International Hospital Federation

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Editorial: Global evidence on inequities in rural health protection

The International Labour Organization has released a paper that presents global estimates on rural/urban disparities in access to health-care services.

The evidence provided in the paper suggests that inequalities in coverage and access to health care exist globally, in every region and nearly every country.

People living in rural areas face different problems than people living in towns or cities and this study is one step to try to find a positive policy response to ensure the fundamental rights to health and social protection to the those less fotunate.

In the same order of ideas, The IHF will hold a special session on Tuesday 6 October at the next World Hospital Congress in Chicago entitled "*The Role of Rural/Local Hospitals in Providing Care in Remote Areas*" where three representatives of rural healthcare providers will share their experiences and knowledge in providing healthcare delivery services to the rural population.

We invite you to read the report from the ILO and hope to see you soon in Chicago.

IHF News

39th World Hospital Congress - Early bird
Chicago. October 6 - 8

2015 IHF Chicago will provide a unique opportunity for visionary health care leaders from across the globe to exchange ideas and best practices.

Register Now ! Early bird registration

Online public consultation on the draft WHO global strategy on people-centred and integrated health services

World Health Organization

The IHF has been invited to contribute to the WHO Global strategy on people-centred and integrated health services through providing testimonials or personal experiences on hospital management and provision of services.

Today we are kindly inviting you to participate in this survey which aims to critically review the Strategy's strengths and weaknesses and gather valuable inputs to inform its implementation. The deadline for responses is **15 July 2015**. Results will be compiled in a report to be published in the coming months.

The survey is estimated to take about 15-30 minutes. We thank you in advance for your contribution.

Follow this link to participate

IHF Members

Pollack draws praise as pick to lead American Hospital Association

The American Hospital Association has chosen Richard Pollack, its longtime lead lobbyist, to succeed Richard Umbdenstock as CEO. Hospital leaders say Pollack is the right pick, even though he never led a hospital or health system.

Mr. Umbdenstock will retire from his roles at the end of 2015.

WHO Round Up

WHO global strategy on people-centred and integrated health services

The WHO global strategy on people-centred and integrated health services represents a call for a fundamental shift in the way health services are funded, managed and delivered. This is urgently needed to meet the challenges being faced nowadays by health systems around the world. The fact that people are living longer, along with the burden of treating long-term chronic conditions and preventable illnesses which often require multiple complex interventions, means that pressure on health systems continues to grow. Moreover, universal health coverage will not be achieved without improvements in the delivery of health services. Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable.

Putting people at the heart of the health-care experience and focusing on a true and lasting integration of services offered to them is urgently needed to meet the challenges faced by today's health systems, however diverse. The strategy presents a compelling vision of a future in which all people have access to health services that are provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality. A new mother in Dubrovnik, a cancer sufferer in Delhi, a mental health patient in Dubai and an accident victim in Dakar will each have the promise of better, more customized and timely care.

WHO global strategy on people-centred and integrated health services

The WHO global strategy on people-centred and integrated health services is made up of two linked documents: 1) the strategy itself, which presents a compelling case for a people-centred and integrated health services approach, along with a look at the way forward, and 2) an overview of good practice, which presents a number of case studies and the evidence on the benefits that people-centred and integrated care can bring to people, communities and countries.

People-centred and integrated health services: an overview of the evidence

Hubs to spread technology and save lives

Bulletin of the World Health Organization 2015

The patent on an expensive preventive treatment for respiratory syncytial virus infections expires this year. A WHO technology transfer hub in the Netherlands aims to help developing countries make the drug themselves. Gary Humphreys reports.

Every year, from November for about 18 weeks, the paediatric ward at the Kilifi District Hospital, an hour north of Mombasa on the Kenyan coast, admits more cases of severe acute respiratory infection associated with respiratory syncytial virus (RSV) infections than anything else.

While healthy children with RSV infections tend to experience mild cold-like symptoms, less robust infants – preterm or those with congenital heart disease – may face severe illness and need to be hospitalized....

There is no specific treatment for RSV infections and the only preventive treatment available, palivizumab, developed and patented by MedImmune, a United States-based pharmaceutical company, and marketed under the brand name Synagis®, is expensive. A treatment course costs US$ 9615 in the United States of America, and about US$ 5380 (€5000) in Europe.

Palivizumab is indicated as a preventive treatment for children who are at high risk of severe RSV infections and has been shown to reduce RSV-related hospitalizations in pre-term infants by about 80%.

But, according to scientist Martin Friede, who leads the technology transfer team at the World Health Organization (WHO) in Geneva, a biosimilar version of palivizumab could be produced for around US$ 250 per treatment course.

read the full article

SAVE LIVES: Clean Your Hands - Participate in the survey

Are you a hospital or health-care facility wanting to improve infection control?

The 2nd WHO Hand Hygiene Self-Assessment Framework Global Survey starts on 1st June 2015 and will be open until 10 September 2015.

The Hand Hygiene Self-Assessment Framework (http://www.who.int/gpsc/5may/hhsa_framework/en/) provides a situation analysis of hand hygiene resources, promotion and practices within health-care facilities. After completing the Framework, facilities can also use and adapt the WHO Template Action Plans (http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2012/en/) to implement plans for local improvement based upon the Framework results.

For those facilities not yet registered they can do this at http://www.who.int/gpsc/5may/register/en/

OR an email can be sent to info@whohandhygienesurvey.org telling WHO a facility wants to participate.

The first results of this survey will be disseminated on the occasion of the 10th anniversary of the WHO Clean Care is Safer Care programme on 13th October 2015. The 2015 survey findings will be compared with those obtained by WHO in 2011 and allows for invaluable monitoring of progress and evolution of the global situation of hand hygiene in health care.

From International Organizations

More than half of the global rural population excluded from health care

A new ILO report shows that 56 per cent of people living in rural areas worldwide do not have access to essential health-care services – more than double the figure in urban areas, where 22 per cent are not covered.

The report *Global evidence on inequities in rural health protection: New data on rural deficits in health coverage for 174 countries* reveals major health access disparities between rural and urban areas around the globe, particularly in developing countries.

The highest number of people in rural areas who are not covered by essential health-care services is in Africa where it amounts to 83 per cent. The most affected countries also face the highest levels of poverty.
The largest differences between rural and urban areas, however, exist in Asia. For example, in Indonesia the percentage of people that are not covered is twice as high in rural areas as in urban areas.

Lack of health workers in rural areas

The ILO study further finds that even if access to health care is guaranteed by law, people in rural areas remain excluded from health care because such laws are not enforced where they live.
The situation is worsened by the lack of health workers in the world's rural areas. Although half of the world's population lives in them, only 23 per cent of the global health workforce is deployed to rural areas. The ILO estimates that 7 million out of the total 10.3 million health workers who are lacking globally are needed in these areas.
Africa and Latin America are the two regions where this problem is most acute. In Nigeria, for example, more than 82 per cent of the rural population is excluded from health-care services due to insufficient numbers of health workers compared to 37 per cent in urban areas.

Underfunding is closely linked to the unavailability of services. The ILO study shows that financial resource gaps are nearly twice as high in rural than in urban areas. The largest gaps are found in Africa. However, significant inequities also exist in Asia and Latin America.
The extent of impoverishing out-of-pocket payments (OOPs) is also high in rural areas. The study shows that rural populations in Africa and Asia are burdened with OOPs that amount to 42 and 46 per cent of total health expenditure respectively. In many Asian countries such as Afghanistan, Bangladesh, Cambodia and Sri Lanka, OOPs are two to three times higher in rural than in urban areas.

Read more

Global patient voice takes step forward as IAPO names new CEO

The Governing Board of the International Alliance of Patients' Organizations (IAPO) has announced the appointment of Mr Kawaldip Sehmi as the new Chief Executive Officer of IAPO.

Mr Sehmi joins the organization with extensive public health experience at national and international level and starts his leadership role with immediate effect.

Tackling Harmful Alcohol Use: Economics and Public Health Policy - 12 May 2015

Alcohol consumption has fallen slightly in OECD countries over the past twenty years. But young people and women are drinking more. Alcohol is becoming more easily available, more affordable and advertised more effectively. Worldwide, alcohol is a leading cause of ill health and premature mortality. It accounts for 1 in 17 deaths, and for an even larger proportion of disabilities, especially in men.

In OECD countries, alcohol consumption is about twice the world average. Its social costs are estimated in excess of 1% of GDP in high- and middle-income countries. Alcohol use is the result of individual choices, but certain patterns of drinking have social impacts, which provide a strong economic rationale for governments through policies aimed at curbing harms, especially those occurring to people other than drinkers. This book examines trends and social disparities in alcohol consumption, assessing the health, social and economic impacts of key policy options for tackling alcohol-related harms in Canada, the Czech Republic and Germany and extracting relevant policy messages for other countries.

Read more

See also: **OECD outlines action for governments to tackle heavy cost of harmful drinking**

Hospitals and Services Worlwide News

A modelling tool for policy analysis to support the design of efficient and effective policy responses for complex public health problems

Jo-An Atkinson et al., Published in *Implementation Science* 2015

Background: In the design of public health policy, a broader understanding of risk factors for disease across the life course, and an increasing awareness of the social determinants of health, has led to the development of more comprehensive, cross-sectoral strategies to tackle complex problems. However, comprehensive strategies may not represent the most efficient or effective approach to reducing disease burden at the population level. Rather, they may act to spread finite resources less intensively over a greater number of programs and initiatives, diluting the potential impact of the investment. While analytic tools are available that use research evidence to help identify and prioritise disease risk factors for public health action, they are inadequate to support more targeted and
effective policy responses for complex public health problems.

Discussion: This paper discusses the limitations of analytic tools that are commonly used to support evidence-informed policy decisions for complex problems. It proposes an alternative policy analysis
tool which can integrate diverse evidence sources and provide a platform for virtual testing of policy alternatives in order to design solutions that are efficient, effective, and equitable. The case of suicide prevention in Australia is presented to demonstrate the limitations of current tools to adequately inform prevention policy and discusses the utility of the new policy analysis tool.
Summary: In contrast to popular belief, a systems approach takes a step beyond comprehensive thinking and seeks to identify where best to target public health action and resources for optimal impact. It is concerned primarily with what can be reasonably left out of strategies for prevention and can be used to explore where disinvestmentmay occur without adversely affecting population health (or equity). Simulation modelling used for policy analysis offers promise in being able to better operationalise research evidence to support decision making for complex problems, improve targeting of public health policy, and offers a foundation for strengthening relationships between policy makers, stakeholders, and researchers.

Download the full article

A Special Issue on Innovations in Health Care System Reform in OECD Countries

by Sanni Yaya and Georges Danhoundo, Published in The Innovation Journal: The Public Sector Innovation Journal, Volume 20(1), 2015

Health care systems can be seen as a house, with financing and service provision as two pillars resting on a foundation of shared values, perceptions and guiding principles. The roof would then represent the regulation of the interactions between service providers, financing agencies, and potential beneficiaries such as patients (Rothgang et al., 2010: 11). Health care systems in the Organization for Economic Cooperation and Development (OECD) countries seem to be in a state of permanent change, i.e. they seem to continuously strive to adjust to economic, political, and social demands. Indeed, the economic recession that followed the oil price shocks of the 1970s marked the end of the Golden Age of the welfare state and triggered a range of cost containment measures in OECD countries that have continued over four decades up to the present.

THE INNOVATION JOURNAL
THE PUBLIC SECTOR INNOVATION JOURNAL

Currently, the OECD health care systems have to deal with a new phase of economic turmoil brought on by the most recent financial crisis (Starke, 2007). According to Rothgang and colleagues (2010), this doesn't mean that OECD countries have had an easy time curtailing public financing and implementing reduced welfare policies. This observation is particularly meaningful for the health care sector because its legitimacy relies on its ability to provide a satisfactory standard of health care for all citizens, regardless of their ability to pay for care.

Because of demographic and epidemiological realities, as well as widening health inequalities and advancements in medical technology that increase the demand for health care, OECD countries face challenges deciding the amount of public funds that should go to health services. Consequently, there has been an increase in demand for reforms which ensure cost containment while allowing high quality health care services for populations (Rothgang et al., 2010). However, the introduction of reforms has translated into a change in the role of state health care provision, financing and regulation. Indeed, for most OECD countries, health is typically the largest area of government expenditure, after social protection, and is one of the main areas of public expenditure projected to come under additional pressure (Frisina, 2008; Hernández de Cos and Moral-Benito, 2014; Rothgang et al., 2010).

Download the full report

The Value-Based Hospital - A transformation agenda for the health care providers

Elisabeth Hansson et al., Published by The Boston Consulting Group

In response to an extraordinary combination of pressures, leading health-care providers around the world are embracing a new operating model: the *value-based hospital*. In the first of a series of articles, BCG describes the new model and explains why it is a fundamentally better way of delivering care and running a provider organization.

Health care providers all over the world face an extraordinary combination of pressures. Despite decades of cost containment and other operational-improvement initiatives, costs continue to rise, putting unrelenting pressure on hospital budgets. The tight management of department budgets and clinical processes is further complicating already complex organizations, leaving staff demoralized and disengaged. At the same time, markets are becoming more competitive. Countries with public-health systems, such as the UK, are encouraging privatization; meanwhile, in the U.S., where the private sector already plays a major role, providers are becoming more consolidated. Payers everywhere are calling for more transparency on actual health outcomes and experimenting with value-based reimbursement. Patients are becoming more demanding and exercising more choice.

In response to these pressures, a few pioneering organizations are developing a new operating model that we call the value-based hospital. These providers are taking a fundamentally different approach to continuous improvement by monitoring the health outcomes of specific patient groups and understanding resource requirements and costs in the context of how those outcomes are achieved along the clinical pathway.

Download the full document

International Events

Japan - 65th JHA Congress 2015 Karuizawa

June 18 – 19, Nagano, Japan

Organized by the Japan Hospital Association

Switzerland - H+ Congress

November 11 - Berne

"La santé: un enjeu de pouvoir" - "Das Gesundheitswesen – die Machtfrage"

Organized by H+ Les Hôpitaux de Suisse

Read more

Korea - 6th Korea Healthcare Congress 2015
November 12 – 13, 63 Convention Center, Seoul, Korea

Korean Hospital Association

Germany - German Hospital Conference
November 16 – 19, Düsseldorf

(Gesellschaft Deutscher Krankenhaustag DKT)

Germany - 3rd Joint EUROPEAN Hospital Conference
November 19 - Düsseldorf

Organized by European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the European Association of Hospital Physicians (AEMH)

IHF Partners

GS1 - HPAC webinar
Thursday 2nd July 2015

Franciscan Missionaries of Our Lady Health System (FMOLHS): The Adoption of GS1 standards - A Provider's Approach

click here to register