



EHFG 2007 Reaches New Dimension

- **Number of participants at a record high, nearly 30 individual events**
- **Intensification of „Young Gastein Scholarship“-Programme**
- **European Health Forum Award to be presented the first time**

EHFG President Günther Leiner gave an all-around positive summary of the European Health Forum Gastein 2007 on Friday: “Not only did we celebrate the 10th anniversary of the EHFG, but we are very proud that the forum has also reached a new dimension this year. With more than 600 congress participants and nearly 30 individual events, we have underscored our role as the most important health policy event in the European Union. Nowhere else does a comparable platform exist for the exchange of ideas between policymakers, administration, industry, science and NGOs. No other event has a similar number of experts participating from the most diverse areas of the healthcare industry and nowhere else is a similar breadth of content offered.” The large number of events has also led to the fact that this year several events are being held on the final day (Saturday) and that *de facto* the forum will last one day longer than it did before.

Leiner uses the enormous success of the anniversary event to take an optimistic look into the future. In the next few years new priorities will be set. For example, the Young Gastein Scholarship, a project in which prospective health experts are able to use the opportunity at the European Health Forum Gastein to make contacts with one another and with leading health policy and administrative representatives, really proved itself this year. “In the long term this will contribute to the continuity and quality of European health policy,” Leiner says.

The most important innovation this year, however, was the European Health Forum Award, which is to be presented annually starting this year. This new accolade will distinguish health policy initiatives in Europe that contribute to tackling key challenges faced by public health services. The European Health Forum Award will be awarded annually in future. The prize is sponsored by the Austrian Ministry of Health Family and Youth, Siemens Medical Solutions, Pfizer Germany, the Austrian Federal Chamber of Commerce and Pharmig (the Austrian trade association of the pharmaceutical industry).

Although only initiated a few months ago, numerous remarkable projects were submitted for the European Health Forum Award. Almost 30 submissions were received. The EHFG board selected a shortlist of six finalists in August, one of whom will be presented with the European Health Forum Award. The prize will be awarded by a panel of experts, made up of leading health experts from across Europe (including former British health minister John Bowis and Andrzej Rys, Director of Public Health at the European Commission's DG SANCO).

Leiner stresses also the scientific orientation of the prize: “We placed great emphasis on comprehensive reviews and analyses of the results of each project.

Only initiatives with a solid scientific founding and supported by empirical evidence were considered for the European Health Forum Award. The European Health Forum Award is not

bestowed for good intentions, but for health policy measures that have resulted in long-term benefits.”

Further information:

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European Health Forum Award finalists

”Medication Safety Belt”:

Almost half of all patients do not take prescribed medicines correctly or cease treatment early due to a lack of knowledge or insecurity regarding the correct usage. The “Medication Safety Belt” project stores information on patients and provides doctors and pharmacists with relevant information on a patient's medications. The core elements of the project are a central medication database and patient management software. The project succeeded in reducing double medications by 40 percent and the percentage of chronically ill patients that did not take their medication by a quarter.

Countries: Germany, Austria

European Alliance Against Depression:

Around twelve percent of Europeans suffer from major depression at least once in their life; a large proportion of the 58,000 annual suicides in the EU are a result of depression. Using a four-tier approach ((intervening with primary care physicians; initiating a media campaign; special training for key groups such as teachers, clergy, police, pharmacists etc.; initiating self-help groups and emergency cards for those who have attempted suicide) resulted in a significant reduction in suicidal acts in a target region.

Countries: Austria, Belgium, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands, Portugal, Slovenia, Spain, Switzerland, United Kingdom

Prediction and lifestyle prevention of type 2 diabetes FINDRISC project:

The “Finnish Diabetes Risk Score” (FINDRISC) is one of the most promising attempts in the fight against what is probably the “most expensive” widespread diseases in the EU: type 2 diabetes. FINDRISC was employed successfully in the DE-PLAN subproject to determine the risk of type 2 diabetes. A second subproject, IMAGE, included drawing up guidelines for the prevention of type 2 diabetes. For the first time, scientific evidence has demonstrated that the risk of type 2 diabetes can be reduce by more than 50 percent.

Countries: Germany, Austria, Bulgaria, Estonia, Finland, France, Germany, Greece, Italy, Latvia, Lithuania, Norway, Poland, Serbia, Spain, Netherlands, United Kingdom

Cross Border Healthcare in the Euregio Meuse-Rhine (EMR):

A significant portion of the EU population lives in border regions – no wonder with 27 member states. Until now, citizens had only limited access to healthcare institutions and services on the other side of the border, even if these are easier to access. A pilot project in the densely populated Euregio Meuse-Rhine involving Belgian, German and Dutch insurances and hospitals has played a major role in improving patients' access to doctors across national borders, reducing waiting lists by using free capacity abroad and guaranteeing an integrated cross-border care chain. The project is a reference project for numerous other border regions in the EU.

Countries: Belgium, Germany, Netherlands

Quality Assurance in Breast Cancer Screening and Diagnosis:

With 330,000 cases per year, breast cancer is the most common type of cancer amongst women in Europe. Screenings facilitating early diagnosis are available almost everywhere and are generally popular, however the success of the screening methods varies. Setting out a

series of European guidelines for quality assurance in breast cancer screening and diagnosis allows international experience to be exchanged, and 19 countries have already implemented similar national programmes. Furthermore, a series of effective best practice recommendations have been drawn up based on an analysis of the results.

Countries: Belgium, Czech Republic, Cyprus, Estonia, Finland, France, Germany, Hungary, Iceland, Italy, Ireland, Lithuania, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom

Smokefree Class Competition:

Whether adolescents smoke has a decisive impact on whether they will smoke in adulthood or not. The Europe-wide school competition "Smoke-free class" primarily employs methods of social learning to create a situation where smoking is no longer perceived as "normal". It has since been proven that significantly less teenagers became smokers in classes participating in the competition. The project has therefore been included in many national anti-smoking campaigns.

Countries: Belgium, Estonia, Finland, France, Germany, Greece, Italy, Iceland, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Romania, Slovakia, Spain, Switzerland, United Kingdom

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