



BusinessatOECD
Health Forum

Health as a key for economic resilience

Contribution to the 2024
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BUSINESSatOECD





Business at OECD (BIAC) speaks for business at the OECD. Established in 1962, we stand for policies that enable businesses of all sizes to contribute to growth, economic development, and prosperity. Through *Business at OECD*, national business and employers federations and their members provide expertise to the OECD and governments for competitive economies, better business, and better lives.

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Introduction

With some of the most critical health challenges of our times among us, our *Business at OECD* (BIAC) Health Forum held on 5 October 2023 under the theme of *Health as a Key for Economic Resilience* provided a platform for the public and private sector to identify their priorities, opportunities and challenges, and explore a cross-cutting agenda for further action by the private sector, national governments and the OECD.

Since 2016, our Health Forum has served its purpose as a foundational event that allows business to highlight the contributions of our Health Committee membership towards better health outcomes and inspire dialogue, sharing industry perspectives and initiatives beyond the regular engagement with OECD bodies addressing health policies. The Forum has also raised the awareness vis-à-vis global stakeholders and other international organizations, as to how the OECD, as a multidisciplinary organization with strong expertise in health and related areas, should consider business perspectives going forward.

Drawing from insights gleaned at this year's Health Forum, the following document outlines the private sector's recommendations to OECD Ministers on how to leverage health as a key for economic resilience, setting the scene for the upcoming OECD Health Ministerial in January 2024.

From discovery to the public and patients: Data-driven value creation, measurement & planning

COVID-19 has emphasized that a well-managed and effective healthcare system depends on our ability to utilize real data to detect and manage the spread of diseases. Additionally, the innovative use of health data, if trusted and applied responsibly, can address climate risks, enable prevention and amplify workforce productivity. Digitalization and access to various methods of data analysis have undeniably changed every aspect of human life, with healthcare being no different. While uptake has been slower than in other areas due to partially justifiable reasons, one of which being the sensitivity of the personal private data at the core of the sector, in today's digital age, we must nevertheless take advantage of the solutions and opportunities that are available to us to improve the healthcare space.

Data can be used to transform health systems. Many high-income countries today, instead of "true" health systems, operate disease-driven systems that predominantly allocate resources toward addressing acute diseases. Given the aging demographic in many areas of the world, such an approach is on the brink of unsustainability. The current trajectory indicates a divide where, in some instances, only those with substantial resources will access care while others will be left behind. A data-driven understanding of such health disparities can fortunately help us identify gaps in care and advance health equity. Medical care accounts for only an estimated 10 to 20 percent of modifiable contributors to healthy populations, with the rest shaped by socioeconomic and environmental factors.¹ These factors should be linked with health data, leading to actionable insights about what drives health inequity, and solutions that directly address such socioeconomic and environmental determinants of health that can be included in the work programs of local, regional and national authorities.

UnitedHealth Group (UHG)

In 2022, UHG screened nearly 5 million individuals in the US to identify social determinants of their health and connected more than 862,000 older people or those with multiple chronic conditions to needed social services like housing or transportation. People to receive such help were selected based on the insight developed through advanced data analytics to identify the most at-risk populations, followed up by in-home clinical assessments.

Optum UK

During the energy crisis in the UK, Optum (as part of UHG) linked health and socioeconomic data to identify people living in fuel poverty (affecting up to 42 percent of the population in certain areas) who would be particularly vulnerable to living in an unheated house due to chronic conditions, and social services prioritized this cohort for support.

Data can also help us employ a more human-centric approach to health. Patient experiences with delivery of care can be valuable forms of data that can translate into better quality of care and lower costs. Hospitals have great potential to transform – beyond sharing data with each other to amplify effectiveness, they can use data to employ innovative methods of delivery such as hybrid or complete telehealth models that more efficiently meet patients' needs. At the same time, there is significant variation in the availability, completeness and utilization of health data across countries. Interoperability of digital systems, which is vital for improving coordination across different health sectors, remains a significant challenge.

Teijin Limited

Teijin Limited's Continuous Positive Airway Pressure (CPAP) devices for patients suffering from sleep-apnea syndrome (SAS) use artificial intelligence (AI) to advance patient-centered health. In CPAP therapy, improving patient adherence is of vital importance. In order to achieve this goal, Teijin provides a website called CPARTNERS using an AI chatbot as well as call-center services to ease patients' anxiety and support finding solutions to their problems. Using these various customer service channels, patients can find tailor-made solutions at their preferred times.

Nemlink, a data management system for healthcare professionals, improves the efficiency of patient management for improved patients' adherence. This system integrates data from the CPAP devices and communication histories from call centers and CPARTNERS, producing a summary report for each patient with highlights on specific issues. The patients' data can be shared with specialists and general practitioners through the system.

The innovative use of data, including AI, comes with many benefits but also associated risks, fostering in many cases a sense of apprehension among the public and government officials. Such apprehensions could impede access to innovative solutions, potentially affecting overall health outcomes and citizens' quality of life. Therefore, trust must be built to unlock the potential of health data. Patients need to trust that their data will be secured and used for their benefit, and providers need to trust that the insights driven by their data are reliable. Government and business leaders need to instill confidence in the public that they are making appropriate investments in cyber resilience and security. We have the power to mitigate these risks, as AI is powered by input. With good data come reliable results; with biased and unrepresentative data come misleading and harmful outcomes.

What an enabling policy environment needs

- **Develop robust and secure health data governance policies** that protect the privacy of individuals while using data to improve population and individual healthcare and for secondary purposes such as clinical research.
- **Ensure an enabling and supporting regulatory framework.** Data is valuable but must be utilized within the appropriate framework to ensure that it does no harm. Digital innovations must be carefully examined before use given the consequences of data misuse and misleading or biased data. In this regard, ensure the widespread implementation of the OECD Recommendation on Health Data Governance, and continued emphasis by the OECD for harmonization.
- **Prioritize health for both today and tomorrow.** Current health systems prioritize addressing current diseases and lack focus on preparedness. Health ministries should ensure that they simultaneously prioritize health today, and health in the future, through a transformed structure of leadership that does not neglect one goal over the other. The OECD can help ministries achieve this purpose by providing information and tools that visualize how these long-term investments can be achieved from a budgetary perspective.
- **Explore financing and incentive routes** with economy, digital and research ministries to increase the uptake of digital investments required to unleash the potential and value that telemedicine, including Tele-Intensive Care Units, remote monitoring, medical apps, and related technologies bring, and incentivize the use of new digital technologies in healthcare settings to bridge the care gap between urban and rural areas and other underserved communities.
- **Invest in cybersecurity and data-sharing efforts** for businesses of all sizes, working with economy, digital and research ministries. Incentivize the uptake of cybersecurity strategies in critical infrastructure operators and improve data-sharing across different programs in the healthcare value chain to reduce data fraud and abuse. Especially considering the diversity in digital development in different countries, create clear regulations on the interoperability of digital systems across healthcare providers and government systems.

The power of prevention:

How to further improve health resilience and connect the dots

Preventive measures that bolster health resilience, including healthy lifestyles, physical activity, immunization and self-care, must remain in our spotlight even outside the context of COVID-19. Employing these measures will help alleviate the burdens placed on our health workforce, allowing them to recover and deliver quality care.

In addition, these forward-thinking solutions will not simply treat patients but help people avoid being patients. Health systems have traditionally prioritized treatment rather than prevention. For example, non-communicable diseases (NCDs) – the leading cause of premature death – account for 74 percent of the disease burden and overall health expenditure.² Nevertheless, it is estimated that 80 percent of all heart disease, stroke, and type 2 diabetes and up to 40 percent of cancer can be prevented through earlier and better prevention and health interventions.³ By shifting health spending and clinical practice towards prevention and early detection of chronic diseases, the world has the potential to build health systems that are better prepared to address current needs and face future crises.

Physical activity, often overlooked, should be considered a legitimate and valuable form of medicine. According to the OECD, consistent physical activity is paramount for both physical and mental well-being, as many non-communicable diseases (NCDs) and mental health conditions can be improved. As such, policies in and outside the health sector must support awareness and advocacy of physical activity as a form of “preventive medicine.”

Disparities in access to physical activity opportunities are apparent worldwide, and specific challenges must be addressed, such as safety concerns during nighttime activities, limited public transportation options, and obstacles for pedestrians or bikers in urban areas. Moreover, fiscal environments such as value-added tax (VAT) levels for the physical fitness industry can affect the accessibility of physical activity. It is short-sighted to assign the responsibility of physical well-being only to individual citizens. Governments can play a role in stimulating the uptake of sports by providing incentives. Fiscal instruments such as taxes, tax reductions, subsidies and investments for physical activity promotion can be mobilized to encourage taking up healthy activities. In addition, raising awareness is essential at all levels, including at school and in the workplace. Particularly for young children, education should be utilized to emphasize the importance of healthy activity, as there is a wealth of evidence that early positive experience with sport and activity increases one’s chances of maintaining a healthier lifestyle.

Movement Health 2030

Movement Health 2030 is a global initiative backed by companies such as Roche, Siemens Healthineers and Microsoft that started in multiple countries in 2019, aiming to advance access to high-quality healthcare services by 2030. In Türkiye, Movement Health has drafted an action plan recommendation with preventive care at its core – for a healthcare system that benefits from the well-being of its people, not simply treating the ill. The report was collaboratively developed with over 25 experts and leaders from the government, private sector, academia, non-governmental organizations, and key stakeholders in the healthcare and health technology industries. Aligned with the vision for 2030, three action areas were identified that need to be prioritized for Türkiye:

1. Building and expanding a well-being industry.
2. Creating policies and infrastructure supporting performance-based payment systems for preventive healthcare.
3. Ensuring the integration of health data, health information systems, and related policies.

Financial incentives such as the implementation of pay-per-performance systems are recognized as catalysts of significant change. Central to the flourishing of such an ecosystem that champions prevention are public demand and data governance. People must push for such changes to be made, and the full potential of preventive medicine can only be realized with the right data and tools to employ them.

Immunization is paramount for building more resilient and sustainable health systems. It is a cost-effective investment that represents a relatively low portion of national healthcare spending compared to the substantial benefits it generates for health and society. Nevertheless, since 2000, there has been a 35 percent decrease in the number of global vaccine clinical trials due to complexity and lengthy timelines. Improving health literacy – the degree to which people have the capacity to obtain, process and understand basic health information and services to make appropriate health decisions – and vaccine literacy, in particular, is arguably one of the most important steps in advancing vaccine coverage, especially in light of the fact that the way people interact with their health systems has great influence on their ability to improve their own health.

According to **Vaccines Europe**, evidence shows that investing in prevention, notably immunization, pays off in terms of economic and social growth. In Italy, every €1 spent on adult immunization generates €16 in health savings.⁴ Financial sustainability of vaccination programs, including through investment and reliable funding, is therefore essential to help our healthcare systems become more resilient and sustainable.

While the EU has traditionally remained a hub for vaccine innovation and manufacturing – i.e. during the COVID-19 pandemic, vaccine manufacturing increased R&D expenditure by up to 20 percent – increasingly, access to today's innovative vaccines, which are the essential vaccines of tomorrow, is becoming challenging. Slow recommendation and funding timelines delay population access to innovative vaccines, and low vaccine uptake reduces incentives to research and develop new vaccines – reaching up to 6 years for a third of EU countries to access new vaccines. The speed of adoption of innovation is essential, where close dialogue between governments and the private sector plays a key role. For example, following close public-private engagement, just eleven months after the European Union Marketing Authorization, France and Spain made an immunization solution to protect all infants against respiratory syncytial virus (RSV) available at the same time as the United States. Such actions allow governments to be competitive and remain at the forefront of vaccines innovation.

Another valuable source of prevention, saving time and reducing healthcare system burdens, is the utilization of **self-care and community pharmacies**. A local pharmacy can resolve many issues that do not necessarily require a doctor's attention, play a key role in health education, offer counseling on various health topics, and provide emergency support and immediate access to medical supplies. Community pharmacists help ensure medication adherence and provide consultations, referrals, and support for individuals with chronic health conditions. However, to extract the full benefits of self-care, strong cross-ministerial partnerships should be formed. Particularly, education must be utilized – as children are taught to turn lights off or recycle, they should be taught how to utilize pharmacies to the fullest extent.

According to the **Association of the European Self-Care Industry (AESGP)'s 2021 study on the economic and social impact of self-care in Europe**, it was calculated that the current practices of self-care and self-medication (1.2 billion cases of minor ailments) produce considerable savings in expenses for medical services and products (23.3 billion euros per year). Furthermore, savings can be generated through time gained from reduced number of visits to a physician as well as lowered sick leave-associated losses of work productivity (10.41 billion euros in expenditure) – costs that would otherwise be incurred by the national healthcare systems and by national economies.

Healthcare professionals gain substantial benefits in terms of time spent and appointments allocated to the examination and treatment of minor ailments, thus freeing up these finite resources for more urgent or complex medical cases. If self-medication were not available, about 120,000 more physicians would be required in Europe, or, alternatively, each physician would have to work 2.4 hours longer per day. A targeted approach promoting an expanded self-care approach by consumers may lead to significant future gains for the efficiency of healthcare systems.

At the same time, we must align the incentives of all stakeholders in the health sector. This means diverting away from pay-per-visit models for doctors and instead adopting value-based, patient-centric care. Under such a model of care, providers are rewarded for helping patients improve their health and live healthier lives in an evidence-based way, rather than performing more procedures and services. Moving towards value-based patient-centric care represents a shift in our systems' central focus from treatment to prevention.

UnitedHealth Group (UHG)

In the US, older people in value-based Medicare Advantage models offered by Optum (part of UnitedHealth Group) have better health outcomes at lower costs than those in fee-for-service care, both in general and across specific metrics such as hospital admissions (18 percent lower compared to fee-for-service arrangements), emergency department visits (11 percent lower) and readmissions (patients in value-based care arrangements are 44 percent less likely to be readmitted for complications linked to chronic pulmonary disorder compared to those in traditional fee-for-service care).

What an enabling policy environment needs

- **Foster access to physical activity across government ministries.** Ministries of economy, transportation, public works, etc. should work in tandem to identify barriers to citizens acquiring healthy lifestyles, and ways they can be eliminated or reduced. Involving education ministries to spread awareness of healthy activity, especially to young children, will be particularly critical.
- **Work with education ministries to boost health and vaccine literacy.** Implement education programs in schools and public awareness programs that deliver accurate information about the benefits of vaccines and herd immunity, and in applicable cases, counter harmful and misleading information that causes vaccine hesitancy.
- **Invest in long-term immunization programs,** supporting a diversified pipeline for vaccine technology, infrastructure, and capability. Coordinate to help streamline and harmonize the assessment process of innovative vaccines and reduce time to population access.
- **Consistently use appropriate incentives and steering instruments to strengthen the status of self-care in the national healthcare systems across the OECD and beyond.** Recognize and promote self-care as a complement and, in some cases, as a substitute to medical therapy. Develop policy and regulatory measures to enable such action.
- **Strategically employ fiscal instruments like taxes, tax reductions and subsidies to foster investments** that encourage the uptake of healthy lifestyles and physical activity by individuals while discouraging unhealthy lifestyle habits, including at the workplace.

Investing in innovation: Decarbonization in the health sector

The growing climate crisis has brought multifaceted challenges impacting the health sector. With the increasing risks associated with diseases such as malaria, which the UN predicts will see a transmission increase by over 50 percent due to climate change, and rising temperatures contributing to respiratory and lung diseases, the healthcare sector finds itself on the front lines of this issue. However, the healthcare sector itself contributes to around 5 percent of global carbon emissions, equivalent to the shipping and aviation industries. While areas such as energy, transport and construction may first come to mind when identifying areas for decarbonization, it must be realized that health cuts across all such sectors, meaning that while not necessarily visible at first glance, we must call for due attention to the efficiency and sustainability of our healthcare systems.

Accelerating such decarbonization efforts means that the health industry is taking steps to reduce the burden of disease caused by climate risk. Mitigating climate risks helps prevent displacement, creates

new sectors and supports geopolitical stability. These positive changes help combat health inequality, further removing economic burdens and stabilizing societies. Decarbonization of the health sector helps prevent – rather than treat – diseases, reducing stress in the health system and supporting a more sustainable health workforce.

Sustainable Markets Initiative

The Sustainable Markets Initiative, launched by His Majesty King Charles III in 2020, acts as the “go-to” global private sector organization on sustainable transition. It brings governments and organizations from industry and financial services together to accelerate the achievement of global climate, biodiversity and Sustainable Development Goal targets.

The Health Systems Task Force within the Sustainable Markets Initiative takes joint action to deliver net zero healthcare. The Sustainable Markets Initiative’s Health Systems Task Force was launched at the 26th United Nations Climate Change Conference (COP26). Companies involved in this public-private strategic partnership include AstraZeneca, GSK, Sanofi, Merck KGaA, Novo Nordisk, Roche, Samsung Biologics, Karolinska Institutet, National Health Service England, the Sustainable Healthcare Coalition, UNICEF, the University of Pavia and the WHO.

The Partnership for Health System Sustainability and Resilience (PHSSR)

The PHSSR is a non-profit, multi-sector, global collaboration between the London School of Economics, the World Economic Forum, AstraZeneca, Philips, KPMG, WHO Foundation and the Center for Asia-Pacific Resilience and Innovation, with a unified goal of building more sustainable and resilient health systems. To support this goal, the PHSSR is active in over 30 countries and has published 24 reports to date based on commissioned independent research, providing evidence-based recommendations on health system strengthening. This work, which includes country-specific findings as well as combined overarching global insights, is conducted by national experts with first-hand knowledge and experience of the domestic health systems studied.

Apart from the progress needed within the care facilities alone, the entire health value chain – from the supply chain to the disposal systems – should be examined so that effective and efficient prevention measures can be undertaken. Remarkably, when environmental impacts are reduced through innovative low-emission strategies such as investments into low-carbon technologies, the sourcing of renewable energies, value-chain collaboration and the use of digital technologies, costs are also reduced while patient outcomes are improved. Acceleration in decarbonization of the health sector not only creates systems more friendly to the environment, but also achieves more patient-centered systems and approaches.

Dräger – Green Anesthesia: Reducing the Carbon Footprint in Healthcare

Anesthetic gases, mainly halogenated hydrocarbons, contribute to climate change equivalent to the emissions from 1,000,000 cars due to their high global warming potential. To minimize the use of these gases without compromising patient safety and comfort, Dräger supports innovative means such as advanced anesthesia equipment, knowledge dissemination and state-of-the-art analysis software. We found that the use of minimal and low flow anesthesia techniques significantly reduces emissions by up to 90 percent by using as little anesthetic gas as possible. Reducing greenhouse gas emissions not only benefits the environment, but also leads to improved patient outcomes and significant cost savings for healthcare facilities.

Sanofi – Reducing Emissions through Immunization

Respiratory syncytial virus (RSV) presents a significant burden on families and healthcare services every year, particularly among infants, with high rates of morbidity requiring hospitalization and extensive treatment. A recent body of evidence shows that RSV immunization of all infants throughout the RSV season has a relevant impact on health but also on carbon emissions. Out of more than 4,000 trials, immunization led to a 77 percent reduction in hospitalizations and an 80 percent reduction in medically attended lower respiratory tract infections.

Recent evidence in the United Kingdom demonstrates that this all-infant immunization for RSV versus the current standard of care translates to a reduction of more than 68 percent of carbon emissions (around 22.2 kilotons of carbon) – twice the annual emissions of London’s ambulance fleet consumption or around 35,000 return flights from London to New York. This intervention can also save up to £60 million in direct healthcare emissions and avoid emissions equivalent to £33 million in investments.

What an enabling policy environment needs

- **Prioritize digital healthcare tools and remote care**, such as telemedicine, remote monitoring and digital apps, as essential instruments to significantly reduce the carbon footprint by reducing travel, leveraging them as sustainable solutions for a greener health sector. Explore how these tools can simultaneously improve the cost-efficiency and patient-centeredness of health systems.
- **Collaborate with ministries of environment, energy, transport, etc.** to develop national roadmaps for transitioning to climate resilient, sustainable, and equitable health care and identify separate blocks in the patient care pathway that can be further decarbonized at pace with sustainability demands. Areas for investment include greener supply chain management, green public procurement of medical equipment and comprehensive waste management.
- **Accelerate the implementation of green hospitals.** Green hospitals can be treated as venues for decarbonization — retrofitting existing healthcare facilities with energy-efficient systems (like LED lighting, solar panels and efficient HVAC systems) and ensuring that new facilities are built following green building standards will not only reduce carbon emissions but also often result in long-term financial savings. By providing public support, such as the introduction of policies and regulations to support decarbonization and circularity and the refurbishment of medical equipment, governments have a role in fostering a greener and more resilient healthcare system.
- **Support capacity and knowledge building**, best practice sharing and evidence generation, on how healthcare technology, medicines and AI can contribute to transforming and decarbonizing healthcare.
- **Develop appropriate frameworks and tools for measurement.** Various insights exist for us to build more resilient and environmentally friendly health systems, but only if the right data is collected and measured in the right way, which the OECD, as a data-driven organization, could provide a framework for.

Strategic partnerships for common goals

A coherent global narrative towards achieving global health goals, such as strengthening prevention, can be accelerated by much-needed progress through public-private partnerships and an agile whole-of-government approach that involves more specifically employment, finance, innovation, and health ministries to incentivize prevention approaches and innovation pathways that will increase health resilience. However, the private sector must be included as a key partner as we need multi-stakeholder solutions involving all parties, public and private.

The OECD Health Ministerial Statement in 2017 recognizes that “we should strengthen co-operation across government Ministries and agencies (such as with those in charge of economy, technology and innovation), and define new ways for effective and transparent interaction with patient groups and industry.” We must further elevate this objective and ensure that such cross-ministerial or public-private cooperation does not limit itself to times of crisis or obvious, critical need. COVID-19 threw at us one common objective that mobilized all of us – companies of all sizes, academic institutions and international organizations – to make unprecedented progress in research, development, public awareness and distribution. A continued effort to strengthen these partnerships even during normalcy ultimately results in more resilient health systems that will serve as the backbone of societal and economic resilience.

Business Partners 2 CONVINCE (BP2C)

Business Partners 2 CONVINCE (BP2C), the private sector arm of the global, multi-sector CONVINCE (Coalition for New Vaccine Information, Communication, and Engagement), is a global movement of employers of all sizes that seeks to build confidence among its workforce that vaccines work and are safe by educating on the facts and developing workplace policies to increase vaccine uptake. As a multi-sectoral commitment to develop trust in vaccines, BP2C has launched the “There’s More To Be Done” campaign that demonstrates the important role of employers in supporting routine vaccinations for employees, and developed learning modules that provide companies with important tools and skills for creating policies, communicating with employees and establishing community relationships to support vaccinations.

Global Health Progress

Global Health Progress, initiated by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), is an interactive resource hub highlighting collaborations between the innovative pharmaceutical industry and global stakeholders to support the Sustainable Development Goals (SDGs). With 264 active cross-sector collaborations and 1150 cross-sector partners, Global Health Progress has enabled partnerships that bring a diversity of skills and expertise to help people live longer, healthier, more productive lives in both developed and developing countries.

UHC2030

UHC2030 is the only multi-stakeholder platform that brings together diverse voices and perspectives for the common goal of achieving universal health coverage (UHC). The private sector has contributed in a variety of ways and with significant impact to achieving UHC in countries around the world. In 2019, the UHC2030 Private Sector Constituency (PSC) issued a [statement](#) on five key contributions of the private sector towards achieving UHC, which they updated this April in line with the 2023 Action Agenda on UHC. This 2023 statement comprises an [appendix](#), which includes a series of case studies to illustrate how different private sectors represented in the UHC2030 PSC are contributing to UHC.

Partnerships with private companies can further allow the public sector to benefit from the latest clinical and technological innovations developed by private sector companies. Using new technologies to improve access and lower healthcare costs, in turn, is key to addressing present and future health challenges. One prime example is telemedicine which, as the recent COVID-19 crisis has shown, has so far been insufficiently deployed in many countries around the world due to the lack of clear legal frameworks to support virtual care and insufficient investment in digital health.

The OECD can leverage its cross-disciplinary expertise to break silos and leverage its experience in implementing G20 mandates to provide guidance on how to advance integrated health policy approaches based on lessons learned from the pandemic and beyond. Throughout these assessments, business must be an integral part of discussions and also lean on the OECD to promote evidence-based analysis. Member States should resist the urge to adopt policies hastily without due consideration and discussion with partners, given all relevant facts and long-term considerations.

What an enabling policy environment needs

- **Deconfine health within governments.** Define clear goals and frameworks for how non-health ministries can be involved in the work on health and communicate actively for their participation. A more holistic approach involving multiple facets of the government ensures a broader perspective and more comprehensive solutions.
- **Maintain and bolster partnerships not just during times of crises but consistently.** Encourage regular collaborative forums, joint projects, and shared research between the public and private sector even during non-crisis periods.
- **Promote Public-Private-Partnerships (PPPs)** by careful design and execution, in a continuous manner, and share good examples of these practices for wider adoption. Have a role in fostering a greener and more resilient healthcare system.
- **Set common objectives with the private sector.** Initiatives mentioned earlier in this report, such as the Sustainable Markets Initiative and the Partnership for Health System Sustainability and Resilience (PHSSR), are examples of how tangible actions can be produced through the setting of shared goals.
- **Promote cooperation between and within governments.** As a multidisciplinary organization, the OECD is ideally placed to showcase and promote good examples of cross-ministry partnerships in advancing health prevention and its role in strengthening economic resilience as a whole.

Conclusion

The public and private sector can and must come together in transforming our health systems to be more data driven, preventive, decarbonized, collaborative and ultimately more resilient. The economic resilience of our countries depends on it. The need for action is pressing, but it will happen neither overnight nor alone. Partnerships between government and business, between different government ministries, as well as between multilateral organizations are necessary for fostering the resilience we need.

The *Business at OECD* (BIAC) Health Committee will continue to drive the momentum, working with the OECD and various representatives in the health industry to emphasize key messages and deliver novel solutions. We look forward to contributing to the OECD Health Ministerial in January 2024 under the theme of *Better Policies for More Resilient Health Systems*, discussing the lessons learned from the COVID-19 crisis, timely challenges in health policy, and tangible actions needed for the future. We hope that this report provides useful business perspectives for consideration by Ministers before, during, and – most importantly – after the Ministerial. We hope that our suggestions will set the scene for high visibility and a cross-cutting programme of work on health, in close cooperation with the private sector.

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⁴ Cicchetti, Americo, et al. (2018), Expanding economic analysis for HTA: the fiscal impact of vaccination in the Italian context. Available at: https://www.ispor.org/docs/default-source/presentations/1368.pdf?sfvrsn=2b5b0b0c_1. (Accessed: 9 June).



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