

4. European Health Forum Gastein

(EHFG) 2001

vom 26. Bis 29. September 2001



Presseinformation am 26.09.01

Abbing: Health ministers right at the bottom of the pecking order

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« We are a player, but not the only one,» said the Welsh Minister of Health at the European Health Forum Gastein. “We” means the Welsh Ministry of Health, which was founded independently from the United Kingdom in 1999 and tries to assess new strategies in public health since then. From the very beginning the objective of a strategy covering more than one political sector was central.

Trying establish an integrative and innovative approach not only intersectorial thinking or the macro-political programmes of the WHO were important: the plan to improve public health within the next 10 years aims especially to reach a wide range of the population with its measures and to include many other “players” of all areas of society in the process of improvement, thus the 22 Welsh health boards work closely together with NGOs and health services. A key position hereby is held by the teams of medical doctors, who simplify the access to health services and who should, apart from that, guarantee that national strategies are applied locally.

The national Welsh health policy reflects the claim for citizen-centred policy of the EU’s future scenarios the EU Commission designs for public health. The demands of the Amsterdam contract, the establishment and preservation of health security on a high-level

must not remain abstract goals, the British researcher in politics and social sciences, Bernard Merkel from the European Commission of Public Health in Luxembourg demands. The motto therefore has to be a Good-bye to “academic arrogance” and a turn towards health measures relevant for the citizen - away from an elitist health policy for an elite towards greater transparency, simplification of structures and the accessibility of health services for all. The information on health services should be improved, the measurement factors of health should be defined and quick answers on health threats and risks are to be found – always with the focus of attention on the EU-citizen.

The integrative approach in the visionary strategies of the EU Commission for public health also plans to work out collaborations between representatives of areas, who were separated from each other up to now, i.e. representatives of the pharmaceutical industry and organisations of consumer protection. A very ambitious aim of the EU Commission is to learn more about the costs and efficiency of investments in better health.

But how can improvement in health matters be prevailed when the adequate measures contradict other interests, such as those of economical and transport policies?

Ernst Roscam Abbing, an expert for public health in the Dutch ministry, has introduced a model to explore the health-relevant dimension of political decisions. . But what happens, if the result is, that one of the new regulations can have negative consequence for public health. “The health ministers are rather at the bottom of the pecking order of ministries, for a health minister it is more difficult to push something through against the finance minister than vice versa”, Abbing explains. It would be helpful to contract all ministries to take the health aspect into account in all their decisions – with an external control through the health ministry. The parliament is also one of the institutions enabled to demand a health impact assessment like chancellors and prime ministers are. In the Netherlands this option is more and more used. Last but not least it is the task of the population to enforce the pressure on governments and demand the protection of their health.

Abbing.en