IHF Secretariat
ACTIVITY REPORT 2014
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FOREWORD: 2014 A YEAR FOR TRANSITION

After the last 5 years that have allowed IHF to consolidate its legal set up and to get back on the right foot with its finance, this year is clearly the one that will be considered as the turning point of the organization.

Moving into an annual Congress with greater involvement of the IHF Secretariat is no small change in the rhythm of activities. This has implied some major investments that were possible this last year without a World Congress. The Secretariat has piloted the development of the IT Congress infrastructure to put in place a platform that will allow not only to showcase the activities and content related to the coming Congress but also to link up with the previous editions. But this was the simplest thing to do. It was more challenging to develop a proprietary support platform for the call for papers. This platform allows candidates to upload abstracts and various information and the Scientific Committee to oversee the screening process for selection. It also provides the infrastructure for entering and selecting the projects to be awarded. Creating IHF awards was also a major development in support of the Congress. All this together, with the addition of a Congress app that will allow participants to customize their experience as well as to maximize meeting opportunities, will provide IHF a real step forward. The challenge of imposing the World Hospital Congress as a “must attend” event for healthcare leaders is still present but the qualitative progress in the Congress program and environment permits IHF to fully compete with any commercial congress and to be up to IHF national members standards for their own events.

After the end of 2014 we can say that most of the Congress infrastructure is in place and that success will come if reputation can grow in the profession and participation by members remains as high as in the last two editions.

The second major activity was the completion of a full education program on leadership and management for the Dubai Health Authority. IHF was present on the training scene when it was established in the UK but it withdrew more than 15 years ago. Now the IHF Secretariat has a solid offering that will continue to be packaged so it responds to different needs.

This offering is very important since at the same time progress have been made in Special Interest Groups (SIG).

Considering also that in 2014 IHF was able to set up a series of webinars, and that it has now a good platform for such activity, the full learning offer is now fully operational and up to date.

The Group Purchasing Organization Special Interest Group (SIG) has hosted for the first time an international meeting attended by GPOs from 15 countries. This activity is providing the foundation for a more ambitious program to support implementation of strategic purchasing.

The Executive Association SIG has worked on developing a core competency directory and by the end of the year a large consensus was reached on the directory as well as on a call to action for professionalization of healthcare management.

With the fiscal space restriction hurting many economies, the professionalization of healthcare management is an increasing top priority for national leaders, with all these activities IHF is placing itself as a key player on the international scene.

The third SIG for University hospitals has also made significant progress this year with an original collaborative work on the role of university hospitals in end of life care. Completed questionnaires were submitted by 84 university hospitals from 17 countries. The full report will be published in 2015.

This is a promising starting activity calling for more development as the group will grow and diversify.

Several white papers have been published in 2015, including one resulting from a collaboration with the International Alliance of Patients Organization (IAPO), together with which a special issue of the IHF journal was released.

During the year the IHF Secretariat, Governing Council members and Special Advisors have had opportunities to participate in events of various nature, all detailed in this Activity Report. This ongoing presence of IHF representatives has contributed to the visibility and notoriety of the organization. A very positive development is the significantly increased participation of Governing Council members and Regional Advisors in conferences and technical working groups all around the world.

This years was also very busy with the institutional participation of IHF in two major events. The first was the strong presence of IHF in the Health Promoting Hospital Conference in Barcelona along with Governing Council meeting and strengthening ties with La Unió from Catalonia.

The second was the Leadership Summit. In addition to a very good mobilization of IHF
members who provided excellent content during the Summit meetings, participation in the KHA Congress has also permitted a high level of exposure for IHF. This Leadership Summit was the 4<sup>th</sup> such event and the last one under this format. With a World Congress every year it is not necessary to duplicate meeting opportunities. This edition was perfectly well organized and hosted by Korean Hospital Association and supported by the leadership of Dr. Kwang Tae Kim, our current IHF President. On behalf of the IHF community I wish to thank both Dr. Kim and KHA.

In an environment where healthcare organizations are facing increased demands while finances are being reduced, it remains very hard to keep on mobilizing members for international activities. This remains clearly the key challenge for IHF and the coming year will continue to be dedicated to improving services and platforms to increase value for money of membership. It is as important for IHF development to both retain existing members and attract new ones.

The many difficulties that all organizations have been facing have nevertheless not reduced the need for an international platform that contributes to leapfrogging and accelerates advancement of better practices. In addition on a volatile context there is need, now more than ever, for an organization that can voice the concerns of healthcare providers in international organizations, and that can participate in shaping up recommendations that will be fully implementable when translated into national policy.

All the work done this year to consolidate the IHF Secretariat activities and to lay the foundations for moving forward to new dimension but still on same track, is the result of the contribution of many. The members without whom IHF would not exist and would have no legitimacy, the governors who drive with energy and wisdom, the IHF supporters and partners who add a dimension to the networking possibilities and expand the scope of activities, and the IHF Secretariat staff behind all activities.

Eric de Roodenbeke, PhD
Chief Executive Officer
INTERNATIONAL HOSPITAL FEDERATION
In 2014 the IHF Secretariat published four issues of volume 50 of the World Hospitals and Health Services (WHHS). The prime goal of the WHHS journal is to disseminate ideas, thoughts and best leadership practices to its members, academics, researchers, practitioners and all those who can benefit from it. The March issue was dedicated to some of the most innovative contributions from the 12th Hospital Management Asia Conference (HMA) held in Bangkok, Thailand. The HMA Conference is the premier learning conference and expo for hospital managers in Asia. Authors from India, New Zealand, Turkey, Singapore, Pakistan and Mongolia shared thought-leading topics that were awarded in the different categories admitted at the Congress or were presented during the plenary sessions.

The June issue was a special edition on old and new approaches on hospital-acquired infections (HAIs), ranging from simple preventive measures such as hand washing, to innovative antiseptic techniques, to new molecular level diagnostic tests and treatments with a new generation of antibiotics, immunological interventions and even talk of genetic engineering to enhance the body’s own resistance. Eight articles describe methods and constraints that hospitals are facing to prevent these infections.

The September issue resulted from a special collaboration with IAPO on patient engagement. The eight articles highlighted different types and models for patient involvement in different countries. Four were written from the hospital perspective and four from the patient perspective. This edition showed that there are positive outcomes when there is greater involvement of patients in health decision-making and their own care.

The December issue was a mix of the different initiatives adopted by European, Asian and African country hospitals to improve patient care. We can highlight the relevant study done by a member of the German Hospital Association on the numerous mandatory and voluntary initiatives provided by German hospitals with respect to quality of care and patient safety to improve patient safety nationwide.

**International Hospital Magazine**

In 2014, the IHF signed a Memorandum of Understanding (MoU) with PanGlobal Media, the editor of the International Hospital magazine. With this agreement the IHF will publish in each issue of the International Hospital (six editions/year) four pages including abstracts in three languages of the articles published in the WHHS journal, subscription information and one full-page advertisement. As a counterpart, the IHF offers a half horizontal page advertisement for the International Hospital magazine in every issue of the WHHS journal.

The International Hospital magazine is a leading international publication that covers all aspects of medical technology and hospital equipment. The magazine is published in electronic and printed version and has a circulation of about 20,000 copies. With this agreement the IHF Journal increase its notoriety and offers to authors a larger readership.

**EBSCO Publishing Inc.**

The agreement signed with EBSCO Publisher allowed all the articles published in the WHHS journal to be indexed in the EBSCO database and made available to libraries with third-party discovery vendors. At the end of the year the volumes starting in 1994 until the first issue of volume 50 (2014) were indexed and searchable. IHF articles are therefore more easily accessible, regardless of what discovery service libraries use.

**Newsletter**

The e-newsletter is a privileged tool that maintains connections with our existing members and contacts. Seven issues were released in 2014, always receiving a positive feedback that is reflected by the constantly increasing number of subscriptions.

The e-newsletter keeps the format used in 2013: information is organized under five sections and the editorial highlights one of the articles published. Thanks to the important number of readers we had in 2014, the e-newsletter has been a privileged tool to disseminate information with partners and to inform on new IHF activities.
KNOWLEDGE GENERATION
The Institutional Role of Patient Organizations in Healthcare

In light of the high interest shown by the IHF community towards the research on “Formal arrangement in hospitals for patient involvement” realized in collaboration with IAPO in 2013, the IHF Secretariat has published a white paper on “The Institutional Role of Patient Organizations in Healthcare”. The purpose of the white paper was to provide an overview of patient organizations and their roles within the international healthcare scene. Even if there is no unique definition of Patient Organization, this can be considered as a group committed to patients’ needs and is patient-led. The group represents individuals in a specific geographical or disease area.

From literature research it can be assumed that there are significant benefits of having patient organizations. Several cases clearly demonstrate the positive effects of the collaboration between health professionals and patients.

The IHF-IAPO survey on “formal arrangements in hospitals for patient involvement” aimed to capture overall trends of patient involvement at national level and the results provide a picture of many contrasts in patient participation in healthcare facilities. There are no regional trends and in some cases there are different situations within the country. Although the global trend is towards an increased formal role of patients in healthcare delivery institutions, their role remains very limited and marginal in many countries.

The white paper reported also some of the challenges related to Patient Organizations. One is the performance gap due to the lack of effective cooperation and communication between the healthcare institutions and patient organizations. The business model of patient organizations is often fragile as patients rarely sustain on their own the organization and if third party funding is over 50% then the risk of conflict of interest is to be managed.

Despite their proliferation, patient organizations still play a limited role in hospitals. Nevertheless, patient-centered care resulted in cost savings, enhanced quality of service and the direct involvement of consumers. Patient Organizations must become more institutionalized and integrated into health systems; the leaders of healthcare delivery services should pay more attention to these groups and create an environment to better involve patient organizations in decision processes. The white paper is available at http://www.ihf-fih.org/en/Publications/IHF-Publications/Other-publications.

Role of Hospitals in Health Promotion
Along with patient safety and clinical effectiveness, health promotion is a core dimension of quality in hospital services. To assess the situation and trends for hospitals activities in health promotion, the IHF Secretariat launched a survey on “The role of hospitals in health promotion” in March 2014. It was addressed to its members and looked towards the participation of countries from all different continents in order to have a global overview of the situation concerning health promotion.

Nine questions explored the time from the moment health promotion was identified in hospitals until today, as well as the role of health executives and the estimated evolution in coming years.

Completed questionnaires were submitted by Argentina, Australia, Colombia, Finland, France, Indonesia, Japan, Korea, Lebanon, Nigeria, Norway, Portugal, Taiwan, UAE and USA.

The survey showed that Asian countries better identify health promotion in the hospital strategic development plans. In developing countries there is still work to do to incorporate this theme in the hospital development plans. Respondents consider health promotion as an activity related to hospitals and that, as top executives, they do have a role to play in developing it. The financing system was pointed as the main barrier to further develop more health promoting activities in hospitals. Most often the existing payment system do not cover health promotion.

Global Healthcare Internship Program
The Global Healthcare Internship Program is now in its third year, during which time a total of 8 interns have been hosted. The Boston University, through its global student program, has been and remains a key collaborator in recruitment of interns. Others have also been recruited through the European University of Geneva.
The IHF through the program aims, on the one hand, to increase its capacity to conduct research on subjects of priority to members as well as build its knowledge base on global health issues. On the other, provide interns the opportunity to be exposed to activities of key International Governmental and Non-Governmental Healthcare Organizations in Geneva, as well as be involved in work that should serve to enhance their chosen career paths.

During the 2-3 month internship period, the interns undertake research, write reports or white papers for online or paper publication on healthcare management subject matters that are of current priority for the IHF and its members.

The other target area of the Program is IHF communications and social media activities. There is need to develop and enhance the capacity of the portals created - News Blog, LinkedIn, Facebook and Twitter, to become effective, efficient, and well-functioning communications tools between IHF, its members and the wider healthcare community.

The interns welcomed by the IHF Secretariat as part of the Boston University spring (March) and autumn (October) semester programs, were, respectively:

- Matthew Landers, a Bachelor of Science (B.S.) student in Policy Analysis and Management, with a Minor in International Relations at Cornell University, Ithaca, USA and;
- Mei Hua Li an undergraduate student in Speech Pathology, with a Major in Speech, Language and Hearing Sciences at the University of Boston, Massachusetts, USA.
- Ellen Soskin, a Bachelor of Arts Degree student in Global Health and International Comparative Studies at Duke University, Durham North Carolina, USA; and
- Naomi Anderson, a student at Boston University, College of Arts and Sciences, studying a Bachelor of Arts Degree with a major in psychology and minor in public health.

For their internship programs, the students were involved in:

- Research and preparation of surveys and white paper reports on such topics as:
  - the institutional role of patient organizations in hospitals
  - global recognition programs, their costs, benefits and future trends
  - survey on IHF member recruitment and retention strategies
  - patient centered-care projects

- In communications and social media-related activities, they provided support by:
  - collating and preparing news items, from IHF member websites and events they attended, for IHF blog and other social media platforms;
  - proof-reading articles for IHF e-newsletter
  - proof-reading of IHF journal articles
  - proof-reading of IHF event-related reports – Report on cost containment through hospital design, from the joint IHF / International Union of Architects-Public Health Group (UIA-PHG) workshop

They also had opportunities to participate as IHF representatives in the 2014 Geneva Health Forum and various WHO consultation meetings. An area of challenge remains finding and establishing collaboration with specialized communications/PR institutions from whom to recruit students to develop even further the IHF communications and social media platform. The way forward for this program, nevertheless, remains positive, especially as the recruitment process and collaboration becomes better established.
This program was developed in response to a request from Dubai Health Authorities (DHA) to IHF. It started at the end of 2013, and was completed during 2014.

The design of the course was reported in the IHF 2013 Activity Report. In 2014, two one-week face-to-face sessions have been delivered along with ongoing coaching of participants. The coaching was in support of the assignments in between face-to-face courses and for developing a full professional project in the context of the participants’ work place priorities.

The aim of the program was reached with solid evidence showing that participants had strengthen, knowledge, skills and attitude in healthcare management and leadership.

The evaluation of the individual achievement through participants’ survey was very positive with a success rate over 80% on key course objectives. In addition, the assessment of the completed projects indicated that more than half of the participants had developed or confirmed solid management and leadership skills.

This program also demonstrated the importance of a multi-professional background to cultivate a climate of open mindedness and curiosity.

The graduation ceremony was an important moment to acknowledge the enhanced potentials of future health leaders for DHA and to also pay tribute to the work of each participant through their respective projects. Such projects will represent for DHA a potential boost on many activities. The ambitions of such projects were circumscribed but their multiplication can make a difference at local level for patients and staff. These projects also created a possible new dynamic for the organization, including the capacity to work beyond the boundaries of their own organization as well as to better mobilize various professions around a project.

With an independent Jury, the IHF has decided to acknowledge some of these projects and to invite their authors to make a presentation in the upcoming IHF Congress in Chicago.

It must be noted that if all participants in the course have received a certificate of participation, only those having successfully completed their project received the certificate of achievement and among the projects, we recognized the Excellency of 12 participants that can be considered by DHA as higher potential leaders at different levels. Hopefully this program will also serve for the career path development of these outstanding participants and will confirm the capacity of the others to become solid assets for the organization in middle management positions along with their strong technical healthcare skill.
The IHF is now ready to respond to any other requests from DHA or from other members interested in implementing a similar program. The team that has participated in this program as IHF consultants (Ken Hekman – USA, Thomas Vogel – Switzerland, Alain Tessier – France and Mark Basset – UK) has also participate in a curriculum review based on the lessons from this first batch. Although the initial curriculum was of high standard, this revision has made it possible to bring some improvements to the logical flow of different course modules for face-to-face interaction, and to develop stronger guidelines for professional projects.

The IHF is definitely ready, with this team of consultants, for any request that can be formulated for a leadership program at a national or regional level. A one-week program is now also available completing the training offered by IHF. This one-week program is strongly related to the core competency directory developed in the IHF Executive Association SIG. It allows participants to better evaluate where they stand in regard to these competencies and how they should build their own professional development program to fill the gaps. For this program a personalized follow up and an interactive dialogue with the group will complete the offer.

With these training programs, IHF is trying to develop a very specific response to the need for increased managerial capacities in countries where management culture in healthcare is still weak. The programs have been designed with the most up to date knowledge and teaching methods and are a unique blend of skill and practices coming from different countries. The full program is well suited for countries, regions and large hospital system that would like to enhance middle management and identify talents to cultivate in a dynamic career path supporting excellence development in health care service delivery. The short program is a support to c-suite mid-career healthcare professionals that wish to give their career a further chance to enhance their capacities either in their facility or in more challenging organizations.

Support for Opening a Referral Hospital in Ouagadougou, Burkina Faso

Background information

In 2008 the IHF has participated in a mission supporting the construction of the new University Hospital in Ouagadougou- Burkina Faso. This mission was organized jointly with Taiwan Hospital Association through Puli Hospital that was designated to provide technical support to the project team. The outcome of this mission was a report suggesting steps for opening the hospital.


Now that the hospital has been opened, the Taiwan Mission has invited the IHF to celebrate the 20th anniversary of diplomatic relations through a visit of the now opened national hospital and by delivering a conference on critical factor success for management and effective use of IT systems. This mission was again in conjunction with the Puli hospital.

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**List of awarded projects**

**Creation & Implementation of a Peri-operative Anesthesia Audit Tool (PAAT) & Peri-operative Anesthesia Checklist (PAC): Towards objectively safe anesthesia patient care at Rashid hospital, Dubai Health Authority, UAE** – Dr. Nadvhari Mansour developed a team to improve patient safety by introducing methods for auditing anesthesia services and maintaining checklists for peri-operative anesthesia care.

**DHA Performance Management System Development Project** - Mrs Khawla Al Ansari worked on improving the Employee Performance Management System inside DHA and introduced some possible solutions to help increasing the acceptance of the system.

**The Retention Strategy for Nursing Cadre in Rashid Hospital** – Mrs Noura Al Mida and Fatima Al Noman, after analyzing causes of turnover of nurses, their project identified critical actions (i) to improve the path for professional development of nurses, (ii) to mitigate the effect of heavy workloads together with new propositions for adapting the work shifts and (iii) to develop a competitive financial retribution (salary scale) for the nursing staff.

**Perspective on Dental Work Flow Structure at DHA** – Mrs. Shamuna Al Ali tackled the multi-faceted work flow challenges of the DHA dental division, identifying solutions to reduce no-show rates, professional dissatisfaction and discontinuity of patient care.
During the mission, in addition to a visit to the hospital that has allowed to witness the quality of the construction and the equipment, an open discussion was held with both the project team and the management team of the hospital to identify the critical challenges for scaling up activities without compromising the quality of care and the existing assets of the hospital.

Very strong support has been provided by the Puli Hospital that has transferred a lot of its IT capacities to help the hospital to face some of the shortcomings resulting from the overall shortage of staff. It is expected that with this support the hospital should reach a level of excellence, although it operates in a resource poor environment. The funding of the hospital by the national budget and the cost recovery scheme should allow suitable operation if the volume of activities increases significantly in the coming year. Otherwise the hospital is at risk because for the time being it operates bellow the critical volume of activities to cover fixed costs.

The conference that was held in the hospital auditorium was an opportunity to introduce the key management principles that healthcare leaders should adopt for running their facilities successfully. In addition a debate allowed a very interactive discussion with the audience on current management challenges in the context of Burkina public hospitals.

Outcomes
This mission has made it possible to highlight the role of IHF in support to its national members for activities in developing nations. The specific role of the Puli Hospital was put forward for a more extensive partnership approach, similar to the ones that have been promoted by the global catalyst group on hospital partnerships. On this matter IHF can provide support to any member wishing to play a stronger role in developing nations.

In addition, the meeting was an opportunity to interact with key executives from referral hospitals from Burkina. They were urged to strengthen their professional association and to consider setting up a Hospital Association. IHF offered support, if this is what they want, but they will first have to be active in setting up this association. Like the Taiwan Cooperation, the IHF is a very positive but passive supporter of actions that have to be led by nationals. Our objective is never to take over or manage any activity on behalf of the National Healthcare Organization but to be there in support when they feel they need such support.

IHF Mission in Uzbekistan

Background
Invited on behalf of GIZ project (Advanced training of Doctors and medical staff to work on modern medical equipment in Uzbekistan) in support of the Republican Center for Emergency Medicine (RCEM), Eric de Roodenbeke, IHF CEO, traveled to Tashkent to explore with RCEM ways to increase the potential of their membership to the IHF. RCEN has joined IHF in 2013 after their participation in the World Hospital Congress in Oslo. The involvement of RCEM in international activities and the possibility to increase interaction with other organizations from foreign countries will contribute to the sustainability of their development and optimal utilization of medical equipment. The mission was also an opportunity for IHF to understand the key challenges that RCEM is facing and to make some proposals on areas and modalities of cooperation through mobilization of the IHF’s members’ network and stronger Uzbek participation in IHF activities.

The Uzbek Health sector has benefited since 2000 in important investments to bring the country to the level of advanced healthcare providers. In addition to the equipment provided from various funding sources, the GIZ project has supported the training of health practitioners for the best clinical
usage of the equipment. The project has also supported the improvement of maintenance and procurement. All these interventions are necessary and build the foundation for the improvement of effective health care. But once this is done it is time to move to the next stage to seek better efficiency of service delivery.

Obviously by its nature, RCEM is facing a certain number of challenges that other countries with health systems of a different nature are also facing. As a result of numerous discussions with the major stakeholders, a number of possible areas have been identified to enhance the performance of RCEM and potentially to exchange practice on these matters with other IHF members facing the same challenges:

1. Organizing pre-hospital emergency care
2. Articulating emergency walk-in offering with primary care
3. Articulation between acute syndrome and care protocols for chronic patients
4. Optimization of internal resources for diagnosis and treatment and specific need of each specialized unit
5. Optimization of layout and adoption of operational processes to increase performance in existing building.

To help IHF Members on specific subjects, the IHF Secretariat can organize surveys and work with member on a possible thematic workshop.

**Perspectives**

The current portfolio of RCEM international cooperation is oriented toward clinical care so interaction with IHF is giving RCEM the additional dimension for international collaboration placing them in the arena of organizational excellence. On the short term there are some specific opportunities for RCEM to obtain greater benefit from IHF activities:

- Participation in IHF Leadership Summit
- Participation in the session IHF will organize during the IECM conference on emergency care organized in Dubai on March 25-27th, 2015
- Make use of the IHF journal to bring forward one of the results from research department of emergency care
- Prepare a session for the 2015 World Hospital Congress or submit papers for the free paper sessions.

Although GIZ has supported the cost of the mission it was made clear to all partners that this support was a kick off support for the teams of the RCEM and Minister of Health to be exposed to IHF, and to have the opportunity to discuss their possible involvement in IHF activities. Now it will be the responsibility of RCEM to decide whether it wishes to further develop its international activities using the IHF platform.
IHF EVENTS
IHF Hospital and Healthcare Leadership Summit

The 4th edition of the IHF Hospital and Healthcare Leadership Summit was held 12-13 November 2014 in Seoul, South Korea, in conjunction with the 5th Korea Healthcare Congress (KHC).

The event was attended by 80 participants from 21 countries and provided great opportunities for exchanges and sharing of knowledge and practices. The Summit was inaugurated by Dr. Kwang Tae Kim, IHF President and Past-President of the Korean Hospital Association and Mr. Eric de Roodenbeke, IHF CEO.

The first session of the summit addressed the topic of large hospitals in advanced and emerging economies. Chaired by the IHF President, Dr. Kwang Tae Kim, the session provided an overview of the role, the effectiveness and some perspective for the future of large hospitals.

The Chair of the International Alliance of Patients’ Organizations, Mr. Kin-Ping Tsang, underlined the importance of patient-centered care and exposed the experiences of Hong Kong and South Africa during the session on the institutional role for patients in healthcare organizations. Experiences from France, Norway and Australia were also showcased.

Three sessions were dedicated to the IHF Special Interest Groups.

Group Purchasing Session: national experiences from Luxembourg, Brazil, Japan and USA were presented, with particular focus on value purchasing and innovation.

University Hospitals Session: the Secretariat of the UH SIG, the University HealthSystem Consortium, shared key learnings from the End-of-Life survey. Panelists reported on this topic from Belgium, Taiwan and USA. This session was also an opportunity to discuss with participants about potential initiatives to advance in the field.

Healthcare Executives Session: the Senior Vice President of the American College of Healthcare Executives, Cynthia Hahn, reported on the global core competencies directory for healthcare executives and the expectations / challenges of implementation. Representatives from Austria, Hong Kong and South Africa showcased their national experiences on this topic.

The session on multiple recognition program, accreditation and ISO provided a global overview of the different recognition programs, their value, the impact they have on organization needs and the linkage with standards and requirements in hospitals. Panelists, included the representative of the International Society for Quality in Health Care (ISQua), Dr. Wui-Chiung Lee, presented experiences from France, Korea, Taiwan and United Kingdom.

The IHF and the KHA hosted a joint session, Chaired by Dr. Kwang Tae Kim, on Urgent issues confronting healthcare around the globe. Professor Yoon Kim, from the Seoul National University College of Medicine, presented the healthcare delivery system reform in Korea. Thomas C. Dolan, IHF Immediate Past President & President Emeritus, American College of Healthcare Executives, reported on the challenges and opportunities facing the US Healthcare system, with particular focus on cost, patient safety and quality, access, prevention and personnel.

Dr. Marc Noppen, CEO, University Hospital Brussels, presented global challenges faced by healthcare and showcased the Belgian experience and presented a few potential solutions.

Dr. Gianni Volpin, Head of ICRC Mission in South Korea, reported on the ICRC Health Care in Danger initiative.

Participants in the IHF Leadership Summit had also the opportunity to attend the 5th Korea Healthcare Congress, on Creating and Sharing New Value of Hospitals.
This event undoubtedly was a unique opportunity for IHF members to interact, exchange and learn with peers from different countries. From the evaluation survey, the summit results as a very positive experience for participants, in particular concerning the relevance of the topics, the quality of the sessions and the outcomes of discussions. This 4th edition was the last of the Leadership Summit under this format, however new opportunities will be created along with the annual IHF World Hospital Congress.

IHF Webinars

IHF Webinars were introduced in 2014, primarily in order to:
- Provide IHF members and non-members with additional educational tools
- Enhance IHF’s information-sharing capacity
- Stimulate and promote peer interaction, in particular from ‘grassroots’ level upward.

For this reason the webinar topics are essentially IHF congress/event-related.

Four webinars were hosted in 2014 (April, June, October and December), recordings of which may be viewed at http://www.ihf-fih.org/en/Events/Webinars.

The organization of these webinars was facilitated by the upgrade in the IHF IT system to the Microsoft 365 program which offers the Lync conferencing system. Challenges faced are in the area of participation, which have remained low, in spite of the significant number of registrations that were recorded prior to the event.

Surveys have shown that the low numbers in participation are essentially attributed to “force majeure” (i.e., last minute meeting call-outs, etc.). In certain cases, technical difficulties have prevented participation. Every effort, nevertheless, continues to be applied to ensure these challenges are overcome and that the value and quality of the webinars are raised.

The future of these webinars are positive, in that, IHF members will be invited to host them, using the platform not only to share ideas and experiences in their search for solutions, but also to showcase innovative work deserving international recognition.
University Hospital SIG

In April 2014, the IHF Governing Council approved the proposal of the UH-SIG Steering Committee to develop a collaborative study on End-of-Life (EOL) care practices among university hospitals around the world to:

- Advance the international exchange of knowledge on EOL services
- Collect and share different approaches in delivery and manage EOL care
- Improve University Hospitals performance

The initial phase of this collaborative study involved gathering basic information regarding EOL care services provided by university hospitals worldwide. The online survey was developed and conducted by the University HealthSystem Consortium (UHC), Secretariat for the IHF UH-SIG. Findings were presented during the 4th IHF Leadership Summit.

Completed surveys were received from 84 University Hospitals. The chart below shows the regional distribution of respondents.

Some key findings:

Analysis of survey data identified opportunities to:

- Enhance the education of physicians and nurses
- Increase the utilization of EoL services by selected populations
- Expand the scope of EoL services routinely offered to patients and families
- Reduce the use of aggressive therapies near EoL
- Standardize terminology, measures, and practices to benchmark and improve EoL care
- Network with international colleagues to exchange and adapt innovations

The UHC-SIG EoL survey and findings was the topic of a session and panel discussion at the IHF Leadership Summit in Seoul, Korea in November 2014. Speakers and panelists included:

- Rulon F. Stacey, CEO & President Fairview Health Services
- Barbara Anason, Vice President, University HealthSystem Consortium – UH-SIG Secretariat
- Kathleen L. Vermoch, Project Manager and Patient Experience Leader, University HealthSystem Consortium
- Marc Noppen, CEO, University Hospital Brussels
- Risto Miettunen, CEO, Kuopio University Hospital District
- Drew A. Rosielle, Medical Director, Fairview Health Services
- Shou-Jen Kuo, Superintendent, Changhua Christian Hospitals

All presentations are available on the UH-SIG page of the IHF Website.

A UH-SIG networking lunch was also hosted in conjunction with the IHF Leadership Summit. The survey data and summary will be sent to the participants by mid-2015. A UHC EOL Project Knowledge Transfer Web Conference will be held in 2015 and an article and white paper will be completed before the IHF World Congress in October.

This collaborative study engendered high interest within the IHF community and a final report will be published in 2015. The UH-SIG Steering Committee will also discuss new work areas for the upcoming years.

In 2014, UH-SIG also maintained a list server for participants to ask questions and exchange ideas on topics of shared interest.

Group Purchasing SIG

The IHF Group Purchasing Organization – Special Interest Group GPO-(SIG), which in 2014, celebrated its fourth year of activities, is the work group dedicated to hospital purchasing and procurement. Over the four years, the Group has served and will continue to pursue its objective in serving as a vehicle to:

- Facilitate cross-sharing of ideas and experiences
- Build purchaser/supplier relationships in the field of healthcare procurement
- Improve efficiency and promote change within national and international models of delivery for healthcare services.

The GPO-SIG in its activities focuses on innovation and sustainable procurement. Its governance and

1 Unable to participate in the panel; presentation provided
membership structures have been consolidated and formalized, with membership from IHF Full and Associate members. Membership is also open to groups, which may include private and public associations, hospital groups or individual hospitals, and private or public institutions, involved in healthcare procurement. Through invitation, the industry participates either partially or completely in the SIG’s activities. The IHF Secretariat has as role, to facilitate and provide technical support, as well as host meetings and make available its communications network in order to disseminate information. In November 2014, key stakeholders and representatives of national and international procurement organizations, hospital supply chain, industry and healthcare facilities, were brought together in a conference organized under the auspices of the GPO-SIG. The conference entitled: Transforming Purchaser/Supplier cooperation to improve healthcare efficiency: a Global challenge, was held on 4 & 5 November 2014 in Paris, France, in conjunction with the 4th session of “Les Journées de l’Achat Hospitalier”, a national event organized by Resah-IDF (France), the network of group hospital procurers for the Isle de France region. The event had as objective, to usher in new purchaser/ supplier cooperation strategies to improve healthcare efficiency. The scientific program enabled participants from 17 countries to engage positively and constructively in roundtable discussions on:

- Emerging trends on the role of procurement in improving efficiency
- Role of procurement in introducing and promoting change and innovation in healthcare systems at national and international levels
- Enabling better response from healthcare organizations in delivering patient-centered care with the prevalence of multi chronic conditions, and
- Building purchaser/ supplier relationship in healthcare procurement

Key conference expectations, which were broadly realized, included:

- Setting the stage for a forward move towards development of new relations between purchasers and suppliers;
- Building cooperation between purchasers and suppliers to create value for the healthcare system of tomorrow.
- Undertaking initial steps to launch continuous dialogue under the auspice of the IHF and active participation in/among members of its Group Purchasing Organization -Special Interest Group.

Participants expressed their appreciation on the valuable networking opportunities provided, one of which included dinner at La Coupole (Paris), sponsored by Mölnlycke Health Care. Presentations of the roundtable discussions are available at: http://www.ihf-fih.org/en/Spec-Interest-Groups/Group-Purchasing-Organisations-GPO/Events. In addition, a proceedings report is under preparation for online publication. For more information on the activities of the IHF GPO-SIG, please visit: http://www.ihf-fih.org/index.php/Spec-Interest-Groups/Group-Purchasing-Organisations-GPO.

Reflecting on progress over these past four years, the GPO-SIG through its events, has certainly facilitated the introduction of certain initiatives. The initiatives have served to lift 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. In addition, better and more widespread engagement by industry is gradually being established.
Healthcare Executives SIG

Initial meeting took place at the Pan American Health Organization (PAHO) Headquarters in Washington, DC, January 15-17, 2014. The purpose of this meeting was to determine the core competencies needed for the professionalism of healthcare management worldwide, establishment of a call for action, the role of the consortium and the resulting documents needed to move forward with this work. There were 22 individuals representing 15 different organizations.

Background and purpose:
- The overarching goal of all of this work is to contribute to the profession of healthcare management, to contribute to training and the process of accreditation of organizations and education programs, to certify healthcare managers and give associations tools to accredit within their country.
- The international community needs healthcare managers, both within organizations and across countries.
- There is a global need to professionalize the field of healthcare management.

Core competency group exercise:
- This group worked to pull out the core competencies, from the current competency directory document (developed out of the 2013 meeting), needed for the professionalism of healthcare management.

Target audience/focus on the customer:
- Must focus on the competent manager at any level of their career, regardless of their country or care delivery organization.
- Create credibility within this document where the users can see themselves in the document and use it to develop themselves and the profession of healthcare management.

Call to action:
- Being developed with the goal of addressing the political process of gaining both traction and support for establishing healthcare management as a profession.
- Arguments are built on compilation of previous works and should be easy to back up any stakeholder.

Follow up activities in the course of the year
- A new “basecamp” project management platform was established, open to all members of the group.
- The competency directory has been refined and reviewed through several iteration by a designated working party established during the Washington meeting.
- The charter document first draft was discussed during ACHE Congress (morning of 3/25/14). It was decided to rename the document “Call to Action” and to articulate it in two sections, a background section giving the evidence and rational for the call to action and the call to action section that spells out the issues and priorities to act on.
- The revised Call to Action was submitted to the group for comments
- The initiative was presented to the board of the European Health Managers association that decided to take on board this activity as a critical part of the scientific committee agenda for 2015.
- The IHF leadership summit was another opportunity to make a presentation of the latest development of the directory and to increase support from national associations.

Perspectives
It is expected that in the coming year the directory will be made public and that the Call to Action will gain support from major professional associations and healthcare authorities.

The group will continue also to expand with participants from other parts of the world and an action plan will be developed. The future of this activity will rely on the interest of this group, and possible newcomers, in organizing a work program hosted by the IHF SIG.
The IHF President and the IHF President-Designate: Advocacy & International Mission
Kwang Tae Kim, MD, PhD, IHF President

I am very proud of the solid progress made in 2014 despite the difficult economic environment that members and member countries faced. I trust that these efforts will bear fruit in 2015. Of particular expectation is the 39th IHF World Hospital Congress, to be held 6-8 October 2015 in Chicago, USA, at which the IHF International Awards will, for the first time, be presented.

I had the privilege and opportunities to actively engage in my role as IHF chief ambassador in various countries and meetings. The IHF were co-organizers of the 22nd International Conference on Health Promoting Hospitals and Health Services, held 23-25 April 2014 in Barcelona, Spain. This meeting was also an opportunity for the IHF to organize its Governing Council meeting, hosted by its Premier Associate member, Unió Catalana d’Hospitals.

The World Korean Medical Organization held its 3rd Annual Convention, 3-5 July in New York, USA. The theme of the Convention was “Cultural Barriers and Ethnic Disparities in Healthcare”, to which I was invited and delivered the keynote address on innovations in medical technology and healthcare delivery and its being the key to meeting the challenges facing an increasingly aging population.

The 2014 IHF 4th Hospital and Healthcare Association Leadership Summit, held in Seoul, Korea, November 12-13, 2014, was jointly held with the Korean Hospital Congress. I was moderator on the panel discussion on “The Future of Large Hospitals”, the focus of which was, the importance of balanced healthcare delivery system among primary, secondary and tertiary care providers.

The IHF International Awards Program was also formally announced during the Summit. The work of the Awards Committee, chaired by Dr. Tsuneo Sakai, President, Japan Hospital Association and IHF Governing Council member, together with advice provided by Dr. Lawrence Lai, Special Advisor (Medical Affairs), Hong Kong Hospital Authority and IHF Special Advisor for Asian Region, is much appreciated.

I encourage all members to actively promote the IHF International Awards, to ensure they become an important platform for IHF for sharing and highlighting innovative approaches and developments in healthcare.

Along with the IHF Awards Program, I am excited for these new changes because they will generate the momentum over time for IHF becoming the solid platform for exchange of information and experiences as the healthcare knowledge hub. It is our hope that these events will become the must-go-to event of the year in the healthcare field.

I would like to thank all the participants, the IHF Secretariat and KHA for their contribution in making the Summit a success.

In my keynote speech at the Asian Hospital Federation and Philippine Hospital Federation joint international conference, held in Manila, November 19-21, I addressed the subject of affordability, patient-centered care and safety, and healthcare integration and ways to meet the increase in medical expenses generated by an aging population with chronic conditions. The conference had as theme: Challenged by Change, Empowered by Unity: Forging New Hospital Pathways through Regional Cooperation.

Under the leadership of Thomas C. Dolan, PhD, FACHE, FASAE, IHF Immediate Past President, preparations for 2015 IHF Chicago World Hospital Congress is on a solid path, leading the way for a smooth transmission to future annual Congress models.

Our persistent effort to streamline IHF SIGs will ensure that IHF operations become leaner, thereby enabling us to focus our energy on strengthening our membership base.

I would like to thank all Full and Associate Members, Special Advisors, SIGs leaders, and Corporate Partners for their dedicated participation and support during 2014. I would like to thank the IHF CEO, Eric de Roodenbeke and the Secretariat staff for their tireless support, making all these activities possible.
Erik K. Normann, MD, IHF President Designate

As IHF representative, I attended the European Health Summit 2014 organized by Nuffield Trust in collaboration with KPMG, held January 20-21, in Belgium. The conference with the theme of “The future organization of hospital services in Europe” brought together international health leaders, including the UK and Europe, to examine in depth, the future organization of hospital services in Europe.

In April I attended the IHF Governing Council meeting in Barcelona, Spain. The meeting was held in conjunction with the International Health Promoting Hospitals & Health Services (HPH) Conference.

I was honored to receive an invitation to be both a member of the Organizing Committee and abstract reviewing Scientific Committee for the 23rd International HPH conference, which is to be held June 10-12, 2015 in Oslo, Norway.

On behalf of IHF and as a temporary adviser, I attended the Informal Expert Consultation on Hospital Services and Management in the Western Pacific Region, 4-5 November. The meeting was held at the Western Pacific Region Office of WHO in Manila, Philippine.

The topic of discussion was on exploring ways to meet future challenges in hospital services in the region, in the face of an increasing population as well as cost in services.

I also had the pleasure of meeting and engaging in discussions with the Philippine Hospital Association (PHA) over a two-day period, November 6-7. It was really interesting to discuss the challenges of the hospitals in the Philippines, with its population of over 100 million people.

I had the opportunity to visit 4 different hospitals; public and private; general and specialized; new and old. One of these hospitals, a maternity hospital, records 25,000 deliveries every year, almost half the number of newborns recorded annually in Norway. It was noted that the hospitals ensured that there was continuous measurement of quality and conduct of research, twice a year, to secure best practice in performance. The visit was very interesting and gave me much information about hospitals and health services in the Philippines.

After the Philippines I attended the IHF Leadership Summit in Seoul, Korea, conjoined with the Korean Hospital Association (KAH) Congress 2014, 12-14 November. During the Leadership Summit I attended the panel on the institutional role for patients in healthcare organizations and I gave a presentation about “Patient Focused Healthcare in Norway”. During the Korean Hospital Congress, I gave a presentation about “Innovation in Healthcare in Norway”.

I would like to thank the IHF Secretariat and Eric de Roodenbeke for their support in 2014. I wish to also thank the Executive Committee and Governing Council for their excellent collaboration and friendship.
IHF Special Advisors

Description

IHF Special Advisors are representative of members’ organizations who are appointed to officially represent the Federation by participating in meetings, developing public relations with various stakeholders, participating in specific activities, recruiting new members and supporting the work of the Governing Council and the Secretariat.

Outcomes

Dr. Leke Pitan, Special Advisor for the African Region, was an IHF Governing Council Member from 2005 to 2011. Due to major commitments in Nigeria, I have not been able to travel as extensively as in previous years, in my role as Advisor for Africa. I have, nevertheless endeavored to ensure continuity in the involvement of the Lagos State Health Service Commission in the activities of the Federation. Following the retirement of Dr. Rafiat Olatunji as Permanent Secretary of Lagos State Health Service Commission, Dr. Ahmad Balogun, her successor, was mandated to represent her on the IHF Governing Council, which he did effectively on all the occasions she was unable to attend. Specifically, Dr. Balogun was fully engaged in his role as an IHF Governing Council representative attending the two IHF Governing Council meetings of 2014, where he made presentations on the following:

- "Institutionalization of Health Promoting Practices in Nigeria", during the IHF Session at the HPH Conference
- "What is the future of large hospitals in advanced and emerging economies", during the IHF Leadership Summit.

In my effort to support the Federation, I have ensured the dissemination of the IHF Newsletter among physicians and chief executives of over twenty general hospitals and even more private hospitals in Lagos State. Representatives of these institutions have also been involved in IHF activities.

The Lagos State Health Service Commission is planning to host a parallel session during the 39th World Hospital Congress, to be held in October 2015 in Chicago, USA. I also intend to attend both the Governing Council Meeting, to be held in March 2015 in Dubai, UAE and the IHF World Hospital Congress. Furthermore, I hope to be able to travel more extensively this year to participate as Special Advisor to IHF activities.

Mr. Charles R. Evans FACHE, Special Advisor for the Americas Region. His activities as Special Advisor during 2014 occurred in the following areas:

- Participation with the International Healthcare Management Competencies Consortium: the mission of this IHF SIG is to develop a set of international competencies for healthcare management that is both comprehensive and adaptable to a broad array of settings globally. Activity with this group involved several working sessions to complete a final document draft. A meeting is scheduled in January 2015 to plan the effective distribution and use of the document.
- Service as a member of the Global Catalyst Group for Institutional Health Partnerships: this organization is focused on encouraging and supporting the development of institutional partnerships between high income and low-income country healthcare services. The activities with this group were conference calls where each of the regional representatives reported on their work. These discussions have assisted Mr. Evans in building increased interest in institutional partnerships in the US. Members provided recommendations based on their experience that were helpful to each of the members.
- Active involvement with initiatives in the US to encourage institutional partnerships: a small planning group has formed with leadership from Catholic Health Association and THET to develop a strategy to support and encourage institutional partnerships in the US. An action plan is in place and will be executed during 2015. At the very least, the group expect to support existing partnerships and at best, to see additional partnerships formed.
- Presentations and articles to encourage institutional partnerships: Mr. Evans participated on a panel at the annual meeting of the American College of Healthcare Executives with Eric de Roodenbeke discussing institutional partnerships. In addition, the white paper that was developed with ACHE has been published and Mr. Evans has been interviewed for articles regarding the paper.

Dr. Lawrence Lai, Special Advisor for the West Pacific Region, was an IHF Governing Council Member from 2005 to 2011.

During the Hong Kong Hospital
Authority Convention, held 7-8 May 2014 in Hong Kong, Dr. Lai promoted the IHF Leadership Summit to Senior Executives of the Hospital Authority. In August 2014 he attended the Hospital Management Asia (HMA) Conference as representative of the IHF and engaged in the following activities and events:

- Attended an interview organized by HMA to promote the vision, mission and latest development of IHF and its involvement with HMA.
- Chaired the first plenary session held immediately following the opening ceremony where there was maximum attendance.
- Attended a press briefing in the company of other major sponsors of HMA and the Private Hospital Association of Philippines, and given the opportunity to introduce IHF to the local media.
- Acted as moderator of the IHF Asia Health Leaders’ Summit.

Dr. Lai attended the IHF Leadership Summit in November and chaired a plenary session to debate on how to navigate in the presence of multiple accreditation schemes. Thank to Dr. Lai’s support, the President of the Hong Kong College of Healthcare Executives also attended the Summit to discuss global core competencies of healthcare managers. This event was also an opportunity to explore possible collaboration between IHF and members of the Asian Hospital Federation.

In his representation and membership promotion activities, Dr. Al Madani has reached out to several countries, such as Iran, Qatar and Oman. He presented IHF to the higher Ministry of Health and Welfare in Oman and invited them to host the 42nd IHF World Hospital Congress in 2018. In addition, IHF membership categories were introduced and encouraged from the Dubai Healthcare City Authority (the leading Healthcare Free zone in Dubai) and renowned private hospitals like the Al Garhoud Private Hospital.

The IHF and its activities are regularly promoted through INDEX Holding, of which Dr. Al Madani is the Chairman. INDEX Conferences and Exhibitions Org. Est. (a subsidiary of INDEX Holding), one of the region’s major conference and exhibition organizers, through all of its annual medical conferences, also plays an active and integral role in promoting IHF, its membership, global activities and its CSR initiatives. The year 2015 will witness Dubai hosting the Governing Council Meeting in March alongside the annual International Family Medicine Conference and Exhibition.

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 continuously supported the IHF Healthcare Management Advancement Course (branded as Future Health Leaders) to its completion, giving the course and its participants an impetus to conclude the ‘Graduation Ceremony’. A total of 22 graduates were awarded their ‘Diplomas’ out of which 15 participants excelled with Distinction and 5 participants were awarded plaques / trophies for excellent projects in their respective areas of work. The Program, of which the first phase of implementation has long been envisaged in the region, particularly in the government sector, achieved its objective of imparting leadership values and skills to health professionals in the public health sector in the city of Dubai. The Program and its content has been acknowledged by the Dubai Health Authority.
IHF Honorary Members Circle

IHF Honorary Membership is for life and is recognized to senior professionals with a wealth of experience and who have distinguished themselves for their support to the Federation and contributed to its development.

In 2013 the IHF Governing Council decided to create a special group for IHF Honorary Members: the IHF Honorary Members Circle (IHF-HMC). The aim of the Circle is to provide opportunities to Honorary Members willing to remain actively involved in the IHF and continue to contribute to its development.

The Circle supports IHF on its strategic development especially in bringing more value to Full Members and on possible services that could increase the specific role of IHF as well as its identity.

During the 2013 IHF World Hospital Congress in Oslo, Norway, IHF Honorary Members and Governing Council Members started a discussion on the following activities to be undertaken by the Circle:

- White papers on major international challenges in the healthcare sector
- Publication of documents on topics of interest for the healthcare community
- Review of the sessions of the IHF World Hospital Congress
- Support spreading the awareness of IHF and expand its membership.

In October 2013 the IHF Governing Council appointed Dr. José Carlos de Souza Abrahão, IHF President 2009-2011, as the chair of the Group.

A section of the IHF website was dedicated to the IHF-HMC and it provides information about each member of the Circle.

The first teleconference of the IHF-HMC was held in February 2014 and members agreed in the following functions:

- Promote IHF during national and international events
- Act as ambassadors of the Federation as well as technical advisers in support of activities initiated by the Governing Council
- Develop activities and projects in order to increase the notoriety of IHF worldwide and provide added value to IHF membership.

To avoid conflict of interest, the IHF Governing Council, during its meeting of April 2014, formally gave the mandate to the IHF-HMC to undertake these functions.

During the GC Meeting of November 2014, the Council decided to expand honorary Membership and to grant it systematically to IHF Special Advisors who have served for one or two terms as well as to selected individuals having supported IHF.

The first steps towards developing the different activities were taken in 2014. Further exciting projects are expected in 2015.
INTERACTION WITH INTERNATIONAL ORGANIZATIONS

IHF’s interactions with the World Health Organization

Description

During the 132nd session of the WHO Executive Boars, the IHF was granted approval to maintain the official relation status. The objective of this relation between WHO and non-governmental organizations, is to strengthen collaboration on healthcare related areas.

Dr. H. J. Montenegro Von Mühlenbrock, Health System Advisor, Health System Governance, Policy and Aid Effectiveness, is the IHF-WHO Designated Technical Officer responsible for fostering relations and pursuing the implementation of the collaboration plan.

WHO HEADQUARTERS, GENEVA

Executive Board

The 134th session of the WHO Executive Board (EB) took place from 20 to 25 January 2014 in Geneva. The agenda included 25 technical and health items, some of which were of particular relevance to the category of work Promoting health through the life-course and Monitoring the achievement of the health-related MDGs in the context of health post-2015. Other items discussed included:

- Global Vaccine Action Plan
- Maternal, infant and young child nutrition
- Promoting health through the life-course discussions
- Public health impacts of exposure to mercury and mercury
- Violence against women and girls
- WHO Global Reproductive Health Strategy and the Strategy to Eliminate FGM
- Climate change and health

For more information, visit http://apps.who.int/gb/e/e_eb135.html#Resolutions.

WHO Leaders’ Guide on Patient Safety and Quality of Care in Service Delivery

The IHF participated in the first global experts’ consultation for the development of the WHO Leaders’ Guide on Patient Safety and Quality of Care in Service Delivery, which was held in Geneva, 20-21 March 2014. With the participation of 25 experts from around the world in the areas of the global health sector, this conference aimed to address the need to strengthen worldwide capacity to deliver safe and quality health services.

The program started with a declaration of the specific motivations, objectives and expected outcomes for the Leaders’ Guide. It then consisted of presentations of successful case studies that highlight leadership action in safety and quality improvement. After discussing how such cases should be incorporated into the guide, consultants concluded by mapping the logistics behind the organization of the actual guide, sketching a rough timeline for its eventual completion.

Dr. Risto Miettunen, IHF Governing Council member, attended the meeting as representative of the IHF and joined the work of the various other experts and specialists in these topics. While discussions of the meeting centered largely on clinical issues, Dr. Miettunen underlined the need from a leader’s perspective to cover additional topics. These potential subjects range from safety culture to information flow, commitment of personnel and their relationship with the hospital quality system as a whole. In addition, Dr. Miettunen also acted as a reviewer throughout the conference, aiming to finalize work accomplished so far by the end of 2015.

For more information, visit http://www.who.int/patientsafety/en/.

Pandemic Influenza Preparedness (PIP) Framework

The Pandemic Influenza Preparedness (PIP) Framework is an initiative, by which Member States, industry, other key stakeholders and WHO are brought together to implement a global approach to pandemic influenza preparedness and response. The PIP Framework became effective on 24 May 2011 when it was adopted by the Sixty-fourth World Health Assembly.

The fundamental objectives of the PIP Framework are:

1. to increase access to pandemic influenza vaccines and other pandemic influenza-related benefits for countries in need in the event of an influenza pandemic; and
2. to ensure the continued sharing of viruses necessary for continuous global monitoring and assessment of risks for an influenza pandemic and for the development of safe and effective influenza vaccines.

The PIP Advisory Group met 10 April 2014 in order to provide an update on the:

- Technical Working Group on Genetic Sequence Data (TEWG)
- Partnership Contribution.
The focus of discussions was to seek the best process for further discussion and resolution of issues relating to emerging use by manufacturers of genetic sequence data to make vaccines and other influenza-related products, a trend that is anticipated to increase. IHF, represented by Sheila Anazonwu, IHF Partnerships and Project Manager, was among the key stakeholders invited to participate in the consultation exercise. Whilst it was broadly acknowledged that progress had been achieved, participants from industry and other stakeholders, put forward various key recommendations.

The meeting report is available at http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_36Add1-en.pdf?ua=1&ua=1

Global Safe Hospitals Initiative

This initiative argues that hospitals need a wide support system to be able to function and fulfil their role in delivering health care to populations, including those at risk of different hazards. Hospitals play a vital role in emergency response, and are expected to remain functioning at full capacity when emergencies and disasters occur. While significant steps have been taken to make hospitals safer, better prepared and more resilient, final outcomes will depend on the active engagement of all sectors, which are as critical as the health sector in ensuring the functioning of hospitals before, during and after disasters.

There is a call for increased investment and continued political and technical support in order to build on current momentum and to ensure the safety, security and preparedness of new and existing hospitals across the world.

The IHF, represented by Sheila Anazonwu, was among a group of key stakeholder organizations representing Ministries of Health, professional associations, international financial institutions, academia and the 6 WHO regions, convened in a workshop, in response to these challenges and to develop the documentation to support a Global Safe Hospitals program from the Global Platform. The workshop was held 7 May 2014 at the World Health Organization Headquarters, in Geneva.

The main discussion focused on developing a comprehensive Safe Hospital Framework that will be used to guide future work in this area at all levels. Active inputs were given by all participants, which will go to build a more comprehensive and applicable framework. A global program was initiated to identify key activities that can support implementation of the safe hospital framework in countries.

The draft of the Safe Hospital Framework will go through another round of virtual consultations, for further dissemination and use in countries.

The resulting framework will also be used to steer discussion on Disaster Risk Management in health at meetings and fora related to the post-2015 framework for disaster risk reduction, including Regional Platforms, Preparatory Committees as well as the World Conference for Disaster Risk Reduction, to be held in Sendai, Japan, in March 2015.

For more information, visit http://www.who.int/hac/techguidance/preparedness/en/.


The Sixty-seventh session of the World Health Assembly, the world’s health policy-making body, was held 19-24 May 2014 in Geneva. Dr. Roberto Tomas Morales Ojeda, Cuba’s Minister of Public Health, was elected the new President, with five vice-presidents appointed from Bahrain, Congo, Fiji, Lithuania, and Sri Lanka. More than 3000 delegates attended the Assembly, including high-level representatives from WHO’s 194 Member States.

Keynote invited speakers who addressed the Assembly were Melinda Gates, co-Chair of the Bill & Melinda Gates Foundation, and Dr. Christine Kaseba-Sata, First Lady of Zambia and WHO Goodwill Ambassador against gender-based violence.
Dr. Margaret Chan, WHO Director-General, in her opening address to the Health Assembly, voiced concern about the increase worldwide of childhood obesity, with numbers rising fastest in developing countries. Dr. Chan announced the establishment of a high-level Commission on Ending Childhood Obesity (http://www.who.int/end-childhood-obesity/en/). The Commission has the task of producing a consensus report recommending the approaches likely to be most effective in different contexts around the world. The recommendations of the report will be announced at the 2015 Health Assembly.

Dr. Chan challenged the Assembly to consider the potential impact on health worldwide of the changing poverty map – with 70% of the world’s poor living in middle-income countries with emerging economies. Delegates were also alerted to the importance of addressing climate change and its impact on important social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

The Delegates discussed and adopted resolutions on key global health issues, which included:

- Antimicrobial drug resistance
- Implementation of the International Health Regulations (2005)
- Addressing the global challenge of violence, in particular against women and girls
- Follow up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage
- Access to essential medicines
- Regulatory system strengthening
- Health intervention and technology assessment in support of universal health coverage
- Health in the post-2015 development agenda
- Newborn health: draft action plan - This is a first-ever global plan to end preventable newborn deaths and stillbirths by 2035. It calls for all countries to aim for fewer than 10 newborn deaths per 1000 live births and less than 10 stillbirths per 1000 total births by 2035. The goal of the Plan will require every country to invest in high-quality care before, during and after childbirth for every pregnant woman and newborn and highlights the urgent need to record all births and deaths.

For more information on a number of the resolutions approved by the 2014 Health Assembly:


**Expert Consultation Meeting on Public-Private Mix for Management of Drug-Resistant Tuberculosis (PPM DR-TB)**

An expert consultation meeting on public–private mix for the management of drug–resistant tuberculosis (PPM DR-TB) was convened by the Global TB Program (GTB) of the WHO, on 23 & 24 June 2014, in Geneva. The IHF was represented by Sheila Anazonwu.

Dr. Mario Raviglione, GTB Director, whilst acknowledging the major achievements made in TB control, pointed out that global efforts, nevertheless on improving multidrug-resistant tuberculosis (MDR-TB) case detection, treatment and care, was still urgently needed. In addition, while PPM for TB care and control has been implemented and scaled up in many countries, limited progress has been made in engaging non-NTP health care providers in the management of DR-TB patients, despite the good practices of PPM DR-TB demonstrated in a number of different settings. Achieving the goal of universal access to MDR–TB care and services would require the engagement of all relevant health care providers.

The objectives of the meeting were therefore to:

- share findings of the in–country assessments
- discuss the framework of PPM DR-TB and its objectives
- discuss ways forward for scale up of PMDT through PPM approaches

The proposed framework document, which is to guide countries on implementing PPM DR-TB activities consists of four main parts:

1. Rationale and purpose;
2. PPM for TB care and control (PPM–TB);
3. Approaches to engage diverse health care providers in PPM DR-TB; and
4. Framework for planning and implementing PPM DR-TB.

The expected outcomes were to attain:

- Consensus on draft framework for PPM DR-TB
- Consensus on the ways forward for scale up of PPM DR-TB

PPM is something that cuts across all 3 pillars and the 10 components of the Post-2015 Global TB Strategy adopted at the 2014 World Health Assembly. The following components were addressed by the meeting:

- early diagnosis and universal drugs susceptibility testing (DST) coverage;
- treatment of all people with TB including DR-TB;
- engagement of all public and private care providers, and
- Universal Health Coverage and regulatory frameworks.

The key findings of the different PPM DR-TB approaches for engagement of providers and partners and potentials for scale-up of PPM DR-TB were as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Existing PPM DR-TB mechanisms</th>
<th>Potential for expansion of PPM DR-TB by engagement of more providers and partners</th>
</tr>
</thead>
</table>
| Myanmar       | • Diagnosis and treatment by NGO-run clinics  
• Referral of suspected DR-TB by General Practitioners (GPs)  
• Patient support by volunteers  
• Coordination of PPM DR-TB activities by NGO | • Existing PPM-TB providers (e.g. GPs) for referral of patients  
• Chest physicians  
• Volunteers for patient support  
• NGOs & professional associations |
| Nigeria       | • Engagement of public and private hospitals                                                   | • Existing PPM providers for referral of DR-TB  
• Professional associations  
• Health Insurance Scheme |
| Pakistan      | • Engagement of public and private hospitals                                                    | • Existing PPM providers for referral of DR-TB  
• Referral of suspected DR-TB by GPs  
• Patient support by a private institution |
| Turkey        | • Chest hospitals  
• Patient support by NGO (Anti-TB Association)                                                  | • Laboratories – Quality Assurance activities  
• Family physicians engagement in DOT and patient support |

All country participants expressed the need of a framework document for the scale up of PPM DR-TB activities in countries and support the future work on implementation of the framework.

The next steps for finalization of the framework, will include:
- revision of the presented draft framework document, taking in the inputs and suggestions of the expert consultation meeting;
- sharing the revised document for further review and feedback by the meeting participants, together with a broader audience including members of the PPM sub-group, and representatives of other public and private sectors, international, regional and national partners.

The summary report of the meeting is available at: [http://www.who.int/tb/challenges/mdr/PPM_MDR_June_2014_report.pdf?ua=1](http://www.who.int/tb/challenges/mdr/PPM_MDR_June_2014_report.pdf?ua=1)

### Developing Standard Protocol Health Workforce Education Assessment Tools

The IHF participated in the working party set up by WHO with the objective of adopting a framework to address the assessment of education of health professionals. This initiative is a follow up of the previous comprehensive work on transformative education [http://whoeducationguidelines.org](http://whoeducationguidelines.org).

The working party that met in 2014 included a large range of stakeholders: organizations working on the Human Resource for Health agenda, academia representatives, professional associations and development agencies.

A series of preparatory meetings in the course of the year allowed to build up a draft framework to be discussed in a two days face to face meeting in Lisbon in July 2014.

The background document presented at the meeting summarized well the challenges of setting up a global assessment tool:

“The main challenge is to develop and use valid and reliable assessment methods that actually measure the relevant competencies. The practical concerns in using a particular assessment method include the time, expertise and resources needed to execute it accurately and get useful results. It is also important to also consider how the assessments will be used and what assessment results are needed. It is generally understood that no single assessment tool can evaluate all competencies and, in addition, the same competency may be measured by more than one tool. Another important point is that the use of multiple assessment tools reduces the risk of bias towards any one tool”.

After having discussed an initial framework, a lively discussion between participants ended in a refined framework around transformative education that was backed by all participants.
This framework made it possible to reconsider, item by item, each of the indicators that were identified for education assessment. A full reclassification and a significant re-wording of the indicators was achieved allowing the publication of a consolidated version of the core indicators.

IHF brought full participation to the discussion through the experience of the development of a core competency directory for healthcare management and leadership. Most of the issues that were faced in the IHF SIG have also been mentioned in the Lisbon discussion. This confirmed that the work done by the IHF SIG is well aligned with the main trend on education development. This meeting was also an opportunity to stress the importance of healthcare organizations in providing the skill to the whole range of health professionals’ through hands-on opportunities under the supervision of accomplished healthcare workers of all qualifications. In addition there has been a broad agreement on the importance of Continuous Professional Development embedded in a formalized career pathway. Diploma is a first step to practice but Excellency in practice results from proven track records on actual accomplishments in a professional context.

**Second International Conference on Nutrition (ICN2)**

Two meetings were convened in July and September 2014 for the Second International Conference on Nutrition (ICN2). Sheila Anazonwu represented the IHF at both meetings.

Participants at the informal consultation meeting of 11 July, held at the WHO Office (Geneva) included organizations in official relations with WHO as well as civil society organizations and representatives of Geneva-based missions.

The meeting was convened by WHO in light of guidance by the Food and Agriculture Organization (FAO) and WHO Governing Bodies. This is in keeping with the rules and practices concerning participation by and engagement with Non-State-Actors (NSAs) in the activities and meetings of the two organizations.

The aim of the meeting was to enable NSAs, particularly those in relations with WHO, to:

- Receive full information on Joint Working Group (JWG) processes (dates of meetings, progress on the Political Outcome Document and Framework for Action (FFA);
- To internally establish, clarify and consolidate their positions on ICN2-related matters including the development of the Framework for Action and to communicate to Member States their expectations and views on these documents, and
- To discuss potential activities to be undertaken before the ICN2.

The outcome of the meeting was a series of recommendations by civil society representatives on the Framework for Action:

i. Need to include antibiotic resistance issue in FFA

ii. Need to address in greater detail infant and young child feeding issues (http://www.ihf-fih.org/Projects-Activities/Projects/Infant-and-Child-Food-Safety-Program)

iii. Importance of education of health care providers

iv. Need for FFA to specify the role of Civil Society

v. Need to make reference in the Political Outcome Document, to the Convention on the Rights of the Child in the footnote in paragraph 2, which contains a list of the existing commitments.

The September meeting was an Open-Ended Working Group (OEWG), held 22-23 September also at WHO Headquarters. Member State delegations of FAO and WHO invited as participants UN entities, intergovernmental organizations and Non-State actors in existing and official relations with FAO and WHO were invited by Member State delegations of FAO and WHO to participate.

The objective of the meeting was to prepare for adopting at ICN2:

- Approval of the final draft of the Political Declaration and formulation of recommendations;
- Finalization of the Framework for Action

The Second International Conference on Nutrition (ICN2), co-organized by FAO and WHO was a high-level intergovernmental meeting held at the Headquarters of FAO in Rome, Italy, from 19 to 21 November 2014. Conference participants included representatives from governments, civil society and the business community. The Conference, had as objective to:
i. Review progress made since the 1992 International Conference on Nutrition, respond to new challenges and opportunities, and identify policy options for improving nutrition;

ii. Bring food, agriculture, health and other sectors together and align their sectorial policies to improve nutrition in a sustainable manner;

iii. Propose adaptable policy options and institutional frameworks that can adequately address major nutrition challenges in the foreseeable future;

iv. Encourage greater political and policy coherence, alignment, coordination and cooperation among food, agriculture, health and other sectors;

v. Mobilize the political will and resources to improve nutrition; and

vi. Identify priorities for international cooperation on nutrition in the near and medium terms.

The two main outcome documents – the Rome Declaration on Nutrition, and the Framework for Action – were endorsed by participating governments, committing world leaders to establishing national policies aimed at eradicating malnutrition and transforming food systems to make nutritious diets available to all.

Building on existing commitments, goals and targets, the Framework for Action provides a set of voluntary policy options and strategies for use by governments, as appropriate, and to consider declaring a Decade of Action on Nutrition from 2016 to 2025 within existing structures and available resources.


WHO Framework on Patient and Family Engagement

Patients for Patient Safety (PFPS) is a WHO program that brings together different healthcare actors (patients, providers, policy-makers, etc.) with the common conviction that patient centered care and patient engagement are pillar elements for the quality and safety of care.

The PFPS is a program in the Patient Safety and Quality Improvement (PSQ) unit of the WHO Service Delivery and Safety (SDS) Department. The PFPS program promotes patient involvement in health service delivery and a universal, safe, high quality and patient-centered healthcare.

The PFPS hosted a global expert consultation on the development of the WHO Framework on patient and Family Engagement in collaboration with the Gordon and Betty Moore Foundation (GBMF) on 27–28 October 2014, at WHO Headquarters.

The aim of the Framework is to address the global need to empower patients, families and health-care providers to collaborate together to improve health-care safety, quality and centeredness.

About 40 external experts attended the consultation, including patients, health-care providers, policy-makers, academics and stakeholders from non-governmental organizations.

During this Consultation, experts:

- Reviewed and discussed the current evidence on concepts, approaches and practical experiences related to patient and family engagement worldwide;

- Discussed and proposed the structure, key components, process and system requirements needed for effective and meaningful engagement, to form the basis for development of the Framework;

- Discussed content of the draft Framework, as well as practical tools and resources needed to facilitate patient/family and provider engagement.

Three working groups were organized to discuss the following topics:

1. Meaningful and effective engagement – what does it look like? How do we measure it?

2. Role, responsibilities and expectations – for patients, family, health-care providers and policy-makers

3. Creating supportive environment for meaningful and effective engagement – what can we do to make the engagement meaningful, effective and efficient?

Mrs Sara Perazzi, who attended the meeting on behalf of the IHF, participated in the work of group 3 and underlined the importance of the institutional dimension, as hospitals and
healthcare facilities are the place where interaction between the different healthcare actors takes place. Healthcare managers play a central role in creating the conditions that enable effective collaboration and interaction among patients, families and healthcare professionals. The WHO is putting together the summary of the Consultation as well as working to advance the draft framework. These documents are expected in 2015. Additional information on the PFPS program are available at http://www.who.int/patientsafety/patients_for_patient/en/.

WHO, WTO and WIPO joint technical symposium
On November 5, 2014, the IHF participated in a joint symposium hosted by the WHO, the World Intellectual Property Organization (WIPO) and the World Trade Organization (WTO). The theme was “Innovation and access to medical technologies for Middle-Income Countries (MICS)”, as designated by the World Bank.
This was the fourth trilateral technical symposium and topics of discussion covered the validity of using income ratings in public health, policies designed to unite economic growth with universal health coverage, unique challenges facing specific countries, and ways to promote innovation and guarantee access to medicines for those in need.
The speakers focused on how the activities of the three organizations can reinforce each other to meet objectives such as the right to health and the UN Millennium Development Goals.
The symposium closed with remarks on incentivizing innovation and on middle-income classifications, as well as on cooperation amongst various institutions of health, trade, and innovation.

High-level meeting on Building resilient systems for health in Ebola-affected countries
IHF was invited as an NGO in official relations with WHO, to the meeting that took place in Geneva on December 10-11, 2014.
There was a very large participation of Members States, International Organizations and all the major health related international NGOs.
The meeting was on the situation of the three West African Ebola Affected countries and the report is fully accessible on WHO web site: http://www.who.int/mediacentre/events/meetings/2014/ebola-health-systems/en/.
It clearly appears that the countries were not yet ready to work on the resilience of their health system but their priority was to maximize the final effort to limit and move toward eradication of the Ebola threat to the population and the recovery of health services that have been severely affected by the outbreak. All the neighboring countries have taken steps to increase surveillance and the response system and thanks to their reaction the spread of Ebola has been limited in countries like Mali or Nigeria that have been exposed to patients with the virus.
The intervention of MSF, which has been on the front line of the fight from the beginning of the outbreak, stressed the consequences of the poor condition of healthcare services including hospitals. This has aggravated the spread of the outbreak. Underlining that this was, at the same time, due to the very poor managerial capacities and the overall shortage of health workers.
If some are promoting a stronger role and expansion of community health workers, this is certainly not the longer-term sustainable solution for these countries.
IHF was invited to participate in a group discussion on strengthening collaboration mechanisms and this discussion stressed even more the need for all partners to support health care services, going back to operation and obtaining the trust of the population.
From a larger perspective this meeting is reinforcing the need for IHF to be advocating for a broad hospital resilient agenda so that healthcare facilities can be prepared to face outbreaks, human, industrial and natural disasters of all kinds. A lot of measures that are needed for the resilience of healthcare facilities are of same nature, so for service providers it is important to mainstream all efforts coming from various international initiatives.

WHO WPRO REGION
Informal Expert Consultation on Hospital Services and Management
Dr. Erik K. Normann, IHF President Designate, attended as a temporary adviser and external expert the Informal Expert Consultation on Hospital Services and Management which was held at the WHO Regional Office for the Western Pacific (WPRO) in Manila, Philippines, November 4-5 2014.

Background information
Hospitals are key institutions of healthcare in every country. They provide complex acute medical care,
manage medical emergencies, participate in training of many health professionals, and they often take up a significant share of a country's health spending. For these reasons, efficient management of hospitals and how they should be organized within a health system are critical policy issues to address.

While being key institutions in the health sector, hospitals, are not designed to, and should not, take over the role of primary healthcare providers. Primary care services are the foundation. Health sectors in the Region are in states of transition, driven by rapid technological advance and a changing profile of the burden of disease. These shifting contexts require changes in approach to the role of hospital services and the way hospitals are managed.

Hospitals require heavy investments and have significant operating costs. In this regard, poor management and governance of hospitals can be very costly. Unfortunately, there is lack of good evidence on the right ways to fund hospitals, and how they should relate to other parts of the health system. Diversity between and within countries create additional complexities—what works in one setting may not be appropriate or relevant in another.

The strategic orientations of a country’s healthcare and hospital policies are dependent on its history, culture and level of development. What is appropriate or correct is contextual and depends on the system’s philosophy and values. A close re-examination the role and place of hospitals in the health systems across the Western Pacific region is necessary to better understand the situation, and hopefully provide insights on how to improve how hospitals in the region are governed and managed.

The specific objectives of the meeting were to:

1. Review how hospital sector challenges are being dealt with in the Western Pacific Region;
2. Identify and prioritize potential areas for intervention for WHO and its partners to assist Member States with further development or strengthening; and
3. Pinpoint areas for further examination prior to formal country consultation.

Experts in hospital management and health service delivery from the following countries attended: Australia, Brazil, China, Hong Kong (China), Japan, Malaysia, Mongolia, New Zealand, Norway, the Philippines, the Republic of Korea, Singapore, and Thailand. The Secretariat for the meeting included seven staff from WHO/WPRO and one staff member from WHO headquarters.

The following topics were discussed:

- What place do hospitals have in the health system?
- What are effective mechanisms for hospital governance?
- What are effective strategies for financing hospital services?
- How can quality and safety be ensured and improved?
- How can hospital management be strengthened?
- How should hospital information systems drive improvements in performance and accountability?

Outcomes

The challenges facing hospitals are multi-faceted and highly interconnected. In the Western Pacific region, hospitals in varying settings face different sets of challenges, and require different approaches to designing solutions. As a region, it may be useful to establish a regional strategy for hospital development or a framework for action to provide guiding principles, and subsequently work with the Member States to contextualize and adapt it for their country needs.

To improve hospitals, changes in the macro-policy and financing framework could help create a favorable environment for change. Investing in human resource for health through education and training is another important focus area. As hospitals grow in size, develop new capabilities and become more complex, management training needs to be strengthened at all levels, and across all healthcare professions. In particular, senior management and chief executives will require deep training in hospital management, health policy and systems thinking. As hospitals take on a regional role and challenges become more complex, the leadership development paradigm must shift also from developing leaders, to developing leadership teams.

To improve service delivery in hospitals, a good approach to take, for both regulatory authorities and hospitals is from the quality and patient safety.
Stakeholders can all agree that quality and patient safety is important, and there is extensive research and publications on this topic. Quality improvement programs such as Lean and Six Sigma have been well applied to the healthcare industry. Accreditation agencies also have well-established frameworks and models for quality and patient safety. Countries with a national-level framework or program for quality and patient safety are able to encourage and nudge the hospitals to prioritize this as a key focus area for their hospitals.

Recommendations

New information and insights were gained from this consultation, and they need to be translated to knowledge and impact. This report makes the following recommendations:

1. Follow up with formal consultation on hospitals with Member States on hospitals and discuss the importance and relevance of hospital systems to the UHC agenda.
2. Continue to develop and build on the FFROGG (framework as an analysis tool for hospitals and hospital systems), through partnerships with Member States and practical application of the framework to countries.
3. Develop the evidence base for best practices for hospital governance, management and service delivery, and identify potential WHO collaborating centers for further development of capacity in research, education and training in this field.

Visiting Philippine Hospital Association

After the WPRO meeting, Dr. Normann had the opportunity to visit the Philippine Hospital Association and met the President and members of the PHA board. He was introduced to the hospital system in the Philippines and visited four hospitals, both public and private:

- Philippine Heart Center
- National Kidney Institute
- Dr. Jose Fabella Memorial Hospital
- St. Lukes Global City Hospital

The visit to the Dr. Jose Fabella Memorial Hospital, a public, maternity, 96 years old hospital with 25,000 births per year, was impressive for Dr. Normann, as in Norway the total births per year is about 60,000. The President of PHA, Dr. Ruben C. Flores is also the CEO of this hospital and he organized the visit the day of the 96th anniversary of the Foundation Day.
IHF's Interaction with the International Committee of the Red Cross

The Health Care in Danger (HCiD) initiative launched by the International Committee for the Red Cross (ICRC) is responding to growing attacks on health-care workers and facilities in both conflict and non-conflict settings. Targeting of health-care workers and facilities has grave consequences for the delivery of impartial and efficient care and the right to health in such settings. This project stresses the importance of continued support and increase in the advocacy campaign. ICRC has been joined by IHF as well as by the International Council of Nurses (ICN) and the World Medical Association (WMA). For this a MoU has been signed by which the IHF commits support to the initiative and ICRC recognizes the contribution of IHF in activities relevant to healthcare providers.

The focus of this initiative is on:
- Testing recommendations at country level;
- Ensuring momentum and support is maintained for the advocacy campaign;
- Raising political awareness;
- Value in preparedness, which necessitates:
  - Existence of resilient healthcare infrastructure;
  - Use of technology to enable forecasting;
  - Empowerment of local governments;
  - Use of multi stakeholders in providing services (e.g., the military for evacuation);
- Rapid and efficient coordination of programs among national and international stakeholders;
- Importance of leadership in implementing emergency response programs;
- Consideration of climate change as a health determinant;
- Importance of enhancing population awareness.

On 8-10 April 2014, the second Health Care in Danger Experts' workshop on "Ensuring the Safety of Health-Care Facilities" took place in Pretoria, South Africa, jointly organized by the Department of International Relations and Cooperation (DIRCO), Republic of South Africa and the ICRC. IHF was invited to participate and to facilitate the group on the physical safety in healthcare facilities. This work was done in collaboration with representatives of Union of Architects and international association of biomedical engineers.

The outcome of this meeting is a report containing a summary of the key issues discussed and recommendations proposed to enhance the safety of health-care facilities operating in armed conflict or other emergencies available at http://www.ihf-fih.org/en/Projects-Activities/Activities/Workshop-Experts-Report-Pretoria-2014

Within the frame of the HCiD project, a reference book on the safety of health-care facilities will be published and recommendations coming out of the two experts' workshops will feed into the content of this publication. The IHF has provided comments for revision of the draft report and has been invited to preface the publication. The final publication is scheduled to be published in 2015.

As part of this collaboration, the IHF invited an ICRC representative to make a full presentation of this initiative in Seoul during the joint IHF-Korean Hospital association conference held in Seoul in November 2014. The presentation contributed to raising interest among participants and also the national media that participated to the event.
IHF interaction with the World Intellectual Property Organization

The World Intellectual Property Organization (WIPO) held its 2014 WIPO Re:Search Annual Meeting in New York City, USA. WIPO Re:Search Members were able to participate onsite or by videoconference. The IHF, official Supporter of WIPO Re:Search, participated via videoconference in the event.

The aim of the meeting was to provide a standard review of 2014 accomplishments and 2015 objectives as well as engage high-level United Nations involvement in public-private partnerships in the context of development assistance. WIPO Re:Search is seen as an excellent example of how a UN agency can bring together disparate partners focused on pro-development goals.

Topics of presentation and discussions, included:
- An overview of the current state of research in the field of neglected tropical diseases (NTD) and how initiatives such as WIPO Re:Search make an important contribution by Dr. Robert Terry, Manager, Knowledge Management, TDR (Special Program for Research and Training in Tropical Diseases TDR, hosted by WHO)
- Preliminary findings of an external review of WIPO Re:Search with a specific emphasis on how best to present the Consortium to potential donors - Dr. Richard Mahoney, Coordinator, Policy & Access, Dengue Vaccine Initiative, International Vaccine Institute, Seoul, Republic of Korea
- A report by the Communications Group on achievements and challenges and the way forward for the organization’s communications strategy - Martin Bernhardt, Vice President Relations with International Institutions, Sanofi Group

WIPO Re:Search [www.wipoReSearch.org](http://www.wipoReSearch.org) is a Consortium of a range of public and private sector organizations that aim to stimulate more research and development for new and better treatment options for those suffering from neglected tropical diseases. Through this initiative, access is provided to intellectual property for pharmaceutical compounds, technologies, and – most importantly – know-how and data for research and development. The initiative is in collaboration with BIO Ventures for Global Health (BVGH) and supported by the WHO. Consortium membership is composed of Providers, Users and Supporters.

WIPO is exploring strategies to leverage interests and network of the Supporters. For the IHF, the potential key areas of collaboration, yet to be discussed and explored, are:

- **Membership**
  - Hospital participation in clinical trials

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

- **Events**

**Prospects for the Future**

The issue of intellectual property, its role, impact and even relevance in regard to health service management and delivery, remains relatively unexplored. For this reason, the areas highlighted for potential collaboration offer positive outlook for development of activities.
IHF Secretariat: 2014 Activity Report

### IHF interaction with the World Bank

#### World Bank training session

IHF was invited to organize a training session for World Bank (WB) task team leaders in June. The program was build up with the health service delivery lead specialist from the WB after a survey to identify areas of interest. The IHF responded by putting together a program to provide to the WB health specialists for a more in-depth understanding of major developments in hospital management as well as arguments to advocate for addressing the shortcomings of hospital care through country health reform projects.

Although healthcare services represent the lion’s share of total health expenditure, there is still little attention given to interventions that improve management of healthcare providers. In all countries, it is recognized that management in healthcare facilities, and specifically in hospitals, is poor. However most reforms have targeted macro incentives rather than putting in place conditions for efficient management. Some major efforts have been done specifically by USAID to enhance leadership and management in healthcare but in most countries, management has often been considered as an operational dimension that international organizations like WB were not well placed to tackle. But after two decades of policy efforts on macro incentives, with most often disappointing results, it is time to consider interventions to shape up the conditions for more efficient healthcare management. This short program has provided information on the key dimensions of healthcare management and highlighted approaches that can bring results through interventions at national level.

#### Objectives of the course

- Review the critical functions of healthcare management and their impact on results
- Understand how management efficiency can be measured
- Discover a competency-based approach and its implementation
- Obtain clues on building an effective training program for professionalization of healthcare management
- Develop policy interventions that enhance management impacting health service outcomes.

#### Program

The program was also an opportunity for active interaction on actual projects and on some major bottle necks to overcome. The evaluation of the course was very positive and a reward for the efforts provided by IHF to put together the course.

If the WB has covered the travel and accommodation expenses for this course, it was also an effort on the part of the IHF that provided the faculty’s time free of charge, as part of its willingness to support and collaborate with the WB to enhance the capacity to deal with the challenging agenda of service delivery reforms and the role and place of hospitals.

All this collaborative work is a result of the very good collaboration with Jerry Laforgia lead specialist from the WB.
INTERACTION WITH OTHER NGOS AND PARTNERS
Hospital Management Asia

IHF was partner of Hospital Management Asia 2014. Dr. Lawrence Lai, IHF Special Advisor in Asia represented IHF during the conference, successfully held from 28 – 29 August in Cebu City, Philippines with over 830 delegates and participants from 23 countries. The conference program consisted of 5 Plenary Sessions and 38 Special Interest (Concurrent) Sessions. All sessions were generally well attended. The Conference’s Hospital Trend Expo, with a total of 43 exhibition-size booths, was taken up by 37 exhibitors, which were mostly sponsors and partners of HMA; IHF has been featured relatively prominently in HMA 2014 as an international cooperating partner of HMA. The IHF logo was displayed in the backdrop together with other HMA partners and printed on the HMA Official Handbook and other handouts to delegates. A special session had been dedicated for the IHF Asian Health Leaders Summit.

As representative of IHF, Dr. Lai was given due recognition and was asked to participate in the following activities and events:

- media interview to talk about the vision, mission, the latest development of IHF and its involvement with HMA
- was seated at the head table at the HMA 2014 Presenters and Moderators’ Power Dinner
- had a front role seat at the opening ceremony and was introduced to the mayor of the City
- chaired the First Plenary Session which followed immediately after the conference Opening Ceremony where there was maximum attendance
- participated in a press briefing in the company of only 4 major sponsors giving the opportunity to briefly introduce IHF to the local media
- was moderator for the one-and-half hour IHF Asia Health Leaders Summit attended by about 40 delegates with good interaction among panelists and audience
- attended the HMA Advisors and Conference Partner Luncheon. The meeting agreed to explore Myanmar and Vietnam as possible conference venue for HMA 2015
- attended the Gala Dinner and Ceremonies of the 11th Annual Asian Hospital Management Awards and sat at the head table. Dr. Lai presented the HR Development Award that was chaired by IHF.

Conclusions and Recommendations

- HMA 2014 was well attended as HMA is now regarded to be the premier learning conference for hospital managers and clinicians in the Asian region
- IHF shares a common objective with HMA. We both want to train and develop knowledgeable and competent healthcare managers as a way to improve the health of our communities served by well managed hospitals
- IHF has been a cooperating partner of HMA since its inception. In all previous HMA conferences, IHF had been duly recognized. It is mutually beneficial for IHF and HMA to continue to be cooperating partners. This cooperation could enhance IHF profile in the Asia Pacific Region by its continued presence in future HMA conferences. This may have the desired effect of recruiting new members and publicizing IHF upcoming events.

To be more effective in promoting IHF and publicizing future IHF events, IHF that did not have this time an exhibition booth should take one (free of charge) in future HMA conferences. The booth could be staffed by one or two local “volunteers” (such as university students) to be recruited with the help of HMA. They could help introduce IHF and distribute IHF promotional posters, pamphlets, registration forms for IHF Congress or event announcements to HMA conference participants.

Further possibilities for strengthening collaboration between IHF and HMA were discussed during a face-to-face meeting between IHF CEO and the HMA Director, Dr. Ashok Nah, while both were in Dubai.

It has been agreed that more actions will be taken on both side to encourage participation in awards, events and knowledge products.
Interactions with Global Partners

IAPO

The IHF formally collaborates with the International Alliance of Patients Organization (IAPO) to promote patient-centered care worldwide.

In March 2014 the IHF, as supporting organization, was invited to attend IAPO’s 6th Global Patients Congress, which was held in Ascot, United Kingdom. The theme of the Congress was "Better access to better health: a patient-centered approach to Universal Health coverage". During the two days of the conference, sessions were organized under three major streams: equity, quality and financing. IHF was also involved in the scientific committee.

During the first Plenary Session, Dame Sally Davies, Chief Medical Officer at the UK Government, presented the situation of access healthcare in the country and the role of patient’s engagement at both local and global level to achieve patient-centered care.

About 170 delegates from 48 Countries attended the two-day congress and had the opportunity to participate in high level exchanges, share knowledge and best practices on patient-centered care as well as raise important questions concerning patient involvement. Discussions focused also on the economic, political, institutional, educational, financial, social and cultural obstacles for patient-centered care towards a universal coverage.

At the last Plenary Session, Marie-Paule Kieny, Assistant Director General, Health Systems and Innovation at the WHO, underlined the need for multi-stakeholder collaboration to define and achieve universal health coverage.

Mr. Kin-Ping Tsang, the Chair of IAPO and the Founder and President of Retina Hong Kong, attended the IHF Leadership Summit in November 2014 in Seoul, South Korea. Main speaker at the session on the institutional role for patients in healthcare organizations, Mr. Tsang highlighted the need to strengthen institutional involvement of patients in the healthcare system. He described the IAPO’s key principles on patient-centered care and provided examples of modalities for patients’ involvement at the individual, institutional and national level. Mr. Tsang reported on two examples of institutional patient involvement in Hong Kong and in South Africa. Mr. Tsang’s presentation is available at http://www.ihf-fih.org/en/Events/Past-Events/IHF-Hospital-Healthcare-Associations-Leadership-Summit-2014. The collaboration with IAPO is expected to be strengthened in 2015 with the participation of both IAPO and IHF in the “Consensus Framework for Ethical Collaboration” initiative and the participation of IAPO to the 39th World Hospital Congress.

HPH

International Network of Health Promoting Hospitals & Health Services (HPH) have been collaborating under a MoU. In April 2014 the IHF attended, as co-organizer, the 22nd International Conference on Health Promoting Hospitals and Health Services, held in Barcelona, Spain. The theme of the Conference, “Changing hospital & health service culture to better promote health”, was organized under three sub-themes:

- Health literacy – an emerging concept for more patient-oriented healthcare
- Enhancing the health environment for health professionals – Developing a more salutogenic culture for and by healthcare staff
- Better health care responses to community needs through a culture of cooperation between organizations and settings

In his opening remarks, the IHF President, Dr. Kwang Tae Kim, emphasized that the growing of multiple-chronic conditions is strongly related with the ageing of the population and therefore integration of healthcare is to be considered as a key challenge.

During the conference the IHF hosted a session on the “Institutionalization of Health Promoting Practices”. Speakers from Australia, Brazil, Catalonia, Nigeria and USA provided a pictures of their respective national context. All the presentations are available at: http://www.ihf-fih.org/Events/Collaborative-Events/Past-Events/HPH-Conference.

During the conference, representatives of both the IHF and HPH boards met and discussed on further collaboration.
The IHF CEO, Mr. de Roodenbeke, who participated in the last plenary session, highlighted five major trends in the evolving role of hospitals in health promotion:

- The increased empowerment of people in relation to access to health information
- The growth of patients with multi-chronic conditions
- The breakthrough of predictive medicine and the identification of risk factors
- The dissemination of Electronic Health Records
- The universal health coverage in order to oblige healthcare to be more cost effective and sustainable.

Before the HPH Conference, IHF organized a Governing Council meeting, hosted by the Unió Catalana d’Hospitals, a Premier Associate Member of the Federation.

IHF Governors met with the President of the Unió – Dr. Manel Jovells – and the CEO – Dr. Helena Ris. The Unió organized a press meeting with journalists from Europa Press, EFE Agency, Expansión, Ara and Catalunya Ràdio. Both Dr. Kim and Dr. Jovells agreed on the need to strengthen relations between IHF and Unió.

ISQua

In 2014 the partnership between IHF and ISQua was maintained with a good level of activities. The IHF CEO participates in the Accreditation Committee meeting and contributes as the representative of healthcare service providers. This allows bringing that perspective in various discussions on accreditation. As the accreditation tool kit has been rewritten, the IHF contributed to its final revision as a reviewer. In addition the issue of multiplication of accreditation-like programs was raised and an initial analysis was undertaken by IHF. To date the results are not sufficient to open an in-depth discussion, but concerns were expressed about multiplication of programs, some of which may be solely for marketing purposes without much compliance with core accreditation principles. This partnership is also relying on regular teleconference between IHF and ISQua CEOs to update each other on their developments and make sure that both organizations can maximize leverage of each others activities. For that, respective newsletters are used and short briefings are published in each others newsletters.

The IHF CEO participated to the presentation selection process for the ISQua annual conference held in Rio de Janeiro and was involved in various side meetings during the conference. To reciprocate, the IHF organized a session on accreditation during its Leadership Summit in Seoul and Dr. Wui-Chiang Lee, CEO, Taiwan Joint Commission on Hospital Accreditation & ISQua Board Member was the keynote speaker.

During this year both organizations also explored possibilities to increase membership benefits to their own members by granting discounted membership rates on a reciprocal basis. The principle was adopted and presented to respective governing bodies but modalities of implementation remain to be finalized. This partnership is solid and beneficial for both organizations.

European Forum for Primary Care

IHF was invited to host a session during the EFPC meeting held in Barcelona in September 2014.

With the support of La Unió, the Catalane Hospital Association, a session chaired by Dr. Risto Mittunen (IHF Governing Council member) made it possible to explore achievements and challenges in integrated care. The EFPC Conference in Barcelona was an opportunity to share three different experiences of integrated care in Catalonia, with different solutions but the same results achieved - improving integration, guaranteeing efficacy, quality and efficiency in healthcare.

A technological tools-based model for integrated healthcare, were integration is achieved through the implementation of a patient-focused model, based on a comprehensive healthcare management strategy and a shared electronic medical record that allows integration of all levels of healthcare and allocating resources in more
efficient places. The model ensures an overview of all the process and continued care.

Another experience shared was a model of functional integration, where primary care is the axis for patient’s needs-based healthcare organization. This experience shows functional integration of healthcare services based on patients’ needs through a healthcare facility managed by primary care doctors, called “light” Hospital. Ambulatory specialized healthcare services, continuous healthcare services, rehabilitation and physiotherapy services are provided in this facility where all healthcare services depend on primary care doctors, who organize healthcare attention, allocate resources and manage functional dependence.

And, lastly, the model for self-management organization in Primary Healthcare, centers managed by a group of health professionals organized as a General Practitioners (GPs) association (so called Entitat de Base Associativa- EBA). They are responsible managing the Primary care center and providing primary healthcare services, through a contract with the Health Authority. EBAs have full autonomy and risk sharing in managing resources. The benchmarking efficiency parameters show remarkable results. EBAs have demonstrated to be a successful initiative as a model of organization.

The key message from these experiences was that management and organization diversity is not a problem, but an opportunity to find innovative solutions. Health care system challenges as integration in support to patient-centered healthcare should not undermine health results and full public accountability.

The relation between IHF and EFPC is positive for both parties to ensure that the interface between front line care and referral care is optimized. For this purpose, IHF has offered the newly created International Association for Primary Care supported by EFPC Secretariat a session in the coming IHF World Congress in Chicago. In addition both parties agreed to explore venues for other collaboration especially on studies related to the interface between primary care and referral care.

**International Union of Architects**

The International Union of Architects Public Health Group (IUA-PHG) and IHF worked together for several decades, especially with the participation of IUA-PHG in the IHF World Hospital Congress with a session presenting the latest development in architecture.

To enhance this collaboration both partners have decided to develop guidelines on hospital architecture to better help both the Hospital Executives and the Architects in relying on guiding principles to build or refurbish hospitals according to the latest developments in architecture and in hospital organization.

To kick off this project an initial workshop took place in Florence (Italy) on June 4th and 5th, hosted by Centro Interuniversitario di Ricerca “TESIS”, Sistemi e Tecnologie per la Sanità, Università degli Studi di Firenze. This workshop was organized as a brainstorming session to identify:

1. Most important factors allowing reduction of healthcare costs and related architectural best practices
2. Methodology for developing the guidelines
3. Identification of source of expertise and existing available information
4. Responsibilities for writing each of the sections of the final document(s)
5. Title format, support and dissemination of the guidelines
6. Timeline for completion of the task
7. Review and agree on the content of the concept note that will serve for sponsorship
8. Explore options for sponsorship by the corporate sector.

The IUA/PHG mobilized 5 architects with large expertise in hospital construction and IHF mobilized 4 health professionals with strong experience in hospital construction from the planning and end-user perspective.

After very active contribution of all participants a framework was adopted to address the cost reduction:

- **Technical cost and construction cost** includes professional fees and material & procurement cost; these can be reduced through efficient use of the BMI, and if clients have clear concepts of outcomes and of ways to optimize operations.

- **In-use service cost** has the greatest impact on hospital cost, encompassing staff cost, energy cost, safety and security cost, and resource cost. Cost reduction depends on developing an understanding of high leverage points in the initial planning stages. Expert-established “rules of thumb” may aid this process.
• **Management cost** is general service costs (i.e. food, laundry, waste disposal, etc.) that are essential to hospital efficiency. Design solutions and strong management policies highly impact costs, as do decisions on the outsourcing of services.

• **Maintenance cost** depends on correctly estimating costs and times for maintaining and updating facilities. Designers should consider how to prevent increasing costs while maintaining high performance levels throughout the hospital’s full life cycle.

• **Adaptive re-use cost** depends on initial decisions regarding the balance between resilience and flexibility, which can conflict. Cost reduction depends on determining the ideal balance between the two for each individual area of the hospital.

• **Demolition cost** depends on initial design and construction techniques. BMI can provide information on the costs of facilitating potential demolition early in the planning process, but stakeholders must determine the relative importance of containing them.

• **Infrastructure & mobility cost** covers initial investment for transportation infrastructure and transportation costs for users. Cost control hinges on clarity of mobility policies and reliable assessment tools, and the best result should balance direct project costs to investors with potential “silent” costs for the community.

• **Sustainability cost** refers to environmental sustainability measures and social sustainability efforts. Certain “green” measures are increasingly being implemented for positive reasons, and cost-benefit must be considered for individual projects.

The workshop highlighted the importance of feasibility studies, recommending they cover all aforementioned costs in order to identify and avoid potential hidden costs. They should relate items to decisions and any resulting costs & benefits, as well as identify the cost-bearer and indicate the stages at which they will be incurred. A project’s feasibility study should be identified independently of other costs and allotted sufficient funding due to the significant impact it will have on the final cost of a project. They must include as many factors as possible to maximize the validity of predicted costs, which can vary significantly with final costs.

There are three levels of cost: initial cost, operating cost, and social cost. If initial cost is optimized, operating cost can be significantly reduced. Social cost is the most difficult to predict, due to varying interpretations of factors and the value of factors within countries, between countries, and over time; context is therefore extremely important. The geographically diverse membership of the UIA and IHF means recommendations on all levels must be applicable in countries at varying stages of development.

Workshop attendees developed a matrix highlighting relevant information to improve decision-making and ensure that each cost is addressed by the most relevant stakeholder. It provides a consistent methodology for evaluating cost reduction through hospital design so as to enable:

- identification of stakeholders & decision makers
- differentiation between general interest and short term interest for each stakeholder group
- identification of available bodies of knowledge
- differentiation of the levels of knowledge of stakeholders
- adoption of a ‘big-picture’ approach
- establishment of foundational guidelines
- proposal of specific cost-reduction recommendations.
After the June meeting a summary of conclusions was adopted and a follow up meeting in November allowed to identify the next steps for fully developing a project.

Such a project requires strong support and interested participants who can dedicate enough time for the needed developments.

The IHF and UIA-PHG hope to continue to collaborate and to eventually share the results of this project with the financial support of specific funders.

**DNV advisory board for Health**

IHF was invited to participate in an advisory board set up by DNV with the objective to seek guidance from major healthcare stakeholders on critical development of service delivery and quality insurance.

More specifically the objective of this first board meeting was to pinpoint major issues still affecting healthcare and identify priority area for further developments:

- Harm to patients in healthcare remains a major problem
- Implementation of good practices is still a major challenge
- There is a need to focus on areas that are important for enhancing patient safety
- Training & education still provide many challenges to implement safe-orientation mentality
- Indicators for measuring results are often problematic
- Accountability mechanisms and transparency are not obvious around the world.

**Healthcare challenges**

Recognizing the complexity of the healthcare industry is a critical step to acknowledging that it is a high-risk activity. Healthcare is one of the nine research programs of DNV and safety is developed around 4 topics: safety culture, safe case, safe system and smarter system. The approach to measure safety culture combines quantitative and qualitative approaches based on safety cases.

With safety cases stakeholders indicate what they do to be safe. From a passive attitude the stakeholders become active implementers of safety measures. They are more likely to understand why it goes right and the processes behind the result. By doing so, it is possible to make sure that the system is supportive to health professional’s work rather than bringing more strain on their work.

**Ranking of hospitals**

Ranking hospitals often brings confusion and chaos because people are confused on what is really behind such rankings. Usually ranking is reflecting a perspective but not the full reality.

If ranking is problematic this should not shadow the importance of transparency on results. Such transparency reflects both an open culture and an enabling set up. The objective is not to create fear versus healthcare but to find ways to address patient safety.

From this initial overview of challenges it was decided to move towards a more focused meeting in 2015 to identify research priorities that will help in supporting more effective patient safety approaches.
IHF SPEAKING OPPORTUNITIES AT EVENTS
International Family Medicine Conference

Background

For the first time Dubai has hosted an International Family Medicine (IFM) Conference. IHF was invited to participate as a keynote speaker as well as to contribute to setting up a scientific society under the name of the Global Family Medicine Alliance. This conference of over 3 days was attended by 400 delegates from all around the world. The program was mixing clinical presentations to enhance family practitioner skills and broader system/management issues related to the role and responsibility of family medicine in health care. There is clearly an important demand from front line practitioners to enhance their interpersonal abilities, especially with more and more demanding patients.

The participation of IHF was an opportunity to emphasize the importance of linkage between family medicine and referral care. This means that there is a strong need for renewal of primary care approach but not only through the lenses of basic interventions. Primary care should also help in better combining the simple and complex interventions in the most efficient way. The management of information and coordination is critical but it is not clear today to figure out who is best placed to do so. Obviously stand-alone general practice is not well equipped to face today’s challenges. To make progresses, policy makers must address some major bottlenecks:

- Payment system to move away delivery model from solo players & specific intervention
- Health professional education to face the need for patient centered care
- Regulation of system to better support the adaptations to patients’ needs
- Dissemination of low cost/high impact health activities
- More visibility on role and functions of public and private hospitals.

To address such bottlenecks, the first step is to mobilize enough support to have resources for:

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

Most often technology is put forward to respond to the current challenges in service delivery. It is obvious that new technologies will change the landscape of service delivery but technology must be considered as a wild card. To date there is no clear evidence on how technology will affect the current trends and change paradigm and course of events. The challenge is to assess how promising technology developments will be implemented in an economically sound approach.

Perspectives

This conference will be annual and is likely to be linked with other health related conferences. The participation of IHF is providing good exposure for the organization in a region where it is still not well implemented although efforts have been made over the years.

The IHF can play a specific role in this conference to champion a stronger articulation of family medicine with referral care in line with the people centered and integrated care model. In addition IHF has the legitimacy to champion management capacity development for family medicine practice. It is along these lines that it has contributed to the discussion of the Global Family Medicine Scientific Alliance for the preparation of the 2015 edition.

American College of Health Care’s Executive Annual Congress

In support of ACHE’s interest in increasing international activities, IHF was asked to prepare two sessions. The first one was an open session to introduce the overall landscape of international organizations and options for job opportunities. The second was more an institutional presentation of the major international organizations and their priorities in healthcare. Both sessions were well attended and presentations were followed by very lively Q&A sessions.

The attendance was a mix of senior healthcare managers and young professionals indicating clearly that interest in international activities is
at its peak both for those starting their career and for those having a solid experience but wishing to discover a totally new professional challenge. In addition the participation of IHF to the ACHE Congress is an excellent opportunity for networking with executives interested or involved in international activities. The specific international reception offers a good exposure for IHF and is also an important moment for ACHE to express its commitment to support international activities including through its participation to IHF activities.

**Geneva Health Forum**

The IHF participated as a Thematic Partner of the 2014 Geneva Health Forum (GHF), held 15-17 April 2014 in Geneva. Eric de Roodenbeke, was a speaker at the parallel session entitled “Accessing the Impact of Healthcare Institutional Partnerships”. Multiple inter-connected areas of institutional health care partnerships were explored against a background in which institutional health care partnerships are receiving increasing attention in the global health arena, particularly in regard to the knowledge base on how hospital-to-hospital partnerships can strengthen service delivery. In his presentation the IHF CEO discussed three valuable elements to building partnership.

No. 1: **Team-building.** Steps to achieve this require that there be recognition of the hospital as a complex organization that faces many challenges and high levels of stress are experienced daily.

No. 2: **Change of management.** People should be obliged to think about [their] behaviors to bring in innovations. So that hospitals can provide even more satisfactory care delivery to patients.

No. 3: **Resource constraint: Not a barrier to accomplishing much with little.** The current trend among healthcare providers is to complain of limited resources that restrict their capacity to perform efficiently and effectively. The perspective being to equate greater productivity with more resources. This would require a change of mindset, whereby healthcare providers should look for opportunities rather than concentrate on barriers. Other speakers provided insider views on partnership, by addressing such topics and elements as:

- Hospital-hospital partnerships (e.g., south-south; south-north)
- Contribution of partnership to health development
- The way forward in sustaining such partnerships
- Ways to measure the impact and define partnerships.

The three key take home messages from this session were:

1. Quality of Partner: partnerships maybe not be eternal and is time-constricted.
2. Converting the unbelievers to the value of partnerships: promote and encourage others on the possibilities available through partnerships. Ensure that actual results of partnerships are evaluated.
3. Human interaction: the importance of engaging in a “process” that will require human interaction and support to create sustainable, long-lasting, meaningful programs.

**EAHM Congress**

IHF was invited to participate in the 25th Congress of the European Association of Hospital Managers that took place in Berlin in September. Prior to the opening of the Congress, the IHF CEO had the opportunity to meet the managing committee of the association for an update on the healthcare management core competency directory. The EAHM indicated their commitment to this project and the mobilization of the Scientific Committee to increase their technical involvement in the finalization of the competency directory. In addition, the discussion made it possible to explore...
possible use of the directory for the EAHM in relation to its members. The formalization of a relation between EAHM and IHF is still to be confirmed. A proposal was made by EAHM to sign a MoU with IHF but this approach would limit the ownership of EAHM into the special interest group activities. From the perspective of the IHF Secretariat, membership is preferable because it also means ownership while an agreement just leads to collaboration. Further discussion is required in both organizations before adopting a modality that is most appropriate and beneficial for both parties.

As part of the opening session of the Congress, the IHF CEO made a short presentation to highlight the key challenges that service delivery organizations are facing and the critical topics for healthcare managers to focus on for the immediate future. This presentation draws interest and was requested for further utilization by participants in their respective countries. *Hospitals*, the Journal of EAHM will publish the presentation early 2015.

University of Brussels conference
IHF CEO was invited for a keynote address in Brussels for the 50th Session of the Hospital Management Science Society, hosted by Brussel Free University of Louvain. During this conference, seven major areas of concern were presented to the audience for them to reflect on how healthcare will be delivered tomorrow. Senior executives from French speaking region of Belgium attended the Conference and this was an opportunity for IHF to link up with members. Belgium Hospital Association has been a long-standing member of the Federation and has always provided interesting developments for the benefit of the global healthcare community. The presentation delivered in French was recorded and is available on https://www.youtube.com/watch?v=VmrikYkBIeO.

Mediterranean Health Conference
Under the auspice of the French Hospital Federation and the Cancer Institute’s Federation, Marseille hosted the first Mediterranean Health Conference. This was an opportunity to explore how countries from all around the Mediterranean Sea could better collaborate and how the French capacities could be better leveraged and coordinated in support to southern countries. An initial session was hosted by University Hospital of Marseille (AP/HM) to launch a hospital network for countries around Mediterranean Sea. IHF took the opportunity of this meeting to promote the call to action that was developed in partnership with APPS/WHO, THET, ESTHER Europe and ACHE to promote institutional health partnership as a mean for effective collaboration. In the position statement adopted by all these parties the rational for collaboration is presented through nine key arguments that are valid in the context of such an international networking initiative.

IHF was also in charge of organizing a plenary session on major changes that will affect service delivery. This session, facilitated by the IHF CEO, gave an opportunity for a presentation by Mrs Nuria Toro-Polanco from WHO of the principles that will be guiding the strategy promoted by WHO on people centered and integrated healthcare, enabling participants to reflect on their own approaches. The example given by Dr. Jaume Duran Navarro, CEO of Hospital de Mollet talking on behalf of La Unió from Catalonia, indicated that this region have already moved quite ahead in integration of service delivery. An open discussion with Prof. El Riwini from Alexandria University Hospital in Egypt was a testimony of the difficulties that practitioners are facing to move toward integrated care. The hospital remains mostly organized in Silo and physicians work mostly on the acute episode they have to treat. However in the university program is now moving toward a more holistic approach which is the foundation for better integration of care.
CORPORATE PARTNERSHIP PROGRAM
The IHF Corporate Partnership Program, is the initiative created in response to the need to develop an effective forum for relationship building and sharing of ideas and experiences between corporate leaders and executives in the hospital and healthcare sector.

The initiative, since its launch in 2009, has attracted contribution and participation from industry leaders such as Philips, Medtronic, GE Healthcare, Johnson Controls, ESRI, Bionexo (Brazil) and DNV GL.

A decision by the IHF Governing Board called for a remodeling of the Program in order to address the impact of the current global economic climate on recruitment of new partners and retention of existing ones. The remodeled program, which will be introduced in 2015, will be in the form of a Sponsorship Program of the IHF Excellence Awards. In order to ensure commitment from industry, sponsorship opportunities will be restricted to a maximum of 10 Partners, and made available on a first-come-first serve basis. The IHF Excellence Awards, for the first time, will be presented at the IHF 39th World Hospital Congress, to be held 6-8 October 2015 in Chicago, USA. More information on the 2015 Chicago Congress and the Awards are available at www.worldhospitalcongress.org/en/.

We thank all past and existing industry partners for their support of and contributions to the Program. We look forward to even greater engagement and cooperation in this and other IHF initiatives planned with the corporate sector.
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More information will be forthcoming at www.ihf-fih.org, but for now, save the date!