



Newsletter n° 31

May 2006

European Hospital and
Healthcare Federation

C O N T E N T

HOPE ACTIVITIES

| | |
|---|---|
| MANAHEALTH Seminar on health cooperation in border regions | 2 |
| HOPE RECRUITMENT HOPE is recruiting an EU Health Economist | 3 |

EUROPEAN UNION INSTITUTIONS AND POLICIES

| | |
|---|----|
| EUROPEAN COURT OF JUSTICE Watt's case and patients' mobility | 4 |
| COMPETITIVENESS COUNCIL Competitiveness Council agreement on services directive | 4 |
| PUBLIC HEALTH New Health portal launched | 5 |
| PUBLIC HEALTH European Standards on confidentiality and privacy in healthcare launched | 5 |
| PUBLIC HEALTH EU/ US meeting on physical activity and health | 6 |
| PUBLIC HEALTH Research initiative on the prevalence of autism in Europe | 7 |
| SOCIAL AFFAIRS Labour market and workers mobility in the new Member States | 7 |
| SOCIAL AFFAIRS Charter improving quality of training | 8 |
| SOCIAL AFFAIRS Flexible working time arrangements' survey | 8 |
| EDUCATION Report on Actions for the Lifelong Development of Competences and Qualifications | 9 |
| REGIONAL POLICY Structural funds for health being decided | 9 |
| EU FINANCIAL EU budget 2007-2013 adopted | 10 |
| EUROPEAN UNION Medicines and compulsory licensing regulation | 10 |
| EUROPEAN UNION The European Transparency initiative | 11 |

| | |
|--------------------------|----|
| <i>OTHER NEWS</i> | 12 |
|--------------------------|----|

| | |
|--------------------------------|----|
| <i>HOPE CONFERENCES</i> | 15 |
|--------------------------------|----|

| | |
|---------------------------------|----|
| <i>OTHER CONFERENCES</i> | 16 |
|---------------------------------|----|

HOPE ACTIVITIES

MANAHEALTH – CROSS BORDER SEMINAR – CARLINGFORD (IE) - 15/16 MAY 2006

Based on EUROPHAMILI project's results (a 13-week European health management course), MANAHEALTH is a continuous education project financed by the EU Leonardo da Vinci programme. With 20 partners, including HOPE, from 12 European countries, the project involves four different activities. The first one is to train 15 new trainers for the EUROPHAMILI courses. The second is to build up Short Vocational Courses that will be experimentations for working professionals, on transversal and updated matters in the light of the European topicality. The third component aims at continuing the work of creating CD roms on cross border studies. The first CDrom on Northern Ireland - Ireland is available.

Seminars are the fourth type of activities. Two seminars of two days had been designed originally. One has already been organised on health law and bioethics in Europe in Lithuania in May 2005. The second one was organised in Ireland on health cooperation in border regions on 15 and 16 May 2006 by Co-operation and working Together (CAWT). The aim of MANAHEALTH seminars is to compare European experiences and methods through situation analyses and search for solutions. In that particular case, the healthcare cross border issues were taken as an example on the borders between the Republic of Ireland and Northern Ireland. HOPE has been working for some time on the specifics of border regions in the field of healthcare. Since the 1998 rulings Kohll and Decker, the attention has been attracted on border regions where the cases took place. As a paradox those market-oriented rulings were developed in a geographical area where healthcare actors were the most active to develop partnerships with each others.

HOPE, CAWT and the National School of Public Health co-organised this event to which participated delegates of different organisations coming from Lithuania, Spain, Belgium, France, UK, Portugal, Denmark and Poland. The seminar took the form of the big case study on "GP Out of Hours".

In May 2001, a feasibility study was undertaken into the provision of cross border Out of Hours Primary Care Services in the Irish Border region. The GP Out of Hours is defined as non urgent medical care from 18.00 to 8.00. The key findings of this study is that around 70 000 people across the border live closer to a GP Out of Hours Centre in the opposite jurisdiction. At the same time 70% of this population live in areas that can be classed as socially deprived. If the patient were free to travel across the border to see a GP for urgent Out of Hours treatment then the travel distance could be considerably reduced. In 2005, CAWT secured funding from the EU INTERREG IIIA programme to test until December 2006 the recommendations of the research study. The main issues to be resolved prior to the transfer of patients between jurisdictions fall into the following broad categories: professional/legislative, geographic/technical, pharmacy, financial, secondary services. The project team aims to successfully address these issues and be in a position to launch the cross border GP Out of Hours Service by September 2006. Consultations are now taking place with GPs and primary care staff within the pilot areas to create awareness and to generate support for the project.

The issues to be resolved with the MANAHEALTH seminar have both interest and relevance for health care professionals from across Europe. The seminar provided a unique opportunity for European health professionals to apply their collective experience and expertise to examining the various aspects of provision of primary care services and interaction with hospital care within a cross border context.

The participants worked on the myriad of obstacles, created by separateness between the two jurisdictions. Looking at the wide range of issues they tried to propose ways to overcome the obstacles, in a training context: developing problem solving skills, stimulating further reflection and study, encouraging suggestions for collective responses and raising awareness of the trans-national nature of those issues.

Finally this seminar showed how deeply rooted in history and values healthcare system is. It also showed that local actors should not be underestimated and even should be more often consulted when EU regulates or de-regulates.

HOPE RECRUITMENT – EU HEALTH ECONOMIST

HOPE is expanding its activities in the field of comparative analysis. HOPE is still seeking a junior health economist in Brussels.

The EU Junior Health Economist will support the work of HOPE Chief Executive in:

- Analysing comparative studies produced on hospitals and healthcare,
- Producing comparative studies on hospitals and healthcare,
- Collaborating to EU projects on comparative studies on hospitals and healthcare,
- Communicating on those topics to the members through the HOPE newsletter and other channels.

The profile of the Junior Health Economist is the following:

- University degree or diploma in health economics,
- Understanding of EU institutions and their functioning,
- Experience in comparative studies and European projects,
- Excellent knowledge of English and good writing skills,
- Thorough knowledge of at least another official Community language and a satisfactory knowledge of a third official Community language,
- Computer skills,
- National of a Member State or Acceding Country of the European Union.

All applications (CV and letter) should be sent by email before June 30, 2006 to the following address: sg@hope.be

EUROPEAN UNION INSTITUTIONS AND POLICIES

EUROPEAN COURT OF JUSTICE – PATIENTS’ MOBILITY – WATTS’ CASE

On May 16th 2006 the European Court of Justice issued a judgment for the case Case C-372/04 of Yvonne Watts against the NHS.

75-year-old Yvonne Watts had applied in October 2002 for authorization to undergo hip replacement surgery abroad under the E 112 scheme, after being listed for surgery in a year’s time. According to Regulation 1408/71 (becoming soon 883/2004), the competent institution can issue prior authorization for reimbursement for the treatment provided abroad only if it cannot be provided within the time normally necessary for obtaining the treatment in question in the Member State of residence.

The authorization was refused. She was re-examined in January 2003 and was listed for surgery within three or four months. In March 2003 Mrs Watts decided to undergo hip replacement in France, paying almost £4,000. She asked for reimbursement and as this was refused went to a UK court. The UK High Court dismissed the application for reimbursement of the medical fees incurred in France on the ground that there was no undue delay after her re-examination in January 2003. Mrs Watts appealed against that judgment, and the Court of Appeal referred to the Court of Justice of the European Communities.

The ECJ first concluded that the lack of a legal framework within the NHS in that regard makes it difficult to judge cases like this. Then, the ECJ stated that **receiving hospital treatment in another member state falls within the scope of the provisions on freedom to provide services** and that a refusal to grant authorization in advance cannot be based solely on the existence of waiting lists without an objective medical assessment of the patient’s medical condition, the history and probable course of his illness, the degree of pain he is in and/or the nature of his disability at the time when the request for authorisation was made or renewed.

More information:

<http://curia.eu.int/jurisp/cgi-bin/gettext.pl?where=&lang=en&num=79939483C19040372&doc=T&ouvert=T&seance=ARRET>

COMPETITIVENESS COUNCIL – SERVICES DIRECTIVE

On 29 May 2006 the Competitiveness Council reached by unanimity, in public deliberation, a political agreement on the draft directive on services in the internal market. The Council will formally adopt its common position at one of its forthcoming meetings and will forward it to the European Parliament for a second reading. If it is adopted then the Member States will have three years to put it into practice.

As already explained in previous newsletter, this proposal is aimed officially at improving the basis for economic growth and employment in the EU, achieving a genuine internal market in services by removing legal and administrative barriers to the development of service activities, strengthening the rights of consumers as users of services and establishing legally-binding obligations for effective administrative co-operation between Member States.

The Council agreed on a balanced compromise text put forward by the Austrian Presidency and which does not modify the substance of the first reading opinion of the European Parliament (February 2006), neither the Commission's amended proposal.

The key features of the compromise reached are the matters covered by this legislative proposal, the scope of application, provisions on freedom to provide services and the monitoring process of national requirements that can be imposed to services providers.

As explained in the previous newsletter, health care has been exempted from the scope of the directive. The Commission plans to draft specific legislation for the healthcare services (including patient mobility) later this year.

For the Council conclusions:

http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/intm/89781.pdf

PUBLIC HEALTH – NEW PORTAL LAUNCHED

On 10 May 2006 the European Commission has launched the EU Health Portal, a website where comprehensive and up to date information on health issues can be found. The inauguration of the portal was done at the eHealth High Level Conference that is taking place in Malaga, organised by the European Commission.

The website is divided into 6 thematic categories:

1. “My Health”, including women’s health, people with disabilities, children etc.
2. “My Lifestyle”, including nutrition, drugs, tobacco, sports and leisure etc.
3. “My Environment”, including at home, road safety, consumer rights
4. “Health Problems”, including cancer, mental health, cardiovascular diseases
5. “Care for Me”, including long term care, insurance, mobility, medicines
6. “Health in the EU”, including research, indicators, statistics etc.

The portal is aimed to be a point of reference for both citizens and health scientists and professionals. It will be translated into 20 EU languages.

Link to the portal:

http://ec.europa.eu/health-eu/index_en.htm

PUBLIC HEALTH – GUIDELINES ON CONFIDENTIALITY

On May 2nd 2006 the European Standards on confidentiality and privacy in healthcare developed by EuroSOCAP were launched at Queen’s University at Belfast.

EuroSOCAP is a project funded by the European Commission with the following objectives:

- To identify the main issues and social concerns surrounding the confidentiality of healthcare information together with the ethical obligations and legal requirements;

- To identify and review existing legal provision, policy documents and professional guidance on confidentiality impacting on healthcare;
- To prepare and disseminate EU guidelines on confidentiality and healthcare;
- To prepare web page on confidentiality guidelines for healthcare professionals.

The guidelines and standards that were delivered by the project are based both on ethical and legal principles and were made to serve as recommendations and guidance for health professionals and healthcare institutions, especially on ethical questions that are not covered by laws.

More information about the guidelines:

<http://www.eurosocap.org/eurosocap-standards.htm>

PUBLIC HEALTH – PHYSICAL ACTIVITY AND HEALTH – EU/US MEETING

On 11 and 12 May 2006 a joint EU-US meeting on Diet, Physical Activity and Health was held in Brussels, co-organized by the U.S. Department of Health and Human Services and the European Commission (DG SANCO). The purpose of the conference was the exchange of good practices between the main EU and U.S. stakeholders on strategies and initiatives regarding healthy nutrition and physical activity.

The main themes of the conference were:

- Public/private partnerships for action on Diet, Physical Activity and Health
- Motivating young people towards healthy lifestyles
- Improving adult consumer behaviours
- Research on obesity

Expected outcomes were focused on the following issues:

- advice on best practice including where actions have not worked
- identification of data gaps
- identification of potential new partnerships
- ideas for new actions or commitments
- increased understanding of the benefits of future transatlantic cooperation
- Regulation/self regulation joint actions.

European Commissioner for Health and Consumer Protection in his closing speech at the conference emphasized that overweight and obesity are rapidly reaching epidemic proportions on both sides of the Atlantic. 400,000 more children become obese every year in the EU, and obesity has doubled in the US in the last decade.

More information:

<http://www.nutriplatform.org/site/index.cfm?TID=1&MID=1&ART=59&BID=9&SID=1&LG=2>

PUBLIC HEALTH – RESEARCH ON AUTISM

The DG SANCO of the European Commission has funded a pan-European research initiative on the prevalence of autism in Europe: European Autism Information System (EAIS). Irish MEP Kathy Sinnott launched this initiative as there are shortages of both trained health care professionals and medical treatments.

The EAIS project will bring together key experts to advance communication and co-ordination of professional expertise in the EU. The main objective of this project is to improve the quality of life for children affected by Autism Spectrum Disorder. To do this, the project will examine education and training packages designed for health care professionals.

More information about the project:

http://ec.europa.eu/health/ph_projects/2005/action1/action1_2005_full_en.htm#15

SOCIAL AFFAIRS – WORKERS MOBILITY

The decision of EU15 Member States concerning the access of workers from the new Member States (EU 10 excluding Malta and Cyprus) to their labour markets for the 2006-09 period was sent to the European Commission before the deadline on 30 April 2006. The new systems apply as from 1 May 2006, the date when the first implementation phase of the transitional provisions expired.

Austria and Germany decided to keep restrictions and did not introduce any flexibility for the next three years, announcing “the bilateral agreements remain in force”. Belgium decided to maintain its transitional measures but made the procedure more flexible in some sectors for migrants (nurses, plumbers, electricians, car mechanics, builders, architects, accountants, engineers, information technology specialists). The same goes for Denmark, which will reduce its administrative procedures for companies that employ workers covered by collective agreements. Luxembourg will apply a minimum procedure for agriculture, viticulture and hotel and catering.

Greece will lift its restrictions, as will Spain, Finland and Portugal. France will lift its restrictions in a “gradual and controlled” way. In the Netherlands decided to postpone its decision on the opening up of the market to workers from Eastern Europe, till the end of the year. In the meantime the current restrictions remain in place in the Netherlands.

Italy informed the Commission that its quota system would remain in force. It has, however, increased quotas for workers from new Member States to 170,000.

The United Kingdom, Ireland and Sweden, which had already opened their labour markets on 1 May 2004, did not provide any indication of a change in their government’s policy. The Norwegian and Icelandic governments intend to get rid of restrictions. No information has been provided by Liechtenstein. Notifications from EFTA countries have to be sent to the EFTA Surveillance Authority.

The European Commission had not yet received an indication from new Member States on their intentions of developing transitional provisions for workers from Bulgaria and Romania, following accession of these two countries (in 2007 or 2008).

SOCIAL AFFAIRS – TRAINING MOBILITY

As part of the Education and Training Programme 2010, the European Commission has proposed a Charter to improve the quality of ‘training stays’ abroad. There are ten guidelines set out in the new Charter which will aim to achieve consistently high standards for people involved in life-long learning.

Among the different guidelines will be pre-departure preparation, linguistic and mentoring support during a visit and evaluation on the participant’s return.

The Council has endorsed the objectives of the Commission’s draft and a first parliamentary reading is planned for the end of September in Strasbourg.

More information:

http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/l_215/l_21520010809en00300037.pdf

SOCIAL AFFAIRS – WORKING TIME

The highest proportion of companies and organisations offering flexible working time arrangements in Europe is in Latvia, Sweden, Finland and the United Kingdom, while Cyprus, Greece and Hungary have the fewest companies offering such arrangements.

This is what comes out of a survey on working time published on 17 May 2006 and carried out by the European Foundation for the Improvement of Living and Working Conditions in Dublin.

The survey shows, in particular, that, in Europe, flexible working time arrangements exist in 48% of establishments with 10 or more employees; 7% allow the accumulation of credit or debit hours; and 12% offer at least some of their workers the opportunity to take full days off in compensation for accumulated hours.

According to the survey, flexible working time arrangements lead to “a higher degree of job satisfaction” for 61% of managers and 73% of employees; contributes to a “better adaptation of working hours to the workload” for 54% of managers and 67% of employees; lower levels of absenteeism and fewer hours of paid overtime.

Only a minority of managers report negative consequences, such as communication problems or increased costs. A press release says the survey was part of the Foundation's Your Work, Your Life campaign which, in particular, explores new working patterns and work-life balance.

More information: www.eurofound.eu.int

EDUCATION – LIFELONG LEARNING

At their meeting with the Troika of Education Ministers and Commissioner Jan Figel on 19 May 2006, representatives of the European social partners - UNICE, UEAPME, ETUC and CEEP - presented their 2006 evaluation report Framework of Actions for the Lifelong Development of Competences and Qualifications in Europe. This report is the fruit of four years' joint work and identifies concrete ways to modernise education and training systems.

The report analyses the impact of more than 350 selected social partners' initiatives, 108 of which were aimed at identifying skills needs, 89 at finding ways to validate competences, 53 at informing and guiding companies or workers and 100 at mobilising resources efficiently. The initiatives analysed relate to examples of good practice and social partners' initiatives at sectoral or national levels.

The report is available on: www.etuc.org

REGIONAL POLICY – STRUCTURAL FUNDS FOR HEALTH

For the first time in Structural Funding, Health now features as one of the top ten priorities areas, including investment in health to foster competitiveness and productivity, and administrative capacity-building.

As part of the Lisbon agenda for Growth, Competitiveness and Employment, reducing health burden in Europe is now a vital target in order to minimize economic loss and increase the quality of life of its citizens. Health may feature in the following areas:

- Convergence objective: Investments to develop and improve health provision which contribute to regional development and quality of life in regions
- European territorial cooperation: Developing collaboration, capacity and joint use of infrastructure in the health sector is included.

It should be highlighted that the final approval of the European Commission proposal for Regulation on European Regional Development Fund (ERDF) should be adopted by the Council and given assent by the European Parliament.

The original Commission proposal made it possible to use structural funds not only for health infrastructure but also for prevention in its broad sense. In its first reading, the European Parliament strengthened this provision even further by underlining the importance of primary care and prevention, as well as easier access to healthcare services. The Council currently tends to narrow down these provisions to health infrastructure only. The final decisions on Structural Funds, the Council should take around the summer, which means there is still room for national discussions about the Health priorities.

In the meantime, based on the draft guidelines and public consultation (HOPE participated in the consultation process), some Member States have already included prevention in the national reference programmes identifying this as a genuine need.

EU FINANCIAL – BUDGET ADOPTED

The European Parliament approved on May 17th 2006 the so-called Inter-institutional Agreement on budgetary discipline and sound financial management for the period 2007-2013 (the budget of the European Union for the years 2007-2013). The agreement passed by a large majority of 440 votes, 190 against and 15 abstentions and was subsequently signed by the European Parliament, the Commission and the Council.

The total EU budget for 2007-2013 amounts to 864.3 billion euro from which 44.2% will go to sustainable growth and 43% to Preservation and management of natural resources. The most notable changes to the budget is the increase of the funds to support competitiveness by 69% and of the funds allocated to Citizenship, freedom, security and justice by 78%.

Health with a total budget of 1,8 billion euro over 7 years is included in Heading 3: “Citizenship”. As regards the research funding, 7th Framework Programme for Research and Development (2007-2013) under the heading "Competitiveness for Growth and Employment" sees its budget increased up to 48.081 billion euro.

The financial framework was planned for a Union of 27 members, since Bulgaria and Romania are expected to join in 2007.

More information:

http://www.europarl.europa.eu/news/public/story_page/034-8360-135-05-20-905-20060517STO08359-2006-15-05-2006/default_en.htm

EUROPEAN UNION- MEDICINES

The Council of the EU adopted a regulation on 28 April 2006 allowing companies to produce copies of patented medicines under license for export to “countries in need” without sufficient capacity to produce them.

The regulation implements within the EU the necessary conditions to meet a WTO Agreement of December 2005, under which national authorities can grant compulsory licences for such production under certain conditions.

The compulsory licensing regulation is a crucial measure for some of the poorest countries in the world (whether WTO members or not). The regulation was adopted in first reading - Germany abstained from the vote. It will come into force on the twentieth day after its publication in the Official Journal.

More information:

<http://europe.eu.int/rapid/pressReleasesAction.do?reference=PRES/06/120&format=PDF&aged=0&language=EN&guiLanguage=en>

EUROPEAN UNION – TRANSPARENCY

On 3 May 2006, the European Commission adopted a Green Paper with a view to a partial update of the practices of lobbies and the beneficiaries of Community funds. This initiative officially aims to restore the citizens' confidence in the European institutions. The publication of this document starts a broad consultation of interested parties, which is due to finish on 31 August 2006. The Commission will assess the results of this consultation in a report, before examining concrete measures to be taken to improve transparency within the EU.

The Green Paper contains various proposals to clarify the activity of pressure groups: - the creation of an optional registration system managed by the Commission, with clear incentives for the lobbies to register. Among the proposed incentives is the fact that registered lobbyists will automatically be alerted to the opening of public consultations on draft legislation concerning their sphere of interest. This registration will require the publication of all bodies supporting these lobbies and their financial resources; - the creation of a joint code of ethics to cover all lobbyists, or at least joint minimum standards. The lobby groups will have the opportunity to write this code themselves; - a follow-up and penalties system to be implemented in case of incorrect registration and/or violation of the code of ethics.

Several NGOs are concerned that the Commission's proposals may legitimise aggressive and unrestrained lobbying.

Contributions can be sent to the Commission via an Internet site set up for this purpose:
www.europa.eu.int/comm/eti/form_en.htm

OTHER NEWS

COUNCIL OF EUROPE – HEALTH SUB-COMMITTEE MEETING

For the first time since its creation in 1830, the French Academy of Medicine met outside Paris on 16 May 2006. Joined by the presidents of the Deutsche Akademie der Naturforscher Leopoldina, the Spanish Royal Academy of Medicine, the British Academy of Medical Science and the Belgian Royal Academy of Medicine, the 80 members of the French Academy met in Strasbourg at the invitation of the health sub-committee of the Council of Europe Parliamentary Assembly to exchange opinions on matters of current importance.

The President of each Academy spoke about a different issue:

- the importance of coordinated action in Europe against infectious diseases was the topic chosen by the German Volker ter Meulen;
- Spain's Enrique Moreno Gonzalez spoke about liver transplants;
- Edward Bullmore from the United Kingdom dealt with experimental medicine in psychiatry;
- patients' rights was spoken about by Denys Pellerin of France;
- Belgian Arsène Burney talked about prospects for vaccination against AIDS based on antibodies which target the Tat protein.

The Assembly's sub-committee is currently preparing a report on counterfeit medicines which could be used to draw up a European Convention to introduce a specific charge of counterfeiting and regulation on the electronic trade in medicines.

Other reports in preparation are on (1) palliative care and (2) suicide among young people. Also under consideration is the need for and the possible content of legislation of patients' rights.

WHO – SUDDEN DEATH OF THE DIRECTOR GENERAL

Dr Lee Jong-wook, Director-General of the World Health Organization died on 22nd May 2006 in Geneva, the same day that the 59th World Health Assembly officially begins. Dr. LEE Jong-wook was 61 years old and took over his position as Director General of WHO in July 2003. Following the sudden death of Dr LEE Jong-wook, Dr Anders Nordström from Sweden (currently Assistant Director-General for General Management) will serve as Acting Director-General until a new Director-General takes office.

The Executive Board of WHO decided also on a November timetable for electing a new Director-General for the Organization. The Acting Director-General will notify Member States that they may propose candidates from 1 June, 2006. Proposals would be accepted by the WHO Secretariat until 5 September, 2006, and the Secretariat would dispatch these to Member States by 5 October, 2006.

The Executive Board will now meet to decide on a short-list of five candidates, and to interview them from 6-8 November. Through a voting process it will nominate a candidate to propose to the World Health Assembly. The Assembly will then consider the Board's nomination on 9 November and appoint a Director-General. It would also decide when a contract for the new Director-General would take effect.

The WHO Executive Board is comprised of 34 Members who are technically qualified in the field of health. The main functions of the Board are to give effect to the decisions and policies of the World Health Assembly, to advise it and generally to facilitate its work.

The countries represented on the current Executive Board are: Afghanistan, Australia, Azerbaijan, Bahrain, Bhutan, Bolivia, Brazil, China, Denmark, Djibouti, El Salvador, Iraq, Jamaica, Japan, Kenya, Latvia, Lesotho, Liberia, Libyan Arab Jamahiriya, Luxembourg, Madagascar, Mali, Mexico, Namibia, Portugal, Romania, Rwanda, Singapore, Slovenia, Sri Lanka, Tonga, Thailand, Turkey and the United States of America.

WHO NEW GLOBAL ALLIANCE - SHORTAGE OF HEALTH WORKERS

A new global partnership that will strive to address the worldwide shortage of nurses, doctors, midwives and other health workers was launched on 25 May 2006. The Global Health Workforce Alliance will draw together and mobilize key stakeholders engaged in global health to help countries improve the way they plan for, educate and employ health workers. Its secretariat will be hosted by the World Health Organization (WHO).

Responding to the call by African Heads of State, the G-8 and the World Health Assembly for urgent solutions to the health workforce crisis, the Alliance will seek practical approaches to urgent problems such as improving working conditions for health professionals and reaching more effective agreements to manage their migration.

It will also serve as an international information hub and monitoring body.

The Alliance will start an ambitious programme - the Fast Track Training Initiative - aimed at achieving a rapid increase in the number of qualified health workers in countries experiencing shortages. The initiative will work towards that goal through five strategies:

- Mobilizing direct financial support for health training institutions, through a model similar to that of the Education for All Fast Track Initiative - a global partnership between donor and developing countries to ensure accelerated progress towards the Millennium Development Goal of universal primary education;
- Training partnerships between schools in industrialized and developing countries involving exchanges of faculty and students, with the aim of improving the education of doctors, nurses, midwives and paraprofessional health workers, and training more of them now;
- Nurturing a new generation of academic leaders in developing countries with the support of experts in the clinical, public health and managerial sciences from around the world;

- Developing innovative approaches to teaching in developing countries with state-of-the art teaching materials and continuing education through information and communications technology;
- Assistance with the creation of planning teams in each country facing health worker shortages, drawing on the top leadership of the major schools, whose task will be to develop a comprehensive national health workforce strategy.

Fifty-seven countries, 36 of which are in sub-Saharan Africa, have severe shortages of health workers. More than four million additional doctors, nurses, midwives, managers and public health workers are urgently needed to fill this gap. An adequate health workforce is defined by WHO as at least 2.3 well-trained health care providers available per 1000 people and balanced in such a way as to reach 80% of the population or more with skilled birth attendance and childhood immunization.

The initial partners of the Alliance include the Bill & Melinda Gates Foundation, the Canadian International Development Agency, the European Commission, the Global Alliance for Vaccines and Immunization, the Global Equity Initiative at Harvard University, the International Council of Nurses, the New Partnership for Africa's Development, the Norwegian Agency for Development Cooperation, the Ministry of Public Health, Thailand, Physicians for Human Rights, the World Bank and WHO. Its executive director, Dr Francis Omaswa, is the former Director General of Health Services of Uganda.

The Government of Norway has donated US\$ 3.5 million towards the Alliance's operations during its first year. Seed money for its start-up was donated by the governments of Canada, Ireland and Sweden.

HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE

HOPE EXCHANGE CONFERENCE – VIAREGGIO (IT) – 22 JUNE 2006

The Italian HOPE delegation will organise in Viareggio in June 2006 the conclusion events of the 2006 HOPE exchange programme. The traditional one-day conference related to the exchange programme evaluation will be held on 22 June 2006 dealing with “Waiting Lists and Waiting Time, European view”.

The 2006 conference, which will be held in the Conference Center of Viareggio, will focus on waiting time projects, role of the regions and governmental instruments of reducing of waiting time and waiting lists and clinical priority.

As during the last year meeting, 2006 Conclusion Conference will be accompanied by several other meetings organized by HOPE: On Wednesday 21st of June, all HOPE Exchange participants will be welcomed by the Italian delegation; On Friday, 23th of June, all HOPE Exchange participants will meet for the evaluation meeting; The national coordinators’ meeting will take place in the morning on 24th of June.

For more information please contact: sg@hope.be

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.

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

OTHER CONFERENCES

PROMOTING WORKPLACE HEALTH - LINZ (AUSTRIA) – 19/20 JUNE 2006

The 5th European conference on “Promoting Workplace Health” will be held in the context of the Austrian EU presidency. It will be organised jointly by the European Commission (DG Health and Consumer Protection), the Upper Austrian Health Insurance Funds and the ENWHP.

The conference in Linz will conclude the 5th network initiative and support the implementation of its main objectives:

- To improve workplace health and the well-being of the ageing workforce
- To increase awareness of all stakeholders in recognising the needs of an ageing workforce and to respond to the impacts of an ageing workforce on workplace health and well-being
- To identify, analyse, document and disseminate models of good practice for workplace health promotion in the context of an ageing workforce
- To develop a toolbox for promoting workplace health and well-being for ageing workers

More information:

<http://www.enwhp.org/conferences/5th-european-conference-linz.php#conference%20venue>

OECD HEALTH CARE QUALITY INDICATORS SEMINAR ON IMPROVING PATIENT SAFETY DATA SYSTEMS – DUBLIN (IE) - 29/30 JUNE 2006

This seminar will be the first meeting of the HCQI Patient Safety Subgroup and an opportunity to hear from country governments and international experts on the current situation in patient safety data systems throughout the OECD and barriers to their improvement.

This purpose of this seminar, therefore, is threefold:

- Review progress and barriers in implementing national patient safety data systems within the OECD and
- Discuss an agenda for improving patient safety data systems within a context of their use for guiding policy
- Create consensus on how to use the OECD HCQI safety indicators to encourage harmonization of indicator sets for safety across the major international organizations active in patient safety

The seminar will be organized into two days. The first day will focus on learning from country and international experts on experiences in national patient safety data systems.. In particular, the afternoon will focus on specific operational barriers to achieving comparable international data in patient safety, including tested or potential solutions to those barriers. The emphasis will be on HCQI Safety Subgroup countries and their particular problems and potential solutions. The agenda is presented subsequently.

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**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