



International  
Hospital  
Federation

# IHF Secretariat ACTIVITY REPORT 2015



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## FOREWORD



The Chicago World Hospital Congress hosted by the [American Hospital Association](#) and the [American College of Healthcare Executives](#) was well prepared under the leadership of Thomas C. Dolan. The Congress provided participants a remarkable program supported by a perfect organization, at a venue designed for networking opportunities and consolidating the spirit of camaraderie among IHF Members. Following this Congress, Mr. Dolan retired from the Governing Council, and on behalf of all IHF Members, I want to acknowledge the great work he has accomplished in supporting the IHF's transformation with his inspiring leadership and his pragmatic vision of the IHF's opportunities.

This year established a new dynamic for the IHF, as it was the first year that the Federation was included within the annual Congress cycle. Entering into the annual Congress cycle should be beneficial for the IHF Members. Members can systematically schedule the IHF Congress on their agendas, and can join the community of Members on an annual basis in order to keep up with developments in the healthcare delivery sector, while at the same time consolidating their relationships with the global community of leading healthcare providers.

Since the opportunities to travel and to have virtual exchanges are simultaneously increasing, it may seem paradoxical to think that an annual meeting could bring about changes in the membership dynamic.

As the exposure is growing and the virtual platforms are offering an ever-increasing range of opportunities, we believe that it is important to simultaneously move in both directions, and to streamline all the IHF's activities within a one-stop-shop.

Globalization does not mean that the decision makers are no longer facing specific situations and environments. In order to best take advantage of the knowledge and experience of peers around the globe, a high level of confidence is required in order to create a dialogue that will serve professional goals, while at the same time enriching all the parties. Reaching this level of confidence and understanding requires time and opportunities to meet in face to face activities. The World Hospital Congress creates a venue for this purpose, and IHF membership is there to increase a sense of belonging within a single community driven by a common desire to achieve better healthcare for all.

Reinforcing this annual meeting with a user friendly virtual platform is the second pillar upon which the IHF has decided to focus. This year has not yet provided for any visible results, as it was decided to develop a proprietary platform in order to ensure

that any resources that the IHF Members share remain assets of the IHF community itself. In a world of multiple social media platforms, showing signs of one's own limitations by investing into a proprietary web platform it is a significant gamble for the future. This gamble has been made with the assumption that the IHF will only be sustained and developed if its members have a sense of ownership within the organization.

This is the challenge faced by the IHF Secretariat, and is the reason for which new activities will be developed, while at the same time consolidating the existing ones. This year has witnessed the outcomes of two SIGs: the University Hospitals have published a global study on end of life care, while the Executive Associations have adopted the global directory of healthcare leadership competencies. The Chicago Congress also provided an opportunity to launch the CEO Circle.

Along these lines, the Governing Council worked together with the IHF Secretariat on a Business Strategy that was adopted by the IHF Members during its General Assembly. This Strategy supports the efforts to streamline the activities of the IHF Secretariat around the annual Congress, as well as to develop other related activities.

Last but not least, this was also the first year of the IHF Awards, above all the Grand Award sponsored by Dr. Kwang Tae Kim, who completed his IHF Presidency during the year that the first award was conceded. This is symbolic of the extent to which commitment and ownership is important to the IHF.

For the first time, we received a sufficient number of good-quality entries to highlight the dynamism and innovation of the health care providers with the IHF Grand Award and the three Excellency Awards. Nevertheless, we still believe that we have only touched the tip of the iceberg, and are confident that the results will continue to increase over the years to reveal the bright side of service provision.

# KNOWLEDGE SHARING KNOWLEDGE MANAGEMENT

*IHF Official Journal*



This year we have published the four issues of Volume 51 of the World Hospitals and Health Services (WHHS). The most important innovation for this year is the inclusion of the abstracts in the Chinese language. Together with the translation of the abstracts in Spanish and in French, we also aim to increase the journal's audience.

The first issue dedicated to the Asia Region highlighted some of the most relevant presentations and projects awarded at the HMA conference in 2014, which honored hospitals in the region implementing or enhancing outstanding and innovative programs and best practices.

The June issue highlighted health care experiences in Argentina, Brazil, Bolivia, Colombia and Mexico and presented fantastic opportunities for policy makers, health care providers, funders, investors, and the population alike. Another interesting article from the Pan American Health Organization (PAHO) presented the strategic approach to Universal Health Access and Coverage, as well as the four specific lines of action to render it effective.

Issue number three was titled "Virtual health: the next frontier for care", and many of the articles featured in this issue were written by companies that competed at the HIMSS15 Venture+ Forum during the HIMSS annual conference in 2015. The Healthcare Information and Management Systems Society (HIMSS) is the largest global, not-for-profit organization focused on improving health care through better data management and information technology. Since 2007, the HIMSS Venture+ Forum has been the world's best marketplace and showcase for the new and innovative ideas in health information and management systems. The IHF is proud to publish within this volume a number of the more innovative solutions for managing health data presented by new start-up companies who are attempting to achieve the goal of lowering costs and utilizations, while at the same time enhancing care quality for the neediest segments of our population. Our members at the Australian Healthcare and Hospitals Association presented their project (a collection of 200,000 data records that represents innovations from over 25,000

organizations), and how they intend to use this to improve health innovation globally with a virtual, online environment.

The theme of the last issue in December was "End-of-life care: practices from around the world". In this issue, we have presented the outcomes of the collaborative efforts carried out by the University HealthSystem Consortium as the secretariat of the IHF's University Hospital-SIG. The aim of this study was to promote the exchange of knowledge among university hospitals with regard to the current delivery and management of EOL care, as well as to identify areas for improvement. We also presented other experiences on End-of-life care from Australia, Taiwan, the United Kingdom, Pakistan, Spain and France.

## ***IHF Newsletter***

The new IHF website gave us the opportunity to change the format of the newsletter. The information is now immediately posted online and rendered available to the users. Subscribers receive the collection of articles and information once every 4 weeks by e-mail. Have a look at the online newsletter and subscribe to receive it by e-mail. Your opinion is very important to us: we appreciate your feedback and will use it to evaluate potential changes, as well as to make improvements.

## ***IHF Website, CRM and Exchange Platform***

After months of hard work and dedication, we are very excited to announce the launch of our newly designed website ([www.ihf-fih.org](http://www.ihf-fih.org)), with its entirely new look and enhanced navigation experience.

The objective of this change was to make it faster, easier to navigate, more user-friendly, and fully compatible with mobile devices. Our aim is to provide our members with the most accurate and up-to-date information, and for this purpose we have consolidated the information regarding our organization, our work activities, and our commitment to the IHF community. The menus have been reorganized into five main sections in order to provide quick access to the items you are looking for:

- On the about page, you will find information about IHF and its governance
- The events page contains information about the IHF World Hospital Congress, and showcases upcoming IHF Members' events
- On the resources page, you will find all the IHF publications, the newsletter, and lots of interesting resources organized by topic
- The membership page provides information about the various types of memberships and benefits. We have highlighted several members' testimonials and have created an interactive map of our community of members

- On the activities page, you will find all the information about our Special Interest Groups, the CEO Circle, our studies and webinars, and more.

The new website is interactive and provides better access to all our resources: by using the universal search function, you will be able to find any type of public information available in the system. Another new feature of the website, which was originally created in English, is that it can now be viewed in other languages using Google Translator.

The platform provided by Xperedon Inc. is based on the Content Management System (CMS), which allows the IHF Secretariat to control and manage the website's contents.

The platform comes complete with a full Customer Relationship Management (CRM) system. All the users are invited to register with the website, and are granted rights to access the various functionalities and resources based on their status (IHF Member / Non IHF Member).

Once logged in, you will have access to the IHF Exchange Platform. This unique platform has been designed exclusively for IHF Members and provides a unique environment for exchange and interactions. Users can post public or private comments on the hub, follow ongoing discussions, share relevant resources or information with the community, and are also able to create or join discussion groups on various topics.

Additional and even more appealing functionalities will be developed early next year, and we expect to officially launch the platform in April 2016.

The exchange platform is a special service that we have developed for you, and we hope you will enjoy our new website. Please take a moment to explore it, and please feel free to contact the IHF Secretariat if you have any questions or comments.

### **Communication strategy & Visual identity**

We are proud to announce the launch of the new IHF logo as part of the ongoing evolution of our brand. Our organization has grown and evolved over the past decades, and we felt it was time for a change. We have refreshed our logo to reflect where we stand today, and our expectations for the future. The new identity had to satisfy all of the existing expectations of what our original logo stands for, while simultaneously moving the brand forward, striving to maintain its recognizable trademark. We have updated all of our collaterals, printed materials, online presences, etc. with the new logo. If you have used the IHF logo in any of your materials or media, please assist us in updating them by contacting the IHF Secretariat.

This new look is an important part of the IHF strategy, and by following the example of the new IHF logo, we have also created specific logos for the various

IHF activities, such as the Special Interest Groups, the CEO Circle, webinars, surveys, Congresses, publications, etc.



In 2016, much attention will be dedicated to an effective external communication strategy. Our paper and electronic materials will be entirely revamped: we expect to produce new institutional brochures, as well as specific brochures dedicated to IHF activities.

## **KNOWLEDGE GENERATION**

### **HTA in University Hospitals**



**HEALTH TECHNOLOGY ASSESSMENT IN UNIVERSITY HOSPITALS**

Hospitals, and university hospitals in particular, are recognized as the main entry point for health technology innovations, such as devices, medicines, vaccines, procedures, etc. The introduction of technological innovations within the healthcare sector helps to improve the quality and safety of healthcare delivery, as well as the patients' results. However, the high cost of healthcare innovations is a major challenge for healthcare decision makers, and can have a significant impact on the proliferation of healthcare technology, as well as its widespread implementation within healthcare facilities.

The Health Technology Assessment (HTA) aims to provide decision makers with recommendations on healthcare technologies based on scientific analyses.

The IHF Secretariat has developed a survey on HTA practices at University Hospitals. This survey has been launched worldwide among IHF Members in order to investigate the major trends among University Hospitals. The responses were collected between March and May of 2015, and the outcomes were presented during the XXVI ALASS Congress held in September of 2015 in Ancona, Italy. The results of this study were also published in a white paper in order to provide an overview of the major trends in the development of HTA worldwide.

We have received a total of 25 valid responses from 19 countries, and the results showed that out of all

the respondents, 23 university hospitals rely upon the HTA recommendations for decision-making purposes.

More than half (59 %) of those who resort to the HTA recommendations do so systematically. About 40% of the respondents use HTA for capital investments, while 27% to anticipate increases in recurring costs.

In most cases, HTA is seen as a tool for “driving” and “orienting” the decision-making process. However, in 30% of cases it is a mandatory process, and therefore any new technologies will only be implemented based on HTA recommendations.

Almost all the respondents (95%) indicated that they have internal HTA units, and that over 50% complete their information based on the recommendations of the local and national public agencies.

This study shows that almost all the respondents have internal HTA units, and that over 50 % complete their information based on the recommendations of the local or national public agencies.

HTA plays an important and strategic role in improving patient safety and cost-effectiveness, as well as in supporting the purchasing process.

The introduction of a new technology within a hospital requires the short and long-term assessment of both its economic and practical impacts. In most of cases, monitoring systems are in place, and this process is essentially conducted inside the healthcare facility.

Healthcare innovations have a strategic function within healthcare facilities, and this study shows the IHF Members' high level of interest in this topic. We expect to further explore this topic, with particular focus upon the dissemination of best-practices and the definition of the healthcare executive's role. The white paper is available in the [IHF website](#).

### ***Patient Safety Initiatives in Germany***

Further to the publication of an article in our journal about Patient Safety Initiatives in Germany written by Dr. Doris Voit, we decided to publish a White Paper based on the full document written by Dr. Voit.

Dr. Voit is the physician Chair of Healthcare Management at the University of Nürnberg, and works in Quality Assurance and Quality Management at the German Hospital Federation. She also represents German Hospitals at the Federal Joint Committee.

The German legal framework has targeted patient safety as a federal focus, and encourages stakeholders in both the hospital and the ambulatory care sector to develop strategies for patient safety. With patient representatives taking on an increasingly active role at all levels of the German healthcare system, they are increasingly

engaged in the development of safety measures within policies and programs.



Numerous initiatives led to an increase in patient information and empowerment, as well as the further development of relevant learning tools directly from the patients' perspectives, such as

the management of complaint procedures and patient surveys. The government strengthened the patients' power through the “Patients' Rights Act”, and continues to stress the need for all healthcare providers to implement the newly developed minimum requirements for clinical risk management and critical incident reporting via mandatory federal directives.

In this paper, Dr. Voit highlights all the various measures taken by the Federal government and various stakeholders in the healthcare system to improve patient safety, with a special focus upon hospitals.

The German Hospital Federation (DKG) is one of these stakeholders, and is one of the most active in developing and implementing a nationwide promotion strategy for patient safety. From inside, Dr. Voit is well placed to provide a comprehensive and in-depth analysis of the various measures that could inspire other systems in their efforts to improve patient safety.

### ***Global Healthcare Internship Program***

The IHF Secretariat for the 2015 Global Healthcare Internship Program welcomed Allyson English and Leah Magid, both of whom are students at Boston University (Boston, Massachusetts, USA) earning their Bachelor's degrees in Health Science. The focus of Allyson's studies include public health and women's studies, while Leah's are dedicated to epidemiology, health policy and management.

This Program has been designed with a twofold objective. Firstly, the students are given exposure and occasional direct interaction with key international healthcare organizations, which contributes to their professional and career development. For the IHF, its research capacity is enhanced, and its knowledge base and resources are built up. Boston University (Geneva) is the key partner for this program, as it is responsible for the interns' recruitment.

The 2015 internship program lasted for an 8-week period, from 2 March 2015 to 24 April 2015. The tasks assigned to Allyson and Leah primarily consisted of communications with IHF Members and associates in order to assist the Secretariat in the task of developing and implementing its publishing, membership and events strategies. They were also

engaged in research, the preparation of reports/white papers on certain subjects, public relations, and social media activities.

The testimonies of Allyson and Leah with regard to the program are very encouraging, and attest to its value:

Allyson English: Working with IHF and living in Geneva has heightened my desire to pursue a career in the maintenance and organization of international healthcare and aid. Through IHF, I have gained valuable experience working with a team of dedicated individuals, and have observed how a small secretariat can effectively manage a network of members from around the world. My internship experience allowed me to see the administrative aspects of healthcare, and has encouraged me to consider healthcare organizations in a global context. I am inspired by the IHF mission to promote collaboration across national borders, and I believe that such cooperation is essential to the promotion of best practices and innovation.

Leah Magid: Thank you again so much for the opportunity to intern here. Though it was short-term, I have learned a lot and really enjoyed my experience at IHF. Interning at IHF these past eight weeks has made me realize how crucial hospital management is in the delivery and quality of care provided to patients. In my two literature reviews that I conducted during my time here, I have learned about the use of health technology and health technology assessments around the world, as well as hospital-based health promotion programs.

At the time this report was written, interns for the 2016 Spring Semester Program have already been recruited for the period from 29 February to 22 April 2016.

## MISSIONS

### *IHF Healthcare Management Advancement Program (HMAP)*

This year there were no programs delivered, as for IHF it was important to expand on the highly positive delivery in Dubai for this program's initial development.

During the course of the year, the program was presented at several occasions, and it responds well to the needs of fast-growing countries where there is no strong management practice in the health sector. However, it remains difficult to convince the health authorities to invest in such a program at a stage where, in many countries, there is not yet enough clarity on the need for such an investment in education to accompany the professionalization of healthcare management.

In this context, it has been decided that the offering should be expanded to include a full-fledged program consisting of several week-long sessions

structured with the same approach as the HMAP.

The team of experts that IHF has put together is still highly involved in these developments, and is available for more customized education programs.



**IHF Healthcare Management  
Advancement Program  
for health leaders  
(IHF-HMAP)**  
Customized to address  
countries key challenges

Mark Bassett  
Ken Hekman  
Eric de Roodenbeke  
Thomas Vogel

### *Clinique Jolimont Strategic development plan*

As a member of the Belgian Association of Hospitals, the Clinique Jolimont invited the IHF CEO to take part in a strategic day-long retreat on the future of this health care entity, which is faced with the challenging task of managing multiple sites for service delivery, as well as a wide range of services, including social care.

This meeting served as an opportunity for IHF to be challenged by front line practitioners on the key aspects for the evolution of service delivery, which have been put forward in order to mobilize members towards a pro-active attitude in relation to these challenges.

The presentation was extremely well received by the participants representing the various components of the healthcare organizations' leadership. A lively interactive discussion allowed for the generic challenges to be translated into the specific ones faced by the organization.

This intervention by IHF at the request of a Member demonstrates how the IHF Secretariat can bring value to Members on a topical basis and for specific matters.

In order to express its appreciation for the IHF's contribution, the Clinique Jolimont made a donation to the IHF.

## IHF EVENTS

### *World Hospital Congress*

The 39<sup>th</sup> IHF World Hospital Congress was held from 6 to 8 October 2015 at the Hyatt Regency, in Chicago, USA. For the IHF, the Congress continues to represent a forum of enormous value and importance for the assembly of top healthcare leaders from around the world in order to share ideas and solutions for transforming care delivery. The Congress was hosted by the American Hospital Association and the American College of Healthcare Executives, and its theme was "advancing global health and health care". The event was attended by some 700 participants, representing more than 40 countries.

The keynote speaker for the event was Dr. Carissa Etienne, Director of the Pan American Health



Organization and Regional Director of the Americas for the World Health Organization. Other plenary speakers included: Dr. Claudio Luiz Lottenberg, President of the Israelita Albert Einstein Hospital (Brazil); Liisa-Maria Voipio-Pulkki, Director of the Health Care Group for the Ministry of Social Affairs and Health (Finland); Bernard Tyson, Chairman and CEO of Kaiser Permanente (USA); and Maureen Bisognano, President and CEO of the Institute for Healthcare Improvement (USA).



The scientific program was further enriched with concurrent and poster sessions. IHF Member sessions were hosted by National Member Organizations from countries such as Hong Kong, Taiwan, Australia, Nigeria, South Africa, Spain,

Norway, etc. The Special Interest sessions were hosted by the international Finance Corporation, the World Health Organization and others. The topics addressed included:

- Equity and Access to Care
- Quality and Safety
- Patient/Community Engagement and Empowerment
- Healthcare Management and Leadership Opportunities and Challenges
- Innovation in Healthcare Delivery
- Ethics

Congress attendees had the opportunity to visit four of Chicago's premier hospitals, where they engaged in personalized tours of the facilities and heard from the hospitals' administrative leaders. The hospitals visited were the following:

- Advocate Illinois Masonic Medical Center (community hospital)
- Ann & Robert H. Lurie Children's Hospital of Chicago (children's hospital)
- John H. Stroger, Jr. Hospital of Cook County (public hospital)
- Rush University Medical Center (university hospital)

For more information, please visit the [IHF Website](#) and the [IHF Congress Website](#).

For the first time, the IHF International Awards were presented at the Chicago Congress. These included the IHF/Dr Kwang Tae Kim Grand Award, as well as the Excellence Awards for Leadership and Management in Healthcare, Quality and Safety and Patient-Centered Care and Corporate Social Responsibility.

The Congress was hailed as a success by the delegates, who highlighted the rich learning experience received from the scientific program, as well as the opportunities presented to develop new networking partnerships, and build upon existing ones.

At the time this report was written, preparations were underway to organize the 40<sup>th</sup> IHF World Hospital Congress, which will be held on the African continent for the first time, in Durban, South Africa, from 30 October to 3 November 2016 (International Congress from 1 to 3 November). Please visit the [Congress website](#) for more information.

### Awards

The 2015 IHF International Awards were presented for the first time at the Opening Ceremony of the 39th IHF World Hospital Congress. The Awards recognize and honor hospitals and healthcare organizations for innovation, excellence, outstanding achievements, and best practices in areas that are worthy of international recognition.



Participation in these Awards offers unique opportunities to interact and learn from peers and like-minded innovators, and also gives participants a platform from which to showcase the achievements of their organizations and to demonstrate their commitment to improvement and innovation in the healthcare community.

The most prestigious Award is the IHF/ Dr. Kwang Tae Kim Grand Award, which is only open to Full and Associate IHF Members. This Award recognizes excellence and achievements at a health system or facility level in all areas, including quality and patient safety, corporate social responsibility, innovations in service delivery at affordable costs, and healthcare leadership and management practices.

The *Excellence Awards for Leadership and Management in healthcare, for Quality & Safety and Patient-centered Care, and for Corporate Social Responsibility* are open to IHF Member and Non-Member public and private healthcare provider organizations. These Awards recognize excellence or outstanding achievements in the specific fields of Leadership and Management, Quality & Patient Safety and Patient-centered care, and Corporate Social Responsibility.

The panels of judges, which consisted of international experts including members of the Awards Scientific Committee, the IHF Executive Committee, and the Governing Council, selected the winners and runners-up from among the 105 entries from 19 countries submitted for these inaugural Awards. A winner and two runners-up were selected for each Award category.

The Winner of the IHF/Dr. Kwang Tae Kim Grand Award was St Luke's International Hospital (Japan), with the project titled *Measurement and Disclosure of Quality Indicators (QI), which express the Healthcare Quality, and Improvement Activities*. Thanks to this project, the hospital has developed a systematic implementation of measures, which have resulted in a significant improvement in the quality of the medical care delivered.



The Runners-up and projects for the Grand Award were the following:

Seoul St. Mary's Hospital, The Catholic University of Korea (Republic of Korea)  
Project: *Implementation of a Korean 'Global Standard' (Harmony between 'efficiency' and 'equity')*

Metro North Hospital and Health Service, Royal Brisbane and Women's Hospital - Australia  
Project: *The Power to Drive Change - Working together for Excellence: Creating a Continuously Improving Consumer Engagement*

The Winner and runners-up for the Excellence Awards in Leadership and Management in Healthcare were the following:

Winner - Yachiyo Hospital, (Japan) YACHIYO HOSPITAL; Center of SUPER CARE MIX  
Project: *A Comprehensive Care from Emergency to Home for the community*

Runners-up:

Wuxi No.2 People's Hospital, China  
Project: *Establishing New Model of Lean-Hospitals with Asian Characteristics-- From a Hospital Lean Management Chain*

Shikoku Medical Center for Children and Adults, Japan  
Project: *Developing new tools for analyzing financial management of hospitals and how to improve hospital management after the merging of two hospitals*

The Winner and runners-up for the Excellence Awards in Quality & Safety and Patient-centered Care were the following:

Winner: Texas Children's Hospital, USA  
Project: *Advancing Population Health: The Critical Role of Care-Delivery Systems*

Runners-Up:

Aga Khan Health Service, Pakistan  
Project: *Quality Improvement Initiatives by Aga Khan Health Service in the mountains of Northern Pakistan*

St Luke's Medical Center – Global City, Philippines  
Project: *Global Trigger Tool*

The Winners and runners-up for the Excellence Awards in Corporate Social Responsibility were the following:

Winner: Mutua Terrassa, Spain  
Project: *Fundació Integralia Vallès: Paradigm of Professional Integration for Disabled People*

Runners-Up:

Myongji Hospital, Republic of Korea  
Project: *'Good Memory until 100 years school', a local community based integrated dementia management service*

Memorial Hospital of Gardena, USA  
Project: *The National Readmission Prevention Collaborative's Post-Acute Network*

Please take the time to visit the [IHF website](#) for the complete details of the Award winners and their projects.

Other profile-raising platforms for the Award winners in the broader healthcare community include various webinars, as well as publication in a dedicated issue of the IHF WHHS journal. For the 2015 Award winner, this will take place with Volume 52 No.1. of March 2016, and a webinar presentation on 19 February 2016 by the winner of the IHF/Dr. Kwang Tae Kim Grand Award Winner - TSUGUYA FUKUI (President, St. Luke's International Hospital).

The IHF Corporate Sponsorship Award Fund was an initiative launched to engage industry in the Awards themselves. We wish to thank *Bionexo Do Brasil Ltda* for the positive response and support received as a pioneer sponsor of the Awards.

Our warmest regards and gratitude go out to Dr. Kwang Tae Kim, former IHF President, for his sponsorship of the prestigious Grand Award in the amount of 100,000 U.S. Dollars over a period of five years (2013-2018). Dr. Kim's generous support is motivated by his desire to see the IHF Awards become the most widely acclaimed within the international healthcare arena. A section in the March 2016 issue of the IHF journal will be

dedicated to recognizing and honoring Dr. Kim for his career-long work in promoting the delivery of high quality health care services at affordable costs, on both a national and international level.

## IHF WEBINARS

The IHF Webinars were introduced in 2014 with a twofold objective: firstly, to provide IHF Members and non-members with additional educational tools and, secondly, to stimulate and promote peer interaction. In 2015, we organized two webinars. We would like to thank our Associate members at the University Hospital Brussels for making the webinar hosted in April possible, with the participation of Professor Noppen, titled “Urgent issues on healthcare around the globe”, and Barbara Anason and Kathleen Vermoch from the University Hospital Consortium (UHC) for their participation in the session hosted in December.



The recordings of the webinars are available in the [IHF website](#), as well as on YouTube at [IHF FIH – YouTube](#).

## IHF SPECIAL INTEREST GROUPS

### University Hospital



As university hospitals consider how they can increasingly collaborate with peers around the world to advance patient care, the IHF University Hospital Special Interest Group (UH-SIG) provides a forum for these leaders to work together and learn from each other on current topics, as well as emerging issues. In 2015, the UH-SIG conducted a [global benchmarking study on end-of-life care practices](#), which revealed major global differences in how such care is defined, delivered and measured. Survey data was generated from 17 countries, and a summary of the findings has been shared with many important audiences, including the UH-SIG session at the IHF’s 39th World Hospital Congress in 2015. The study’s findings were also published in a special issue of the IHF Journal (Vol. 51 No. 4) World Hospitals and Health Services, titled End-of-life care: practices from around the world, and included case studies and perspectives from a number of different countries. According to respondents from university hospitals and cancer centers in 17 different countries, the primary challenges to providing effective EOL care are communication between clinicians and patients/families, cultural beliefs about death, entrenched staff beliefs about prolonging life, and lack of funding. However, many organizations are implementing improvements in EOL services that support the hospital-wide identification of patients for whom such services are appropriate, screening to avoid needless aggressive therapies, enhanced provider education, and ways to assess quality of

life for terminally ill patients.

In conjunction with the 39<sup>th</sup> IHF World Hospital Congress, the UH-SIG Secretariat hosted a special networking reception at the Vizient’s office in Chicago (formerly the University HealthSystem Consortium). More than 75 leaders representing various university hospitals around the globe attended the event.

In 2016, the UH-SIG is planning to develop a global survey on the relationship and governance models between universities and academic medical centers, and this study will be realized in collaboration with the University of Eastern Finland.

### Group Purchasing



We are pleased to announce the publication of the Proceedings Report titled [Transforming Purchaser/Supplier Cooperation to Improve Healthcare Efficiency: A Global Challenge - Impact of group purchasing on healthcare systems: the way forward in building Hospitals/supplier relationship in healthcare procurement](#).

This Report presents recommendations from key national and international procurement organizations, industry experts, and IHF members belonging to the IHF Group Purchasing Special Interest Group (GPO-SIG) for developing new relations, increasing cooperation among purchasers and suppliers, and improving healthcare efficiency in procurement.



The Group also hosted a special session at the 2015 Chicago Congress on the topic of ‘How cooperation in Public procurement can improve healthcare efficiency: the Challenge of GPOs’.

We would like to thank RESAH-IDF, under the leadership of its Director, Dominique Legouge, for its continued support as the coordinator of the Group’s activities.

As it enters its fifth year of activity, the Group recognizes certain key areas in which challenges remain. These include raising and further developing the profile and importance of procurement among key stakeholders. The need to expand the role, the sphere of influence, and the impact of the Group is also of considerable importance, particularly with regard to industry. The IHF remains committed to its role as the Group’s technical support provider. Please visit the [Group’s dedicated webpage](#).

## Healthcare Executives



This year has allowed for the completion of the work on management core competencies begun in early 2013. Considering the objective (building a global consensus on core competencies), this result is a major accomplishment, and has been rendered possible thanks to the unhindered participation of all the major healthcare executive associations from around the world. This activity is an excellent example of international collaboration resulting in a shared proprietary product by all the participants, while the IHF serves as the catalyst and host for this activity.

Following the second iteration, the group met for a 3<sup>rd</sup> time in Washington DC (USA) at the end of January in order to finalize the [competency directory](#). During this meeting, a consensus was reached and a final version was agreed upon, with the possibility for a final revision being obtained at the meeting hosted at the end of March during the American College of Health care Executive Congress in Chicago.



In addition to the adoption of the directory, the group has also finalized the call to action for the professionalization of healthcare management and the use of the directory itself. This final version was to be adopted following the last round of comments at the March meeting mentioned above.

It was also agreed that each of the members and the IHF secretariat would be specifically advocating for the use of the global healthcare management directory on every possible occasion. This was done at events in Europe, Latin America, Middle East and Australia. Detailed reports from these events can be found in other sections of this Activity Report.

The group also agreed to develop a document aimed at disseminating the directory. This was prepared on behalf of the group by Jim Rice, and was made available during the IHF Chicago Congress for the brief plenary session held to officially launch the directory. During the Congress, the group hosted a well-attended session, and the audience confirmed that this initiative was making a difference in Healthcare management by providing a competency reference that anyone could rely

upon anywhere in the world, for the first time.

In addition to these efforts, the initial work for preparing a fundraising proposal was also carried out, as the group has agreed upon a deployment plan for the next 3 years, mostly relying upon a dedicated web site to promote the directory's various uses, as well as to serve as a repository of resources in relation to each of the various competencies.

Throughout the years, this group has been supported by the American College of Healthcare Executives, which provided secretariat support to the group, as well as the backbone for the technical inputs. The Pan American Health Organization hosted the face-to-face meeting, and even mobilized participants from Latin America and Caribbean countries. All the other members listed in the project brochure contributed to achieving these unique results, as this was the first global initiative involving all the major Health Care Executive professional associations from around the globe.

This year concludes the first stage of this initiative, and opens up many opportunities for the enactment and use of the global directory in the coming years. There is also a clear need for additional collaboration with the academic bodies in two directions. Firstly, for them to consider the directory when reviewing their existing curricula, and secondly, to participate in research demonstrating that better managerial competencies translate into better performance for the healthcare organizations. With regard to the latter, there remains an immense field to be cultivated.

## Investor Owned Hospitals



The GC agreed upon the need for IHF to create a specific arena for Investor-Owned Hospitals. With the current evolution of health care service delivery, especially in the fast-growing emerging countries in Asia, Latin America, Eastern Europe, the Middle East and Africa, we are witnessing a rapid development of investor-owned healthcare facilities. Some of these facilities are owed to local investors, but an increasing number have also been created by foreign investors from both advanced and emerging countries.

To promote this activity, the IHF Secretariat has prepared a brochure outlining the possible activities that could be undertaken at the behest of a Special Interest Group, and has formalized the rules of engagement for this group's members. Like for other groups hosted by the IHF, the objective is to create conditions that will enable participants to develop activities responding to their own priorities with a bottom-up approach.

In relation to the International Finance Corporation, the initiative was presented at their conference in Prague (which is further detailed in the report), and

a specific session was organized during the IHF Chicago World Hospital Conference.

At this stage, the initial launch has been slow because the private sector stakeholders are of a very different nature with different agendas. Large private groups most often consider that they can move forward on their own, while local investors are mostly concerned with their local challenges on a national level. In addition, there have been certain regional initiatives launched over this past year, both in Africa and in Asia, that are attracting attention from the players from these regions. Although it is likely that such initiatives will quickly reach a limit in their actual capacity to undertake and sustain these activities, and will not be as cost effective as relying upon well-established associations, it nevertheless remains challenging to move forward with a truly international activity.

In addition, the IHF platform is the only one that can provide an easy bridge between private investors and the public sector with regard to the need to join forces in order to have their activities better recognized by the policy makers. It is also a unique opportunity for the private sector to better identify and promote their social contribution to public health priorities, as well as the enhancement of healthcare performance, even in terms of quality and patient safety.

This approach will therefore require further thinking, especially after the meeting in Chicago, where it was shown that there is a certain level of interest in opportunities to find investors in support to healthcare organizations, whether expanding on a national level or developing new activities abroad. At this stage, the objective of the IHF Secretariat is to continue to seek a potential champion to lead this activity, as well as to identify areas of activities that are capable of filling certain gaps in the current range of private sector opportunities.

## IHF CEO CIRCLE

In 2015, the IHF Governing Council approved the creation of a networking group designed specifically for the CEOs or Highest Ranking Officials of organizations. This group was designed with the aim of creating a risk-free environment where CEOs could share concerns, discuss topics, and create bonds that may not be available within any other network.

Accordingly, the IHF GC invited Rulon F. Stacey, Ph.D., FACHE, to be the Chair of the [IHF CEO Circle](#), and with his help created the Circle's inaugural meeting in Chicago in October.

The meeting was well-attended by over 40 executives, who discussed how to best make the Circle a success, and how best to interact with the executives going forward. At that meeting, it was decided that in order to be most effective, only the CEOs should be invited to join the group, and that

the group itself should hold educational meetings, opportunities for ongoing discussions through web-based tools, and social engagements to promote open communication.

During the course of the meeting, the group identified several benefits of the IHF CEO Circle, including:

- **Publications:** in order to be effective, the IHF CEO Circle should create publications for the exclusive benefit of its members. Furthermore, in order to achieve the group's full potential, the results of the collaborations and work groups should be considered for international publication.
- **Education:** for a group of this significance, it was determined that not only could we provide for educational sessions exclusively for the IHF CEO Circle, but that we could also attract world renown leaders to provide this education.
- **Networking:** the group discussed how it is often very lonely being the CEO of an organization. With no peers with whom to talk or explore ideas, it is easy to become isolated and less effective. This group will allow for this type of networking solution with personal/social interactions, meetings, and on-going web-based interactions. Success will also be determined by the extent of the interaction between colleagues on a one-to-one basis, both between and after the meetings.
- **Business Benchmarks:** working groups within the IHF CEO Circle will be able to share data and benchmarks more effectively than any other international group of its kind. Maximum focus will be placed upon the creation of benchmarks and potential solutions for IHF organizations.
- **Exclusivity:** the IHF CEO Circle will provide an exclusive opportunity to achieve these desired results. The CEOs will be expected to participate, because they will see opportunities for obtaining outcomes that cannot be achieved with any other similar groups.

In response to the meeting in Chicago, the IHF CEO Circle will begin to obtain more formal feedback from the CEOs. Accordingly, at the end of 2015 a survey was created and sent out to all of the CEOs in the IHF. That data will be collected, analyzed, and used to prepare for the annual congress in Durban in 2016.



# ADVOCACY AND INTERNATIONAL RELATIONS

## INTERNATIONAL ACTIVITIES

### *The IHF President and the IHF President-Designate: Advocacy & International Mission*



**Kwang Tae Kim, MD, PhD**

IHF President

January/October 2015

IHF Immediate Past President

October/December 2015

In 2015, I attended the following meetings on behalf of the IHF:

- The World Innovation Summit for Health (WISH), held from 17 to 18 February in Doha, Qatar. Theme: “Advancing New Approaches to Global Health Challenge”.
- The Korean-American Medical Association National Convention, held from 5 to 8 August in Seoul, Korea. Theme: “Uniting Physicians of Korean Heritage Through Medical Science”.
- The 39th IHF World Hospital Congress, held from 4 to 8 October in Chicago, USA. Theme: “Advancing Global Health and Health Care”. This event included IHF Governing Council meetings and the General Assembly, which I also attended.
- The Asian Hospital Federation Board Meeting, held in conjunction with the Philippine Hospital Association National Convention, from 4 to 6 November. Theme: “Hospitals at the Forefront of Healthcare: Gearing up for Global Challenges”.

2015 was an exciting year for the IHF. The 39<sup>th</sup> World Hospital Congress was held under the experienced leadership of Thomas C. Dolan, the then IHF Immediate Past President, and chair of the Congress Scientific Committee. Under his leadership, Dr. Dolan set an example to be followed by the hosts of future IHF World Hospital Congresses. I would like to thank the co-hosts of the American College of Healthcare Executives and the American Hospital Association for their dedication.

The first IHF International Awards were awarded during the Chicago World Hospital Congress. Much effort was dedicated to setting up and promoting the Awards and judging processes. I would like to take this opportunity to thank the Awards Committee, the Panels of Judges, and the Secretariat for their dedication in making the first IHF Awards ceremony a success.

The IHF Awards were initiated in order to honor, recognize, and increase the visibility of the

innovative practices undertaken by the leadership and management of public and private hospitals and healthcare facilities, with the aim of:

- Addressing the extraordinary challenges faced by Healthcare providers all over the world due to the increasing costs that have placed continuous pressure on hospital budgets.
- Addressing the rising costs of caring for an increasingly aging population with chronic conditions and increasingly demanding patient populations, as well as the advancement in medical technology.
- Addressing the call by patients for greater transparency on actual health outcomes and value-based reimbursement.

The desired goal is to move the IHF’s mission and vision forward by advocating innovation in healthcare delivery and improving healthcare standards on a global scale. The Awards, which involve the exchange of knowledge and experience from around the globe, are ultimately aimed at making the IHF “the knowledge hub” for the healthcare industry.

I would like to thank all the Members and the Secretariat for the privilege of having served as president of the IHF for the past two years. I would also like to thank the Executive Committee, the Governing Council members, the Special Advisors, and the Honorary members for their dedicated support and camaraderie.



**Erik K. Normann, MD**

IHF President Designate

January/October 2015

IHF President

October/December 2015

As President Designate, I attended:

- The Norwegian Hospital and Health Service Association’s annually Leadership Conference. This meeting hosts approximately 400 leaders from all the Hospitals and many of the Municipalities in Norway. My presentation (titled “Leadership skills in Norway. Why it is important to be involved internationally”) focused upon the work the IHF is doing on leadership, by defining the leadership skills needed to manage healthcare performed by the Special Interest Group covering this topic. The President of the European Association of Hospital Managers (EAHM), Mr. Gerry O’Dwyer, also attended the same meeting, and gave a keynote presentation.
- The 2015 International Emergency & Catastrophe Management Conference & Exhibition (IECM), where I gave a presentation (titled “Prepared for Emergency”) on the situation in Norway on 22 July 2011, when 77 people were killed by a single terrorist linked

to the Norwegian Labor Party. There were also Governing Council Meetings, in addition to the Conference in Dubai.

- Parts of the 200<sup>th</sup> World Medical Association (WMA) Council meeting held in Oslo. This meeting was attended by delegates from all over the world, and I attended the Opening Ceremony and a reception at the City Hall held by the Mayor of Oslo.
- I was part of the Steering Committee on the preparations of the Health Promoting Hospitals Conference in Oslo, the 23<sup>rd</sup> International Conference on Health Promoting Hospitals and Health Services, held from 10 to 12 June 2015. I attended a preconference with delegates from various parts of the World, where we discussed the importance of considering “health promotion” among the range of health care services. I also attended the Gala dinner, where I gave a speech and provided information about the IHF and the work the organization is performing.
- I attended the Governing Council meetings during the 39<sup>th</sup> World Hospital Congress. I also moderated a Parallel Session on “Innovation in Healthcare in Norway”. There were three presentations from Norway during this session.

As President of IHF, I attended

- One Governing Council Meeting after closing the 39<sup>th</sup> World Hospital Congress. The Congress was an enormous success.
- The 2015 Building Health Bucharest International Forum, on 22 October 2015. The purpose of this meeting was to acquire impetus from Romania and other European countries on building the private health service. The program was quite good, and the discussions were very inspiring. I was invited as one of the keynote speakers, and offered a presentation titled “Leadership skills: important topics to bring healthcare services forward”. It was extremely interesting to listen to the discussion and to see the willingness of private individuals and companies to invest in healthcare.

I would like to thank Mr. Eric de Roodenbeke and the IHF staff for the job they are doing and the important function they play in securing our organization’s excellent functionality. I would also like to thank Prof. Em. Thomas Dolan, who left the Governing Council and the Executive Committee following the General Assembly in Chicago. His work has been of tremendous importance to the IHF. I would also like to thank the Immediate Past President, Dr. Kwang Tae Kim, for his important contribution to the IHF. His generous donations to the IHF have allowed the organization to establish its Award Program. Finally, I would also like to thank Dr. Juan Carlos Linares for his contribution to the

IHF as treasurer and a member of the Governing Council for many years. I would also like to express my enthusiasm to work together with our new President Designate, Dr. Francisco Balestrin.



**Francisco R. Balestrin**

IHF President Designate

October/December 2015

As President Designate of the IHF, I attended:

- One Governing Council Meeting after the 39<sup>th</sup> World Hospital Congress.
- I arranged for the participation of Dr. Eric de Roodenbeke at the Brazilian National Private Hospital Association’s Congress. On this occasion, I also made a speech in which I encouraged Brazilian hospitals to participate in the next World Hospital Congress in Durban.
- I took part in searching and negotiating sponsorship for the International Excellence Award.
- I had a meeting with the Brazilian Minister of Health, Mr. Marcelo Castro, and presented him with information on the IHF and its activities.

It has only been a short time since I was invested in the position of President Designate. Yet, even in this short time, my admiration for the work of my predecessors in building this organization, and of my current colleagues in the Governing Council, has grown. It is my hope that we will continue to build upon this foundation in order to be even more productive in 2016.

## IHF Special Advisors



**Dr. Leke Pitan**, *Special Advisor for the African Region*, was an IHF Governing Council Member from 2005 to 2011.

The IHF's local activities in Nigeria for the African advisor have been aimed at ensuring the continuity of the structure present on the ground prior to 2015, while at the same time broadening its reach. With the retirement of Dr. A.O Balogun as the Permanent Secretary at the Lagos State Health Service Commission, the transition of the IHF's activities to the next Permanent Secretary, Dr. Jermilade Longe, was seamless. Along with Dr. A.O Balogun, I attended the IHF Governing Council meetings held in conjunction with the International Emergency & Catastrophe Management Conference & Exhibition and the IFM conferences, held from 23 to 27 March 2015 at the World Trade Centre in Dubai, United Arab Emirates.

In June 2015, as part of the widening the reach of the IHF in Nigeria, Dr. Olatunji, Dr. Balogun and myself attended a program organized for the acknowledgement and awarding of the Nigerian Healthcare Excellence Award on 26 June 2015 at the Banquet Hall, Eko Hotel, Victoria Island, Lagos, Nigeria. The event served as an ideal platform to promote and distribute entry forms for the 2015 IHF AWARDS, as well as to preliminarily screen the IHF's own awards and further the necessary collaboration.

At the request of the IHF CEO, Eric de Roodenbeke, I represented the IHF at the 3rd Annual Africa Hospital Expansion Summit 2015, held from 23 to 25 September 2015 in Maputo, Mozambique. My tasks mainly consisted of marketing the IHF's ideals to the individual delegates and those representing the corporate sector. I also conducted successful networking activities aimed at linking the Summit's leadership/organizers with the IHF Secretariat.

Furthermore, I also fulfilled the promise made in the 2014 report that the Health Service Commission would host an IHF member session at the 2015 Chicago World Hospital congress. The choice of the topic and the preparation of the contents were carried out by Dr. R.O Olatunji, Dr. A.O Balogun, the three speakers, and myself. Input was also provided by the Medical Directors/CEOs of various hospitals. The session on the topic of "Achievements and Challenges in meeting Millennium Goals 4 and 5 in Lagos State, Nigeria", was presented on Day 1 of the Congress, 6 October 2015. The speakers for the session, which I moderated, were Dr. Jemilade Longe, the New Permanent Secretary of the Lagos State Health Service Commission, Dr. Olufemi Omololu, Consultant Obstetrician/Gynecologist, and Dr. D.O Imosemi, Medical Director/CEO of Lagos Island Maternity Hospital.

Furthermore, Dr. A.O Balogun, along with speakers

from other countries, offered a presentation at the Hyatt Regency Chicago (the venue of the 2015 Chicago Congress) titled "Breaking the Cycle of Poverty, Ignorance and Disease – Possible reprieve from a New Administration", which included data contributed by the Medical Directors and CEOs of over 20 General Hospitals in Lagos State.

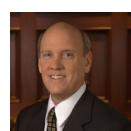


**Dr. Lawrence Lai**, *Special Advisor for the West Pacific Region*, was an IHF Governing Council Member from 2005 to 2011.

In supporting the organization of the IHF Chicago World Hospital Congress, Dr. Lai served as member of the Scientific Committee, the Awards Committee, and the Abstract Review Committee. He promoted the Congress to the Senior Executives of the Hospital Authority at the Hong Kong Hospital Authority Convention. During the Congress, he chaired a session and presented awards to the abstract winners at the Closing Ceremony.

In support of membership recruitment, Dr. Lai met with colleagues from the Singapore Ministry of Health in July in order to further explore Singapore's possibility of joining the IHF. In order to promote sponsorship, he suggested that HKS become a sponsor of the IHF Chicago World Hospital Congress. In July, he visited HKS booths at a World Congress in Hong Kong in order to further explore the possibility of HKS becoming a sponsor. HKS subsequently confirmed its sponsorship for the IHF Chicago World Hospital Congress in September 2015.

On a regional scale, Dr. Lai attended the WHO Policy Roundtable on Quality in Health Services as an IHF Special Advisor.



**Mr. Charles R. Evans FACHE**, *Special Advisor for the Americas Region*. My

activities as Special Advisor during 2015 occurred in the following areas:

- Service as a member of the Global Catalyst Group for Institutional Health Partnerships. This organization is focused on encouraging and supporting the development of institutional partnerships between high income and low income country healthcare services. Organizational members include World Health Organization (WHO), ESTHER France, Health Service Executive Ireland, Tropical Health and Education Trust (THET), American College of Healthcare Executives (ACHE) and International Hospital Federation (IHF). The activities with this group included planning and delivering a pre-Congress session on International Hospital Partnerships prior to the International Hospital Federation Congress in Chicago. The afternoon session included approximately 30 participants and a renowned international panel. The feedback from the session was very positive.



- Participation with the International Healthcare Management Competencies Consortium. The mission of this IHF SIG is to develop a set of international competencies for healthcare management that is both comprehensive and adaptable to a broad array of settings globally. 2015 focused on introducing the Global Competencies Directory, with the highlight being its introduction at the International Hospital Federation Congress. I've also been working with a task group to develop materials to be used in securing funding for this initiative.
- Active involvement with initiatives in the US to encourage institutional partnerships. Once again, I moderated a panel at the American College of Healthcare Executives (ACHE) Annual Congress regarding International Hospital Partnerships. Panelists, in addition to myself, included Jim Rice, PhD, FACHE, Management Sciences for Health, and Eric de Roodenbeke, PhD, International Hospital Federation.
- Presentations and articles to encourage institutional partnerships. Again this year, I was interviewed for articles regarding the white paper that was developed with ACHE.



**Dr. Abdul Salam Al Madani**, *Special Advisor for the Middle East Region*, was an IHF Governing Council Member from 2005 to 2011.

In my report for the year 2015-2016, It gives me pleasure to mention that a synergized relationship has been established with Abu Dhabi – ‘Tasneef’, for them to promote the Future Health Program among the senior management of Abu Dhabi health sector (government and private), an offer has also been sent for them to review and approve. Further, a proposal has been made for ‘IHF’ to play a part as an ‘Advisory body’ for developing the Abu Dhabi National Accreditation.

A formal request was made with the support of ‘IHF’ to the new director general of Dubai Health Authority to replace Dr. Ibtesam Al Bastaki within the Governing Council and the outcome has been that Dr. Muna Tahlak CEO of Latifa Hospital – Dubai Health Authority has been appointed as the replacement, within the Governing Council. Dr. Tahlak will prove to be an asset as she will bring her experiences from both the clinical and managerial aspects, due to the nature of her work and her healthcare associations.

There has been substantial momentum on the process of inviting Oman to become a host country for the IHF World Hospital Congress, the Ministry of Health – Oman has also registered as a Full member of IHF; in an attempt to support their preparation for the IHF World Congress bidding. The program for Senior Healthcare Management /

Future healthcare leaders has been introduced to the Ministry of Health – Oman and there is a keen interest from their side, an offer will be sent across for their consideration in due course.

Encouraging discussions are ongoing with the Dubai Healthcare City, to enhance the level of scientific education and leadership in this region through the formation of an Education council and related courses and short programs. An official delegation from the Dubai Healthcare City Authority will be visiting the IHF Durban congress 2016.

Continuing promotion of IHF objectives and its activities forms an integral part of the conferences and events organized by INDEX Conferences and Exhibitions Org. Est. These annual events encourage both membership and business opportunities.

## INTERACTION WITH INTERNATIONAL ORGANIZATIONS

### *Interaction with the World Health Organization*

#### **The 136th WHO Executive Board**



The [136th WHO Executive Board](#) session was held from 26 January to 3 February 2015 in Geneva, Switzerland.

The priority issues discussed by the Board, which are consistent with the IHF members' priorities, included communicable and non-communicable diseases; health promotion; preparedness, surveillance and response; and health systems.

In her closing remarks, the director General, Dr. Margaret Chan, stressed the need for delegates to maintain the vision of 'a strong and flexible WHO that's well-equipped to respond to the manifestation of ever-increasing kinds of climatic, epidemiological, and complex dangers, including surprises and setbacks'.

The IHF participated in the special session on the Ebola virus outbreak hosted on 25 January. The Ebola Special Session concluded with the unanimous adoption of a comprehensive resolution in which the countries expressed their confidence in the WHO, and acknowledged "the central and specialized role played by the WHO in emergency preparedness and response".

The WHO established 3 phases in its response to the outbreak. Phase 1 (August – December 2014) focused upon a rapid scale-up of the response; phase 2 (January – July 2015) focused upon increasing capacities; and phase 3 (August 2015 to mid-year 2016) is focused upon interrupting all the remaining chains of Ebola transmission, and responding to the consequences of the residual risks.

At the time this report was written, the IHF is awaiting the approval of its official WHO relations status for the 2016-2018 period. These relations with non-governmental organizations serve to strengthen its collaboration and scope on issues relating to global health. The IHF Congress continues to serve as an ideal platform to demonstrate the value of these relationships. We are pleased to announce that WHO Afro will be hosting a special interest session on the topic of "Improving Quality of Care in Hospitals: A Comprehensive Information Technology Solution".

#### **EMRO Workshop**

The IHF was invited to participate to the development of a program in healthcare management for countries in the WHO-EMRO region. This was a

very fruitful initial collaboration in a WHO region where the IHF had not been widely mobilized in the past. Furthermore, this was the first WHO regional initiative that clearly placed the enhancement of managerial capacities in regional hospitals as a priority on its agenda.

The development process was extremely well-conducted by the EMRO team, which began by conducting an assessment of the situation in the region and the perceived priorities from the hospital managers. This assessment served as the background for an initial consultation dedicated to gathering expertise from various parts of the region, as well as expertise from abroad. At this initial meeting, the IHF was represented by its CEO, who presented the work performed by the Health care executives' special interest group on global core competencies. This presentation was well received by all the participants, and contributed to strengthening the consensus regarding the need to enhance the professionalization of healthcare management in the region as a necessary component for achieving better health care performance for the population. At the end of this initial meeting, the WHO-EMRO confirmed its desire to conduct initial training on hospital management by the end of the year, targeting two top representatives from each of the countries in the region.

The second meeting allowed the IHF to participate in the development of the curricula for the first hospital management program dedicated to the countries' leaders. The review of the program with the international faculty ensured that content was customized to the wide-ranging needs of the region, up-to-date with the latest international developments, and relied upon appropriate adult learning approaches. What's more, the program also had to be designed to respond to the institutional set up of public hospitals with a very limited autonomy. The IHF contributed to the development by offering comments and by identifying an expert from the Geneva University Hospital who's a member of the Health Care Management Advanced course faculty.

The third meeting in which the IHF participated was dedicated to the training, and was organized at the end of November 2015 in Cairo. The IHF was responsible for an introduction based on its framework regarding the role and function of hospitals in health systems, as well as a presentation of the competency framework in support of the professionalization of hospital management. This presentation, as well as the section undertaken by the Geneva University Hospital experts, were both well received by the participants, and also met the expectations of the WHO-EMRO.

This development represents an extremely positive movement in the region, and the initiative has been welcomed by the WHO in order to assume leadership

in furthering the agenda of hospital management professionalization. Considering the important needs of the region, additional developments are expected for the coming year in terms of both capacity building and policy development. In order to further strengthen its contribution to the WHO-EMRO initiatives, the IHF has agreed to formalize its support with an MoU. It is therefore expected that the IHF members' network will be mobilized in support of upcoming activities.

## The 68<sup>th</sup> WHA

The [68<sup>th</sup> session of the World Health Assembly](#)



(WHA), held in Geneva from 18 to 26 May 2015, closed with the passing of several landmark resolutions and decisions. The key decision, which related to the IHF and its activities, concerned the finalization of a framework of engagement with non-State actors. The Health Assembly welcomed the fact that the delegates had reached a consensus on many parts of the draft framework. The Director-General was requested to convene an intergovernmental meeting as soon as possible, and to submit the finalized draft for adoption at the 69<sup>th</sup> World Health Assembly, as well as to develop a register of non-State actors for the 2016 Health Assembly. The delegates acknowledged the importance of the WHO engaging with non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions), and of ensuring that the risks of such engagements would be effectively managed on a global, regional and national scale.

Jagat Prakash Nadda (the Union Minister of Health and Family Welfare of India) was elected President of the Assembly.



Mrs. Angela Merkel, Chancellor of Germany, delivered the keynote speech, in which she stressed the following global priorities for the G7:

- To support countries in building stronger health systems to confront neglected tropical diseases;
- To recognize the important role of health in sustainable development;
- To ensure the effective and responsible use of antibiotics for the treatment of both humans and animals, in light of growing concerns in the rise of antimicrobial resistance due to the improper and overuse of antibiotics.

She told the Assembly that Germany would render €200 million available to support developing countries in strengthening their health systems, €70

million of which would be included for countries affected by the Ebola virus in West Africa.

## The 65<sup>th</sup> Session of the WHO Regional Committee for Europe

Dr. Risto Miettunen, a IHF Governing Council Member and CEO of the Kuopio University Hospital (Finland), attended the [65<sup>th</sup> session of the WHO Regional Committee for Europe](#), which was held in Vilnius, Lithuania, from 14 to 17 September 2015.

Health ministers and high-level representatives of the 53 Member States belonging to the WHO European Region, partner organizations, and civil society discussed the following key technical health issues:

- Health 2020: Promoting inter-sector and inter-agency action for health and well-being.
- The European Health Report 2015.
- Priorities for health system strengthening in the European Region 2015-2020.
- WHO European Region physical activity strategy 2016-2025.
- Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in Europe 2015-2025.
- European action plan for tuberculosis prevention and control 2016-2020.
- WHO reform and implications for the Regional Office for Europe.

Among others, progress reports on achieving the health-related Millennium Development Goals, the European Environment and Health Process, the role of health systems, and implementing the International Health Regulations (2005), were also presented. These reports provided updates on the implementation of resolutions approved by the Regional Committee at previous sessions.

## 2015 Annual Healthy Cities Business and Technical Conference

In June, Dr. Miettunen attended the [First Annual Technical and Business Conference of the WHO European Healthy Cities Network and the European National Healthy Cities Networks](#) in Phase VI (2014–2018) held in Kuopio (Finland).

Healthy Cities is a global movement, with networks established in all six WHO regions.

The theme of the Conference was political choices for healthy cities, and was explored through three main thematic strands that reflected the Phase VI themes and priority issues:

- city health diplomacy and reaching out to other sectors;
- equity, resilience and the life-course, with a special focus upon the health of women and the elderly; and

- healthy urban planning and urban innovation and technology, with a special focus upon physical activity and active living in general.

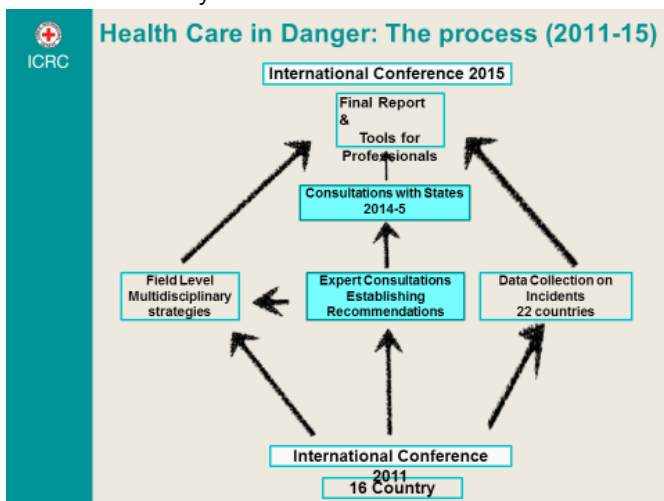
The Conference, which was attended by 302 participants from 33 countries, including representatives from 65 cities and 17 national networks, provided a series of interactive innovative training sessions to promote learning and skill development.

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

#### **Health Care in Danger**

The IHF's participation, which began in 2014 with the series of concerns brought up by the [ICRC](#) together with major professional associations, has actively continued throughout the years.

The IHF Secretariat has participated in several meetings organized under the auspice of the project with national representatives in order to promote the objectives of the [HCiD](#), as well as to highlight the importance of mobilization of all the stakeholders on a national level, above all healthcare associations (where present) or any other relative bodies representing the healthcare service delivery.



OUTCOMES: Safety of Health-care Facilities	
Themes	
<b>Ensure Functioning of Health Care Facilities</b>	<ul style="list-style-type: none"> <li>❖ contingency/emergency response planning including reserve of essential supplies</li> <li>❖ contract with suppliers to ensure repair or delivery during emergencies</li> <li>❖ use of existing tools, eg. WHO/PAHO Safe Hospital Index</li> </ul>
<b>Managing Stress under Pressure</b>	<ul style="list-style-type: none"> <li>❖ preparedness training</li> <li>❖ psychological support to the staff and relatives</li> <li>❖ professional services, patients and relatives care</li> </ul>
<b>Physical Security of Health Care Infrastructure</b>	<ul style="list-style-type: none"> <li>❖ external protection and secure access to hospital (controlling the flow of people entering the facility)</li> <li>❖ buffer zones, clear marking and protection</li> </ul>
<b>Temporary Solutions</b>	<ul style="list-style-type: none"> <li>❖ define and prioritize what shall be available services</li> <li>❖ regular review of situation, contingency planning</li> <li>❖ security through communication and community acceptance</li> </ul>

The report resulting from the workshop held in

South Africa in 2014, which was aimed at finalizing the recommendations on the physical safety of healthcare facilities, was published, and the IHF disseminated it to all its members. The special session lead by the ICRC during the World Hospital Congress created momentum for further attracting the attention and commitment of the IHF members during the course of the year. This effort was also supported by an advocate who had published in the American Professional media.

In order to further commit the IHF's members to this initiative, the IHF Secretariat pledged to support the HCiD and to report on the progress of its activities. This pledge, which was adopted by the IHF governing Council, was put forward during the international conference of the Red Cross and Red Crescent held in Geneva in December. This was the first time that the IHF had participated in this international conference, and it was given various opportunities to support the HCiD initiative, along with other organizations. This intervention contributed to an increase in the buy-ins from national societies and governments, and the HCiD was unanimously recognized by the conference participants as a core activity that the ICRC should continue.

The IHF was asked to facilitate the next phase of this initiative: the implementation of the recommendations. This will serve as the backbone for coming year's activities.

In addition to this implementation, another initiative was also launched by the ICRC with the support of the IHF: the development of a global open source mapping of healthcare facilities. This project under healthsites.io has been initially sponsored by the ICRC.

### **Interaction with the OECD**

#### **OECD Hospital Performance**

Over the past years, the IHF has worked with the [OECD](#) on the issue of multi-morbidity and its implications for the health system. This year, the IHF secretariat was invited to participate in a new OECD activity on Hospital performance. This activity is part of a broader agenda of quality measurement.

This year, two meetings took place in April and November as part of the broader consultation with member States and experts on the ongoing quality measurement agenda.

The initial meeting provided an opportunity to review all the attempts made in the past to identify and measure hospital performance. The member states also provided the various national approaches on hospital and healthcare performance measures. The group is working on a tracer approach using health outcomes for specific medical procedures in order to determine hospital performance.

The performance model that was widely used

as a reference was that developed by the WHO-Euro with the PATH project. In this model, human resources are considered a key factor influencing hospital performance. However, there is no real determination regarding the role of management capacities and abilities in hospital performance. The IHF secretariat advocated for giving more consideration to this aspect, as there is some (albeit weak) evidence that leadership and management practices have an impact on hospital performance. The competency directory that was developed by health care executive associations under the auspice of IHF was put forward on this occasion. These comments have been well received by the participants, and it was decided that, in addition to the different lines of work that were undertaken to develop more evidence on critical performance factors, the dimension of leadership and management should also be further explored.

This activity will continue in the coming year, and it is expected that IHF members will be able to contribute by developing evidence on the role played by leadership and management quality within overall hospital performance.

### ***Interaction with the World Intellectual Property Organization***

#### **Global Challenges Seminar: Advancing a new generation of products to combat Neglected Tropical Diseases (NTDs)**

This meeting was hosted by [WIPO Re:Search](#) on 29 October 2015, in Geneva, Switzerland. The IHF participated as an official Supporter of the program.

The purpose of the meeting was to present the achievements of WIPO Re:Search during its first four years of operation to the Product Development Partnerships (PDPs), as



well as to create and enhance mutual relationships between WIPO Re:Search and participating PDPs. The platform also served as a forum for exchange and discussions aimed at assisting WIPO and its partners in defining the most effective roadmap for the way forward for WIPO Re:Search.

The current situation is that WIPO Re:Search has progressed beyond its early ToR, and now seeks to consider the niche within which it is to operate in the field of Neglected Tropical Diseases (NTD) research, especially with regard to product development partnerships.

The program's successes include:

- Bridging the knowledge and skill gap with scientists in developing countries through the sharing of knowledge and resources. The

scientists are able to upgrade their clinical lab skill, further their own research, and transfer these skills to their own country's institutions (e.g. Cameroon, Egypt, Ghana, Nigeria & South Africa)

- Positive and increasing emergence of collaborative:
  - research and development (R&D) models
  - product development partnerships
  - commitments involving extra public and private financial resources
- The ability to attract collaboration and support from several major pharmaceutical companies
- The assembly of a large database of technology assets
- The creation of an effective partnership Hub
- Fostering the formation of large numbers of partnerships
- Good support for capacity building in developing countries.

The key areas of challenge identified involve:

- Expanding the number of participating companies
- Catalyzing agreements with institutions in developing country
- Attracting new donors
- Responding to requests for financial and technical support from partners in developing countries
- Demonstrating that the outcome of the partnerships can lead to product development
- Difficulty in creating and operating a clearly defined and comprehensive entity
- Failure in shaping a clear long-term vision
- Making the database more user-friendly
- Increasing membership

In his address on the impact of neglected diseases, special guest speaker, Dr. Peter Hotez, President of the Sabin Vaccine Institute, drew attention to the urgent need for more and better therapies, and how initiatives such as WIPO Re:Search can contribute to sustainable solutions. Dr. Hotez and key Discussant, Dr. Remko Van Leeuwen, Project Director of the EU-supported HOOKVAC Consortium, Amsterdam Institute for Global Health and Development (AIGHD), concluded with the following observations and recommendations:

- New NTD trends currently emerging in G20 countries, including rise in co-morbidity conditions with NTD and NCDs (e.g., India)
- The emergence of what Dr. Hotez termed 'blue marble health' where NTDs are prevalent among the poor living in wealthy countries
- The emergence of new market dynamics with the entry of manufacturers from LMICs in the vaccine market

- Increased capacity and drug (vaccine) development capability on a regional level, particularly in Middle Eastern (OIC) countries where the migrant problem has led to a rise in vector borne diseases, particularly in southern Europe
- The introduction of new funding mechanisms/models by:
  - Exploring the role of WIPO as a revenue generator and leader in catalyzing funding collaboration between industry and academia in developing countries
  - WIPO acting as a unique UN agency to finance NTDs
  - Approaching large private funders in other areas of industry (e.g. oil, energy, mining)
  - Redefining the Terms of Reference (ToR) within the public sector in order to generate and attract funding from this area

Although the membership value of WIPO Re:Search is yet to be clearly determined, it does serve as a useful platform for networking, as well as a potential avenue for raising the profile of hospitals and healthcare facilities among other healthcare sector groups. Furthermore, it is worth following the outcome of the roadmap that WIPO is seeking to build, and how the IHF can increase its profile, role and engagement.

### Interaction with the World Bank

#### IFC Conference

As part of a reciprocal collaboration, the IHF was invited to the [IFC Conference](#) held this year in Prague. This Conference is an excellent opportunity to engage with promising private sector health providers, especially from emerging countries. The presentations allow for the discovery of innovative practices and approaches, and the discussions offer an opportunity to better understand the key challenges private sector health care providers are facing when they develop their activities.

Although there was no formal presentation from the IHF, this conference provided an opportunity to disseminate material on IHF activities. A side meeting was organized as a breakfast session for the IHF to present its project for the development of an Investor-Owned Special Interest Group. While the participants showed interest, the main feedback was that they expect an initial platform to be set up and activities to be launched before committing themselves to participate actively. This was an expected reaction from a sector that's under considerable market pressure and that frequently finds itself at a stage of early establishment facing multiple challenges for growth. Considering the fact that this sector is also quite fragmented all around the world, solid virtual communication tools are also a prerequisite for further action.

It is also clear that stronger institutional collaboration between the IHF and the IFC could play a major role in the expansion of such a SIG as a collaborative platform. The IHF has made this offer to the IFC, and is open to any proposals that would be beneficial to both organizations.

The Conference also served as an opportunity for exposure, as the IHF CEO was interviewed during a series of interviews conducted with healthcare leaders, which will be posted on the [IFC website](#).

## INTERACTION WITH OTHER NGOS AND PARTNERS

### Hospital Management Asia

As in previous years, the IHF was invited to lead a specific session during the annual Hospital Management Asia meeting to be hosted for the first time in Myanmar (Yangon, Myanmar, from 3 to 4 September 2015). The IHF organized the session by identifying and inviting the speakers to the Health Leaders Forum. This year's topic was on how private hospitals can be financially sustainable while at the same time providing public health services. This session allowed the scene to be set with two initial presentations on the rapid growth of the private sector in emerging countries, indicating how role of the private sector can only increase. The session's topic is therefore highly relevant, as it is expected that the private sector will take on a growing share with the push for universal health coverage. Furthermore, private health care providers must address the need for quality and patient safety, while at the same time ensuring a positive bottom line. Two examples from Taiwan and from Asia and Africa, from the Aga Khan network's hospital, demonstrated how achievements can be made in providing public health services, while at the same time ensuring the institutions' financial sustainability.

All the presentations are available on the [IHF website](#).

**IHF Health Leaders Summit**  
**Public Health Needs: Quality of Care and Sustainability an International Overview**  
 Dr. David Jaimovich  
 President

**How is it Possible to Be Health Promoter and Financially Sustainable: Experience from Taiwan and Changhua Christian Hospital**  
 CS Liu, MD; Soon SM, MD; Kuo S.J, MD  
 Changhua Christian Hospital  
 September 4, 2015

**Hospitals and Public Health Priorities: Role of Policy**  
 Maureen Lewis, PhD  
 CEO, Acceso Global  
 mlew@accesoglobal.org  
 Hospital Management Asia Conference  
 September 4, 2015, Yangon, Myanmar

**CHANGHUA CHRISTIAN HOSPITAL**  
**Aga Khan University**  
**Can a Hospital Respond to Public Health Priorities and be Financially Sustainable?**  
 August 2015

The IHF was also asked to lead a jury for the Human resource award, which recognizes initiatives of different scopes and natures that set the gold

standard for the industry. Since this year the IHF had also established its own awards, it had been agreed to cross sponsor participation in both awards. This was only an initial attempt, and only a handful of institutions submitted their projects for both awards. It is expected that in following years there will be greater interest from both sides. Limitations will nevertheless remain, since the award categories are considerably different between the IHF and HMA, and HMA has many more specific award categories than the IHF.

A booth was also present throughout the entire congress in order to provide information on the IHF's activities, above all to inform HMA participants about the upcoming IHF world Congress in Chicago.

The IHF's participation at HMA also provided an opportunity to open up discussion with the Myanmar private hospital association and to meet with IHF members from Northern Myanmar.

### **Interaction with Global Partners**

#### **IAPO**

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

In 2015, the IHF supported [Patient Solidarity Day](#), an initiative launched in Kenya by the Morris Moses Foundation in 2011. This year's theme was: "Healthcare is a Human Right - We should all have access to the healthcare we need: good quality, affordable care without fear of discrimination. This is our human right".

We also began discussing a collaborative effort on the Patients' Institutional Involvement and the mapping of good practices to be developed in 2016.

The collaboration with the IAPO is expected to be strengthened in 2016 with both the IAPO's and the IHF's participation in the "Consensus Framework for Ethical Collaboration" initiative, as well as the IHF's participation at the 7th Global Patients Congress, and the IAPO's participation at the 40<sup>th</sup> World Hospital Congress.

#### **The IHF-IUA Project on reducing operating costs by design**

The workshop organized in Florence (in June of 2014) was the first operational meeting between the IHF and PHG aimed at identifying potential synergies in the development of knowledge and technical and operational products for the benefit of both the Institutions' members.

At this first meeting, the priority was to find common ground in terms of priorities for both those in charge of the design and those in charge of the hospitals'

management. The topic of "containing the costs of healthcare facilities" was agreed upon by both parties. It was decided that every aspect of cost containment should be taken into consideration. All the world's geographical areas and socio-economic and cultural contexts should be taken into account during this initial stage. In order to reflect this decision, the topic must be analyzed in a generic way in order to allow for cost containment to be addressed in both the more advanced countries, as well as in the emerging and developing countries. A generic approach will also help to identify universal rules and context-specific features.

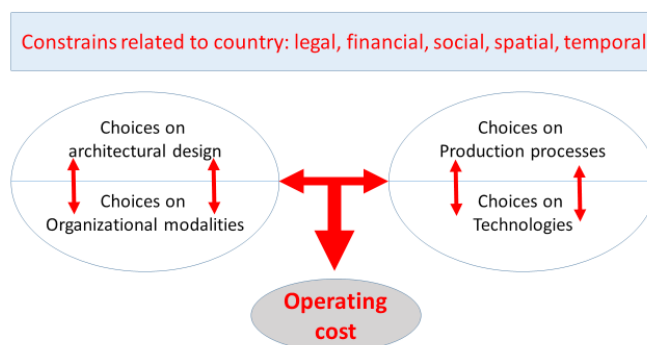
The ultimate goal is to develop guidelines and recommendations that will help steer the design towards solutions that will contain the costs of the initial investment, as well as to contain expenditures during the Facilities' Use, Management and Maintenance.

This workshop resulted in an analytical framework aimed at better identifying all the stages where cost containment can be addressed, and a table in support of this framework was adopted in order to better identify the key stakeholders for each stage and their respective decision making responsibilities in relation to the hospitals' costs.

Since the primary objective was to obtain conclusions and recommendations for operational use, the next step was to identify the "personalities" (experts) with the skills and knowledge necessary to develop "wisdom", in the form of rules of thumb drawn from personal experience, which in turn would be capable of enriching the culture and knowledge of the hospital designers and managers.

The goal of this joint UIA-PHG/IHF project is to share the resulting knowledge with national and international audiences. In order to reach this goal, it is necessary to disseminate good practices and to put in place a mechanism for further improvement alongside future developments.

To achieve this next step, the IUA and IHF decided to organize a workshop as part of the [Geneva Health Forum](#) from 19 to 21 April 2016. Most of the relevant cost containment experiences for each stage of decision making process will be presented during this workshop. In addition to setting up a repository of hospital design experiences in support of the



project's objective, the participants will also refine the framework and identify any critical areas for further research.

The project's ultimate goal is to establish an "open database" of various experiences and management applications in order to obtain a series of "guidelines and recommendations" for steering hospital design towards the containment of the initial investment costs, as well as to reduce expenditures during the course of the facilities' life cycles.

The workshop's preparatory steps included:

1. The mobilization of a group of participants;
2. The refining of the framework and the identification of the best practices for each cost reduction component;
3. The preparation of the workshop and the allocation of the areas of responsibility for each topic;
4. The finalization of the roll-out for the GHF;
5. The outlining of the follow-up process after the GHF.

By the end of October, a group consisting of participants from the four major continents and representing the IHF and UIA was established, with a commitment to participate in the web-based meetings and the face-to-face workshop in Geneva.

A series of four video conferences was scheduled to take place on a monthly basis between November 2015 and April 2016.

The first web meeting allowed the group to receive updates on the previous work conducted, and to agree upon the work methods and the allocation of tasks for identifying resources based on the framework developed by the group itself.

The primary purpose of the workshop's preparatory phase was to identify speakers and participants that would be capable of sparking conversation on the themes of the various workshop sessions based on their expertise.

Each conference call was preceded by the transmission of documents and communications containing the necessary information on the topics to be discussed during the video conference, as well as questions to which the participants were invited to provide answers and contributions.

The commitment and interest shown by both the IUA and IHF participants indicate that this project has significant potential for the IHF community.

The developments expected during the course of 2016 will provide for an initial deliverable, which will guide healthcare executives in their construction projects.

## ISQua

The IHF and ISQua are working together under an MoU. This MoU is intended to facilitate cooperation between both organizations. Both organizations use their communication channels to inform their respective members of activities and membership opportunities, with an agreement in place since 2014 to offer reduced rates for members belonging to both organizations.

The IHF CEO sits on the Accreditation Council with no voting rights. This year, he specifically contributed to the discussion held in April during the annual face-to-face meeting in Chicago on the role played by ISQua in offering a third party review system for programs that would not qualify for accreditation, but nevertheless offer branding or recognition to those who participate in them. The aim is to allow for a review of these programs upon the request of the promoting organization in order to verify that they comply with the criteria of good practice, and that they are not just branding activities aimed at making money.

In this regard, the IHF CEO expressed certain concerns about the multiplication of such "recognition" programs, as most of them are mainly intended for marketing purposes. If such a movement were to continue, then hospitals would face pressure to get approved by multiple programs, which are costly and could ultimately undermine accreditation.

Considering that accreditation is at stake in certain countries, the Accreditation Council decided to develop a paper on the merits of accreditation, and the existing evidence in support of such merits.

The IHF is usually also present at the annual ISQua congress, but the dates of this year's Congress unfortunately overlapped entirely with those of the IHF Congress in Chicago. During this Congress, a working party focused upon the specific challenges posed to healthcare by the ageing population, and the repercussions upon service delivery. This subject is of interest to the IHF, which has already published a white paper emphasizing the challenge of multi-morbidity for healthcare organizations that are not well geared for such patients.

An attempt was also made to schedule board meetings between IHF and ISQua, but the dates of the respective boards were unfavorable to this end.

This collaboration has been fruitful for both organizations, and executives from both organizations hold periodic consultations in order to keep informed about their respective developments.



## IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE

### A Consensus Framework for Ethical Collaboration

In January of 2015, in conjunction with the 135th WHO Executive Board meeting, patients' organizations, healthcare professionals, and representatives of the pharmaceutical industry met to celebrate the first anniversary of the Consensus Framework for Ethical Collaboration.

The Consensus Framework for Ethical Collaboration was created based on the individual codes of ethical practice and the health policy positions of the five signatories' global healthcare organizations: the International Alliance of Patients' Organizations (IAPO), the International Council of Nurses (ICN), the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the International Pharmaceutical Federation (FIP), and the World Medical Association (WMA).

It has been established in order to support collaboration toward patient-centered and high quality care, and is based on four guiding principles:

- putting patients first;
- supporting ethical research and innovation;
- ensuring independence and ethical conduct; and
- promoting transparency and accountability.

This Consensus Framework and the accompanying resources are intended to serve as a toolkit for associations, groups and alliances who wish to develop their own policies.

During the event, examples of the Framework's value and impact on a national level were showcased, above all its progress in countries such as Belarus and Canada.

The official Endorsement Guidelines were established in order to allow other organizations to engage in this initiative, and during the course of the meeting the IHF and the International Generic Pharmaceutical Alliance (IGPA) publicly endorsed the Consensus Framework.



Mrs. Sara Perazzi gave a short presentation on the IHF to the audience, and presented the preliminary outcomes of the survey conducted by the IHF Secretariat on "Ethical code of conduct" in January of 2015. The final report is available in the [IHF website](#).

Mrs. Perazzi stated that the IHF endorses the Consensus Framework for Ethical Collaboration because "we believe that hospitals and healthcare

facilities are the places where interaction between the different healthcare actors takes place. We trust that it is necessary for the healthcare facilities' governing bodies to define clear regulations. It is therefore the responsibility of the healthcare managers to make sure that the ethical practices are put in place and monitored. Finally, it is everybody's responsibility to report bad practices and to ensure the universality, quality and patient-centered nature of healthcare."

A keynote speech was delivered by Dr. Edward Kelley, Coordinator of the Patient Safety Program at the World Health Organization (WHO). Dr. Kelley also participated in the panel discussion moderated by Dr. Xavier Deau, President of the WMA. All the panelists (which included representatives of the IAPO, IHF, IFPMA and FIP) agreed that a multi-stakeholder approach is essential for ensuring ethical collaboration geared towards patient-centered and high quality care. Mrs. Perazzi underlined that "healthcare is a multi-stakeholder system, and the Consensus Framework can therefore have an extremely positive impact, as it represents different healthcare actors. It is also crucial for developing a long term strategy".

For more information on the Consensus Framework, please visit the [IHF Website](#).

### The WISH Forum

For the second time, the IHF was invited to participate in the WISH Forum. At the previous edition, the IHF was represented by its President, Dr. Kwang Tae Kim, and for this edition in, addition to the President, the IHF CEO and Dr. Francisco Balestrin, Chairman of the ANAHP (Brazil) and Governor of the IHF, were also invited.

The program is organized around topics that are prepared by experts chosen by the WISH Organizing Committee, and this does not leave much room for the participating organizations to play an active role during the Forum. It simply provides a good platform for networking, since the organizers invite healthcare leaders from around the world.

The program covers both the clinical care that does not fall within the scope of the IHF's activities, as well as topics that echo certain IHF priorities. For example, this event provided an excellent opportunity to share with the audience that the IHF was conducting collaborative work on end of life care from the perspective of university hospitals. Some of the sessions addressed certain hot topics, like universal health coverage, complex messages for health promotion, genomics and ethics, system thinking, etc.

The forum also provides a venue for organizations to promote innovative public health solutions. The focus is geared more towards community services than hospital-related activities.

## The IECM and IFM Conferences in Dubai

The IHF was invited to offer presentations during both the International Emergency and Catastrophe Management (IECM) Conference and the International Family Medicine (IFM) Conference.

For the IECM, the IHF put together a session on “Global round about on hospital support to major emergencies”. This session, which was chaired by the IHF CEO, provided an opportunity to share highlights from experiences in various countries. From the USA, South Africa, Brazil and Switzerland, the presentations outlined and compared the systems in place to face emergencies of all types, and the specific role played by hospitals within the existing systems. Most countries have specific agencies with high levels of coordination and dedicated organizations. Hospitals are usually part of the response schemes that are coordinated with these dedicated organizations. The Brazilian example also pointed out the role of the private sector, with the example of a leading tertiary hospital that was not only actively prepared to play such a role, but that also communicated this mission and its level of preparedness to the community.

Examples of how hospitals were mobilized in recent situations of mass public threats and unrest were provided by Norway and Hong Kong.

All the slides from this session are available on the [IHF Website](#).

The IHF was invited to participate at the IFM for the second time, and the CEO offered a presentation on the role of payment systems in relation to comprehensive care. For the IHF, participating at the IFM is a way to convey the importance of establishing a link between first line service providers and the referral care provided by hospitals.

### Take away messages

- Comprehensive care is the way forward for Family medicine
- Payment system plays a major role for comprehensive care
- Traditional Fee for service is coming to an end
- Patients will have to fully become partners in care
- But Government and payers have major responsibilities:
  - To set the rules and delineate scope of practice
  - To prioritize activities in relation to public health priorities
  - To decide the limit between social payment and private payment
- Fee can still be paid for activities measured by value but :
  - Requires to revisit fully payment schemes and align price and value
  - Requires important investment in automatized information systems
  - Requires stronger monitoring to adjust payment with evolutions.
- Fee may not cover all : Bundle payment is moving ahead



Slide 19

## Participation in the EHMA Workshop

The IHF CEO was invited to a workshop organized by the [European Health Management Association](#) (EHMA) in Brussels regarding the IMPO (Inputs, Management, Process and Outcomes) model that had been adopted by the organization in order to

create a platform for all members to discuss the possibility of enhancing healthcare efficiency.

On this occasion, the IHF offered a presentation on the developments of the Global Competency Directory for healthcare executives, and how the Directory itself could be utilized to enhance the efficiency of healthcare organizations.

The EHMA Scientific Committee met for a break-out workshop session, during which the participants confirmed the EHMA members' high level of interest in adopting the Global Competency Directory (developed together with a representative of the EHMA) within their respective countries.

## CALASS

The IHF attended the XXVI Congress of [ALASS](#), the Latin Association for the Analysis of Healthcare Systems.



The theme of the Congress, which took place from 3 to 5 September 2015 in Ancona, Italy, was “Health and Technology”. During the three days of the Congress, more than 260 participants from 16 countries shared their knowledge and experiences on various topics, such as HTA, end of life care, human resources for health, efficiency and quality of care, among others. This was an opportunity for the IHF Secretariat, represented by Mrs. Sara Perazzi, to present the study on the impact of HTA for the implementation of new technologies in University Hospitals.

## The Finnish Hospital Executives' seminar in Saariselkä

The hospital executives hold their annual meeting and retreat in Lapland in early September. This allows them to meet in a remote place with ample opportunity to consolidate the team spirit and collaboration among the healthcare executives.

The IHF CEO was asked to share the Directory on Core Competencies for Healthcare Executives. The Directory aroused much interest, and was deemed to be well aligned with the recognized competencies expected from healthcare executives in Finland.

A presentation on the challenges that healthcare services are facing was also offered by the IHF CEO, and served to further the discussion on healthcare reform undertaken by the Ministry of Health. The Minister of Health participated in a session with the executives on the perspectives of this reform within the current political context. The reform would have a major impact upon the role of the Regions and the scope of services relating to healthcare organizations. For this reason, it has been under discussion for a quite some time and its prospects for adoption remain uncertain.

## Institutional Engagement with Patients in Healthcare Operations and Technological Opportunities

During the 39<sup>th</sup> World Hospital Congress, in partnership with Dartmouth College's Center for Technology and Behavioral Health, the IHF organized a workshop on the importance of research in support of methods for sustainable and effective patient empowerment within healthcare organizations. In this context, the use of technology can support major progress by reducing transactional hurdles and by speeding up and extending the communication flows between patients and institutions.

The discussion, which included testimonials from Colombia, France, Hong Kong, Nigeria and the USA, was centered upon the following 4 questions

- How is patient empowerment understood by the institutions and the patients themselves, and what issues are considered priorities?
- What measures are currently in place to support patient empowerment within hospitals?
- How is technology used and perceived by the institutions and the patients, and what effect does this have on patient empowerment?
- What are the current discussions on patient empowerment, and what potential developments can be expected?

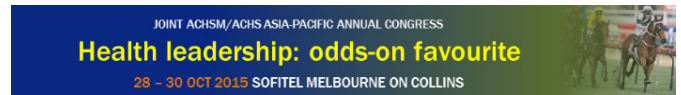
The major outcomes of this discussion were:

- Patient empowerment is seen as a positive initiative, but is not frequently extended to an institutional level.
- There are various constraints involved: payment systems, internal culture, government bureaucracy, and interaction between various forces within the organization.
- The need to extend involvement to families and loved ones.
- The technology should be supportive in this process by developing appropriate tools.
- The introduction of technology within Integrated Healthcare Systems increases service capacity by offloading certain services.
- Technologies play an important role in rural areas or places that have poor access to care.
- Information technology is of crucial importance:
  - to institutions, for efficiency, data and operations. It can have a significant impact upon behaviors and outcomes. Tools can help increase the consistency of therapy, improve quality of care, and can be cost effective, adaptive and responsive to the individual over time.
  - to patients, as it support their empowerment, particularly with regard to disease prevention
- Technology is central to new models of opportunity in health and wellness based

on prevention, assessment, treatment, and recovery in support and care coordination.

- Patients being able to track information on their health behavior and information about their lives using IT devices can lead to an increase in standardization and accuracy in the data collection processes.
- With the current disparities and access to care in many populations, and an increase of mobile health devices, Internet access increasing around the world can help provide greater access.
- The rise of chronic disease calls for a patient-centered healthcare model, and health technology can thus be seen as an opportunity to give voice to patients, as this would be crucial to improving any health system.
- Technology tools should not be static, and should be designed to address challenges, change behaviors, and adapt to the individuals over time.

## The ACHSM Congress



The ACHSM has participated in the Healthcare Executive SIG initiative for developing a Global Directory for Healthcare Management Competencies. Its annual Congress in Melbourne was an opportunity to increase the awareness and buy-in for the Directory in Australia. The IHF was invited to present the SIG work and the Directory of Core Competencies. This presentation was very well-received and reinforced the decision to review the fellowship program in order to fully align it with the customized directory for Australia and the Region.

In addition to this presentation, the IHF organized a workshop on international health in order to better inform the managers of the roles and responsibilities played by the various international health related organizations.



This presentation allowed the participants to better connect the priorities put forward by the regional and national authorities with the international agenda, as well as to better access the resources developed by the international organizations.

## The Workshop with the AHHA

The AHHA organized a single-day workshop in Sydney in order to promote the work conducted by the IHF among its members, and to use this work within the scope of national debate.

This single-day workshop was dedicated to two major topics: [end of life care and the role of patients](#).

The end of life care session allowed the participants to share the highlights of the work conducted by the UH-SIG, as well as certain presentations offered during the session held at the World Hospital Congress in Chicago on this topic. The workshop's participants decided to take an additional step with the adoption of a Statement developed from the various presentations, which was published in the World Hospital Journal Vol. 51 no. 4 titled "End-of-life care: practices from around the world".

The session on patient participation in health care organization allowed the participants to share the work conducted by the IHF, including the collaboration with the IAPO and the special session organized during the World Hospital Congress in Chicago. Extremely interesting initiatives from Australia were presented, and can be recognized as best practices.

This day provided a good opportunity for the AHHA to demonstrate its leadership role in policy guidance for the country, and to convey its active participation in the national priorities to the IHF. It served as an excellent example of a two-way benefit: the AHHA is the catalyst for presenting achievements in Australia to rest of the world, and brings the latest development from the rest of the world to Australia itself.

## CONAHP 2015

The ANAHP held its third National Congress of Private Hospitals (CONAHP) in São Paulo, and for the first time adopted an approach with the possibility of having three simultaneous sessions with dedicated audio. This approach, which also allows the exhibition to be held in the same hall as the conference, also allows the exhibitors to see and listen to presentations while they sitting at their booths. While this method is already quite typical at IT conferences, it is not yet very common within the healthcare sector. The Congress was extremely successful and was attended by approximately 1000 delegates, and the program covered the latest healthcare topics relating to performance and excellence with a mix of national and international presentations.

The IHF CEO was invited to provide a keynote presentation on the challenges facing healthcare services and the way forward. The presentation triggered a lively discussion, thus demonstrating that private hospitals in Brazil are highly aware of the latest developments and are even innovating to face the ever-changing factors relating to service delivery.

Lessons regarding the organization of the Congress according to this new approach can be shared by the ANAHP with other IHF Members upon request.

This congress was also an opportunity for the IHF to undertake a discussion with Bionexo on

the possibilities of better enhancing procurement among healthcare services. It was decided that the IHF would provide Bionexo with its perspective, and that Bionexo would consider how it can mobilize its IT capacities to support the development of an international platform capable of enhancing service sharing among IHF Members. Significant developments are expected during the course of 2016 in relation to the availability of IT capacities from Bionexo, which is currently under pressure to upgrade its own multi-modal platform.

## The UNIO Strategic meeting in Barcelona

The Unio called a meeting of its members in order to launch a discussion on the coming strategy for the Association. This single-day meeting was organized as a participatory meeting with the 3 groups that developed recommendations for the Unio Secretariat to further elaborate the strategy.



The IHF CEO was asked to share the lessons from IHF strategy development and the highlights of the strategy itself. As a membership organization, the Unio is very much facing challenges similar to the IHF in terms of its members' involvement and ownership of activities. It has also to streamline and increase the specificity of its activities.

The presentation served for the working parties to build on the approach and the issues that had been laid out in the IHF presentation, which was translated in Catalan for the participants.

The report from the group work identified strategic axes, which were largely of same nature as those contained within the IHF strategy.

- Influencing the evolution of the Catalan health and social system
- Strengthening the interests that unites members
- Promoting partnerships and strengthening the international dimension
- Strengthening and enhancing communication through a revitalized approach
- Promoting transparency and accountability in health and social care

The emphasis placed upon the importance of international collaboration will allow the Unio Secretariat to increase its involvement with the IHF.

While the groups were working, the IHF CEO was invited to visit the new hospital de la Santa Creu i de Sant Pau. The hospital was designed based on the latest developments in hospital architecture. Although this is a referral hospital, it was nevertheless possible to witness the community's participation within the facility.

# CORPORATE PARTNERSHIP PROGRAM

The IHF Corporate Sponsorship Award Fund is the new industry-related initiative launched in 2015. This initiative is focused upon the corporate sector and its active engagement and support in promoting the recognition of excellence, innovations, and outstanding achievements in global healthcare leadership and management.

By way of the initiative, companies are invited to sponsor the IHF Excellence Awards for: Quality and Safety and Patient-Centered Care; and Corporate Social Responsibility. In 2015, the Awards were



Corporate Sponsorship Award Fund



Supporting recognition of excellence, innovations and outstanding achievements in global healthcare leadership and management

presented for the first time at the Opening Ceremony of the 39<sup>th</sup> IHF World Hospital Congress held in Chicago, USA. This partnership with industry offers an ideal and positive platform for both parties to effectively

impact service delivery and education within the global healthcare community.

We would once again like to express our sincere gratitude to Bionexo do Brasil Ltda for its important contribution to the 2015 inaugural program.

Since its launch at the time this report was written, additional developments have been made to the 2016 program in terms of its scope, audience and objectives.

The ultimate objective is for industry to partner with the IHF in advocating and establishing the reputation of a unique international award that recognizes and honors the organization-wide and unit level accomplishments of management and leadership teams from public and private hospital and healthcare facilities.

### What Is the Corporate Sponsorship Award Fund?

*A new initiative offering key healthcare industry players exposure to a unique audience of hospital and healthcare decision makers and their institutions from around the world*

**Becoming a Corporate Award Sponsor**  
Sponsorship is open to companies engaged in the **global health sector** that desire to actively and practically **share and promote** amongst peers and clients outstanding achievements, innovations, excellence and best practices in health service delivery in the **healthcare industry**.

The Awards will be given to **public or private healthcare provider organizations** to **recognize and honor innovations, excellence, outstanding achievements** or best practices worthy of international recognition in such areas as:

- *Quality and safety, ethical approaches and evidence-based practices in patient-centered care*
- *Sustainable environment, energy conservation and green initiatives*
- *Equity in healthcare service delivery to the community*

The Award Fund Program is open to **eight companies**, selected on a **first-come, first serve**

basis. The closing date for the **Call for Sponsorship is May 2015**.

**The Sponsorship Package**  
The package, detailed below, will include thanks and recognition during the **Award Presentation** at the **2015 IHF World Hospital Congress Opening Ceremony** as well as on selected Congress material.

**Sponsorship Contract**  
• **Period – a calendar year: 1 January–31 December** (opportunities, however, would be open to Sponsors to sign contracts of more than one year)  
• **Signature on a Letter of Agreement**

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**SPONSORED AWARDS:**

- **Excellence Award for Quality and Safety and Patient-Centered Care**
- **Excellence Award for Corporate Social Responsibility**

Corporate Sponsorship Award Fund Program Partner Benefits	ANNUAL SPONSORSHIP
<b>MARKET VALUE OF PACKAGE 19 000 SWISS FRANCS</b> <i>(Opportunities are available for itemized sponsorship packages)</i>	10 000 Swiss Francs
Full-page advertisement in one (1) issue of the quarterly IHF Journal - <i>World Hospitals and Health Services</i>	x
Company profile (100-word) posting on IHF website ( <a href="http://www.ihf-fih.org">www.ihf-fih.org</a> ) and in each issue of the IHF journal <i>World Hospitals and Health Services</i>	x
Hyperlink logo on IHF website	x
Corporate logo in IHF e-newsletter	x
Access to online quarterly journal, <i>World Hospitals and Health Services</i>	x
Appointment of a representative as an award reviewer (subject to review timeline)	x
Appointment of a representative to attend the award trophy presentation ceremony at the World Hospital Congress and complimentary registration	x
Dedicated Awards Sponsor section on IHF exhibitor stand to display company promotional material at the World Hospital Congress	x
Display of one (1) roll-up banner at IHF Exhibitor Stand at World Hospital Congress including company logo	x
Additional company participant or company client to pay discounted IHF Member registration fee (maximum 3)	x
Congress advertisement: sponsor slide display	x
Acknowledgement of sponsor support during the IHF General Assembly	x
Special opportunity to meet the 2015–2017 IHF Governing Council members	x

# IHF GOVERNING COUNCIL 2015



**DR JUAN CARLOS LINARES**  
January - October  
Argentina



**PROF. PHILIP DAVIES**  
March - December  
Australia



**DR NIKOLAUS KOLLER**  
January - December  
Austria



**MR JAN BEECKMANS**  
January - December  
Belgium



**DR FRANCISCO BALESTRIN**  
January - December  
Brazil



**DR JUAN PABLO URIBE**  
October - December  
Colombia



**DR RISTO MIITTUNEN**  
January - December  
Finland



**MR CEDRIC LUSSIEZ**  
January - December  
France



**MR GEORG BAUM**  
October - December  
Germany



**DR PAK YIN LEUNG & DR CHOR CHIU LAU**  
January - December  
Hong Kong



**DR ABIDIN WIDJANARKO**  
January - December  
Indonesia



**DR TSUNEO SAKAI**  
January - December  
Japan



**DR KWANG TAE KIM**  
January - December  
Korea



**DR AHMAD AL AWADHI**  
January - December  
Kuwait



**DR AHMID BALOGUN**  
January - December  
Nigeria



**DR ERIK K. NORMANN**  
January - December  
Norway



**PROF CARLOS P. ALVES**  
January - October  
Portugal



**MRS KARINE MARTINEZ & DR CLAUDINE M. THIEBAUD**  
January - December  
Switzerland



**DR TERENCE CARTER**  
January - December  
South Africa



**PROF HAN-CHUAN YANG**  
January - December  
Taiwan



**MR THOMAS C. DOLAN & DR DEBORAH BOWEN**  
January - October & October - December  
United States



# IHF SECRETARIAT



**ERIC DE ROODENBEKE, PhD**  
Chief Executive Officer



**SARA PERAZZI, MSc**  
Membership & Project Manager



**SHEILA ANAZONWU, MSc, BA**  
Partnership & Project Manager



**JAMES MORENO SALAZAR, MSc**  
Program Officer

## INTERNS



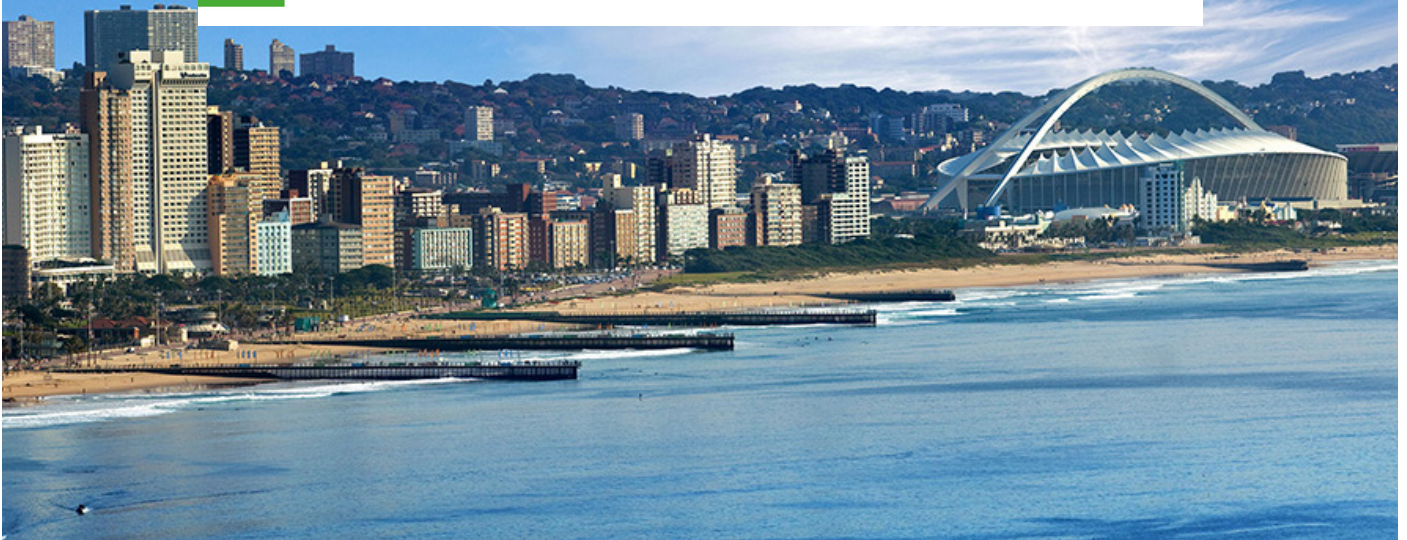
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March - April 2015



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March - April 2015

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## 40th World Hospital Congress



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For more information go to: [www.worldhospitalcongress.org](http://www.worldhospitalcongress.org)  
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