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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

Document :	AEMH 09-047
Title:	Report from EFMA/WHO meeting, Bratislava 1-3
Author :	Dr Buzgo, Dr Weber
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	6 May 2009

Report from the Annual EFMA/WHO Meeting in Bratislava 1-3 April 2009

Mikulas Buzgo and Jozef Weber

(The programme of the meeting see in Annex 1)

Wednesday 1st of April

Two workshops were proposed in Wednesday.

1. Workshop on Primary Health Care *(see Annex 2)*

Forum of the European Federation of Medical Associations
and World Health Organization (EFMA-WHO)

Workshop on Primary Health Care

Isabel Caixeiro
(President of UEMO: European Union of General Practitioners/Family Physicians)

Martina Pellny
(Programme Officer for primary health care in the WHO Regional Office for Europe)

Bratislava, 1st April 2009



First aim of the workshop was the revitalization of primary health care, especially at the delivery level, to find a new way forward. At the 30th Anniversary of the Declaration of Alma Ata we are facing the situation, that the lot of the Declaration goals were not achieved (World Health Report 2008). There were some theoretical and practical presentations how to withstand primary health care (PHC) challenges in some European countries *(see again Annex 2)*

2. Migration of Physicians

An interesting workshop with the presentation of a new draft of WHO „**Code of practice for recruiting health care workers**“ (see Annexes 3,3a,3b)

Key speaker presentation was held by Galina Perfilieva (see Annex 3c)

European Forum of Medical Associations and WHO Pre-conference workshop

Towards an International Code of Practice for Recruitment of Health Personnel

Dr Galina Perfilieva, Regional Advisor HRH

Bratislava, Slovakia, 1 April 2009

Globalization of Human Resources for Health (HRH) started a global movement of the healthcare workers. A demand is increasing every year and a shortage is immense.

Adjacent presentations demonstrated not only some facts but puts forward the WHO idea for demand regulation (see Annex 4)

The workshops results were presented thereafter on day 2

Thursday April 2nd

After an Opening Ceremony an EFMA by Leah Wepner, and WHO Europe Update by Jeremy Veillard were presented.

Section dealing with Health System Performance Measurement was introduced by two interesting presentation.

First presentation (Annex 5) by Jeremy Veillard deals with country and multicountry level of performance measurement

Country Health System Performance Assessment in the Context of Changing Health Care Needs

Jeremy Veillard

Regional Adviser a.i. Health Policy and Equity

WHO Regional Office for Europe

A key message provided by presenter is, that the successful Healthcare policy making requires solid base of evidence and information of healthcare system performance represents an important part of the policy management.

The same is truth at the middle provider level as were presented by Max Geraedts (Annex 6)

Provider performance measurement in the changing nature of health care delivery

Max Geraedts
Institute for Health Systems Research
University of Witten/Herdecke, Germany

Performance per se is qualitatively neutral, but some kind of relationships between these two entities exists as we can see -for instance-on a slide displaying variation in breast cancer surgery between hospitals in Germany. The speaker insisted, that there are three main reasons for increasing interest on performance of healthcare provider:

First there is the problem of accountability and decreasing professionalism and the increasing financial burden of healthcare

Second: variations in practice

Third: increasing number of errors in medical practice and questionable patient safety

The speaker then discussed about purposes of performance measurement and usable indicators

After a Lunch the workshops reports were presented by both chairs: Daniel Mart and Irina Šebova

The last part of the scientific programme was devoted to obesity

First presentation introduced „Portuguese platform against obesity and their activities (Helena Cardoso – we are lacking original presentation (*see also Annex 7*)).

Obesity Prevention in Portugal National Platform Against Obesity

Ana Rito; PhD

DGS (Directorate-General for Health) / Platform Against Obesity

It put to use WHO European Platform Counteracting Obesity signed in WHO Ministerial Conference **Diet and Physical Activity in Istanbul** 15-17 November 2008. Platform is intersectoral involving many stakeholders.

Second presentation offered Dr. Julia Seyer from the WMA (*see Annex 8*)

Workplace strategy on obesity, diabetes and Well - being EFMA/ WHO 2009 World Medical Association Dr. Julia Seyer

Obesity has started to be a „first class medical problem“ worldwide. It has tremendous health impacts

WMA recommends that physicians:

- Encourage the development of healthy life style: healthy food and physical activity
- Educate patients on healthy life skills
- Obesity should be part of HP training
- Foster research and collection of data as routinely medical screening
- Use pharmacotherapy and surgery only with evidences based guidelines

The new and special offer presented by WMA is a **workplace strategy against obesity**. One third of our lives we are spending in work and obesity has a growing impact on workplace financial burden. A toolkit for employers by WMA is under development ([see www.wna.net](http://www.wna.net))

Third presentation by authors from the host country was mapping the problem of obesity in Slovakia (*Annex 9*).

Prevalence, current medical care and prevention of obesity in Slovakia Fabryová Ľubomíra and Krahulec Boris Obesitology Section of Slovak Diabetology Society

Prevalence of obesity in Slovakia is increasing reaching 61,5% of all adult population
Slovak government approved **National plan against obesity** in 2008

The Plan insists participation of governmental central and regional bodies, communities but also individuals. It is multicompartmental, multidimensional and will try to stop the trends of increased body weights in the next decade, especially amongst children and adolescents.

Friday April 3rd

The first section of the Friday's session was devoted to disparities in health and social determinants. Under the chairs Yoram Blachan and Terje Vigen Israeli speakers presented their views on this problem. (*see Annex 10*)

Health Disparities: The Problem, The Action Needed and the Role of the Medical Profession Leon Epstein

**Israel Medical
Association**

and

**Hebrew University-
Hadassah School of
Public Health, Jerusalem,
Israel**

A leading theme of the presenter is that according WHO Commission (2008) the inequities in health are the “Grand scale killers “ They are between the developed and developing countries and as well as within the countries itself and are politically, socially and economically unacceptable. They are the cause of common concern to all countries (WHO Declaration of Alma Ata 1978)

The speaker presented a WHO Commission view on inequalities in health world-wide, situation in Europe (*see Annex 10*), the Israel Medical Association (IMA) Survey and its policy and action plan. (*see Annex 10a*). Social inequalities are the leading cause of health disparities in the world he said... They presented Commission Recommendations (improving “daily conditions”, distribution of money, power and resources and better measuring and understanding the problem and assessing of action impacts). Situation in Europe reflects huge differences in life expectancy at birth and a at age 65 years, percentage of life in a good and disability free years, and in mortality data. People with lowest education, income or occupation have the greater relative index of inequality (in health). Interestingly the variance in treatment outcome according social, racial, economic and insurance factors can be lower than according the variance in treatment performed by the same doctor (Physician Performance & Racial Disparities in Diabetes Mellitus Care Sequist et al Archives of Internal Medicine June 9 2008) Situation in Israel (Orma Cohen) copies the situation in developed Europe with health disparities in gender, ethnicity, ,religion, education, employment, socioeconomic status and area of living.,

IMA has performed the telephone survey “Poverty Health Report 2009” (by proof. Avid Detain and dr. Rona Detain March 2009) The research aim was to examine if the costs of Israeli medical care result in acquisition in medication or other medical treatment by parents or their children in different region of Israel. As expected, people living in lower social class, social periphery, north and south Israel did forgo or curtail medication or medical treatment due to costs. Main factors in Israel are the age (35-54), low income, relational affiliation (traditional, religional, ultra-orthodox Israeli population), ethnicity (Middle Eastern) and “sector” (Arab sector). Surprisingly it does not apply to an education factor. According the IMA a renewed policy and action in Israel is needed to reduce health inequalities.

After the coffee break the panel discussion to health disparities took a place
Dr. Frank Montgomery presented the view of a German Medical Association (*Annex 11*)

Health Inequity – Social Disparities

Position of a National Medical Ass.

In Germany regions with higher workless population have lower life expectancy (M.Jahne, 2002). Poverty and Unemployment led to higher utilization of health care but the relationship between poverty and disease is still not sufficiently investigated and more work is to be done (105. Detacher Restating, 2002: Ten points programme).

Reports about the Bologna two-cycle system in medical education presented **Ramón Paris Parse** from Germany, **Jacques de Haller** from Switzerland and **André Hercules** from Belgium (*see Annexes 12,13,14*). Only a minority of the EU countries and medical faculties apply the principles of Bologna process in 2009.

About Health Care Reform in European WHO region spoke Natta Menabde Deputy Regional Director, WHO Regional Office for Europe – presentation is not available till now). She presented the new challenges, especially emerging with financial and economic crisis. These challenges needs inter alia new fresh and prompt health indicators. The traditional indicators now look like Hubble telescope photographs. We can see, what happened, or begun in the past. There are the issues of morbidity and mortality indicators which roots long in the European history of economic growth and prosperity.

Bratislava 5th May 2009 Buzgo and Weber