Throughout 2018, the IHF offered its existing services and implemented international activities previously established plus a few new initiatives. This summary is an excerpt of all the reports compiled for each activity done and all the accomplishments earned by the IHF both independently or in collaboration with fellow organizations worldwide.

KNOWLEDGE SHARING

IHF Journal: The four issues of the 2018 World Hospitals and Health Services Journal covered topics including Universal Health Coverage (UHC), the winning projects of the IHF Awards, University Hospital Governance and Driving the Value of Hospitals and Service Delivery: an OECD Perspective, global identifiers for enhancing efficiency and patient safety and pollution, and the health scourge of the 21st century. Each journal article was published individually on the IHF website fully accessible only by members; editorials and abstracts were available to the public.

IHF Newsletter: A total of 12 newsletters were released, one for each month, to more than 5,000 recipients. The newsletters featured articles and reports on health policies and studies, health care service delivery, health systems, healthcare models and hospitals, articles from international publications and newsletters from health care organizations, health institutes, academic and professional journals and IHF members. Other sections in the newsletters accommodated announcements about the IHF’s activities, promotions for the World Hospital Congress, partners’ publications and events of interest for the IHF.

IHF Bulletin: Launched in 2018, six bulletins on five different countries went out to contacts and are all available on the IHF website. The bulletin featured interviews with the IHF Governing Council members and top executives of full members sharing healthcare challenges and achievements in their respective countries, as well as their expectations from the IHF.

IHF Social Media: IHF’s social media channels – Twitter, LinkedIn and Facebook – have been used throughout the year to promote activities, memberships and additional resources with more concentration on the World Hospital Congress and the IHF Awards. There has been a steady growth of followers in all accounts ranging from 10% to 129%.

IHF Website and Exchange Platform: The official IHF website displays all IHF projects, activities and resources made available to the public. It also collects information from membership registrations and subscriptions. Meanwhile, the exchange platform programmed to facilitate communication among IHF members is performing as intended.

Working Paper | Quality Management and Performance Excellence in Hospitals: The IHF published the working paper “Quality Management and Performance Excellence in Hospitals” initiated by Zahan Sattha during his 2017 internship. It explored three performance tools as a way to approach performance quality assessment. A reviewed version of the working paper was distributed to the CEO Circle.
Surveys | Access and availability of drugs: To assess how much this topic is a concern among IHF Members, a short survey was conducted to 39 national healthcare organizations and to more than 135 hospitals. However, with insufficient responses, the survey concluded with a partial assumption that the concerns are varied and that shortage of drugs is a major issue in some countries due to factors like price, manufacturing and purchasing/delivery systems.

Violence against people in hospitals: As part of the IHF involvement in the Health Care in Danger (HCiD) initiative of the International Committee of the Red Cross (ICRC) and following the “Fighting violence in health services” Resolution, the IHF Secretariat prepared a survey on “Violence against people in hospitals” with the objective to explore, among IHF members, the level of risks of violence within hospitals and what is in place to limit/face acts of violence. For 80% of the respondents, violence is a concern in all parts of the country. The IHF will continue to support the HCiD initiative and disseminate among its members any relevant resource to support hospitals in facing acts of violence.

EDUCATION AND TRAINING

IHF participation in Training of Trainers (ToT) programs: The IHF participated in two programs supported by WHO-EMRO to enhance hospital management capacities. Both programs were delivered by the IHF CEO, Eric de Roodenbeke, under the format of ToTs, both mostly focused on leadership development.

In 2018, two rounds of ToTs were conducted: ToT for Iraq and Afghanistan offered by WHO-EMRO in collaboration with the National Public Health Management Center (NPMC) of Tabriz University of Medical Sciences; and the ToT for Iran Hospital CEOs fully developed by the IHF.

IHF webinars: Seven webinars were conducted in separate months each featuring a healthcare industry experts who shared their most relevant insights, tools, best practices and experiences on a variety of topics from enhancing hospital safety to innovation strategies for hospitals, among others.

Global Healthcare Internship Program: A thorough market research on the typology of worldwide healthcare organizations was conducted by the IHF interns. This collection of information, sorted by financial nature, social function and type of services provided, helped put together the exploratory background for the 2020 strategy. The interns also contributed actively to the programming and launching of new SIGs collaborative and assisted generously in the Geneva Health Forum.

WORLD CONGRESS AND INTERNATIONAL AWARDS

IHF Brisbane: The 42nd IHF World Hospital Congress was hosted by the Australian Healthcare and Hospital Association (AHHA), with Queensland Health’s Clinical Excellence Division as its host partner on 10 to 12 October 2018 at the Brisbane Convention and Exhibition Centre in Australia. The overarching theme was “Innovate | Integrate | Inspire – How can healthcare evolve to meet 21st century demands?”

The Congress was a huge success with over 1,000 participants from 40 countries, and over 130 presentations by more than 150 speakers. The three-day event covered the sub-themes of value-based care, integrated care and digital transformation in a variety of keynote presentations, panel discussions, concurrent sessions and poster displays. The Congress also put a spotlight on some of the key issues impacting healthcare and health services across the world and was hailed by delegates as an enjoyable, informative and valuable event to attend. From the online post-event evaluation survey conducted, respondents rated the overall Congress 4.39 over 5.

Awards: A total of 160 entries were submitted from 118 organizations from 33 countries – the
greatest number of submissions received since the Awards program was launched in 2015. Twenty-seven (27) winners and merit awardees were selected. The Award plaques and certificates were presented during the special ceremony at the World Hospital Congress in Brisbane.

**SPECIAL INTEREST GROUPS (SIGs)**

The University Hospital SIG chair & secretariat distributed a survey among the SIG members, which revealed a broad consensus on the strategic need to investigate innovation management practices. The scene for 2018 was set for the collaborative "Management of innovation; development and dissemination by UH. Implications of disruptive innovation."

On the other hand, the Healthcare Management (HM) SIG scouted professional healthcare management associations worldwide at national and regional level: to investigate the associative activity in healthcare management by continent, to identify interesting counterparts, and to establish a regular collaboration. In effect, important collaborations with Academia and Education Accreditation Institutions were developed to map competencies and curricular activities. A massive utilization of the self-assessment platform followed after the training of healthcare managers in Iran.

The year 2018 also witnessed the consolidation of the Investor Owned Hospital (IOH) SIG. The 2018 agenda included setting a calendar for international projects in regard to the particularities of models of healthcare delivery in the private scene. The IOH SIG initiated an exploratory process on investment strategies in emergent countries exploring regulation of banking services, competency, corruption and other geographically and culturally intrinsic factors affecting the possibilities of success, failures and opportunities. Activity of the Group Purchasing SIG resumed in the fourth quarter of 2018 with an in-situ meeting at the premises of RESAH; RESAH having agreed to act as secretariat for the next round of projects.

Together with the IHF secretariat, the group GPO agreed on the next set of guidelines and timeline for the collaborative to come on Value-Based Procurement.

**IHF CEO CIRCLE**

Besides a special edition webinar and newsletter, the IHF CEO Circle investigated the limits of application of a Mentoring Program on an international basis. Following this survey, the secretariat launched the proposal for a specific intra-CEO Circle Mentorship Program - “What can Mentorship Programs bring to CEOs in-hospital”. The result was a well-attended session at the IHF Brisbane with a case-mix of initiatives, perspectives and personal experiences based on the activity of mentoring.

**INTERACTION WITH INTERNATIONAL ORGANIZATIONS**

The IHF attended a total of nine events supported by the World Health Organization including: 1) WHO European health systems foresight group, 2) WHO-WIPO-WTO Technical Symposium on Sustainable Development Goals: Innovative technologies to promote healthy lives and well-being, 3) Third Global Ministerial Summit on Patient Safety, 4) UHC2030 Initiative, 5) WPRO consultation on improving hospital planning and management, 6) 143rd session of the Executive Board, 7) WHO Euro Tallinn charter Anniversary Conference, 8) WHO-EMRO consultation for Regional Hospital Strategy, 9) Astana conference on Primary Health Care.

The IHF also continued supporting the ICRC in particular on the Health Care in Danger Project. Further, although it is not possible for IHF to have a formal institutional collaboration with the OECD, the IHF and OECD Health Team have a continuous working relation. As part of the collaboration, the IHF published a special issue of its journal with the support of OECD to disseminate the work from the health team.
INTERACTION WITH OTHER NGOS AND PARTNERS (HMA, ISQua, Geneva Health Forum)

The IHF attended two events of HMA. In the first ever edition of HMA-China hosted by Wuxi on 18 to 20 July 2018, the IHF was invited to select projects for the special awards and to present recognition for the winners. The second HMA event took place on 13 to 14 September in Bangkok hosted by The Private Hospital Association of Thailand.

The IHF once again hosted the Senior Management Symposium focusing on the topic “How to improve hospital resilience: solutions to face threats and ensure continuous operations”. IHF CEO, Eric de Roodenbeke, was also invited to make a presentation to the ISQua board on the current activities and perspective of evolution of the IHF – a presentation further shared during the IHF General Assembly in Brisbane.

Meanwhile, the Geneva Health Forum discussed an important issue on cyber security. The IHF participated in the workshop on “Cyber attacks and hospitals: what are the issues?”

IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE

The IHF had a total of seven speaking opportunities with different events. Dr Erik Kreyberg Normann, IHF Immediate Past-President and President of NSH (Norway), attended the 8th Global Patients Congress on “Empowered Patients Building the Momentum” held 24 to 26 May 2018 in Miami, USA attended by 150 delegates.

The Insituto de Higiene e Medicina Tropical invited the IHF to participate in an international conference on workforce innovations for better performing health systems in Europe on 3 to 4 May 2018. This was attended by the IHF CEO as well as the International Hospital Technologies Management Conference hosted in Tehran in January 2018 by the Tehran University of Medical Sciences. The European Healthcare Management Association (EHMA) also invited the IHF to make presentations for their annual conference in June 2018 with the topic “Making It Happen”.

The three other events that invited IHF were EAHM congress in Cascais, the 7th International Congress of APDH in Lisbon, and the EIT health project three-day faculty development program called ‘Train the Healthcare Management Trainer’.
<table>
<thead>
<tr>
<th>KNOWLEDGE SHARING</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLICATIONS AND COMMUNICATION</td>
<td>1</td>
</tr>
<tr>
<td>IHF Official Journal</td>
<td>1</td>
</tr>
<tr>
<td>IHF Newsletter</td>
<td>1</td>
</tr>
<tr>
<td>IHF Bulletin</td>
<td>1</td>
</tr>
<tr>
<td>IHF Social Media</td>
<td>1</td>
</tr>
<tr>
<td>IHF Website and Exchange Platform</td>
<td>2</td>
</tr>
<tr>
<td>Quality Management and Performance Excellence in Hospitals</td>
<td>3</td>
</tr>
<tr>
<td>Access and availability of drugs</td>
<td>3</td>
</tr>
<tr>
<td>Violence against people in hospitals</td>
<td>3</td>
</tr>
<tr>
<td>EDUCATION AND TRAINING</td>
<td>5</td>
</tr>
<tr>
<td>IHF participation in Training of Trainers programs</td>
<td>5</td>
</tr>
<tr>
<td>IHF Webinars</td>
<td>6</td>
</tr>
<tr>
<td>Global Healthcare Internship Program</td>
<td>6</td>
</tr>
<tr>
<td>WORLD CONGRESS AND INTERNATIONAL AWARDS</td>
<td>7</td>
</tr>
<tr>
<td>Brisbane</td>
<td>7</td>
</tr>
<tr>
<td>World Hospital Congress in Oman</td>
<td>9</td>
</tr>
<tr>
<td>Awards</td>
<td>10</td>
</tr>
<tr>
<td>SPECIAL INTEREST GROUPS</td>
<td>11</td>
</tr>
<tr>
<td>University Hospital SIG</td>
<td>11</td>
</tr>
<tr>
<td>Healthcare Management SIG</td>
<td>11</td>
</tr>
<tr>
<td>Investor Owned Hospitals SIG</td>
<td>12</td>
</tr>
<tr>
<td>Group Purchasing SIG</td>
<td>12</td>
</tr>
<tr>
<td>IHF CEO CIRCLE</td>
<td>13</td>
</tr>
<tr>
<td>ADVOCACY AND INTERNATIONAL RELATIONS</td>
<td>13</td>
</tr>
<tr>
<td>INTERNATIONAL ACTIVITIES</td>
<td>13</td>
</tr>
<tr>
<td>The IHF President and the IHF President-Designate</td>
<td>13</td>
</tr>
<tr>
<td>INTERACTION WITH INTERNATIONAL ORGANIZATIONS</td>
<td>15</td>
</tr>
<tr>
<td>Interaction with the World Health Organization</td>
<td>15</td>
</tr>
<tr>
<td>Interaction with the International Committee of the Red Cross</td>
<td>21</td>
</tr>
<tr>
<td>Interaction with the OECD</td>
<td>22</td>
</tr>
<tr>
<td>INTERACTION WITH OTHER NGOS AND PARTNERS</td>
<td>23</td>
</tr>
<tr>
<td>Hospital Management Asia</td>
<td>23</td>
</tr>
<tr>
<td>ISQua</td>
<td>24</td>
</tr>
<tr>
<td>Geneva Health Forum</td>
<td>25</td>
</tr>
<tr>
<td>Hospital design</td>
<td>25</td>
</tr>
<tr>
<td>Consensus Framework for ethical collaboration</td>
<td>26</td>
</tr>
<tr>
<td>IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE</td>
<td>27</td>
</tr>
<tr>
<td>IHF GOVERNING COUNCIL 2018</td>
<td>31</td>
</tr>
<tr>
<td>IHF SECRETARIAT</td>
<td>32</td>
</tr>
</tbody>
</table>
KNOWLEDGE SHARING
PUBLICATIONS AND COMMUNICATION

IHF Official Journal

In 2018 the topics of the four issues of the World Hospitals and Health Services journal were Universal Health Coverage (UHC), winning projects of the IHF Awards awarded during the 41st World Hospital Congress in Taipei in November 2017, University Hospital Governance and Driving the value of hospitals and service delivery: an OECD perspective, Global identifiers for enhancing efficiency and patient safety and Pollution, the health scourge of the 21st century.

Articles of each issue were made available individually on the website, in addition to the full version published in journal issues. Following a study on the dissemination process and the stakes of enhancing or changing the nature of the journal, the Governing Council members decided to make no change in 2019, pending the adoption of the business plan of the strategy end 2019.

We also published the articles separately on the website, in addition to the full electronic version. Despite being accessible to members only editorials and abstracts are public.

The application to Medline Library for the referencing of abstracts on PubMed was rejected and consequently no application can be submitted before 2020.

IHF Newsletter

In 2018, twelve newsletters were sent at the end of each month to an average 5560 recipients. The CRM of the IHF was enhanced and has replaced the previous emailing system Mailjet since July. Data on newsletter dissemination shared in this report were collected between August and December, when the click tracking system was operational.

“Articles” includes articles and reports on health policies and studies, health care service delivery, health systems, healthcare models and hospitals, from international publications and newsletters from health care organizations, health institutes, academic and professional journals and IHF members.

“IHF Congress” includes promotional messages for the congress and for call for abstracts.

“IHF Activities” are news on webinars, special interest groups, or other IHF activities.

For the forthcoming newsletters, Full members can send resources they would like to share with the international community to the IHF Secretariat

IHF Bulletin

The bulletin was launched in 2018. It features an interview of IHF Governing Council members and top executives of full members, who share main challenges and accomplishments in healthcare in their country, and their expectations towards IHF. In 2018, 6 bulletins on 5 different countries were sent to about 660 contacts from all IHF members and are available on the IHF website.

IHF Social Media

IHF’s Twitter, LinkedIn and Facebook accounts have been used throughout 2018 to promote IHF activities, membership and additional resources. They were used even more extensively to disseminate information on the World Hospital Congress and IHF Awards. Updates about the call for abstracts, call for entries, program and speakers have been published on these platforms.

There has been a steady growth of followers for all accounts: up 35% for Twitter, 129% for LinkedIn and 10% for Facebook.
Even though we have more followers on Facebook, our tweets are being viewed more often by users on Twitter with a total of 406,335 impressions and an average of 774 impressions per post.

However, engagement which includes likes, comments, shares/retweets, etc. is higher in LinkedIn and Facebook.

While engagement rates are not high, we are still able to reach users through social media. This is a channel that the Secretariat should continue to maximize, for publishing updates and information on the IHF.

As for the World Hospital Congress, we used the hashtag #IHFBrissane2018 and during the month of the event, this was widely used in Twitter by IHF, AHHA and the participants.

### IHF Website and Exchange Platform

The IHF Website is the major showcase of IHF projects and activities. User-friendly and fully compatible with mobile devices, the website provides easy access to all our resources and activities. In 2018 we had more than 18500 new users, mostly from the following 10 countries: USA, India, Switzerland, France, United Kingdom, Brazil, Germany, Canada, China and United Arab Emirates. The four most visited pages are the event, membership, resources and about pages.

The IHF Exchange Platform, created to facilitate direct exchanges among IHF members beyond the linguistic barrier, is working effectively, enabling networking and the sharing of information. This is your platform... register now on the IHF website and start connecting with members of the IHF community.

The IHF is fully compliant with the General Data Protection Regulation (GDPR) and we have updated our privacy policy and our terms and conditions accordingly. Our new Privacy Policy tells you exactly what information we can collect, how we can collect it, what we can use it for, who we can share it with and how we will keep it safe. The GDPR provides you with more control over what happens to your information too. You can update your communication preferences by logging into your IHF Account or, if you don't have one, by contacting us.

### IHF Website and Exchange Platform

The IHF Website is the major showcase of IHF projects and activities. User-friendly and fully compatible with mobile devices, the website provides easy access to all our resources and activities. In 2018 we had more than 18500 new users, mostly from the following 10 countries: USA, India, Switzerland, France, United Kingdom, Brazil, Germany, Canada, China and United Arab Emirates. The four most visited pages are the event, membership, resources and about pages.

The IHF Exchange Platform, created to facilitate direct exchanges among IHF members beyond the linguistic barrier, is working effectively, enabling networking and the sharing of information. This is your platform... register now on the IHF website and start connecting with members of the IHF community.

The IHF is fully compliant with the General Data Protection Regulation (GDPR) and we have updated our privacy policy and our terms and conditions accordingly. Our new Privacy Policy tells you exactly what information we can collect, how we can collect it, what we can use it for, who we can share it with and how we will keep it safe. The GDPR provides you with more control over what happens to your information too. You can update your communication preferences by logging into your IHF Account or, if you don't have one, by contacting us.
In 2018 the IHF published the White Paper “Quality Management and Performance Excellence in Hospitals”. A long-spanning project initiated by Zahan Sattha during his internship in 2017. Given the profusion of tools that exist for assessing and improving quality and performance in hospitals, this White paper explores three performance tools used in hospitals, namely ISO 9001:2015, EFQM EUROPEAN FOUNDATION FOR QUALITY MANAGEMENT EXCELLENCE MODEL and MBNQA MALCOLM BALDRIGE NATIONAL QUALITY AWARD EXCELLENCE FRAMEWORK.

This paper is a review and presentation of these three models as a way of approaching performance quality assessment. It also discusses main similarities and differences among the models, while looking at the empirical evidence of their application. The CEO Circle provided a thorough review of all three models as well as a discussion on the findings of this paper at the WHC in Taipei 2017. A revised version of the White Paper was then prepared in 2018 and distributed to CEO Circle members.

The study focused on 3 main areas:

1. The main quality and performance improvement approaches used in hospitals
2. The ISO, EFQM and MBNQA frameworks along with their major similarities and differences
3. The empirical evidence (advantages/barriers) on their application

While there are some converging points between the three models, the conclusion of the study pointed that there were no significant commonalities, with a few common points, such as:

1. Formal recognition by external assessor
2. A set of principles/values guiding frameworks
3. The importance of context analysis of an organization
4. And the emphasis on process management.

The most striking differences pointed out by the study could be wrapped up as follows:

1. The scope of application of ISO, which is much narrower than Performance Evaluation Models
2. Framework objective: attaining minimal requirements (QMS) or achieving excellence (PEMs)
3. The scoring system in PEMs which is absent in ISO
4. Recognition, which is international for ISO whereas MBNQA, for example, is only limited to US firms.

Access and availability of drugs

Access to medicine is critical for healthcare provision. Unfortunately, drug shortages are an increasing global concern, impacting low-, middle- and high-income countries. The International Pharmaceutical Federation (FIP) defines a medicine shortage as “a drug supply issue requiring a change. It impacts patient care and requires the use of an alternative agent”. To assess to what extent this topic is a concern among IHF Members, a short survey was sent to 39 national healthcare organizations and to over 135 hospitals. We received a total of 11 answers from the following countries: Belgium, Japan, Mongolia, Oman, Philippines, Portugal (x3), South Africa, Spain, and United Arab Emirates.

All respondents are hospitals, including one fully private and two public-private partnerships. Availability of drugs is a concern for three respondents, in particular anti-infective drugs, cancer drugs, heart and blood circulation drugs and drugs for rare diseases.

From this short survey we can assume that there is a lack of uniformity and that drug shortages are a major issue in some countries, mostly due to the high price of medicines, issues arising from the manufacturing process and inefficiencies of the purchasing/delivering system. However, the low response rate means that we cannot consider that this topic as a major concern for IHF Members.

Violence against people in hospitals

Violence in healthcare settings is growing worldwide, although some areas are more affected than others. Violence can be perpetrated in various forms, ranging from verbal and physical attacks up to collective and political violence in contexts of conflict.
Different strategies have been implemented in both emergency and non-emergency settings and various international initiatives have seen the light in the last few decades, duly responding to this growing challenge for the healthcare sector. As part of the IHF involvement in the Health Care in Danger (HCiD) initiative of the International Committee of the Red Cross (ICRC) and following the “Fighting violence in health services” Resolution, the IHF Secretariat prepared a survey on “Violence against people in hospitals” with the aim of exploring violence risk levels within hospitals and measures in place to limit/face acts of violence, among IHF Members.

We received 148 answers from hospitals in 23 countries. More than 62% of respondents are from the private sector, of which 46% are not-for-profit. The average of the current level of concern in regard to violence in hospital, on a scale 1 (low) to 10 (high), is 6.4 and for 80% of respondents, violence is a concern in all parts of the country.

From this study we have realized that for most of hospitals, the situation has worsened significantly over the last five years. This has obliged most hospitals managers to put in place measures to assess (risk/hazard assessment), mitigate (protocols or formal guidelines), face (training, security personnel among possible measures) and report (reporting systems) acts of violence.

Most of the respondents (62%) have put in place notices for the reduction of violence in the hospital, such as posters on zero tolerance and on how violence is harmful, etc.

It is very important to implement measures to mitigate violence, including security devices. Most of the respondents have security personnel in place, located both inside and outside the facility.

Most of the respondents (110 out of 146) consider their hospitals partially prepared to face acts of violence.

Healthcare workers are trained to face acts of violence and this is mandatory for the majority of respondents. The implementation of incident reporting systems is very important as they can provide valuable insight into the risks and best practices for mitigating/responding to acts of violence.

Steps undertaken by hospitals are critical to ensure that they remain a safe place for people (patients, visitors, staff).

The IHF will continue to support the Health Care in Danger initiative and distribute any relevant resources to its members, to support hospitals in facing acts of violence.
EDUCATION AND TRAINING

IHF participation in Training of Trainers programs

IHF participated in two programs supported by WHO-EMRO to enhance hospital management capacities. Both programs were delivered by IHF CEO in training for Trainers format, with focus mainly on leadership development.

ToT for Iraq and Afghanistan.

WHO EMRO in collaboration with National Public health Management Center (NPMC) of Tabriz University of Medical Sciences, which is in the process of obtaining WHO collaborating center status, provided a modular Training of Trainers Hospital Care and Management (HCM) program in order to develop a network of national trainers capable of rolling out the HCM capacity building program for hospital managers working in their country, preferably within a year. The Proposed modules cover important components of Hospital Care and Management, including Governance, leadership and strategic thinking, Human Resource Management, Hospital Financial Management, Quality Improvement and Patient Safety, Hospital Supplies and Supportive Services, Hospital Emergency and Disaster Management and Hospital Information Management. It is anticipated that this training program will contribute towards better tackle the institutional needs of hospitals, and the entire health system of the country. For this ToT, the IHF developed four one day module covering:

- Essential leadership
- Effective governance
- Mastering hospital management
- Strategic thinking and development of hospitals

The ToT provided a chance to work with the two-country team, to customize content to their needs and support the national trainers in bolstering their adult learning capacities.

Interaction with two national teams was very effective and the program was adapted to participants according their needs and background.

The training initiative was also extensively supported by a very effective team in Tabriz which provided excellent learning conditions as well as opportunities for social activities, thus enhancing the quality of professional interaction for course development.

Feedback from participants was positive and some follow-up was provided as they considered best ways for implementing the course as part of a national program, in their respective countries.

ToT for Iran hospital CEOs

This program was fully developed by IHF as part of the follow-up to the ToT, organized to support the Iran hospital reform, with focus on full training for all public hospitals managers.

Supported by WHO-EMRO and the Iran country office, the program was fully dedicated to enhancing the leadership of Hospital CEOs who are mostly clinicians with limited formal management education.

This program was developed over two 3 days sessions, enabling CEOs to advance as health leaders and bolster their decision-making skills.

Session One: Advancing as a Healthcare Leader

Many healthcare managers rise to the responsibility of leadership through becoming an excellent clinician, only to find that the skills required to lead a large team and organization are very different from those required in patient care. This first session provides a practical opportunity for rapidly developing the essential set of skills in order to gain a better understanding of yourself as a leader and leadership requirements, while also establishing a path for continuous professional development as a leader in the healthcare environment.

Learning Objectives

1. How can I assess and develop my personal capacity for leadership?
2. How can I best use leadership capacities?
3. What are the essential roles and responsibilities of leaders?
IHF Webinars

In 2018 we organized the following seven webinars:

1. Enhancing hospital safety using the Patient Safety Culture Improvement Tool - presented by Hsu-Tung Chang, Healthcare Quality Executive Officer, Chang Hua Christian Hospital, Taiwan

2. Implementation of Value Driven Outcomes program to identify high variability in clinical outcomes and costs – presented by Jeff Young, Assoc. Director of Advanced Analytics and Visualization at University of Utah Health, USA

3. Secure hospitals in insecure Environments? – presented by Erin Downey, Health Adviser, Health Unit, and Federico Sittaro, Strategic Planner: Health and Urban Infrastructure, Water and Habitat Unit of the International Committee of the Red Cross

4. A better model to predict in-hospital mortality – presented by Dr Rohan Cattell, Chief Data Scientist, The Health Roundtable, Australia

5. Improving healthcare every day through accreditation – presented by Prof Adrian Pennington, Health Service Chief Executive, Wide Bay Hospital and Health Service, Australia

6. Innovation strategies for hospitals: Getting the right innovations in and spreading your own world-wide – presented by Marcus Dawe, Co-Founder and CEO and Dr Mathew McGann, Co-Founder of Health Horizon Australia

7. Supporting innovation at the Geneva University Hospitals – presented by Professor Karl-Heinz Krause, Full Professor, Medical Faculty, University of Geneva; Innovation Scientific Committee President, Geneva University Hospitals (HUG); Organizer, HUG Journée de l’innovation, Switzerland

The recordings of the webinars are available on the IHF Website as well as on IHF’s YouTube account.

Global Healthcare Internship Program

IHF WInterninters (Trisha Bhatia and Ashley Zamichieli) conducted a thorough market study on the types of worldwide healthcare organizations. This collection of information, sorted according to financial nature, social function and types of services provided, helped put together the exploratory background for the 2020 strategy. Both interns actively contributed to the programming and launching of new SIGs collaboratives, including background discussions, the drafting & proofreading of concept notes and agendas. The Interns were also responsible for assisting to the Geneva Health Forum, monitoring, highlighting and structuring knowledge for the IHF.
The 42nd IHF World Hospital Congress was hosted by the Australian Healthcare and Hospitals Association (AHHA), with Queensland Health’s Clinical Excellence Division as its host partner, on 10-12 October 2018 at the Brisbane Convention and Exhibition Centre in Australia. The overarching theme was “Innovate | Integrate | Inspire - How can healthcare evolve to meet 21st century demands?”

The Congress was a resounding success, attended by over 1,000 participants from 40 countries. It drew over 130 presentations from more than 150 speakers. The 3-day event covered the sub-themes of value-based care, integrated care and digital transformation in a variety of keynote presentations, panel discussions, concurrent sessions and poster displays.

The Opening Ceremony was graced by The Hon Greg Hunt MP, Minister for Health of Australia and The Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services of Queensland, Australia.

Francesca Colombo, Head of Health Division of OECD delivered a video recorded keynote on the international perspective of moving from volume to value during the ceremony. Professor Elizabeth Teisberg, Executive Director of the Value Institute for Health and Care at Dell Medical School also gave a keynote presentation on value-based health care.

Prior to the Opening Ceremony, a joint plenary was held with the International Federation of Hospital Engineering, where Bronte Martin of the National Critical Care Trauma Response Centre (NCCTRC) in Australia, Glenn Keys AO of Aspen Medical in Australia and Berna Marcelino of BC Clinical and Support Services in Canada, discussed providing health services in times of catastrophe, epidemic and conflict.

The Congress featured several keynote speakers from the industry as well as patients:

- Dr Daphne Khoo, Deputy Director Medical Services (Healthcare Performance Group), Ministry of Health, Singapore presented on “Moving beyond Quality to Value”
- Chris Pointon, Co-founder & Global Campaign Ambassador of #hellomynameis, UK shared “The #hellomynameis story - through adversity comes legacy”
- Professor Claire Jackson, Professor in General Practice and Primary Care Research, Director, Centre for Health System Reform and Integration, University of Queensland, Australia talked about “Health Care Integration: why is it so hard to deliver and sustain?”
- Melissa Thomason, Patient Advocate from the United States of America shared “The value of patients: leveraging your greatest assets”
- Nigel Edwards, Chief Executive, Nuffield Trust, United Kingdom discussed about “Re-positioning the hospital”
- Nagwa Metwally, Member of Supreme Council, Egyptian Red Crescent, Egypt spoke about “Patient engagement in Egypt”
- Professor Keith McNeil, Assistant Deputy Director-General and Chief Clinical Information Officer, Clinical Excellence Division, Queensland Health, Australia presented on “Data, data everywhere but not a bit to think”
- Karen Knight, General Manager Advocacy and Engagement / QLD, NSW & NT Client Services, Vision Australia spoke on “The hospital experience of people who are blind or have low vision: how you can help”
- Professor Jeffrey Braithwaite, Foundation Director, Australian Institute of Health Innovation, Macquarie University, Australia presented on “Healthcare Systems: Future Predictions for Global Care. Towards progress, avoiding pitfalls and achieving sustainability”

The keynote speakers were then joined by panelists including industry leaders, experts and professionals for lively discussions on the following topics:

- What does the 21st century patient demand from healthcare?
- How can we rethink the role of the hospital in the medical neighborhood?
- Patient centred care: integrating health services around the patient
Can value be achieved in high-tech, high-cost systems?

The bright future for healthcare

The scientific program was also filled with a variety of concurrent sessions that revolved around the transformation from volume to value, from four walls to the neighborhood and from information to intelligence.

Parallel Session

This year the Members Sessions were remodeled -hosted sessions were replaced with presentations from IHF full and premier members were combined with sessions that focused on specific topics. We had speakers from member organizations in Austria, Belgium, Brazil, France, Hong Kong, Indonesia, Kenya, Oman, Spain, Taiwan and USA.

AHHA hosted five sessions that explored research and innovation in Queensland; transforming the delivery of care; funding, structural, technological and clinical models to support integrated care; visions of the hospital of the future, and perspectives on improving the health of Indigenous people.

There were also a number of special interest sessions. The IHF Investor Owned SIG conducted a special session on fostering investment in private healthcare. The Healthcare Management SIG presented a competency-based approach to enhance healthcare management. The University Hospitals SIG held a session on management, development and dissemination of innovation by UHs, while the IHF CEO Circle discussed its mentorship program.

The World Bank was invited to hold a concurrent session to share experiences on building integrated service delivery to meet 21st century healthcare needs. Likewise, the WHO hosted a session on hospital transformation on the path to Universal Health.

The Secretariat received a total of 533 abstracts from 38 countries and after extensive review by the Scientific Committee and reviewers, the Congress featured 33 oral presentations in the Free Paper sessions and 104 posters. This year's Best Poster Award was given to "Dynamics of Peer Learning in Medical Department — Journal and Case sharing Club” from Ruttonjee & Tang Shiu Kin Hospitals, Hospital Authority, Hong Kong. The Lightning Sessions were also introduced this year, a total of 32 rapid-fire presentations of selected abstracts.

The exhibition provided an opportunity for solution providers and sponsors to promote their products and services to attendees. It also served as a networking venue for during lunches and breaks, as well as during the Aussie Sundowner on the last day which gave them a chance to taste some local food and interact with native animals. The delegates also enjoyed the Gala Dinner, enriched by entertainment and delectable cuisine.

This year also saw the introduction of the first ever Design Jam event at the Congress. The one-day activity brought together bright thinkers from across the health sector to develop innovative and viable solutions for key problems. The teams pitched their ideas at the end of the day to an expert panel and an audience of interested delegates.

Before the Congress, a number of pre-conference events took place:

- Dell Medical School Professors Elizabeth Teisberg, Scott Wallace, and Alice Andrews conducted the two-day Redefining Healthcare Workshop
- Novartis hosted the Potentially Preventable Hospitalisations Thought-Leadership Forum
- Health Innovation, Investment and Research Office (HIIRO) of the Department of Health, Queensland had the Global Advantage and Practical Guidance for Conducting Clinical Trials In Queensland Workshop

A number of delegates joined the pre-conference site visits to Princess Alexandra Hospital and the Translational Research Institute, Lady Cilento Children’s Hospital and the Centre for Children’s Health Research, and Institute of Health and Biomedical Innovation.
A mobile app was used again during the event to provide delegates with easy access to the program, speakers, maps, sponsors and exhibitors, as well as other helpful information. It also enabled them to share their experience and interact with fellow delegates online.

The Congress spotlighted some of the key issues impacting healthcare and health services across the world and was hailed by delegates as an enjoyable, informative and valuable event. From the online post-event evaluation survey conducted, respondents rated the overall Congress 4.39 over 5.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall program</td>
<td>4.32</td>
</tr>
<tr>
<td>Keynote sessions</td>
<td>4.45</td>
</tr>
<tr>
<td>Plenary panel discussions</td>
<td>4.32</td>
</tr>
<tr>
<td>Concurrent sessions</td>
<td>3.92</td>
</tr>
<tr>
<td>Poster displays</td>
<td>4.0</td>
</tr>
<tr>
<td>Exhibition</td>
<td>4.0</td>
</tr>
<tr>
<td>Design Jam</td>
<td>4.05</td>
</tr>
<tr>
<td>Gala Dinner</td>
<td>4.4</td>
</tr>
<tr>
<td>The Asia Sundowner</td>
<td>4.4</td>
</tr>
<tr>
<td>Networking opportunities</td>
<td>4.3</td>
</tr>
<tr>
<td>Registration process</td>
<td>4.65</td>
</tr>
<tr>
<td>Updates and communications</td>
<td>4.45</td>
</tr>
<tr>
<td>Mobile app</td>
<td>4.33</td>
</tr>
<tr>
<td>Congress location (Baituna Convention and Exhibition Centre)</td>
<td>4.78</td>
</tr>
<tr>
<td>Signage around the venue</td>
<td>4.3</td>
</tr>
<tr>
<td>Food and beverage</td>
<td>4.41</td>
</tr>
</tbody>
</table>

Videos, photos, presentations, posters and other materials are available on the IHF Website.

World Hospital Congress in Oman

IHF MUSCAT
43rd World Hospital Congress

The IHF World Hospital Congress continues to be a unique global forum that brings together leaders of national and international hospital and healthcare organizations to discuss key drivers of national and international policy, management, financial trends and solutions. It remains to be a venue for multidisciplinary exchange of knowledge, expertise and experiences in leadership in hospital and healthcare management and delivery of services.

Preparations are now fully underway for the 43rd World Hospital Congress which will be held on 6-9 November 2019 at the Oman Convention and Exhibition Centre in Muscat. The Ministry of Health of the Sultanate of Oman is proud to host the event with the overarching theme “People at the heart of health services in peace and crisis”.

Please visit www.worldhospitalcongress.org for more information and updates.
Awards

The IHF Awards was presented for the 4th time at the 2018 World Hospital Congress to celebrate the innovation, excellence and best practices of public and private hospitals and health service delivery organizations around the world. It recognized outstanding work in the categories of Leadership and Management, Quality & Safety and Patient-centered Care, and Corporate Social Responsibility.

The program also honored projects and programs at a health system or facility level of proven excellence in multiple areas, in the most prestigious award, the IHF/Dr Kwang Tae Kim Grand Award open to Full and Associate IHF Members only.

A total of 160 entries were submitted from 118 organizations in 33 countries - the highest number of submissions received since the Awards program was launched in 2015.

The overall quality of the awards was impressive and showed that many organizations are striving to improve a multitude of health care and service delivery aspects. After extensive review by the panel of judges, 27 winners and merit awardees were selected. The Award plaques and certificates were presented during a special ceremony at the World Hospital Congress.

The Gold Winners of each of the categories are as follows:

IHF/ Dr Kwang Tae Kim Grand Award:
Dental Health Services Victoria (Australia): Value-based healthcare: A new approach to improve oral health outcomes

IHF/Bionexo Excellence Award for Corporate Social Responsibility:
Fundación Cardioinfantil Instituto de Cardiologia (Colombia): Give a Life

IHF/EOH Excellence Award for Leadership and Management in Healthcare:
University of Utah Health (USA): Value Driven Outcomes (Implementation of Data Driven Approach to Manage Utilization of Resources and Improve Quality of Care)

IHF/Austco Excellence Award for Quality & Safety and Patient-centered Care:
Metro South Health, Queensland Health (Australia): Gestational Diabetes Mellitus (GDM) App and Interactive Clinician Portal (Internet Based)

For the full list of Winners and Merit Awardees, please visit the IHF Awards website.

Gold Winners presented their winning projects and programs at a dedicated concurrent session and Silver, Bronze Winners and Merit Awardees had posters displayed at the Congress exhibition.

The videos, presentations and posters by Winners and Merit Awardees are published on the Awards Resources section of the IHF website, with the aim of enhancing visibility as part of the IHF knowledge exchange platform.

Selected winners will be invited to conduct webinars in 2019 and have been invited to publish articles in the first issue of the IHF Journal in 2019.

All Excellence Awards are now sponsored by corporate partners, Bionexo, EOH Health, and Austco. We wish to thank these companies for supporting our efforts to recognize deserving projects and programs.

Our warmest gratitude goes to Dr. Kwang Tae Kim, former IHF President, for his initiative in starting the Awards program and his generous sponsorship of the Grand Award.

The IHF Secretariat aims to further improve the Awards and encourage more organizations to submit their projects in 2019. It is committed to continuously recognizing healthcare providers that are leading the quest for excellency and innovation.
SPECIAL INTEREST GROUPS

University Hospital SIG

The University Hospital SIG chair & Secretariat distributed a survey among the SIG members to elucidate a common interest for the following collaborative of the group. Among the various topics proposed, there was a broad consensus on the strategic need to investigate innovation management practices. This year, 2018 set the scene for the collaborative “Management of innovation; development and dissemination by UH. Implications of disruptive innovation”.

The collaborative was designed as a three-year cycle. Several calls took place throughout 2018 to determine the main threads to explore. For example, identifying common strategies to harness innovation by looking at which entity is driving/commanding it (the University side or the Hospital side?). Other aspects included in the conceptual framework included a global description of different national regulations linking educational centers to the industry; the description of different market developments: the push versus pull process; negotiation margins for start-ups and UHs for financial support; the role of UHs as incubator hubs; finally a look into regulation frameworks nurturing the relation with the health industry, in particular with big corporations to enable the translation of ideas into products.

This year was rich in exchange and decision-taking among the UH SIG members in response to the project launch. It was agreed that most of 2018 would be devoted to narrowing down the different mechanisms, to assess the innovation process, establish the guidelines/framework and draw up the survey to collect a standardized set of basic information. The IHF Secretariat identified key UH worldwide for the collection of basic information (+150 UHs worldwide on a first screen). The HUG (Hôpitaux Universitaires de Genève) contributed with survey design and timeline distribution. Further down the line, the secretariat and chair of the SIG agreed on the next two exercises, namely the collection and analysis of survey responses on the pipeline, the development of an instrument to accompany a secondary internet-based study on governance structures for innovation, both ongoing. Preliminary results will be presented by the UH-SIG at the 43rd World Hospital Congress in Oman.

Healthcare Management SIG

During 2018 the HM SIG scouted Professional Healthcare Management Associations worldwide, at national and regional level. It was agreed by the Steering Committee to investigate the association’s activity in healthcare management by continent to identify interesting counterparts, establish a regular collaboration with them for massive use of the tool and potentially to gather regional resources. The starting point was set to target groups mature enough to undergo the process autonomously and equally capable of providing ad-hoc resources to populate the self-assessment platform on healthcare management and leadership competencies. In this respect, on occasion of international activities, attendance to congress, conferences and other, the HIS Secretariat established links to a varied group of professional associations and sowed the seeds for regional clusters, such as the Mediterranean cluster (Spain, Italy, Portugal, Greece), the Eastern European cluster (Poland, Ukraine, Moldova, Romania, Hungary), the African cluster (Nigeria, Kenya) and LATAM cluster with Brazil as main contributor. One of the most significant approaches was led by the Australasian College of Healthcare Executives to India and other Asian healthcare management associations.

The group has also developed an important collaboration with Academia and Education Accreditation Institutions in order to map competencies and curricular activities, with the aim of conferring robustness upon the Global Competency Directory as a referential tool.

Following the IHF training of healthcare services managers in Iran, the massive utilization of the self-assessment platform enabled the acquisition of enough standardized information to proceed with a robust analysis of perception and self-rating of competencies among Iranian healthcare executives. The output of the correlation analysis was presented during the Brisbane congress in a joint presentation with Iranian delegates. Furthermore, this exercise highlighted the advantages for national healthcare associations of observing healthcare executives’ acquaintance with competencies and how this impacts the profession in the country.

Prof. Marc Noppen

HM-SIG Session during the WHC in Brisbane
Investor Owned Hospitals SIG

The year 2018 has seen the consolidation of the IOH SIG group with the description of the conceptual principles guiding upcoming collaboratives. The purpose of this group is to spur the activity of the IHF within the private sector: working towards a community of private actors within a knowledge hub of investment strategies, which would include ancillary services such as consulting and financing services to the private healthcare industry. In these first months of activity, the group explored which activities would most favor the hub. The collection of information was a priority.

The IHF Secretariat focused on producing a database of private healthcare organizations, including healthcare providers, professional associations and business federations. Other initiatives were discussed, identifying the idea of a marketplace, whereby the IHF would be the manager authority, representing a conglomerate of best minds nurturing exchanges within the private sector. It is a fact that markets are fragmented and actors isolated: a marketplace has the vocation of counteracting isolation, facilitating symbiosis between uncertainty and knowledge and gathering resources under the same umbrella, thus acting as a catalyzer. Once the group objective was defined, the terms of engagement for the members as well as their functions were designed accordingly.

Group Purchasing SIG

The activity of the Group Purchasing Organizations SIG resumed the last quarter of 2018, with an insitu meeting at the premises of RESAH one of the former participants. The RESAH agreed to take up the secretariat role, accepting responsibilities for the next round of projects. Together with the IHF Secretariat, the GPO group agreed on the next set of guidelines and timeline for the collaborative to come, on Value-Based Procurement. While the Secretariat will rebuild on the SIG membership base, the RESAH has been exploring current models for Value-based procurement within some European partners, with the idea of translating all this for future partners worldwide and finding major common trends or patterns.

Ultimately, the core members agreed on the precise roles and outcomes for presentation at Brisbane, to help spread word of the platform. The core group gathered for a working meeting prior to the session in Brisbane to discuss future trajectories, including: looking at strategic methods to improve funding, financing mechanisms and healthcare delivery services in private settings; promoting best practices and acknowledging the key role of private healthcare organizations in covering public health needs; highlighting the specificities of operating in the healthcare market environment; envisioning the future of healthcare delivery and identifying opportunities for globalization in healthcare service delivery. The 2018 agenda included setting a calendar for international projects, mindful of the specificities of healthcare delivery models on the private scene. The IOH SIG has initiated an exploratory process on investment strategies in emergent countries, namely greenfield versus brownfield, to catalogue the typology of success factors, identifying opportunities, avoiding pitfalls, learning from experience and general contextual factors such as the regulation of banking services, competency, corruption and other geographically and culturally intrinsic factors affecting the possibilities of success for both greenfield and brownfield investments.
The CEO Circle held an interesting webinar in January 2018 and published a newsletter in April 2018 with the report on activities to the members. Following the members survey on the common challenges faced by CEOs, it was agreed to work towards the idea of twinning for mutual learning. The group investigated the limits of applying a Mentoring Program on an international basis. In this respect, the IHF Secretariat was invited to co-draft an article on the outcomes of this survey and discussions with the Chair of the group, to present opportunities the IHF opens through regular activities of the CEO Circle and the launching of an International MP for CEOs. This was followed by the Secretariat’s launch of a proposal for a specific intra-CEO Circle Mentorship Program. ‘What can Mentorship Programs bring to CEOs in-hospital’?

To decide upon the frame, the group invited a few key CEOs to reflect on why an institution may want a Mentoring Program; how to set concrete goals for the CEOs and involve people. The result was a well-attended session in Brisbane with a case-mix of initiatives, perspectives and personal experiences, centered on the activity of mentoring. The main message of these success stories from our delegates was that while both mentees & mentors needed clear support from top managers, they mostly needed feedback from peers. It was put on the table that an international mentoring program success would be dependent upon the interesting factor of crossing different backgrounds, cultures, functions and responsibilities.

In May 2018 I was a speaker at the 3rd Symposium of Santa Rosa Hospital in Brazil that discussed Hospital Management. During the same month, the Governing Council met in Geneva, Switzerland. Our meetings were very productive and I feel that some of our decisions will have a lasting impact on the future of the IHF.

In July I was moderator at the 2nd Brazilian Convention of Hospitals that discussed the development of hospital management and cloud data processing. I also spoke about payment models and value base at the Congress of Catholic Health Institutions in Brazil.

Discussions about the future of healthcare and relative obstacles are at the forefront of worldwide debates which the IHF has been fully immersed in, increasingly recognized as an important reference in these issues.
The most sustainable, efficient and innovative System was the theme of Summit Saúde Brasil, promoted by O Estado de São Paulo Newspaper, which I also participated in, in August.

In September I lectured on the scenarios and perspectives for the sector, analyzing the present and what we want for the future in the FENAESS - Federação Nacional dos Estabelecimentos de Serviços de Saúde Congress - (Brazilian Federation of Health Services Establishments).

Also in September, I was in Philadelphia at the AdvaMed Medtech Conference and spoke about challenges and choices in healthcare, with very interesting insights on innovation and upcoming trends in healthcare. I was then a speaker in Portugal at the 27th Congress of the European Association of Hospital Managers, where we discussed health management in the community of Portuguese speaking countries.

In October, I was at the 42nd World Hospital Congress in Brisbane. The congress discussed Innovate, Integrate and Inspire – How can healthcare evolve to meet 21st century demands? It was truly a great honor to have been a part of this landmark Congress in the history of the IHF.

In November I returned to Brazil for the Anahp Congress – Conahp, focused on Efficiency: How the fight against waste will transform the health system, with the presentation of engaging discussions and speakers from all over the world.

I attended several events in Brazil simply to spread information on the healthcare system and the IHF vision. The IHF has been one of the most fulfilling experiences of my professional life. It is wonderful to see that all over the world there are capable, intelligent people that passionately work every day to make healthcare safer, more effective and more sustainable.

The IHF is the best place to build a truly global network in healthcare. We all have much to share and even more to learn from leaders from all over the world. Being part of the IHF makes us better leaders and gives us the tools we need to build better organizations in healthcare.

I am very happy to have counted in 2018 with the invaluable help of my colleagues in the IHF's Governing Council and, especially, of those that participate in the Executive committee. Dr. Muna Tahak, Dr. Risto Miettunen and Dr. Erik Norman have all been more than generous with their time and their commitment and the IHF is a much stronger organization with their invaluable brilliance and support. Along with the dedicated work of Eric de Roodenbeke, we have I believe we not only had a successful year for the IHF, but also helped build the foundations for an even more solid, valuable and closer organization for its community.

Risto Miettunen
IHF President Designate

In 2018 I participated at two WHO meetings as a representative of IHF:

High-level regional meeting - Health Systems Respond to NCDs: Experience in the European Region

16–18 April 2018, Sitges, Spain.

The meeting was organized around 4 specific objectives:

• to discuss policy directions and country experiences for a comprehensive and aligned health systems response to NCDs;
• to highlight the equity and gender dimensions of health systems transformation for better NCD outcomes, including those left behind by traditional, mainstream approaches;
• to explore the possibility of accelerating health systems transformation for faster reductions in premature NCD mortality; and
• to tease out factors that have enabled successful, large-scale health system transformations.

On 29 August 2018, experts from across the WHO European Region met in Copenhagen, Denmark, to discuss the new taskforce’s scope in evaluating and providing further evidence on the economic case for primary health care.

Existing evidence shows that investing in primary care can reduce overall health costs and the use of secondary care. Primary care doctors use fewer resources in terms of hospitalizations, prescriptions, tests and procedures compared to other health specialists. As primary healthcare improves life expectancy and reduces mortality, it provides economic benefits as well as obvious value for health.
INTERACTION WITH INTERNATIONAL ORGANIZATIONS

Interaction with the World Health Organization

WHO European health systems foresight group

IHF was invited to participate in the second meeting of the WHO Health system foresight group meeting in Copenhagen – February 7, 2018.

Anna Riera from la Unio who had participated in the first meeting in July 2017 and IHF CEO were both representing the IHF.

The objective of this meeting was to highlight key trends of health system evolution, to help countries facing the transformation agenda.

Presentation from international experts provided an overview of major factors behind expected changes: OECD perspective on how the evolution of the economy will impact health, country perspective from advanced and emerging countries and views from patient organizations.

In the discussion IHF has underscored the following:

- It is important for the economic analysis to consider the perspective of health service production, and not to summarize hospitals with inpatient services. In many countries, hospitals are major outpatient players both for diagnosis and treatment. In many countries, Hospitals are also moving towards vertical integration, providing first line care right through to rehabilitation.

- Investment for transformation must be considered as infrastructure investment at country level and not as part of the health budget mostly dedicated to funding operation costs. This shift should go hand in hand with better targeting of public expenditures on structural investments.

- In the current paradigm based on GDP (GNI would be preferable) all efforts are focused on reducing costs through business process reengineering and task shifting at a system level. There is also a need to advocate a paradigm change for measuring country welfare. Healthcare leaders could be more active in this discussion as healthcare would be appear very differently with these new lenses.

Other contributions were also supported by IHF representatives:

- Healthcare should be seen as an investment and as a cost. This double perspective is related to human capital development versus household and public expenditures. Healthcare policy makers have a responsibility to talk more positively about benefits of care rather than focusing on avoiding waste. The future will be on making care more relevant to what people expect and want. Strengthening primary care is fundamental for societal cohesion.

- The importance of reforms bringing together health and social care. The need for this to work as a government, and not just the Health Minister on its own. It is also critical to educate high level civil servants working in Health department on macro-economics.

- The importance of a system view, because the future will be shaped by the perception of people more than just technology. Solidarity is at risk in a ruthless world. To maintain solidarity, it is important to assess what are we doing to make it prevalent.

Final take away

We all need to be bold in putting forward matters destined to matter in the future, not only dealing with the consequence of changes but also be active in shaping up the future.

These are all difficult issues, but with the right agenda to support research there are possibilities for providing suitable guidance.

Importance of having a diverse group to work on strategic thinking and policy making.

Importance of being more active in advocacy on healthcare in the global economic and development agenda.

WHO-WIPO-WTO Technical Symposium on Sustainable Development Goals: Innovative technologies to promote healthy lives and well-being

IHF participated in a meeting held on 26 February 2018 in Geneva on the challenges and opportunities faced by the international community in ensuring that innovative technologies are developed and reach patients in order to fulfill the right to health and health-related SDGs. Various stakeholders exchanged their views and experiences on initiatives and partnerships that promote access to health care technologies. They achieved a better understanding of the bene−fits, drawbacks and impact of the various available options. The program was articulated into three panels covering three topics: Global health data, disease burden and the challenges ahead, Technology as a driver of medical progress and access, and How policy choices impact on access to innovative technologies.
Third Global Ministerial Summit on Patient Safety

Dr Satoru Komatsumoto, Vice-president of the Japan Hospital Association attended the Third Global Ministerial Summit on Patient Safety, held 13-14 April in Tokyo, Japan. Attended by 500 participants from 44 countries, the Summit focused on universal health coverage and patient safety. At the end of the Summit, the “Tokyo Declaration on Patient Safety” was issued. The declaration reaffirms the commitment to improving patient safety globally.

The next Global Ministerial Summit on Patient Safety will be held in the Kingdom of Saudi Arabia, 2–3 March 2019. Focus will be on promoting patient safety in low- and middle-income countries; the Jeddah Declaration on Patient Safety will also be launched.

UHC2030 initiative

IHF was invited to be part of the Global Service Delivery Network (GSDN) hosted by WHO to ensure the issue of health service provision is fully considered for Universal Health Coverage.

After an initial meeting for the implementation of the GSDN (Alma Ata June 2017), the IHF participated in the UHC forum (Tokyo December 2017) where it promoted the importance of multi-stakeholder action for integrated care.

To further develop collaboration between the networks created in support of UHC2030, IHF was invited to participate on behalf of GSDN to a retreat organized on 2-3 May in Bonn at the Gustav Stresemann Institute (GSI).

This meeting was an opportunity for learning and exchanging information on what the related initiatives are doing and for discussing future cooperation and modes of exchange (“network of networks” idea).

The outcome was to agree on UHC2030 key messages and on collaboration and working methods, with a clear idea on translating the agreements into action.

The value of UHC2030 to Networks and the global movement toward UHC was reaffirmed: a clear value proposition of UHC2030 is its “brokering function”

Networks clearly articulated interest in deepening collaboration across areas of mutual interest: synergies/joint activities, governance and communication were identified.

Principles of collaboration were formulated: trust, impact, efficiency, adaptability, inclusivity, innovation & experimentation:

- Recognition that more collaboration than currently exists would help to enhance impact and promote UHC
- Possibility, over time, to increase collaboration in the direction of tighter integration but no appetite for consolidation under a single governance and funding model

The UHC2030 Knowledge Hub offers an interactive online knowledge management system to connect country practitioners and policymakers with relevant and high-quality knowledge products and services related to universal health coverage (UHC) and health systems strengthening (HSS). Over the past year, the UHC2030 Knowledge Hub Group has worked to develop a knowledge management (KM) taxonomy, which is now available for broader use.

WPRO consultation on Improving hospital planning and management

The Western Pacific regional Office for WHO organized a regional consultation on Hospital planning and Management with its members States and international experts. IHF was invited to participate in this meeting along with a one-day side meeting organized by WHO–HQ to further develop the position on hospitals in integrated and patient centered health services.

A comprehensive background document prepared by WPRO was shared with participants for discussion, with the aim of enhancing the document submitted to the Regional committee in October 2018.

The consultation provided a forum for participants to discuss issues and share experiences, providing useful suggestions and feedback on
the draft regional action framework on improving hospital planning and management, in preparation for discussions at the 69th Regional Committee.

In this region, the population-based approach is predominantly public and prescriptive while the market regulated approaches are not prescriptive and simply create enabling conditions. Government goals should be looking at health needs and behavior and from there, question whether to purchase health services or provide them. Ownership is very much related to control rights: once the modality of governance is in place at national level, then the statute of hospitals should be considered. Regulation is implemented at different levels: governments but also professional bodies are key to putting in place measures adopted by governments. People involvement is also playing a key role for regulation as people can ascertain whether or not something is put into practice. Financing and regulation can help shift service delivery from current state to expected state.

Recommendations for change were broadly discussed:

- Hospital policy should bring clarity on population-based versus market-based approach as most countries have both. In this context, autonomy and accountability must be strongly interconnected.
- Hospital boards must understand the importance of dealing with issues of its level and avoid delving into operational management. The terminology of public reporting is sensitive for countries. Corporate Social Responsibility is to be considered as part of accountability of hospitals. It is better to list the most relevant management functions to have systematically in place in hospitals instead of just promoting a list of actions to be performed for better management.
- What does it take to get good people for management? Recognition of the importance of professionalization of management as pushed by the IHF: the importance of promoting learning circles for soft skills development. However, it is also necessary to enhance competencies at Ministerial level and hospital level.

Participants recognized that:

1. Hospitals are a vital part of the service delivery system and a core dimension of universal health coverage (UHC). Participants identified key issues and challenges faced by Member States and priority actions that can be taken at a system and facility level.
2. Countries are making efforts to improve hospital performance through improved planning and management. However, they face various challenges, both at a system and facility level.
3. Flexibility is key to success, including the adoption of different solutions according to context, at a national level.
4. Various promising approaches and initiatives are being implemented in various Member States, which provide useful lessons for others.
5. Hospitals should not be separated from the eco and social system in which they operate. Better integration is the way forwards, along with better recognition of their contribution to social and economic well-being.

Full proceeding of this meeting are available: https://iris.wpro.who.int/bitstream/handle/10665.1/14170/RS-2018-GE-34-PHL-eng.pdf.

And the regional framework as it has been adopted by Regional committee.

http://www.wpro.who.int/about/regional_committee/69/documents/wpr_rc69_9_regional_framework_improving_hospital_planning_annex.pdf

143rd session of the Executive Board

The WHO Executive Board sessions was held 28-
29 May 2018 in Geneva, Switzerland. After reported the outcome of the 71st World Health Assembly, three reports were presented to undertake reforms in the governance of WHO. The WHO Director-General was requested by the board to review hosted health partnerships, to ensure compliance with the WHO mission, and to submit a report on meetings of experts and study groups. He also reported on the advancement of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) which was close to be finalized.

WHO Euro Tallinn charter Anniversary Conference

IHF was invited to participate in the 10th Anniversary meeting on adoption of the Tallinn Charter: Health systems for prosperity and solidarity leaving no one behind.

This meeting was an opportunity to reinforce the importance of linking up health and prosperity as well as health and security. Health is considered as the strongest safety net for societies. In the Euro region, it is expected that Targets in reducing NCDs premature mortality will be met. However, strong efforts are still necessary to monitor and reduce financial inequities in access to healthcare. The Euro WHO region will publish a report on each country to monitor access to care and financial protection.

Building on the Tallinn charter, it was important for the anniversary meeting to push on **Include, Innovate and Invest**.

Healthcare systems that work well are drivers of economic growth, however for many Ministers of finance, health expenditure is still viewed as a black hole ([https://youtu.be/ceeS9ncv1hM](https://youtu.be/ceeS9ncv1hM)).

Public healthcare should not compete with health. Public healthcare is not so much about financial resources, but more investing in political capital to push for major changes in behavior.

Innovation with technology should not take away interpersonal relations, on the contrary, healthcare professionals should increase their emotional intelligence. Innovation should not be a goal but a vehicle for supporting better inclusion.

The Tallinn charter advocates a value-based approach. The last decade has seen extensive change, bringing more uncertainty, but also heralding more hope: the challenge is to grasp all opportunities to transform hope into significant actions, placing people at the center with more effective health gains.

- include – improving health coverage, access and financial protection for everyone;
- invest – making the case for investing in health systems;
- innovate – harnessing innovations and systems to meet people’s needs.

**Take away messages**

Redline in Europe is solidarity, equity and universalism: countries are proud of and are holding onto these values.

Why solidarity: the environment has changed drastically over the last 10 years... the political climate was not so much under tension. Never has the poor-rich divide been so pronounced as over the last 10 years. Solidarity should rebalance this trend.

There is an urgent need to consider the small proportion of public health funding, for this importance to increase resources for health sector by a stronger dialogue between finance and health.

Transforming health system must go beyond pilots to make sure we can cope with the challenges we have. This transformation should put people centeredness into reality, leaving no one behind with UHC. The way forward is also through stronger engagement with patients and community to co-create future health services. No health is possible without health workforce involvement. Now more than ever it is important to find best ways to better combine health and social care especially in an ageing society.

For IHF participation in the meeting allowed to push forward the fact that referral care and public health should not be opposed. It is important that public health and primary care do not seek more resources by diminishing those in referral care but rather by fostering more public commitment to increase support to health. The referral organization should play a stronger role in supporting both public health and primary care. All stakeholders will lose out if they expect to mobilize more resources for their own program instead of embracing a system wide approach.

WHO EMRO consultation for Regional Hospital strategy

IHF was invited by WHO-EMRO to participate in an expert meeting to work on the initial background document in support of the draft regional strategic framework. The purpose of this consultation was to seek guidance to enrich the strategy for consideration by Member States at the Regional Committee (RC) in 2018 (as Pre-RC session).

Specific objectives of this two days consultation were to:

- Present a situation analysis of public hospitals in the Eastern Mediterranean Region;
- Share experiences in the area of hospital management within and outside the region;
- Identify key challenges and priorities in the area of hospital care and management in EMR;
- To review and enrich the preliminary draft of a regional strategy for the hospital sector in the EMR;
- Better understanding of the role of hospitals within health system in moving towards UHC through WHO Integrated People centered Health Services (IPCHS) framework

Ensuring people-centered health services that offer universal access, social equity and financial protection, within a primary healthcare-led approach, is critical to the attainment of universal health coverage and the health-related Sustainable Development Goals. Hospitals are part and parcel of this ambitious agenda, supporting the following assumptions:

- Hospitals matter to people. People need and use hospitals; the hospital experience often marks a critical point in their lives. Hospitals are highly visible and sometimes politically controversial.
- People matter to hospitals. The participation of users makes an important difference to the quality of care.
- Hospitals matter to health systems. Hospitals complement and amplify the effectiveness of other parts of the health system. They concentrate scarce resources and have a significant role in providing care and structuring service delivery within well-functioning local health networks.

During this consultation, the IHF supported facilitation of discussion on the hospital framework and more specifically on how to develop stronger management systems supported by professionalized management teams. Referring to the 3 major dimensions in support of the hospital mission (Organizational design, Organizational process and performance enabler), the expert group worked on policy recommendations to countries. Special considerations have been put forward regarding the level of development of countries. Crisis countries that unfortunately are numerous in the region were also approached from a specific perspective to be able to respond to urgency while laying the ground for post crisis situation.

This consultation allowed a full review of draft documents and the possibility for presentation for a Pre-Regional Committee meeting with members States. This work has been well received paving the way for preparing in 2019 a final document to be discussed during the 2019 Regional Committee.

Astana conference on Primary Health Care

The IHF was invited to participate both in the preparation of and the actual conference on Primary Health Care (PHC) organized under the auspices of WHO, UNICEF and Kazakhstan.

The objectives of the conference are to:

- Reaffirm and commemorate the original principles of the 1978 Declaration of Alma-Ata;
- Renew political commitment to placing PHC at the heart of achieving UHC and the Sustainable Development Agenda; and
- Set the stage for a World Health Assembly resolution and the United Nations General Assembly High-level Meeting on UHC in 2019

The preparation of the conference started with a two days meeting in Geneva in April where IHF was invited to join the International Advisory Group (IAG). IAG included representatives of Governments, Donors and other major international NGOs speaking on behalf of health professionals, academics and various stakeholders in healthcare including patient organization. From April to the end of September, preparation was a continuous process, mostly supported by videoconferences and email discussions.

The mission of IAG was to review the background documents in support to the Astana conference and more specifically, to work on the declaration that was to be endorsed by the governments during the conference. This conference was included in a
path towards the UN September 2019 meeting on Universal Health coverage.

Participating in this process was very important, as for the IHF it was critical to avoid replication of the Alma Ata declaration, resulting in long-lasting confusion on the role of referral care in support of primary care, within the context of Primary health care.

Given drastic changes to the context since Alma Ata, it was easier to build up a consensus among the international NGOs participating in the IAG, around the accepted WHO framework on people-centered integrated health services and the priority for Universal Health coverage. It was also made clearer that there are two major and mutually complementary dimensions underpinning PHC: key principles for building up a response to healthcare needs of the population and how to organize and articulate the various healthcare services in order to face priority healthcare needs.

Astana also provided a good opportunity for the IHF to strengthen dialogue with other major international NGOs as well as with the various team members from WHO-HQ and WHO-Euro involved in the preparation of the conference.

As part of this preparation, the IHF took the lead by proposing an official side session, as an opportunity to advocate for breaking the silos, for a seamless approach in supporting health. The session brought the IHF together with international organizations representing patients (IAPO), public health professionals (WFPHA), the family doctors (WONCA) and health Promoting Hospitals (HPH), constituting in itself a strong message on the willingness of these organizations to work better together, for integrated and patient centered health services. This session was facilitated by WHO, and this was also a strong signal on the importance that NGO's representing key stakeholders involved in health service delivery. Finally, this session also reflected on the importance of diversity for an international approach to Healthcare services for the people we serve.

Along this conference preparation and participation, the IHF has also drafted a statement for the participants of the session it organized but although some of the represented NGOs expressed an interest in signing this statement, others have considered that timeline was too short for them to get full endorsement from their respective governing bodies. However, this Statement will be serving for backing up further development of collaboration between IHF and the NGOs participating to this session.

Working together on PHC: Breaking Silos

- Think Global act local (multisectoral approach)
  - Express global agreement on PHC values objectives and process
  - Support coordination among stakeholders along with local health authorities
  - Enhance dialogue at national and local level to provide services to individuals and population

- Identify and work together on obstacles (Integrated services)
  - No competition for patients: focusing on service to individuals and population
  - Promote and implement open, shared and patient own information system
  - Recognize respective contributions and work together for better quality

- Hospitals can do better for PHC (empowering communities)
  - More public health and person centered approach at all levels
  - More resources to support population health and primary care
  - Leverage e-health for outreaching and been more accessible

IHF was also incited to be a panel speaker during an official concurrent session on Integrating PHC-based Service Delivery. This session gave an opportunity to cover the following:

- Explore the concept of integrated service delivery and the implications for primary care and other levels and interventions of care, within and beyond the health sector.
- Reflect on the reforms implemented in invited countries, with a focus on the mechanisms utilized to promote and develop health care networks based on primary care.
- Share new perspectives on the role of hospitals and ways to contribute to high performing service delivery networks.
- Examine key resources in the community and identify critical elements to promote integration of health and social care and increase cooperation with other sectors, such as social protection, education and employment.
  - Explore effective policies and actions to engage patients, families and communities in an integrated health context at every decision level.
This session enabled to share some key messages:

**Think Hospitals Differently**

*Role of hospitals is fast changing*
- From Building, machines & technology to People, Care & information
- From secluded and isolated to open and connected in networks

**Hospitals are resource centers**
- Major international changes are on the way to break solo toward seamless activities
- Support functions are critical for effective PHC: People must come first

**Policy matters for Hospitals supporting PHC**
- Alignment of incentives with PHC priorities toward UHC
- Global effort to reduce waste and variations: transparency, accountability

In addition to the conference, the IHF was also invited for a meeting with the National Republican Center. This is a Kazakh national organization set up by Ministry of Health to promote the improvement of care and service delivery. Discussions were held on the importance of training in management and the path for professionalization in leadership and management. This is at an early stage, but the discussion was still very fruitful. Both sides expressed an interest in exploring all possible venues for collaboration, to better mobilize hospitals executives on the international scene and enhance management and leadership capacities.

**Interaction with the International Committee of the Red Cross**

**Health Care in Danger**

The IHF continues to support the ICRC, in particular with the Health Care in Danger Project. We have continued to chair the Community of Action on protecting healthcare facilities from violence. The IHF is particularly supportive in this area of work because violence at healthcare facilities is unacceptable and contradicts values upheld by the IHF and its members. This project has been concluded, with the development and rolling out of the Security Survey for Health Facilities. This survey can be used by any healthcare facility in the event of conflict or violence. It helps a healthcare facility to measure its level of security and preparedness, focusing on three specific threats: use of heavy weapons, intrusion and massive influx of people into the facility. The survey is designed to assess a facility’s capacity to ensure continuity of operations during or after such events and its purpose is to help the managers to take better decisions and identify the most urgent actions.

The IHF attended the Community of Concern’s meeting held in May 2018 in Geneva. Participants reviewed the current reach by country of the members of the Community to implement the HCiD project at national levels. They discussed on how to strengthen the networks and extend reach, particularly in Africa. After an overview of their achievements, the Community members were asked to assess and report the impact of their HCiD campaigns on the behavior of their respective members. They addressed operationalizing at national level, implying data collection, the coordination of efforts and representation of national bodies at an international level. The Community members will pursue the HCiD project and take stock of the situation at the next CoC meeting.

The IHF has also disseminated among its members the “Massive On-line Open-source Communications” (MOOC) on Violence Against Health Care: a six-module course developed with the Institute of Global Health of the University of Geneva).

The fact that this part of the project is finished doesn’t undermine the continued engagement of the IHF in this initiative. Members of the group are exploring other topics in the fight against violence in healthcare, including the security dimension for example.
Interaction with the OECD

Although it is not possible for IHF to pursue formal institutional collaboration with the OECD, the IHF and OECD Health team engage in a continuous working relationship which enables the continuous exchange of information. IHF supports the dissemination of work from the healthcare team to its entire membership community. The OECD health team is very open in including some of the perspectives promoted by IHF, in their work, especially the role of leadership and management of health service organization in health outcomes.

The OECD is working on Hospital Performance Measurement Indicators; pending issues open for discussion include: expanding the list of indicators, revisiting methodology issues and a lack of cancer indicators. So far, 15 countries have provided data in support of this project, however the project is still at an early stage. For IHF, the major challenge is that hospitals take this type of evidence into consideration for decision making. Globally, the major issue is exploring and expanding data to the public domain, in order to maximize benefits for decision-makers. The measurement of management practices remains an open question for which it would be worth to develop a full research project.

The OECD is also working on hospital costing: so far 11 countries are being studied. Eyes are set on looking at costing and ALOS in relation with AMI outcome data, cost-adjusted to PPPs. Specific interest resides in understanding the causes of such differences and in getting a little more down to a facility data-level. Other specific issues include early discharges, ambulatory surgery development and quantifying the waste derived from avoidable hospitalization.

For the future, the development of research into hospitals focuses on OECD health committee decisions. The health team considers the following worthy of exploration: anatomy of hospital system in OECD countries, nature of institutions called hospitals, diversification of inpatient vs. outpatient care; identification of hospital archetypes: what is a local hospital, a center of excellence, a University Hospital?; how can hospitals rebalance territorial planning issues?

Paris Indicators: Currently looking at community-based chronic care and exploring patient experience of care. It would be ideal to have feedback from primary care. Taskforce acting with leading institutions working on this in support of the OECD. Still at an initial stage and targeting 2023. Working groups on Hip&Knee replacement (Canada), Breast cancer (no leading country), Mental Health (Denmark). At this stage there are no indicators that are reflecting how healthcare services are operating and are managed. This is an area in which IHF will be motoring development with members, to push relevant indicators on management performance.

The IHF provided material in support of a fast track project to clarify the role leadership and management plays in influencing organizational culture and in turn improving clinical outcomes and overall resource utilization. This paper, focused on finding key leadership capabilities, competencies and practices associated with higher performing hospitals and exploring the current and emerging approaches to measuring and assessing them at the individual, organizational and system levels, aims to assess the current capacity for international measurement and comparison of the quality of hospital leadership. This project was presented to the health committee but not accepted.

As part of this collaboration, the IHF published a special issue of its journal (see World hospital section) with the support of OECD to disseminate the work from the health team.

A recorded presentation from Dr Francesca Colombo, the head of the health unit was also presented during the IHF world hospital congress.

IHF has also participated and shared information in the bi-annual meeting of the Healthcare Quality and Outcomes Group of the Health Committee Meetings.
INTERACTION WITH OTHER NGOS AND PARTNERS

Hospital Management Asia

The IHF has had a formal partnership agreement with Hospital Management Asia (HMA) for many years. HMA is an annual conference held around the region for hospital owners, C-level executives, directors and clinicians.

Hospital Management Asia China: 18 to 20 July 2018

IHF was invited to participate in the first edition of HMA-China hosted by Wuxi.

On this occasion, IHF was invited to select projects for the special awards and to present them to the winners. This ceremony was an opportunity to acknowledge dynamic hospital teams engaged in developing innovative ICT projects to support hospitals.

For the conference, the IHF organized a session under the heading of IHF senior management Symposium. This session was an opportunity to promote the importance of building competencies to advance capacities and careers in Healthcare management. It was also an opportunity to mobilize IHF members in the promotion of their work as part of the IHF community.

- Lifelong education for healthcare managers: role of Professional associations (Alexandre LOURENCO, President of the Portuguese Association of Hospital Managers, Executive Committee member of European Association of Hospital Managers) Presenting the role of Professional associations to support Healthcare executives to grow in their field of expertise and to be better recognized by healthcare authorities – Example of Portuguese health care Managers Association and its professional academy.
- The global competency initiative and self-assessment tool (Eric de Roedenbeke – CEO – IHF) Giving a brief overview of the core competency directory and how it is made available to everyone, to assess status and reflect on how to improve own competencies.
- Using competency approach for supporting credentialization: good practices and perspectives (Heather Smith, General Manager of the Shanghai Market of United Family Healthcare) Providing an example of systematic use of competency requirements for professional recognition through credentialization - fellowship programs from ACHE and ACHSM
- Using competencies in support to ambitious change management approach (Anna Riera – Membership director la Unio – Catalonia – Spain). Demonstrating opportunities to further develop the role of management professionals, and to build up a well framed dialogue on who should be able to do what in support of the mission of the healthcare organizations – systemic approach of health service improvement in Catalonia supported by la Unio (healthcare association)

IHF Senior Management Symposium

Once again, IHF hosted the Senior Management Symposium this year, focusing on the topic “How to improve hospital resilience: solutions to face threats and insure continuous operations”. The session aimed to provide participants with practical tools and practices that can help them increase the resilience of their hospitals in situations of natural and human originated disasters. The tools and experiences discussed covered assessment, preparation and responsiveness to threats. Attendees were shown how they can assess their respective situations and put in place enhanced measures to bolster their resilience.

Dr Erin Downey, Adviser - Health Unit, Health Care in Danger at the International Committee of the Red Cross discussed the Security Survey for Health Facilities, a simple but effective tool for evaluating the security of health facilities in the context of armed conflict or the outbreak of violence. The tool also provides an overview of a facility’s level of preparedness to risks and identifies measures that can be implemented to increase its level of security. Practical examples and sample results also supported the presentation.
Dr Koichi Tanigawa, Vice President of Fukushima Medical University and Director of Fukushima Global Medical Science Center discussed the Disaster Medical System and Radiation Emergency Medical System in Japan and what transpired during and after the Great East Japan Earthquake in 2011 caused by the Fukushima Daiichi Nuclear Power Plant accident. He also discussed the lessons learnt from the incident in Fukushima and how they are improving the emergency medical response system.

Chairing the Award Jury for Innovations in Hospital Management Project

IHF CEO chaired the judging panel of the Innovations in Hospital Management Project category of the Asian Hospital Management Awards. Participation in this judging process provided an opportunity to witness development and potential break-through innovation in hospital management from the region. More than 30 projects from 10 countries were submitted in this category and IHF CEO recognized winners during the award ceremony.

Exhibition Space

IHF was provided with an exhibition pod where the Secretariat was able to promote the federation, its activities, special interest groups and resources, inviting hospitals and health facilities to join as members and encouraging delegates to participate in the upcoming World Hospitals Congresses and IHF Awards.

IHF pod at HMA Thailand

ISQua

IHF participated in various meetings of the Accreditation Committee as an observer. This stems from a long-lasting formal collaboration between IHF and ISQua.

The accreditation committee meetings provide an opportunity for IHF to bring the perspective of Health service providers on the accreditation programs under the auspice of ISQua principles.

Among topics raised in AC meetings, the IHF expressed some concerns about the mushrooming of designation programs. Although recognizing the importance of efforts by the ISQUA to find an approach to better identify worthwhile designation programs, the major risk is double. The multiplication of these programs represents a growing cost for hospitals and in emerging countries where market competition is high; this is more serving customer marketing than effective quality improvement. The second risk is that standards for recognition programs will never match the level of requirement for current ISQua accredited programs. There is a risk that designation programs become a lower level accreditation that in the long term may damage status of accreditation.

The IHF regarding the afore mentioned issue is that specific aspects promoted by designation programs should actually be taken on board by regular accreditation programs.

The role of the ISO certification approach is also discussed as there is a move in some part of the world to push for an extension of the scope of ISO certification to fully cover healthcare service providers. While recognizing the merit of ISO certification for very specific processes which are not specific to healthcare, the broadening of scope would bring new large and non healthcare-specific players into accreditation. The risk is that these players, with a very important market, may rule out specific healthcare accreditors that are fully embedded in health service delivery. ISO certification also provides for a lot of business opportunities; this may also make profit making a driver of what is now more a mission driven activity in support of quality improvement.

Lastly, the IHF has also opened a discussion with AC members on the role of accreditation to recognize management leadership and governance practices. As IHF has developed an international competency directory, it is of interest for both organizations to explore possible
mapping to better understand how management and leadership practices contribute towards the performance of health service providers. It was agreed that a working party would be set up to explore how accreditation supports good practices in governance, management and leadership at the level of facilities.

In addition to the active participation in AC activities, this year it has also been possible to reinforce institutional relations between organizations.

The IHF CEO was invited to make a presentation to the ISQua board on the current activities and perspective of evolution of IHF. The ISQua CEO was invited to make a similar presentation during the IHF general Assembly in Brisbane.

Efforts have also been made for cross promotion of respective congresses and activities with both respective organizations at respective congresses.

As ISQua will be implementing a legal entity in Geneva in support of its accreditation program, collaboration between both organizations is expected to go from strength to strength over the next few years.

Cyber security was an important topic discussed during the Forum. Healthcare data is very sensitive and the big challenge is to have all possible data immediately available, whenever required and make sure that it is both protected and not accessible to all. Data protection regulation is a challenge for hospitals and is also dependent on regulations that can differ from country to country.

The IHF participated to the workshop on “Cyberattacks and hospitals: what are the issues?” during which the risks of cyberattacks in hospitals were highlighted. A number of medical devices connected to the hospital network are out of date and this increases risks: poor security of medical devices can impact patient security. All facilities need to be prepared to face and recover from attacks.

Healthcare facilities should consider this risk seriously and ensure multi professional discussion which includes managers, technicians and staff.

Within hospitals, cyber attacks are a growing challenge, not least because of the shift towards care integration. Speakers agreed that cyberattacks limit/block hospital operations and these attacks are a threat to patients’ identities and finances as well as the reputation of hospitals or health facilities. The cyber vulnerabilities of the healthcare sector are concerns for a public health crisis.

**Hospital design**

Cost containment is a key challenge for the healthcare sector. Globalization, an aging population, a rise in multi-chronic conditions and the development of new technologies, are just some of the issues challenging the “traditional” hospital design.

The collaborative project between the IHF, the International Union of Architect-Public Health Group (UIA-PHG) and the Interuniversity Research Center (Department of Architecture – University of Florence – TESIS) aims to collect good practices to reduce hospital operating cost through better design. A matrix has been developed to highlight the decisions that mostly affect design choices which generate costs and to define the decision-making process.

Most of the discussion during the meeting organized in Paris in May, focused on the matrix. Participants underlined the fact that this is a great tool and that we should now focus on the definitions of its different elements. This decision came from the facts that the matrix should be a tool that should have a broad utilization and we should avoid making it too complex because the breakdown can be different in each country. As it is now, the matrix is an effective tool for different types of actors.
(architects, hospital managers, constructors, etc.), in different contexts (developed and emerging countries) as cost containment is a global issue.

During the meeting it was decided that a white paper presenting the project “Reducing hospital operating costs through better design” will be prepared by IHF, UIA-PHG and TESIS. The objectives of this paper are to:

- organize and put together the work done up to date;
- prepare the ground for future developments of the project;
- acknowledge the work of Romano del Nord.

The Paris Healthcare Week was also an opportunity to present the project and matrix to an external audience.

Consensus Framework for ethical collaboration

The IHF attended the Consensus Framework Partners meeting in December. The first part of the meeting was dedicated to the presentation of the new IFPMA Code of Practice, including Ethos, the new tool designed to instill ethics and business integrity for all IFPMA members.

The second part of the meeting was dedicated to the Consensus Framework, its rationale and the current state of play. Partners agreed that this Framework is an important arena where international organizations can share common concerns and challenges as well as working together on same topics.

Kawaldip Sehmi, IAPO CEO, updated attendees on the Fight the Fakes campaign as a good example of our ongoing collaboration. The IFPMA presented their work on Universal Health Coverage and it was agreed that UHC represents a potential area of mutual interest for partners of the Consensus Framework. The group agreed to work together on the Fight the Fakes and to organize a side meeting in conjunction with the 2019 World Health Assembly.
IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE

8th Global Patients Congress

Dr Erik Kreyberg Normann, IHF Immediate Past-President and President of NSH (Norway) attended the 8th Global Patients Congress on “Empowered Patients Building the Momentum” which was held 24th-26th May 2018 in Miami, USA, attended by about 150 delegates.

Dr Normann was invited to give a presentation on patient’s rights and joined a panel discussion on how to advocate and empower the patient organizations.

Dr Normann presented the IHF with reference to its location, in Geneva (Switzerland), close to the WHO (World Health Organization), ICRC (International Committee of the Red Cross), ILO (International Labour Organization), ICN (International Council of Nurses) and WMA (World Medical Association) to mention some of the very important organizations based here.

Dr Normann also presented the Norwegian Hospital and Health Service Association (NSH) and the health system in Norway, based on a Patient Ombudsman in every County. The Ombudsman is a public organ to which patients can complain if they feel they have suffered an injustice. The Ombudsman can represent the patient if they wish to do so. In Norway, each hospital has a user organization with its own representative who attends board meetings with the right to speak. Both these systems are important in the promotion of patient rights and influencing healthcare services development.

Workforce innovations for better performing health systems in Europe

The Instituto de Higiene e Medicina Tropical invited IHF to participate in an international conference on Workforce innovations for better performing health systems in Europe on 3-4 May 2018.

The objective of the conference was to reflect on the need to change the nature of the health workforce to face challenges faced by healthcare services over the next 20 years, considering that future is not about more of the same kind.

During the conference, the IHF CEO chaired a session on policy, planning and governance of the healthcare workforce. This session was an opportunity to examine the potential benefit of the Dutch approach to integrated skill mixing, to enhance patient-centered care. The Portuguese experience in forecasting healthcare workforce needs enables more detailed examination over longer periods, with focus on being able to adjust training capacities ahead of time.

This conference explored factors influencing innovation in HWF. Studies on innovation in HWF are most often small scale and very difficult to rely on for scaling up. Evidence is most often abuse and is insufficient for making a grounded decision. In order to influence decisions, innovation research should link up cost and benefits...When both are not there, information is not very usable for decision-making purposes. Understanding power forces is critical for moving innovation forward.

There is now a need to move from enabling to empowering management, a need to blend managers with the managed. Basic healthcare management is not enough to improve performance, we need to go a step further with system management, organizational management and professional management. Management should be supporting foresight, not just responding to immediate demand.

Today, investing in effective leadership approaches implies ensuring inclusiveness for all health professionals: Clinicians have a major role in mustering team motivation to get the job done.

There is still too much administration and not enough management. To enable more effective management, we need to consider what is useful to know, so as to enhance interaction between professions.
In order to facilitate change we need to consider the duty of local authorities, cross disciplinary system and public health education, in UK the approach to personal budgeting for people, to manage their healthcare with the integrated health service.

Key messages from conference

For healthcare workers, change can no longer be incremental, it must be disruptive and massive to address the importance of the gap in health workforce capacity in respond to health needs.

Innovation in practice is better driven when coming from users (responding to a need): executives must create the enabling conditions and build the culture for a user-driven approach.


International Hospital Technologies Management Conference

The IHF was represented by its CEO to the International Hospital Technologies Management conference hosted in Teheran in January 2018 by the Teheran University of Medical Science.

This conference was an opportunity for international experts and WHO representatives to share views on how hospitals should improve their management of new technologies, maintenance and the utilization of existing equipment.

IHF gave a presentation on the challenge of technology adoption in hospitals, sharing the results from the IHF member survey and white paper on Hospital Technology assessment in University hospitals https://www.ihf-fih.org/download_doc_file.php?doc=73ee50813fa3eac8fd36ced895724cb3 .

By participating in panel discussion, the IHF CEO was also able to highlight the importance of the management system in backing up a decision-making process driven by priority healthcare needs of patients as well as cost/benefit analysis. There is strong pressure from the clinical community for the adoption of cutting edge technologies, especially in University hospitals. This should be met with a prompt response consisting of a pilot site, to enable full cost benefit assessment before adoption at country level.

A workshop was also organized on the importance of professional continuous development in healthcare service management. The global core competency directory was presented to participants as well as the new self-assessment website. This workshop was an opportunity to reinforce engagement with executives from the private sector.

On the occasion of this trip a meeting was organized with the WHO country office to further discuss the role of IHF in supporting training programs for the Ministry of Healthcare and Medical Education. A letter of Intention was signed to formalize strong interest in collaboration to support Hospital Management Professionalization. An initial proposal for training dedicated to Hospital CEOs was discussed, within the scope of Hospital manager training program evaluation, along with the opening of a dedicated center for healthcare management on Kish Island.

EHMA

The European Healthcare Management Association invited the IHF Secretariat to attend their annual conference in collaboration with EMK (Health Services Management Training Centre, Semmelweiss University - Budapest) in June 2018. The topic of the conference, “Making It Happen”, pointed at the need to identify and face challenges due to increasingly constrained resources, by the use and practice of digitalization, innovation and personalization agendas. The event calendar featured over 70 presentations and 12 parallel sessions plus an EHMAtion, sponsored by EIT for young professionals to engage in creative thinking and problem-solving.

Most of the parallel sessions were oriented towards clinical quality improvements in health services, by taking advantage of e-learning, interactive simulation, disruptive innovation. A set of 4 parallel sessions also discussed the e-choices on the clinical side and applications to primary care.

EAHM

The Congress addressed the subject “Redefining the Role of Hospitals - Innovating in Population Health”. Under the patronage of the EAHM, whose role is to consider the mission and responsibility of CEOs, their professional competence and responsibility and to share good practices and expertise while influencing European Union-wide legislation and regulation. The congress focused on the possibility of integrating innovation and technology in order to positively change the healthcare delivery methods and define the role of hospitals of the future. To this effect, the following topics were discussed: People-Centeredness; Integration of Care; Innovative Provision Models; Financial Sustainability and Management Matters.
It was hosted by APAH, the Portuguese Association of Hospital Managers, representing professionals with governing and management functions in the health sector in Portugal. The congress was attended by over 500 hospital managers and directors from a wide range of healthcare organizations, including national and regional from +25 European countries, sponsors and other stakeholders in the health industry.

The IHF contributed by co-organizing the “Management matters” stream, introduced by Keynote Speaker Carl Savage from Karolinska Institute and MC-ed by Georgia Olkonomopoulou from “Elpis” Athens General Hospital and also member of the IHF. GO chaired the discussion and introduced the leaders of the concurrent parallel panels, hosted by:

- Luiz Felipe Costamilan: A competency-based approach to enhance healthcare management: how to make the best use of it?
- Agnès Couffinhal: What waste reduction strategies?
- Jaume Ribera : Management and leadership competencies matter for a change in management and innovation in healthcare

The IHF led the session “A competency-based approach to enhance healthcare management: how to make the best use of it? Chaired by Luiz Felipe Costamilan, CEO of CBEX, attended by the panelists Lorcan Birthistle CEO of St James’s Hospital, Ireland; Eric de Roodenbeke, CEO of the IHF; Marisa Gil Lapetra, Knowledge Strategies Manager of the IHF and Anna Riera-Domènech, Membership director of Unió Catalana d’Hospitals.

Lorcan Birthistle proposed an Irish perspective on the need for a leader&manager standardized framework within worldwide integration, in terms of the professional rationale and organizational view. The national “Director Competency Framework” was described and how it is complemented by the “Management Competency Wheel for Nurses and Midwives’ managers”. ER provided a detailed presentation of the roadmap to the competency-based career development framework. Focus was also on how the IHF, in conjunction with +15 national organizations (as well as PAHO) formed a consortium to build a consensus on core competencies for health service management, explaining the rationale behind and the immediate output: the “Global Competency Directory” as well as the self-assessment tool which was further down the session presented by MGL. The self-assessment tool presentation was supported by analytics based on anonymized results from end-users of the tool, providing an appeal for national healthcare association to promote it among their members. Finally, AR from La Unió, completed the session with next steps or actions on the use of competencies for healthcare executives, namely tools for inducing change, managerial support and practicum for healthcare leaders.

7th International congress of APDH

In November the IHF was invited by the Portuguese Association for Hospital Development to its annual international conference on the involvement of people in healthcare.

The IHF presented a session on what it takes for hospitals to be patient-centered.

This was an opportunity to reflect on the IHF community’s commitment to developing a patient-centered approach and to share the latest development from IHF’s participation in the expert group set up by WHO, for the preparation of a policy paper on the role of hospitals in patient-centered care.

This conference underscored the importance of shared decisions in healthcare, an idea which was first aired over 30 years ago and still has a long way to go. The relationship patient and health professional relationship still requires transformation. The most valuable cooperation is achieved when it becomes a social value. The effective co-creation of health requires collaborative intelligence between patients and health professionals.

Interesting examples of patient involvement were presented along with their role in clinical trials (European Patient academy on therapeutic innovation).

This congress showcased many initiatives by Portuguese public agencies on making information and services fully accessible to all citizens via the web. The national program is very ambitious and healthcare is fully embedded in an initiative that covers all dimensions of citizenship. https://www.simplex.gov.pt/

The national program NotifIQ@ for the notification of adverse events is also a major step towards better
transparency, trust and full patient involvement.


Hospital care reforms in Portugal focus extensively on patient/doctors relationships:

All efforts are currently on reinforcing integration for some targeted conditions (complex chronic situations, palliative care, etc.). At this stage, a program has been developed but is still at project stage because required resources are not yet in place.

There is extensive focus on whether patients, the most vulnerable ones in particular, are well received in hospitals.

However, despite major efforts, health professionals all agree that there is not enough time for “real conversation” between patient and doctor.


Train the Healthcare Management Trainer

IHF was invited to participate in a 3-day faculty development program to improve teaching capabilities in healthcare management, leadership and innovation. Training took place in November 28-30 at IESE Business School, Barcelona (https://fhme.iesehealth.eu/).

There is a strong motivation in FHME to improve healthcare systems and empower patients by improving healthcare leadership and management. New and increasing societal, technological and economical challenges are creating a gap between the competencies acquired by healthcare managers and leaders and the competencies they will need.

FHME addresses the following question:

- What type of leaders will be required to manage future hospitals and healthcare organizations in Europe?
- Which existing or new competencies and capabilities will be required to lead the transformation of healthcare systems in Europe?
- How should leaders and managers acquire new competencies and capabilities?
- How should trainers provide programs and materials to help in this transformation?

This course combines interactive lectures, debate and case method discussions on three topics:

A. The scenario for healthcare management in Europe: dealing with complexity, the role of the future healthcare manager, the career of healthcare managers and executives.
B. Teaching healthcare managers: innovative learning methods, adapting the case method for healthcare executives and senior managers, updating programs based on competencies.
C. New and emerging competencies for healthcare management: presentation of new and free access materials (cases), discussion on cases and teaching notes, incorporating new competencies in the curricula.
Join us in Muscat where leaders of hospital associations and healthcare organizations and industry professionals from around the globe will come together to share knowledge, expertise, experiences and best practices in leadership in hospital and healthcare management and delivery of services.

Take part in discussions on how we can bring people at the heart of health services in peace and in times of crisis and explore how we can be responsive through better resilience, supportive through appropriate health investments and prospective through health impactful innovations.

www.worldhospitalcongress.org