



News from the International HPH Network

The International HPH Network – A short history of two decades of development

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More information about the inter-national, the national and regional HPH networks is available on the official HPH websites:

hphnet.org,
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To tell the story of how the International Network of Health Promoting Hospitals & Health Services (HPH) came to be, we have identified six different time periods or phases. In doing this, we pick up the lead from previous work (1), and hopefully make developments even clearer.

The six development phases of HPH, which will be described in the following, were not planned or well defined at the time, no detailed action plans, evaluations or the like existed. Therefore the phases were reconstructed and are thus more or less distinct, partly overlapping at times, and with different foci of emphasis, specific milestones etc.

We have named the first period “pre-phase” and the others “phase 1 to 5”.

Pre-phase: Preparations for initiating Health Promoting Hospitals by WHO-EURO (1986-1989)

Health Promoting Hospitals, like many other health promotion initiatives, arose from the WHO's Ottawa Charter (2). For hospitals and other health care institutions, this Charter identifies re-orienting health services as a specific goal, one out of five key action areas of health promotion. A first specific concept for “Health Promoting Hospitals” (3) focused on hospitals as the core and leading institutions of health services and suggested to start model projects to demonstrate the feasibility of health promotion in hospitals.

Phase 1: Development of concept and initiation of network structures (1989-1992)

The City of Vienna in Austria was the first to offer WHO-EURO such a model hospital. The city funded the Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBIHSM) in order to scientifically plan, consult on and evaluate the project. From 1989-1996 the first European WHO model project was carried out at the Rudolfstiftung Hospital in Vienna (4). It was based on concepts of project management, organizational consultation and organizational development furthermore the project was documented and evaluated.

During the model period at the Rudolfstiftung Hospital, the International Network of Health Promoting Hospitals was initiated by WHO-Euro and LBISHM was designated as the network's first coordinating centre and secretariat.

In 1991, WHO's Budapest Declaration on Health Promoting Hospitals (5) was launched as the network's first policy document, defining contents and aims, suggesting interventions targeting both the hospital organization and the hospital setting, and lining out 3 target groups of HPH (i.e. patients, staff and the population of the community the hospital serves). The Declaration also defined the conditions for a planned Europe-wide pilot hospital project. LBISHM was contracted to supervise the scientific planning and coordinate the project and, in 1992, it was designated as a WHO-CC for Health Promo-



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tion in Hospitals, funded by the Austrian Ministry of Health.

Phase 2: Testing the concept & further developing network structures (1993-1997)

From 1993-1997, the Europe-wide project was conducted at 20 hospitals in 11 countries, based on detailed agreements between the partners (participation in regular business meetings, cooperation with external organizational consultants, documentation and evaluation, development of a national / regional HPH network). Among many other things, the project proved that it was feasible to implement the HPH concept in diverse health system contexts and types of hospitals (4;6). These important insights were then reflected in the Vienna Recommendations on Health Promoting Hospitals (7).

Parallel to the European project, international network structures and media were established: annual International Conferences, an International Newsletter and regular business meetings. Also, a systematic policy of network building was started by WHO-EURO in 1995, for countries that had not been participating in the European project. These plans were supported by the European Commission (DG SANCO). Furthermore annual workshops for national / regional HPH network coordinators were introduced. At the end of the European project, there were already 16 established networks in Europe. It was mandatory for each to have at least 3 member hospitals, have a network coordinator and accept the core documents of HPH, whilst the specific structures and activities of the networks (e.g. their legal form, or thematic priorities) remained individual. Many networks, however, already then began establishing annual national / regional conferences, newsletters etc.

Phase 3: Spreading and internally differentiating the international network (1998-2000)

In the third phase 10 more national / regional networks were initiated. The Vienna Recommendations also opened up the option of founding thematic HPH networks. These came to life in form of international HPH task forces (TFs) aiming either at adapting the HPH concept for specific hospital / health service types, for specific topics or for specific target groups. Trials for Tobacco Free Hospitals and Nutrition in Hospitals were piloted, but proved not to be sustainable, whereas a piloted task force on Psychiatric Hospitals was successfully initiated in 1998.

Within the first three phases, the Vienna WHO-CC was responsible for developing and piloting the HPH concept, guiding its early dissemination in Europe and establishing sustainable communication structures (8). From 1993 up to now (2011), the centre is responsible for the scientific program of the annual International HPH Conferences, the editing of the International Newsletters, and for providing one of the web pages. It also was responsible for coordinating international research projects on health promotion in primary health care (9), later on migrant friendly hospitals (10) (which resulted in a full HPH task force) and the PRICES HPH evaluation study.

Phase 4: Standardizing the concept & linking it to quality and evidence (2001-2005)

In 2001, HPH coordination was shifted to the WHO European Office for Integrated Healthcare Services in Barcelona. This office developed stronger links to quality philosophy and tools as well as to the evidence debate in health care and led the network into autonomy and more independence from the WHO. The open development approach of the HPH network was systematized in this phase, when two international HPH working groups, initiated by WHO-EURO, aimed at linking the HPH concept to the quality philosophy, which at that time had become strong in the healthcare context. The working group "Putting HPH policy into action" concluded with the publication of 18 comprehensive HPH core strategies and seven strategies for capacity building for HPH (1;11-12). The working group on "Standards for Health Promotion in Hospitals" developed and tested 5 more focused standards for health promotion in hospitals (12-14). These Standards, in principle, make it possible to internationally compare HPH developments on an organizational level and to integrate HPH principles into hospital certification or accreditation schemes. On the national level, the German network published a handbook on quality management and health promotion in hospitals (15). Also, research on evidence-based health promotion interventions became even more pronounced (e.g. 12;16-18). A WHO project linked HPH to tools of business administration, i.e. using the Balanced Score card for integrating HPH into hospital strategy (12) was accomplished. Also, annual international summer schools were started, two task forces were initiated and 9 national / regional networks were established, including the first one outside Europe.



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Phase 5: Restructuring, globalizing & extending the international network (2006-2011)

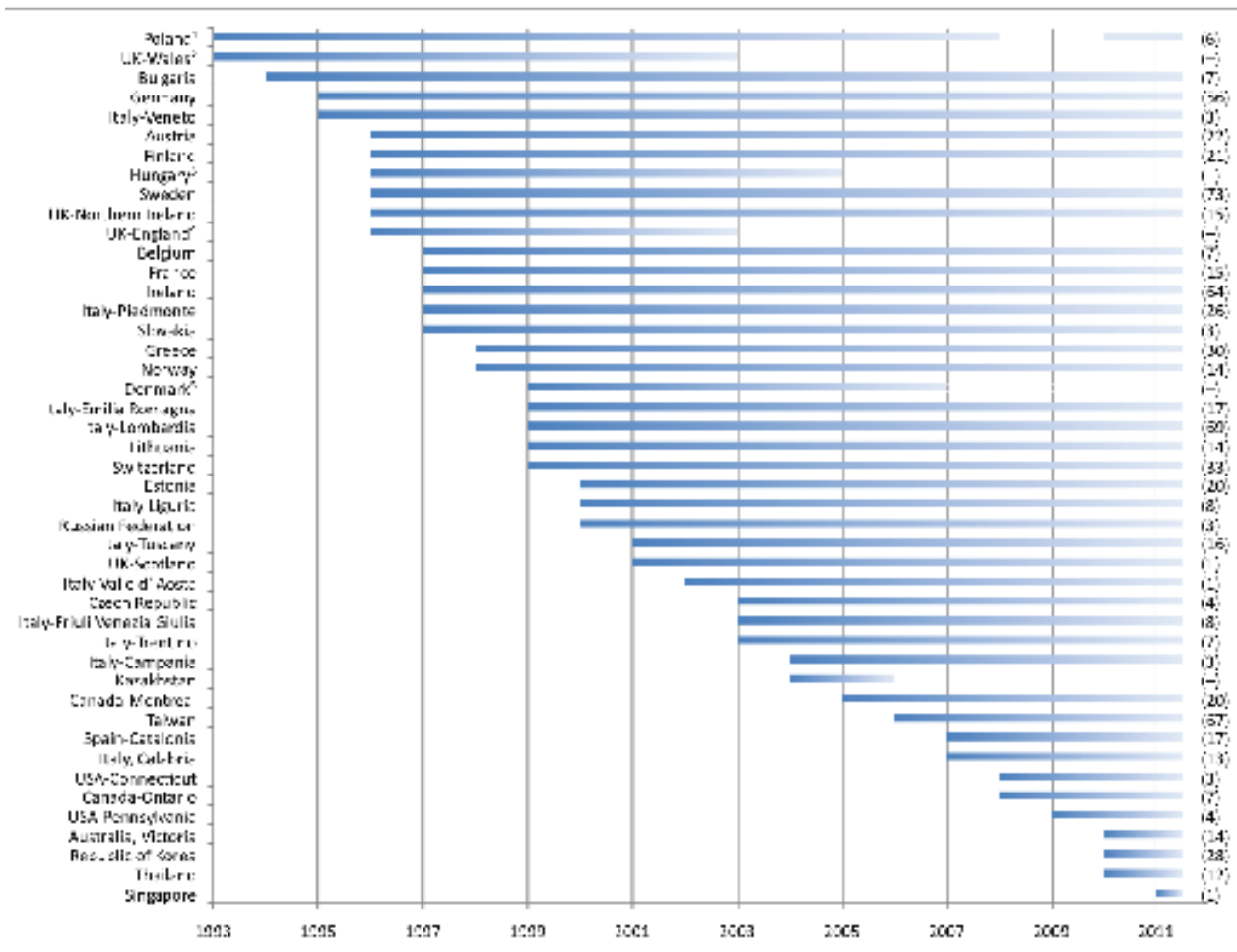
In 2006 the WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services in Copenhagen, headed by Hanne Tønnesen, took over the coordination and secretariat of HPH. It finalized the consolidation of HPH as an autonomous international institution with democratic structures and mostly funded by fees from its members (with an annual budget of around € 230,000.-). The Copenhagen WHO-CC successfully led HPH into globalization and initiated new media, e.g. this official journal of HPH. Also, the strong efforts in evidence based research were continued (14; 19-23)

In 2008 the international network legally became an international association, under Swiss law, with

its own constitution and with a broadened name “International Network of Health Promoting Hospitals and Health Services” (but still the acronym “HPH”). According to this constitution, HPH’s mission is to “work towards incorporating the concepts, values, strategies and standards or indicators of health promotion into the organizational structure and culture of the hospital / health service. The goal is better health gain by improving the quality of health care, the relationship between hospitals / health services, the community and the environment, and the conditions for and satisfaction of patients, relatives and staff.”

The HPH constitution defines national / regional networks as core members of the international network. The coordinators of these networks constitute the General Assembly. Every two years an International Governance Board, with a chair and a vice

Figure 1 National/ Regional networks of the international HPH network, ordered by year of admission and with number of current members in brackets (May 2011)



*Italy replaced due to death of coordinator
 †Closed due to health care reform and reduced organizational support of network support
 ‡Closed due to lack of political support
 §Closed due to health reform and reduced financial support of network support
 ¶Closed due to health care reform and reduced organizational support of network support



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Table 1 Phases and milestones of the international HPH network initiated by WHO-EURO

Phase 0: Preparations for initiating Health Promoting Hospitals by WHO-EURO (1986-1989)	
1986	Ottawa Charter for Health Promotion (> Reorienting health services)
1986-	WHO Healthy Cities Project
1988-2009	Linköping WHO CC for Public Health Sciences
1988	WHO consultation on the Role of Health Promoting Hospitals
1989	Publication on Consultation (Milz & Vang 1989)
Phase 1: Developing of concept & initiation of network structures (1989-1992)	
1989	Feasibility study for Model Project
1989-1996	WHO-Model Project "Health and Hospital" at Rudolfstiftung Hospital, Vienna
1990-	Official start of International HPH Network as a MCAP of the Healthy Cities Project
1990-2001	Coordination & Secretariat of international network by LBIHMS Vienna
1991	The Budapest Declaration on Health Promoting Hospitals
1991-1992	Preparations for a European Pilot Hospital Project (EHPH)
1992-	Vienna WHO-CC for Health Promotion in Hospitals at LBIHMS/LBIHPR
Phase 2: Testing the concept & further developing network structures (1993-1997)	
1993	Annual International HPH Conferences, International HPH Newsletter, HPH Website
1993-1997	Conducting of European Pilot Hospital Project (EHPH)
1995-	Establishing of national and regional HPH networks
1995-	Annual HPH networks coordinators' workshop
1997-	The Vienna Recommendations on Health Promoting Hospitals
Phase 3: Spreading and internally differentiating the international network (1998-2000)	
1998-	Task force: Health promoting-psychiatric health care services
1998-2001	First international project data base of the network (then transferred to WHO Barcelona center)
1998-2001	EU-Project Health Promotion in Primary Health Care: General Practice and Community Pharmacy
Phase 4: Standardizing the concept & linking it to quality and evidence (2001-2005)	
2001-2005	Coord. & Secretariat by WHO European Office for Integrated Healthcare Services, Barcelona
2001-2006	Working Group "Standards for Health Promoting Hospitals"
2001-2006	Working Group "Putting HPH Policy into Action"
2002-2005	EU-Project Migrant Friendly and Culturally Competent Hospitals
2004-	Designation of Copenhagen WHO-CC for Evidence-Based Health Promotion in Hospitals
2004-	Annual International Summer Schools on HPH as satellites to International Conferences
2004-	Task force: Children and adolescents in hospitals
2005-	Task force: Migrant friendly and culturally competent health care
2005-	First non-European national / regional network joined the international HPH network
Phase 5: Restructuring, globalizing & extending the international network (2006-2011)	
2006	Coord. & Secretariat by Copenhagen WHO-CC for Evidence-Based Health Promotion in Hospitals
2006	Introduction of a General assembly & a Governance Board for the International Network
2006	Florence WHO-CC for HP Capacity Building in child and adolescent health
2008	Association "International Network of Health Promoting Hospitals & Health Services (HPH)"
2008	Extension of scope to other health care organizations and internationalization of network
2008	Task Force Smoke-Free-Health Services
2008	Project on a Retrospective, Internationally Comparative Evaluation Study of HPH (PRICES-HPH)
2009	Athens WHO-CC for integrated strategies and services to NCD prevention at country level
2009	Task Force Alcohol and Alcohol Interventions
2010-	Task Force HPH and Environment
2010	Memorandum of Understanding of International HPH Network with WHO-EURO
2011	Journal: Clinical Health Promotion. Research and best practice for patients, staff & community



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chair, is elected from this group. WHO-EURO and the WHO-CC's Copenhagen and Vienna, with secretarial functions, hold permanent seats in the Governance Board. Ann O' Riordan (Ireland) held the first elected chair. In the second period Yannis Tountas (Greece) was elected and in the third and current period Louis Coté (Canada, Montreal) holds the chair.

In this phase three further task forces were initiated, 10 national/regional networks were established, 7 of these outside Europe. Thus, globalization of the international network is going strong. The first international HPH conference outside Europe will be organized in Taipei City, Taiwan, in 2012, and the conference in 2014 is planned to take place in the USA.

Currently (May 2011), HPH consists of 39 networks in 26 countries in 5 continents, plus individual hospital / health service members in 52 countries that do not yet have HPH networks. In total, HPH has 841 members world wide – a figure which increases weekly.

In December 2010, HPH also formalized its long-standing and intimate collaboration with WHO by means of an official Memorandum of Understanding and preparations for adjacent periodic action plans (24).

From its conception HPH has been strongly supported by WHO-Euro and a number of its very dedicated representatives and officers, in the early days especially by Jo E. Asvall, Ilona S. Kickbusch, Johannes Vang, Agis Tsouros and Heather McDonald, later by Mila Garcia Barbero and Oliver Gröne, and currently by Maria Ruseva and Zsuzsanna Jakab.

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