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IHF News

2nd Hospital and Healthcare Association Leadership Summit

This special IHF event was held in Chicago, June 1-2. It was co-organized and hosted by the American College of Healthcare Executive and the American Hospital Association. It gathered 44 participants representing 17 countries. Key themes were presented and the format of the meeting gave space for discussions, interaction and exchange.



IHF full members, corporate partners and representatives from other organizations (WHO, World Bank) met during two days to discuss key issues related to healthcare delivery.

Main subjects were: ethics and healthcare management, accreditation to improve quality, globalization of care and human resources crisis, hospital safety, disaster preparedness and role of geo-localization in emergency, role of first-line hospitals, health career education systems, and healthcare delivery

reform. Most advanced thinking and evidence on the subject were provided to participants. On each of these topics the presentation highlighted the key challenges health care decision makers must face in their respective countries. The presence of a variety of actors (hospital decision-makers, top executives from corporate sector, health experts from international institutions) allowed exciting debates and confrontation of different points of view, illustrated by countries experiences. Participants agreed on the fact that it is essential to consider different situations when dealing with healthcare facilities issues: the rural vs. urban model, the stewardship of service delivery: (inter)national vs. local model. Although recognizing the specificity of their home country, all participants were struck by the similarities of issues they have to deal with. The variety of country represented permitted the most are advanced on some subjects to share their achievements with the others. Finally, opportunities for IHF to work on different stream of activities were discussed.

The ACHE and AHA hosted two receptions and dinners in a comfortable and friendly setting which allowed continuous exchanges among the participants giving them a great opportunity to enhance collaboration and networking across the borders.

This event is in line with IHF's mission to act as a knowledge platform by creating space for discussions and experience sharing. It is also a milestone for IHF to enhance the voice of the global community of health care decision makers' representatives.

The participants will have the opportunity to share all the material from the leadership summit with their own members and in a later stage a wider dissemination will be made to reach out at a larger scale. For more information please contact info@ihf-fih.org

IHF Secretariat welcomes a new staff member

Ioana Rusu, a Canadian and Romanian national, has recently joined the International Hospital Federation as the Communications and Project Manager.

Ioana is responsible for the IHF's communication activities, including publications and website. She also works on research projects such as the 'Mobility of Health Professionals' (MoHProf), and participates in IHF's latest initiative: the launch of the Corporate Leadership Council.

Prior to joining the IHF, Ioana worked in the private sector for five years in international development and project management. In addition, for the past two years, she has worked and participated in public policy research projects in the field of migration at the European level. These projects have led to several publications in the field.

She has a Master of Science Honours degree in Political Science with a major in public policy and a Bachelor of Arts Honours degree in International Affairs from Sciences-Po Paris. She speaks fluent French, English, Italian and Romanian (mother tongue).

Evaluated strategies to increase attraction and retention of health workers in remote and rural areas

Carmen Dolea, Laura Stormonta & Jean-Marc Braichet wrote this article for special theme of the Bulletin of the WHO on Health workforce retention in remote and rural areas.

Abstract:

The lack of health workers in remote and rural areas is a worldwide concern. Many countries have proposed and implemented interventions to address this issue, but very little is known about the effectiveness of such interventions and their sustainability in the long run. This paper provides an analysis of the effectiveness of interventions to attract and retain health workers in remote and rural areas from an impact evaluation perspective. It reports on a literature review of studies that have conducted evaluations of such interventions. It presents a synthesis of the indicators and methods used to measure the effects of rural retention interventions against several policy dimensions such as: attractiveness of rural or remote areas, deployment/recruitment, retention, and health workforce and

health systems performance. It also discusses the quality of the current evidence on evaluation studies and emphasizes the need for more thorough evaluations to support policy-makers in developing, implementing and evaluating effective interventions to increase availability of health workers in underserved areas and ultimately contribute to reaching the United Nations' Millennium Development Goals.

To download the full article:

<http://www.who.int/bulletin/volumes/88/5/09-070607.pdf>

Online discussion on Mid-Level Health Workers

The Global Health Workforce Alliance organized a web-based discussion focused on Mid-Level Health Workers. Contributions are now available online.

The objectives of the discussion were:

- to share evidence and good practice examples relative to mid-level health workers
- to address policy and programmatic questions of relevance to the topic, and
- to synthesize existing evidence and provide policy-relevant reflections on the mid-level health workers discourse through the production of appropriate knowledge products

Daily digests concerned:

- day 1: nomenclature and definition
- day 2: country experiences and perceptions
- day 3: rationale for MLP introduction and relevance to HRH and other health sector strategies
- day 4: potential to improve distribution of health workers and access to care
- day 5: quality of care with mid-level providers
- day 6: entry requirements and duration MLP education
- day 7: training contents and approaches
- day 8: management of MLP
- day 9: regulation and accreditation MLP

To download contributions:

http://www.who.int/workforcealliance/knowledge/e_solutions/copmidlevel/en/index.html

World Health Assembly: Adoption of international code of recruitment

The sixty-third World Health Assembly applauds the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel. This is the second Code in WHO's history, after the International Code of Marketing of Breast-milk Substitutes in 1981.

Despite a challenging agenda, delegates reached agreement on a large number of resolutions, including a code of practice on the international recruitment of health personnel and a breakthrough global strategy for reducing the harmful use of alcohol. The WHO Director-General Dr Margaret Chan called the agreements "a gift to public health".

The code is voluntary and serves as an ethical framework to guide Member States in the international recruitment of health workers. Destination countries are encouraged to collaborate with source countries to sustain the development and training of human resources for health as appropriate.

The objectives of this Code are:

- to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;
- to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;
- to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;

➔ to facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

To read the full code:

http://www.who.int/hrh/migration/code/full_text/en/index.html

Lilly wins global business coalition award for excellence in business action

The Lilly MDR-TB Partnership is raising awareness about the symptoms of and treatment for TB among people in northwest China—a region that is at an elevated risk for TB infection due to higher-than-average rates of poverty. The Partnership’s three-pronged approach in Qinghai targets school children, healthcare professionals and the community as a whole. IHF is a partner of the MDR-TB Partnership.

To reach primary and middle school students, the company worked with the Qinghai Center for Disease Control to train 9,000 teachers on TB prevention and treatment. The teachers integrated that training into their lesson plans, ultimately reaching more than 100,000 students. An additional 500 health workers were reached using a proven training of trainer’s model. The initiative also trained 60 community leaders from key minority groups in the area—including the Tibetan, Buddhist and Muslim communities – reaching minority groups that prefer to receive health information from their own leaders. It’s estimated that, in total, 3.5 million people benefit from the community investment program.

The Lilly MDR-TB Partnership is a public-private initiative that encompasses global health and relief organizations, academic institutions and private companies, and is led by Eli Lilly and Company. Its mission is to address the expanding crisis of MDR-TB. Created in 2003, the Partnership mobilizes more than 20 global healthcare partners on five continents. The Partnership has implemented community-level programs to raise awareness about MDR-TB, increase access to treatment, ensure correct completion of treatment and empower patients by eliminating the stigma of the disease. The Partnership also trains healthcare workers to recognize, treat, monitor and prevent the spread of MDR-TB.

Tuberculosis (TB), often thought of as a disease of the past, continues to plague the world’s most vulnerable populations. The World Health Organization estimates there were 9.4 million new cases of TB globally in 2008; in the same year, 1.8 million people died of TB – equal to about 4,500 deaths each day.

In some areas of the world, one in four people with TB has a drug-resistant form of the disease. In sheer numbers, Asia bears the brunt of the epidemic. Almost 50% of multidrug-resistant TB (MDR-TB) cases worldwide are estimated to occur in India and China. In Africa, estimates show 69,000 cases emerged in 2008, the vast majority of which went undiagnosed. These dire statistics are even more dismal considering that TB and MDR-TB are treatable and curable. The real problem lays in the fact that TB – in all its forms – is a complex disease, one which is not only a medical problem; it is also a social and economic problem.

For more information: <http://www.lillymdr-tb.com/>

As a Lilly MDR-TB Partnership partner, the International Hospital Federation (IHF) has developed a comprehensive TB and MDR-TB-control training manual for hospital managers. The goal of the manual is to provide health care facility and hospital managers with an overview of the basics of TB control together with the appropriate expertise and necessary resources, to clarify the roles and skills they need to enable them to make informed decisions about the management of TB patients and participate effectively in developing and maintaining a successful and sustainable TB and MDR-TB control program in their facilities. The manual, which was pilot-tested in South Africa in 2006, will also serve as a valuable guide for infection control for patients and staff, helping to fight a growing health threat in hospitals and clinics in developing countries.

International Alliance of Patients' Organization (IAPO): How to Be More Engaged at the World Health Assembly

Many patient groups are interested in how to be more engaged with the World Health Organization (WHO) and at the World Health Assembly (WHA). IAPO would like to share some information and tips on how you can influence the work of the WHO, both regionally and internationally.

Although its reach is worldwide much of IAPO's work with World Health Organization (WHO) takes place through the WHO headquarters in Geneva. However, the WHO's agendas are often led from the national and regional level. Therefore, patient involvement at the regional and national level is equally as important. IAPO Members can greatly strengthen the role of the patient voice by working with their national and regional WHO offices to demonstrate the value of the patient perspective and the need for a patient-centered approach in all decision-making. Likewise, the WHO can be a powerful partner when engaging your local government, for example when advocating for improved patients rights, access to medicines or making patient safety recommendations.

For more information, please visit the IAPO's website:
<http://www.patientsorganizations.org/showarticle.pl?id=1155>

Disparities in health expenditure across OECD countries: Why does the United States spend so much more than other countries?

This document is a written statement to Senate Special Committee on Aging, written by Mark Pearson on September 2009. It describes different factors (such as price, times and quantity) that may explain higher health expenditures.

"The United States spends much more on health than any other OECD country on a per capita basis and as a share of GDP. This higher expenditure can only be partly explained by the high income level of US citizens. The extra \$750bn that America spends on health more than expected is not due to greater 'need' due to aging or sickness."

The statements developed are the following:

- ➔ Health expenditure in the United States is far higher than in other developed countries
- ➔ What areas of health spending are high (and low) in the United States?
- ➔ Expenditure = Price times Quantity: which one explains high US health spending?

As a conclusion, the author says that "higher spending than in other countries is due either to higher prices for medical goods and services or to higher service use. Unfortunately, existing comparisons of health prices across countries are of poor quality. Nevertheless, all evidence suggests that prices of health goods and services are significantly higher in the United States than in most OECD countries, and that this is the main cause of high overall health spending.

Health service use is high in some areas, particularly those which are funded on a fee-for-service basis, including some advanced diagnostic techniques and elective surgery. But it is notable that where there are payment structures that encourage cost-consciousness, the United States has a very efficient system: there are few physicians and hospital beds, and average length of stay in hospital is low. This is a sign that the structure of the health system determines expenditures."

You can download the pdf on:
<http://www.oecd.org/dataoecd/5/34/43800977.pdf>

Improving Health Service Delivery in Developing Countries: From Evidence to Action

David H. Peters, Sameh El-Saharty, Banafsheh Siadat, Katja Janovsky and Marko Vujici , staff of the International Bank for Reconstruction and Development / The World Bank, edited this book in 2009.

Reliable information on how health service strategies affect the poor is in short supply. In an attempt to redress the imbalance, Improving Health Service Delivery in Developing Countries presents

evidence on strategies for strengthening health service delivery, based on systematic reviews of the literature, quantitative and qualitative analyses of existing data, and seven country case studies. The authors also explore how changes in coverage of different health services affect each other on the national level. Finally, the authors explain why setting international targets for health services has been not been successful and offer an alternative approach based on a specific country's experience.

The book's findings are clear and hopeful: There are many ways to improve health services. Measuring change and using information to guide decisions and inform stakeholders are critically important for successful implementation. Asking difficult questions, using information intelligently, and involving key stakeholders and institutions are central to the "learning and doing" practices that underlie successful health service delivery.

You can download the book on:

http://www.enrecahealth.dk/news/e-learning/improving_health_service_delivery.pdf/

Or order it on:

http://extop-workflow.worldbank.org/extop/ecommerce/catalog/product?item_id=9039424

Sharing public health data: necessary and now

This article has been published in the Lancet Volume 375, Issue 9730. Nowadays, focus is put on publication rather than data sharing. It is particularly a challenge in low and middle-income countries. A common code of conduct should then be thought for a good utilization and sharing of data that would respect principles of equity and access to data for all.

To read the article: <http://www.thelancet.com/journals/lancet/article/PIIS0140673610609063/fulltext?rss=yes>

Closing the R&D gap in African health care

This article was written by Raymond De Vré, Emiliano Rial Verde, and Jorge Santos da Silva, and published in June 2010 in the Mc Kinsey Quarterly. It argues that a system governed by Africans in Africa is needed to provide a sustainable funding mechanism that would encourage African scientists to collaborate on common health concerns, share expertise, and build capacity.

Extract:

"The health status of Africans remains far worse than that of people in many other developing regions, to say nothing of Europe and North America. Although a lack of access to health care and serious health system deficiencies are important reasons for this phenomenon, other elements aggravate it. One is insufficient research and development aimed at addressing Africa's unmet health needs. The result is a lack of efficient therapies for many illnesses that affect that continent almost exclusively and are therefore beyond the scope of most research efforts in the developed world. Consequently, improving the health of Africans implies not only addressing the deficiencies of access and health systems but also stimulating the development of suitable drugs and diagnostics."

To read the full article:

http://www.mckinseyquarterly.com/Health_Care/Pharmaceuticals/Closing_the_RD_gap_in_African_health_care_2593#

The Business of Health in Africa: partnering with the Private Sector to Improve People's Lives

This study, conducted by IFC with assistance from McKinsey & Company, estimates that over

the next decade, \$25–\$30 billion in new investment will be needed in health care assets, including hospitals, clinics, and distribution warehouses, to meet the growing health care demands of Sub-Saharan Africa.

This IFC report highlights the critical role the private sector can play in meeting the need for more and higher-quality health care in Sub-Saharan Africa. It also identifies policy changes that governments and international donors can make to enable the private sector to take on an ever more meaningful role in closing Africa's health care gap.

It is important to acknowledge at the outset that many in the public health community oppose *in principle* a role for the private sector in health care. Indeed, there are legitimate concerns about the role of private providers. The private sector in Sub-Saharan Africa is diverse and fragmented, and as a result, quality can be inconsistent. Moreover, the lack of regulatory and accreditation frameworks combined with a largely uninformed patient population can sometimes allow an unscrupulous minority to prevail over responsible providers—to the detriment of the reputation of all.

The truth is, however, that for-profit companies, non-profit organizations, and social enterprises, along with insurers, providers, and manufacturers, already play an important role in providing health care to the region. They account for as much as 50 percent of health care provision, and their role is growing.

To download the document:

[http://www.ifc.org/ifcext/healthinafrica.nsf/AttachmentsByTitle/IFCHealthInAfrica_ExecSumm/\\$FILE/IFCHealthInAfrica_ExecSumm.pdf](http://www.ifc.org/ifcext/healthinafrica.nsf/AttachmentsByTitle/IFCHealthInAfrica_ExecSumm/$FILE/IFCHealthInAfrica_ExecSumm.pdf)

Hospital management autonomy in Chile: the challenges for human resources in health

This article was written by Claudio A. Mendez and M. Cristina Torres A., and was published in the *Revista de Saúde Pública*, issue 44(2), 2010.

Abstract:

In Latin America, some health sector reforms have included steps to the implementation of autonomous hospitals. In Chile, the health system is implementing a reform that introduces a network of self-managed institutions. These organizations will be high complexity centers that involve greater technical diversity, cost centers and mechanisms to evaluate users' satisfaction. For human resources in health, the implementation of these centers creates challenges in the planning of service provision and a change from the traditional management style of the teams to one based on networks. These challenges include the estimation of gaps in medical specialists and in other professions in the health sector. In order to be successful with self-management, Chile needs to establish universal and local policies that address training and the organization of health service provisioning in these institutions.

To download the document:

http://www.scielosp.org/pdf/rsp/v44n2/en_19.pdf

MECSS makes available a report concerning hospital functioning in France

The report produced by the MECCS (Mission d'évaluation et de contrôle des lois de financement de la Sécurité sociale) highlights the dysfunctions, at national and local level in France. The report makes recommendations to improve hospital management and performance.

Recommendations concern four main fields:

- Improving medico-economic efficiency
- Strengthening strategic global steering, implementation of a annual efficiency plan
- Generalizing organization good practices, making clearer roles of each institution
- Making facilities financing clearer to improve human resources management.

The report is available in French at:

http://medias.lemonde.fr/mmpub/edt/doc/20100527/1363660_16fa_rapport_mecss_du_260510.pdf

Government hospitals to go private in Uttar Pradesh, India

The Uttar Pradesh government has decided to hand over public hospitals to private chains like Apollo and Fortis under the public-private-partnership (PPP) model to improve health care services in the state, an official said Monday. Fifty percent of the beds in these hospitals will be kept for free patients.

May 3rd, 2010 - 4:48 pm ICT by IANS (Indo-Asian News Service)

“Since we have already taken a policy decision to enter into a public-private-partnership (PPP) to improve health services in the state, we propose to start with the handing over of a few hospitals in private hands in four districts of the state”, a health department spokesman told IANS here. It is learnt that the state government initially proposes to hand over its hospitals in four districts - Kanpur (Urban), Allahabad , Firozabad and Basti.

“Leading hospital chains like Apollo, Fortis and Max were among the nine health care companies short-listed as the potential players for the proposed takeover,” said the spokesman. The final selection would be made by a committee that will evaluate the bids on May 10. Besides the district hospitals, the administration of 8 community health centers, 23 primary health centers and 210 sub-centers would be transferred to the private players.

Under the proposed contract, 50 per cent of the beds in these hospitals would be reserved for free services, wherein priority would be given to those living below the poverty line. The private player would be entitled to fix its own charges for the remaining 50 per cent beds. “Wherever the private partner adds new beds and facilities, it would be entitled to a higher share of 75 per cent, leaving the remaining 25 per cent open for free services,” said the spokesman.

The free services will include all diagnostic facilities as well as medicine. According to the contract, the administration of these hospitals would be entrusted to the private partners for a period of 33 years. And a six-month period has been prescribed for the handing over process.

The existing government staff would be given the option to switch over to the private employer or continue to be in government service.

Philippines: Hospital learns lessons from Ketsana storm

The article relates the story of a hospital that was overwhelmed when tropical storm Ketsana hit Manila on 26 September 2009. Much of the hospital staff had been also affected. The hospital is now running again, and efforts are made to make hospitals safer from disasters.

Extract:

“Renaud Meyer, country director for the UN Development Programme in the Philippines, said the typhoons last year exposed vulnerabilities in the country, but at the same time taught valuable lessons.

“Events like Parma and Ketsana have significantly raised awareness on these gaps like never before and are changing mindsets,” Meyer told IRIN. “A major indicator is more demand from local government units, for example, [for] appropriate disaster risk reduction/climate change adaptation options.”

The government has earmarked about 852 million pesos (US\$19.3 million) for repairs to 19 major state hospitals and thousands of primary school classrooms damaged by the floods, according to the government’s national reconstruction commission.

Reconstruction and rehabilitation efforts would have to focus on making structures stronger in

withstanding natural disasters, said Glenn Rabonza, chief of Manila's Office of Civil Defence.

"There is an ongoing effort now to make critical infrastructures risk and disaster free, as part of our commitment to the UN's campaign to make schools and hospitals safe," Rabonza told IRIN.

"We have also asked line agencies to make emergency drills a regular fixture in all government buildings, while schools are told to stock up on emergency kits," he said."

To read the full article:

<http://www.preventionweb.net/english/professional/news/v.php?id=13660&a=email>

or

<http://www.irinnews.org/Report.aspx?ReportId=88877>

Australia: Managing demand for acute care

The Australian Healthcare and Hospitals Association (AHHA) has convened a policy working group to explore the critical issue of demand on public acute care services, with a particular focus on the effects seen in the emergency department. This paper identifies some of the key issues related to access and demand in acute care services in Australia, primarily in public hospitals.

As a result, the report makes several recommendations that concern:

- ➔ Capacity building with direct funding and workforce recruitment is essential to allow system reform and provide adequate care whilst this is achieved
- ➔ Improved access to responsive, individually-tailored health services wherever consumers interact with the health sector
- ➔ Funding models that allow for greater flexibility regarding how and where services are provided, rather than being based predominantly on a hospital model
- ➔ Improved integration and use of electronic systems for secure communication between GPs, aged care providers, public and private health services, and patients
- ➔ In some cases, admission can occur directly to the relevant hospital ward rather than via emergency departments, provided hospitals have the capacity in terms of bed numbers and staffing, and a process to manage these types of admissions alongside internal hospital admissions
- ➔ Expanded multi-disciplinary teams and responsibilities to better share the workload and ensure the right mix of workforce to achieve the best results for patients, particularly for chronic disease management
- ➔ Proper modeling, evaluation and systems-based research of current structures and processes is required to assess the efficacy of interventions and inform sustainability and future practice
- ➔ Appropriate use of performance indicators, targets and system redesign to achieve capacity gain in the health system
- ➔ Medical assessment capacity needs to be available near or within mental health hospitals/facilities to reduce the need for clients to present and be assessed for medical issues at another location (hospital ED) and then transferred back to the mental health facility/hospital

To download the document:

<http://www.aushealthcare.com.au/documents/publications/174/AcuteCareDemand.pdf>

Second Global Forum on Human Resources for Health, 25-29 January 2011, Bangkok, Thailand: Submission for Awards for Excellence and Special Recognition Awards



The principal theme of the Forum is - Reviewing progress, renewing commitments to health workers towards MDGs and beyond. Building on this theme, the planned plenary sessions are:

- ➔ Marking progress, forging solutions
- ➔ Leadership, governance and coordination for universal access to supported health workers
- ➔ Innovations in HRH that support strengthening of Health Systems

Submissions for Awards for Excellence: Case stories should be no longer than 2,000 words - preferably, in a narrative nature, story telling, rather than a technical style. There is no specific format requirement for the case stories. A short video of no more than 10 minutes may be included in the proposal. Case stories can be submitted by countries, organizations or development partners.

Submissions for Special Recognition awards: Countries, development and Alliance partners are encouraged to propose two outstanding candidates per country, one from each category. The proposal should provide details of the candidates' profiles and outstanding achievements as well as the transparent and participatory processes and mechanisms involved in selecting these two candidates. The length of the proposal should be no more than 2,000 words. A video of not more than 10 minutes may be attached to the proposal. (Countries may also create a country special recognition award to these two candidates, so that they are first recognized at the country level).

All submissions must be made electronically to global-forum@who.int. Submissions will be accepted from 1 June to 30 September, 2010. The awarding ceremony will be held at the closing session of the Forum.

For more information: <http://www.who.int/workforcealliance/forum/2011/en/index.html>

First Global Symposium on Health Systems Research, Switzerland, 16-19 November 2010

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:

<http://www.hsr-symposium.org/index.php/call> State of the Art Research Methods

For more information: <http://www.hsr-symposium.org/>

Health, Crisis and Reform: Equity and Social Exclusion. Buenos Aires, October 2010, 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

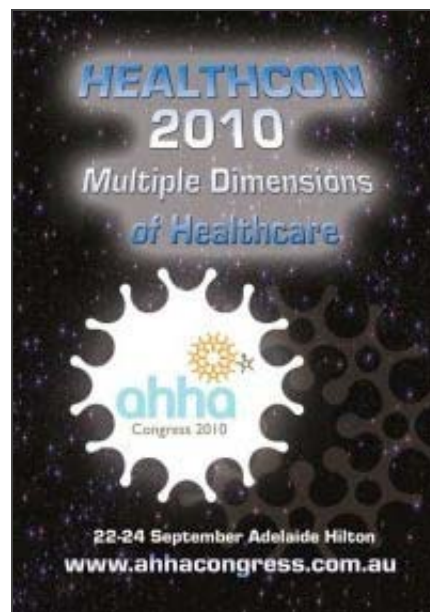
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Healthcon 2010 : Multiple Dimensions of Healthcare, Australian Healthcare and Hospital Association Congress, Adelaide, 22-24 September 2010

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 the website:

<http://www.sapmea.asn.au/conventions/ahha2010/index.html>

Healthcare Facilities Symposium & Expo, September, 14-16, 2010, Navy Pier, Chicago

The Healthcare Facilities Symposium & Expo, now in its 23rd year, is the original event that brings together the entire team who designs, plans, constructs and manages healthcare facilities. HFSE focuses on how the physical space directly impacts the staff, patients & their families and the delivery of healthcare. Ideas, practices, products and solutions will be exchanged, explored and discovered at HFSE that improve current healthcare facilities and plan the facilities of tomorrow.

For more information, please visit the website:

<http://www.hcarefacilities.com/>

2nd International Health Procurement Symposium, 8-9, September 2010, Palais des Congrès, Issy-les-Moulineaux, France

On 8 and 9 September 2010, Paris will host the second international symposium on hospital procurement, organized by PG Promotion in partnership with ASSIAPS (international association for hospital buyers) and ASFAH (French association of hospital buyers).



Focused on the central theme of “creating value with hospital procurement”, this symposium is an opportunity for the 400 expected participants to find out the latest on current events, challenges and prospects of changes to procurement within the healthcare sector, whether public or private.

For more information, please visit the website:

<http://www.acheteurs-hospitaliers.com/index.asp>

Hospital Management Asia, August 19-20, 2010, Seoul, South Korea

Hospital Management Asia 2010 is presented by EXEDRA EVENTS in association with Joint Commission International, Johns Hopkins Medicine International, and its Korean Main Partner: Korean Hospital Association. HMA 2010 is organized by Exedra Events & Conferences.

Conference Partners are: Private Hospitals Association of the Philippines, Gulf Cooperation Council-Health Ministers' Council, Hong Kong Hospital Authority, Indian Healthcare Federation, Indian Healthcare Quality Forum, Indonesian Hospital Association, Ministry of Health Bahrain and National Association of Health Industry China.

Benefits of Hospital Management Asia 2010: Successful healthcare strategies. Proven patient-care techniques. Quality standard tips Hospital management trends and more! If it can help you be a better and more efficient hospital executive, you will definitely discover it at the Hospital Management Asia 2010, the region's premier learning conference and exposition for hospital managers and healthcare professionals.

Specially designed to meet your needs in a unique two-day format, the Hospital Management Asia (HMA) will bring you up-to-date on the full range of professional solutions that will increase your productivity and improve the quality of your hospital's products and services.

For more information: <http://www.hospitalmanagementasia.com/>

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For more information, please visit the website:

<http://www.acheteurs-hospitaliers.com/index.asp>

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