Research and Best Pratice

From Universal Health Coverage to Universal Health Gains - Mainstreaming HPH for Healthcare Delivery Reform in Taiwan

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Abstract

The Health promoting hospital (HPH) initiative applied setting-based strategies to promote health gains for patients, staff, communities and organizations. Taiwan's HPH movement emerged in 2002 as "healthy hospitals" in Healthy Taipei City Project. In 2006, Taiwan established the first HPH network in Asia and grew beyond 160 members in 10 years. During 2010 to 2015, the Taiwanese government mainstreamed HPH as a tool for healthcare delivery reform to promote universal health gains in and by healthcare settings with a set of comprehensive enabling policies. HPH initiative underwent diversification and proliferation into different priority issues across life course. Such partnership between HPH and governments facilitated the achievements of ambitious population health targets. After 2016, a new set of consolidated standards and new rules were launched. The size slightly dropped to 142 members, but the number of age-friendly health services grew beyond 450 with expansion to public health centers and long-term care institutions. Published studies showed that HPH membership was associated with hospitals' participation in health promotion projects, higher breastfeeding rate, higher cancer screening rate, lower prevalence of workplace violence, and higher physical activity among staff. Insights and recommendations based on Taiwan's experience are provided.

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Introduction

As defined by World Health Organization (WHO), a health promoting hospital or health service (HPH) is an organization that aims to improve health gain for its stakeholders by developing structures, cultures, decisions and processes. (1). It has a firm grounding in WHO's setting-based strategies for health promotion as listed in the Ottawa Charter for Health Promotion (2), and WHO's healthcare reform strategies that address the contribution of health services towards the achievement of the health system goals (1;3). Recently, along with Sustainable Development Goal (SDG) 3.8 to achieve universal health coverage (UHC) for financial risk protection and universal access to health-care services for all in UN's 2030 Agenda for Sustainable Development, WHO has developed the "framework on integrated, people-centred health services". It was adopted by the 69th World Health Assembly in 2016, with the aim to reform health service delivery "towards a future in which all people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, and are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable, and all carers are motivated, skilled and operate in a supportive environment" (4). This framework reiterates the shared vision and strategies as addressed by HPH initiative, and is a sign of the urgency for healthcare delivery reform in regard to supporting all countries and communities to achieve universal health gains and well-being for all at all ages as listed in SDG 3.

Established in 2006, the HPH Network of Taiwan was the first network in Asia. It rapidly grew to become the largest network in the International Network in 2012 (5), was the first winner of International HPH Award for Outstanding Fulfilment of HPH Strategy among networks, and has been the network with highest number of accepted abstracts and delegation to the annual international HPH conferences since 2010 (6). While the number of HPH members seemed stagnant in the International Network and many networks, further understanding to the strategies behind the development of Taiwan's HPH Network might offer some useful insights.

Phases of HPH development in Taiwan

The development of HPH initiative in Taiwan could be divided into 4 phases, as shown in Figure 1. It emerged in 2002 as "healthy hospitals" in Healthy Taipei City Project, and established the network and bylaws to promote HPH recognition in 2006 and grew rapidly from 5 to 61 members by 2009. It mainstreamed healthcare delivery reform to promote universal health gains in and by healthcare settings under the support of comprehensive enabling policies from government and experienced diversification and proliferation into different priority issues across life course from 2010 to 2015, with the size growing beyond 160 members. Afterwards, it came to a consolidating phase with a new set of standards merging several issues for healthy hospitals and the size slightly dropped to 142 members. Main activities and impacts in each phase were described below and summarized in Table 1.

The emerging phase - healthy hospitals in healthy city movement

The concept of HPH first emerged as "healthy hospitals" in 2002 while the Department of Health of Taipei City implemented its Healthy Taipei City Project. This project tackled obesity prevention, healthy eating and active living as its theme after profiling the citizens' health problems, and applied setting-based approach with the five strategies (i.e. building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services) in Ottawa Charter as its implementation framework across levels of governments and all types of settings, such as workplaces, schools, health services, communities, etc. Furthermore, the

Figure 1. Phases of development and growth in members of health promoting hospitals and health services in Taiwan

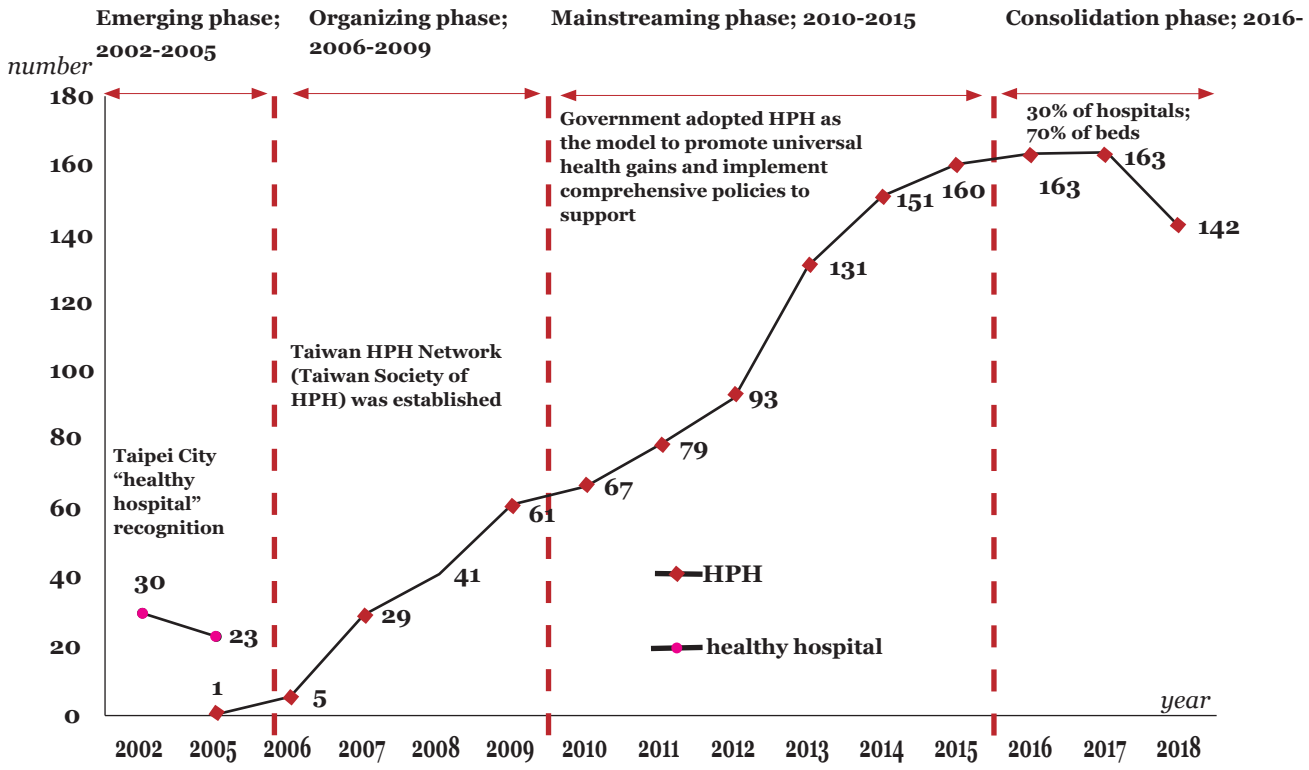


Table 1. Main activities and progresses in different phases of development

Phase	Milestones	Progresses and impact
Emerging phase, 2002-2005	Taipei City launched "healthy hospital" recognition in its healthy city initiative	• City Health Department developed a set of recognition standards for "healthy hospitals", looking at planning and management at hospital-level, development of supportive environments for patients and staff, provision of services and activities, overall participation, changes and innovations. • In 2002, among 53 hospitals in Taipei, 30 were recognized as healthy hospitals. • Survey showed high agreement on the effectiveness of this city-wide program (80%) and the recognition mechanism (85.7%) in facilitating their implementation. • Wanfang Hospital became the first HPH member is Asia.
Organizing phase, 2006-2009	Taiwan HPH Network (Taiwan Society of HPH) was established	• Taiwan Network was established as the first in Asia. Members grew from 5 to 61. • "WHO HPH Standards" was used for recognition to become members. • Social marketing was delivered in a culturally adoptable way. • Standard 4 (Promoting a Healthy Workplace) was identified as the weakest among all standards in the network and selected as the priority focus for improvement. • Advocacy campaign on smoking cessation and elimination of trans fats gained high participation and led to policy changes.
Mainstreaming phase, 2009-2015	Government adopted HPH as the tool to promote universal health gains and implemented comprehensive policies to support	• Health promotion agency set ambitious targets and applied HPH model to transform healthcare delivery. • Government launched policies in payments, financing, accreditation, clinical reminding system and measurement to strengthen and sustain HPH implementation. • HPH initiative diversified and proliferated into high-impact priority health issues across life course. Members grew from 61 to 160. • Local governments were engaged to coordinate HPH projects. • Taiwan participated in global trial on HPH recognition. • Taiwan hosted the first International HPH Conference outside Europe in 2012. • Taiwan established 2 Task Forces in the International Network and was elected as Vice Chair and Chair of the Governance Board in 2010 & 2012, respectively.
Consolidation phase, 2016-	Government developed an "N in 1" new set of standards for healthy hospitals	• A new set of recognition standards for "healthy hospitals" combing different issues and WHO's draft new HPH standards were developed with four "layers" of texts. • The target of age-friendly healthcare recognition was shifted to public health centers and long-term care institutions. That for hospitals was terminated. • HPH members dropped to 142 in 2018, but the number of age-friendly health services grew beyond 450.

Department of Health saw hospitals as the key professional partner to support the development of healthy settings, and developed a set of recognition standards for "healthy hospitals", looking at planning and management at hospital-level, development of supportive environments for physical activity and healthy eating (for patients and staff), provision of services and activities, overall participation and changes made by staff, patients and community partners, and creativity and innovations of the program, to guide hospitals in their efforts to become a healthier organization. It also emphasized the leadership buy-in and leading-by-example from the superintendents and high-level managers of hospitals. By the end of 2002, the Department of Health dispatched trained surveyors to visit all 53 hospitals in Taipei City (most of them being private hospitals) among which 30 were recognized as healthy hospitals. Similar site visits were conducted again in 2005 and 23 hospitals earned the recognition. A questionnaire survey was done to the coordinators of these hospitals and showed high agreement on the effectiveness of this city-wide program (80%) and the recognition mechanism (85.7%) in facilitating their implementation. However, in this phase, the healthy hospital program was more issue-oriented and not yet a total organizational transformation of the hospitals (7).

In 2003, Taiwan experienced outbreak of Severe Acute Respiratory Syndrome (SARS) with several episodes of nosocomial infection involving patients, staff and visitors. Overmedicalization, profit orientation, and neglect of prevention and public health functions were raised as major concerns on Taiwan's healthcare system. Community-oriented health system and person-centered holistic care became the goals of reform. Meanwhile, the Bureau of Health Promotion (the predecessor of Health Promotion Administration) was promoting healthy city, healthy community and healthy settings initiatives. Such context, like that in Taipei City, provided good opportunities to build partnerships between hospitals, primary care services and the communities.

A conference on health promoting hospitals was held in 2005, existence of the WHO HPH Network was introduced. Taipei Municipal Wanfang Hospital made the application and became the first HPH member in Asia. Then, Bureau of Health Promotion supported another 4 hospitals to join. After Professor Hanne Tonnesen's visit to Taipei, Dr. Shu-Ti Chiou initiated and coordinated the establishment of HPH Network of Taiwan in 2006 as the first network in Asia.

The organizing phase - establishment of HPH Network and its bylaws

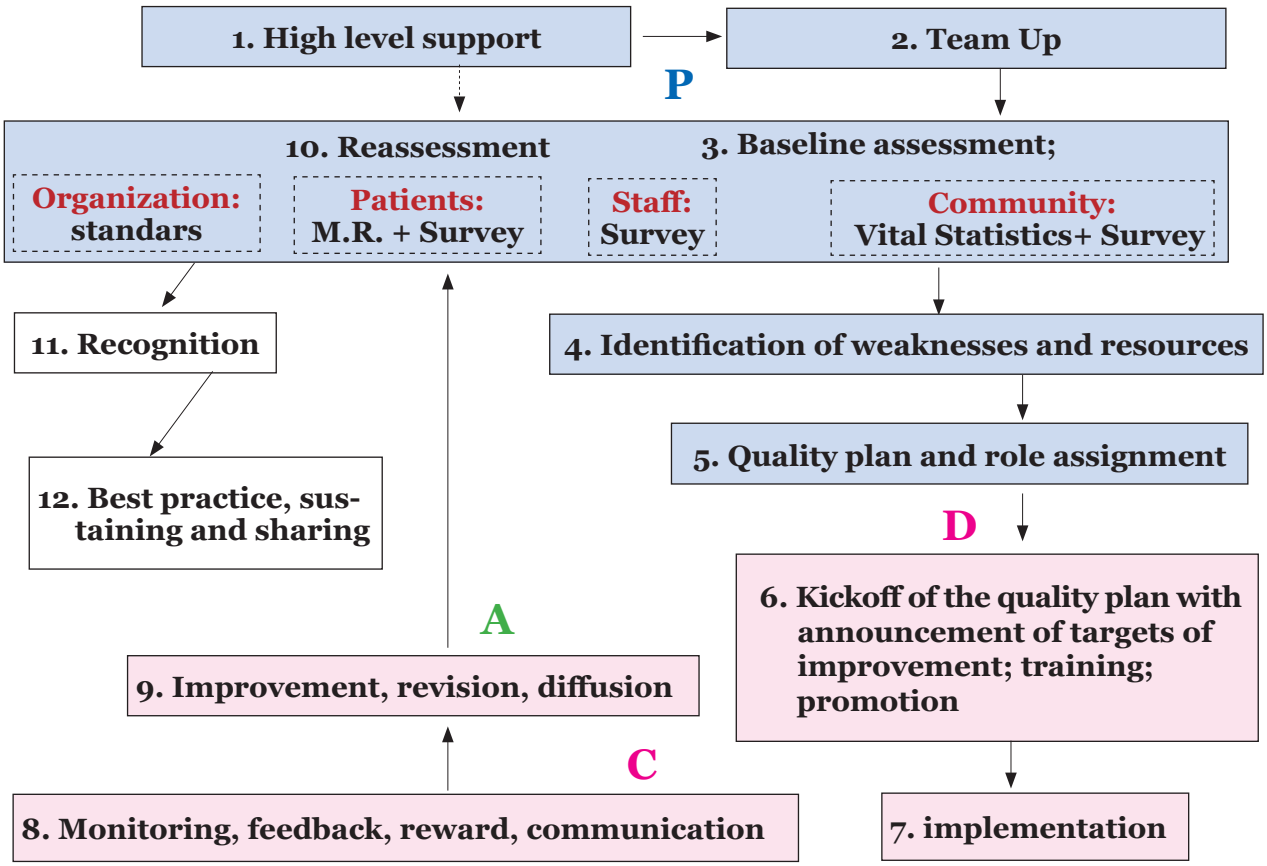
Translating HPH into local conditions

In this phase, with the timely publication of WHO Manual and Self-Assessment Forms (8), "HPH" was applied as an organizational quality management tool for hospitals and health services to upgrade into a proactive health promoting organization for the community beyond merely reacting to illnesses. The Chinese philosophy that "the supreme level of medicine takes care of the whole country (or community), the middle level of medicine takes care of the whole person, while the lowest level of medicine takes care of only diseases" (in Chinese: 上醫醫國，中醫醫人，下醫醫病) was used to translate HPH movement in a culturally adoptable way. In addition, the benefit of implementing HPH model was communicated as a win-win-win approach that addressed the needs of different stakeholders. For government and society, HPH facilitated post-SARS healthcare delivery reform towards community-oriented health system and better provision of person-centered holistic care. For Taiwan's health insurance system, supporting health promotion and prevention helped improve its value and sustainability. For hospitals, HPH improved competitive edge by improving patient satisfaction, community engagement and social image. For staff, HPH directed efforts to evidence-based predictable outcomes and it promoted staff participation and staff health promotion which were traditionally neglected in healthcare workplaces.

Joining HPH by fulfilling the WHO HPH Standards

Widespread and consistent use of WHO HPH standards is the icon of this phase. The prerequisite to become a network member is to achieve recognition. Such requirement carried the value of a learning process which met the quality expectation of hospital leaders who are typically busy and only spend time and resources on things worthy of investment with expectable outcomes. This set of standards served as the framework for quality assurance and continuous quality improvement in implementation, recognition and award selection. Benchmarking and competition created momentum for mutual learning. The Continuous Quality Improvement (CQI) cycle of the HPH initiative was illustrated in Figure 2. Political leaders were invited to the annual conference to acknowledge hospital leaders for being the champions and pioneers in saving more lives and improving well-being. Such connection reinforced commitment from both sides- the politicians and the hospital leaders. Number of HPH members rapidly grew to 61 by 2009.

Figure 2. CQI cycle of the HPH initiative



HPH as a learning organization

The network developed bylaws and activities to make itself a continuous learning organization. Certain amount of continuing education credits was required for membership renewal. The network provided training activities to meet members' needs, including experience sharing that tackled the common weaknesses identified from self-assessment and recognition (such as lack of staff health promotion program, clinical process renovation, evaluation program), experiences of connecting HPH results with hospital accreditation items, etc.

Collective actions were taken to realize "the supreme level of medicine" in taking care of the whole country (or community) via collaborative projects. These turned out to be highly welcomed by member- and non-member- hospitals, although they did not bring any income to the hospitals. For example, in 2009, the year that expanded smoking ban came into effect, Taiwan HPH Network launched a "1 million yes-I-do smoking cessation advocacy campaign" to advocate for smoking cessation attempt (by smokers), interventions (by health professionals) and support (by family and friends). This campaign attracted 116 hospitals to participate, including 55 non-HPH hospitals, accounting for 45% of total hospital beds in Taiwan located throughout all 25 administrative areas, and successfully collected more than 1 million signed "yes-I-do" cards within one year. This scaleup campaign laid the foundation for the introduction of tobacco-free hospital initiative and new payment scheme to support smoking cessation after 2010. Another example was the "Say no to trans fats" project. Five hospitals participated and used the package of comprehensive intervention tools. Some results have been presented to the international conference. Their efforts led to better understanding of the harms of artificial trans fats and the feasibility of eliminating them, which in turn enabled the government's decision to pass the ban in 2015, effective in 2018.

Evidence-based health promotion

The HPH Network in Taiwan emphasized and supported scientific progresses in its evidence-based approach to HPH initiative and health promotion programs. Several efforts were made by the network: a) during the site visit for recognition, hospitals reported three health promotion programs, then the survey team gave advices on their design, implementation and evaluation, and encouraged submissions to the international HPH conference as well as the annual contest on outstanding fulfillment of programs; b) the network held annual contest and set a detailed format to facilitate organized design and evaluation of health promotion programs, indicating what contents to include in the background part, selection of objectives, indicators and measurements, description of the strategies & progresses using the 5 strategies in Ottawa Charter, description of results on leadership and participation, reach, and changes, and conclusion with comments on innovation, meaning of the findings, generalizability and implications on future development; c) the network held training activities on writing of scientific reports and abstracts; d) the network worked with the government and hospital leaders to support attendance to the International HPH Conference. Number of accepted abstracts and participants increased to dozens by 2009, became the top submitter in 2010, and accounted for more than 50% of abstracts in 2012 and since after 2015. Number of publications in scientific journals also grew rapidly.

The mainstreaming phase - comprehensive policies to strengthen and sustain universal health gains

Due to budget constraint in Taiwan's universal health insurance and the broader public health as well, many programs and cost-effective preventive services were not covered or financed. At the same time, despite of high satisfaction rate and widespread global recognition, Taiwan's universal health coverage didn't bring about sustaining health gains, especially after 2000. In 2008, Health Minister Ching-chuan Yeh raised the level of ear-marked tobacco tax as an intervention to reduce smoking rate, and increased the proportion allocated for health promotion and prevention to combat such challenges. In 2009, Dr. Shu-Ti Chiou was appointed as the Director-General of Bureau of Health Promotion, and a series of policies and implementation plans for noncommunicable diseases (NCD) prevention and control followed. "Health in healthcare setting" was one among the "health-in-all-policies" of whole-of-society approach. With comprehensive enabling policies and environments, HPH mainstreamed healthcare delivery reform to promote universal health gains in this period.

Political priorities

The government identified health problems with greatest impact and available cost-effective interventions as priorities, such as exclusive breastfeeding, obesity prevention and healthy living, tobacco control, disease-management and self-management for patients with chronic conditions, cancer screening and comprehensive cancer management plan, climate action, healthy workplaces, and age-friendly city and health care. With the new support from Minister Yeh and the following Health Ministers, payments for cost-effective preventive interventions were reviewed and expanded to cover counseling and health education, case management, organized screening for breast, colon and oral cancers, smoking cessation, etc., coupled with pay for performance mechanism to combat severe underuse of these effective measures.

The hospital accreditation standards were updated to include person-centered needs assessment & care planning for patients, staffing, staff welfare and health promotion, and community-oriented health promotion, so that no matter a hospital is an HPH member or not, these are encouraged to be built into hospital routines.

The list of national healthcare quality indicators was also updated to include performance on preventive interventions, disease management and outcomes in noncommunicable diseases for continuous monitoring and improvement.

Improving practices

However, the ongoing HPH recognition and the new standards in hospital accreditation are overall quality management efforts for health promotion and the penetration and diffusion into frontline practices was still far from being satisfactory. To strengthen the participation and practices across different departments and different services, the government promoted issue-specific recognitions for those high impact priorities, such as recognition for tobacco-free hospitals, baby-friendly hospitals, cancer prevention and management hospitals, age-friendly hospitals and health services, environment-friendly hospitals, etc. All recognitions emphasized similar strategies with HPH, such ass management policy and supportive environments, process re-engineering, continuity and coordination of care, staff training, and measurement and improvement. Furthermore, they provided opportunities for in-depth learning of specific core knowledge and skills for each

issue by different departments and professions. Applying for these recognitions is generally voluntary but is highly encouraged via the support of project grants, public reporting and award competition. In addition, undergoing these recognitions is a learning process for healthcare organizations and their staff towards better performance on those priority measures with new payments, and thus brings multiple benefits to the hospitals and health services.

During this period from 2009 to 2015, number of members grew from 61 to 160 including 146 hospitals (accounting for 30% of hospitals and 70% of hospital beds in Taiwan), 13 public health centers and 1 long-term care institution. In addition, there were 182 baby-friendly hospitals, 209 tobacco-free hospitals, 231 cancer prevention and management hospitals, 211 age-friendly hospitals and health services (including 153 hospitals, 25 public health centers and 33 long-term care institutions), and 174 environment-friendly hospitals. Although not all HPH members participated in all these priority projects and not all healthcare organizations participating in these projects were HPH members, an analysis done in 2013 (Table 2) did show statistically much higher participation rates among HPH members in all these projects. Such widespread diversification and proliferation in application of HPH strategies supported the achievement of almost doubling of exclusive breastfeeding rate under 6 months (from 24% in 2004 to 45.4% in 2015), 3.6 folds growth in utilization of clinical smoking cessation services (2015 vs. 2011),3.3 folds growth in screening volume for breast, colon and oral cancers (2014 vs. 2009), achievement of national cancer screening targets, promotion of healthy living and active aging, and reduction of carbon footprints from healthcare sector.

Increasing engagement in the International HPH Network

Meanwhile, Taiwan Network also played significant roles in the International Network. Its coordinator (Dr. Chiou) was elected as the Vice Chair and Chair of the Governance Board in 2010 and 2012, respectively. Among the 4 currently operating international HPH task forces, two are established and coordinated by Taiwan,i.e. the Task Force on Health Promoting Hospitals and Age-friendly Health Care, and the Task Force on HPH and Environment. Taiwan participated in the Randomized Controlled Trial of HPH Recognition Project and accounted for more than 50% of random-

Table 2. HPH as a strong partner of public health*

	Total= 515		HPH= 117 (hospital only)		Non-HPH= 398		
	All Hospitals	Participation rate (%)	HPH	Participation rate (%)	Non-HPH	Participation rate (%)	P value
Age-friendly	38	7.4%	34	29.0%	4	1.0%	<.0001
Tobacco- free	147	28.5%	90	76.9%	57	14.3%	<.0001
Cancer screening	230	44.7%	113	96.6%	117	29.4%	<.0001
Baby-friendly	163	31.7%	73	62.4%	90	22.6%	<.0001
Low- carbon	160	31.1%	111	94.8%	6	1.5%	<.0001
Obesity prevention	164	31.8%	115	98.3%	49	12.6%	<.0001
Diabetes care certification	194	37.7%	96	82.1%	98	24.8%	<.0001
Healthy communities	59	11.5%	36	30.8%	23	5.8%	<.0001

*: Data in August 2013 was used for analysis

ized departments in the trial (9). These active participations not only contributed to the global HPH development, but also reinforced domestic development in these areas.

Taiwan hosted the first International HPH Conference outside Europe in 2012 which hit historically highest numbers of participants (1,370) and accepted abstracts (744). Taiwan continued to be the largest delegation to the annual international conference since 2010. Members of Taiwan Network are the constant winners of annual HPH award for fulfilment of WHO Standards, gold award for tobacco-free hospitals and health services, and best posters. Competition on global awards and publications stimulated quality improvement and scientific progresses among Taiwanese members.

The consolidating phase - a new set of combined standards as entrance recognition

In 2016, the coordinator of Taiwan's HPH Network changed together with the political change of government. The new government developed a new set of recognition standards for "healthy hospitals" (basic level). Though based on WHO's draft of new HPH standards, the new set in Taiwan has four"layers"of texts for each of the 38 measurable elements (ME), including description of ME, title of scoring, implementation rules, and definition criteria for different levels of fulfillment, making the interpretation of each ME quite complicated and less flexible. It applied a "patient-focused method" (like the tracer method of Joint Commission International) during site visit to check compliance, though the time to do so is only 1 hour. It combined some age-friendly, tobacco-free and environment-friendly items with the WHO HPH Standards, plus one ME on shared decision making and one ME on health-literacy-friendly strategies, to formulate this set of healthy hospital recognition standards (basic level) as an "N in one"consolidated version, to serve as the entrance recognition to future advanced-level recognition specialized in NCDs, cancer, maternal and child health and smoke-free programs.

At the same time, the target of age-friendly healthcare recognition was shifted to public health centers and long-term care institutions, while that for hospitals, where patients are prone to highest risks of deterioration and complication, was terminated. There was some concern that this might create a gap in learning and understanding of age-friendly culture and practices between different types of health services which might in turn hamper the development of an integrated, older people-centered health system with shared vision and quality standards in the future. Number of HPH members slightly dropped from 163 to 142 between 2016 and 2018, while the number of age-friendly health services grew beyond 450 with expansion to public health centers and long-term care institutions.

Scientific evaluation on Taiwan's HPH initiative

A review of the publications on the effectiveness of Taiwan's HPH initiative examined its impact on the health of patients, staff, communities and organizations (10). In the aspect of prompting patients' health, HPH member status was associated with higher participation in patient health promotion projects and was associated with better quality of care in diabetes (10). In another study, births taking place in baby-friendly hospitals (one type of issue-specific HPH recognition), was associated with higher breastfeeding rate (11). Comparing the periods before and after promotion of HPH strategies for cancer screening, colon cancer screening rate significantly increased in all levels of hospitals in the latter period together with improved quality of the screening program (12).The WHO randomized controlled trial on HPH recognition in which more than 50% of participating departments were from Taiwan showed higher documentation of lifestyle risk (81% versus 60%, $p < 0.01$), higher documented provision of related information, short intervention and intensive intervention (54% versus 39%, $p < 0.01$ and 43% versus 25%, $p < 0.01$, respectively), and higher compliance with standards (95% versus 80%, $p = 0.02$) in the intervention group, although no health differences between groups were found at present (9).

Promoting a healthy workplace

Staff health promotion in healthcare workplaces has long been a neglected aspect worldwide. So was the case in Taiwan before 2006. Standard 4-Promoting a Healthy Workplace was identified as the weakest among all standards in the initial assessment of the earliest network members joining in 2006 and 2007. This became the focus of action. Dr. Shu-Ti Chiou developed the questionnaire "Health and Safety Needs of Hospital Staffs Survey" to assess the needs, expectations, utilizations and changes in staff health and tested it among all full-time employees in 5 hospitals in 2007, followed by a nationwide survey in 100 hospitals in 2011 and repeated in 113 hospitals in 2014. This is by far the biggest-scaled study on health issues of hospital staff. Several reports have been published. The analysis

showed staff of HPHs had significantly more days exceeding 30-minutes physical activity than those of non-HPH hospitals, although no significant difference was observed for five portions of fruits/vegetables a day or stress adaptation (13). Nurses working in HPHs had higher rate of undertaking Pap smear screening (14), and nurses working in an outstanding HPH had a significantly lower risk of experiencing workplace violence (15). Some analysis has identified inequalities of health between professions and between nurses working in different units (16-18). However, no evidence is available yet regarding whether HPH would help reduce the gap. Analysis on factors associated with nurses' and physicians' intention to leave a hospital found both individual factors and organizational factors might play significant roles and offered direction for further research and interventions to improve workforce sustainability (19;20), although again, it's still early to conclude whether HPH would have direct benefit on this issue.

Facilitators and barriers at organizational level

Taiwan's research has explored organizational aspect of its HPH initiative (10;21-25). Both transformational and transactional organizational capacity for health promotion such as leadership, organizational culture, and mission and strategies have been observed following the HPH initiative. In addition, the HPH initiative also contributed positively to capacity building of workplace health promotion strategies and staff participation among hospitals in Taiwan (21-23). The commonly cited enablers for HPH initiative were leadership support, HP-inclusive hospital development mission and goals, government funding, establishment of an HP-related committee, resources and health policies. The most commonly reported barriers were inadequate national health insurance coverage of HP, lack of strong staff involvement, incoherent government policies, weak integration across different sectors, and resistance to change (24). Improved organizational capacity building was associated with fewer barriers and more enablers (10).

Conclusions - insider's insights from Taiwan's HPH development

Taiwan's HPH development is an example of "globalization" which bears global perspective and is strongly embedded to the local developmental needs of healthy cities/healthy society, positioned as a professional partner, guided by a set of recognition standards and assessment/evaluation, supported by government policies, and reinforced by local and international learning activities.

As a founder of Taiwan's HPH Network, the author would like to share the following insights:

1. It took both top-down and bottom-up efforts.
2. It counted on effective development of multilateral partnerships among healthcare sector, public health, academia, communities and media.
3. Having a coordinator and a coordinating institution/organization that are highly motivated without direct competitive interests with any healthcare organization and can facilitate communication with public sector might be helpful.
4. Shared problems should be identified as the cue for changes. Value of HPH should be visualized. Decision makers should be strongly engaged at all stages of development.
5. Recognizing the inherent "silent" nature of health promotion and prevention, HPH would have little chance to survive if presented as just another extra work item. The chance might be higher if HPH is presented and mainstreamed as the solution to a big problem.
6. Frame it wisely. Communicate the value of HPH from users' perspectives. Don't make HPH an alien from the planet of public health to invade the planet of healthcare. It is a shared integral element of healthcare quality of all levels and all types of hospitals and health services which has been seriously underused.
7. Target precisely on leadership and organizational changes. Apply Ottawa Charter and evidence-based recognition standards to make sure partners can do it right at the first time. Success is the best award.
8. Scaling up will make changes easier. Together, we are stronger. Create positive competition.
9. Learning is a process that takes time and frontline buy-in.
10. Supportive policies and enabling environments are the key to sustain healthcare delivery reform.
11. Data talks. What's measured gets done. What's measured gets fund.

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