IHF News

IHF Secretariat says Good bye to Dwight Moe

Mr. Dwight Moe, having worked five years as Project and Event Manager, left the IHF in December 2009, to pursue other career goals.

The IHF is currently, therefore, seeking to fill this position and would invite interested individuals to submit applications, including CVs and letters of intent by email to: info@ihf-fih.org.

The IHF is located in the Greater Geneva Area (France).

The International Hospital Federation (IHF) online tuberculosis manual toolkit for hospital decision-makers presented at Lilly MDR-TB Partnership Sixth Annual Summit, 2-4 December 2009, Cancun, Mexico

The IHF, represented by Sheila Anazonwu, Programme Development & Knowledge Manager, presented to partners of the Lilly MDR-TB Partnership and attendees of the 40th Union Against Tuberculosis and Lung Disease International Conference its online tuberculosis manual toolkit for hospital decision makers.

The manual toolkit is available at http://www.ihf-fih.org/toolkit/index.html#PageReady and on CD-ROM. Creation of this training material, a deliverable of IHF’s four-year (2008-2011) Phase II bilateral partnership programme, sponsored by the Lilly MDR-TB Partnership, is in recognition of the need to address TB management within hospital and healthcare settings and making hospital and healthcare decision makers aware of the challenges and ensure their engagement in the fight against TB. The IHF has been a Partnership member since 2004.

This Lilly MDR-TB Partnership Summit, held annually, provides an opportunity to learn about recent MDR-TB trends, the current status of the Lilly MDR-TB Partnership, and brainstorm on the strategic opportunities for the upcoming years in the fight against MDR-TB.
as well as build momentum especially in South Africa, China, India, and Russia, the 4 high-burden countries of focus.

The Summit events involve Focus Country Roundtables as well as partner bilateral meetings. In the 2009 event, Regional roundtables were also hosted for the first time covering Francophone Africa, Eastern Mediterranean, Europe and Latin America. During the Roundtables, discussions were held with partners and WHO regional representatives to explore and determine collaborative strategies for TB and MDR-TB control in the respective regions. There was also a Partnership booth in the UNION Exhibit Hall, at which material on all partner activities were made available. Members of the Partnership were able to interact and engage with UNION conference attendees.

**The Lilly MDR-TB Partnership**, led by Eli Lilly and Company, is a public-private initiative that consists of an alliance of the following global partner organizations: The Advocacy Partnership, Akorn, Aspen Pharmacare, Eli Lilly and Company, Global Business Coalition (GBC), Global Health Advocates (GHA), Harvard University and Partners in Health (PIH), Hisun Pharmaceutical, International Council of Nurses (ICN), International Federation of Red Cross and Red Crescent Societies (IFRC), International Hospital Federation (IHF), Purdue University, Results Educational Fund, Shasun Chemicals and Drugs, SIA International/Biocom, Stop TB Partnership, TB Alert, U.S. Centers for Disease Control and Prevention (CDC), Vianex S.A., World Economic Forum (WEF), World Health Organization (WHO), World Medical Association (WMA).

Its mission is to address the expanding crisis of multi-drug resistant tuberculosis (MDR-TB), through pursuit of a comprehensive strategy to fight MDR-TB through increasing drug supply at concessionary prices; research; providing training in prevention, treatment, and surveillance; promoting awareness and community support programs and sharing drug manufacturing technology with nations most at risk of MDR-TB. The Partnership is working worldwide in over 80 countries with the local TB and health authorities, NGOs and representatives of the Global Partners, and is focusing on four high-burden countries: China, India, Russia and South Africa.

For more information: sheila@ihf-fi@h.org

**Migration of Health Workers**

In conjunction with the WHO-HPH Task Force on Migrant-Friendly and Culturally Competent Health Care, COST, the European Cooperation in the field of Scientific and Technical Research organized a meeting on November, 26-27, 2009, about migration of health workers.

The meeting was hosted by the Geneva University Hospital, and gathered different COST members and invited speakers from international organizations in Geneva, among other IHF, who provided input from different angles.

Nursing shortage, workforce crisis, physician and nurse brain drain: these are controversial issues, to be dealt with at global and not just at European level. However, migrants and migrant health workers are not just a problem; they are (and have) also resources. Different issues of health workers migration were approached, like legal framework on migration, ethical aspects of international migration, different countries experiences.

IHF presented a project it is involved in, called MoHProF, for Migration of Health Professionals. The project led by Wissenschaftliches Institut der Ärzte Deutschlands gem. e.V.((WIAD) - Scientific Institute of the German Medical Association), brings together a partnership of expert scientific institutes and international healthcare and professional organizations involved in research and policy development on health professional mobility. A Project Steering Group of regional research partners and international organizations, has been created to manage, assess and lead the research process of the overall initiative, i.e. conducting macro and micro research in their respective countries as well as management of research in selected countries within their respective regions (Europe, Africa, Asia and North America).

For more information: [http://www.mohprof.eu/LIVE/index.html](http://www.mohprof.eu/LIVE/index.html)

COST is an intergovernmental framework for European Cooperation in Science and Technology, allowing the coordination of nationally-funded research on a European level. COST contributes to reducing the fragmentation in European research investments and opening the European Research Area to cooperation worldwide.

For more information: [http://www.cost.esf.org/](http://www.cost.esf.org/)

**World Economic Forum: Towards a Charter on Global Health Data**
Availability of information is a prerequisite to health systems improvement which would allow setting priorities, allocating resources, assessing effectiveness and performance, and promoting accountability. Recognized as a cornerstone to any health reform in the developed world, availability of information also plays a key role in helping emerging countries prioritize interventions. IHF participated to a workshop held on December 10th, 2009, in Cologny, Switzerland.

The workshop gathered experts and partners to open the dialogue to evaluate how to articulate a ‘Global Charter on Health Data’. Discussions concerned vision and values of the charter, its scope, themes and principles, the different stakeholders, etc.

The objectives of this dialogue are to:
1) Document history and current status of national and international initiatives
2) Facilitate a dialogue to develop and agree on the broad principles of a “Global Charter on health data”
3) Obtain support and engagement of key stakeholders to turn these principles into significant actions and initiatives.

All participants agreed on the fact that there is a need for better (high quality) health data to improve health – both for the individual and the health system as a whole. For this reason, a health data charter/code of conduct needs to be developed that articulates a set of principles that a group of signatories believe to be important.

More information will be further provided on this topic.

IHF sadly announces the disparition of Dr. Juljan Dieter Czapski, Vice-President and governing council member of the IHF from 1991 to 1997

Dr. Juljan Dieter Czapski has passed away on January 12th. Dr. Czapski was IHF Vice-President and Governing Council member for Brazil from 1991-1997, during which period he was also Technical Director of FENAESS (Brazilian National Federation of Health Services Establishments). As IHF Vice-President, Dr. Czapski represented the IHF at Pan-American Health conferences as well as Regional Committee meetings of the World Health Organization.

Doctor, Public Health Specialist, the creator of health plans in Brazil and governments, companies and health strategies and planning organizations consultant, Dr. Juljan was renowned as a great visionary and health thinker. He provided great services in the health area for over 50 years.

He has borned in Poland, 1925. Juljan Czapski and your family arrived in Brazil in 1941, running from the German persecution in the 2nd World War. Dr. Juljan started to study late, but was dedicated and brilliant. In 1949, he started his course at the Medicine School of the University of Sao Paulo, where he graduated in 1954. Then came a Doctorate, a Hospital Administration specialization and another graduation in Public Health.

Museum of Modern Art
While studying, Juljan worked as your wife's assistant, Alice Brill, artist and photographer, whom he married in 1949. And involved himself so much with the world of arts and culture that participated, at last, in the founding of the Museum of Modern Art in Sao Paulo, which was director.

Creator of Health Plans
Juljan Czapski was a doctor from the Clinicals' Hospital; founder and director of the Central Polyclinic and directed the Sao Jorge Hospital, in S\a Paulo. Your health vision, however, has always been one step ahead. Idealistic and thinker, it was him that formulated and developed the concept of Health Plans and Medical Group. Implemented a new idea in his own company, the Central Polyclinic. And their first client was the Volkswagen of Brazil. The idea soon grown up. Then it has borned the first franchise of health plans, the Central Polyclinic of Porto Alegre, that still exists. From the success of this initiative came the private health companies that we know today and also the very Brazilian Association of Medical Group - ABRANGE. Dr. Juljan participated in its foundation in 1966, and was its chairman for 10 years.

Internacional Operation
Juljan Czapski runned throught Brazil and the world, participating in hundreds of congresses and meetings that debated proposals to improve health. He was the only Brazilian at the
International Conference of Alma-Ata, at the extincted Soviet Union, in 1978. This historic meeting resulted in the concept of Health that is still valid nowadays. Throughout his career, he won free passage between parliamentarians, ministers and presidents. In Brazil and abroad, attended the main bodies of research and health policy. He was Vice-President of the International Hospital Federation and a member of the Royal Society of Medicine in London. He also incorporated the Municipal and Stadual councils of Sao Paulo. And advises companies, organizations and governments.

Sustainability Project
Long before sustainability becomes a global priority, Dr. Juljan had already awakened to the need to preserve the environment. Since 1986, he became the President of the Ituana Association of Environmental Protection, in Itu/Sao Paulo, dedicated to environmental education.

French Hospital Federation renews mandate of Gérard Vincent
The Governing Council of the French Hospital Federation, at its meeting of 20 January 2010, voted for renewal of Mr. Gérard Vincent's mandate as Director General, for another 3-year period.

Gérard Vincent has exercised this function since 1998. His membership of the Executive Committee of the International Hospital Federation, as Immediate Past President, was also extended in November 2009.

Gérard Vincent is also Inspector General of social affairs.

For more information about the French Hospital Federation: http://www.fhf.fr/

IHF 37th World Hospital Congress, 29-31 March 2011, Dubai
IHF 37th World Hospital Congress is formulated on the theme ‘Shifting Paradigms: Anticipating the Ethical Challenges of New Health Technologies and Procedures in Globalizing World’ with the motto of ‘Developing Ethics in Hospitals and Health Services’.

As the process of globalization increases everywhere throughout the world the current escalating status of the Public Health and Medical Industry in UAE, the Gulf Region and in the Arab World, IHF Dubai 37th World Hospital Congress shall provide a platform for the experts in the field of hospitals, medicine and healthcare to exchange their views and opinions. The event will definitely have an impact in the health care policies world wide.

Dubai is young and ever developing city which has an outstanding record as a host to international conferences, conventions and exhibitions. The excellent geographic location of Dubai in the centre of the Arab World and symbiotically on the crossroads of eastern and western civilization is the right place for such a world first event.

Dubai is emerging as the new destination for ‘Medical Tourism’. With the presence of premier renowned hospitals and medical centres in Dubai from all over the world, Medical Tourism in Dubai is an ideal opportunity to avail world class medical facilities at relatively low cost.

For more information and registration:
http://ihfdubai.ae

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WHO round up
Health Resources Availability Mapping System (HeRAMS)
The Global Health Cluster developed a tool (HeRAMS) to be used as soon as possible and throughout the duration of a crisis for the collection, collation and analysis of health sector information for each facility, mobile clinic or site with community-based interventions in order to monitor the availability of resources.
These are: key characteristics of the points of delivery (urban/rural area, IDP/refugee camp) and of the facilities (functioning/non functioning, temporary/permanent, active health partner(s), management, other), number of staff (by type) and availability of services as per the list of 62 services (see reverse).

The HeRAMS is available on:
http://www.iawg.net/resources/Graph_RAMS_5aug09.pdf

The Global Health Cluster, under the leadership of the World Health Organization, is made up of more than 30 international humanitarian health organizations that have been working together over the past two years to build partnerships and mutual understanding and to develop common approaches to humanitarian health action.

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From International Organizations

JCI marks ten years of Global Accreditation

Joint Commission International (JCI) is marking the tenth anniversary of the first health care organization to be awarded accreditation under its globally developed international standards for hospitals.

Established to respond to a growing demand around the world for standards-based evaluation of quality in health care, today JCI accredits or certifies more than 300 health care organizations and clinical care programs in 39 countries. JCI offers accreditation programs for hospitals, clinical laboratories, continuum of care (non-acute care settings such as home care), medical transport, ambulatory care, and primary care. JCI also offers a certification program for disease- or condition-specific clinical care programs. JCI's accreditation standards are the first and only international sets of standards that apply to health care organizations worldwide while still accommodating cultural differences.

In December 1999, Hospital Israelita Albert Einstein, a private, non-profit, non-governmental facility in Sao Paulo, Brazil, was the first hospital accredited by JCI under the international standards. The hospital has also since achieved JCI Disease- or Condition-Specific Care Certification for its stroke program.

JCI’s thorough accreditation process focuses on determining whether a health care facility has the right systems and processes in place to support high quality and safe patient care and has the culture and capacity to continuously improve patient care. JCI’s expert surveyors examine crucial issues such as the safe use of medications, infection prevention and control, and patient
assessment and patient rights. This rigorous process requires hospitals and other health care organizations to demonstrate a track record of standards compliance and relies on candid interviews with patients, families and staff about care practices. JCI's accreditation process addresses health care organization management and incorporates standards related to quality improvement and patient safety, governance, leadership and direction, facility management and safety, staff qualifications and education, and management of information. The on-site accreditation process focuses on each organization's range of specialties and services.

“Quality and safety challenges know no borders, and health care organizations around the world want to create environments that focus on quality, safety and continuous improvement,” says Karen H. Timmons, president and CEO, JCI. “Accreditation meets this demand by stimulating continuous, systematic improvements in a hospital’s performance and the outcomes of patient care. Health care organizations that have achieved JCI accreditation have made a public commitment to quality and patient safety.”

“Health care is a basic human right,” says Claudio Luiz Lottenberg, M.D., CEO and President of the Board of Trustees, Hospital Israelita Albert Einstein. “And JCI is the barometer for quality and safety as we meet patient needs.”

JCI is the international arm of The Joint Commission. For more than 50 years, The Joint Commission has worked to improve the quality and safety of health care services. Today, as the largest accreditor of health care organizations in the United States, The Joint Commission accredits and certifies more than 17,000 health care organizations through a voluntary process and is recognized as a leader in all aspects of safe, high quality care.

JCI, which is accredited by The International Society for Quality in Health Care (ISQua), extends The Joint Commission mission worldwide. In addition to accreditation, JCI has extended its efforts to promote safe, quality care over the years through:

• The International Essentials for Quality and Patient Safety—for hospitals starting the quality journey or facing the challenges of providing high quality, safe patient care despite limited equipment or financial and human resources. The Essentials help organizations begin the process of designing and implementing a risk reduction program that will lead to improved patient safety.
• WHO Collaborating Centre for Patient Safety Solutions—The World Health Organization (WHO) redesignated The Joint Commission and JCI as the world's first WHO Collaborating Centre for Patient Safety Solutions, dedicated solely to patient safety. The Centre focuses worldwide attention on patient safety and best practices that can reduce safety risks to patients. The Collaborating Centre coordinates efforts to spread these solutions as broadly as possible internationally through its work with ministries of health, patient safety experts, national agencies on patient safety, health care professional associations, and consumer organizations. In 2007 the Collaborating Centre launched nine solutions that are applicable to a wide variety of countries and health care settings; the next solution is scheduled to be released this fall.

For more information: http://www.jointcommissioninternational.org/

Healthcare quality indicators project : Patient safety Indicators report 2009

OECD health Working Papers are designed to make available to a wider readership health studies prepared for use within the OECD. This time, S. Drösler, P. Romano and L. Wei report on the progress in the research and development of the set of patient safety indicators developed by the Health Care Quality Indicators project.

The indicators presented here have been recommended by an expert group for further consideration in international reporting on the quality of care on the key dimension of safety. The indicators have been selected by expert consensus, undergone validity testing and have been tested for comparability. While concern remains related to differences in coding and reporting from administrative hospital databases, the rigor with which the indicator work has been undertaken has resulted in the improved ability of countries to report on the quality of care. The work on the development of the patient safety indicators highlights the technical progress made in constructing measures and the ongoing need for methodological improvements. The indicators reported here should not be considered as making inferences on the state of patient safety in countries, but are intended to raise questions towards improving understanding of the reported differences.

To download the document: http://www.olis.oecd.org/olis/2009doc.nsf/LinkTo/NT00006F0A/$FILE/JT03274823.PDF
Furthermore, this fifth edition of Health at a Glance is now available from the Online Bookshop: http://www.oecdbookshop.org/oecd/display.asp?sf1=identifiers&st1=812009111P1&LANG=EN

It provides the latest comparable data on different aspects of the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in the costs, activities and results of health systems. Key indicators provide information on health status, the determinants of health, health care activities and health expenditure and financing in OECD countries.

Hospital and Health Services World News

Provision of secondary care in fragile state contexts

This article of The Lancet, Volume 375, Issue 9711, January 2010, written by F. Campbell and L. Doull, addresses the case for provision of secondary care in the particular contexts of fragile state.

"Despite the current focus on the health Millennium Development Goals (MDGs) and the renewed emphasis on comprehensive primary health care, the need for secondary level care is rarely acknowledged in policy statements or supported to a level that is adequate, not only in acute emergency responses but also in longer-term postconflict recovery and transition contexts. Yet the delivery of secondary level care (defined as health care provided at primary, secondary, and tertiary hospitals and referral) is fundamental to achieving the reductions in maternal, neonatal, and child mortality which are central to the MDGs."

The full article is available on: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2809%2962155-3/fulltext?_eventId=login

Support Tools for evidence-informed health Policymaking

The ‘SUPPORT tools for evidence-informed health policymaking’ were recently published as a supplement in Health Research Policy and Systems. This open access publication provides a set of tools that can be used by those involved in finding and using research evidence to support evidence-informed health policymaking.

This series of articles was prepared as part of the SUPPORT project, which was supported by the European Commission’s 6th Framework INCO programme, contract 031939. The Norwegian Agency for Development Cooperation (Norad), the Alliance for Health Policy and Systems Research, and the Milbank Memorial Fund funded a peer review meeting where an earlier version of the series was discussed.

The series addresses four broad areas: supporting evidence-informed policymaking; identifying needs for research evidence; finding and assessing research evidence; and, going from research evidence to decisions. These tools incorporate the experience of EVIPNet and other knowledge translation platforms. They are a fundamental set of tools for improving the standards of EVIPNet country teams. Chinese, French, Portuguese and Spanish translations of the tools will be available early in 2010.

The 18 themes are:
1. What is evidence-informed policymaking?
2. Improving how your organisation supports the use of research evidence to inform policymaking
3. Setting priorities for supporting evidence-informed policymaking
4. Using research evidence to clarify a problem
5. Using research evidence to frame options to address a problem
6. Using research evidence to address how an option will be implemented
7. Finding systematic reviews
8. Deciding how much confidence to place in a systematic review
9. Assessing the applicability of the findings of a systematic review
10. Taking equity into consideration when assessing the findings of a systematic review
11. Finding and using evidence about local conditions
12. Finding and using research evidence about resource use and costs
13. Preparing and using policy briefs to support evidence-informed policymaking
14. Organising and using policy dialogues to support evidence-informed policymaking
15. Engaging the public in evidence-informed policymaking
16. Using research evidence in balancing the pros and cons of policies
17. Dealing with insufficient research evidence
18. Planning monitoring and evaluation of policies

To download the articles: http://www.health-policy-systems.com/supplements/7/S1

Who are Health Managers? A case study from three African countries

This publication, WHO, Human Resources for Health Observer - Issue No. 1, October 2009, co-funded by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), summarizes the findings of a study lead in Ethiopia, Ghana and United Republic of Tanzania. It looked at who the managers are and what their backgrounds are as well as whether they have effective support systems in an enabling organizational environment.

“Health managers are considered essential at both the strategic and operational levels of health systems. To gain an initial understanding of the management workforce for service delivery, a rapid descriptive assessment was undertaken in three African countries, namely Ethiopia, Ghana and the United Republic of Tanzania. The information from the study suggests a major lack of appreciation of this component of the health workforce and the catalytic role it can play in scaling up service delivery.

The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based.

The second part examines the context and background of the study countries and the factors that influenced their approach to health services management.

The third part describes the study's methodology and the fourth part presents and discusses the key findings.

The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.”

To download the publication:
http://www.who.int/hrh/resources/hrh_observer_issue1.pdf

Immigrants’ Access to Ambulatory Care in France

This article was published by the Institute for Research and Information in Health Economics, Question d’Economie de la Santé, n° 146, September 2009. It was written by P. Dourgnon, F. Jusot, C. Sermet and J. Silva.

“Immigrants have a lower rate of access to office-based medical practices (whether general practitioners or specialists) than the rest of the French population. This can be explained more by immigrants’ disadvantaged social conditions than differences in age, gender and health status between the two populations. This analysis remains valid whatever the region of origin with the exception of North Africa whose immigrant population has a higher GP consultation rate. This study also reports a more contrasted situation with regard to preventive care; immigrants are more numerous in declaring themselves vaccinated than the French but fewer to use screening tests.”

To read the full article:
http://www.irdes.fr/EspaceAnglais/Publications/IrdesPublications/QES146.pdf

Migration and Health in Norvegia: challenges and trends

The report was published by Helsedirektoratet, the Norwegian Directorate of Health in May 2009.

“By way of introduction, the report presents a wide backdrop to the issues surrounding migration and health. The chapters that follow deal with a number of special topics of great significance for how the health service can respond to those issues.

In Chapter 1: “The big picture”, migration is described in terms of a global phenomenon. Here we address the problem of inequitable distribution of welfare and good health globally, and emphasize Norway’s means of influencing this state of affairs.

Chapter 2 “Health and ethnicity” deals with the issues surrounding health status, risk factors and the use of health services by different immigrant groups. There are great health disparities throughout the Norwegian population, and this is also true with regard to the health of
immigrants. Disease patterns vary from one ethnic group to the next. The causes of health disparities are associated just as much with factors such as education, financial and social circumstances as they are with ethnic, genetic, cultural or linguistic determinants.

In Chapter 3 we turn our attention to the challenges associated with interaction with the health services – from the perspective of both the user and the service. The emphasis is on ensuring that the service picks up on and caters for the diversity of the population.

Chapter 4 deals with mental health among immigrants, with special emphasis on refugees and asylum seekers. We describe factors affecting health after fleeing and crises.

Chapter 5 offers input on the debate concerning the rights of paperless immigrants. The report advocates action to clarify the right of paperless immigrants to health care, and the responsibilities of the authorities.

Chapter 6 describes the new wave of labour immigrants. This immigration has provided Norway with much-needed labour, but has also created challenges for the health services, especially as regards the provision of information, organisation and scaling of the services.

There is currently substantial international migration of health personnel. This is the theme of Chapter 7. Here we examine the increasing demand for health and care personnel in rich countries in the years to come. Some countries will resort to recruiting health personnel from other countries which are then drained of the health personnel they themselves need. Solidarity with other nations in long-term planning and distribution of global health personnel resources will be essential.

Chapter 8 sheds light on ethnic Norwegians as a migrants and emigrants, and also as immigrants in another country; Norwegians in Spain. Who are they, what needs do they have for health and welfare services, and what expectations do they have of the Norwegian authorities? How do they relate to the society they live in? This chapter raises issues and challenges.

To download the report:
http://www.helsedirektoratet.no/vp/multimedia/archive/00133/Migration_and_health_133289a.PDF

**Diversity and equality of opportunity: Fundamentals for effective action in the microcosm of the health care institution**

This manual, Published by the Swiss Federal Office of Public Health (FOPH) in collaboration with H+ Swiss Hospital Association, aims to provide the administrators of Swiss health care institutions – hospitals, clinics and long-term-care facilities – with practical support in addressing the societal issues surrounding diversity and migration.

International migration is one of the defining attributes of recent decades. It has had a marked effect on the social and economic development of numerous countries. Efforts are under way at both the national and international level to meet the challenges migration poses for the people and countries concerned. Migration influences practically every area of life to a greater or lesser extent. Health care is among the areas most notably affected.

Situated at the heart of Europe, Switzerland has for centuries been a crossroads for migrants from all points of the compass. The multiplicity of cultures and languages in Switzerland is an essential feature of its society. Today, roughly a quarter of the Swiss population is of migrant origin, principally as a result of immigration related to employment. Switzerland’s migrant population is very diverse, not only in origin, religion and language, but also in terms of its skills, lifestyle and social status. Like most modern societies, Switzerland has experienced considerable changes in its cultural and social values as a result.

Not all areas of society pay sufficient heed to this diversity. Critical self-examination shows that the Swiss health care system, for example, is not adequately equipped to provide appropriate health care to the country’s migrant population, as demonstrated by the fact that some migrants are exposed to heightened health risks and are disadvantaged relative to other population groups.

This manual aims to provide the administrators of Swiss health care institutions – hospitals, clinics and long-term-care facilities – with practical support in addressing the societal issues surrounding diversity and migration. The backgrounds to diversity and migration are examined, as are the opportunities which the acquisition of cross-cultural competence can open up. The organizational challenges posed by potential conflicts between diversity and equality of opportunity are highlighted. The manual also makes a number of practical recommendations on how effectively to address these issues in the context of a health care institution. Appropriate diversity management can help an institution to utilize its employee resources effectively, thus bringing about more satisfactory outcomes for patients and health care workers alike.
The manual is available in different languages:


### Spanish health district tests a new public–private mix

This article was published in the Bulletin of the WHO, Volume 87, Number 12, December 2009. Mireia Bes reports from Valencia on a new model for managing public hospitals.

"Faced with ballooning deficits in its health-care budget in the late 1990s, the Spanish regional authority of Valencia decided it was time to look for new ways to fund and run its hospitals. Starting with the health district of Alzira, the authority invited a private consortium led by Adeslas, a leading Spanish private health insurance company not only to build a brand new hospital, but to run it as well. Hospital de La Ribera, built at a cost of €61 million in 1999 (US$ 91 million on 17 November 2009), was managed by a new kind of corporate entity known as a public–private investment partnership (PPIP). PPIPs are just one way of involving the private sector in publically-funded health services, as most districts in Spain rely on a public–private mix of one kind or another."

To read the full article: [http://www.who.int/bulletin/volumes/87/12/09-031209.pdf](http://www.who.int/bulletin/volumes/87/12/09-031209.pdf)

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### International Events

**Geneva Health Forum: Globalization, Crisis and Health Systems: Confronting Regional Perspectives, 19-21 April 2010, International Conference Center, Geneva**

A joint initiative launched by the Geneva University Hospitals and the Faculty of Medicine of the University of Geneva in partnership with the main international organizations active in health in Geneva and around the world, the Geneva Health Forum and the Global Access to Health Platform bring together the major stakeholders in global access to health - from field workers to policy-makers. The Forum and the Platform together form a developing global network for international and inter-sectoral dialogue, which has the vision of facilitating the strengthening of health systems and basic health services, striving to keep global access to health on the international agenda.

In short, the following will be addressed and debated:

- Crises reveal existing weaknesses and disparities and offer opportunities for health systems to function on new grounds.
- Crises can be local, but are increasingly global in their reach, and their impacts on health systems call for critical examination.
- Globalization tends to open new health services markets (structure, systems, workforce, insurances, etc.) which can engender reorganization and redistribution of roles within national health systems.
- Exploring concrete examples of local and regional responses to crises and impacts of globalization offers a rich source from which innovative local and global approaches can be formulated.
- New forms of governance that include the numerous new local and global partners in health must be identified.
- Information technologies facilitate the dissemination of information to increasingly diversified actors, local and global -- a phenomenon which poses new challenges and opportunities.
The International Hospital Federation is associated with the Geneva University Hospitals to organize a special session on International Hospital Partnership: Key to Community Development. This session will be held on Wednesday, the 21st in the afternoon.

For more information, see: www.genevahealthforum.org

**Healthcon 2010 : Multiple Dimensions of Healthcare, Australian Healthcare and Hospital Association Congress, Adelaide, 22-24 September 2010**

Healthcon 2010 is a journey through alternative dimensions and models of quality health care. This futuristic and action-packed programme will address the biggest issues in healthcare policy and management including how we communicate, how to make best use of powerful new technology and how to avoid getting swept up in future shock. We will also travel into the past to analyze the trends that appeared in the 20th Century, what should change and what is working well.

For more information, please visit: http://www.sapmea.asn.au/conventions/ahha2010/index.html

**World Medical Tourism and Global Health Congress, Los Angeles, 22-24 September 2010**

There’s only one opportunity this year to network with the leaders of the medical tourism industry. We invite you to attend the 3rd Annual World Medical Tourism & Global Health Congress which will take place on September 22-24th, 2010 in Los Angeles, California.

The primary goal for this year’s conference agenda is to move the industry forward in a positive direction by covering new topics with established speakers, making the theme this year, “Progress in Motion”.

For more information: http://www.medicaltourismcongress.com/

**National Healthcare Leadership Conference, Canada, June 7-8 2010**

This conference is the largest national gathering of health system decision-makers in Canada including trustees, chief executive officers, directors, managers and department heads. Participants represent health regions, authorities and alliances, hospitals, long-term care organizations, public health agencies, community care and mental health services and social services. As well, the conference draws participants from government, education and research institutions, professional associations, consulting firms and industry.

The conference will take place at the Winnipeg Convention Centre in Winnipeg, Manitoba. The theme is Transforming Health: From Silos to systems.

For more information: http://www.healthcareleadershipconference.ca/default1.asp

**European Health Management Association (EHMA) annual Conference, 30 June-2 July, Lahti, Finland**

Across different countries and different systems health leaders are facing the need to look for radical change in how health systems are designed and how healthcare is delivered. This is a question not just of what to do in theory but how to do it in practice: how to manage and lead change in the context of pressurized environments with many competing priorities.
Registrations are now open to join the 2010 annual conference and to explore managing radical change in health, with a particular focus on raising quality, improving efficiency and safeguarding equity.

For more information:  

**First Global Symposium on Health Systems Research, Switzerland, 16-19 November 2010, Call for abstract**

The World Health Organization (WHO) and partners are pleased to announce the First Global Symposium on Health Systems Research (HSR) - *Science to Accelerate Universal Health Coverage.*

Researchers, policy-makers, funders, and other stakeholders representing diverse constituencies will gather in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and set a research agenda that reflects the needs of low and middle-income countries. The Symposium is structured around two main streams:

- State of the Art Research
- State of the Art Research Methods

For more information and to submit your abstract:  
http://www.hsr-symposium.org/

**Hôpital Expo, May 2010, 18-21, Paris, « Porte de Versailles »**

For more information:  
http://www.hopitalexpo.com

**NHS Confederation Annual Conference and Exhibition, June 23-25, Liverpool, United Kingdom**

For more information:  

**Health, Crisis and Reform: Equity and Social Exclusion. Buenos Aires, October, 20th**

Camara Argentina de Empresas de Salud (CAES), International Annual Congress

Hotel Sheraton Libertador, Buenos Aires - Argentina  
20 October - Latin American Hospital Federation

**Experts meeting: Latin America and Ibero American Countries**

Fundacion Docencia e Investigación para la Salud, Buenos Aires - Argentina

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**The Environmental Health: Global Perspectives and Challenges; Conceive, Design, Deliver. April, 4th and 5th, 2010, Dubai.**

Environmental Health is the call of day as with Global Warming, Scarcity of Water and Pollution in every walk of life has evolved potential threats to Humanity.

The 2nd Annual Conference on “The Environmental Health: Global Perspectives and Challenges” focuses on three streams related to the understanding, conception and implementation of Environmental Health: Conceive, Design, Deliver.

The Conference, organized by Hamdan Bin Mohammed e- University in Dubai, in April 4th & 5th of April 2010, will address these issues in a unique and peculiar manner.

Held under the patronage of His Highness Sheikh Hamdan Bin Mohammed Al Maktoum, Crown Prince of Dubai, and President of Hamdan Bin Mohammed e-University, the conference will address the challenges in e-Health, Environment and Water Resources and will deliver a
consortium to appreciate the changes in the healthcare and environmental models, keeping in view the environmental changes’ appreciation and apprehensions globally and in the UAE, in particular, to promote a better quality of life.

The conference provides also networking opportunities, bringing together representatives from Ministry of Health, Ministry of Environment and Water, Senior Healthcare Executives, Environmental Policy Makers, Healthcare Professionals, NGO’s interested in environmental issues, Scholars, Researchers, Water Resource Industry leaders to discuss and address the challenges to the dynamics of innovations in e-Health, Environment and Water Resources. All participants will share their expertise, experience and be proactive in defining the global issues related to e-Health, Environment and Water Resources.

For more information: [http://ehealth hbmeu ae/](http://ehealth hbmeu ae/)