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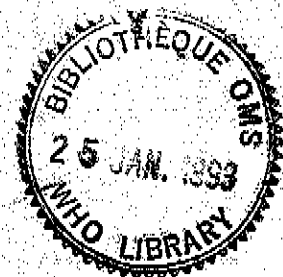
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## *Hospital Twinning*

Report on a WHO Consultation

Copenhagen  
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SCHERFIGSVEJ 8  
DK-2100 COPENHAGEN Ø  
DENMARK

TEL.: (45) 39 17 17 17  
TELEFAX: (45) 39 17 18 18  
TELEX: 15348

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EUR/HFA TARGET 29

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.<sup>a</sup>

## **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.*

### **Keywords**

PRIMARY HEALTH CARE  
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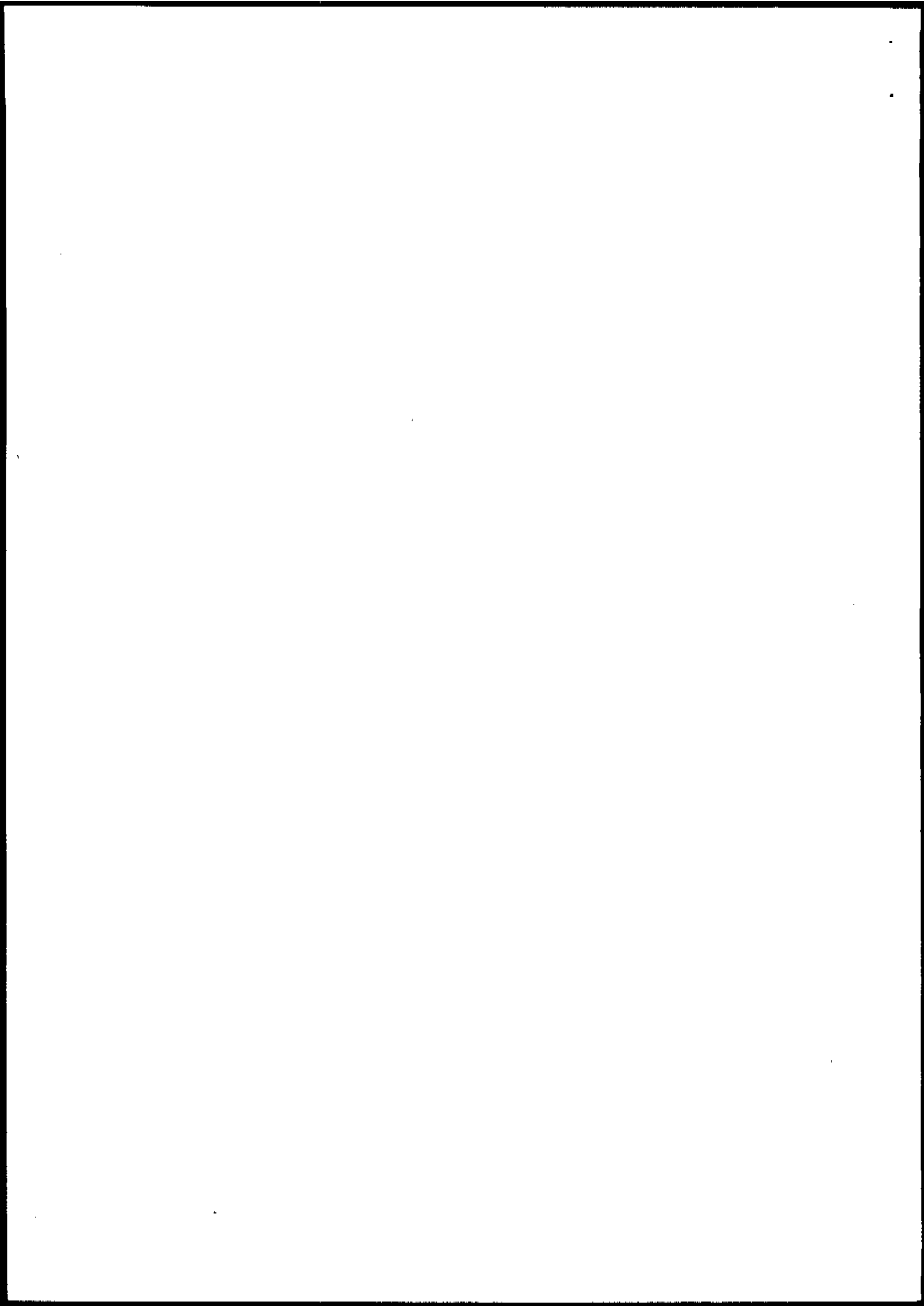
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<sup>a</sup> *Updating of the European HFA targets. Copenhagen, WHO Regional Office Europe, 1991 (document EUR/RC41/Inf.Doc./1 Rev.1).*

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## 1. INTRODUCTION

The Hospital Twinning Project was established as an outcome of the Seminar on East/West Hospital Cooperation in Berlin, 14-15 November 1990, organized jointly by the WHO Regional Office for Europe (WHO-Europe) and the Hospital Committee of the European Community (HCEC). A follow-up seminar was planned to take place in Strasbourg, France, on 9-10 November 1992, entitled "Hospital Cooperation in Europe".

There are at present many ongoing contacts between hospitals in western countries and countries of Central and Eastern Europe. The intention of this consultation was to follow up on some of these activities and take part in the experiences already gained. The outcome was then to be used for the planning of the Strasbourg Seminar and a programme proposal was developed.

The consultation was hosted by WHO Regional Office for Europe in Copenhagen. The participants (Annex 1) were welcomed and the meeting was opened by Dr C. Sakellarides, Director of Health Services, on behalf of the Regional Director.

## 2. HOSPITAL TWINNING OBJECTIVES

The main objectives for Hospital Twinning were defined at the Berlin Seminar mentioned above. The Hospital Programme of WHO-Europe and the HOPE Programme of the HCEC, which includes national committees in EC countries, have collected important experiences from the Hospital Twinning Project. The philosophy of twinning has further evolved and it was considered essential to continue this process of definition.

The educational aspects of twinning were stressed. Human resources development in health care is an important objective of twinning. The exchange of personnel should take place at all levels. So far, physicians seem to have played a large role in exchange programmes. This should be expanded to include hospital managers, middle management, nurses and other categories of personnel working in a hospital, e.g. technicians, cleaning staff etc.

Exchange of materials such as drugs, medical equipment and also consumption of goods (e.g. paper supply for ECG) was also important and in some cases urgent. It was felt, however, that the exchange of personnel had higher priority.

The development of health care plans and good health care systems at the macro-level are issues which should be dealt with, particularly at management level. Getting to know a "good model" could be a way of improving one's own system.

Other areas to be covered were waste problems and environmental aspects of hospital practice. There is an increasing awareness of these problems, both in western countries and the countries of Central and Eastern Europe. Technological transfer of for instance waste

disposal was considered valuable. Hygiene in hospitals was a much debated subject and in some projects plans for improvement of hygienic conditions were envisaged as a priority issue for collaboration.

For several of the projects presented there was a wish to become a "model hospital" for twinning, with the intention to be an incentive for other hospitals to start their own twinning projects. Spreading the initiative at the regional level was considered a good way of promoting the twinning idea. Collaboration projects successfully achieved with limited funds and much personal goodwill would be a source of motivation for new partners to start their own projects.

The European Hospital Twinning Project aims at strengthening human and professional relationships within a European context. New contacts at both economical and political level are continuously established in Europe. Health service providers can participate actively in this process. In some regions there is an acute need for assistance which might increase in the near future. The aim of the Hospital Twinning Project is not primarily to create a rescue organization, but to establish contacts and provide information on specific regions, thereby ensuring that efficient humanitarian aid is provided when needed.

### 3. EXPERIENCES FROM PRESENT PROJECTS

Projects at different stages were presented. The most positive aspects related to the direct personal contacts between the twinning partners, which is a prerequisite for the personnel's motivation and commitment to twinning activities. The recent political changes in Europe have encouraged the establishment of such contacts.

A report on a twinning experience between psychiatric institutions emphasized the special problems related to the position and status of mental health care in different societies. It was suggested that psychiatry should be dealt with as a specific topic.

A number of constraints encountered in the first projects were mentioned. They were often similar, regardless of the countries involved:

- Time problems were mentioned by all participants. Most work has to be done on a voluntary basis and in addition to regular duties.
- Lack of money was also a general concern. However, most employers provide benefits such as free telephone, postage and meeting facilities. The accommodation of visitors would normally also be arranged at no cost.
- Language problems were often the most difficult barrier to overcome. In some cases only one or two persons in a hospital were able to communicate directly with their partners, and translation services were not easily available. This is also a major problem in connection with the organization of educational programmes.
- Differences in standards, management techniques and the decision-making process.

- Political instability and the need for planning and bilateral political support of the twinning process.
- Tradition and cultural background have a strong influence on the health care system; cultural differences must therefore be taken into account and the partner's priorities should always be in focus.

The background reports relating to the various twinning projects are available from the Hospital Unit of WHO Regional Office for Europe.

#### 4. OPERATIONAL PROPOSALS

Twinning projects can serve as an example or model in a region. In a Swiss twinning project, the national hospital association collected information in a specific region of Romania. This helped identifying potential partners. Once the first twinning activities are started, other hospitals can use them as a model for their own activities.

Personal contacts, enthusiasm and a spirit of reciprocity are important ingredients. However, a certain degree of coordination and practical organization has to be provided. As twinning activities depend on individual persons it was suggested that a coordination office should be created in each of the twinning hospitals. This would help to ensure continuity and to monitor progress. In some of the present projects this has actually been done. For similar reasons formal agreements can be made where issues of a financial nature could be included.

Support from the authorities is needed. Twin-city projects could be used as framework for hospital twinning. National coordination can also be valuable. Different networks can be made available for information or funding.

#### 5. INTERNATIONAL COORDINATION

It was generally agreed that there is a need for international coordination for hospital twinning. The collaboration between WHO Regional Office for Europe and the Hospital Committee of the EC could aim at:

- Disseminating information on the Hospital Twinning Project.
- Mapping ongoing initiatives.
- Providing information on funding-raising sources such as national and international organizations and donor agencies.
- Preventing the involvement of too many partners in the same region, whereas other regions have no partners.

WHO-Europe can act as a clearing house for participants in providing:

- Information on Member States and health care systems.
- Facilitation of contracts and agreements with authorities.
- Facilitating attendance at coordination meetings.

### 6. PRINCIPLES OF TWINNING

The creation of personal relationships at all professional levels is a fundamental aspect of twinning. Organizational help has to be provided but it should be avoided that central steering overrides individual initiatives. Institutions with political or financial strength should support without influencing the contents of twinning projects, which by nature deal with local and practical hospital work.

The principle of reciprocity is essential. Twinning should never be a one-way transfer of help and advice. Partners have to excel in getting to know and learning from each other.

Twinning is not strictly limited to practical and technical hospital work. The integrated role of hospitals as health care providers in its catchment area and as part of a network of other hospitals and health care services is an important issue. Cultural, social and political implications should not be underestimated.

### 7. RECOMMENDATIONS

- With a view to cover the need for information in the near future, a common WHO-Europe/HCEC newsletter should be issued.
- Practical and technical support for interested twinning partners should be provided within the Hospital Twinning Project.
- Possible and actual funding sources should be informed on the ongoing projects.
- Creation of a map (if possible electronic) where twinning activities can be recorded continuously.
- Joint WHO-Europe/HCEC preparation of the Strasbourg Seminar on Hospital Twinning.

ANNEX 1

LIST OF PARTICIPANTS

Mr Jens A. Dalgaard, General Manager, Viborg County Hospital, Denmark

Ms Johanne-Louise Dithmer, Danish County Council Association, Copenhagen, Denmark

Ms S. Dodd, North West Thames Regional Health Authority, London, United Kingdom

Mr Peter Ekkelund, Head of Department, Odense University Hospital, Denmark

Mr Knud Engel, Head of Department, Odense University Hospital, Denmark

Mr P. Garel, Centre Hospitalier Régional et Universitaire de Nantes, France

Ms Lourdes Montilla Gordo, Instituto Nacional de la Salud, Madrid, Spain

Mr Asger Hansen, Managing Director, Copenhagen County Hospital in Gentofte, Denmark

Professor Juliusz Jakubaszko, Clinical Hospital, Medical Academy of Wroclaw, Poland

Ms Jo Klan, Chief Nurse, Viborg County Hospital, Denmark

Dr Jüri Lepisk, The Swedish Planning and Rationalization Institute for Health and Social Services (SPRI), Stockholm, Sweden

Dr Ivan T. Nikolov, Vice-President, Medical Academy, Sofia, Bulgaria

Dr Gunnar Schiöler, Head of Department, National Board of Health, Copenhagen, Denmark

Mr W. Schneider, German Hospital Federation, Düsseldorf, Federal Republic of Germany

Professor Kris Schutyser, Secretary-General, Hospital Committee of the European Community, Leuven, Belgium

Dr W.H. Stikkelbroeck, Nationale Ziekenhuisraad, Ziekenhuiscentrum, Utrecht, Netherlands

Dr Ilkka Taipale, Chief Physician, Kellokoski Psychiatric Hospital, Finland

Mr Paul Tassin, Director, Fédération des Institutions Hospitalières de Wallonie, Namur, Belgium

Dr Nils Undritz, Secretary-General, VESKA, Aarau, Switzerland

## **HOSPITAL TWINNING**

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Dr Natalja Vartapetova, Russian Research Center for Preventive Medicine, Russian Ministry of Health, Moscow, The Russian Federation

### **WHO Regional Office for Europe**

Dr Véronique Fournier, Short-term Consultant, Hospitals

Dr Walter Hubrich, Acting Regional Adviser for Hospitals

Dr Jesper Petersson, Short-term Consultant, Hospitals

Dr Constantino Sakellarides, Director, Health Services

Dr Johannes Vang, Consultant, Health Services

Ms Kirsten Andersen, Programme Assistant, Hospitals