



## European Health Forum Gastein

Health & Wealth:  
economic and social determinants of health

# Gastein Health Declaration 2003

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## **GASTEIN HEALTH DECLARATION 2003:**

### **A MESSAGE FROM THE PRESIDENT ON ECONOMIC AND SOCIAL DETERMINANTS OF HEALTH**

The European Health Forum at Gastein is a unique annual event, which brings together experts, interest groups and politicians from across wider Europe to debate topical health issues. The main stakeholders that form the pillars of Gastein are politicians, the health sector; civil society represented by NGO's, academics and the private sector. A significant outcome of these events is a statement of observations, conclusions and recommendations emanating from the wide discussion from the EHFG president to those with Governance responsibilities in Health Policy Development and Implementation. This statement is disseminated to key institutions such as those of the EU and member states and regions to maximise impact. Subsequently, these recommendations are supported by the publication of a full report of the scientific presentations.

The organising theme this year was Health and Wealth. The main objectives were to consider:

1. the social and economic implications of the European social model of health
2. the social and economic challenges for an enlarged Europe, an ageing European population and for the development of pharmaceutical policies in Europe.

This year the Gastein Forum discussions were inevitably dominated by the European convention and Treaty reform.

Four parallel fora were organised around the theme providing participants with an opportunity to learn about the policy issues, practical developments, and to become more familiar with innovations. It enabled politicians and other stakeholders to review the evidence and seek perspectives across a broad range of sectors on recommendations of interest to them. The Fora were organised around the following issues: health challenges in an enlarged Europe, Pharmaceutical policies in Europe, A macro-economic view of the health sector and healthy ageing-from a perspective of citizens needs and expectations.

The main observations and recommendations of the Parallel Fora are grouped below. Our hope is that you find them timely and useful in application of your responsibilities for health development.

Each Forum considered the implications for health and health systems and services at the individual level as well as at the local, regional, national and supra-national levels. The EHFG includes the 51 countries within the WHO European area i.e. the EU and accession countries, Central and Eastern Europe and the EEA countries. Every effort is made to ensure that the multitude of different interests and perspectives are covered.

*Günther Leiner*

President,  
European Health Forum Gastein

- Please note:
- The EHFG declaration does not necessarily reflect the views of all participants.
- A publication of all scientific papers can be ordered from the International Forum Gastein. Abstracts and Presentations are available at [www.ehfg.org](http://www.ehfg.org)

## **1.) General EHFG observations and recommendations**

Throughout the conference there was considerable support for the following:

### **A. EU Treaty reform**

- That health should be an explicit objective under article three of the EU Treaty.
- The EU Treaty should epitomise the right balance between social policy and the internal market. The "market" should be a mechanism supporting the European social model and its common welfare goals, which bind together member states and wider Europe.. Europe needs to achieve health and wealth.
- The EU Treaty should seek to create and make sustainable the aspirations of the European social model - i.e. universal coverage, equity and social solidarity.

### **B. Macroeconomics and health**

- Health should be considered as an investment and a benefit to society and the economy and not a cost. Health is a cause of progress. Investing in health can enhance economic growth and will bring many other benefits.
- Another challenge for macroeconomic policy is how to reduce the need for healthcare and how to provide health care as equitably and efficiently as possible.
- The science base on European aspects of Macroeconomics and health is underdeveloped and the work of WHO (Euro) taskforce should be taken forward as a priority by the EU as a key component of the new EU public health framework. Failure to consider the health implications of appropriate macro-economic policy evaluations is a major risk to the national economies of Europe. Careful consideration of policy goals is essential. 1.
- Work at the international level has not focused nearly enough on tackling the enormous burden of avoidable chronic disease's in Europe (and in the rest of the World) and the needs of the poor in central and eastern Europe have been marginalised.
- The debate has been characterised by a lack of theoretical underpinning, a focus on what can be measured rather than what is important and the use of data of dubious validity.
- Some of the policy goals (i.e. waiting times) are flawed, as they are not measures of productivity. The amount a country spends on health care cannot easily be assessed by comparisons with others where patterns of health and costs and combinations of inputs

vary. Instead health gain must be the focus of economic evaluations.

## **2.) Specific Forum observations and recommendations**

### **Forum AI: Health challenges in an enlarged Europe**

- Successful health and wellbeing strategies are characterised by political commitment and consensus, ownership from stakeholders, an inter-sectoral approach. They contain explicit priorities for health gain, which are evaluated by the achievement of well-defined health indicators and outcomes, strong institutional arrangements, and supportive environments and settings.
- Affordable, accessible health care depends upon the development of primary care, efficient use of healthcare resources and reforms in financing and organisation across Europe.
- The harmonious co-existence of health care systems depends upon ensuring an adequate supply of health professionals throughout Europe through planning and ethical recruitment, accessibility to innovative medicines across Europe, and sensible patient flows. The high-level reflection process established by the EU is a key mechanism for achieving harmony and integration.
- European added value can be achieved through information gathering, assessment and monitoring of progress, provision of training and networking opportunities, addressing macroeconomic issues and supporting initiatives between member states.
- Given the supporting health protection and health promotion competency in the draft Treaty arising from the convention there is a duty and necessity for member states to become much more active in collaborations for health.
- Commerce and industry have a duty to engage in health and health care, to provide supportive health promoting work environments and to invest in health and health care in partnership with government.
- Health care professionals and organisations should engage in public health and sustainable health care, exchange research and knowledge and contribute to Europe wide resource planning.
- Patients and citizens should be the drivers of the health system and become involved in health politics.
- There should be support for creating an active civil society in the new member states and in wider Europe where health systems are in transition.

### **Forum AII Pharmaceutical policies in Europe**

- Three critical issues were identified:
  1. The conflict within Europe between the demands of the single market for free movement of goods across internal borders and the imposition by individual members of separate pricing controls on both patented and off patented medicines.
  2. Whether pharmaceutical companies should be permitted to communicate directly to the public about their products.

3. Improving the value of high quality comparative data about the performance of medicines.

- More transparent dialogue about policy and rationing choices affecting those in need of care should be seen as a desirable health sector goal for Europe in the twenty first century.
- There should be an exploration of the European approach to the regulation of medicines advertising and other forms of information provision to ascertain how consistent it is with trends towards consumer sovereignty in health care and the European social model. A legal distinction needs to be considered between marketing and information provision and the extent to which facilitating greater service user empowerment in the health sector requires regulations restricting the free exchange of (accurate) information about prescription medicines and other treatments.
- More emphasis should be placed on creating partnerships allowing for new research based pharmaceutical industry business models. The industry should move away from a reliance on large volume blockbuster drug products to greater market plurality with a greater number of medicines and allied products (such as those designed to facilitate diagnostics) being provided in lower volumes.
- Maintaining Europe's position as the home of the pharmaceutical industry of leading edge scientific research is of paramount economic and social importance for the wider Europe. The case for extending medicine patents or related forms of intellectual property protection for innovators, in return for better medicines supply arrangements for poorer populations in the EU and elsewhere should be explored. Also the pharmaceutical industry will have to increasingly contribute to global public health as one of their major priorities.

#### **Forum BI A macro economic view of the health sector**

There should be a commission for macroeconomics and health for Europe to

- adapt macroeconomic and health concepts to European requirements
- consider in particular how to meet the economic costs of ageing
- re-assess the (hitherto) assumed role of economic growth as precondition for health care financing

Further efforts are needed to refine the theory of macroeconomic analysis of health expenditure. More resources should be devoted to the collection, compilation and comparison of data. In that regard it is important to know and agree on what to measure - at national, European and international levels, as well as to improve transparency, information and standards of data.

## **Forum BII Healthy ageing. Citizens' needs and expectations The challenges for society.**

- Politicians must recognise the growing political power of the increasing "greying population", and older people must organise themselves to make their voice heard.
- Policy makers should recognise that effective health services for older people cannot be delivered without also taking into account the inter-connected issues of housing, income levels, pensions, employment policies. Integrated care approaches will have to be used.
- Wise ageing policies should prepare for a worse "demographic balance" than currently predicted
- Structural reforms should be accelerated immediately to prepare for these growing numbers of older people and the declining numbers of those who will generate the wealth to support the older generation.
- Impetus should be given to creating environments that are supportive of health promotion and disease prevention for younger adults to address the health problems of ageing and to ensure that people stay healthy well into old age
- Incentives should be developed to encourage continued participation in the workforce, as there is evidence that older people remain healthy for longer if they feel that they are valued as assets in society.
- Training programmes in quality care in the community will be essential in order to provide high quality care for older people in the community.
- Appropriate qualifications for long-term and social care staff need to be ensured, particularly when increasing numbers of staff are drawn from immigrant groups.
- Greater investment in evidence-based, multidisciplinary, and patient-centred research is needed, particularly in the following areas:
  - The mobility of professional and informal carers from accession countries;
  - The impact of the "internal market" for long-term care, particularly in relation to the principles of accessibility, quality and financial sustainability;
  - Issues concerning the empowerment of old, vulnerable people as consumers.
- The open method of co-ordination should be utilised as a mechanism for tackling these issues across the EU and throughout wider Europe.