



# Meeting report

## Participants

- Bozena Walewska-Zielecka, Coordinator, National HPH Network of Poland (GB Chair)
- Susan Frampton, Coordinator, Regional HPH Network of Connecticut USA (GB Vice Chair) Myoung Ock Ahn, Coordinator, National HPH Network of Korea
- Alan Siu, Coordinator, Regional HPH Network of Hong Kong
- Ying-Wei Wang, Regional HPH Network of Taiwan
- Hanne Tønnesen, CEO, WHOCC Copenhagen
- Anna Chichowska, WHO EUR
- Jurgen Pelikan, WHOCC Vienna
- Thor Bern Jensen, Secretariat
- Jeff Kirk Svane, Secretariat (Rapporteur)

## Excused participants

- Sally Fawkes, Coordinator, National HPH Network of Australia
- Margareta Kristenson, Coordinator, National HPH Network of Sweden

## Welcome

BWZ welcomed the GB and the GB members introduced themselves. The Chair then walked through the day's agenda.

## GB progress summary

BWZ presented the GB's work since the last meeting in New Haven, USA. The New Haven Recommendations had been adopted and is a very important document. Efforts will be made to further disseminate it to membership. A GB meeting was held in August and included talks of the roles of coordinators as well as open-door general assembly meetings.

Two new working groups were also proposed: one on Health Literate Healthcare Organizations and one on Patient and Family Engaged Health Care. The GB decided to move new working groups listed on the agenda's AOB up on the agenda for decision making under item 8.

The GB Chair concluded the GB's progress report.

## Member ratification, new networks, and other updates

The secretariat presented the new membership (outside networks) to be ratified by the GB.

There were new members from the far-eastern regions of Russia, and the GB ratified the new individual members.

The GB discussed the new network agreement from Russia. There had been a network in Russia in the past, which was coordinated from the western part of Russia. The new network is proposed by a private company that will act as coordinating institution. Current membership to be covered is located in far-eastern Russia. The proposed coordinator has made good progress and included 4 members with more on the way. The GB applauded the development and discussed how to outline a sustainable network solution with adequate representativeness for the Russian regions. The GB decided that a regional network for far-eastern Russia was to be formed instead of a pan-Russian network. This contrasted the original network application, but will be more realistic in terms of representativeness of the membership that actually exists. The GB Chair, who speaks Russian, will investigate available documentation and web resources of





the proposed coordinating institution in far-east Russia, to gain overview of its nature, funding structure, other work and interests etc.

AC also had met with the proposed coordinator, Victor Ferscht, and shared experiences on network setup. The GB thanked those involved for the work towards supporting membership growth and organizational development in Russia.

The GB discussed the concept of GB to network peer-visits, to further local to national/international bilateral dialogue. This would be a very feasible step, since the GB is now very well represented in terms of geography. It would be easy to identify a GB member in the immediate proximity to any new event, network or similar to visit and support the work or task at hand.

## **Other networks and general network progress discussion**

The GB discussed developments in China. The GB recommended connecting more with interested key persons, e.g. in Shanghai after the WHO conference there, to utilize the momentum and high-level focus. Dr Vivian Lin, Director, Health Sector Development, WHO Western Pacific Regional Office and Prof. Fu Hua, Director of the Department of Preventive Medicine at Fudan University will be contacted by the secretariat and the GB will be cc'ed on the correspondence.

The GB decided that the approach forward would be regional networks in each Chinese province – as is standard HPH procedure in larger territories (USA, Canada, Russia) to ensure adequate representativeness. The Hong Kong network is also growing, and AS is working to add more hospitals, even though especially the public hospitals are proving to be a challenge. The GB discussed the overall challenges for HPH in future and notably the vital importance of making HPH relevant in the midst of a multitude of competing standards and programs in the countries that sometimes overlap or partly overlap with HPH standards. The GB agreed that the need now, is for re-orienting hospitals and health services to meet their future challenges of being able to deliver high-quality care, and be responsible caregivers – a task which may not in future be possible without prevention and health promotion. For HPH to fulfill its part in this, the added value of HPH membership must be made clearer and better described.

## **Financial reports**

HT presented the preliminary balance for 2016 (up until November). Expected incomes rates from 2015 were reduced from previously expected 200.000 euros to the more realistic expected 175.000 euros. Salaries have been reduced due to paternity leave, during which staff salaries are covered by the Capital Region of Denmark. Meeting costs had gone up slightly, but IT costs had been kept very low. A total surplus on the balance for 2016 was +14.652 euros. If more fees from 2016 than expected end up paid before April 2017, these will be included in the budget for 2016 and used for coverage of past deficit from 2005 to 2015 of -37.613 euros.

In May 2016, 390 members had paid 110.347 euros. In December 2016, >570 members had paid 170.000 euros. The payer to non-payer ratio is similar to results seen in 2015.

The GB approved the balance.

The dropout of the Canadian network was also discussed. The drop-out had resulted from a major merger of several hospitals and related major management changes. The situation resembled that seen in Poland years back, and which took BZW a long time to rectify, when she stepped into the coordinating office. What was really conducive in Poland turned out to be a letter that was sent from the International HPH Network leadership to the Ministry of Health in Poland. The GB decided that a similar strategy should be tried for Canada. The Secretariat will draft the letter for the GB to sign.





The GB also decided that generic HPH presentation materials on the website and new HPH collateral should be linked better to NCDs and SDGs, to help HPH advocates and GB members in disseminating the value and need of HPH. Business-cases on HPH cost savings (for hospital managers) and policy briefs (for politicians) will also be developed according to HPH strategy priorities.

## **Financing opportunities for the International HPH Network**

This item was postponed by decision of the GB, as Sally Fawkes was excused.

## **HPH Action Plan**

The secretariat went through the updated HPH action plan from January 2016 to June 2018, outlining the core activities and processes throughout the period. The GB approved the plan. The next HPH Progress report was also discussed. The secretariat had sent out the templates in the revised format for easier editing and fill-out by networks and task forces. In February, final results will be analyzed and a collated report will be made available for the GA in Vienna. Under the item of IT, the GB decided that closed TF resources should be added to the website with a full list of their published resources. The secretariat will add this to the website.

## **HPH Conferences**

### Vienna 2017

JP reported that plans were progressing well. 18 of 19 speakers for plenaries were by now confirmed. More than 800 abstracts had been submitted. The finances were also on track, with both government and insurance company sponsors. A few sponsors were still pending, but should be made final soon. The full program, the social event program etc. was also being finalized and will be disseminated soon. The GB applauded the developments and thanked the Austrian Network and the WHO CC for the good work.

### Bologna 2018

The first agreements had been made during the EUPHA conference and a final contract is now being prepared with the Italian network. The Italian network has a national Italian conference in the end of 2016, where JP will be a keynote, and where final discussions can thus practically take place. The conference-theme in 2018 will likely center around children and adolescents due to the strong work in this area that takes place in Italy already.

### Possibilities for 2019 and beyond

The network of Poland has offered to host the 2019 conference. The Dean of BZW's institution is positive and the venue would be located in Warsaw. Now, finances will be explored by the network with WHO CC Vienna providing needed support on the technical side.

The GB agreed to recommend acceptance of the Polish application to the GA. It was argued that hosting the conference will underpin existing Polish network development efforts.

Poland will prepare a full application for the GA in 2017.

For 2020, the GB discussed the benefits of aiming for an Asian conference again, to follow up on the success of Taiwan in 2012. Korea is preliminarily interested to host in 2020 in Seoul.

Among the advantages of Seoul, is close proximity for the many Taiwanese participants, who historically make up a large proportion of the conference attendees. Korea will prepare a full conference bid for the GA in 2017, in order to allow needed time for preparations.

Japan might also have a bid for a 2020 conference, and this will be explored by the WHOCC in Vienna.





### ENSH/HPH joint pre-conference in Vienna 2017

The ENSH have asked to have a preconference in Vienna. JP has liaised with them and the wish can be accommodated. ENSH also would like to have HPH representation there to be more and more visible. This falls in line with their wish for even closer collaboration with HPH. The Austrian HPH network has a group dedicated to the topic already, and they might be good HPH counterparts to add. In the longer run, the GB decided that GB-level HPH involvement might be a good step especially for the most important ENSH activities – such as the ENSH General Assembly.

The GB decided to assign GB portfolio duty to this partnership. A GB member will be identified at the next meeting. The new draft action plan with ENSH is also underway (it exists only as a non-finalized draft as of yet), and this will be an important step. The GB decided that the secretariat should send an open call to all GA members to identify interested parties to join and reinforce ENSH collaboration as HPH counter parts.

The GB then discussed the overlap between HPH and ENSH in terms of standards and focus. The situation is similar to the overlap in other areas and with other issue specific groups with their own standards for e.g. age-friendliness, environment friendliness etc.

The GB noted that too many standards is not productive in real-life (not to mention accreditations). The GB noted that the HPH standards have and should have a high status in this, since they are evidence-based, where the other standards (and the accreditations such as JCI) are not. This has to be addressed by the ENSH/HPH collaborations and in other partnerships with organizations and groups that have their own overlapping/partly overlapping standards.

### WHO EURO MoU and Action Plan

AC informed the GB of the work of WHO Euro Division of Health Systems and Public Health (DSP). DSP works with all 53 member states in Europe to improve public health systems by developing legislation, the organization of systems and services, financing and staff. The Division works with countries to strengthen the systems themselves to be able to deliver on the issue-specific areas like NCDs etc.

The focus of HPH and WHO collaborations should be improvements in the area of HPH delivery. This should be key not just in hospitals but also in non-hospital organizations including primary care. Further, the focus should be on the work with improving staff competencies for health promotion throughout the systems. And likewise, the focus should be on linking HPH upwards to other players and governments and to national public health efforts. This is vital to setting up national health promotion systems.

The concrete next steps in the European region include enhanced collaboration processes and better coordination (not just with HPH but also with EU, EUPHA member states etc). WHO EURO currently has a draft “agenda for actions” in this which makes it clear what should be done collaboratively. The hospital focus can be made stronger, and both HPH WHOCCs will be invited to comment and discussed at a meeting in Copenhagen. GB members will be informed of the outcomes. Simultaneously, the agenda for action will also inform the next action plan under the WHO/HPH MoU.

AC will share relevant documents with the secretariat and GB members.

## **GB Portfolio report**

SF chaired the second half of the day.

### Task forces:

All task forces have now been assigned to a portfolio responsible GB member. GB portfolio holders had also been linked up with the respective task force leaders by the secretariat.





The Mental Health Task Force was approved in New Haven on the promise that they would submit a full task force description. This had now been finalized and the GB approved the task force.

The Migrant Friendly Task Force's agreement had lapsed previously, but on the initiative of the GA and GB they had now submitted an application in full with new working areas. They had also continued the work and held a successful conference in Finland. The GB noted that the title of the revised task force was very long, and maybe a good shorter title could be a good idea.

The GB approved the revised TF.

The GB decided that new calls for participation for each TF will be sent out HPH membership by the secretariat.

#### Working group on implementation and monitoring of HPH standards

BWZ and the Secretariat reported that the work was progressing, and that a workshop had been planned for the conference in Vienna. The standards updating project was also moving closer to a distributable product (a BETA version) after WHO meeting in December 2016 and then a soon-to-come expert hearing session in January 2017.

#### New working groups:

Two proposals for working groups had also been submitted.

1. The working group on patient and family engaged healthcare will focus on using the New Haven Recommendations, as well as the evidence base for this area of patient engagement, in order to suggest ways for HPH members to improve. The work will center on best practice and dissemination of knowledge and experience for implementation. The working group already has interested members in Austria, Poland, the US, Australia and Canada. Patient organizations will also be engaged. The GB approved the WG. The secretariat will send out calls for participation to HPH membership.
2. The working group on health literate organizations will focus on personal competencies and demands of the system in which to use these competencies. The group will focus on transparent and user friendly services with good communication. More and more research is taking place in this area. Many European members are interested to join already, and others will be encouraged. First step will be development of standards and second step will be a feasibility study. PCORI (Patient Centered Outcomes Research Institute) will also be invited. The GB approved the WG. The secretariat will send out calls for participation to HPH membership.

## **Coordinator's role**

MK was excused. SF presented the list of pointers for the role that had been summarized from the GA workshop discussions in New Haven. Further development is required to synthesize the many themes and build on the previous work in HPH on this issue. The end product should be a document, guide or "job description" for coordinators (incl. new coordinators) to use. The GB decided to postpone the work on this until next meeting, but have it final in draft form before the GA in Vienna.

The GB decided that MK should be asked to prepare this for the next GB meeting.

## **Global HPH strategy 2016-2018**







HT presented the final strategy document. The secretariat has received comments from GA and GB members and adjusted accordingly. The document had since been formatted and circulated to membership. The strategy is an A3 folder, and the individual hospital level has been added to the new format to visualize the work better at this level too. The strategy focuses on the updated HPH standards, awareness and capacity and on development and sustainability. HT walked through the activities for the GB, and the GB agreed that focus must now be on implementation of the strategy throughout HPH.

The Secretariat /WHO CC Vienna will schedule a session at the HPH Conference in Vienna focusing on the strategy implementation. During the session, the portfolio GB members will present.

The strategy will now be translated into local languages by the networks. Any translated versions sent to the secretariat will be uploaded to the website.

HT will also investigate the possibility to add an ISBN number if possible.

## **Global HPH Strategy 2019 – 2021**

Start-up of development was postponed until next GB meeting. The GB decided that this development will then be ongoing in the GB, to be presented to GA via email along the way and starting from 2018. Also, a working group will be made including any GA members wishing to take more active part in the development work. The GA workshop in 2017 will deal with implementation of the current strategy, so the 2019-2021 strategy will not be dealt with in a GA workshop before 2018, to ensure that a solid draft for discussion can be produced in time and to ensure that focus is not taken away from implementation of the current strategy. The GB also highlighted that the process for the new strategy 2019-2021 will be as participatory as possible, to ensure GA buy-in and ownership.

## **General Assembly 2017**

The secretariat presented a draft of the proposed agenda for the GA in Vienna. The GB approved the draft.

The GB then discussed the concept of an “open door” GA. The GB decided that the main table delegates will be N/R network coordinators and task force leaders. Then, there will be a section of observer seats for other invited delegates from networks and task forces, from partner organizations, from hospitals and from others, who are interested to take part. The GB agreed that the limit for additional delegates from networks and task forces and all other entities will be 2 persons in addition to the coordinator or leader him or herself.

The workshops (8:30 – 10:30 am):

1. Open-Door GA Workshop: The first GA workshop (8:30) will be focused on implementation of the 2016-2018 HPH strategy. It will be open to core membership only: N/R coordinators and task force leaders plus up to 2 persons extra per network/task force. The up to 2 extra seats will be granted only upon invitation, obtainable via formal request of the core member him or herself in adequate time before the GA.
2. Closed-Door GA Workshop: The second GA workshop (9:45) will be open to GA core members (namely N/R Coordinators and Task force leaders) only. The workshop will focus on a topic of the GA members’ choice (the Secretariat will ask the GA for topics by email). The closed door workshop will follow straight after the first workshop in the morning, and upon its start all extra delegates from the open-door session will be asked to leave the room.

GA agenda (10:45 am to 16:00 pm)

The GA agenda will be as proposed. The secretariat will disseminate the meeting report decisions and the updated GA agenda draft including workshops to the GB.





## Communication, advocacy, training and clinical research

The secretariat presented the HPH advocacy since the last GA. This included oral and written statements for WHO Europe RC66. It was also noted that the newcomers' workshop 2017 will be before the conference in 2017 instead of after the conference. HPH schools and other training had been conducted as planned.

### HPH on Social Media

SF was excused. The GB discussed HPH social media presence and it was noted that some success had been seen on LinkedIn (although this is apparently not so widely used in some member countries). Efforts with Facebook groups and Twitter were never very successful. GB agreed this important area should be explored further, but that the Secretariat does not necessarily have the manpower to undertake heavier moderation and set up tasks due to limited time. The GB decided that Sally Fawkes would be asked to prepare further input in the area for the next GB meeting.

## Awards

The secretariat presented the next HPH Awards to be given out in 2017.

The GB decided that the GB judges this year will be:

- Standards category: Bozena, Myoung and Alan.
- Strategy category: Susan and Ying-Wei.

Bozena will hand over the Standards Award during the dinner in Vienna. Susan will hand over the Strategy Award. This may be subject to change in case of lack of qualified nominations in a given category.

The GB the decided that the format of awards nomination procedure should be changed so that the strategy award is only distributed every second year and chosen via progress reports and not via self-nomination. This will start from 2018. This will be communicated to membership via email in the next awards call.

## Meetings in spring 2017

The secretariat will send out a doodle to identify dates for spring GB meetings: One meeting will be scheduled for end of January and one for March.

## AOB

Send out of GB meeting documents was discussed. The GB decided that a proposal could be that documents will be sent out when they are ready, in two batches. One batch will be sent out two weeks before the day of the meeting. The second batch will be sent out right before the day of the meeting. Any duplicate documents (e.g. documents that have undergone changes from batch 1 to batch 2) will be duly marked in document title with updated day and time, so any confusion can be avoided. This will be added to next meeting's agenda for final decision.

