



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKI LIJEČNIKA  
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

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## Secretary / Secretary General Activity Report 2007

### **Internal Matters**

#### **FEMS Collaboration**

In last year's activity report I looked back on the first real reference year of a joint AEMH-FEMS secretariat, from which I would like to underline the positive aspects. First of course the income for the AEMH, which has become indispensable. But it is also influencing the secretarial work. In one way it needs more presence in the office and thus limits the possibility to attend external meetings, making the job more sedentary. On the other hand, the offensive, unconventional manner of the FEMS to address topics is stimulating. Contacts with FEMS delegations are quite frequent.

The close dates of the meetings (FEMS board meeting one week before the AEMH board, FEMS GA two weeks after the AEMH plenary meeting) are really making priorities tough to handle. FEMS holds two annual General Assemblies preceded by Board meetings and two additional Board meetings, thus four travels per year for the FEMS compared to only one for the AEMH.

The FEMS is a bilingual organisation but widely French influenced. All documents have to be issued in two languages, with a French President the English versions mostly being the task of the secretary.

#### **CPME Collaboration**

The year 2007 has been perturbed again by a move of office decided by the CPME to which the AEMH followed. The financial consequences for the AEMH are null, the request for re-evaluation of the rent has finally resulted in granting one month free of rent. I tried hard to negotiate as the CPME has budgeted 20 % less for 2008 compared to 2007, but it seems that all expenses cannot be foreseen as the former rental was an all-inclusive, whilst now electricity, cleaning etc. are provided separately. The request, although legitimate, seemed to have somehow surprised the CPME judging that we have the same, thus we should pay the same.

With this request for revision CPME was reminded on the independency of the AEMH and that the collaboration model is currently based solely on renting square meters in the "Domus Medica".

Compared to this, the UEMO has a collaboration agreement based on lobbying activities performed by one of the CPME policy advisers, which does not vary due to the change of office.

The PWG envisages a collaboration based on secretarial services, which are also not influenced by the rent.

EMSA provides a student internship giving assistance to the policy advisers and the secretariat against a small remuneration.

## **Financial Matters**

The difficult financial situation has been the past years a cause of concern at the end of year. It is part of the secretary's tasks to meet all legal obligations despite the lack of funds. The Dexia bank is a comprehensive although expensive partner in this.

In 2007 the budget for secretary's salary will be in line with the budget for the first time since several years. The reason is the common decision of the board and me to suppress the year's end bonus and rather split it over the 12 month. The reason was that I had found out that this bonus is taxed twice higher than the normal salary, meaning a significant saving for the AEMH as well as for my own yearly income. Furthermore a reduction on social fees is granted to employers employing an "old" worker. (expression from the official document), resulting in another not negligible saving.

Regrettably this kind of advices did not come from the accountants, who until now simply edited the balance sheets. With the new financial guidelines they must grow in a more auditing and financial advisory role. For the accounts 2007 they have been asked to analyze and explain the results.

## **Web-site**

One of the reasons of the unforeseen shortfall of liquidities was the crash of the AEMH website, which needed to be reconstructed. The expenses were not budgeted and although kept at a very reasonable price, burdened the accounts. A small sponsorship found by the president could cover some expenses.

The new website could be re-constructed just in time for the plenary meeting to make the agenda and all relevant documents easily available. The members extranet gives access to some valuable information, such as reports from the OECD and the WHO, which would be too voluminous to send by e-mail and to store on the computer. All electronic existing AEMH documents can of course be retrieved from this members' page.

The most important part is nevertheless the home page, which is the show case of the organisation and is almost unchanged since the first website was launched some 10 years ago. I suggest to revise this page taking into consideration the Brainstorming document "Core Values, development targets and action plan of the AEMH in 2008" once it has been finalized and approved by the general assembly.

The website could also be used for more extended communication between the delegates by installing a forum page.

## **External Meetings**

### **EHPH (European Health Professionals/ Institutions)**

At the meeting of the beginning of the year 2007 the AEMH and FEMS President were prevented to attend, I could represent both AEMH and FEMS, which demonstrated the closeness of the two sister organisations. Totally, three meetings of this stakeholder group took place in 2007, from which one hosted by AEMH and FEMS jointly. The reports can be read in AEMH 07-050, FEMS 07-059 and 07-091.

## **European Patients' Right Day**

The Active Citizenship Network held a conference 29 March 2007 in the European Parliament with the support of several members of parliaments, of which several physicians. The group launched the "European Patients' Rights Day" in Brussels and a petition campaign on patients rights. Main aim of the conference was to raise awareness for the lack of guarantees for patients' rights in European legislation. The AEMH had approved in the last plenary meeting to support the action of the Active Citizenship Network and their "European Charter of Patients' Rights », setting forth fourteen rights to be respected by health care providers. These rights are grounded in the European Charter of fundamental rights and therefore must be protected at the national as well as the EU level. The President and I signed the petition on behalf of the AEMH.

## **WHO/ SANCO**

The AEMH was invited to the ceremony on the occasion of signing contracts for 7 new cooperation projects.

Dr Andrzej Rys, Director for Public Health at DG SANCO and Dr Nata Menabde, Deputy Regional Director of WHO/Europe gave an overview of the political and technical context of the partnership between the two organisations. The Commission grants €2.5 million to WHO for seven projects under PublicHealth Programme. The contracts cover EU health policy priorities on environment and health, injuries, equity in health, health security, health services, alcohol and emergency services. The projects will be implemented by WHO Europe over the next three years.

## **Committee of the Regions**

The Committee of the Regions is a political body, which was set up to advise the Commission, the Council and the Parliament on regional policies. During this year's "Open Days"8 workshops handled health topics, whereas last year there was only one workshop on e-health. This is a positive trend and the fruit of the attempt to put "health in all policies". I attended some workshops on cross border collaboration, topic of the next AEMH Conference. The presentations demonstrated tools and mechanisms of cross-border collaboration, mainly based on new technologies and other success stories of cross-border initiatives, which are all funded by EU money. Health has increasingly been recognised as an area to be funded in the context of EU Cohesion Policy not least because of the widening disparities that accompanied the enlargement. Financial support is targeted at the national level through the Cohesion Fund, and the regional level through four Structural funds. All structural funds are governed by a specific EU Regulation, only one of which - the ERDF Regulation - explicitly mentions health. Although not specifically highlighted in their respective regulations, other structural funds can be used to co-finance health-related measures.

The lessons to learn is that funds for health projects are easier to be obtained via the regions than the Commission's DG SANCO, which only handles global European projects. This of course does not help the AEMH but can be an advice to National member delegations or even local entities.

## **Future of the AEMH European Secretariat**

The reflection of the President on the core values and targets of the AEMH overlap widely the period of his presidency. In the same spirit the views concerning the optimisation of the secretariat should not be tailored on one person.

The experience of the last years showed the difficulty to combine secretarial tasks, subject to strict organisational rules and deadlines, which do not necessarily fit with lobbying activities orchestrated by the political European agenda.

Both activities are equally important as they reflect the image of the organisation. Unfortunately, the financial situation of the AEMH does not allow two separate posts and it will need imagination to explore new paths to fulfil successfully all aspects of a head office, representing worthily a modern influential organisation.