



European Health Forum Gastein  
Global Health Challenges:  
European approaches and responsibilities

# **Gastein Health Declaration 2004**

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## **GASTEIN HEALTH DECLARATION 2004:**

### **A MESSAGE FROM THE PRESIDENT --**

The European Health Forum Gastein (EHFG) 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, International Organizations, and the private sector. A significant outcome of these events is a statement of observations, conclusions and recommendations emanating from the discussion by 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 Global Health Challenges: European approaches and responsibilities. The main objectives were to:

1. To consider the health dimensions of foreign policy and global security;
2. To consider the prospect of a global health strategy for the European Union and wider European alliances;
3. To debate issues that are common and topical across wider Europe on values, principles and objectives of health policy, mental health and social inclusion, pharmaceutical policy, the determinants of health and sustainable high performing health systems.

Five parallel fora were organised around global themes, 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 their interest. The Fora were organised around the following challenges: Determinants of health, Values, principles and objectives of health policy; Mental health and social inclusion; Health system performance and sustainable financing, pharmaceutical policies in an enlarged Europe.

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 enlarged EU, Central and Eastern Europe and the EEA countries. Every effort is made to ensure that all of the different interests and perspectives are covered.

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

*Günther Leiner*

President,  
European Health Forum Gastein

- 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)

## **General EHFG recommendations on the main theme:**

### **Global Health: Europe's Approaches and Responsibilities**

#### **Recommendations**

1. As suggested in the "health futures reflection process" led by Commissioner David Byrne the EU should publicly develop an EU global health strategy in collaboration with WHO and international development agencies to guide EU foreign policy. The Millennium Development Goals (MDG's) should be at the heart of this policy with particular attention given to the prevention of Non Communicable Disease's (NCD's.)
2. The priority considerations for an EU strategy should be the Millennium Development Goal 8 - developing a global partnership for development, with targets for aid, trade and debt relief, harmonisation of aid, supporting and strengthening the UN system, being a leader on women's health in the International Conference on Population and Development (ICPD), applying the lessons of European public health history and supporting a strong civil society movement for global health.
3. The application of the MDG's for Europe and Central and Eastern Asia should be redrawn to include reducing death, illness and disability from the avoidable chronic diseases (NCD's) and external causes such as injuries.
4. The global MDG's should be reviewed to take account of the staggering increase in avoidable NCD's in developed and developing economies. International development agencies and health organisations such as the World Bank, WHO and EU and national development agencies should review their commitment to the prevention of NCD's.
5. The importance of establishing effective and sustainable surveillance, vital registration and health information systems consistent with international standards should be a priority for health development. This will provide valid data for local decisions and international comparisons and is vital to supporting the achievement of the MDG's.
6. Health development should be at the heart of the development and sustainable agenda in achieving the MDG's. New business models should be developed to grow economies, particularly developing economies that promote health and control the excesses of some industries that seek to exploit a lack of national and international controls on their products.
7. The International community should fully honour its commitment to the promised ICPD funds of which only half has been provided to date. Europe should press other donor countries to honour their public commitments and global obligations. Public health services need to be more responsible and accountable to the poor, marginalised and those subject to discrimination, which bear the greatest burden of mortality, morbidity and lack of treatment. Health equity must be a central function of health system development. Gender equality and the empowerment of women are critical for achieving the ICPD and MDG goals.
8. International organisations should invest more in facilitating policy dialogue and the communication of health improvement innovations between global regions.

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

### **Forum A1: Values, principles and objectives of health policy in Europe.**

#### **Recommendations**

1. The following issues should be recognised as key aspects of the Values debate: values in health and their application in future health reforms, health as a specific European value, values in health and the new European Constitution, European citizenship and health. European values on health services and systems should guide foreign policy on health and development.
2. Some key issues which raise challenges in translating values into policy are democratic accountability, empowerment and participation, dignity, equity and exclusion. Governments must inevitably consider the optimum tradeoffs that have to be made among agreed values.
3. The twelve dimensions of health targeting developed in the Madrid Framework (2004) are a useful basis for establishing common values at all levels of policy making, and for considering optimal tradeoffs. These dimensions are: Health gain, Equity and fairness, Choice, Responsiveness to society, Investment in health, Evidence, Efficiency, Intersectoral governance, Local empowerment, Sustainability, Inter-dependency, and Complexity and creativity.
4. Patient and citizen involvement in health policy is a positive trend in Europe. Patient's charters on the national and pan-European levels should include the following rights to: preventive measures, access, information, consent, free choice, and respect for patients' time, quality standards, safety and innovation.
5. There is a need for further debate on health and values in Europe in respect of the following issues:
  - How is our notion of solidarity changing? Is it still strong enough to solve future challenges such as inequalities in health between countries and populations?
  - How far does and should our notions of solidarity reach? To what extent are we willing to pay for others and in what circumstances?
  - How is our notion of solidarity changing in terms of the following dimensions - national, European and global and risk, generational and distributive?
  - How do we get health values higher on the political agenda?
  - To what extent are we taking account of the health needs of future generations?
  - To what extent and at what price are we willing to influence the determinants of health?

### **Forum A2: Promoting social inclusion in an enlarged Europe - putting mental health on the agenda.**

#### **Recommendations**

1. There is an ongoing need to address not only the substantial poor health and socio-economic consequences of mental health problems but also the issues of stigma, discrimination and social exclusion, especially in Central and Eastern Europe as human rights abuses continue to exist in the outdated psychiatric institutions and social care systems that remain the mainstay of some mental health systems.

2. Human rights legislation and instruments are only useful to promote social inclusion if they are effectively monitored with adequate sanctions, where required, to effect change. They also need to move beyond a focus on the health and social care sectors and protect against discrimination in other sectors.
3. A fundamental health goal should be to promote social inclusion throughout the life course in particular through developing mental health life skills, (beginning in school) social marketing, media engagement and empowering mental health service users.
4. All European countries should have a national mental health (promotion) policy and action plan. To help ensure, given substantial health and socio-economic impact, that an appropriate level of resources are targeted to mental health.
5. Mental health services should move away from solely focusing on mental illness to include promoting mental health and well being, and participation in society. It needs to be understood within a broader social, environmental and cultural context.
6. Mental health services should be community orientated wherever possible, and linked to individuals needs. These could include a one stop service to co-ordinate appropriate support across sectors and make users aware of welfare services and entitlements to health, social care, housing and wider social security benefits.
7. The macro-economic case for investing in mental health promotion should be assembled.
8. Further build on existing international co-operation between agencies, donors and civil society, with an emphasis on considering long term sustainability of initiatives.

### **Forum A3: Pharmaceutical policy in the enlarged Europe**

#### **Recommendations**

##### a. At EU level

1. The EU should boost non- competitive, trans-lational research.
2. The EU needs to establish a European Technology Platform within the 7<sup>th</sup> research and development framework.
3. The EU should monitor the implementation of the revised community regulation.

##### b. At Member State level

1. The member states who are the main addressees of the recommendations of the G10 process, are asked to implement these recommendations
2. Member states should promote and reward true innovations.
3. Member states should learn to understand and make use of tools for decision making such as health technology assessment and phamaco-economics

##### c. Recommendations with regard to Health Technology Assessment (HTA)

1. More investment in HTA is needed
2. In the design of HTA reports, besides effectiveness, cost effectiveness and financial aspects, societal and ethical dimensions should be included.
3. HTA is a tool for decision makers and should be policy driven and implemented

## **Forum BI: What determines health?**

### **Recommendations**

1. EU public health strategy and legislation should be comprehensively assessed for action on health inequalities.
2. European targets and indicators for health inequalities should be developed so that comparisons on progress can be made and the basis for common European actions established.
3. An EU cross directorate strategy for health inequalities should be developed and include collaboration with international agencies
4. Health impact assessment of EU policies should be routine to ensure that policy actions reduce and do not inadvertently increase health inequalities.
5. International organisations should promote the development of innovative solutions to tackle health inequalities through the development of sustainable applied information systems. In particular, International organisations should develop shared learning on health inequalities to support the new member states.
6. The emerging global changes in the world environment and socio economic developments should be assessed on their health impacts and impacts on inequalities in Europe and a European strategy developed.
7. The Luxembourg and UK Presidencies of the European Union (2005) should address the Gastein recommendations on health inequalities. In particular to establish a high level policymaking network and information systems to support competent and effective practice at all levels.

## **Forum B2 Towards high - performing health systems: Value for money and sustainable financing**

1. Promote the generation of evidence that enables policy makers to assess the appropriateness of approaches and instruments to improve health system performance at national level.
2. Establish opportunities for sharing at international level - successful policies and practice that have relevance across Europe.