**COUNCIL MEETING KUALA LUMPUR 10 september 2013.**

**Report collaboration IFHE-WHO**

**General information:**

The contact person we have in WHO is Dr Adriana Berumen Velazquez. She is DTO ( designated technical officer) for the following international organizations:

UIA : Union Internationale des Architectes

IHF-FIH: International Hospital Federation: International Hospital Federation - Federation Internationale des Hôpitaux

IFMBE: International Federation of Medical and Biological Engineering

IFHE: International Federation of hospital Engineering

**Meetings and results:**

1. **WHA Geneva: meeting 26.05.2012**

 Participants of the meeting: DTO,IHF,WHO advisor,IFHE

The idea of this meeting is to align all the work plans on hospital works for the next three years ( as NGO in official relations with WHO)

Discussed points:

Everyone told what they can offer to WHO and also what they want from WHO in order to give “to the point “ information.

 IFHE is the only federation who has experience of running hospitals and other healthcare institutions in the field of designing taking account of the local urban situations and environment, maintenance, purchasing, technical installations , energy management, safety. All this points are very important for the WHO

The IHF-FIH is more active in the field of planning hospitals and is working about the needs of hospitals (amount) and which hospital level are necessary in certain regions .

WHO wants from NGO-organizations in official relations with WHO following:

* Report of activities
* Collaboration plan up to 2015
* Member list

The NGO’s asked also to Adriana and the WHO to keep the administrative job as less as possible ( because of lack of time and because of non-efficiency creating too much papers).

DTO wants to create a book about healthcare topics all over the world ( so per country):

- hospital planning ( how many beds for how many inhabitants + which kind of healthcare)

- hospital designing

- technical infrastructures

-Local government rules in all kinds of healthcare fields . In this case she wants to add links who give access directly to the country rules itself ( so in the local country language- no need to translate)

**Original Collaboration plan 2013-2015 :**

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| **WHO Organization-Wide Expected Result(s):**OWER 10.13: Evidence-based norms, standards and measurement tools developed to support Member States to quantify and decrease the level of unsafe health care provided. |
| **Activity 1 - brief project description and date of completion or, as appropriate, indicate whether it is continuing or a recurring activity (e.g., an annual event)**: **Consumable water**Provide consumable water from the available water resource: water treatment, filtration, circulation with pump, watch winning systems, water quality tests, etc.**If different from DTO(s) referred to on page 1, please provide the name of WHO staff and department with whom agreed**: |

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| **WHO Organization-Wide Expected Result(s):**OWER 10.13: Evidence-based norms, standards and measurement tools developed to support Member States to quantify and decrease the level of unsafe health care provided. |
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| **Activity 2 - brief project description and date of completion or, as appropriate, indicate whether it is continuing or a recurring activity (e.g., an annual event):** **Safe operation theatres (OT) and delivery rooms (DR)**Advise and installation of OT and DR following the guidelines of hygiene, electrical safety, safe medical apparatus, medical gasses, water supplies, room cleaning, sterilization methods, medical acts hygiene, lightning, etc.**If different from DTO(s) referred to on page 1, please provide the name of WHO staff and department with whom agreed**: |

| **WHO Organization-Wide Expected Result(s):**OWER 11.2: International norms, standards and guidelines for the quality, safety, effi cacy and costeffectiveuse of medical products and technologies developed and their national and/or regional implementation advocated and supported.  |
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| **Activity 3 - brief project description and date of completion or, as appropriate, indicate whether it is continuing or a recurring activity (e.g., an annual event):****Hospital structures**Organize architecture plans of the wards and “technical medical” departments, such as intensive care, operation theatres, X-rays, emergency, delivery rooms, etc.IFHE can provide a general “ideal plan”. IFHE also has existing plans.**If different from DTO(s) referred to on page 1, please provide the name of WHO staff and department with whom agreed**:  |

| **WHO Organization-Wide Expected Result(s):**OWER 8.1: Evidence-based assessments made, and norms and standards formulated and updated on major environmental hazards to health (e.g., poor air quality, chemical substances, electromagnetic fields, radon, poor-quality drinking-water and wastewater reuse). |
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| **Activity 4 - brief project description and date of completion or, as appropriate, indicate whether it is continuing or a recurring activity (e.g., an annual event):** **Energy concepts**The IFHE European branch is working on a document about how to decrease energy consuption and the differnent types of energy sources that can be used (natural/conventional). A “quick check list” for existing buildings will be implemented. IHFE will work on document about how to start up an energy concept.**If different from DTO(s) referred to on page 1, please provide the name of WHO staff and department with whom agreed**:  |

| **WHO Organization-Wide Expected Result(s):**OWER 8.1.: Evidence-based assessments made, and norms and guidance formulated and updated on major environmental hazards to health; technical support provided for the implementation of international environmental agreements and for monitoring progress towards achievement of the MDGs. |
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| **Activity 5 - brief project description and date of completion or, as appropriate, indicate whether it is continuing or a recurring activity (e.g., an annual event):** **General patient safety and engineering facility**IFHE will advice about patient safety items: electrical safety, nuclear safety, apparatus safety, room cleaning, water quiality, air quiality, desinfection systems, etc.**If different from DTO(s) referred to on page 1, please provide the name of WHO staff and department with whom agreed**: |

1. **NGO CONSULTATION : Geneva 18.10.20**12

**Consultation on issues to consider in the formulation of a policy on WHO engagement with non governmental organizations**

 agenda points of this meeting were:

-approach and new policy

-Inputs about collaboration, consultation and accreditation

-other issues

The idea of the meeting was to collect several comments of NGO’s about the collaboration with WHO.

Principles:

There are two types of relations: formal relations ( “official relations”, like IFHE) and informal relations ( contact on an ad hoc basis)

In the meeting there were all kinds of NGO’s: business NGO’s, public NGO’s, Government NGO’s, Community NGO’s and practically assistance NGO’s.

WHO has a smaller amount of NGO’s in official relations

The WHO will discuss the following topics:

To create a better **collaboration** in official relations: improve the modalities of collaboration between WHO and the NGO’s

To enchange **consultation** : seeking the views of the NGO’s

To enable participation WHO governing bodies through an **accreditation** : updating practices and criteria for accreditation together with improving the modalities.

Some points of interest coming from the NGO’s (asking to the WHO)

1. distributing a paper with all NGO’s in collaboration with NGO with :
* their contact points
* their competences
* collaboration possibilities

This will create a better collaboration between NGO-WHO and also between NGO’s. This would be an ‘win-win’ situation for NGO and WHO because then it should be possible to combine ’forces’ to solve a request of WHO.

1. NGO’s asks also a clearly working procedure through the DTO’s( designated technical officers of WHO) for all questions and answers between the NGO and WHO.

A question is : when a request of WHO needs two DTO’s to coordinate this request: the problem of communication between this DTO’s and the involved NGO’s – how can this communication be fluent and transparent in order to fasten the project with less energy?

The solution will be the ‘ own DTO’.

1. A 3-years collaboration plan : every NGO has to fill in this form about this short term vision of collaboration. So the WHO can have new idea’s to work out for their members. But the vice versa way will be also very good for WHO : if they will tell what their short period topics are, then it will be more efficient for NGO’s to fill in the 3-years collaboration plan.

It will also very suitable to take account of their long term vision of collaboration and vice versa also.

1. Funding programs for non benefit NGO’s ( no commercial NGO’s): voluntary work without costs ( so WHO and/or the benefit country has to look for travel , accommodation, other expenses… ).

The commercial NGO’s may be can look for funding certain WHO programs.

1. Website WHO : make it more transparent, not so difficult. It must be possible to create a “NGO button” on the main screen.
2. **IFHE point of view about financing and coordination:**

**Open-ended meeting of Member States on the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG), WHO headquarters, 26-28 November 2012**

**Financial:** in general:

About ‘study-projects’:

We have the idea that NGO's , working on a WHO ‘study-project’ for a member state, will not pay for this collaboration. The NGO will give ' transfer of knowledge' , that costs also money for the NGO.
So we think that the member state and also WHO has to pay all this costs because:
- member state is benefited
- WHO is paid by member states to organize R and D and to organize projects

Considering these two points and considering the normal economical rules, the NGO's can ask money for their knowledge , apart from all costs arising from the demand e.g. transport, accommodation,…

In the best case , the NGO ( organizations without benefit e.g. IFHE) can give their knowledge for free. Only the costs arising from the demand have to be paid ( travel, accommodation ......).

The time needed for working at home to finish the report , can be discussed of course.

There is the same question in the case of only gathering information and making a report (R and D). It takes a lot of time and in certain cases it will take may be half a professional job. So WHO and the NGO(‘s) have to match on the reimbursement for ‘transfer of knowledge’. This is of course a point of discussion.

The general idea is : giving knowledge for free (helping a member country and helping WHO making reports) but without costs for the NGO .

**Coordination**: first of all WHO has to coordinate ( directions and guidelines) together with the NGO's who are working on a project ( also R and D). The WHO DTO’s have a crucial role to ‘guide’ the NGO’s before starting the project ( preparations) and also during the project.

**Monitoring expenditures**: this is mainly a job for WHO . NGO’s ,supporting financially the project, also can help monitoring the expenditures.

1. **Report EB 132 Meeting in Geneva : 21 Jan- 29 Jan 2013**

It was necessary to go there:

 - meetings with the DTO

 - For the fine tuning of the IFHE intervention: good for bringing IFHE closer to the WHO- board

* To review further collaboration: discussing the practical interpretation of collaboration in an efficient way in the next future( like updating book, review of certain documents like ‘waste management’ –now nearly finished and IFHE can read this paper to see if this information is correct and complete and also to see if there nothing forgotten…) In all this cases the name IFHE will always appears in the book or booklet or….
* To strengthen contacts and to get more confidence to WHO and member states ( IFHE is listed in the attendance list of this EB meeting – so member states can see this.)
* I saw that most of the NGO’s keep good **a**nd regular contacts with WHO
* To see the WHO-people with whom we have contact.
* To make new contacts
* IFHE is recommended in the EB meeting, so member states agreed IFHE as NGO in official relations with WHO. IMPORTANT
* I saw and I read the agenda and the reports :there are a lot of things we can do to achieve the aims WHO and the member states will obtain for different medical problems( from vaccination till hospitals.). So this can encourage IFHE to offer time and knowledge to the WHO/member states requests. I think the area’s we can help WHO are review of WHO articles, updating the book, may be some work in the field for special projects, infrastructure to get better work-efficiency hygiene, technical management,.. About agenda point 6.1 , the member states Lithuania and Mongolia had an intervention telling they will promote technical installations, insurances, Tabaco control and palliative care. Also other member states will encourage the idea that WHO will strenghtnen this relations. The whole EB meeting finally agrees with these statements.
1. **Intervention at the EB about IFHE in official relations with WHO :**

The text :

IFHE is non-political, non- governmental ,independent and a strictly non-profit organization.

We have contacts in 43 national organizations.

We promote , develop and disseminate hospital engineering technology

We compare international experience

We promote the principle of integrated planning, design and evaluation by improved collaboration between professions.

We promote more efficient management of operation, maintenance and safety of hospitals, their engineering installations, equipment and buildings, facility solutions (kitchens, cleaning…).

We offer collaboration with other international organizations

With this background IFHE can help for a better hygiene in the healthcare institutions worldwide. Our ultimate goal is that people everywhere may receive a better healthcare.

IFHE have about 13000 engineers, architects and specialists within a waste fields of technical skills, building concepts ,energy and environmental issues.

In future, IFHE can support in :

- gathering information needed for general WHO reports

- individual WHO ‘study projects’ for member state(s)

- practical solutions in the field.

About coordination, WHO has to take the coordination and the NGO can support this coordination.

About financing: gathering information: for free

 individual WHO study projects for (a)member state(s) with practical

 solutions in the field : info and experience for free ,only funding of costs.

We have our collaboration plan till 2015. We propose to help working out 5 important items.

- consumable water,

- safe operation theatres and delivery rooms,

- hospital structures, architecture and organization of medical-technical departments,

- energy concepts

- patient safety and engineering facilities.

IFHE is ready to give advice and to collaborate in WHO projects worldwide. In the future IFHE likes to strengthen the relationship and will increase the support.

IFHE can offer a lot of practical experience in the field combined with scientific information.

**6.COLLABORATION PLAN IFHE-WHO 2013-2015: reviewed**

1. Support and advice on WHO requests on topics related to hospital engineering. Topics like:
* Consumable water in health facilities
* Electrical safety in general and also more specific for operation theatres, delivery rooms and intensive care units. Increasing patient safety.
* Hospitals structures, architecture and organization of medical technical departments: architecture plans
* Sustainable energy concepts in agreement with other UN recommendations: creating “green hospitals”
* Medical gasses (oxygen, vacuum, pressed air, narcotic gasses , …: installations and safe operation
* Environmental issues :

hospital waste management including waste water and exhaust gasses (heating systems, emergency motor-alternator,…). This is part of ‘creating green hospitals’.

Also attending workshops worldwide + delivery of knowledge about topics threated in the workshops.

1. Book: “ Guidelines for Development and Operation” for district hospitals and peripheral health facilities ( like policlinics, rural health centers, community-based facilities, family-based services like home care,…)

The goal is : updating this 14 years old existing book completed and/or mixed with new recent ideas and possibilities.

In this reviewed book we have to consider following:

- describing the maximum existing solutions and possibilities ( “ best practical “ solutions)

- alternative solutions for “ low resource settings”

 Important for this book are the “sustainable features “ like:

* Producing own electricity
* Producing own medical gasses like oxygen, vacuum, pressed air
* Water cleaning( natural) and purifying water to get consumable water
* Waste management
1. **REPORT MEETING WHA : GENEVA MAY 2013**

Attendance: DTO, UIA,HIS,IFBME,IFHE

Discussion point: how to collaborate with the four NGO’s together with and for the WHO .

WHO wants to create ‘ guidelines’ for infrastructure , equipment, hygiene ,… all related to the healthcare.

Benefitted group: ‘low resources countries’

We have to look for the needs (medical and infrastructures) in regions (which kind of healthcare we need – big hospital, small hospital , state or province or town or rural settings…

What to do: update the old existing guidelines or create new book with the guidelines.

I proposed to upgrade the existing book because there is also the structure in this book. We can add some new items and we also can delete old data.

I also insisted to work together , under the leadership of WHO. Only in this structure we can work out a good plan and good book. ( as information UIA and IHF had also discussion before about organization – they would take the leadership without WHO …..

Step 1: WHO will make a paper ( intension declaration) telling that the IFHE, IFMBE, UIA , IHS will work on the document for the WHO. Who also will specify what they will in this collaboration ship ( like publishing, communications, ..no other sponsoring like paying the NGO’s for their jobs.

UIA will use this letter for asking sponsoring by industrial companies in order to pay the job done by the UIA.

Step 2: to complete and/or update the content table of the existing book. This will be summarized by WHO

Step 3: Next meeting : second week of august 2013 Geneva

1. **Informal meeting with NGO’s about Non Communicable diseases 14 .08.2013**

Following the WHA 66, WHO created a Global Action Plan for the Prevention and Control of Non Communicable Diseases ( NCD’s) ( cardiac diseases, cancer, respiratory diseases, diabetic, …..)

I send an email to WHO telling IFHE is very interested and which inputs IFHE can provide to this Global Plan

* Our reviewed collaboration plan
* Collaboration with other NGO’s about creating frame work plans
* Support the WHO about coordination and information.
1. **Conclusion:**

IFHE has again better contacts with WHO via the new WHO DTO.

We are again recognized as NGO in official relations with WHO.
We are waiting the ‘letter of intention ’ to collaborate with the 3 other NGO’s and WHO. WHO will write this letter ( as preliminary version).

We have already a starting ‘project’: creating an information book and guidelines about healthcare and healthcare facilities ( following the idea an existing old book). WHO will coordinate the activity and meetings. The different NGO’s will provide the information (via the focal points of the 4 NGO’s). The book will be published by WHO with recommendation of the 4 NGO’s.

So in principle IFHE has no costs : only to find the time and the right people (in our IFHE organization) to get the information.

Paul Merlevede

Liaison IFHE-WHO

12.08.2013