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*European Hospital and
Healthcare Federation*

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HOPE ACTIVITIES

HOPE ANNUAL CONFERENCE – WAITING LISTS, WAITING TIMES

HOPE, together with its Italian member, the Ministry of Health, as well as Tuscany Region and the Local Health Authority Number 12 of Viareggio organized its annual conference on the subject: “Waiting Lists and Waiting Times”. The one day conference was held on 22nd of June 2006 in Viareggio in Italy and gathered more than 200 participants coming from all European countries. It was linked to the final evaluation of the HOPE exchange programme 2006.

The event was opened by Mr Fabrizio Larini, the President of the Conference of Mayors of Versilia, and Mr Giancarlo Sassoli, General Director of the Local Authority number 12 of Viareggio. The president of HOPE, Brian Edwards, welcomed all participants in the name of HOPE, stressing that the conference should bring solutions for waiting times and waiting lists, the problem which is shared by so many EU member states.

Maria Paola di Martino from the Italian Ministry of Health stressed the importance of the national strategies dealing with waiting times and waiting lists and presented the decentralized programme for health, called MATTONI, dealing with waiting times implemented by Italian regions. Another representative from the Italian Ministry of Health, Maria Teresa Loretucci, presented the National Health Plan, illustrated as an investment shared by all Italian regions. For the 2006 year 89 960 million euros (from which 45% goes for hospital care) have been allocated to the National Health Plan and it has been observed that this investment is increasing. It has been confirmed that citizens are core element of the Plan and if the waiting time is too long it worsens healthcare quality.

National project on Waiting Times has been presented by Mr. Carlo Liva from the Tuscany Region. There are five Italian regions (Emilia Romagna, Lombardy, Puglia, Toscana, Trentino) that are participating in the project, called BRICK, which is aiming at defining the methodology monitoring of waiting times in hospitals and outpatient services and the methodology to set priority for access to hospital and outpatient services. Among others, the project is based on the principle of priority setting, which means that the patient’s admission to services must be related to the Priority Categories, which determines different waiting times. Two monitoring systems have been presented: one based on the prospective survey (measures the proposed waiting time, not the real one) and the other on the retrospective survey (“real” time) on data systems. In order to reach the objective of the project, some tools have been made available, these are: guidelines for “Agenda” of admissions to hospital; analysis of steps and processes for access to hospital and outpatient services; focus groups with stakeholders in each region; proposals for monitoring waiting times in diagnostic and therapeutic paths and guidelines for the management of Centralised Booking Centers. The Focus Group also analyzed patients’ and doctors’ behaviors regarding the waiting times and some problems have been observed (patients sometimes prefer to wait, and go to the hospital they have confidence; there are making several reservations or are resigned form the treatment, etc).

In the following speech done by Mr. Giusti, from Tuscany Region, it was highlighted that in order to increase the efficiency of healthcare services, the regions need to find methodologies to reduce the waiting times. It has been suggested that citizens should be aware about the waiting time, nevertheless the difficulty in defining the exact waiting time exist. The solution to reduce the waiting times and waiting lists should not be only based on regulatory measures, stated Mr. Giusti.

Another project, built on comparative study between the hospital in Siena (Italy) and Alkmaar hospital (The Netherlands) was presented by Mr. Marco Menchini. In the framework of the project, running from 2005, several working groups looking at the best practices were set up. The groups are dealing with clinical pathway of the patients, Dutch and Italian quality policies, clinical pathway of the patients and hospital infections. The results of the project will be presented during an international symposium to be held in 2006.

Two experience of strategies dealing with waiting times and waiting lists were presented by Mrs. M. Hanning (Swedish Association for Local Authorities and Regions) and Mrs. Liz Shannon (National Treatment Purchase Fund in Ireland). Both have worked for HOPE working party on waiting lists.

Mrs Hanning confirmed that waiting list is a challenging problem for health systems, as it is about managing care, patients, etc. This area has been growing as a research area and there are a lot of project running in that field. Waiting times is also considered as Achilles' heel of the health services in Sweden and the political debate in that country started already in the 80'ties which resulted in the 1st Agreement on Maximum Waiting Time Guarantee (1991) setting 3 months' waiting time for the 12 difficult operations. Despite the initial success of the initiative, the waiting lists started to grow again. In 1996 the Swedish authority set up a second agreement about maximum waiting time guarantee for primary care and outpatients visits to hospital specialists. Today, in Sweden, there is a third policy initiative setting up a 3-month waiting time guarantee for the specialized treatment. Mrs Hanning stated that today the number of patients on the waiting lists is going down in Sweden, and a model of monitoring of the time patients have been waited has been set up. It has been also confirmed that although the complexity of the interplay between demand and supply, more resourced are not the only answer to reduce the waiting lists. Mrs Hanning concluded by giving the definition of the Maximum Time Guarantee which is considered as "a policy to reduce waiting time to a certain limit".

The second successful model of reducing waiting lists is Ireland. In that country, as explained Mrs Shannon, the waiting times, thanks to the Patient Treatment Register empowering patients, have been reduced from 2-5 years to 2-5 months today.

Mr Giuliano Mariotti, from Rovereto Hospital, as well as the author of the study "Italy changing from Waiting Rimes to priorities", gave some examples of Italian strategies dealing with waiting times. In his presentation, Mr Mariotti, stressed the role of the clinical prioritization scoring systems. He underlined also the role of "Mattoni" and "Main stone" projects run by the Italian Ministry of Health and several italian regions.

Mrs Alessia Orsi, from the region of Emilia-Romagna, presented some governmental instruments of the waiting times in the ambulatory care. In that region I order to review the situation of waiting times a questionnaire describing the governance and services supply of the ambulatory services has been sent to the Health "companies" (*Aziende Sanitarie*).

The conference presentations are available on the HOPE website: www.hope.be

HOPE EXCHANGE PROGRAMME – EVALUATION CONFERENCE

This year the 26th HOPE Exchange Programme on the topic of “Waiting Times and Waiting Lists”, was held in Viareggio in Italy on 23rd of June. The event, organized after 4 weeks of training in the various hospitals of the EU, gathered 250 participants and hosts coming from more than 20 EU countries.

As usual, after the evaluation conference, HOPE national coordinators awarded the three best presentations on “Waiting Times and Waiting lists”. In 2006 the Exchange participants who went to Finland won the first prize offered for the best presentation. The second prize was won by the group that stayed in The Netherlands. The 3rd one was awarded to the hospital professionals who stayed in Denmark. The three best presentations of the Exchange participants will be soon available on the HOPE website.

Next year the final events of HOPE Exchange Programme will take place in Madrid, Spain.

DEBATE ON SERVICES IN EUROPE

On 7 and 8th June 2006 the Brussels think tank "Confrontations Europe" organised in Brussels a workshop titled “A dialogue on the European strategy for services”. During the meeting representatives of the political, academic and business worlds and the social partners spent two days debating the role of the services sector within the economy and social model of Europe. HOPE was invited to the panel discussion on healthcare services.

In order to see the questions of the discussion, please go to:
http://www.confrontations.org/at3_en.php

EUROPEAN UNION – FINLAND’S EU PRESIDENCY

Finland became on 1 July the member state holding the rotating presidency of the European Union. The Finnish presidency will end on December 31st 2006 and will be followed by the German Presidency.

While Austria’s presidency focused on women’s health and diabetes, Finland plans to target policies on active ageing and health in the workplace, and importantly for health care workers they aim to get resolution on the Working Time Directive. Finland wants also to reach agreement on the Regulation on medicines for use in advanced therapies and the Directives amending Directives on medical devices by the end of its Presidency. The Finnish presidency will also launch a debate on the impact that other policies have on health.

Regarding REACH, the objective is to have the Regulation adopted by the end of the year. Furthermore, the Finnish Presidency is planning to start preliminary work on exploring the options regarding the Constitutional Treaty and to finalise arrangements on the setting up of a European Gender Equality Institute, making certain that the Institute will be operational from the start of 2007. This will require final adoption of the Regulation setting up the Institute and a decision on where it is to be based.

There are three main health meetings during the Finnish presidency: an Informal meeting on Ministers of Employment and Social Affairs (6 July); a Conference on Health in All Policies (20/21 September). A feature event will be the Health Summit in September (6-7 September, Helsinki) to carry forward discussions on drugs prevention and the prevention of drug-related infectious diseases, especially HIV and Aids. The conference will also consider these issues in relation to neighbouring eastern European countries including Russia, Belarus and Moldova. The meeting will also look at ways in which health related decisions are taken outside the health care sector, and should present an opportunity to discuss ways to tie health issues into current policies, with particular emphasis on those that govern health in the work place.

The web address of the Finnish Presidency is www.eu2006.fi

EPSCO COUNCIL – CONCLUSIONS

The Employment, Social Policy, Health and Consumer Affairs Council met on 1-2 June 2006. The Council adopted, by qualified majority, at first reading, a directive on food additives. The Council also reached political agreements on: A draft regulation establishing a European Institute for Gender Equality, a draft Decision establishing the Guidelines for the Employment Policies of the Member States for 2006, a draft Decision establishing a Community programme for Employment and Social Solidarity.

Furthermore the issue of Working time Directive was discussed (more information in the next article). At the end of the debate, the Presidency concluded that, given the differences in labour market situations in the Member States and the character of the new provisions, it was not possible to reach overall agreement at the present.

Moreover, the Council adopted conclusions on: Common values and principles in EU Health Systems, Promotion of healthy lifestyles and prevention of type 2 diabetes, Women's health, The implementation of Beijing Platform for Action (gender equality).

More information: http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/Isa/89830.pdf

EPSCO COUNCIL - WORKING TIME DIRECTIVE

For the fourth time running, the Social Affairs and Employment Ministers of the EU meeting in Council on 1 June 2006 stalled over the directive regarding certain aspects of adjustment of working hours. The reason for this failure was the famous "opt out" clause providing the possibility of opting out from the maximum 48-hour working week.

In order to reach agreement over this issue, the Austrian Presidency had suggested a compromise that provides for gradual phase-out of the opt-out, but this proposal was rejected. The United Kingdom, followed by Luxembourg, Germany, Estonia, Portugal, Sweden, Belgium, Latvia, Slovakia and Hungary, voted against the Presidency's compromise proposal on phasing out opt-out. The Netherlands, the Czech Republic, Denmark, Lithuania, Ireland and Finland were in favour of this proposal. Slovenia, France, Spain, Italy, Greece, Cyprus, Poland and Luxembourg were in favour as long as the three elements of a counter-proposal made by the Luxembourg minister, François Biltgen, were included.

The elements in question are that:

- 1) a final date for withdrawal of opt-out should not be mentioned in the directive;
- 2) maximum working time must be 60hours/week calculated over a reference period of 3 months;
- 3) a Member State that wishes to use opt-out must have objective reasons for doing so.

Dividing up the directive between working time and on-call time in order to reach a compromise is not a solution, said the Commissioner Vladimir Spidla, recalling the two rulings of the Court of Justice (Simap and Jaeger) decreeing that on-call time is working time. During the day, delegations had explained their points of view in relation to the way work was developing. Speaking on behalf of eleven countries (Spain, Italy, France, Greece, Cyprus, Portugal, Sweden, Luxembourg, Finland, Hungary and Belgium), the Spanish minister, Jesus Caldera, declared that there is no possibility of agreement, there is not even the possibility of looking at things objectively! He said the the need to put an end to opt-out in order to safeguard worker health and security was always defended. He called for a deadline to be set for the end of a transitional opt-out dismantlement period and for this to be clearly noted in the compromise proposal.

Alistair Darling (UK) said Member States should be able to keep their right to opt-out and exemption is needed for short-term contracts. He said there could be no agreement on the compromise proposal if this is not the case, and stressed the importance of having perfect wording in the text so that everything is quite clear as they could find themselves before the Court of Justice. The same request was made by Anna Kalata (Poland), who felt one should grant workers resorting to opt-out the possibility of working up to 65 hours/week calculated over a reference period of 4 months. She was backed on this point by Louis Galea (Malta). Jaak Aab (Estonia) said one should first of all agree on the principle and then discuss the details.

The Finnish minister and future President of the EU's EPSCO Council, Tuula Haatainen added she was ready to support further negotiations.

HEALTHCARE SERVICES – BELGIAN NON PAPER

The Belgian Minister of Social Affairs and Health Rudy Demotte prepared in June 2006 a non paper in which he argues for a sectoral directive on healthcare. The initiative (and the text?) is said to be supported by France, the United Kingdom, Germany, Luxemburg, Spain, Portugal and Sweden.

Access to healthcare is a fundamental right, and its assignment to services of general interest undeniable, writes R. Demotte in his non paper. From the economic point of view the healthcare market is very specific, with patients not necessarily having the knowledge necessary for them to make an informed decision on the care required. Moreover, the arrangements on the internal market in the Treaty and fundamental freedoms are interwoven in the healthcare sector (patients' mobility, establishment of healthcare providers, free movement of goods and services, etc.).

The question, then, is to know how to maintain and further enhance a high level of health protection and of social justice “while reconciling the EU fundamental economic principles and the common principles underpinning the national health systems”, says Mr Demotte, believing an approach specific to healthcare services is needed. He says that this would, in some instances, have to be legally binding (directive), while, in others, cooperation between Member States (Open Method of Coordination) would be sufficient.

A specific directive on health and healthcare services would ensure legal certainty, while cooperation between member States would allow more convergence, concluded Mr Demotte. The new directive should: cover all healthcare services; define limits to be respected, relating to such principles as non discrimination and proportionality (European Court of Justice case law could serve as a basis); clarify under what circumstances healthcare provided for within another Member State should be reimbursed by the country of origin.

Finally, cooperation between Member States has to be encouraged, with the open method of coordination possibly an appropriate instrument.

The Commissioner in charge of Health Policy Markos Kyprianou announced that he would be sending questionnaires to health ministers before their informal meeting on 6 and 7 July.

HEALTH SERVICES – POSITION OF THE FRENCH SOCIAL AND HOSPITAL SERVICES

The SSIG-FR association, consisting of 14 French social and hospital federations of public and private non-profit providers, welcomed the Belgian non-paper initiative but asked to set up a common sectoral directive for social and health services and not a separate healthcare directive. This joint social and health care directive would recognise that they are services of general interest, that they ensure coherency within the Community framework and enhance the Union's transparency.

As a follow-up, the association will be launching an appeal to the European Parliament for it to support the approach of the minister and the other Member States supporting him, in the context of the Rapkay report (PES, Germany) on the White Paper of SGI (services of general interest) and the report by Hasse-Fereira (PES, Portugal) on the communication on SSGI (social services of general interest) and in parallel to the vote in second reading of the draft proposal on services in the internal market.

SSIG-FR explains that the challenge of the ageing population requires new medical and social services, as well as the consolidation of the continuum of responses made to tackle health and social needs in the future. Actors providing such services to people will therefore be obliged to fulfil both missions of general interest involving healthcare, and missions of general interest in the social and medical services.

Access to quality social and health services is one of the major concerns of European citizens, explains SSIG-FR, which also affirmed that the EU had to respond to this concern by providing a coherent and transparent framework.

The association asserted that excluding social and health services from the services directive on the initiative of the EU had to go together with the setting up of a common Community framework that was stable, forward thinking and with incentives, because it is in the interest of the EU and its citizens that Member States develop social and health services of quality that are accessible to all and which can respond to future needs.

SOCIAL AFFAIRS – INFORMAL COUNCIL OF MINISTERS – 6/7 JULY

The EU Social Affairs, Employment and Health Ministers are to meet informally in Helsinki on 6/7 July. This first Council under EU Finnish Presidency will be essentially devoted to the challenge of globalisation and to demographic change. The Council will be co-chaired by the Finnish ministers, Tarja Filatov (Labour), Tuula Haatainen (Social Affairs/Health) and Liisa Hyssälä (Health/Social Services). The Commissioner for Social Affairs, Vladimir Spidla, and his counterpart for health, Markos Kyprianou, will also be at the meeting.

On 6 July, the Finnish Presidency as well as the ministers of the next two EU Presidencies (Germany, Portugal) will meet the representatives of European social partners and the organised civil society (social NGOs). On 7 July, the same ministers, in addition to those for health, will gather in the morning to prepare the rest of the day's debates.

The informal Council's work will be shared out among three working groups on the following themes:

- (1) Better productivity by developing the quality of working life;
- (2) How can working careers be prolonged during the lifecycle by social policy? and
- (3) How to promote health in the world of work.

(1) Chaired by Tarja Filatov, the first working group will discuss the impact of better organisation of work, the quality of working life and life-long learning on boosting labour productivity. The discussion will also be linked to the Austrian Presidency's flexicurity theme.

The Finnish Presidency has prepared a questionnaire to which ministers are invited to reply:

- (a) How can cooperation between different sectors be intensified to meet common challenges? What are the roles and needs for cooperation between different actors, in improving the quality and productivity of work? What is the role of the EU and that of the Member States?
- (b) Have the Member States and/or social partners promoted labour productivity and social innovations in the workplace and/or in the working life in general? What measures are needed to

raise the labour productivity of different age groups, ethnic minorities and immigrants, taking into account the different situations and backgrounds of men and women?

(c) Can the EU give more active support in its external activities to the positive interaction between labour productivity, the quality of working life and decent work?

(2) Under the chairmanship of Tuula Haatainen, the second working group will examine the possibilities of prolonging working life and postponing retirement. The Presidency will call on ministers to answer the three following questions:

(a) How can meeting common challenges be intensified by inter-sectoral cooperation?

(b) What policy activities concerning training, family life and equality especially promote longer working careers of men and women? And

(c) What are your experiences concerning how well changes to the pension system, increasing the attractiveness of working life and improving working and functional capacity can postpone retirement, prolong working life and promote gender equality?

(3) In order to keep workers at work longer and later in life, it is necessary to promote health at the workplace and increase the quality of life at work. The major diseases, such as skeleto-muscular diseases, diabetes, cardiovascular diseases, mental health problems and new health threats concerning infectious diseases are challenges to working life, also. The mental and physical wellbeing and vitality of workers and employees in the workplace are crucial.

Ministers will be asked to answer the following three questions set by the Finnish Presidency:

(a) How can meeting common challenges be intensified by inter-sectoral cooperation?

(b) What are the main threats to the health and functional capacity of women and men of working age, and what can be done to reduce them?

(c) How can the workplace act as a setting to promote health?

PUBLIC HEALTH – ACCIDENTS AND INJURIES ACTION PLAN

On 23 June 2006, the European Commission adopted a communication and an action plan aimed at reducing the burden of accidents and injuries that are the fourth major cause of death in the EU, killing some 235,000 EU citizens each year. Accidents and injuries account for nearly 7 million hospital admissions with most victims among children and young persons. The communication concerning actions for a safer Europe makes accident prevention a priority for the current and future public health action programmes and calls on Member States to collaborate with the EU and to prioritise accident prevention through information campaigns and data collection.

To this end, the Commission's action plan suggests:

- (1) developing an EU injury information system;
- (2) supporting exchange of good practice;
- (3) setting up an EU network of stakeholders (Member States' authorities responsible for public health and consumer protection);
- (4) vocational training of healthcare professionals on safety promotion;
- (5) Member States national action plans for injury prevention; and
- (6) information campaigns on the risks and advantages of security measures.

These actions would receive support via the public health action programme for 2003-2008 and after and would require sustained collaboration from Member States.

More information: http://ec.europa.eu/health/ph_determinants/environment/IPP/ipp_en.htm

EC CONSULTATION - TRANSPLANTATION

The Commission is conducting a thorough evaluation of the situation regarding organ donation and transplantation in the EU. A public consultation on future EU action in the area of organ donation and transplantation has been launched on 27 June 2006.

The aim of the consultation is to identify the main problems encountered in organ donation and transplantation, to invite ideas on EU initiatives that could help to solve these problems, and to determine the extent to which measures should be taken at EU level.

The consultation will run until 15 September 2006, after which the Commission will compile and analyse the feedback received.

More information and the consultation documents:

http://ec.europa.eu/health/ph_threats/human_substance/oc_organ/oc_organ_en.htm

ENTERPRISE – PHARMACEUTICALS

The final adoption of the regulation on the paediatric use of medicines is now no more than a “formality”, Commissioner Günter Verheugen noted on Thursday 1 June 2006 after the EP's vote at second reading - a vote that will allow the regulation to take effect as of 1 January 2007.

From that date on, barring derogation relating to the nature of the product (e.g. if it aims at a pathology that is only found among adults), the pharmaceuticals industry is expected to present the results of a paediatric investigation for every request for marketing approval of a new medicinal product.

In order to encourage laboratories to carry out clinical trials on children, the regulation provides for a further two-year protection for orphan medicines for treating very rare illnesses and a six-month extension of the Supplementary Protection Certificate (SPC) for any new paediatric indication of a medicine that has already been authorised. The Parliament, however, has linked this incentive to the obligation of developing a paediatric form for medicine to be marketed in all EU Member States.

The Parliament's vote was welcomed by the European Federation of Pharmaceuticals Industries and Associations (EFPIA) and by patients' associations.

MOBILITY OF PATIENTS – NEW BOOK PUBLISHED

On 29 May 2006 at the European Parliament, “Europe for Patients”, the EU funded project, presented a new book entitled “Patient Mobility in the European Union: Learning from Experience.”

Funded under the EU’s Scientific Support for Policy Scheme, the book addresses important issues such as waiting lists, centres of excellence, cross-border cooperation and patients undergoing long-term stays and proposes adopting a series of common principles in order to maximise the potential benefits of enhanced patient mobility.

Following the European Court of Justices’ decision last month to put individual patient care above recommended waiting list targets set by Governments, the Commission is looking at issuing a separate health directive that may include patient mobility.

More information: <http://www.iese.edu/en/events/Projects/Health/home/home.asp>

EU HEALTH INSURANCE CARD – PRACTICAL INFORMATION

The European Commission has launched a revamped European Health Insurance Card website. The site provides explanations and details on the availability and use of European Health Insurance Card. Launched exactly 2 years ago on 1st June 2004, the Card makes it easier to obtain medical treatment while staying temporarily in another Member State. Treatment is provided in accordance with the rules of the Member State being visited, and costs are reimbursed in line with the tariffs applied in that Member State.

Specific features of the new website include:

- a "what you need to know before you go" section for people planning their holidays.
- two updated "Frequently asked questions" sections, the first with answers to the individuals' questions, the second with answers to healthcare providers.
- fully detailed information for specialists on the European Health Insurance Card.

The website also features all the cards delivered throughout Europe.

More information: www.ec.europa.eu/employment_social/healthcard/index_en.htm

EIB – LOANS TO HEALTH SECTOR

The European Investment Bank (EIB) has granted several loans to the health sector in the United Kingdom and Austria. The first, for 149 million pounds sterling is for the extension and redevelopment of Whiston Hospital in Knowsley and for the up-grading of St Helens Hospital in the United Kingdom. The second, for some €250 million, is for the construction of a new hospital and mental health facilities in South Birmingham. These two projects will take the form of public-private partnerships (PPPs). A third loan, for 50 million euros, is for the up-grading of the main regional hospital of the State of Carinthia in the town of Klagenfurt, Austria.

INTERNATIONAL DAY AGAINST DRUG ABUSE

On the International Day against Drug Abuse and Illicit Trafficking, held on 26 June 2006 by decision of the United Nations, the Vice-President of the European Commission Franco Frattini, together with Commissioners Benita Ferrero-Waldner, who has responsibility for external relations, and Markos Kyprianou, who is in charge of health and consumer protection, stressed the "firm commitment of the Commission" to fight against the supply and demand in drugs. "It is too much and it is intolerable", said Mr Frattini, in reference to the deaths of 8000 people in Europe every year as a result of overdoses. According to estimates, the real number of deaths related to drug use could be up to three times higher, due to a tendency to under-declare deaths and taking into account deaths indirectly linked to drug use (AIDS, violence, accidents and suicide).

The two main trends highlighted by the 2006 report by the UN Office on Drugs and Crime (UNODC), which was presented on Monday 26 June, are the increase in the consumption of cocaine in Europe and the increase of the production in opium predicted this year in Afghanistan.

Commissioner Markos Kyprianou stressed the need to opt for a "global approach" to fight this problem, partly, he explained, because of the mobility of people, which may increase the figures linked to drugs. He also called for a "demythification" of narcotics at the same time as the continued fight against consumption. Commissioner Kyprianou stated that the Commission would continue to support prevention projects against drug addiction via the new action programme for public health 2007-2013, and that prisons must be targeted in particular, because "there is a specific problem of drug use in them".

On 26 June 2006, the Commission adopted a Green Paper in which it proposes more sustainably to structure and formalise dialogue between the EU and the broad range of organisations active in this sector. The deadline for contributions is 30 September 2006.

HIGHER EDUCATION – NEW COOPERATION EU-US

On 21st of June 2006 Benita Ferrero-Waldner, External Relations Commissioner, and Condoleezza Rice, US Secretary of State, signed a new cooperation agreement on in the context of the EU-US Summit in Vienna. The new 8-year cooperation agreement in the field of higher education renews the provisions of the earlier agreement. It will be related to innovative transatlantic degree programmes, promote exchanges of students, teachers and other professionals, and generally encourage greater institutional collaboration in tertiary education. The European Commission plans to allocate 45 million euro to the cooperation programme for the period 2006-2013, with a target of 6,000 EU and US participants.

The following projects are foreseen:

- joint consortia for the purpose of setting up joint study programmes and organising transatlantic mobility of students and teaching staff;
- excellence mobility projects providing additional financial support in favour of the mobility of students to joint consortia;

- policy-oriented measures to tackle comparable aspects of higher education and vocational training and promoting dialogue on recognition of qualifications and accreditations;
- the Schuman Fulbright programme providing scholarships to highly qualified professionals to allow them to undertake study or training courses on the other side of the Atlantic.

Since its creation in 1995, the programme has allowed over one hundred transatlantic consortia to be set up with over 700 establishments and mobility of over 4,000 students.

WHO – 10 HEALTH QUESTIONS ABOUT THE NEW EU NEIGHBOURS

The WHO publication entitled "10 health questions about the new EU neighbours" gives an overview of the diverse health status of the EU's 12 neighbouring countries (N12) and highlights the link between health systems (centralised/insurance) and health status of the population. The data reveals striking differences among the N12 and even more so, when compared to the EU-15 or EU-25. "Despite differences, due to varying political and socio-economic contexts, these countries face common challenges, such as transition and pre-accession," explained Josep Figueras from the European Observatory on Health Systems and Policies.

He also said that most of the EU's neighbours have already adopted Social Health Insurance but face challenges in their ability to raise taxes, unemployment and informal economy. Furthermore, they are challenged by major implementation constraints such as lack of skills needed for managing complex information systems, restructuring of hospitals and changing the culture of public services from 'control and command' to pluralism of provision, privatisation and market competition.

"Political reforms in the N12 have played a detrimental role for people's health. Access to health and social services is constraint, there is a growing number of vulnerable groups and the life style patterns are not very healthy," listed the deputy regional director of the WHO-Europe, Nata Menabde. "Life expectancy gaps are scary, especially among men" she continued, referring to the difference between the EU-15's 79 years and the 12 neighbours' 65 years. She also said that the burden of communicable diseases in the N12 is more than twice as high as it is in the EU-25.

The current candidates for EU-membership, Bulgaria, Romania and Turkey, still face problems with communicable diseases and cause headache to WHO due to poor maternal and child health.

More information:

http://www.euro.who.int/eprise/main/who/InformationSources/Publications/Catalogue/20060224_1

9th HEALTH POLICY FORUM – GASTEIN (AU) – 4/7 OCTOBER 2006

The 9th European Health Forum (EHFG) will take place in Gastein, Austria from 4 to 7 October 2006 under the general theme “Health sans frontiers”. The EHFG is one of the most significant conferences on health policy taking place annually and gathering experts and stakeholders from administration, academia, civil society and industry.

The main issues that are going to be discussed at the conference are: Pandemic challenges, Health policy innovation, European Future for healthcare, Health professional mobility, Improving healthcare infrastructure, Health Technology Assessment. There will also be several workshops on Patient information, HIV/AIDS, Germany’s EU Presidency 2007, Rheumatic diseases and others.

More information: <http://www.ehfg.org/typo3/index.php?id=69&L=2>

WORLD OF HEALTH IT 2006 – GENEVA (CH) – 10/13 OCTOBER 2006

The Information Society DG of the European Commission, the World Health Organization, Healthcare Information and Management Systems Society (HIMSS), together with eight European professional organisations (including HOPE, CPME, COCIR, EHMA, EHTEL, EUROREC, CMPi and HINE) are organizing a conference World of Health IT 2006: “Connecting Leaders in Technology and Healthcare”

The conference is designed by and for clinicians and other health professionals; health IT users and buyers; directors and administrators; informatics professionals; academicians; relevant authorities and policy makers on regional and national levels; and vendors (i.e. software and hardware development companies and professional services firms).

The conference will focus on the role and impact of Health IT on the health sector in Europe and other parts of the world, including the Middle East and Africa. The educational sessions will primarily address experiences from deployed services, and focus on proven benefits in quality and efficiency. The demonstration activities will give unique insight into the practical aspects of IT systems and their connectivity. The topics of the conference will include standardization, labelling and accreditation of eHealth systems, interoperability and national initiatives.

The e-Newsletter Meeting the Challenges in Healthcare IT Across Communities is now online. In the run up to the inaugural World of Health IT Conference and Exhibition, an issues-based e-newsletter has been launched.

The access the e-newsletter: <http://www.worldofhealthit.org/enewsletters/>

For further information, please visit: www.worldofhealthit.org

OTHER CONFERENCES

GENEVA FORUM: “TOWARDS GLOBAL ACCESS TO HEALTH” - GENEVA (CH) – 30 AUGUST/1 SEPTEMBER 2006

The Forum “Towards global access to health” planned for 30 August/ 1 September 2006 in Geneva, is organised jointly by the Geneva University Hospitals and the Medicine School of the University of Geneva, on the occasion of the 150th anniversary of the Geneva Hospital which has already a long standing tradition of international cooperation in the field of health.

The Forum will aim to define how Hospitals/Universities, individually and through networks, in collaboration with all international organizations active in health and humanitarian fields located in Geneva as well as representatives of the civil society, can improve access to health.

The organisation team of the conference is calling for abstracts.

More information: www.hcuge.ch/genevahealthforum

EUROPE FOR PATIENTS – FINAL CONFERENCE – GHENT (BE) - 25/27 OCTOBER 2006

The Europe for Patients consortium announced that the "*e4p Final Conference*" which will take place in Ghent from 25 to 27 October 2006. The conference will present Benefits and Challenges of Enhanced Patient Mobility in Europe based on the research carried out since the project was launched in January 2004.

More information:

<http://www.iese.edu/en/events/Projects/Health/Events/MainEventsMeetingsandConferencesrelatedtoPatientMobility.asp>