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## *NATIONAL/ REGIONAL HEALTH PROMOTING HOSPITALS NETWORK COORDINATORS*

Report on the Third Workshop

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## TARGET 29

### HOSPITAL CARE

*By the year 2000, hospitals in all Member States should be providing cost-effective secondary and tertiary care and contribute actively to improving health status and patient satisfaction.*

### ABSTRACT

The Workshop was organized jointly by the WHO Regional Office for Europe and the International Health Promoting Hospitals (HPH) Coordinating Centre in Vienna. Twenty temporary advisers, delegates from 20 national/regional HPH networks, 2 observers and representatives from the Austrian Ministry of Labour, Health and Social Affairs were present.

The Workshop marked an important milestone in the HPH movement, as the Pilot Hospital Project reached its end and the new International Network of National/Regional Networks was officially launched. Some of the pilot hospitals will be coordinators of the National/Regional Network. Reports on the development of the National/Regional Networks were presented, followed by discussions on ways to develop the national networks and on building alliances.

### Keywords

HEALTH PROMOTION  
HOSPITALS – trends  
INTERNATIONAL COOPERATION  
COMPUTER COMMUNICATION NETWORKS  
– organization and administration  
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## **General conclusions and recommendations**

### ***International and national/regional networks***

1. Regulations at international level should allow the participation of hospitals and institutions with different cultures and under different health care systems and administrations.
2. The Vienna Recommendations on Health Promoting Hospitals should replace the former Budapest Declaration as the framework for the development of the HPH project.
3. International participation should be through national or regional networks, which must ensure that member hospitals adhere to the international regulations and the principles of the health for all policies and strategies.
4. There should be three types of membership of the international network: members of national/regional networks, individual members from countries where no national/regional network exists, members of thematic networks.
5. Hospitals in countries where a national network exists will be members of the international network only through local membership.
6. It will be important for national coordinating centres to define specifications and regulations on how to involve and accredit hospitals and other partners for national networks.
7. Institutions developing national/regional networks should apply for formal contracts as coordinating centres of the WHO European HPH National/Regional Networks Project.
8. National/regional coordinators will meet for a one-day business meeting linked to the international conference.
9. Only representatives of formal coordinating centres will participate as full members in the business meetings. Other representatives will be regarded as observers.
10. The Ludwig Boltzmann Institute for Sociology of Health and Medicine (LBI) and WHO will continue to be joint coordinators of the HPH international network.

### ***Information systems/database***

1. An international database for member hospitals and HPH projects will be set up and will be coordinated by LBI with the help of a task force.
2. The database should contain enough information to allow members to seek projects and activities in other hospitals, but should not provide exhaustive information on each project.
3. The database should be accessible via the Internet. A certain infrastructure will therefore be needed by hospitals. Each hospital/network would have to provide its own infrastructure.
4. All member hospitals of the international network will have to fill in and regularly update the questionnaire.
5. A discussion forum on topics relevant to HPH will be set up by the coordinating centre through the world wide web (www).
6. National coordinating institutions will be responsible for distributing information to their members.
7. Specific attention should be given to the coordination of national and international databases.

8. Information strategies, strategic documents and media such as conferences or newsletters could provide opportunities to attract hospitals to get involved in the HPH national networks.

### ***Building alliances***

1. The central focus for building alliances for HPH is refocusing health care services towards health gain which goes beyond health promotion projects.
2. Alliances are not found, but have to be created – another important task for national network coordinating centres.
3. Major stakeholders should be identified to seek widespread involvement and participation and make direct partnership approaches feasible.
4. Clarity concerning ownership, political profile and integration of HPH with other initiatives should be well defined.
5. Strategic orientation, profound knowledge of key players' interests, developed agenda setting and pro-active strategies seem to be necessary ingredients for successful networking on health-promoting hospitals.

### ***The Vienna Recommendations***

The draft Vienna Recommendations were discussed. Cooperation between the national/ regional networks on the development of the new document was very important in order to guarantee a useful and long-lasting product. The final document will be issued at the end of October 1997 (Annex 1).

### **Opening and introduction**

The Workshop marked an important milestone in the HPH movement, as 20 hospitals had completed their pilot phase and many of them had moved on together with new partners from other European countries to the next stage of building national and regional networks.

This new development needs additional conceptual support. A new set of guidelines and principles should therefore be developed and formulated as the Vienna Recommendations on Health Promoting Hospitals, to replace the Budapest Declaration which was drawn up at the beginning of the Health Promoting Hospitals movement. It should integrate the new developments in the hospital sector and the experiences of the European Pilot Hospital Project and the first years of the International Network. A draft document was distributed at the meeting and the participants were invited to discuss and comment on it with a view to presenting a final version in the early autumn this year.

### **Reports from the national/regional networks**

*Chairperson: Jürgen M. Pelikan*

Reports were presented on the current states, successes and problems of the different networks since the second workshop in Londonderry in April 1996.

The reports from the delegates from Austria, Belgium, Bulgaria, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, the Netherlands, Poland, Portugal, Sweden and the United Kingdom demonstrated in detail that in all countries considerable progress was being made in setting up national networks, building partnerships for Health-promoting Hospitals,

implementing projects, organizing meetings and introducing media for communication. Observers were present from Iceland and the Slovak Republic.

At the same time, most networks are developing regulations on how hospitals and other institutions can be involved. There are great expectations that the European Project of National/Regional Networks will support national developments through the provision of more general guidelines and the possibility of discussing experiences and strategies implemented in national networks.

Some highlights of the reports are summarized below. A detailed collection of the reports is available at WHO Regional Office for Europe and the International Coordinating Centre in Vienna.

*Austria:* A Steering Committee for the network was set up last year and the first conference was held successfully in November 1996 with good participation. Positive experiences were gained from seminars on specific topics such as Hospital Hygiene and How to become a Health-promoting Hospital. At the moment, criteria for membership and involvement are being discussed, the second conference has been prepared and a model project involving 10–12 hospitals including benchmarking and scientific evaluation is in the planning process.

*Belgium/French Community:* The network is already cooperating with a scientific institution but still faces the challenge of building alliances at different levels of responsibility (e.g. community, federal, regional) and of involving hospitals in the network.

*Belgium/Flemish Community:* There is no Flemish network as yet, but efforts have been made in this direction and the first results are expected in the near future.

*Bulgaria:* The network is aiming to reorient medical services which, apart from diagnostic and curative services, would place additional focus on prevention/health promotion. It is trying to establish joint committees and task groups in hospitals to deal with specific problems. The network now consists of 15 hospitals, including 9 university hospitals. Present tasks are the preparation of infrastructures, developing training facilities and programmes for patients. Documentation standards and well monitored access to information systems, which can be introduced in hospitals and other health services, are being developed. Problems are seen in the financial situation of the country and in the lack of conditions for supporting the project in the health care services.

*Denmark:* Although there is no network as yet, Bispebjerg hospital had been designated the coordinator. A first national conference is planned for 1998. Activities focus on topics such as changes in risky lifestyles, including educational programmes and research.

*Finland:* The network structure is rather loose in order to allow the involvement of all institutions and persons interested. A steering committee had been established and a regular page earmarked in a national hospital newsletter for HPH.

*France:* The starting phase of the network faces rather limited national interest in the HPH movement, although some successes can be reported. Starting from the Vaugirard pilot hospital, a decision was made to start building cooperation with the only two HPH-friendly hospitals in France – a teaching hospital in Strasbourg and a hospital in Valenciennes. Challenges are seen in

the fact that the French health care system is not at all interested in prevention and that the only health care reforms which are currently under way set priorities towards cost containment. These conditions forced the French delegates in the HPH network to withdraw their previously announced interest to host the 1998 International Conference on Health Promoting Hospitals.

*Germany:* The network was founded in 1995 and is coordinated by the St Irmingard Hospital, located in Prien/Chiemsee. A meeting of the national network was held in Prien in February 1996 and resulted in the Chiemsee Declaration, which provides the background for the German network. The first national conference was organized in the autumn 1996. The German network has a registered corporate design and has drawn up a detailed involvement and entry procedure, including compulsory site visits to interested hospitals. The office now coordinating the network cannot cope with the increasing amount of work and it is therefore necessary to raise additional funds and find different coordination structures.

*Greece:* At the end of 1996, the decision was made to set up a national network. The Institute of Social and Preventive Medicine, which already cooperated with the Greek pilot hospital, took responsibility for coordinating the network. An advisory scientific committee was set up, and specific programmes are planned, although the network has not started yet.

*Hungary:* A national meeting of health-promoting hospitals was held in 1996. As a result, membership increased to 26 hospitals. The shortage of funds for the project is a serious problem, because it limits the possibility of organizing new projects at hospitals already involved and prevents other hospitals for joining the network.

*Ireland:* Two workshops had been organized and a national HPH newsletter produced. Further challenges are the organization of a national hospital challenge day, the implementation of new network structures (planned for May 1997) and the strengthening of existing alliances (with academic institutions and other organizations), as well as increasing membership of the network. The network would be officially launched in October 1997.

*Italy:* Having started the regional network in the Veneto Region in April 1996, the coordinating centre is also preparing a national network. The coordinating centre is sponsored by the regional government, and 15 out of 21 local health units of the Veneto Region are already involved in it. To date, two business meetings have been organized as well as two training workshops and the first national conference. The coordinating centre has developed guidelines and manuals for the implementation of projects. Currently, 52 local projects are running within the network. There is now a focus on producing a manual for health-promoting workplaces. Challenges are seen in implementing local projects, setting up a structure for monitoring and supporting hospitals involved, spreading the HPH concept to nursing homes and increasing the efforts at a national level where seven hospitals are already involved. A national HPH newsletter is in preparation.

*Lithuania:* A first conference was held recently and 10 hospitals have joined the network, coordinated by Kaunas Medical Academy (a WHO collaborating centre). The main challenges are the financial situation in the country and changes in the health care system, which make it very difficult to pursue a health promotion policy and continue development. The second national conference will be held in November 1997.

*Netherlands:* Although there is some interest from hospitals and health promotion professionals in discussing and coordinating health promotion activities in hospitals, the establishment of a



network is not yet in sight. Future plans focus on setting up a database for interested hospitals, the organization of a national conference in 1998, and raising funds to start the project.

*Poland:* 40 member hospitals are involved in the national network, of which 16 are also members of the European Network. This year, the fourth national conference is being organized. A problem was brought about by the fact that the computerized evaluation system designed for the project broke down and is being replaced. Member hospitals had also expected the project to increase their budget, but since this has not happened they are demotivated.

*Portugal:* Involvement in the European Network of Health Promoting Hospitals started in 1996. A university and the Ministry of Health joined in coordinating the network. At present, three hospitals accept the principles of the network. Challenges lie in overcoming the burdens and pressures of the daily hospital routine to start health promotion activities, and in the fact that hospitals tend to close up against projects coming from outside.

*Sweden:* The national network will develop two strategies: In order to establish good practice projects, participation will be limited to 20 hospitals. After this phase, they will be opened to more members. The network operates in a co-partnership with TQM. Membership criteria are the development of at least 3 projects at organizational level covering the areas of hospital patients, hospital staff and cooperation with the community. To date, 11 hospitals are involved: 5 peripherally and 6–10 interested (some of them in Norway where there is no national network). A newsletter and an Internet homepage have been established.

*United Kingdom/England:* The network includes hospitals and trusts (management units for hospitals, ambulances, etc.). Most recent successes are the establishment of eight (formally six) regional networks, the organization of the third national conference in Sheffield, and the development of specific guidelines for interested hospitals. Further plans are to contract as many hospitals as possible with a minimum commitment; graduation will be given in a next step. The most important challenge at the moment is raising funds for national coordination.

*United Kingdom/Scotland:* The Scottish situation is characterized by a special funding situation. Money is available for resource management (improving patient care, producing decentralized health care) and organizational development (organizational structure, communications, training and development) but not for health promotion. Therefore, the Scottish network is financed that way. It now consists of six official member hospitals. Challenges are seen in fundraising, gaining national support and providing education and training for patients and staff.

*United Kingdom/Wales:* There are 65 member hospitals. A good practice guide for health-promoting hospitals had been developed, a national conference held and the 1997 Healthy Hospital award launched. A future challenge will be the completion of the preparatory phase of the accreditation scheme.

## **The constitution of national/regional HPH networks**

*Chairperson: Dominique Jolly*

The session aimed at analysing different options for participation and membership criteria in national networks. Four networks presented their approaches as background documentation for the discussion.

*Alice Grundböck* (coordinator of the Austrian Network) presented the membership regulations for the Austrian network. Hospitals have to run 2–3 projects, one of them featuring health at the workplace. They are also asked to submit a plan of work for three years as well as annual progress reports to the coordinating centre. Additionally they are subject to annual peer review at a workshop. Hospitals are expected to publish project results in the newsletter and to present them at the annual national conferences.

*Brenda Stephens* (network coordinator for United Kingdom/Wales), introduced the scheme for the Annual Hospital Award of Wales. This supports the strategy that all hospitals, not only single project hospitals, should be members of the national network, and aims to make good practice the norm. The scheme provides information on activities for a database and proves the quality of good practice year by year. The strength of the approach is that it fits well with the national agenda, where chief executive officers have health promotion as one of their focal points. Through applying the scheme in practice, benchmarking and mutual assistance are supported. A new contract with an accreditation scheme will be worked out and research on the effectiveness of health promotion in hospitals has been put on the agenda as well as strengthening information links with HPH networks elsewhere in the United Kingdom and Europe.

*Klaus-Diethard Hüllemann* (coordinator of the German network) reported that the Chiemsee Declaration (the Health-promoting Hospital as human friendly hospital) provides important principles and arguments to attract hospitals to the HPH project. Membership is generally planned for a period of five years. After applying to the coordinating office in Essen, two peer reviews are compulsory where 2-3 projects have to be presented and the principles of the Ottawa Charter endorsed. If the visiting delegates give a positive report, accreditation is granted as a member of the association of the German network. After this internal procedure, the agreement with WHO is signed. After three years, member hospitals are visited for a second time. An annual membership fee has been established.

*Jerzy Karski* (coordinator of the Polish network) presented the Polish experiences concerning membership regulations. The most important activity for recruiting hospitals is the annual conference, where a number of hospitals participate and a broader public is informed about the topic. Apart from endorsement of the principles of health promotion and the Budapest Declaration for Health Promoting Hospital, the council of the network has decided on four compulsory topics for projects for member hospitals: health education, healthy nutrition and food, anti-tobacco and cooperation with regional and local institutions. Hospitals in the network are actively involved in meetings and information exchange and can elect the council of the network.

## **Conclusions**

1. Regulations at international level should allow the participation of hospitals and institutions with different cultures and under different health care systems and administrations.
2. International participation should be through national or regional networks, which would have to ensure that hospitals conform with the international regulations and the principles of the health for all policies and strategies.
3. Defining specifications and regulations on how to involve and credit hospitals and other partners for national networks is therefore an important task for national coordinating centres.

4. Information strategies, strategic documents and media such as conferences or newsletters can provide opportunities to involve hospitals in HPH national networks.

## **Building alliances for national/regional HPH networks**

*Chairperson: Jorien Bakx*

The two main questions addressed in the session were: Which strategies are successful for building alliances for national networks of health-promoting hospitals? What can be learned from selected experiences? Four approaches were presented.

*Dominic Harrison* provided an overview of strategic alliance building in England where a new public health policy paradigm for health care is being developed. Thus, linking with national and regional policy is very important for HPH. When alliances are seen in terms of policies it would mean that the health promotion agenda has to be implemented in other institutions/policies as well as the health care sector. For example, a cost containment strategy and health care purchasing should be linked with health promotion as well as the discussion on clinical effectiveness. Increased accountability and the need for public participation mark other strategies for health promotion alliances. As common interests among different partners have to be found, strong negotiation is important with managers, policy-makers and health authority commissioners. Other important areas for alliances are found in the rapid changes in core curricula of professional training and education, particularly in the nursing profession which has moved from treatment of disease based on a medical model to health promotion reflecting a social model of health.

*Carlo Favaretti* presented the Veneto network alliance building approach, which from the beginning strongly linked with other developmental changes in health promotion, particularly in the context of the setting approach. A first strong alliance was the Healthy Cities Project of Padua. He pointed out that it was very important to link the aims and targets of hospitals (organizational change/Budapest Declaration) with actions (based on the Ottawa Charter) and with clear indicators/outcomes. To achieve this, a comprehensive set of strategies was applied: general documentation (translations, editing of draft documents, newsletter), scientific documentation (medical journals, medical conferences), media (TV, radio), business meetings, working groups, continuing education and site visits. All these activities were developed in order to address new partners for HPH. The Ministry of Health has recently expressed interest in supporting HPH in Italy.

*Anne O'Riordan* pointed out that alliances are essential for successful networking. In Ireland, the initiative was started by hospitals and other partners had to be found. Several strategies were worked out: public presentations (to support political awareness and funding), strategic appointments and direct partnership approaches, selected interim steering committees, media articles, HPH bulletins, newsletters, personal approaches (direct contact), invited participation from voluntary agencies and professional bodies. The credibility of the coordinating centre as independent institution was supportive in all phases. Through these initiatives a widespread partnership was developed, funding was started and wide active participation in the development of the network generated. On the other hand, clarity concerning ownership, political profile and integrating HPH with other initiatives is missing. Throughout the different phases of the network it is essential to identify major stakeholders, to seek widespread involvement and participation and to make direct partnership approaches to ensure the involvement of necessary experts.

*Johannes Vang* reminded participants that the central focus for building alliances for HPH is refocusing health care services towards health gain, which goes beyond health promotion projects. As alliance building is about creating win-win situations for all partners, objectives on a more operational level have to be found for establishing a network for mutual support. The problem and at the same time the entry point is that hospitals have to accept the necessity to shift towards health gain orientation, not only in their mission but also in their budget. As it is difficult to find money from outside, the ideas of HPH have to be brought into the health care system and especially to the purchasers of health systems which hold the key for the development. In Sweden, alliances for HPH were set up at different levels: owners, the political level, the interests of senior administration and management should include health gain orientation. To convince purchasers, especially, the measurement of health gain is vital. Medical managers should also be actively involved in developing the HPH orientation. Marriages to opinion-makers should be of advantage. Nurses and paramedical personnel are closer to patients and therefore it should be easier to create partnerships with them. Unions are important partners, especially for the issue of workplace health promotion.

### **Conclusions**

1. The central focus for building alliances for HPH is refocusing health care services towards health gain, which goes beyond health promotion projects.
2. Alliances are not found, but have to be created – again an important task for national network coordinating centres.
3. Major stakeholders should be identified to seek widespread involvement and participation and make direct partnership approaches feasible.
4. Clarity concerning ownership, political profile and integration of HPH with other initiatives should be well defined.
5. Strategic orientation, profound knowledge of key players' interests, developed agenda setting and pro-active strategies seem to be necessary ingredients for successful networking on Health Promoting Hospitals.

### **The future of the International Network**

*Chairperson: Mila Garcia-Barbero*

#### **The Vienna Recommendations**

The draft Vienna Recommendations were presented for discussion. Cooperation between the national/regional networks on the development of the new document was very important in order to guarantee a useful and long-lasting product. The final document will be issued at the end of October 1997 (Annex 1).

#### **Database**

A framework for the database was presented. The database will give interested partners, hospitals, scientists and health promotion experts access to practical information on the networks' projects and activities. Participants analysed the draft questionnaire prepared for the database and agreed that it should be reviewed to make the data feasible and understandable. Anybody interested in more detailed information could contact the project coordinators directly. A task group was formed to develop the database consisting of: Hubert Lobnig (LBI), Mila Garcia-Barbero (WHO), Alice Grundböck (Austrian network), Dominic Harrison (United Kingdom/English

network), Anne Kaskonas (United Kingdom/Scottish network) and Irina Miseviciene (Lithuanian network). It was suggested that the database should be accessible via the Internet, necessitating a certain infrastructure. Each hospital/network will have to provide their own infrastructure. The final database will be presented at the Sixth International Conference on Health Promoting Hospitals in 1998. All member hospitals of the international network will have to fill in and regularly update the questionnaire. The first survey will start in late 1997. Special attention should be given to the coordination of national and international databases.

### **Conclusions**

1. An international database for member hospitals and HPH projects will be set up and be coordinated by LBI with the help of a task force.
2. The database should contain enough information to allow members to seek projects and activities in other hospitals, but should not provide exhaustive information on each project.
3. The database should be accessible via the Internet. Therefore, a certain infrastructure will be needed by hospitals. Each hospital/network would have to provide its own infrastructure.
4. All member hospitals of the international network will have to fill in and regularly update the questionnaire.
5. A discussion forum on topics relevant for HPH will be set up by the coordinating centre through the www.
6. National coordinating institutions will be responsible for distributing information to their members.
7. Specific attention should be given to coordinating national and international databases.
8. Information strategies, strategic documents and media such as conferences or newsletters could provide opportunities to attract hospitals for involvement in the HPH national networks.

### **Future plan of work: milestones for 1997/1998**

1. Database: Piloting May–June 1997. Comments to be introduced in questionnaire by September 1997. Questionnaire to be sent out before December 1997.
2. The Vienna Recommendations: Comments to be received up to the end of July 1997. The final document to be issued end October 1997.
3. Report of the third Workshop to be sent out in October 1997.
4. First announcement of the sixth international conference on HPH to be sent out in October 1997.
5. WWW for discussion forum for members of the HPH network to be established by October 1997.
6. The fourth workshop of national/regional HPH Network coordinators to take place on the day before the start of the sixth international conference (April/May 1998).

Mila Garcia-Barbero closed the workshop by thanking the delegates for their participation and for their activities as coordinators of national and regional networks. She also thanked the LBI as the international coordinating centre and the local hosts for their hospitality.

*Annex I*

## THE VIENNA RECOMMENDATIONS ON HEALTH PROMOTING HOSPITALS<sup>1</sup>

### **Introduction**

The new developments in the Health Promoting Hospital (HPH) project, the changes in health policy and the health care reforms in Europe created a need to review the framework in which the project is based. The shift from the HPH pilot project (based on the framework defined in the Budapest Declaration on Health Promoting Hospitals) to a broader network supported mainly by national and regional networks and the Ljubljana Charter on Reforming Health Care provides the background for the new phase of the HPH project. The Ljubljana Charter was issued in June 1996 with the approval of the health ministers, or their representatives, of the Member States of the WHO European Region. The Charter addresses health care reforms in the specific context of Europe and is centred on the principle that health care should first and foremost lead to better health and quality of life for people.

Hospitals play a central role in the health care system. As centres that practise modern medicine, conduct research and education, and accumulate knowledge and experience, they can influence professional practice in other institutions and social groups.

Hospitals are institutions through which a large number of people pass; they can reach a large sector of the population. In some countries, up to 20% of the population come into contact with hospitals as patients every year, with an even larger number of visitors. In some cities the hospital is the largest employer; 30 000 hospitals in Europe employ 3% of the total workforce.

Hospitals can be hazardous workplaces. Hazards to health include not only exposure to various toxic or infectious chemical or physical agents but also stress arising from pressures related to the nature of the work and responsibilities involved.

Hospitals are producers of large amounts of waste. They can contribute to the reduction of environmental pollution and, as consumers of large amounts of products, they can favour healthy products and environmental safety.

Traditionally, hospitals have offered a wide range of diagnostic and therapeutic services, including medical and surgical interventions, in response to acute or chronic diseases. As a result, hospitals focus mainly on illness and curative care, not health. Today, hospitals show a growing concern for patients' lives before and after their hospital stays; they show an increasing awareness of their relationships to other parts of the health field and to the community as a whole. Although hospitals have been only marginally concerned with health promotion and disease prevention, they have an enormous potential in these fields. Realizing this potential could optimize their use of resources, directing them not only to curative care but to health in its broader sense.

The growing need and new possibilities for treatment and care on the one hand and tight public budgets on the other create a situation in which health care providers, and hospitals in particular, have to increase their efficiency in using their resources. At the same time, the development of medical and information

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<sup>1</sup> The Vienna Recommendations were adopted at the Third Workshop of National/Regional Health Promoting Hospitals Network Coordinators, Vienna, 16 April 1997.

technology opens innovative options for health care services. As a consequence, substantial changes in the hospital as an organization are on the way, as are shifts in hospitals' responsibilities within the health care sector. A clear orientation towards health gain should contribute to services that better meet the needs of clients and consumers and to the rational use of resources.

The Vienna recommendations take account of the needs of health care reforms and the need for hospitals to be more concerned with health.

The recommendations are divided into three parts:

1. fundamental principles
2. strategies for implementation
3. participation in the HPH network.

## **Fundamental principles**

Within the framework of the health for all strategy, the Ottawa Charter for Health Promotion, the Ljubljana Charter for Reforming Health Care and the Budapest Declaration on Health Promoting Hospitals, a health-promoting hospital should:

1. promote human dignity, equity and solidarity, and professional ethics, acknowledging differences in the needs, values and cultures of different population groups;
2. be oriented towards quality improvement, the wellbeing of patients, relatives and staff, protection of the environment and realization of the potential to become learning organizations;
3. focus on health with a holistic approach and not only on curative services;
4. be centred on people, providing health services in the best way possible to patients and their relatives, to facilitate the healing process and contribute to the empowerment of patients;
5. use resources efficiently and cost-effectively, and allocate resources on the basis of contribution to health improvement; and
6. form as close links as possible with other levels of the health care system and the community.

## **Principles for the creation of health-promoting hospitals**

The HPH project provides opportunities throughout the hospital to develop health-oriented perspectives, objectives and structures. This means in particular:

1. fostering participation and creating commitment by:
  - encouraging participatory, health-gain-oriented procedures throughout the hospital, including the active involvement of all professional groups and the building of alliances with other professionals outside the hospital;
  - encouraging an active and participatory role for patients according to their specific health potential, fostering patients' rights, improving patients' wellbeing and creating health-promoting hospital environments for patients and relatives;
  - creating healthy working conditions for all hospital staff, including the reduction of hospital hazards as well as psychosocial risk factors;
  - enhancing the commitment of hospital management to health gain, including the principles of health in the daily decision-making processes;
2. improving communication, information and education by:

- improving communication within and the culture of the hospital so that they contribute to the quality of life for hospital staff (communication styles used by hospital staff should encourage interprofessional cooperation and mutual acceptance);
  - improving the communication between the hospital staff and the patients so that it is guided by respect and humane values;
  - enhancing the provision and quality of information, communication and educational programmes and skill training for patients and their relatives;
  - integrating the principles of the health-promoting hospital into the hospital's routine through developing a common corporate identity within the hospital;
  - improving the hospital's communication and cooperation with social and health services in the community, community-based health promotion initiatives and volunteer groups and organizations, and thus helping to optimize the links between different providers and actors in the health care sector;
  - developing information systems that measure outcomes as well as serving administrative purposes;
3. using methods and techniques from organizational development and project management:
- to change and reorient existing hospital routines to make the hospital a learning organization;
  - to train and educate personnel in areas relevant to health promotion such as education, communication, psychosocial skills and management;
  - to train project leaders in project management and communication skills;
4. learning from experience:
- exchanges of experience with implementing health-promoting hospitals projects at the national and international should be promoted so that participating hospitals can learn from different approaches to problem solving;
  - health-promoting hospitals should commit themselves to regional, national and international exchange and communication.

## **Participation in the WHO Health Promoting Hospitals Network**

Hospitals that wish to belong to the WHO Health Promoting Hospitals Network should:

1. endorse the fundamental principles and strategies for implementation of the Vienna recommendations;
2. belong to the national/regional network in the countries where such a networks exist (hospitals in countries without such networks should apply directly to the international coordinating institution);
3. comply with the rules and regulations established at the international and national/regional levels by the members of the international network, the World Health Organization and the international coordinating institution.

## **Membership**

There will be three types of membership:

1. members of the national/regional networks
2. individual members from countries where no national/regional network exists
3. members of thematic networks.





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## *Annex 2*

### SCOPE AND PURPOSE

The WHO Health Promoting Hospitals (HPH) Project was initiated in 1988. It seeks to incorporate the concepts, values and standards of health promotion into the organizational structure and culture of the hospital; to facilitate and encourage cooperation and the exchange of experience and programmes between the participating hospitals; broaden the focus of hospital management and structures to include health care, not just curative care; develop documented and evaluated examples of good practice for the use of other institutions; and identify areas of common interest in which to develop programmes and evaluation procedures.

The Health Promoting Hospital Project is coordinated by the Hospitals Unit of the WHO Regional Office for Europe, in collaboration with the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, which acts as the secretariat.

The Third Workshop of National/Regional Health Promoting Hospitals Network Coordinators takes place in conjunction with the Fifth International Conference on Health Promoting Hospitals, which is organized in collaboration with the Ludwig Boltzmann Institute. This event makes a shift in emphasis in the strategy of Health Promoting Hospitals, from a small number of projects to wide networks: The WHO model project Health and Hospital at the Rudolfstiftung Hospital of the City of Vienna will end its work after seven years, the European Pilot Hospital Project (a project uniting 20 hospitals in 11 European countries) will close, and the National/Regional HPH Networks, including about 300 hospitals in 35 European countries, will be officially launched.

The main topics to be discussed at the workshop are the following:

- cooperation within the national/regional networks and between coordinators, WHO and the coordinating centre;
- the international HPH database;
- successful alliance building;
- funding strategies for national/regional networks.

Participants in the workshop will be the national/regional HPH network coordinators.

*Annex 3*

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