

emergency-room doctor at La Ribera who works for the consortium and is a representative of the Sindicato de Médicos de Asistencia Pública, a local trade union.

Durán feels that La Ribera's much-vaunted leanness has come at a price. "When the company says that it is 25% more efficient than other hospitals, well, how are they getting this efficiency? With lower salaries, with fewer workers and with longer working hours," Durán says, backing up his argument with some numbers of his own. He says that a study done by staff trade unions found that the hospital needed 258 more workers in all categories in addition to the 1000 existing workers. Understaffing is exacerbated by the constant influx of patients from other districts, Durán argues, questioning official estimates of 10% inflows that the union puts closer to 20–25% of La Ribera's total patients. The stresses caused by understaffing, inadequate pay and working conditions have led to the resignation of 40 doctors from a total staff of 400 doctors since 2007, Durán says, adding: "I don't think that this has happened in any other hospital in Spain."

Marín disputes that number, arguing that losses have been closer to 20 doctors, with departures driven by the general shortage of doctors in Spain, which gives the sector "a certain mobility." Says Marín: "The mobility of doctors is not greater than in any other national hospital. And a proof of the good working environment in the hospital is an absenteeism rate of 2.5%, much lower than in any public hospital



Health worker examines baby at Hospital de La Ribera.

in Spain and much lower than in any enterprise of these dimensions."

It is perhaps inevitable that a model that brings public and private interests into such close contact will give rise to this kind of criticism, just as the mix of politics and business makes some uneasy about the potential for corruption. Both GHG's Feachem and Jean Perrot, at the World Health Organization's (WHO) department of Health Systems Financing, stress the importance of independent control of PPIPs if public trust is to be maintained.

Since it was launched in Valencia region, the PPIP model has been taken up and is being tested elsewhere, including in Lesotho and in the British

Overseas Territory of Turks and Caicos Islands in the Caribbean. But WHO's Perrot is more sceptical as to whether the PPIP model would work in developing countries. "Public administrations don't have the technical capacities to set up such complex systems and to follow their progress," he says, adding that private consortia are not exactly lining up to jump in either.

Despite these issues, Feachem is looking forward to seeing the PPIP model tested elsewhere, particularly in developing countries where he thinks they have the potential to make rapid improvements in infrastructure and the access of ordinary people to high quality services. ■

Recent news from WHO

- GlaxoSmithKline (GSK) agreed to donate 50 million doses of **pandemic influenza A (H1N1) vaccine** for developing countries, WHO said on 10 November. GSK expected to prepare the first shipments of vaccine for delivery to WHO by the end of November. WHO has a list of 95 developing countries that are eligible to receive donated vaccines, and aims to secure enough vaccines to cover 10% of the population of these countries.
- Despite considerable progress in recent decades, societies continue to fail to meet the **health-care needs of women** at key moments of their lives, particularly in their adolescent years and in older age, according to a WHO report released on 9 November. Launching the report, entitled *Women and health: today's evidence, tomorrow's agenda*, WHO Director-General, Dr Margaret Chan called for urgent action both within the health sector and beyond to improve the health and lives of girls and women around the world. Read the report at <http://www.who.int/gender/documents/9789241563857/en/index.html>
- A comprehensive action plan to save up to 5.3 million children from dying of **pneumonia** by 2015 was launched on 2 November by WHO and the United Nations Children's Fund (UNICEF). Pneumonia is the biggest cause of child deaths in the world, killing 1.8 million children under five years of age every year, more than 98% of which occur in 68 developing countries.
- **Global life expectancy** could be increased by nearly five years by addressing five factors affecting health: childhood underweight, unsafe sex, alcohol use, lack of safe water, sanitation and hygiene, and high blood pressure, according to a report published by WHO on 27 October. These factors are responsible for one-quarter of the 60 million deaths estimated to occur annually.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>