



**Internationales Forum Gastein**

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## **Back ground information for Journalists**

### **First EUROPEAN HEALTH FORUM GASTEIN (EHFG)**

#### **An Initiative during the Austrian EU-Presidency**

### **Creating a better Future for Health Systems in Europe**

Interfaces – Intersections – Breaking Points for Politics and Society

East and West • EU-national-regional Levels • Economy-Sciences-Finances-Consumers

During the Presidency from July 1 till December 31, 1998, Austria is the centre of interest of whole Europe. Austria can promote the development of important political fields and the Laender (regions) also have the possibility to improve their profile among other European regions. As future-oriented event, the EUROPEAN HEALTH FORUM GASTEIN (EHFG) from 30/9 till 2/10/1998 will be of great importance for Salzburg and Austria.

### **Solutions beyond professional, political and geographical borders**

The EUROPEAN HEALTH FORUM GASTEIN will gather personalities coming from all relevant levels and groups who are involved in health care matters in the EU and beyond. An independent organisation can offer a forum open to all relevant groups better than the

Commission or a member state alone. This is why the European Commission and the Republic of Austria support the EHFG as an important initiative going beyond departmental, political and geographical borders.

For the first time, representatives of the European Union, the Member States, the regions, national and regional representatives of the CEE States, patients' lawyers, representatives from sciences, health insurance companies, medicine and industry will discuss the challenges of the health care system with the EU enlargement at the background. According to the point of view of EHFG- President Günther Leiner lasting and sustainable solutions can only be found in an interdisciplinary way and they should stress the importance of the topic "health" - the main topic of every citizen - and take into consideration the economical and ethical dimension.

Especially the health sector can be an example for the application of the principle of subsidiarity. Here responsibilities for a high quality supply as near as possible to the patients/citizens/consumers can be presented at european, national, regional and local level. This is the reason for the Committee of the Regions' cooperation with the EHFG.

The EHFG is launched with the impulse of Austria's EU-presidency and will offer an annual forum of discussion with a scientific follow up and proposals for solutions for the political levels concerned. The EHFG will be modelled on the World Economic Forum in Davos.

"This meeting of senior representatives has started with a substantially smaller group and has developed through the years thanks its orientation towards special quality to become a world-wide unique event" says Dr. Leiner. "It is very important that the EUROPEAN HEALTH FORUM GASTEIN does not intend to be a single event but to become an annual meeting of senior representatives of experts, politicians, physicians and business, trade and industry ", Dr. Leiner stresses the long-term conception of the EHFG. One long-term objective is the foundation of a European health college with meetings in the whole Gastein valley. As permanent institution for experts and decision makers, it should contribute to develop the Gastein valley to a European centre for all health matters.

# **The thematical environment to the EUROPEAN HEALTH FORUM GASTEIN:**

## **The European health policy at the crossroads of the next millennium?**

### **Health for all citizens in Europe as political task**

The challenge of the EU enlargement, the standards of ethic and quality in East and West, the challenges of the Common Markets for suppliers, consumers and financiers and other fundamental questions for the future will be discussed at the EHFG.

#### **Subsidiarity and the role of the regions**

### **From Cardiff through Bad Hofgastein to the Summits of Pörtschach and Vienna:**

The EUROPEAN HEALTH FORUM GASTEIN paves the way to the future for a (new) distribution of powers for the EU, the member states, the regions and the local authorities.

Closeness to the citizens and acceptance of political decisions will be crucial topics during the Austrian EU-presidency. On the basis of the Cardiff European Council Austria will take every effort to bring Europe closer to the citizens. And what is more important to the citizen than his or her own health?

An extraordinary summit of the heads of states and governments on October 24/25, 1998 in Pörtschach will deal with subsidiarity and closeness to the citizens. And the discussions will be deepened on the Vienna summit in December.

In Austria as well as in many other European states, the Laender (regions') importance is shown in their main responsibility for the primary health care of the citizens. In Scotland, Sweden and Denmark, the regions even play a decisive role in the health policy. According to Dr. Leiner, a debate without these main actors would be incomplete. The involvement of all political levels is the prime requirement for durable and efficient solutions.

## **Health care as a market and economic factor**

### **New economic challenges:**

The verdict of the European Court of Justice on the refund of health treatment expenses (Decker and Kohll cases) was a further step towards free circulation of services and free circulation of goods within the EU. This is only a small piece in the complex questions around the impact of the Economic and Monetary Union (EMU) and the Common Market on the health care system. Furthermore the economic pressure due to a rising treatment/therapy offer will increase this impact. In the new millennium, our society will be more and more confronted with the problem how to raise the necessary funds in order to guarantee the present quality standard supply for a general access to health care.

Now, Europe must choose to opt for the American model, i.e. a feasible system but with a very loose social network, or to go his own way, the European one.

However, levelling should not be aimed at. The objective should be harmonisation based on a ground consensus and a health supply determined by European quality standards.

The EHFG will discuss central issues regarding the social health care with the background of the Common Market and try to find answers to the complex social challenge of a highly regulated market having to consider diverse interests.

## **Health: More possibilities for**

### **Research & Development in Europe**

Research & Development depend to a great extent on the capacity of a social environment to motivate investors to make available remarkable funds for useful research projects. Politics must pursue a future-oriented policy and set up the appropriate prime conditions.

In comparison: In the USA, the federal funding tasks for research and development in the fields of defence and public health have developed in a diametrical way. The expenses in the field of defence sank from 40 billion \$ to around 29 billion \$ between 1987 and 1996 and in the same time, the expenses for health care rose from 6,5 billion \$ to 9 billion \$.

"How much is Europe willing to promote research?" will be thus be one of the key questions of the EHFG. Speakers coming from the fields of sciences, among others Prof. Walter Holland (London School of Economics LSE Health), Prof. Jef van Langendonck, European Social Institute Leuven and other recognised experts will present analyses and draw conclusions.

## **Health care as base for a**

### **European employment initiative**

Employment is one of the central issues during the Austrian EU Presidency. Dr. Leiner considers the health sector precisely as one of the few sectors of growth for the job market. Employment is not a specific topic of the forum this year but will be regarded as the red thread during the discussions.

The rising health care market also raises the number of the jobs offered in this sector. The USA prove this fact with expenses amounting to 13% of the GDP for health matters (The Austrian expenses lay with 8,1 % in the EU-average). In the USA, health care, the third main factor for the creation of new jobs, is rising.

In 1990 around 7,5 million people were employed in the health care sector and this number rose to 9.780.000 at the beginning of the year 1998, i. e. an increase of 2,28 millions jobs within seven years (Source: OECD, US-Bureau Labour Statistics). In September 1997, there

were 10.580 home-health agencies in the USA. In 1990, there were only 5730, a few more than the half. These figures can be compared with those in Europe.

According to a study presented by the German Federal Minister for Health Horst Seehofer in December 1997, the demand for health services will grow strongly. The Austrian Economic Research Institute (WIFO) also estimates a 2,3% increase in the health care sector per year until the year 2000 i.e. means, with the necessary investment, around 40.000 more jobs within the next five years in Austria could be created.

### **Employment in the health sector and social services (in thousand)**

Country	Population	Employed population	Employed in health and social services	Share of employed in health and social services professions of all employed
Belgium	10137	3659	416	11,37
Denmark	5228	2601	446	17,15
Germany	81662	34868	3.280	9,41
Greece	10454	3833	170	4,44
Spain	39210	12042	708	5,88
France	58138	22344	2.324	10,4
Ireland	3601	1239	117	9,44
Italy	57283	19842	1.159	5,84
Luxemburg	410	162	12	7,4
Netherlands	15460	6889	968	14,05
Austria	8047	3573	282	7,9
Portugal	9916	4449	207	4,66
Finland	5108	2016	308	15,28
Sweden	8837	4319	768	17,79
United Kingdom	58606	25973	2.904	11,18
<b>Total:</b>	<b>372097</b>	<b>147809</b>	<b>14.063</b>	<b>9,51</b>

Sources: European Commission July 1998/ OECD Health Data 98

### **Health status in Central and Eastern Europe and particular health risks.**

#### **EU: No wealth fortress**

The forthcoming enlargement towards the CEEC east will completely change the current system of subsidising and the instruments for compensation through the consideration of new urgent needs. The health systems of the Central and Eastern European States suffer from

numerous problems which are in some cases grave. The citizens' health behaviour like excessive tobacco consumption and unhealthy nutrition play herein a role as important as the role of generally very limited efficiency and availability of the health institutions publicly accessible by the citizens.

The health systems of most of those countries are characterised by illegal patients' contributions, partly ridiculous official salaries for doctors, over-capacities and productivity deficiencies as well as by a persisting deficient administration, high pollution and a feeble awareness of health care of a population fighting for its economic survival.

The EU cannot and must not become a wealth fortress ignoring the needs of its Eastern neighbours. On the other side, the financial means of the Union are barely sufficient and there is need for an agreed distribution. Health and social policies which are subsidised in a large extent are not automatically the focus of the initiative policies with the applicant countries although they are strongly subsidised within the PHARE-programme framework. In the past, the Commission has greatly contributed to the consolidation and promotion of the European social pattern with the help of the East European transformation process. One of the elements of the future health policy will be to work in an efficient way aiming at getting productive outcomes. The decisions of the recent Association Councils offer new opportunities for co-operation between the EU states and the CEE states and regions.