Workshop 1: Increasing the effectiveness of social protection

The case of health investment

Chair: Clive Needle, EuroHealthNet

Rapporteur: Peter Buijs, TNO Work&Health (NL)

Clive Needle - EuroHealthNet: The European network of agencies for health promotion and equity

Reorienting health systems towards evidence based promotion and prevention would make a significant contribution to European needs and goals, including poverty reduction targets. Closer integration between economic, social and health sectors offers multiple co-benefits for people in or at risk of poverty and social exclusion. The EU has a range of instruments in its policies, programmes and funding which can be brought to bear within the 2020 framework. EuroHealthNet continues to develop tools, knowledge and practices to support such initiatives, including via the EU Platform against Poverty and Social Exclusion.

Jessica Allen - Investing in health and social determinants of health

There are large health inequalities not only between countries but also within countries. But health inequalities are not inevitable or immutable and often result from social determinants and inequalities. The costs of inaction are substantial to the economy and society: lost lives and productivity, financial costs (reduced tax revenues, higher welfare payments and treatment costs) and social costs (social cohesion, crime, education, employment). There doesn't need to be more but better investment by using existing strategies (shared agendas over sectors) and assets (sensitizing existing workforce to social determinants of health).

Dr Antonyia Parvanova - MEP Statement

During the crisis, governments tend to make the first cuts in the health and social systems. However, these are the systems helping those most in need. Health spending is often considered as a cost rather than an investment. Inaction is costly whereas better health, especially of children and young is an investment as they will contribute to society in different ways. Ill health is poverty as much as poverty is ill health and something needs to be done about it in order to avoid developments such as the recent HIV infection increase in Greece. Dr Antonyia Parvanova appeals for:

- Smart, evidence based social investments in health with life course added value,
- Focus on prevention and risk factors reduction, including promotion of healthy lifestyle,
- Investments in health literacy at early age and with special emphasis on risk groups through the whole life.

Pablo Garcia - PROGRESS project with focus on people with mental health issues

The project has te the following main objectives: helping people with mental health issues to stay at work and defining a shared European methodology, based on solid evidence-based arguments, (both from medical and economic point of view) in order to provide a decision-making tool to those concerned with this issue. Three toolkits were thus developed for employees, employers and health professionals. Partnerships that support good employment can be good for the employee's health as well as the employer's business. Furthermore,

being able to stay in the labour market is good for employees' mental health. The toolkits developed in different Member States are available online.

Annika Veimer (EE) - Estonia's investment in health

Estonia has to compete with European and other countries but has a very low life expectancy combined with a demographic decline. Men often either don't reach retirement age or in a very poor health state. Economic development can only be achieved with a healthy population. Therefore, it established a national health plan to increase (healthy) life expectancy. Health related actions are considered in all policy areas. Estonia is convinced that sustainability and commitment was and is a key factor of its achievements and for progresses still to be made.

Rose Tamsin - Health Gains project

Many determinants of health lie outside the health system. They are mainly managed at a local level whereas health strategy is designed at national level. While policy makers often consider health as a priority, it is not always reflected in their projects and actions. Much more could be achieved by considering health issues and impacts in all policy areas.

Adam Kullmann (HU) - ERDF Programme

In Hungary, there are big differences of health status and life expectancy (up to seven years) not only between but also within regions. Therefore, a micro approach has been chosen to tackle health inequalities. The aim is on the one hand to improve the average health status and on the other hand to reduce inequalities.

Peter Buijs - Health Care and Work

Work is essential to prevent poverty and a healthy workforce is a pillar for prosperity. Extra efforts are needed as pressure on workers' health is to be expected in the coming years (ageing, working longer, increase of chronic and lifestyle diseases). According to some research (TNO, 2010), up to two billion euro could be saved each year in The Netherlands by improving the collaboration between the health sector and the work environment.

Discussion

The discussion is summarised according to the five key messages addressed to the Ministers on the last day of the conference.

1. ***Sustainable economic growth cannot be achieved without a healthy population and workforce.***

Sustainable economic growth can only occur with a healthy population and especially a healthy work force – not to be taken for granted. Accordingly, there is a need for sustainable financing of public health, occupational health and a political commitment in all sectors. The 1989 EU Directive required access to Occupational Health Care for all European workers. However, up till now no member state has reached that requirement, many having not even reached a 50% coverage.

The long term economic and health impact of investments should be considered in all policy areas. While in the short term a positive economic impact might be achieved (opening a casino that creates jobs), it could lead to a deterioration of the local economic, social and health situation in the longer run (draining money out of other economic sectors, entailing game addictions, unhealthy lifestyles, …).

2. ***Health inequalities are increasing and doing nothing about it will cost more and more.***

Health inequalities are costly to society, health services and the economy. Funds should be channelled to reduce these inequalities and try to help people that are socially excluded or furthest away from the job market, i.e. migrants and poor and disabled people. This includes ensuring access to health services. In this respect, there might be a need for better coordination and collaboration between the formal (public and private) and the informal (alternative and voluntary) health systems and service providers. The voluntary service providers often have better access to poorer people and migrants. The contact to these people is very important as they don't always consider health as a good and won't seek access to them.

3. ***We need SMART evidence based investment in health with life course added value and emphasis on prevention.***

In the health sector, there is an issue about the visibility of health gains. As a hospital is much more visible than actual health improvements, it is difficult to channel investments into longer term investments, however effective they might be. The proportion of money going into prevention (3%) compared to treatment (97%) doesn't reflect the increasing belief that prevention is a more effective investment.

The Commission has limited opportunities as the multiannual financial framework represents only a small proportion of what is done in the national budgets. However, the follow-up on investments and highlighting the existing evidence could have a significant impact. It is the member states' competence and responsibility to channel more funds into prevention within their budgets. There should be a stronger focus on prevention to reduce risk factors, promote healthy lifestyle and increase health literacy at early age.

4. ***Investing in health requires practical reorientation of policies in the direction of improved interface with relevant non-health sectors and actors, especially at primary care level.***

Many determinants of health lie outside the health sector. Health is also socially, economically and politically determined. Therefore, coordinated action is needed. Policy makers should take an intersectional approach, especially when they face common challenges. Health departments could act as a coordinator to bring together different departments in order to share their knowledge, develop policies and actions that will cover different needs and have a positive impact on health.

Structural funds are a powerful mechanism that, if targeted appropriately, can be a catalyst for improving population health. All sectorial investments through structural funds have the potential to generate health gains. Coordinating and guiding "non-health" policies might have a greater impact on health than investing in the traditional health system.

There is no need for more investment but for better, smarter, evidence based investment, e.g. in Primary Health Care (Starfield, Lancet, 1996). This can be done by expanding e.g. Primary Health Care Centres to Community Centres, using existing assets for tackling the social determinants of health, e.g. healthy workforce, wider workforce and institutions. For example, general practitioners can direct a patient to other social institutions (e.g. housing support), when the disease is due to social circumstances (e.g. housing situation).

5. ***Health care professionals need to be trained about social determinants of health (especially work factors) in order to better help people with (chronic) health problems to keep their job – the best way to prevent poverty.***

Investing money in a healthy working environment and workforce gives a good return on investment. It profits to employees (better jobs and mental and physical health), employers (productivity) and society. This can be done through better medical education about social factors and especially work factors, guidelines, evidence based occupational history tracking, inventory of toolkits and good practices. Tackling the issue of stigma can also help to finding back into work.