First expert meeting on WHO’s support to the hospital sector in Member States

Re-thinking the future of hospitals in the WHO European Region

Brussels, Belgium, 21–22 April 2022
Meeting report
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ABSTRACT

As part of its European Programme of Work 2020–2025, and its focus on the recovery, resilience and robustness of health systems in the wake of the COVID-19 pandemic, the WHO Regional Office for Europe continues to support European countries to better fulfil citizens’ expectations about health and to achieve universal health coverage across the Region. The Division of Country Health Policies and Systems has initiated a programme for hospitals under the Health Workforce and Service Delivery Unit to provide technical support to Member States. This is to help improve the performance of hospitals by focusing on implementation of clinical governance systems for quality of care and patient safety, building capacities for clinical leadership and innovations in hospital planning and operations, and to ensure that care is provided in the most appropriate setting, organized around the wide-ranging needs and expectations of people and communities.

This report provides a brief summary of the workshop that took place in Brussels on 21–22 April 2022 and summarizes the output of other policy work undertaken by the WHO Regional Office for Europe related to the future of hospitals in the Region. The objective is to inform the WHO approach to supporting Member States in the development of policy, dissemination of learning and advocating for change, as well as defining country-specific work and opportunities to work with partner organizations in promoting this agenda.

Keywords

HEALTH SYSTEM; HOSPITALS; QUALITY OF CARE; INTEGRATED CARE SERVICES; DIGITAL WORKFORCE; GOVERNANCE; ENVIRONMENT

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AI</td>
<td>artificial intelligence</td>
</tr>
<tr>
<td>COVID-19</td>
<td>novel coronavirus SARS-CoV-2</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>HWD</td>
<td>Health Workforce and Service Delivery</td>
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<tr>
<td>HRH</td>
<td>human resources for health</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>NCDs</td>
<td>noncommunicable diseases</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>OOP</td>
<td>out-of-pocket</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>PPP</td>
<td>public–private partnership</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

Hospitals are a key part of health systems and have been at the front line of the novel coronavirus (SARS-CoV-2; COVID-19) response. This crisis demonstrated the importance of a networked health care system, the increasing adoption of telehealth approaches, and the idea of virtual care and guidance. The pandemic also revealed a new hospital landscape with increased outpatient treatment, shortened length of stays in hospitals, flexible capacity, and a scalable network within the wider health care delivery system. Furthermore, hospitals played an important role in providing high-value services, health care workforce capacity-building, and strengthening research.

As part of the WHO Regional Office for Europe’s efforts to support the transformation of health systems and social care in the Region, with the perspective of preparing for a digital, innovative, outcomes-directed and people-centred future, the WHO Health Workforce and Service Delivery (HWD) Unit convened a (hybrid) workshop comprising 63 participants, including national policy-makers, academics, hospital managers, representatives of non-governmental organizations (NGOs) and experts in finance, digital health, human resources, governance, environment, quality and patient safety. Representatives of the European Commission, the Organisation for Economic Cooperation and Development (OECD) and the World Bank were part of the discussions. The workshop was a continuation of the first virtual meeting on hospitals of the future, which was organized in December 2021, aiming to help shape the activities and strategic direction of WHO work in relation to the future of the hospitals in the Region.

The participants provided their reflections on the future role of hospitals, emphasizing the need to ensure the integration of health services across the continuum of care, and that care is provided in the most appropriate settings. The group identified country-specific areas for WHO to support the Member States in the development of policy, dissemination of learning, and advocating change related to hospital policies.

The workshop discussions centred around a number of areas critical to future hospital policies, including governance, financing and planning. This report summarizes the output of those discussions, with specific emphasis on challenges and actions proposed for the Member States to better link hospitals with other elements within health systems and for WHO to support them to uptake innovations in service delivery as a means to improve universal health coverage.
Outcomes of discussion sessions

Session I. How changing needs and changing therapeutic landscapes are changing the role of hospitals

Goals

• Hospitals must be able to adapt to changes in medicine, growth in the use of digital technologies and the increased complexity of health care.
• Hospitals should aim to work more closely with primary health care (PHC) and community-based care, to be able to deal with patients with multiple health conditions, particularly with the increased incidence of noncommunicable diseases (NCDs) and ageing of populations.
• Hospitals of the future are to be health-promoting hospitals.

Challenges

• Many Member States still have large numbers of hospitals and beds, sometimes in very poor accommodation. This is particularly the case in some post-Soviet countries. In addition, these countries often have specialist institutions for some tertiary conditions and infectious diseases that represent outdated models, with limited ability to deliver the types of multidisciplinary care required.
• Many Member States face over-capacity issues and are struggling to create a more rational distribution of services, which includes concentrating specialized work where high volumes are required in order to maintain quality. This is an issue for rare diseases, and a particular challenge for smaller countries.
• Many countries also face a growing challenge in providing hospital services in remote and rural areas.
• The bureaucracy within health care systems remains a challenge and an impediment to an effective workforce; management systems need to be redesigned to liberate the capacities of all employees so that patients’ needs can be better addressed.
• Obstacles to inter-hospital collaboration exist, requiring new approaches to overcome these.
• There is a need for hospitals to be much more effectively integrated with PHC and with other elements in the health system to ensure a better patient experience and to avoid the problems of fragmentation of care. However, there is currently lack of competencies and proper leadership to develop systems and processes for improving coordination of care.

Actions for consideration

• Actions include developing foresight and planning tools, along with mechanisms to plan for future challenges (e.g., demographic, workforce issues) and to identify opportunities (e.g., new therapies, technologies, care models);
• Changing the way that hospitals support PHC and population health management could be a helpful way for some hospitals to develop their service model. However, changes in culture, leadership and, in some cases, payment systems will also need to evolve to reflect the need for more system-based care and the development of pathways that span organizational boundaries.
• Hospitals can be developed as hubs, along with systems that are required to look beyond traditional health care roles and consider other areas, such food security and social care.
• Care for many chronic disease patients cannot be provided entirely in hospitals and must be delivered in different settings while ultimately maintaining proximity to the patient.
• Professional regulation needs to be adapted to allow the development of new disciplines and to support multidisciplinary work.
• Investment in digital care is a key priority for hospital leaders.
• A paradigm shift must occur, not just by introducing technology but also shifting to the perception that treatment needs to be closer to patient; this will be a more sustainable model.

Session II. Health workforce: building capacity and skill mix while also looking after staff

Goals

• The hospital workforce needs to be able to respond to changes in types of patients, new technologies and the need for more multidisciplinary working.

Challenges

• Problems arise relating to the supply, distribution and skills of the workforce across the WHO European Region.
• There is a lack of flexibility, including limited scope for developing the skill mix of the workforce.
• The varied quality of data on human resources for health (HRH) across countries makes it difficult to understand the full picture of the current situation.
• The planning and forecasting of HRH are underdeveloped in many systems, which makes balancing supply and demand very difficult.
• The pandemic highlighted that the primary cause of services being disrupted during the emergency was lack of health care staff.
• It is clear that the health workforce is struggling with physical health and mental health problems.
• Attracting and retaining younger generations is problematic.
• The short-term nature of the (politically motivated) appointment of some hospital managers presents an additional challenge in terms of maintaining continuity.
Actions for consideration

- HRH planning and forecasting must be improved to fulfil needs, skill mix, and supply and demand requirements.
- Distribution and retention (urban/rural; private/public) of the health care workforce should be improved.
- Health care workers must be protected.
- Job retention drivers must be analysed and understood, in terms of security, remuneration, engagement and the impact of job satisfaction factors, including the ability to take the initiative.

Session III. Quality of care in hospitals within a PHC-oriented system

Goals

- Hospitals should be considered as part of a broader range or network of essential services, of which PHC is an integral part.
- Equity gaps should be bridged, in terms of quality of care and patient safety in hospitals across the Region, by ensuring that best practices and up-to-date guidelines are in use and that processes for quality review and improvement are being applied.
- Systemic barriers to quality improvement should be removed, ensuring a patient engagement focus and a whole-of-society approach to addressing patient safety.
- The quality of design of the hospital sector should be ensured, along with the quality of performance, using data-driven approaches to meet patient expectations.

Challenges

- Hospitals operate in an ecosystem which is dynamic. This requires competitive performance, allowing bigger and faster impacts to be generated, allowing for more flexibility.
- Hospitals are reactive, rather than pro-active in adapting to changes in patient needs, changing models of care, the introduction of new technologies and digital tools.
- Traditional approaches to managing quality are no longer sufficient for modern hospitals; new core principles and philosophy need to be incorporated to improve the flexibility, scalability, agility, productivity, cost-effectiveness and reliability of health care services, in addition to increasing patients’ satisfaction.
- Clinical management during disasters and emergencies is not underpinned by basic standards in the daily quality of care (highlighted during the COVID-19 pandemic).
- The suboptimal quality of the built environment of hospitals is an obstacle to progress in many health systems.

Actions for consideration

- The WHO European Office on Quality of Care and Patient Safety should support countries in looking at innovation and using the power of digital technologies to serve the most vulnerable patients.
- The active commitment and participation of clinicians are required to support the improvement of care quality and patient safety.
- Accreditation programmes need to adapt standards, extending beyond the hospital and assessing the capacity and continuity of clinical pathways within the outpatient care environment.
- Greater focus should be placed on continuity, patient engagement, exchange of information, case-mix practice models, and clinical effectiveness in diagnostic and treatment outcomes.
- The application of accreditation and other more formal regulatory processes and professional regulation are required.
Session IV. Digital health and technology

Goals

While the meeting discussion covered broader issues relating to digital technology and artificial intelligence (AI), the focus in this report is on the specific issues relating to hospitals and the local systems in which they operate. Noting that success in these matters will depend on changes in the wider health care system, the main goals included:

- improving the development of medicines and diagnostics, as well as operational performance and integrated clinical decision-making;
- empowering consumers through digital health;
- improving coordination, efficiency and safety to make the most of digital technology;
- developing the capability to support the digitalization implementation process, including helping staff and patients who may have limited experience of new digital tools;
- understanding how evidence of effective AI translates into practice; and
- ensuring regulation and evaluation of new technologies keep pace with the rapid developments in this area, with an appropriate framework for regulating the use of patient information.

Challenges

- Digital maturity between European countries is unequal, introducing complexity to the tasks.
- The infrastructure to support transformation is inadequate in many countries.
- AI cannot solve all problems and the need remains to improve the digital skills of health professionals.
- Digital literacy levels of patients vary, and not everyone has access to digital resources.
- Digital training options are limited for doctors and nurses.
- A stronger evidence base is needed to demonstrate the return on investment of using AI.
Actions for consideration

- Hospital investment strategies need to be linked to wider plans for the development of health systems, and linked to the vision for clinical services, the health workforce and digital transformation.
- Use of automation should be optimized to help in dealing with workforce challenges.
- Hospitals should be connected to population health management and big data systems – this requires work on data standardization and sharing of data between different organizations.
- Provision of remote care should be instigated in people’s homes or at sites away from the main hospital. The pandemic has accelerated this, and rapid growth in inexpensive communication technologies offers new ways to involve patients in their own care.
- All new technologies must be scientifically tested and approved – testing must be rigorous and data driven, to avoid putting patients at risk.
- National guidelines are needed, similar to the European Union (EU) guidelines on medical devices, along with specific key performance indicators (KPIs).
- Investment is required to improve digital literacy in order for citizens to be able to benefit from new and developing technologies.
- AI evidence should be improved, ensuring it is ethical and transparent.
- More managerial training is required for hospital managers, both on new technologies and on motivating workers.

Session V. Networks, groups of hospitals and other governance models

Goals

- A rationale should be established for networks and groups to share relevant expertise across systems and create a clear plan for both service and patient pathways.

Challenges

- Inherent tension exists between PHC providers and hospitals, which must be overcome so that hospitals can adopt a population health approach, including close collaboration with other providers in the PHC setting.
Actions for consideration

- Networking between specialized providers might be a way to deal with inherent tension between PHC providers and hospitals, and could improve referral pathways.
- Network models should be run as partnerships rather than takeovers, so set up for collaboration among equal parties to manage population health, with hospitals as only one part of the supply chain.
- The groupings within the network should go beyond country borders, with inter-country collaboration allowing for the concentration of expertise required to deal with rare conditions.
- The choice of which of the different governance and structural models to implement needs to be determined by the problem that is being addressed. The potential for these models to create undesirable monopolies needs to be considered.

Session VI. Hospital buildings, new thinking, resilience, sustainability, and carbon emission

Goals

- Rethinking the design of hospital settings is necessary to ensure sustainability and flexibility and to link to disaster and risk management in order to create safe environmental health care settings for workers, patients and organizations.
- Best practices and tools are to be developed for today’s most urgent and challenging health care design issues, aiming for safer and healthier Hospitals of the future.
- Hospital design should be closely aligned with health service delivery models, taking into account health care needs.
- Diverse partners should work together on a broader scale to capitalize on their expertise – these networks need to be expanded beyond academic and the usual partnerships.
- Evidence-based design requirements for hospitals should be developed, covering the following areas:
  » localization to ensure accessibility/urban regeneration and relationships;
  » landscape and healing outdoor environments;
  » functional design, innovative layouts and healthy working areas; and
  » sustainability, safety and security.

Challenges

- No criteria have been set to define what goes inside a hospital building, in terms of service models, needs and functional programmes. Due consideration must be given to location and distribution of all departments and their relationships, respecting the flow and transportation of patients, logistics, the supply chain and health care workers.
- Hospitals are not being designed by the people with the necessary expertise.
- The design of the space in most hospitals does not offer the flexibility needed to manage appropriate health response (during a pandemic, for example).
- The current average lifespan of a hospital building is only 40–50 years, due to physical deterioration of buildings, changes in building codes and regulations, and economic factors, such as energy conservation.
- No common criteria exist for making capital investment decisions in health facilities, to ensure evidence-based approaches and to help with future-proofing of investments.
Actions for consideration

- A network should be developed of academic centres that have the expertise and a core team of health infrastructure planners, creating technical support instruments and rethinking the architecture for health that will define minimum requirements for new hospitals and health care facilities.

Session VII. Hospitals in the wider economy

Goals

- Hospitals should be positioned as important economic actors in their communities that promote health, sustainability and local economic development.
- Hospitals should orient their governance models, structures, processes and culture to optimize the health gains of patients, staff and populations, serving to support health promotion, disease prevention and health literacy through employees, their families, patients, visitors, the wider community and other employers.
- The hospital should become an important hub for research and development, supporting new pathways in PHC.

Challenges

- Many hospitals lose sight of their main purpose as social and economic actors.
- When hospitals that are no longer required by the system are closed, the economic contribution they make is lost, without any substitute.
- Hospital managers are not experts in community and economic development.

Actions for consideration

- Widening the participation of hospitals in employment, education and training can add value to the community and help grow its skilled workforce.
- Hospitals need to pay attention to the carbon impact of their approach to procurement; there are opportunities to reduce transport costs and carbon footprint through local procurement, while at the same time supporting the local economy.

Session VIII. Governance, autonomy, coordination and regulation

Goals

- Hospital governance should be carefully positioned as part of the overall context of health system governance.
- Professionalized clinical leaders should be developed, along with health services management.
- Governance should take into account the role hospitals play in advancing local economies, the life sciences agenda and improving health overall.

Challenges

- There is no clarity around business models for hospital care. For example, should they be vertically integrated? How much should they be decentralized? What is the role of the governing boards?
• Governance complexities present problems, for example in terms of different jurisdictional responsibilities at various levels of government.
• Challenges exist around professional and clinical management of services, as well as various problems resulting from duplication of services.

Dimensions of hospital quality need to be considered; specifically, clinically, and in terms of health workforce, networking, links to wider economy and finance – how can we trade off all these dimensions? Are all decisions political?
• It is difficult to disentangle the interrelatedness of hospital governance and local political/administrative governance.

**Actions for consideration**

• WHO should convene a potential expert group on regulatory approaches and governance models.
• WHO should consider developing a toolkit of common principles and approaches to hospital governance.
• The hospital master plan needs to be aligned with strategic purchasing and the latter with service delivery models, capital investment and the roles of private and public sectors.
• Many countries have opportunities to improve how hospitals are governed, managed and held to account. Effective centralized governance can happen using evidence-informed principles and international experience to plan changes.

• Doctors and nurses, as well as patients and the community (e.g. non-executive boards) must be involved in the management of hospitals.
• Doctors and nurses need to be better involved in the strategic governance of the organization and this governance synthesized to the overall organizational objectives.
• Governance structures must recognize that clinicians should make decisions. For clinicians to be involved in governance activities, they need to be supported by academics and health policy specialists, and trained in clinical governance.
**Session IX. Payment, financing and public–private partnerships (PPPs)**

**Goals**
- Criteria are to be elaborated for smart investment in health care systems.
- The resilience of the health systems should be increased, in particular focusing on emergency preparedness and including both war and capital investment scenarios.

**Challenges**
- There is considerable diversity in terms of inpatient care spending in the WHO European Region, with as much as 13 times difference between countries.
- A range of very different financing models exist in the Region, although countries have similar policy objectives, including better quality, improved access, and patient satisfaction.
- There are differences in the autonomy levels of providers, and various levels of data quality.
- Low-income countries have more out-of-pocket (OOP) spending for hospital care. When designing incentives, these countries tend to focus more on public spending and not OOP payments, which weakens the power of these incentives.
- Most low-income countries’ payment reforms are donor driven, without local capacity to take ownership and lead the implementation process.
  While PPPs are used in some countries, especially low- and middle-income Member States, ministries of health tend to have limited capacity to understand and implement PPPs without guidance.

**Actions for consideration**
- WHO Regional Office for Europe should support the development of guidance on PPPs (governance, models, and so on) to help Member States make better use of public health expenditure.
- Strategic planning should be undertaken in terms of financing and asset investments, planning for crisis response, and learning to take a long-term view on investment.
Session X. Shaping WHO’s role in relation to hospitals and health systems

Key messages

• It is essential to emphasize that hospitals are part of a broader system.
• It is acknowledged that hospitals are not sustainable in the current form. Discussion must be encouraged on hospitals to improve their role in PHC-oriented systems.
• Public health functions should be integrated into the health system, including in PHC settings and hospitals.
• WHO needs to work more closely on hospitals, as countries are investing more in the sector without proper guidance on how or where to do so.

Way forward

• The expert group should agree on a common vision and attract more members (WHO Country Office representatives, other multilateral partners, industry stakeholders).
• WHO should support country offices to strengthen their capacity to work on hospitals.
• WHO should develop a clear position on what a hospital is and its role in the system.
• WHO should define the competencies and gaps in terms of hospital objectives and assist countries in building their capacity.
• WHO should consider developing governance toolkits for hospitals with general principles of good governance and benchmarking.

Session XI. Next steps and conclusions

The WHO Regional Office for Europe will hold the first High-level regional meeting on hospitals in 2023 in Azerbaijan, which will bring together country representatives, clinicians and academic experts, among other key actors, to discuss the future of hospital planning and development in the WHO European Region. The aim is to share experiences between countries in different parts of the Region.

The WHO HWD Unit will also develop a series of technical products on hospitals – relating to design, governance, financing, and so on – to assist country offices in their provision of technical support to Member States.

The Regional Office will engage in building leadership and managerial competencies and capacities at the country level, including for future generations, and will work in close collaboration with the European Observatory on Health Systems and Policies to advance the new paradigm of hospitals within PHC-oriented systems through enhanced digital transformation.
Annexes

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Provisional list of participants

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Fatos Hande Harmanci  
WHO Representative, WHO Country Office, Azerbaijan

Jetri Regmi  
Technical Officer, Preparedness

Ramy Srour  
Communications Officer

Pavlos Teodorakis  
Senior Adviser, Health Policy
Vini Vaid
Communications Consultant

Tomas Zapata
Unit Head, Health Workforce and Service Delivery

**World Health Organization Headquarters**

Neelam Dhingra
Unit Head, WHO Patient Safety Flagship/A Decade of Patient Safety 2021–2030

Ann-Lise Guisset
Technical Officer, Integrated Health Services

Sophie Genay-Diliautas
Technical Officer, Joint Working Team on Primary Health Care and Universal Health Coverage PHC Special Programme, Universal Health Coverage/Life Course Division

Bruno Meessen
Senior Health Financing Adviser, Health Financing

**Support service providers**

Mr Iakovos Panourgias
HAST Productions P.C.

Mr Dennis Ravays
Creative Shelter BV

Mr Antonios Symeonidis
HAST Productions P.C.
Annex 2. Programme

Provisional programme

Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08:00–08:45</td>
<td>Registration</td>
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<tr>
<td>08:45–09:05</td>
<td>Welcome and opening remarks&lt;br&gt;Facilitator: Tomas Zapata</td>
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<td></td>
<td>WHO commitment to lead in hospital improvement – Hans Kluge, Regional Director, WHO Regional Office for Europe (remotely, 3 min.)</td>
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<td>Welcome from the WHO Representation Office to the EU – Oxana Domenti (3 min.)</td>
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<td>Objectives of this meeting – Natasha Azzopardi (5 min.)</td>
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<td>COVID-19 lessons learned as related to hospitals – Tomas Zapata (5 min.)</td>
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<tr>
<td>09:05–09:55</td>
<td>Session I. How changing needs and changing therapeutic landscapes are changing the role of hospitals&lt;br&gt;Moderator: Ronald Lavater</td>
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<td>Setting the scene – Björn Zoega (10 min.)</td>
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<td>Reflection – Alexandre Lourenço (5 min.)</td>
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<td>Reflection – Urmas Sule (5 min.)</td>
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<td>Open discussion (30 min.)</td>
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<td>09:55–10:50</td>
<td>Session II. Health workforce: building capacity – skill mix – looking after staff&lt;br&gt;Moderator: Pascal Garel</td>
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<td>Setting the scene – Tomas Zapata (10 min.)</td>
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<td>Reflection – Walter Sermeus (5 min.)</td>
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<td>Reflection – Tanja Zovko (5 min.)</td>
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<td>Open discussion (35 min.)</td>
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<td>10:50–11:30</td>
<td>Session III. Quality of care in hospitals within a PHC-oriented system&lt;br&gt;Moderator: Mafaten Chaouali</td>
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<td>Setting the scene – João Breda (10 min.)</td>
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<td>Reflection – Mafaten Chaouali (5 min.)</td>
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<td>Reflection – Dina Pfeifer (5 min.)</td>
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<td>Reflection – Neelam Dhingra (5 min.)</td>
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<td>Open discussion (15 min.)</td>
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<tr>
<td>11:30–11:50</td>
<td>Coffee break</td>
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<tr>
<td>11:50–12:45</td>
<td>Session IV. Digital health and technology&lt;br&gt;Moderator: Dimitra Panteli</td>
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<td>Setting the scene – John Halamka and Paul Cerrato (pre-recorded video, 10 min.)</td>
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<td>Reflection – George Valiotis (5 min.)</td>
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<td>Reflection – Magda Rosenmöller (5 min.)</td>
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<td>Open discussion (35 min.)</td>
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### ANNEX 2. PROGRAMME

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
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<tbody>
<tr>
<td>12:45–13:45</td>
<td>Group Photo – Lunch</td>
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<tr>
<td>13:45–14:45</td>
<td><strong>Session V. Networks, hospital groups and other governance models</strong>&lt;br&gt;Moderator: <strong>Lynn Seveke</strong>&lt;br&gt;Setting the scene – <em>Nigel Edwards</em> (10 min.)&lt;br&gt;Reflection – <em>Reinhard Busse</em> (5 min.)&lt;br&gt;Reflection – <em>Ronald Lavater</em> (5 min.)&lt;br&gt;Open discussion (40 min.)</td>
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<tr>
<td>14:45–15:45</td>
<td><strong>Session VI. Hospital buildings, new thinking, resilience, sustainability and carbon emission</strong>&lt;br&gt;Moderator: <strong>Nigel Edwards</strong>&lt;br&gt;Setting the scene – <em>Stefano Capolongo</em> (10 min.)&lt;br&gt;Reflection – <em>Jetri Regmi</em> (5 min.)&lt;br&gt;Reflection – <em>Jonathan Erskine</em> (5 min.)&lt;br&gt;Reflection – <em>Grant Mills</em> (5 min.)&lt;br&gt;Reflection – <em>Sasa Jenko and Iveta Griacova</em> (5 min.)&lt;br&gt;Open discussion (30 min.)</td>
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<tr>
<td>15:45–16:00</td>
<td>Coffee break</td>
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<td>16:00–17:00</td>
<td><strong>Session VII. Hospitals in the wider economy</strong>&lt;br&gt;Moderator: <strong>Ann-Lise Guisset</strong>&lt;br&gt;Setting the scene – <em>Dominique Allwood</em> (by video, 10 min.)&lt;br&gt;Reflection – <em>Jose M. Martín-Moreno</em> (5 min.)&lt;br&gt;Reflection – <em>Hanne Tønnesen</em> (5 min.)&lt;br&gt;Reflection – <em>Liesbeth Borgermans</em> (5 min.)&lt;br&gt;Open discussion (35 min.)</td>
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<td>Summary and closing of Day 1</td>
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<td>19:30</td>
<td>Dinner</td>
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**Day 2**

<table>
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<th>Time</th>
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<tr>
<td>08:30–10:00</td>
<td><strong>Session VIII. Governance, autonomy, coordination and regulation</strong>&lt;br&gt;Moderator: <strong>Josep Figueras</strong>&lt;br&gt;Setting the scene – <em>Martin McKee</em> (10 min.)&lt;br&gt;Reflection – <em>Stephen Wright</em> (5 min.)&lt;br&gt;Reflection – <em>Antonio Duran</em> (10 min.)&lt;br&gt;Reflection – <em>Pınar Koçatakan</em> (5 min.)&lt;br&gt;Reflection – <em>Andres Rannamäe</em> (5 min.)&lt;br&gt;Open discussion (55 min.)</td>
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<tr>
<td>Time</td>
<td>Session IX. Payment, financing and public–private partnerships (PPPs)</td>
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<td>Coffee break</td>
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<td>Session X. Shaping WHO’s role in relation to hospitals and health systems</td>
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<td>Session XI. Next steps and conclusions</td>
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<td>Lunch</td>
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<td>Lunch</td>
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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