6. European Health Forum Gastein "Health & Wealth"

Health means wealth EU Health Commissioner David Byrne EHFG President Günther Leiner

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Photos of Commissioner Byrne at the EHFG 2003 available on <u>www.ehfg.org/pressecenter/2003/</u>



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Health means wealth – the demand of a health oriented financial policy was in the centre of a press call of EU Health Commissioner Byrne before the participants of the European Health Forum in Bad Gastein on 3 October 2003.

Cuts of social benefits for the elderly are becoming presentable

Dr Günther Leiner, EHFG President, is glad about the 6th EHFG's great popularity: "More than 55 participants from 43 countries have come to the *Gasteinertal*. This shows how important health is for the well-being of the individual and for the society and also how endangered it is." Leiner resumed the problem areas discussed during the last days and points to critical developments. "Nowadays people at an age of 65 and above account for 16% of the whole population and this will increase to 18% by 2010", explained Leiner. To meet the increasing costs in the health and nursing sectors there are often applied deceptive methods. "It is becoming more and more presentable to think about cuts for the elderly", says Leiner. Concerning expenditures in the social sector the GDP is often a reference value. According to one of the EHFG experts the relations between GDP and health expenditures often fluctuate. In the GDP people abroad and adolescents without wages are not included. The expert adds that the GDP increases less than health and social costs. And what will be if the GDP decreases because of recession?

Finding potentials of cost-saving

"It would be more important to find sectors with potentials of cost-saving." Dr Kees de Joncheere from the WHO Regional Office referred to numerous studies quoted at the EHFG that show that less than 15% of pharmaceutical innovations lead to a real therapeutic progress in medicine. Many apparently new medicines are rather old hats in new wrappings. "Of course we have to create apt framework conditions for an efficient pharmaceutical policy. E.g., the state must not shift all fundamental research to the private sector. There is an urgent need for action in the policy of pharmaceuticals approval. Compulsory comparison of pharmaceuticals before approval would be a real improvement.

Manpower drain in new EU countries

Leiner says that the EU enlargement will result in even more physicians and nursing staff coming from the future EU states into the "old" EU countries because they expect better wages and career opportunities there. "The free movement of people is an advantage for the 15 EU states concerning the health sector. In some regions we have a serious lack of nursing staff and it will increase in an ageing society. Enlargement will offer young and well educated skilled staff and we will not even have to pay for their education." For the new EU states whose health standards are not adjusted to the present EU average this means a severe blood-letting. "A survey has shown that in Lithuania 26% of physicians intend to emigrate into "old" EU countries after the EU accession. With Lithuanian medical students this rate is even more than 60%."

Health as motor for economics

David Byrne, Commissioner for Health and Consumer safety, talked on this year's general theme of the 6th EHFG "Health & Wealth". "Health is a driver of economic prosperity", he said, "yet in political terms the broad subject of health is all too often seen in a negative light. Health as a 'drain' on public finances!"

While we are winning the political argument on health at European level, we have only begun to address the economic case, said Byrne, for finance ministers, the words ,health', ,spending' and ,bottomless pit' tend to go together.

For Byrne there are key messages that could characterize the new health-economic thinking: "Health is a limited, fragile and invaluable resource und well-managed health systems are positive, forward looking investments". In terms of employment, innovation and economic growth health is a productive economic factor.

Illnesses are twice as expensive as health

Moreover the indirect costs of ill-health are very high: "One recent study has calculated the lifetime costs of cardio-vascular disease to Germany. Direct health costs are estimated at 25 billion dollars. The indirect costs in productivity are nearly double, at 48 billion dollars!", said Byrne, "also as much as half of the growth differential between rich and poor countries is due to ill-health and demography."

But this is just the projected cost of one, largely avoidable, existing condition. But there are new health challenges for the population, said Byrne, "in an ageing Europe, a healthy active workforce will be a key determinant of sustainable productivity." Looking to the US, we can see the approaching tide of ill-health. In a country half the size of the enlarged EU, one study estimates that the direct and indirect cost of obesity, diabetes and tobacco, each top the 100 billion dollar mark annually.

"If ill-health will continue to affect economic prosperity on this scale, then improving the population's health must be an economic priority", demanded Byrne.

New EU states should not save money in the health sector

The burden of ill-health on the economies of the acceding states will reflect on the overall economic performance of the entire enlarged European Union, explained Byrne regarding the EU enlargement. "This can be tackled only by making full use of the EU Structural Funds and other instruments. We can and must finance the investment in health as a driver of economic development!"

"In the enlargement debate, we hear a lot about convergence criteria. Well, in the unfolding debates on financial, economic and political perspectives, I will insist on a new convergence criterion: Health."

Actual press releases and photos at www.ehfg.org/pressecenter/2003.