



European Health Forum Gastein 2000

Creating a better Future for Health in Europe

Information and Communication in Health

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Gastein Health Declaration 2000

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Preamble

The European Health Forum Gastein is a unique annual event, which brings together experts, interest groups, politicians and decision-makers from across wider Europe to debate key health issues. The Gastein Forum brings together not only key decision-makers from the 15 EU countries but also from the rest of the 51 countries of the WHO European region, in particular the EEA countries and the EU candidate countries. The Forum produces a statement of recommendations and observations for those with responsibility in Health Policy Development and Implementation. The recommendations are backed by the subsequent publication of a full scientific report of the proceedings.

This year was the largest European Health Forum to date and attracted 473 senior delegates from 35 countries. Participants included politicians, including Ministers at National and Regional levels as well as the European Commissioner for Health and Consumer Protection, senior civil servants, health experts and executives, academics and leaders of industry.

The organising theme this year was on “Information and Communication in Health”. Five parallel Fora were organised around developments in health information and knowledge and the application of existing and new information and communication technologies. In detail issues such as the “New EU Health Strategy”, “The Citizen at the Centre of Health Communication”, “eHealth for Everybody – Challenges for Health Care Systems”, “Health Targets” and “Patient’s Rights and Citizen Empowerment” were discussed.

The Forum provided an opportunity to discuss and debate the value of developments, become familiar with innovations, review the evidence and reach a consensus across a broad range of sectors on recommendations for politicians.

Each parallel Forum considered the implications of health information and communication for health and health systems and services from the perspective of the citizen, patient, business and industry and the public as well as at the level of the organisation at local, regional, national and supra-national levels.

The main recommendations and observations of the five parallel Fora for this year are grouped below. Every effort has been made to ensure that all the different interests and perspectives have been considered.

Günther Leiner,
President,
European Health Forum Gastein

THE NEW EU HEALTH STRATEGY: MOVING FORWARD THROUGH COMMUNICATION AND DEBATE - key recommendations from Forum I

(A) Policy recommendations for inclusion and further consideration in the EC's proposed health framework, strategy and action programme:

1. Further thinking is needed on how health inequalities should be addressed in the new action programme. One obvious task is to develop and collect indicators.
2. Solidarity in health care is a key characteristic in the European social model and needs to be included as a component in the EU health strategy.
3. European collaboration on health impact assessment should be strengthened by the networking of research centres and policymakers, and is a suitable task to be included in the new action programme.
4. Capacities for health impact assessment need to be created at all levels (EU, country, regional, and local) and practical assessment studies carried out.
5. How healthcare issues are tackled at EU level will be one of the hot topics in the discussions in the Parliament and Council. While no consensus on this is expected, it is important to develop more sophisticated approaches.

(B) Recommendations on development and implementation:

6. Decision-makers at different levels have to be involved in implementing the European health strategy. This applies particularly to regions.
7. The European Commission's communication on health strategy deserves further attention by all stakeholders; this has not been completed during the decision-making phase of the new action programme on public health.
8. All stakeholders should continue looking at the details of the new action programme, including the budget, which will be decided by the Parliament and the Council over the coming months. After the decision has been taken, these observations will inform its implementation.
9. The Commission's forthcoming consultative proposal on the organisation of the EU health forum will need to be studied and commented on carefully by all stakeholders.
10. Candidate countries should make stronger efforts to increase their participation in Community activities but this needs to be more than matched by Commission and member state actions on, inter alia, better information dissemination, broader partnerships and streamlined administrative procedures.

THE CITIZEN AT THE CENTRE OF HEALTH COMMUNICATION - key recommendations from Forum II

1. Spending on IT should be matched by significant spending on training, not just in the use of equipment, but also in the basic principles of communication. Every 100 Euros spent on equipment should be matched by 30 Euros on this training.
2. We recognise the potential of the new information and communication technologies to improve the public's health. Resources for health promotion communications should be matched Euro for Euro with those of disease prevention communications.
3. In facilitating health promotion activity the EU, national and regional governments should learn from the "hazard merchants" (such as the tobacco industry) and:
 - Start from where the consumer is at, not from where the public health professionals would like them to be;
 - Establish a user-friendly public health/health promotion presence in the popular media;
 - Move beyond one-off behaviour change towards building long term empowering relationships;
 - Use targeting to neutralise the "health divide";
 - Target and enable networks and communities to tackle the social determinants of health and to lobby for policy change.

eHEALTH FOR EVERYBODY: CHALLENGES FOR HEALTH CARE SYSTEMS - key recommendations from Forum III

(A) At regional and national levels:

1. Only the experience and competence developed through the national and regional implementation of ehealth systems can help to define the standards that are essential for facilitating the widespread deployment of e-health.
2. The national implementation of e-health should be based on a whole system model and not be solely based on the technologies .
3. The national implementation of e-health should be undertaken in co-operation with all European countries to ensure interoperability.
4. e-health will provide large service and financial benefits to healthcare. Therefore incentives for investment should be provided to health care providers.
5. To attain the goals of the EC action plan of eEurope 2002, the member states should produce national plans for e-health.
6. Greater attention should be paid to training, information quality standardisation and the organisational development associated with ehealth applications (the so called INFOstructure) rather than investing solely in the technology. The tendency however is to invest (too) much in the INFRAstructure. A well-balanced investment mix should be 30-50% in INFOstructure and 50 % to max 70% in INFRAstructure for eHealth.

(B) At the EU level:

7. The EC should accelerate and promote the standardisation of e-health and harmonisation on an international level in co-operation with member states.
8. The EC should stimulate the exchange of best practice between EU member states, accession countries and other European countries.
9. The EC should help to define the rules for cross border e-health solutions within the EU and for using e-health services in other European countries. There should be a recognition of the European citizens' right of domicile, of selection of place of business and freedom of movement. This will strengthen cross border applications, co-operation, and connection with and utilisation of foreign health services and competence centres.
10. The EC should facilitate the co-ordination and promotion of national e-health initiatives that ensure interoperability of solutions within Europe and globally.

HEALTH TARGETS: A TOOL TO DEVELOP HEALTH STRATEGIES - key recommendations from Forum IV

(A) At regional and national levels:

1. Move from theory into practice.
2. Establish target setting as “good practice” in policy formulation and implementation.
3. Ensure that target setting is a co-operative process. Targets must be agreed jointly by the experts who set them, the professionals who have to meet them and the people for whose benefit they are intended.
4. Promote a new role for citizens. What people feel, think and want in relation to their health must figure strongly. The citizen must therefore be given an active part in the discussion and setting of health targets.
5. Ensure broad political consensus. Health targets are politically sensitive. This means that those who set them should come from a broad political spectrum, to ensure agreement on joint action across professional and political and consumer groups.
6. Use technologies to reinforce recommendations.

(B) At the EU level:

7. Capitalise on expanding learning opportunities. Although many have taken part in target-based policies across Europe, their total experience is shared by very few. The collation and dissemination of current knowledge is therefore essential. The EU, WHO, EHMA, ASPHER, PHA and other “Citizen industries” can play a very important role in this field.
8. Elicit stronger support for target-based policies. The EU should support evaluation studies of health targets, make the results available to all and encourage practical action. The WHO and the EU, and national governments when possible, should support health target networks and working groups.
9. Create a database for health reports as a means for setting measurable health targets.

PATIENTS RIGHTS AND CITIZENS EMPOWERMENT - key recommendations from Forum V

1. On the merger of public health and health law:

We should make people safer for their society and society safer for its people by:

- Acknowledging and promoting fundamental human rights and values;
- Including health law and ethics in the curricula of health education;
- Evaluating policies and legislation;
- Stimulating effective co-operation between countries and transnational bodies; and
- Focusing on the implementation of health legislation and policies.

2. On the protection of health services consumers in the information age:

Technology should be responsive to the values of society. Further measures and safeguards are needed in terms of public policy, such as:

- Elaboration of individual rights with regard to genetic testing in particular the control over the use of blood and tissue;
- Better protection from discrimination on the basis of genetic information;
- Defined criteria and appropriate guidelines on genetic testing and medical research.

3. On citizens and patients as partners of health services:

If health services are to be truly responsive to the needs of those they are supposed to serve, we should listen to and take full account of the views of users. Strategies to promote participation should be encouraged but evaluated critically by sharing the lessons and learning from failures as well as the successes.