The spa region of Gasteinertal bodes well for a successful exchange on health policy issues and must remain so in the future. With more than 250 congress participants from 21 EU member states, the membership candidates, and international organisations, the 1st EUROPEAN HEALTH FORUM GASTEIN (EHFG) organised in the Gasteinertal in autumn 1998 accommodated the decision makers of health policy for turn of the century. Padraig Flynn, the EU commissioner for Health, Social Affairs, and Employment, to whom we are very grateful for his support, has spoken in favour of continuing the consultation process in Gastein. We are eagerly looking forward to the 2nd EUROPEAN HEALTH FORUM GASTEIN that will take place from October 6 to 9 1999, said MP Günther Leiner, the president of the EHFG at a press conference held together with Salzburg's provincial governor Franz Schausberger and EU health commissioner Padraig Flynn in the Salzburg liaison bureau in Brussels on July 6, 1999.

In 1998 it was already clearly formulated as a European task of health policy to try and achieve a consensus beyond the limits of basic medical services that need to be accessible to all citizens – both upstream and downstream. At the end of the 20th century, the question remains

Poor and sick in Europe?

Health and social security in Europe. Main topics of the 2nd EUROPEAN HEALTH FORUM GASTEIN

Facts and figures

The development of mortality rates in the succession states of the Soviet Union and the lack of progress in reducing the excessive number of premature deaths in lower social classes almost in every European country have led to a reduction of overall life expectancy in Europe for the first time since World War II. Life expectancy fell from an average of 73.1 years in 1991 to an average of 72.4 in 1994.

In order to maintain and improve health care systems, not only the quality of health care systems but also the maintenance of living conditions and the factors of a good health system must be taken into consideration: high hygiene standards, qualitative foods, and low environmental pollution. It will not suffice to increase health expenditure in order to reverse this trend. Leiner is convinced that general health is in a good state only where people actively deal with the social determinants of health (such as poverty, homelessness, alcohol consumption, and smoking).

In times of increasing globalisation and scarce resources, health reforms in Western Europe constitute a threat to the 'new poor'. Especially older generations are affected, e.g. in terms of access to transplantation, to neurological or geriatric rehabilitation, etc.

Social and environmental determinants of health

- A major problem still facing many countries is homelessness. There are hundreds of thousands of registered homeless people in London alone, the situation being similar in France. Approximately 60,000 children live on the streets of Moscow.
- Between 10 % and 30 % of working people in highly industrialised countries are still exposed to excessive physical strain. In less developed countries, this percentage sometimes reaches even 50%.
- Health reforms that are significantly dependent on "market forces" do not lead to an improvement of general health.

- 8 to 30 % of total health care expenditure is normally spent on medication, whereas unsuitable and inappropriate practices can be observed in all countries in connection with prescription and application of medication.
- 49 % of deaths in our region can be attributed to cardiovascular diseases, the figure reaching 53% in the successor states of the Soviet Union. Persons under 65 years who live in the successor states of the Soviet Union run four times a higher risk of dying from a cardiovascular disease than the same population group in Western Europe.

Against the background of these facts and figures, it becomes evident that it is vital to debate on health and social security under a single aspect in an interdisciplinary and international forum. "Actually, this is the most important issue in Europe, particularly if one considers the close link between economy, social conditions, and health", explains Günther Leiner, the president of EHFG.

Japan and Iceland rank first among developed market economy countries, followed by the leading EU nation, Sweden (rank 3), Switzerland, and France: Life expectancy in the last two is as high as in Canada. Denmark, Ireland, and Portugal rank behind the USA and New Zealand (see graphic 1), and Austria is in the middle of the field.

Of course, economic development is not the only factor: this holds true not only for income discrepancies but also for those in connection with education and profession.
In all countries, there are differences in mortality between individual social groups. In Germany, for example (see graphic 2) there is a great discrepancy in the mortality rate of blue collar and white collar workers; in the United Kingdom, the gap is even larger between freelancers and blue collar workers (see graphic 3).

These discrepancies persist although social security and state health systems in all EU countries make health services equally available to all. This is also confirmed by a study carried out in Salzburg, despite the fact that the region of Salzburg is one of the richest regions in Austria and belongs to the richest fifth of European regions: approximately one third of its population is not accessible by health promotion, healthy nutrition, and preventive medicine programmes. This mentality can be observed especially with socially disadvantaged persons.

The issue of access to health services that are possible and available by local and regional initiatives for the promotion of equality and health as well as the great challenges for health promotion constitute the top issues at the 2nd EUROPEAN HEALTH FORUM GASTEIN in October 1999.

Other important topics of the 2nd EUROPEAN HEALTH FORUM GASTEIN

- Biotechnology – limits and risks,
- Rare diseases – right to treatment - orphan drugs
- Telematics in the health sector – data protection and data abuse,

Keywords like resistance to antibiotics and European chip card underscore the topicality of the congress' issues which will be debated upon by leading personalities from governments, the industry, and science with the aim of producing concrete results. A Gastein result paper is to provide European, national, and regional decision makers with concrete proposals for the improvement of health in Europe. "We do not want to be a typical discussion forum, but rather provide actual results that will be incorporated into European, national, and regional policies", says Leiner, explaining the benefits expected from this event.

Participants and speakers – Europe's top league

From party organisations to leading personalities from industry, science, and health policy

The EUROPEAN HEALTH FORUM GASTEIN invited

- **The top decision makers of European health politics**
  like the French health minister Bernard Kouchner, the current Council chairwoman and Finnish health minister Eva Biaudet, as well as the German health minister, Mrs. Andrea Fischer. Austria will be represented by the Minister of Health and Social Affairs, Mrs. Eleonore Hostasch and the Minister of Science, Caspar Einem,
- **Top personalities from the industry**
  like Curt Engelhorn, the president of the European Foundation for the Advancement of Medi-

cine (former owner of Boehringer Mannheim), Fernand Sauer, EMEA, Prof. Rolf Krebs, vice president of the world pharmaceutics association, and Ulrich Bode, the Austrian president of Pharmig,

- **Leading scientific personalities**
  like Prof. Bakker from the Netherlands (on the topic of medicine and information society), representatives from the Zurich institute of Nobel Prize laureate Zinkernagel (biotechnology), Prof. Elias Mossialos (London School of Economics), as well as
- **Leading members of European and international Institutions**
  like J.E Asvall, director of WHO Europe, and leading representatives of various DG's of the European Commission like Bruno Hansen, GD XII, and Healy, GD XIII.

For the organisers, the mixture of participants is also of particular importance. Apart from participants from Central and Eastern European countries and from the co-organiser, the Committee of Regions represented by its vice-president Roger Kaliff (S), it is particularly the affected consumers of the health system that will also be integrated in the event, i.e. the patients. They are represented by NGO's like the European Public Health Alliance or the International Alliance of Patients Organisations.

"Those who want to co-determine the shape of health in Europe can't afford to miss the EUROPEAN HEALTH FORUM GASTEIN", underscores MP Günther Leiner, the president of the Intrenational Forums Gastein: "There is no comparable forum in Europe"!

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Important for editors: digital images or colour pictures of the press conference or the EHFG in Gastein can be attached for free.

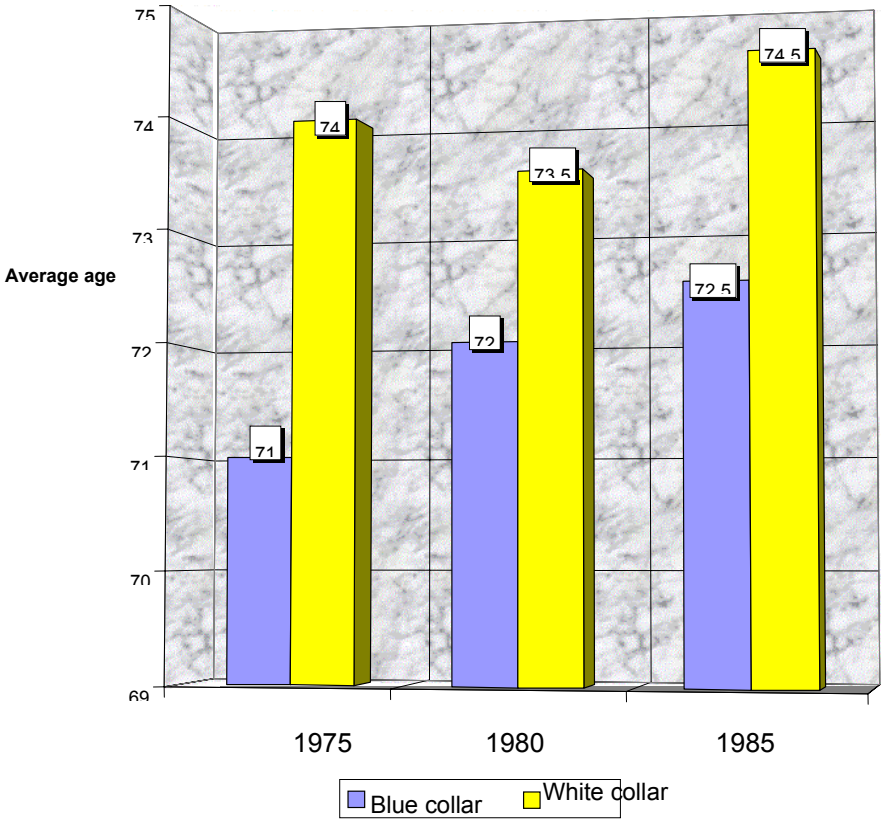
Graphs

Graph 1:
Life expectancy in developed market oriented countries; 1991/ 92 ranking.

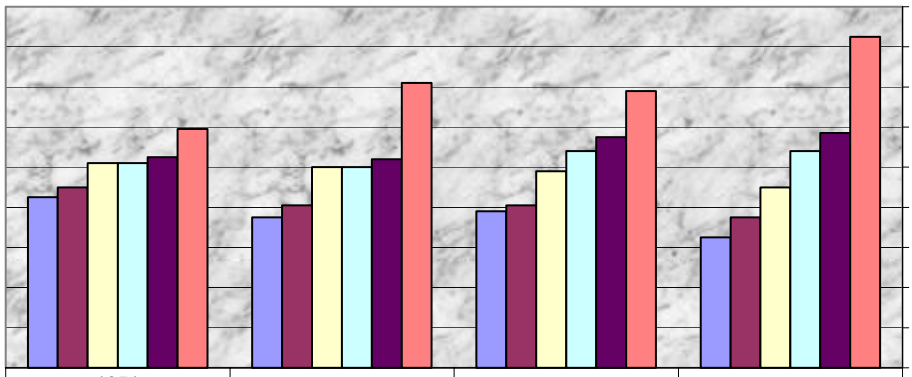
Japan	79.5
Iceland	78.8
Sweden	78.3
Schweiz	78.2
Australa	77.8
Kanada	77.7
France	77.7
Niederlande	77.5
Greece	77.4
Norway	77.2
Italy	77.2
Spain	77.0
United Kingdom	76.4
Austria	76.4
Luxemburg	76.1
New Zealand	75.8
Finland	75.8
Belgium	75.7
Germany	75.7
United States	75.5
Denmark	75.4
Ireland	75
Portugal	74.2
Compare: Europe overall (incl.succession states of the USSR)	*73.1*

WHO-EURO DATABASE HEALTH FOR ALL; in: Health in the European Community. Commission Report 1996

Average age of insured men at the time of their death, Germany 1975 - 1985



Standardised mortality rates (SMR) according to social class, men of working age, under 65, United Kingdom 1951 - 1981



	1951			
Freie Berufe	85	75	78	65
Leitende Angestellte und technische Berufe	90	81	81	75
Angestellte mit abgeschlossener Berufsausbildung	102	100	98	90
Facharbeiter	102	100	108	108
Angelernte Arbeiter	105	104	115	117
ungelernte Arbeiter	119	142	138	165

WHO-EURO country report HEALTH FOR ALL; in: Health in the European Community. Commission Report 1996