which was held from 18 to 20 June 2013 in Oslo, Norway. During the Congress, the UH-SIG held a special session titled Perspectives on Shared Challenges and Opportunities to Improve Health around the World. This session, which was chaired by Irene Thompson, President and CEO of the University HealthSystem Consortium, highlighted the unique role played by university hospitals throughout the world. University Hospital administrators and physicians shared their perspectives on the critical issues facing academic medical centers. The participants also discussed and identified strategic issues and potential collaborative projects for the UH-SIG.

In August of 2013, the UH-SIG Steering Committee was created to work on the definition of the SIG’s areas of focus (areas of work, i.e., governance, clinical performance, etc.), and its first meeting took place in conjunction with the UHC’s Annual Conference, which was held in Atlanta, Georgia, USA, during October of 2013.

The UH-SIG Steering Committee decided to develop a collaborative study on End-of-Life (EOL) care practices among university hospitals around the world. The goals of this work were:

- To advance the international exchange of knowledge among IHF member university hospitals regarding the important common issue of EOL services,
- To facilitate the collection and sharing of the approaches used in the delivery and management of EOL care, as well as the lessons learned, and
- To improve the performance of IHF member university hospitals.

The collaborative study on End-of-Life (EOL) care practices will be submitted to the IHF Governing Council during its meeting in Barcelona, Spain in April of 2014. The initial phase of this study will involve the gathering of basic information regarding EOL care services provided by university hospitals worldwide.

Group Purchasing SIG

The Group Purchasing Organization (GPO) Special Interest Group (GPO-SIG), created in 2010, is a work group dedicated to hospital purchasing and procurement. It serves as an international platform for open dialogue between key Group Purchasing Organizations (GPOs), healthcare decision-makers and the industry itself.

It also serves as a vehicle for:
Facilitating the cross-sharing of ideas and experiences
Building purchaser/supplier relationships in the field of healthcare procurement
Improving efficiency and promoting change within the national and international models of delivery for healthcare services.

The governance and membership structures of the SIG have been consolidated and formalized. The membership outreach is to the Full and Associate IHF members. Other membership groups may include private and public associations, hospital groups or individual hospitals, and private or public institutions involved in healthcare procurement.

The GPO-SIG has an annual calendar of events that are held in conjunction with the IHF events. The GPO-SIG is focused upon the theme of innovation and sustainable procurement. In 2013, the key event was a pre-congress GPO / IHF / Industry Dialogue Exchange meeting, which was held during the 38th IHF World Hospital Congress in Oslo, Norway. The events held to date have introduced certain initiatives, which have served to increase the profile and strategic importance of purchasing and procurement among and beyond the IHF membership network, as well as the agendas of healthcare decision-makers. A positive impact has also been obtained with regard to the recruitment of new members.

Through invitation, the industry participates either partially or completely in the SIG’s activities. The IHF Secretariat has as the role of facilitating and providing technical support, as well as host meetings and rendering its communications network available for disseminating information. There has been a better and more widespread engagement by the industry in terms of dialogue among partners.

The 1st International Forum: Procurement in Public Health, Regulatory Framework and Technology, which was hosted by the IHF Corporate Partner, Bionexo, in Barcelona, Spain, is one such example of engagement by the corporate sector. Mauricio De Lazzari Barbosa, CEO of Bionexo, was the chairman of the event, with IHF being represented by Sheila Anazonwu, IHF Partnerships and Project Manager, and Ms. Carole Gandon, International Manager of Resah-Idf (France), the strategic purchasing group in France, and the coordinating body of the IHF Group Purchasing SIG. The meeting brought together experts on public procurement and government officials from Brazil, Columbia, Spain and France to discuss the role that technology now plays in the field of procurement in the public and private healthcare sectors. There was also an exchange of ideas on the new regulations introduced under the new European Union Directives governing electronic procurement practices, technology and new product development and innovation.

The section dedicated to the GPO-SIG on the IHF official website can be found at http://www.ihf-fih.org/en/Spec.-Interest-Groups/Group-Purchasing-Organisations-GPO

Healthcare Executives SIG
Description
An initial comparative analysis of existing healthcare executive competency frameworks was prepared by ACHE, and was used to support an initial meeting hosted by the WHO Pan American Health Organization (PAHO) in January of 2013, in Washington DC, USA.

The purpose of the meeting was to agree upon (i) a number of 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, as well as the next steps in terms of preparing to present this framework elsewhere. Twelve individuals representing ten different organizations participated in this initial meeting. The meeting’s most significant result was a consensus on a number of key points regarding a
universal framework for healthcare executive competencies:

- The competencies should be backed by evidence and should rely upon a contemporary model that forces health executives to examine economics, politics, social climate, etc.
- The framework will be focused upon individuals, but will include an interface with a team dynamic
- The competencies are based on knowledge, skills and abilities, and a healthcare management diploma is beneficial but not sufficient for assuring competency
- The target audience is comprised of health managers (not only CEOs) in all stages of their careers
- There is an agreement on the minimal requirement for recognition as a profession
- The evolution of health services, as well as the level of competencies, must be reflected in the framework
- The 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 in order to better promote the healthcare management profession and to create a momentum surrounding this initiative. A working party was initially established, which was coordinated by the Australian College of Health Service Management (ACHSM). Since the initial set-up group did not deliver, Charlie Evans took the initiative to work on a draft for the next face-to-face meeting scheduled for early 2014.

It was also decided to develop terms of engagement for this group, which will be part of a specific IHF Special Interest Group, as well as a platform on the IHF web site to report any developments (http://www.ihf-fih.org/Spec-Interest-Groups/Health-Care-Executives/Events). An initial draft was discussed by the members and will be amended for further discussion during the next face-to-face meeting, as well as to obtain the approval of the Governing Council.

A project development platform under Basecamp™ was put in place for the group's members to continue developing the various documents. A follow-up meeting during the March ACHE Congress in Chicago gave participants the opportunity to agree upon the basic framework of core competencies resulting from the ACHE framework amended at the Washington meeting.

A special session presenting the initial consensus and the challenges of developing a global competency framework took place during the June IHF World Hospital Congress in Oslo. There was a good turnout at the session, and a number of participants expressed their interest in being included in the next steps of the development process. It was decided to take all the professionals interested in the initiative on board as reviewers.

The last quarter of 2013 was used for widespread consultation regarding the competency list (which covers the competencies' first level of description based on five critical clusters), which took place after the Washington meeting in order to identify the most relevant and important competencies. This important task was undertaken by ACHE, which has been playing a leading role in this initiative. All the external experts' feedback on this initial framework have been compiled in preparation of the 2014 face-to-face meeting.

The annual meeting of the European Managers’ Association hosted by the Luxembourg Hospital Association in November offered an additional opportunity for IHF to present the work to a large audience of executives. The participants expressed much interest, and offered positive support for the initiative.

**Assessment and next steps**

The accomplishments during this first year of activity must be recognized. When the initiative was launched, it was not entirely obvious that it would receive such positive feedback from all around the world.

In addition, the initiative has proven to be a real collaborative effort based on the work of ACHE, which has been the pivotal organization in terms of both the content provided to feed the discussions, and support for the development of the core competency framework. The IHF secretariat has guided the overall activities, and has been making sure that the group is on track with its objectives. This approach is setting up what can be considered a good practice for the IHF Special Interest Group: One of the IHF members takes a leadership role on behalf of the entire organization, with the support of the IHF secretariat.
This activity has significant potential for development, because, at a national level, there is much interest in increasing the recognition of the healthcare manager figure as a profession, as well as in developing minimum international standards to strengthen this recognition. It's a real win-win approach that has been organized between the IHF and the healthcare executive associations, as associate members. The IHF provides an international platform for them to share resources and develop a tool that will serve each organization to support its own growth and strengthen its unique position as the key national professional association for healthcare managers. This activity also allows the IHF to expand its outreach to key health professionals, while at the same time allowing association members to gain access to IHF material, thus resulting in a greater awareness of the knowledge resources they are able to tap in to for their own needs.

The major challenge will be to scale up participation both on an institutional and individual level. It is expected that interest will increase once the initial competency framework is available. In the meantime, the existing network of participants must garner the interest of those who fall within their sphere of influence. 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 purpose, the IHF can also play a major role from Geneva, where most other international professional associations are based, and with whom the IHF already has working relationships. As this initiative is still at an early stage, significant participation on the part of healthcare executive organizations will allow them to be included among the creators of the final product. IHF is serving the international community by facilitating the establishment of an internationally owned global competency framework for healthcare executives.
ADVOCACY AND INTERNATIONAL RELATIONS
INTERNATIONAL ACTIVITIES
The IHF President and the IHF President-Designate: Advocacy & International Mission

Thomas C. Dolan, PhD, FACHE, FASAE
IHF President – January/June 2013
IHF Immediate Past President – June/December 2013

The last six months of my presidency were both interesting and eventful. I had three opportunities to promote the IHF. The first was in March 2013 at the American College of Healthcare Executives’ annual Congress on Healthcare Leadership. Nearly 4,000 health care executives from 29 countries attended the meeting. We were delighted to host Dr. Eric de Roodenbeke, the IHF CEO, who made a number of excellent presentations. All in all, IHF’s participation at the Congress on Healthcare Leadership was a wonderful opportunity to further familiarize U.S. health care executives with the IHF.

Second, right before the 38th World Hospital Congress, I had the opportunity to address the NVZD, the Dutch Association of Health Care Executives. This organization brings together the top executives in Dutch health care. As they are considering a credentialing program for health care executives in the Netherlands, I described our credentialing process within the United States. Having had the opportunity to attend other presentations while there I was again reminded of the universal challenges of quality, access and cost faced by all health care systems throughout the world.

My presidency concluded with the privilege of presiding over IHF Oslo 2013, the 38th World Hospital Congress. Thanks to the efforts of our Norwegian colleagues and other health care leaders from around the world, it was an amazing event. Participants learned not only from the excellent speakers but also from conversations with their international colleagues during the breaks and social events.

In closing, I would like to thank the IHF Governing Council, the Secretariat and our members for their support during my presidency. Through their commitment and hard work, I believe we have advanced the vision and mission of the IHF during 2013.

Kwang Tae Kim, MD, PhD
IHF President-Designate – January/June 2013
IHF President – June/December 2013

It has been an honor to serve and represent IHF as President since my term began in June 2013 at the General Assembly, which was held during the 38th World Hospital Congress in Oslo, Norway. The Congress, which had as theme “Challenges and Opportunities of Future Healthcare”, was a great success under the able leadership of Dr. Erik K. Normann, as Congress chair. It was as honor to have Margaret Chan, the Director General of the World Health Organization, make the opening keynote speech.

I am looking forward to the 39th Annual World Hospital Congress in Chicago, from 6 to 8 October 2015. It will be the final biennial Congress before the introduction of the new annual model in 2016, in Durban, South Africa. I believe the annual congress model will help make the IHF Congress a “must-see event”. The platform for the annual model, which is being built for the Chicago Congress under the leadership of Dr. Thomas C. Dolan, will become the cornerstone for future congresses.

Upon starting my two-year term as IHF President, my priorities are and remain to increase membership, to establish a solid financial base and to enhance the visibility of the IHF. As Chairman of the IHF Membership Committee, I was able to recruit 13 hospitals and University Hospitals from Korea as IHF Associate Members. Under the leaderships of Dr. Tsuneo Sakai and Dr. Lawrence Lai, respectively IHF Awards Committee Chair and Member, the IHF Awards Program is on schedule for launching the 4th Hospital and Healthcare Association Leadership Summit, to be held in Seoul, from 12 to 13 November 2014. The first Awards will be given out at the 2015 IHF World Hospital Congress in Chicago. Thanks to hard work of the IHF CEO, Eric de Roodenbeke, the activities of IHF Special Interest Groups (SIGs) – Group Purchasing, University Hospital & Healthcare Executives - have been streamlined.

On the financial front, IHF is now on firmer ground, and is poised to take on dynamic challenges and grow even stronger.
The year 2013 was a year of great learning and activities for me. Leading up to the Oslo Congress, as incoming president, I participated in the annual Healthcare Leadership Congress of the American College of Healthcare Executives (ACHE), in Chicago in March of 2013. This event hosted by ACHE under the leadership of Thomas C. Dolan, PhD, FACHE, FASAE, President and CEO (1991-2013) and IHF Immediate Past President (2011-2013), provided a great learning experience in excellence in healthcare management, and was attended by some 4000 participants.

In April, I spoke on the topic of “Global Healthcare Cooperation for a Better World” at Medical Korea 2013 - The 4th Global Healthcare & Medical Tourism Conference in Seoul, organized by the Korean Health Industry Development Institute.

In July of 2013, together with Dr. Lawrence Lai, IHF Special Advisor for the Western Pacific Region, I attended the Asian Hospital Federation’s (AHF) Board Meeting and the Association of Private Hospitals of Malaysia (APHM) Conference in Kuala Lumpur. During this travel assignment, we had the opportunity to engage in membership recruitment efforts with representatives of the Singapore Hospital Authority and officials of other health institutions.

In September, I participated in the Hospital Management Asia (HMA) Conference in Bangkok, Thailand. This was a great opportunity to meet with many healthcare leaders from Asia.

In October, the IHF Governing Council held its meeting in Sao Paulo, Brazil, in conjunction with the 2nd Congress of the National Association of Private Hospitals of Brazil (CONAHP). The warm hospitality of Dr. Francisco Balestrin, the ANAHP Chairman, and Dr. José Carlos da Souza Abrahão, the IHF Past-President (2009-2011), was highly appreciated. It was worth noting, as an example of innovative funding model, that half of the event’s annual budget is supported by corporate partners.

In November, I attended the 64th Annual Convention of the Philippine Hospital Association, at which the President of the Korean Hospital Association (KHA) and I presented a donation to the Philippine Disaster fund on behalf of KHA members.

I was invited to attend the World Innovation Summit for Health (WISH) Forum, sponsored by Qatar Foundation, which was held in December, in Doha, Qatar. This event is viewed as “Davos of healthcare”, and covers a vast range of health and healthcare topics with the objective of driving the innovation needed to meet today’s health challenges.

I would like to thank the Full- and Associate Members, as well as the Governing Council members for their support and efforts. Without your help, as well as that of the IHF CEO and Secretariat staff, I would not have been able to carry out my duties as President. I deeply appreciate all your dedicated efforts.

Erik Kreyberg Normann, MD
IHF Treasurer – January/June 2013
IHF President-Designate – June/December 2013

During the first half of 2013, I spent much time preparing the 38th World Hospital Congress, which was held in Oslo, Norway, from 18 to 20 June 2013. As President of the Norwegian Hospital and Health Service Association, I was President of the organizing committee and was responsible for hosting the Congress. The congress was an enormous success, and featured many excellent presentations and meetings for the attendants, with time available for networking as well. His Royal Highness, Crown Prince Haakon of Norway, attended the opening ceremony and visited the exhibition area.

In March, I attended the Congress on Healthcare Leadership of the American College of Healthcare Executives (ACHE) in Chicago.

In October the Governing Council met in São Paulo, Brazil, attending the National Congress of Private Hospitals (CONAHP). During the meeting, we also met with the Membership Committee, and concluding that we wanted to hold a teleconference in Q4. The Membership Committee held a teleconference in December, and discussed how to increase the numbers of Full and Associate Members. We concluded that we had to have a joint meeting with the Communication Committee, and decided to arrange such a meeting in combination with the Governing Council meeting in Barcelona, during April of 2014.

I would like to thank Eric de Roodenbeke and all the IHF staff for all their good work, and for the excellent collegial and constructive relationships within the Executive Committee and the Governing Council.
IHF Special Advisors

**Description**
The IHF Special Advisors are individuals belonging to the members’ organizations who are appointed to officially represent the Federation. They endorse the IHF by participating in meetings on behalf of the organization, developing public relations with various stakeholders, participating in studies or projects undertaken by the Secretariat, and supporting the work of the Governing Council or the IHF Secretariat. They can act as ambassadors for recruiting new members. Special Advisors should be nominated by an IHF Full Member: the position has a mandate of one year, and can be renewed. It is a fully-voluntary position, and there should be only one Special Advisor per world region. In 2012, four Special Advisors were appointed for the following regions: Africa, America, the Middle East and the West Pacific.

**Outcomes**
- **Dr. Leke Pitan, Special Advisor for the African Region.** An IHF Governing Council Member from 2005 to 2011. In March of 2013, Dr. Pitan attended the “WHO-AFRO Stakeholders dialogue on NCD” meeting, held in Johannesburg, South Africa. He attended the IHF Oslo Congress in June and moderated the session on “The Effect of Health Sector Reform on Healthcare Delivery in Lagos Nigeria”.
- **Mr. Charles R. Evans, FACHE, Special Advisor for the Americas Region.** His activities as Special Advisor during 2013 took place in the following areas:
  - Participation in the International Healthcare Management Competencies Consortium: his activity with this group involved several working sessions. Mr. Evans also led in the development of a working draft of the Declarations Document (Call to Action), which will be finalized by the group.
  - Service as a member of the Global Catalyst Group for Institutional Health Partnerships: this organization is dedicated to encouraging and supporting the development of institutional partnerships with low income country healthcare services. The activities with this group included conference calls, where each of the regional representatives reported on their work. Members provided recommendations based on their individual experience, which proved helpful for each of the various members.
  - Engagement with the WHO African Partnerships for Patient Safety: the purpose of this WHO entity is to develop partnerships for systematic patient safety enhancements within partner hospitals. Mr. Evans presented the program as a model for use in a number of settings, and a hospital organization in Oklahoma City is executing the model in partnership with various Rwandan hospitals.
  - Provided leadership in the development of a white paper on Twinning: the purpose of this paper was to provide a basis for securing additional support for institutional partnerships in the United States working with the American College of Healthcare Executives and the American Hospital Association. The paper is also a resource for healthcare organizations in the United States who are considering partnerships and need to better understand the case for support.

In addition, Mr. Evans attended the IHF World Hospital Congress in Oslo and moderated a panel on “Developing International Hospital Partnerships” at the American College of Healthcare Executives Annual Congress.

- **Dr. Lawrence Lai, Special Advisor for the West Pacific Region.** An IHF Governing Council Member from 2005 to 2011. Dr. Lai traveled in several countries as an IHF Ambassador, namely Macau, Malaysia and Singapore. Thanks to Dr. Lai’s efforts, the CHCSJ Hospital, the major public hospital in Macau, joined IHF as an Associate Member.
Dr. Lai was a member of the Scientific Committee for the 38th IHF World Hospital Congress in Oslo. He was also part of the Poster Award Judging Panel.

In July, together with the IHF President, Dr. Kwang Tae Kim, Dr. Lai attended the Board Meeting of the Asian Hospital Federation and the Conference of the Association of Private Hospitals of Malaysia. This proved to be a good opportunity to continue the discussion concerning the IHF Membership with both the Ministry of Health of Singapore and the Singapore General Hospital.

In December, Dr. Lai was appointed as a member of the IHF Awards Committee.

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 source for membership recruitment and communications purposes.

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 supported the organization and launch of the IHF Healthcare Management Advancement Course (branded as Future Health Leaders). The Program, the implementation of which has long been envisaged in the region, particularly in the government sector, is aimed at imparting leadership values and skills to health professionals in the public health sector in the city of Dubai. The participants of the inaugural Program included individuals from the Dubai Health Authority.

In his representation and membership promotion activities, Dr. Al Madani has reached out to several countries, including Iran and Qatar. He presented IHF to the higher Ministry of Health and Welfare in Oman, and has invited them to host the 42nd IHF World Hospital Congress in 2018. In addition, Dr. Al Madani presented IHF to representatives of the capital city of the United Arab Emirates, who he invited, with the support of the Abu Dhabi National Exhibition Center (ADNEC), to consider the possibility of hosting a future IHF Congress.

The IHF and its activities are regularly promoted through the INDEX Holding, for which Dr. Al Madani serves as Chairman.

Through all of its annual medical conferences, INDEX Conferences and Exhibitions Org. Est. (a subsidiary of INDEX Holding), one of the region’s major conference and exhibition organizers, also plays an active and integral role in promoting the IHF and its global activities and initiatives.
INTERACTION WITH INTERNATIONAL ORGANIZATIONS

IHF’s interactions with the World Health Organization

Description
During its 132nd session (2012), the WHO Executive Board granted approval for the IHF to maintain official relations with the World Health Organization (WHO). With this decision, the Board commended the IHF’s continued dedication to supporting the work of the WHO. The objectives for these relations between the WHO and non-governmental organizations are essentially aimed at strengthening mutually beneficial relations on a global, regional and national scale, in ways that will improve health-related outcomes, strengthen health actions, and place health issues on the development agenda. Dr. H. J. Montenegro Von Mühlenbrock, Health System Advisor, Health System Governance, Policy and Aid Effectiveness, has been assigned as the IHF-WHO Designated Technical Officer responsible for fostering relations and pursuing the implementation of the collaboration plan.

WHO HEADQUARTERS, GENEVA

The Evolution of Hospital Responses to Non-Communicable Diseases
Dr. Paul Dugdale, Board Director, Australian Hospital & Healthcare Association and Sheila Anazonwu, IHF Partnerships and Project Manager, represented the IHF at the ‘Dialogue on Strengthening Self-Care of Non-Communicable Diseases’ convened by Dr. Shanti Mendis, Director (Acting), Chronic Diseases Prevention and Management, WHO Geneva. Some 20 other Health NGOs were also in attendance. The IHF was among those convened since, with the world facing a rising tide of chronic disease, hospitals are now engaged in responding to the transition of this global burden of disease. Responding to NCDs, if fact, is now a major driving force behind the hospital workload in every country: a volume of work that is likely to continue to increase in the foreseeable future. The IHF has been evaluating how hospitals are responding to this challenge since 2012, and has even engaged in numerous international dialogue exchange meetings, a number of which have been led and/or convened by the WHO.

World Health Day Dialogue

To mark World Health Day, held in conjunction with the “Dialogue on Strengthening Self-Care of Non-Communicable Diseases”, on 3 April 2013 the 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, for a total of nearly one billion people.

While self-care for 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, this cannot be done without the cooperation of governmental, commercial and non-governmental organizations. The purpose of the Roundtable Dialogue, therefore, was to increase the involvement of NGOs within the international consultations on this topic.

The IHF, on behalf of its membership network and the hospital community, called on the WHO:

- to continue to recognize and promote the connections between hospitals, primary care and community organizations;
- to provide referral services and care planning for people with multiple chronic conditions, as hospital information capabilities are able to track self-care patients and use their educational resources to support the community organizations’ efforts to encourage self-care for NCDs;
- to promote research:
  - in order to optimize the formal monitoring of NCDs for people who are largely self-caring
  - on how to integrate patient life-goals into chronic disease management protocols;
  - in order to better understand how payment systems might serve as reimbursement mechanisms for hospitals

Furthermore, IHF also supported the WHO’s proposal to create an international network in support of self-care for people with multi morbid chronic conditions. Such a network would cross-fertilize efforts to support self-care among researchers, service providers and community-level organizations.
A Global NCD Action Plan is currently under development, which will include discussions on improving health services. Continued dialogue is expected to take place with the WHO and other health NGOs, given that hospitals, as central health service providers in all countries, play an important role in providing support for self-care with regard to NCDs.

Sixty-sixth session of the World Health Assembly (WHA) – Geneva, May 2013

Some 3000 delegates from 194 countries attended the Assembly.

In her opening session address, the WHO’s Director-General, Dr. Margaret Chan, highlighted the need for sustained efforts in addressing public health issues, and commented on the success of controlling neglected tropical diseases through viable integrated approaches. She also commented on the financial crisis, job insecurity, armed conflicts and the important role of International Health Regulations for detecting and responding to public health emergencies.

The major issues discussed during the 8-day meeting included a draft resolution on all 17 neglected tropical diseases; the prevention and control of non-communicable diseases; the Millennium Development Goals; vaccine-preventable diseases, and universal health coverage.

The eminent personalities that addressed the Assembly included Dr. Jim Yong Kim, President of the World Bank Group; Ms. Gunilla Carlsson, Minister for International Development Cooperation of Sweden, and Dr. Nkosazana Dlamini Zuma, Chairperson of the African Union Commission.

Dr. Jim Yong Kim spoke of the need to end poverty. He said it is only through improved and sustained health that prosperity and social welfare can take place. He emphasized the need to work together in order to achieve universal health coverage.

Ms. Gunilla Carlsson highlighted the need for investments in health, which she explains are the only way to end poverty and improve the welfare of children and women.

Dr. Nkosazana Dlamini Zuma spoke of the importance of primary health care and universal health coverage, and shared her vision of “healthy community, a healthy nation, and a healthy continent”.


The plan aims to further improve eye health, reduce avoidable visual impairment and secure access to rehabilitation services for the visually impaired. The global target is to reduce the prevalence of avoidable visual impairment by 25% by 2019. The draft action plan was welcomed by many Member States.

Informal dialogues with relevant NGOs on the development of draft terms of reference for a global coordination mechanism for non-communicable diseases (NCDs) – Geneva, August 2013


The WHO Global NCDs Action Plan 2013-2020 is the result of the commitments made by Heads of State and Government in the United Nations Political Declaration on the Prevention and Control on NCDs (Resolution A/RES/66/2).

The WHO Global NCDs Action Plan 2013-2020 is mainly focused upon four types of NCDs (cardiovascular, cancer, chronic respiratory and diabetes), and upon four shared behavioral risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol).

The WHO Global NCD Action Plan 2013-2020 comprises a set of actions which, when performed collectively by Member States, the WHO, other UN and Intergovernmental Organizations, NGOs and the private sector, will support Governments in their national efforts to contribute to the attainment of nine voluntary global targets:

- A 25% relative reduction in the overall mortality rate due to NCDs;
- A relative reduction of at least 10% in the harmful use of alcohol (within the national context);
- A 10% relative reduction in the prevalence of insufficient physical activity;
- A 30% relative reduction in the population’s mean intake of salt/sodium;
- A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years;
- A 25 % relative reduction in the prevalence of raised blood pressure or contain the
prevalence of raised blood pressure, based on the national circumstances;
- To halt the rise in diabetes and obesity;
- The receipt of drug therapy and counseling by at least 50% of eligible people in order to prevent heart attacks and strokes;
- An 80% availability of affordable basic technologies and essential medicines (including generics) required to treat major NCDs in both public and private facilities.

The above voluntary targets and the 25 indicators (see Appendix 2 of the WHA66.10 Resolution) are part of the global monitoring framework that provides general guidelines for the Action Plan’s implementation.

**WHO’s engagement with non-State actors**

As part of its governance reform, the WHO is revisiting its policies on engagement with non-State actors, including non-governmental organizations, private sector entities, philanthropic foundations and academic institutions.

In September, following the **“Informal Consultations on a more detailed Framework of engagement with non-State actors”** with Professor Thomas Zeltner, the WHO’s Special Envoy for the development of the policy on engagement with non-State actors, the IHF was among the NGOs in official relations with the WHO that were invited to attend the **“First Informal Consultation on WHO’s engagement with non-State actors”** – Geneva, October 2013.

Both Member States and non-State actors attended the meeting, and the Director General of the WHO, Dr. Margaret Chan, introduced Professor Thomas Zeltner, who reported on his informal meetings with:

- Representatives of NGOs in official relationships with the WHO.
- Representatives from the Private Sector
- Member States
- WHO Regional Offices
- Other important stakeholders, including the European Commission and representatives of the Secretary General of the United Nations in New York.

The framework of engagement with non-State actors focuses upon a number of defined overarching principles. The elements that need to be strengthened include: due diligence, risk management and transparency.

The participants requested additional details concerning:

- The clear mapping of the various non-State actors
- The need to differentiate PINGOs (public interest) and BINGOs (business interest), as well as to consider other groups (i.e., philanthropic organizations, academia, etc.)
- The clear definition of both the typology of interaction with the various stakeholders, and the mechanisms required to implement the interaction
- The definition of transparency tools, which should not represent an additional bureaucratic burden
- The possibility of introducing a public scrutiny process in order to improve due diligence
- The clear definition of the criteria to be used in due diligence procedures.

The current system applied for the WHO’s engagement with non-State actors is neither effective nor systematic, and there is therefore a convergence on the need to enhance this engagement.

Moreover, the Member States’ involvement in defining the criteria for engaging with non-State actors should be taken into consideration. Transparency with all non-State actors can be enhanced via an online transparency register, with the key objective of protecting the WHO’s reputation. The WHO should provide a matrix between the type of interaction and the nature of the stakeholders.

As the Member States do not want the “Official Relation” Status to be revised, it was suggested to create an additional accreditation system specifically for the attendance of the WHO’s governing body sessions, or else to extend the participation to NGOs competent on the specific issues being discussed.

Due to the lack of time for discussion, the Member States underlined the importance of clearly defining the participation methods for non-State members at the WHO governing body’s meeting.

It is therefore important to consider new approaches for enhancing dialogue, such as virtual...
platform dialogues prior to meetings and the establishment of self-organized working groups. Financial contribution to the Program budget is an important issue of engagement, and it is important to clearly define the possibilities of financial contribution, as well as the management of the relative risks, such as conflict of interest, for example. While the Member States have requested the WHO’s Secretariat to broaden its financing base, it is nevertheless necessary to ensure effective due diligence.

It is universally agreed that the WHO needs to find new resources, including individual private donations or philanthropic funds, with absolute transparency being a requirement. Concerning in-kind contributions, the current approach is satisfactory and does not need to be changed. During the two days of consultation, the examination of the document was not completed, therefore the proposal for the 134th session of the Executive Board meeting, which will be held from 20 to 25 January of 2014 in Geneva, Switzerland, will not be ready, and further discussion will likely continue during the course of 2014. For additional information, the discussion paper and other documents can be found on the WHO website at: http://www.who.int/about/who_reform/non-state-actors/en/index.html

**WHO’s Second Global Forum on Medical Devices in Geneva on 22-24 November**

The “Second Global Forum on Medical Devices” – http://www.who.int/medical_devices/en/ – which brought together over 650 participants from over 100 member states, provided an international platform to discuss and exchange information on increasing access to high-quality, safe and appropriate medical devices. It is believed that such actions will impact the continuum of care, ranging from screening to diagnosis, treatment, and rehabilitation under the Universal Health Coverage Strategy. The conference allowed end users and stakeholders from academia, international organizations, industry, and NGOs to share their experiences and challenges in providing access to medical devices. The forum underlined the essential role of medical devices for Universal Health Coverage, the achievement of the MDGs, the targeting of non-communicable diseases, as well as the aging population. The topics covered throughout the forum included health care delivery/infrastructure, health technology management, medical imaging, policies for medical devices, and patient safety.

The forum’s main objectives were:

- To define how to increase access to priority medical devices under the Universal Health Coverage initiative
- To share evidence on best practices – health technology assessment, management, regulation of medical devices
- To demonstrate the ability of innovative technologies to respond to global health priorities
- To present the implemented outcomes of the World Health Assembly’s meeting on health technologies – status of actions resulting from First Global Forum on Medical Devices

The International Hospital Federation was represented by various Partnerships, Project Manager Sheila Anazonwu, together with Charles-Edouard Escurat, Deputy Director of RESAH-IDF, member and coordinator of the activities of the IHF Group Purchasing - Special Interest Group (GPO-SIG). Charles-Edouard Escurat presented and participated in a discussion titled “Need for care operators to increase efficiency in medical devices procurement through volume pooling, resource & expertise.”

**WHO AFRICA REGION**

The IHF, represented by Dr. Adeleke Pitan, IHF Special Advisor for the African Region, participated in the “Stakeholders’ dialogue to address risk factors for Non-Communicable diseases”, which was hosted by the WHO – African Region, in March of 2013, in Johannesburg, South Africa. The objective of this dialogue was to share information, to identify challenges and opportunities, and to reach a consensus regarding the priority actions to be taken against NCDs. The main stakeholders (government, industry and civil society) discussed the implementation and intervention strategies designed to eliminate NCD risk factors in the future.

In a presentation given by Dr. Pitan, it was noted that Non-Communicable Diseases (NCDs) are the leading cause of deaths worldwide, resulting in almost 35 million victims per year (60% of global deaths). While expanding their numbers worldwide, NCDs specifically represent a huge threat for the African
population, and are projected to increase by 27% throughout the continent in the coming years. During the dialogue, it was highlighted that the health services in Africa are focused upon 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 opinion that there should not be any exclusive focus upon prevention without addressing the conditions of those suffering from chronic and multi-chronic conditions, and that there is a need for a combination of both treatment and prevention.

From a health provider perspective, a number of solutions were proposed by Dr. Pitan:

- The integration of basic EHR (Electronic Hospital Records) into hospitals, which would allow for easier follow-up in relation to NCDs patients
- The establishment of screening and identification procedures for NCDs, as part of basic hospital care.
- The reform of the payment systems dedicated to reimbursing hospitals and health professionals, in order to support patient education, preventive health and follow-up management
- The inclusion of standardized NCD intervention protocols as a performance indicator for hospital/health facility accreditation.

Other measures that went beyond the providers’ points of view were also addressed, such as increasing taxation on tobacco, alcohol and carbonated drinks, or the possibility of increased government, NGO or donor funding in order to aid the research on NCD prevention and management. A call for collaboration was made to all stakeholders in order to support the elimination of these risks.

WHO WPRO REGION

Dr. Bu C. Castro, President of the Philippine Hospital Association, attended the “64th WHO Regional Committee Meeting for the Western Pacific Region (WPRO)”, which was held in October of 2013 in Manila on behalf of the IHF.

Dr. Margaret Chan, the Director General of the WHO, addressed numerous health issues in the Western Pacific Region. Dr. Chan highlighted the successful containment of the 2011 Poliovirus outbreak in China, the decreased prevalence of malaria, and the decrease in maternal and child deaths in the WPRO Region.

One of the major achievements in the Region has been childhood vaccination, which has decreased the number of children with measles by 93% over the past 4 years. Despite the many successful achievements, Dr. Chan reminded the member states of the high priority issues that must still be addressed. For example, Dr. Chan highlighted the need for Member Countries to address the milk companies’ increasing violations of the International Code for the Marketing of Breast Milk Substitutes.

The two biggest items on the agenda were non-communicable diseases and the aging population. It was reported that 80% of deaths in the Region were due to NCD’s. In its aim to arrest this silent epidemic, the WHO Regional Committee has endorsed the Regional Action Plan for the Prevention and Control of Non-Communicable Diseases from 2013-2020. Dr. Chan acknowledged the fact that the populations of Pacific Island countries have the highest rates of obesity in the world, which she believes is due to changing lifestyles, as a result of more women in the workforce, as well as the increased consumption of unhealthy foods, alcohol and tobacco. She highlighted the fact that the tobacco industry must not be permitted to influence any public health policies, and that this issue must be closely and seriously monitored. Dr. Chan also gave her full support for the draft strategy on aging and health in the WPRO Region.

Following Dr. Chan’s address, Dr. Shin Young-Soo was nominated for his second 5-year term as the Regional Director of the WPRO. Dr. Shin Young-Soo will concentrate his efforts upon eliminating measles, addressing Neglected Tropical Diseases, controlling NCDs, improving access to healthcare, and ensuring preparedness for healthcare emergencies.
More than 75% (28 out of the 37) of the countries of the WPRO Region are afflicted by Neglected Tropical Diseases, with over 100 million people at risk. The WHO also reminded the Member Countries that additional efforts must be dedicated to people with disabilities, an issue that will continue to increase with the aging of population. Member Countries were also invited to dedicate greater attention to mental health.

**Prospects for the Future**

Interaction with the WHO should and will undoubtedly be maintained for the foreseeable future, and for as long as the IHF Annual Activity report meets with the approval of the Board, thus allowing for the IHF’s official relations with the WHO to be maintained. 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, above all with regard to the role of hospitals and the collaboration plan. The IHF will continue to actively participate, both from its own headquarters and on a regional level, in the Health Assemblies, the Executive Board, and the consultation and conference meetings to which it is invited.

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

In November of 2012, the IHF was formally invited to become a Supporter of “WIPO Re:Search – Sharing Innovation in the Fight Against Neglected Tropical Diseases (NTDs)” [www.wipoReSearch.org](http://www.wipoReSearch.org). Under this initiative, both parties agree to explore collaboration in areas related to WIPO’s activities in health, namely membership (i.e., Hospital participation in clinical trials), education and training (i.e., Innovation & IP Management in Health Programs) and events (i.e., WIPO presentations on the topic of Patents/IP Management at select IHF events).

WIPO Re:Search is a Consortium of various public and private sector organizations that aim to stimulate additional research and development for new and better treatment options for those suffering from neglected tropical diseases, including malaria and tuberculosis. The consortium’s members include Providers, Users and Supporters who agree in writing to commit to the WIPO Re:Search Guiding Principles. WIPO Re:Search provides access to intellectual property for pharmaceutical compounds, technologies, and – most importantly – know-how and data for research and development. The initiative has been organized in collaboration with BIO Ventures for Global Health (BVGH) and is supported by the World Health Organization via the provision of technical advice. As the subject of intellectual property, as well as its relevance, role and impact in the field of health service management and delivery systems, remains relatively unexplored, the WIPO has decided to develop a strategy aimed at leveraging the interests and networks of the Supporters category of its members, in order to facilitate and improve opportunities for collaboration.
IHF interaction with the World Bank

The relationship between the IHF and the World Bank has not been formalized because the World Bank does not have an institutional collaboration framework similar to that which is in place with the WHO. Nevertheless, the relationship has always been present, and the World Bank Task Team Leaders interested in hospitals have always linked up with the IHF when they feel that the Federation can support them. The World Bank is considered as the group that includes the International Finance Corporation (IFC).

In February of 2013, the IHF was also mobilized by the World Bank for a one day seminar during “Human Development Week” in order to support the training of the World Bank staff involved in supporting the hospital sector. This contribution allowed the IHF to reinforce the importance of its intervention framework and its strong support for the enhancement of hospital management capacities. The concerns expressed by the seminar’s participants were clear: they need support for hospital management training and for the professionalization of their healthcare managers. The IHF’s initiatives in both of these areas, which are described in other sections of the Activity Report, fully respond to the national demands.

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

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

In November, a mission in Vietnam was also partly funded by the World Bank in order to explore the possibilities of implementing a partnership agreement in support of the NORED project. This project is funded by a World Bank loan in order to enhance the performance of hospitals in the northern provinces of the Hanoi region. During this mission, the IHF team was able to hold discussions with the project team from the Ministry of Health, as well as to attend a number of visits and exchanges with select hospitals belonging to the Nored project. A half day workshop was also organized with staff from the various hospitals and the Ministry of Health. During this half day, the benefit of a partnership approach was presented. An aide mémoire was provided to the Ministry of Health in order to propose a two-year program aimed at establishing a partnership approach in support of quality improvement. The Japan Hospital Association was contacted and responded favorable to the possibility of participating in a partnership with Vietnam. The decision on following up will be taken by the Ministry of Health.

Prospects for the future

Prospects for strengthening relations with the World Bank are favorable as long as there is a lead specialist expressing strong interest in the area of hospitals and healthcare. A thematic group was set up, but mainly represents a bottom-up initiative that heavily relies upon personal engagement, with limited funding for activities. Nevertheless, an internal website has been developed, which will include links to the IHF Website. The Bank, however, is undergoing major organizational reforms, clustering its activities around global practices, and with this new approach it is not yet clear how communication with the IHF will be impacted. While there is a good network between the IHF Secretariat and several team leaders from the health sector at the Bank, this only supports interactions relating to specific projects. Efforts for institutional meeting should be perused, even if requests for appointments with the President and the Director for health have not yet been conclusive.
INTERACTION WITH OTHER NGOS AND PARTNERS

Hospital Management Asia

Since the first edition of Hospital Management Asia in 2002, the IHF has been invited to participate as an international supporting partner. The relationship has evolved from participation in several activities held in conjunction with the program, to a collaborative agreement via which the IHF has assumed responsibilities for organizing a specific session. In 2013, HMA was hosted in Bangkok, from 12 to 13 September.

This Conference was attended by 881 participants from 34 countries, representing 410 organizations. The eight topics of the 2013 HMA Program included:

1. General Administration
2. Departmental Operations Efficiency
3. Patient Safety Management
5. Essential Skills for Healthcare managers
6. Marketing, Sales and PR for Hospitals
7. Skill Management for Healthcare managers
8. Clinical Practice Improvement

The IHF CEO moderated the first plenary session on the use of accreditation as a framework for quality improvement.

An interview was carried out and posted on YouTube at: http://www.ihf-fih.org/Events/Collaborative-Events/Past-Events/Hospital-Management-Asia-2013.

The IHF, together with the Asian Hospital Federation, organized the “Asian Health Leaders’ Summit”. The Asian Health Leaders’ Summit featured a roundtable discussion on the topic of “Performance Based Financing”, and was attended by 51 delegates.

Chaired by Dr. Eric de Roodenbeke, the IHF CEO, the discussion featured panelists including Dr. Deacons Yeung, Chief Manager, Financial Development & Planning, the Hong Kong Hospital Authority, Dr. Bu C. Castro, President, Philippine Hospital Association, Mr. Gerard La Forgia, Lead Health Specialist, World Bank, and Mr. Chanutwallop Khumthong, Assistant Professor with the Faculty of Economics, Chulalongkorn University.

The panel discussion covered numerous topics, including the major challenges of Performance Based Financing in hospitals and the keys for successful implementation, the current regional trends (Hong Kong and Philippines), and the current trends in Thailand. The discussion was based upon numerous questions, including: Who is better off with Performance Based Financing: the public or private sector? Is Performance Based Financing just a fad, or a real revolution in terms of payment systems? What are the key limitations to the extent of Performance Based Financing?

In a time where healthcare financing is a major challenge for many healthcare systems, the IHF brings to focus an important aspect and option: Performance Based Financing.

The IHF was also involved in the Asian Hospital Management Awards, chairing the cost reduction category. Dr. Lawrence Lai, special advisor to IHF in Asia, chaired the ceremony for this category and handed over the prizes to the recipients.

The World Economic Forum

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 in order 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 for ample space for innovative thinking, as well as
for mainstreaming major ideas from various sources.
The last stage involved a final consultation on the outcomes of the previous consultations, with a draft proposal being drawn up for the scenarios and the roles to be played by the major stakeholders in their development.
This final 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 much 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 often remains 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, to 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 costs of healthcare and can help facilities cope with the increased demand foreseen for the coming decade.

The WEF presented the scenarios to the World Hospital Congress during a pre-conference event for IHF members on June 17th. The presentation highlighted the various scenarios for the future of healthcare. This presentation was entirely correlated to the IHF World Congress theme, and served as an eye-opener for participants (http://www.ihf-fih.org/Events/Past-Events/38th-World-Hospital-Congress).

Due to the renewal of the WEF's health team, this initiative has not yet been followed up by further discussions on the dissemination of the results, and on possible involvement with other projects. Considering the potential interest of the members' contribution to the WEF, the IHF Secretariat remains open to further collaborations with this organization.

**Interactions with Global NGOs**

**Description**
The IHF continues to expand its relationships with major international organizations in the field of health care. Memorandums of Understanding were recently established with three important health care organizations. With this, the IHF will have the opportunity to cooperate and facilitate the 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)*.

**HPH collaboration**

The HPH is a network that was established by the World Health Organization – Regional Office for Europe – as a setting for healthcare organizations to improve the quality of health care, the relationships between hospitals/health services, the community, and the environment, and the satisfaction of patients, relatives and staff. The HPH aims to improve the health gain of hospitals (and other health services) by bundling together various strategies targeting the patients, the staff and the community. The collaboration between the IHF and the HPH is primarily focused upon Communication and Capacity Building. With regard to Communications, both the HPH and the IHF have published, via their respective media supports, the information regarding their collaboration. With regard to capacity building, it was agreed that there will be mutual participation at each partner’s conferences. The IHF participated in the HPH Conference in Gothenburg from 22 to 24 May 2013. On this occasion, the IHF’s CEO was asked to participate by offering the opening remarks, thus giving him an opportunity to emphasize the importance of health promotion as a key component of the activities offered by hospitals and healthcare providers. This should no longer be considered as a specific activity, but rather one that is embedded within all inpatient and outpatient interactions. Furthermore, a presentation was also given during a parallel session in order to highlight the major transformation trends in the hospital service...
delivery model, and the relative consequences in terms of the potential development of health promotion within hospitals. The HPH participated in the IHF World Hospital Congress in Oslo, Norway, with a special session held during the Monday preconference. This session was supported by the Taiwan Ministry of Health's bureau of health promotion, and provided an opportunity for the IHF Congress participants to be exposed to the best practices in terms of health promotion. All the presentations can be found on the IHF Website.

Furthermore, the IHF supported the invitation of the HPH coordinator, Dr. Hanne Tønnesen, to be a keynote speaker for the ANAPH Congress hosted in São Paulo, Brazil, during October of 2013. The collaboration between the HPH and the IHF is still in its infancy, but discussions held during the course of 2013 already established a number of interesting prospects, including the possibility for IHF to play a more important role in the 2014 HPH Conference in Barcelona. Initial discussions have also been held regarding training programs for managers.

**ISQua collaboration**

For its part, ISQua works to provide services aimed at guiding health professionals, providers, researchers, agencies, policy-makers and consumers to achieve excellence in health care delivery for all people, as well as to continuously improve the quality and safety of the care provided.

The purposes of the IHF-ISQUA agreement are:

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

The signing of this MoU does not represent the beginning of a new relationship, but rather the formalization of an ongoing partnership and the expansion of the existing collaboration. The IHF has been participating from the very beginning in the International Accreditation Program as an observer. In addition, IHF was also invited to the ISQua Congress. This participation at the ISQua Congress usually involves a contribution to the selection of papers, as well as the responsibility to chair a session. This participation also allows the IHF to provide information on its activities, and the conference itself offers good opportunities for valuable networking with accreditation organizations and their members.

For its part, the IHF has invited two ISQua representatives to its Congress in Oslo. While these invitations are in recognition of ISQua’s work, they also offer IHF’s members access to specific resources in terms of quality enhancement and accreditation. Such an approach is beneficial to both partners.

The IHF has also supported the reconnection between ISQua and the World Bank, and has contributed its comments to the accreditation
The IHF CEO was also invited to be recognized as an ISQua expert due to his contribution to the Accreditation Committee. The formalization of this collaboration will allow for a more regular exchange of information regarding the organizations' respective activities, and will help to explore new ways to increase the reciprocal benefits for members. For both organizations, there is clearly a greater benefit in supporting each other rather than in ignoring each other or competing within the very limited overlap of potential activities.

**IAPO collaboration**

Since December 2012, the IHF and the International Alliance of Patients’ Organizations (IAPO) have been collaborating under a Memorandum of Understanding in order to promote patient-centered healthcare around the world.

In April 2013, the IHF was invited to participate in a “Workshop on Biosimilar Medicine” organized by IAPO in Geneva, Switzerland. During the two-day workshop, the key representative of the patients’ organizations, along with various other international healthcare stakeholders, discussed their experiences with biological and biosimilar medicines.

Biological medicines are medicines that are made by or derived from a biological source. Biosimilar medicines are copies of biological medicines that have already been authorized for use, but can be legally manufactured once the patent of the “original” biological medicine has expired.

IAPO’s CEO, Joanna Groves, introduced the workshop by stating the expectations and challenges for the use of biosimilar medicines, explaining that there is a real need for healthcare to engage in this topic as there has been an increased use and development of these types of medicines.

The workshop covered various topics, including how biological and biosimilar medicines can address the current and future needs in terms of diagnosis, prevention and treatment, and the best practices dedicated to facilitating patient access to these medicines.

IAPO took this dialogue as an opportunity to obtain feedback from the participants regarding the draft Briefing Paper on biosimilar Medicines, which aims to give the patients’ organizations useful and detailed information about these medicines.

Representatives of the World Health Organization, the Finnish Medicines Agency and the Alliance for Safe Biologic Medicines also attended the workshop. The workshop was a successful platform for health stakeholders and patients’ organizations to establish a solid base for increasing interest on this important topic, as well as to consolidate action plans and regulatory guidelines regarding the access to and the use of biosimilar medicines.
IHF SPEAKING OPPORTUNITIES AT EVENTS
IHF’s participation at conferences is selective and follows certain adopted criteria: the theme and/or location has to be significant to the IHF’s development; the cost must be at least partially covered; the conference must 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, with preference being given to events that will be repeated over the years in order to improve the IHF’s visibility as an expert resource.

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 in order to link the finance and healthcare communities, as well as 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.

American College of Health Care’s Executive Annual Congress
The ACHE is a premium associate member and a longtime 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 also offered the possibility of setting up a stand in the exhibition hall, and was promoted in the Congress's brochure.

As for the years since 2009, a speaking slot was also offered at one of the sessions. The topic was on hospital partnerships and the session was organized jointly with M. Charles Evans, special advisor for IHF in America. In recent years, efforts have been made to promote hospital partnerships and, with the IHF’s input, a session has been organized on this topic. This activity is 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 serves to support increased professionalism, intervention and improved coordination among all the key players supporting hospital partnerships.

COLUFRAS Meeting
The IHF was invited to attend the 4th edition of the “COLUFRAS” meeting in the city of Praia, Cape Verde. COLUFRAS was established in order to promote healthcare knowledge and 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, IHF’s CEO, 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 among 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 seen more like a Rubik’s cube, continuously changing based on the countries’ specific local conditions.

European Forum for Primary Care

The “European Forum for Primary Care Congress”, which was co-organized by the Turkish Foundation of Family Medicine and was supported by the IHF, took place in Istanbul, Turkey, from 9 to 10 September 2013.

With 160 delegates from 30 countries, the conference aimed to increase the understanding of the need for strong primary care within the healthcare delivery system, while also identifying and exploring primary care as a hub for patient-centered health systems with continuity.

Dr. Risto Miettunen, Chief Executive Officer of the Kuopio University Hospital District and member of the IHF Governing Council, chaired a workshop session titled “integrated service delivery and the role of hospitals”.

Dr. Miettunen offered a presentation on “Chronic and multi-morbid conditions and the role of hospitals in service delivery”. Having performed various studies on service delivery at Finnish University Hospitals, he observed the interdependence of the issues of productivity, cost and outcome.

Dr. Miettunen suggested combining the hospital with other services in order to form a Regional Service Network that provides more continuous care to the elderly. Along with acute care and inpatient services, Dr. Miettunen recommends combining the hospital with services such as elderly services, housing services, education, health shopping malls, welfare, social care, rehab and more.

Dr. Miettunen also illustrates a future hospital, which is divided into four parts according to four typologies: Hot Hospital, Office, Hotel and Factory. The Hot Hospital is dedicated to providing emergency services, operations, ICU and diagnostics, while the Office would house multidisciplinary consultation rooms, treatment rooms, knowledge centers and day hospital facilities.

The Hotel would be meant for specialized staff teams, and the Factory would be used for clinical physiology, laboratories, pathology, kitchens, storage, technical spaces, pharmacies, etc. The multidisciplinary structure of the hospital itself would provide for continuity of care.

Dr. Miettunen illustrates the importance of a future relationship between hospitals and primary care.
IHF Secretariat: 2013 Activity Report

Dr. Miettunen’s presentation to the EFPC Congress 2013 can be found at http://www.euprimarycare.org/sites/default/files/EFPC%20%20IF%20%20Dr.%20%20Miettunen_0.pdf

IHF at the Chinese Healthcare industry conference and Beijing Peter Drucker academy

IHF’s CEO was invited as a keynote speaker to participate in the “Healthcare Industry Congress”, which was held in Nanjing, China on September 14th and 15th. The topic of the presentation was the prevalence of violence at hospitals and the measures required to mitigate this trend via a multi-dimensional approach to people’s participation in healthcare. This intervention emphasized the fact that people do not respect the healthcare industry as much as they do in the past.

Disputes between doctors and patients can be caused by 4 factors: the system and the organization of the hospitals, the education that the doctors have received, the work environment, and increasing patient expectations. This situation is not specific to China, but is rather an international problem. But situation of violence should not confused with the frustration of the patients, who are not fully treated as partners by their the healthcare providers. There are many approaches to make sure patients are fully integrated in service delivery, both at an individual level and at an institutional level. Various examples were presented and discussed. The audience was interested in the various approaches and the possibilities of customizing them to suit the contexts of their respective situations.

An extension trip to Beijing allowed for a visit to the People’s hospital of Beijing and meet with representatives of the executive team as well as representatives of ARAMARK China, which organized the visit, not to mention the chance to participate in a conference hosted jointly by the Peter F. Drucker Academy, CN-Healthcare, and ARAMARK.

This conference addressed the need for competencies for successful hospital managers. The take away message on effective management was the following: it is not about doing great things every day, rather, it is about being persistent in making changes little by little every day.

An interview was then given and published in CN-Healthcare, a major media outlet for healthcare in China: http://www.cn-healthcare.com/article/20140331/content-437967-all.html.

The full interview (in English) is available at: http://www.ihf-fih.org/Publications/Media

CONAHP

The last IHF Governing Council meeting was held in October 2013, in conjunction with the “2nd National Congress of Private Hospitals” (CONAHP) in São Paulo, Brazil. The National Association of Private Hospitals – ANAHP, a Premier Member of the IHF, is a civil, not-for-profit and national representative of Brazil’s major private hospitals.

The theme of the 2nd CONAHP was the “Aging population and its effects on hospital activities and healthcare management”. The three-day event brought together more than 800 world leaders to discuss the issue of the aging population.

The Chairman of the Board of Directors of ANAHP, Dr. Francisco Balestrin, highlighted the participation of representatives from the IHF, stating that “The experience of the IHF will certainly enrich the debates.”
The exchange of experiences and scenarios of health systems from other countries are essential to the development of solutions in the Brazilian context”.

The President of the Hospitalar Fair and Forum, Waleska Santos, reinforced the need to stimulate the discussion on this relevant topic. The IHF President, Dr. Kwang Tae Kim, underlined that the theme of the event is a global issue and deserves worldwide attention.

During the three days of the Congress, the discussions on the impact of the aging population addressed several national and international experiences relating to the training of human resources, health promotion for the aging population, continuity of care for the elderly in the public and private sectors, hospital management, healthcare assistance and future prospects.

The IHF was invited to organize a Plenary Session on the “Challenges posed by the Ageing Population to Healthcare – International Experiences”. The session, which was moderated by Eric de Roodenbeke, IHF’s CEO, featured experiences form three countries:
- Dr. Tsuneo Sakai – President, Japan Hospital Association
- Mr. Cédric Lussiez – Director, Centre Hospitalier d’Arpajon
- Dr. Thomas C. Dolan – President Emeritus, American College of Healthcare Executives

The presentations from the IHF Session can be found at http://www.ihf-fihs.org/Events/Collaborative-Events/Past-Events/Ageing-Population-and-the-Effects-on-Hospital-Activity-and-Care-Management.

This trip to São Paulo also served as an opportunity for the IHF Governing Council Members to visit the headquarters of Bionexo, a company that, via web solutions, has developed some of the most advanced e-commerce solution for hospitals, and integrates the entire production chain through a network of relationships with more than 30,000 agents in the hospital sector. Established in Brazil, Bionexo exports its technology, and implements this new concept within various commercial organizations, while also expanding its innovative model to other countries, such as Argentina, Colombia, Mexico and Spain.

Mr. Mauricio Barbosa, CEO of Bionexo, welcomed the group and presented Bionexo’s business model, the reality of healthcare in Brazil, and the impact of the solutions proposed by Bionexo on the management and transparency of the various institutions.

The Governing Council Members also had the opportunity to visit the global monitoring center, where all the processes are accompanied by a highly qualified IT team.

Serving the entire healthcare chain, the Albert Einstein Hospital offers many services, including promotion, prevention and diagnosis, treatment and rehabilitation. The activities include technical courses and undergraduate studies, as well as research and support for scientific publications.

The Albert Einstein Hospital also provides consulting and training services to both public and private healthcare centers.

The Albert Einstein Hospital is comprised of the following five units:
- The Morumbi Unit, which includes the main hospital, a diagnostic medicine unit and a rehabilitation center
- The Perdizes Unit, which includes radiotherapy, an emergency room and chemotherapy
- The Ibirapuera Advanced Unit, which includes an ER unit, an immunization clinic and polissonography
- The Jardins Unit, which includes diagnostic medicine, MRI and preventive medicine
The Alphaville Advanced Unit, which includes physiotherapy, a vaccination clinic and surgery rooms.

The IHF Members were given the opportunity to visit the radiology unit, the emergency room and the robotic surgery room.

Global Health Forum in Taiwan: Health in All Policies
The IHF participated in the “Global Health Forum” in Taiwan from 23 to 25 November, in Taipei City. The conference, which was jointly organized by the Republic of China's Ministries of Health and Welfare and Foreign Affairs, brought together 70 guests from 25 different nations. Titled “Health-in-All-Policies,” the conference was dedicated to fostering the exchange of information and experiences among foreign and local health experts.

In his opening address, President Ma Ying-Jeou acknowledged many of the achievements that Taiwan has made regarding public health, including its National Health Insurance, obesity control, mental health, decreased drunk driving and international assistance program. As a result of its National Health Insurance Program, which covers 99.6% of the population, Taiwan ranks third among the world’s top nations with successful national insurance programs. Furthermore, the Health Promotion Administration’s healthy weight management program has encouraged citizens to eat healthier, exercise more, and ultimately lose weight. President Ma also addressed Taiwan’s global collaboration efforts, including its medical missions to its allies in Africa, the Pacific Islands, and Central/South America, whereby it has provided valuable assistance in relation to disease prevention programs, including parasites, diabetes and hypertension.

One of the main issues addressed at the forum was cancer; as Dr. Wen-Ta Chiu, Minister of Health and Welfare, opened the conference by bringing attention to the issue. Minister Chiu acknowledged that cancer has been the number one cause of death in Taiwan since 1982, and is also the leading cause of death worldwide. He explained to the participants that he wished for the forum to facilitate a discussion on the gravity of this global issue, as well as to provide an opportunity to come up with strategies on how to address it. The presentations offered at the forum addressed topics such as the global cancer epidemic, sustainable healthcare systems, tobacco control systems, obesity prevention programs, and much more.

IHF’s CEO, Eric de Roodenbeke gave a speech during a plenary session titled "Value-added Healthcare", which regarded the ways that hospitals can be important as health promoters, and also participated in a panel discussion on the future of healthcare within the global trend of the Health-In-All-Policies approach. The forum addressed how to better implement the Health-In-All-Policies approach, and the Taipei Declaration on Global Development of Health in All Policies was adopted. The declaration calls on all those with influence on policy, civil society, academia and the media to actively seek political commitment from leaders at all levels, to build inter-sectorial partnerships, to create the capacity to undertake health impact assessments in relation to all policies, and much more. It also calls upon public health organizations, including the IHF, to advocate Health in All Policies through evidence-based research, conferences, training programs, etc.

Eric de Roodenbeke meets his Excellency Ma Ying-jeou, President of Taiwan.
The IHF at the 24th EAHM Congress

The IHF participated in the “24th European Association of Hospital Managers Congress” (EAHM) in Luxembourg from November 28th to 29th. The congress, which was titled “Hospital Management in Times of Crisis: Constraints, Challenges and Opportunities”, focused upon identifying practical means for preserving or enhancing care quality in times of economic weakness.

The EAHM, a member of the IHF Healthcare Executives Special Interest Group, brought together over 600 CEOs and Hospital Managers in order to have them exchange information, experiences and ideas. The Congress was aimed at addressing the question of “When the economy is weakened and the hospital budget reduced, what can a hospital manager do to continue to deliver better care?” The program of the conference was split into three blocks: Strategic Guidelines, Business Process Reengineering, and New Buildings, New Technologies.

The presentations at the congress addressed issues regarding the improvement of care quality and the maximization of value under constrained budgets. For example, Northern Ireland has adopted a management program of the transformation of care in order to address the increasing and aging population under a specified budget, by maximizing efficiency and quality via integrated health and social care. In addition, the university hospital strategy of Germany was presented, outlining the benefits of cooperation among hospitals in order to reduce structure costs and expand undertaking activities. A panel discussion also addressed the major role that GPOs can play in innovation, as the professionalization of purchasing allows for the follow-up on innovation to inform hospitals, and also helps small to medium sized companies find markets.

IHF’s CEO, Eric de Roodenbeke, presented a lecture titled “Towards an International Competency Framework for Healthcare Managers”, in which he outlined IHF’s initiative to adopt an international framework based on universal competencies for managing and leading healthcare organizations. The initiative plans to promote the use of the framework in order to strengthen the training and career development of healthcare executives. The IHF acknowledges that there is a need for a global competency framework because of the challenges posed by healthcare management, such as an international labor market due to globalization, and diverse training, which makes it difficult to assess competencies. Since healthcare improvement relies upon increased professional management in healthcare organizations, this is an important initiative. A review of the current existing national frameworks across countries, including the United States, Australia, France, and the United Kingdom, shows major commonalities, only varying according to national contexts. Due to this, the IHF’s initiative is timely and is supported by major healthcare management associations. This participation was also an excellent opportunity to strengthen the collaboration between the EAHM and the IHF on the Core competencies for the healthcare managers’ project. In addition, it was also an opportunity to acknowledge the great work carried out by Federation des Hôpitaux du Luxembourg, which is both an IHF and EAHM member, and was the host of this very well organized conference.
CORPORATE PARTNERSHIP PROGRAM
In 2013, the IHF’s Corporate Partnership Program entered its fifth year of activity, following its launch in 2009. Its creation was in response to the need to develop an effective forum for relationship-building and the sharing of ideas and experiences among corporate leaders and executives in the hospital and healthcare sector. Since the introduction of the Program, its partners have included industry leaders such as Philips, GE Healthcare, Johnson Controls and Medtronic, who have regularly and actively participated in various IHF events, such as the 2011 Dubai World Hospital Congress, the 2012 Leadership Summit in Sun City, South Africa, and the IHF Group Purchasing Organization Special Interest Group (GPO-SIG) dialogue exchange meetings.

The current global economic climate has impacted the numbers of new Partners recruited, as well as those retained, is in spite of the extra and conscious effort to expand the outreach of the recruitment campaign. For this reason, the IHF Governing Board has called for a total rebranding and restructuring of the Program’s content and focus as of the 2014-2015 Biennial period and beyond.

Sincere appreciation is extended to those Partners who have supported the IHF in ensuring that the objectives of the Program have been significantly realized. We look forward to engaging them actively within the scope of the future initiatives planned with the corporate sector.
IHF SECRETARIAT

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Interns

Rodrigo Molina
February – August 2013

Kelley Hussey
October – December 2013
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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!