

A report from the Economist Intelligence Unit



## Financing the future Choices and challenges in global health

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The value of health to an economy is hard to quantify, but its importance is undeniable. A population's health plays a key role in economic progress, and in coming years healthcare will be a key area of focus for policymakers, payers, providers and the public alike. Financing the future: Choices and challenges in global health studies the role of healthcare against a backdrop of changing demographic patterns, rising healthcare costs and technological innovation. The briefing paper highlights several effective approaches particular countries have adopted in response to funding challenges, and also shines a light on companies that have implemented programmes supporting their employees.

As a basis for the research, the Economist Intelligence Unit (EIU) conducted a global survey in May and June 2015 to explore the impact of health on society and businesses. The survey tapped the opinions of 300 executives and managers: 150 from the private sector and 150 working in government and non-governmental organisations (NGOs). Respondents were based in North America (90), Asia-Pacific (90, with 30 from China and 30 from India) and Europe (90), with the remaining 30 hailing from the rest of the world. To complement and further explore the survey data, the EIU conducted in-depth interviews with experts from across the world.

The findings and views expressed in this report do not necessarily reflect the views of the sponsor. The author was Sarah Murray and Frieda Klotz edited the report. We would like to thank all those who participated, whether on record or anonymously, for their valuable insights.

#### Interviewees

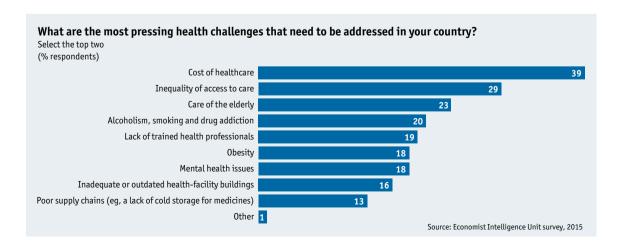
- Seidu Paakuna Adamu, national co-ordinator, Ghana School Feeding Programme, Ghana
- Brian Brink, former chief medical officer, Anglo American, South Africa
- David Buck, senior fellow in policy, The King's Fund, UK
- Giovanni Guido Cerri, former dean, University of São Paulo School of Medicine; and director, Institute of Radiology, Hospital das Clínicas, Brazil
- Andrew Matthews, advisory services manager, Business for Social Responsibility, USA
- Dorje Mundle, director of the healthcare practice, Business for Social Responsibility, France
- Kyu Rhee, vice-president and chief health officer, IBM, USA



As seismic demographic and economic shifts take place across the globe, healthcare is becoming a pivotal issue. Pressure on healthcare financing is increasing as populations age, pushing up demand for care as people live longer but with more complex health conditions and co-morbidities. Governments and businesses across the world are exploring how to control costs while ensuring citizens and employees have access to quality healthcare and striving to see to it that investments in care bring the best returns.

In addition, technological innovations are altering the healthcare landscape and offering potential responses to some of these challenges. Digital and mobile tools can be harnessed to transform the delivery of healthcare services, lowering costs and broadening access. A new generation of health consumers is demanding more choice and customisation, while alternative business models and new technologies have the potential to improve the quality of provision. Technology can help citizens manage their own care—and give them a greater role in controlling healthcare costs by taking more responsibility for their personal well-being.

The forces shaping healthcare certainly create new hurdles, but there is a growing recognition that delivering efficient and effective healthcare is more than a means of tackling illness. It creates returns on investment from an economic and social perspective, contributing to communities, businesses and nations that are more prosperous and resilient. As David Bloom, a professor of economics and demography at Harvard University, noted in the School of Public Health's magazine, "A healthy population spurs economic growth."



Human health is fundamentally a national asset"

David Bloom, Professor of Economics and Demography, Harvard University Professor Bloom defines human health as "fundamentally a national asset, which means that spending on the promotion and protection of health is more like a fruitful investment than a consumption expenditure."

The EIU's survey found that a diverse array of challenges face decision-makers in the healthcare sector. Differences over priorities across different regions in the findings suggest that solutions should be tailored. While North Americans believe obesity is a top health challenge (30%), Europeans point to care of the elderly (30%). For Asia-Pacific respondents, challenges range from inequality of access (31%) to lack of trained health professionals (29%). [Note: Because respondents selected their top two choices rather than one for some survey questions, the number of responses received by leading answer options may appear lower than expected.] In emerging economies such as India, the central problems were inadequate health facilities and unequal access to care. Regionally and threaded through different parts of the survey, however, a recurring concern was cost.

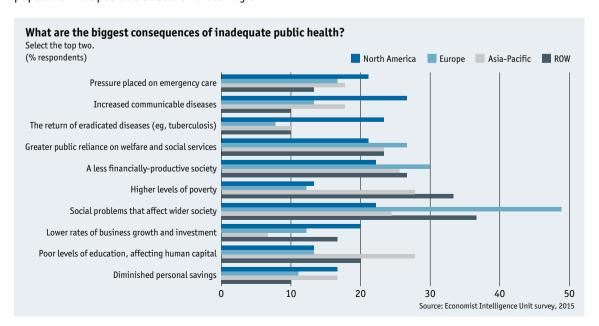


#### Public health and its social and economic impact

Good health is a personal and individual goal, but the broader effect of a nation's health on its social and economic well-being should not be underestimated. The World Health Organisation (WHO), which states that good health is linked to economic growth through higher labour productivity, demographic changes and educational attainment, observes that the converse is also true: Africa's per capita growth during the 1990s was three times lower than it would have been had the HIV/AIDS epidemic not occurred.

Although the relationship between health measurements, such as life expectancy, and economic growth is complex, findings from the EIU's survey affirm the view that the health of a population has positive effects on a country's

economy. When respondents were asked to select the most significant consequences of inadequate public health, social problems affecting wider society received the most votes (32%)—a view most strongly felt in Europe, where this answer option garnered 49% of votes compared with 24% in Asia-Pacific and 22% in North America. It is therefore unsurprising that as part of a growth and jobs strategy, the European Commission recently developed a programme called Health 2020, which positions health policy as key to smart and inclusive growth in the region. The initiative focuses on innovation, keeping the elderly active and productive for longer, and on boosting social and economic cohesion by reducing inequality.



#### i. Health and the family, wellness at work

Poor health creates economic difficulties for families. This is particularly true in developing countries, where an illness in a family with no savings can force its members into hardship or even extreme poverty. However, such events can also affect citizens in mature economies. In the US, healthcare expenses are a leading cause of individual bankruptcy; while in emerging economies such as India, *The Lancet* reports that expenditures on healthcare push about 39m people into poverty each year. Globally, the need to pay for healthcare costs leaves 100m people in poverty annually, according to WHO figures from 2011.

In the workplace, healthy employees are more productive and spend less time away from their jobs. The research company Gallup found that in the US, overweight or obese workers and those with chronic health conditions missed an estimated 450m additional days of work a year compared with healthy workers, costing more than \$153bn annually in lost productivity, while a study published by the Milken Institute found that chronic diseases, like cancer, diabetes, stroke and others, cost the US economy \$1.3trn each year.

For children at school, health affects classroom attendance and the ability to learn. In the US, participation in the Department of Agriculture's School Breakfast Program has been linked to higher academic grades and better test scores, lower absenteeism and improved cognitive performance.

#### ii. Health and the economy

It is little surprise, then, that many experts see health as playing a role in economic prosperity. "If we didn't have a national health service, income inequality would be around 15% wider in the UK," says David Buck, senior fellow in policy at The King's Fund, a UK think-tank. With health and social welfare appearing closely linked, local authorities in the UK are taking on a bigger role in promoting health, explains Mr Buck, whether by investing in affordable housing or anti-smoking

initiatives. The challenge, he says, is that local authorities are bearing the brunt of the costs of these investments while the National Health Service (NHS) benefits from them in health-related cost savings. "If the local authority invests, a lot of the payback comes to the NHS," he says. "So creating the right incentives for local authorities to invest and for the NHS to share the cost of that is important."

#### iii. A joined-up approach

For some policymakers, improving the health of their country's population involves a holistic approach. This means not only investing in health services but also addressing areas such as early childhood education, public transport, nutrition, housing and the environment. Pollution is one such area of focus, particularly in cities. Milan, which has among the highest car ownership among European cities, has introduced a congestion charge aimed at reducing traffic pollution. Results show it has cut traffic, pollution and noise and significantly lowered the number of road casualties. To tackle the thick smog that is creating health problems in Beijing, the Chinese government is closing coal-fired power plants outside the city and replacing them with gaspowered alternatives—a move estimated to slash carbon emissions by 30m tonnes.

Living conditions also have an impact on health. In some developing countries, gas lamps, cook stoves, burning coal, wood or animal dung create unhealthy indoor pollution: according to some estimates, breathing in fumes from a kerosene lamp is estimated to be equivalent to smoking 40 cigarettes a day. In sub-Saharan Africa indoor smoke leads to about 400,000 deaths a year. The home affects health in other ways, too. "Housing that is designed well has a quick payback in terms of reduced health service use," says Mr Buck. "Elderly people fall less often, insulation keeps respiratory disease down and you have a big reduction in childhood accidents through safety

Globally, the need to pay for healthcare costs leaves 100m people in poverty annually, according to the WHO.

<sup>1</sup> Solar Aid, impact report 2013: http://solar-aid.org/assets/ Uploads/Award-logos/Impact-report-web.pdf

<sup>2 101</sup> 

rails and gates." Mr Buck cites the Healthy Housing Programme of Counties Manukau Health (CMH) in South Auckland, New Zealand, as a successful model. Working with local district health boards and Housing New Zealand, the government social housing provider, CMH, insulates houses, adapts them for people with disabilities and moves families to alternative homes to avoid overcrowding.

Mr Buck also points to recent figures from the Building Research Establishment (BRE), a UK charity, which suggest that if the UK spent £10bn (\$15bn) on improving England's 3.5m "poor" homes, this would save the NHS £1.4bn (\$2.13bn) in treatment costs in the first year. The BRE research also estimates that the cost of poor housing to the NHS is up to £2.5bn (\$3.8bn) a year. "That puts them very much in the area of the costs of common health behaviours such as smoking, obesity, alcohol and physical activity, areas which receive much more attention and funding."

Although significant potential exists for addressing poor health through improvements in air quality or housing design, bureaucratic obstacles can hamper the development of holistic approaches to healthcare. (In the EIU's survey, respondents placed government bureaucracy second, behind only cost, as a barrier to improving healthcare in their countries.) In the UK, separate systems deliver and pay for health and social care, with healthcare provided to all free of charge and social services means tested—the government provides support only if claimants fall below a certain income threshold.

#### iv. Project Peanut Butter

In some cases, however, the overlap of social and health issues prompts action from government departments other than the health ministry, and can create effective synergies.

In Ghana, the education ministry has stepped in to address a health problem resulting from continued levels of poverty restricting many children from receiving sufficient nutrition. The nearly 3,000 children who suffer from malnutrition each year are often too ill to attend school, explains Seidu Paakuna Adamu, the national co-ordinator of the Ministry of Education's school feeding programme. Before the Ghana Home-Grown School Feeding programme launched in 2005, classroom attendance was low and academic results were poor. This changed as the programme was rolled out, says Mr Adamu, providing one hot, nutritious meal per day to students at selected schools. "We started seeing success," he says. "Scores in maths and English went up in the School Feeding schools." School attendance and retention increased by 90-95%, according to government figures, and enrolment at the benefiting schools grew by almost a guarter. To build on these achievements, the ministry formed a partnership with The Hershey Company to provide schoolchildren with a protein-based and nutrientrich supplement that increases their daily caloric intake by 25%. The project has a goal of reaching more than 50,000 children by 2016. "If you can enhance nutrition for children, you are enhancing their future productivity," says Mr Adamu. "Because if you are able to improve their learning capacity, they have a chance of getting a good job."■

# 2

# Containing costs while improving quality

Across many parts of the world, populations are ageing, increasing the prevalence of non-communicable diseases that require more complex, long-term care. Meanwhile, as new technologies and treatments develop, demand for these increasingly sophisticated services grows. The cost of providing healthcare is therefore rising sharply.

Globally, health expenditure stands at more than \$6.9trn, according to the World Health Organisation (figures from 2011), with the US among the highest spenders at 16.9% of GDP on healthcare (OECD), or \$9,146 per person per year (World Bank, 2013). The EIU expects an average growth in global spending (as a percentage of GDP) of 4.3% over the 2015-19 period. The fastest growth in spending will be in the Middle East and Africa, followed by Asia. China, India, Indonesia and Nigeria<sup>1</sup>—where disposable income will rise and the population is expected to reach 204.6m are likely to see double-digit growth. Shouldering burdensome government debts and with tax revenue constraints, Western Europe will experience the slowest rise in healthcare spending, which in 2019 will be 10.6% of GDP, according to EIU forecasts. By 2019 global healthcare expenditure will level off at 10.1% of GDP.

With respondents in the EIU's survey expressing significant concern about healthcare costs, an overwhelming majority (99%) agree on the need for governments to invest in healthcare, and most

(39%) cite cost as the greatest barrier to improvements in healthcare. "Healthcare costs are rising," wrote one senior businessman in Malaysia. "We expect investments that can lower costs and be passed on to the people."

Several respondents doubted that their governments would cope with rising healthcare costs. "The problem of healthcare is related to effective resource management and there are no policies in this regard," said a CFO from Brazil.

#### i. Preventive care

Ageing presents one of the most pressing problems when it comes to financing healthcare. While death was once a relatively uncomplicated and short process, today greater numbers of people survive diseases such as cancer or conditions such as heart attacks but often require long-term treatment. "There is a relationship between ageing and chronic disease and oncology and other high-cost treatments," says Giovanni Guido Cerri, former dean of the University of São Paulo School of Medicine and director of the Institute of Radiology at the Hospital das Clínicas. "This means the future financing of healthcare will be a major problem."

In Brazil, the proportion of the population aged 60 years and over is expected to double from 11% in 2012 to 22% in 2025. Professor Cerri argues that controlling costs while caring for a rapidly ageing population demands a greater focus on preventive care as well as policies promoting healthier habits. "The regulations are changing and we are making

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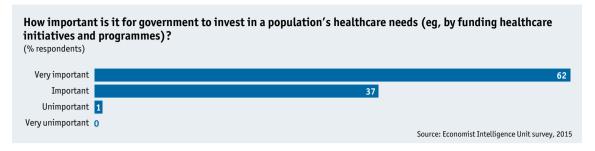
pressing problems

when it comes to

financing

healthcare.

<sup>1</sup> EIU Global Outlook: Healthcare, 2014



gains with regard to food, alcohol and smoking," he says.

#### ii. Pooling risk

The EIU's survey respondents see compulsory social health insurance contributions as the best way to relieve financial pressure on national health systems: nearly half (46%) of survey respondents chose it compared with private health insurance (23%) or general tax revenue (23%). Some policymakers have long deployed this tool to build healthcare quality without incurring extra expense.

Singapore, for example, uses an innovative employee savings programme to keep healthcare spending to about 4% of gross domestic product. The Singaporean system is a unique hybrid, and out-of-pocket spending remains unusually high for a developed economy. At the same time, Singapore's government subsidises up to 80% of the total cost of running acute care in public hospitals. Employers and anyone who works must contribute a percentage of their wages to Medisave, a savings account—portable across jobs and into retirement—from which their healthcare costs are taken. Meanwhile, other schemes such as MediShield, a low-cost catastrophic medical insurance plan, allow Singaporeans to pool the financial risks of major illnesses. The combination of programmes underpins the system. The Singaporean government notes, "This industry structure preserves the national risk pool and quards against 'cherry picking' of healthy lives by private insurers."2 The country's health indicators are among the best in the world.3

#### iii. New models

The structure of healthcare reimbursement can also drive cost reductions. In the US, where the 2010 Affordable Care Act introduced major health reforms, insurers and government payers are creating incentives for healthcare providers to move away from expensive fee-for-service models. Instead, financial incentives promote team-based care and improved overall health outcomes such as speed of recovery or reduced hospital readmissions.

In addition, innovative private-sector start-ups are developing new cost-efficient models of healthcare delivery. The Massachusetts-based primary healthcare provider Iora Health operates on the principle that keeping people healthy keeps them out of hospital, enhancing quality of life and cutting costs. Iora's practice teams include doctors, mental health experts, acupuncturists, social workers, health coaches and nutritionists, who jointly develop a health plan for each patient. Instead of fees per visit, the employers, unions and health plans that are Iora's clients pay a flat monthly charge for each patient. Although the company is not yet large enough to make assessments of how much this model could save. when Iora compared costs at one practice with similar patients elsewhere, it found its total spending was 12% lower.

Professor Cerri notes that education can also help reduce healthcare expenditure. He believes policymakers should empower the new generation to adopt preventive healthcare measures. "The priority is education and changing the minds of our young population," he explains. "This could prevent disease, which would lower the cost of healthcare."

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Giovanni Guido Cerri, former dean, University of São Paulo School of Medicine

<sup>2</sup> Singapore's Ministry of Health, https://www.moh.gov.sg/ content/moh\_web/home/costs\_and\_financing.html

<sup>3</sup> Singapore's healthcare financing: Some challenges, Tilak Abeysinghe, Himani, and Jeremy Lim, May 2010



## Healthy workers support successful businesses

The mental and physical health of workers is an undoubted concern for companies. When the EIU asked business executives which health problems do most damage to their firm's bottom line, stress and depression resulting in low productivity was most often selected among the top issues (34%), followed by unhealthy lifestyles (33%).

#### i. Case studies: IBM, Prudential, BT

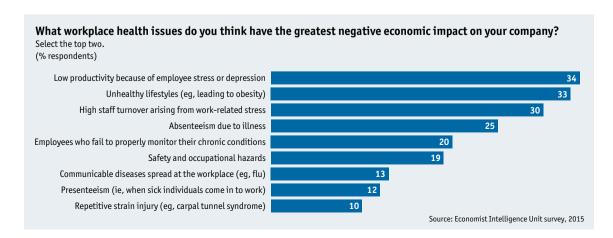
Promoting a healthy workforce does not come cheap—a lack of financial resources was cited by many private-sector survey respondents as the biggest barrier (38%) to starting or improving workplace wellness programmes—but for the firms that do implement them, their impact on employee well-being is clear. "The return on investment is the impact on direct healthcare costs but also on things like reduced absenteeism and presenteeism," says Kyu Rhee, vice-president and

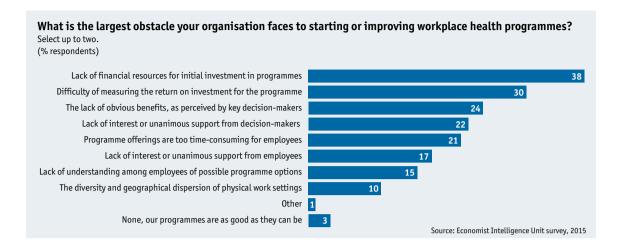
chief health officer at IBM, a technology and consulting company.

At IBM, an Integrated Health Services organisation provides services ranging from occupational medicine, industrial hygiene, safety policies and health benefits to access to wellness professionals. This broad approach to employee health extends to families, says Dr Rhee. "If a member of the family gets sick, it affects an employee's ability at work, as they might need to take them to hospital."

Health gains make an impact on the bottom line. Prudential, the UK insurer, has calculated that its well-being programme—which includes health tests, online resources, games, races and pedometer challenges, and onsite health kiosks—saved the company £200,000 (\$310,000) in reduced absenteeism between 2010 and 2012.

However, the benefits of employee wellness





programmes go beyond financial returns. BT, the UK telecommunications company, experienced this after developing its Work Fit programme, a group of health communications campaigns intended to educate employees on a range of health issues and help them to make small but sustainable lifestyle changes.

The programme has brought BT tangible benefits. Between 2004, the year before it introduced the programme, and 2012, absence due to illness at the company fell by 1 percentage point. Meanwhile, 300 employees succeeded in quitting smoking and the average weight loss among the more than 16,000 people participating in the Cardiovascular Campaign was 2 kg, or almost 4.5 pounds. Work Fit also generated employee loyalty, with 81% of employees saying it made them feel BT cared about their health, 58% saying it made them feel valued as an employee and 64% saying it made them feel prouder to work for BT.

In the EIU's survey, business leaders also acknowledged the benefits of employee wellness programmes. A large majority (96%) feel they are important, with most (57%) saying that they are

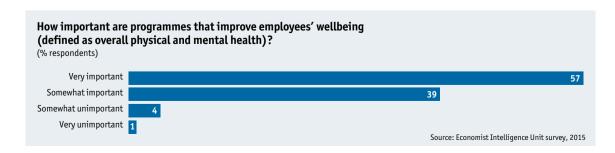
"very important".

While business has assumed a greater role for workforce healthcare in recent years, different dynamics play out in high-income and low-income countries. In mature economies, because of established health systems and the prevalence of non-communicable lifestyle diseases, companies invest in wellness programmes such as BT's Work Fit campaigns, rather than actual medical care.

Most (96%) of the EIU's survey respondents believe it is important for the business community to invest in population healthcare, either through workplace wellness programmes or through corporate philanthropy. "Employers cover many parts of the world where there aren't strong social systems," says IBM's Dr Rhee. "And even where there are social systems, such as in the UK and Canada, we provide supplementary systems."

#### ii. Facing up to a challenge: Anglo American and HIV/AIDS

In less wealthy regions such as Africa a weak healthcare infrastructure means companies often assume a more active role in employee healthcare



Investing in workforce health "creates a more productive workforce, healthier families and communities ... improved economic growth and more jobs.

Brian Brink, former chief medical officer, Anglo American provision. In the early 2000s, one of the world's largest mining companies, Anglo American, realised that up to a quarter of its workforce in Southern Africa was infected with HIV/AIDS. The company decided to offer all employees free treatment, which was a significant investment, says Brian Brink, Anglo American's former chief medical officer, who was responsible for guiding the company's response to HIV/AIDS and tuberculosis.

"This was at the time when the world was realising that treatment for HIV/AIDS actually worked, was life-saving and you could restore people back to normal health," says Dr Brink. "But it was also hugely expensive at the time, so that was a major constraint to implementing a programme providing treatment. It was a profoundly difficult decision, but the right decision."

But rather than harming the company's balance sheet, the programme generated savings through improved worker health and productivity. Data collected by the firm show that over ten years, the costs associated with HIV/AIDS have fallen from \$31.2m in 2002 to \$27.6m in 2012—savings that come from reduced absenteeism, recruitment of new employees and medical costs. In 2013, the company tested and counselled 93,000 employees and contractors, with 75% of workers taking part. "When we look back at what has been achieved, that decision was one of the best business decisions we made," Dr Brink says.

And beyond the HIV/AIDS crisis, Dr Brink believes investing in a healthy workforce is good for business. "It creates a more productive workforce, healthier families and communities, more resilient markets, improved economic growth and more jobs, which all feed back to ensuring sustainable business success."

This view is echoed by Andrew Matthews, a healthcare-focused advisory services manager at BSR (Business for Social Responsibility), a global non-profit business network focused on sustainability. "Stakeholders are expecting companies to play an increasing role in strengthening population health," he says.

The question companies are grappling with, he says, is how to do this. One strategy, particularly for multinationals, is to go beyond their own workforce and also address the health of customers, by developing new products and services, and of suppliers, by requiring those companies to have appropriate health policies in place.

BSR is now providing information, tools and resources to help companies make the internal business case for this approach and to identify investments that will generate benefits from both a business and population health standpoint.

"Companies can have a bigger health impact by looking upstream in their supply chains and downstream in their consumer bases," says Dorje Mundle, director of the healthcare practice at BSR. "That's the exciting next frontier."



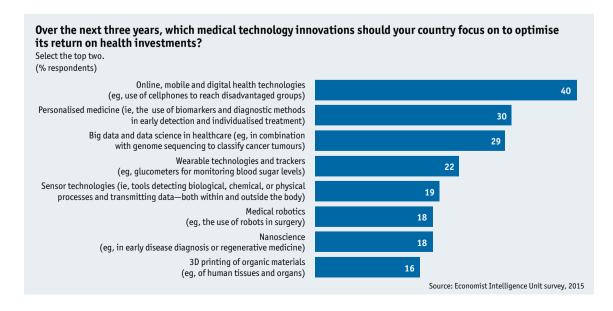
## New technologies drive access and better services

The EIU survey found that online, mobile and digital health technologies are expected to offer the best return on investment over the next three years, with 40% of respondents highlighting it as a top innovation for optimising a country's return in investments in health. This reflects a growing use of digital tools in the health space. For example, technologies now monitor conditions such as diabetes at home, cutting the cost of care and increasing patients' quality of life. Even for people who are fit and well, technologies such as mobile apps can help to improve their diet and increase their physical activity, giving them greater responsibility for their own health and increasing use of preventive care.

#### i. Digital health: Pros and cons

As new technologies, from mobile apps to wearable health monitors, transform healthcare delivery, they are also seen as a way to cut costs while increasing the quality of services and extending healthcare to remote and disadvantaged communities.

Technology will also be needed to meet the demands of a new generation—both younger and middle-aged individuals—of digitally savvy health consumers. In a survey conducted by PwC in 2014, for instance, almost 55% said they would send a digital photo of a skin problem to a dermatologist for an opinion and more than 43% said they would like to search for medical services online.



Improving IT communications and using these new resources could help to introduce a new concept of health.

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Giovanni Guido Cerri, former dean, University of São Paulo School of Medicine New services are emerging to accommodate this demand. On the website of NerdWallet, a company that helps people make personal-finance decisions, users can search by region and procedure—a "knee or hip replacement or reattachment surgery without major complications"—to compare prices at different hospitals. And on ZocDoc, an online service for scheduling doctors' visits, users can find and rate doctors and book appointments based on a search for available times.

IBM is capitalising on this potential by providing employees with subsidies towards personal digital health tools such as Fitbits, the fitness tracker devices. "There are behaviours that promote health and globally we've given out thousands of Fitbits," says Dr Rhee. "It's giving employees a tool to make them more self-aware about their behaviours."

Dr Rhee stresses that IBM programmes such as the Fitbit initiative are voluntary. And when it comes to the ability to use technology to track wellness, companies must be cautious. If employers offer financial incentives to employees who shed pounds using personal fitness devices, this could be seen as discriminating against those who, for a variety of reasons, find it hard to lose weight. With such new tools privacy concerns need to be addressed. Yet when the information they generate is anonymised, personal health monitoring devices can generate rich seams of data that produce insights into population health, helping policymakers make more informed decisions—if the data reveal a high incidence of

diabetes in a community, when correlated with information such as the number of shops selling fresh vegetables and the number of parks or fitness centres in the area, planners might increase access to healthy food and exercise facilities.

#### ii. Reaching new populations

In developing countries, lower-tech solutions can have a powerful effect, extending healthcare to remote rural regions. Using simple text messaging services, healthcare workers can send descriptions of symptoms and conditions to experts in regional health centres and receive instant diagnosis. Health officials can harness this information to gain real-time information on disease outbreaks.

Technology also facilitates preventive care in developing countries. In South Africa, a programme called Project Masiluleke uses text messages to provide counselling and information on HIV/AIDS and tuberculosis, raising awareness and encouraging people to undergo testing, thus minimising the spread of disease. Early responses indicate that individuals are keen to have access to a self-test, and healthcare officials have also welcomed the technology enthusiastically.

Professor Cerri believes that, across the world, technology could encourage people to do more to take care of their own health. "Improving IT communications and using these new resources could help to introduce a new concept of health," he says, "particularly in terms of promoting health and changing the habits of the population."



The challenges of promoting better health are not to be underestimated. Healthcare will become more expensive as older people make up larger proportions of countries' populations and the prevalence of illnesses such as diabetes and congestive heart disease increases. Moreover, inadequate public health services can cause broader social and economic problems such as low workforce productivity and poor educational performance that widen gaps between rich and poor.

However, for policymakers, health professionals and businesses, a number of solutions exist. First, governments can do much to improve their citizen's health by embracing a more holistic approach to healthcare. This means addressing everything from education to housing and pollution. The difficulty with this approach is that often government agencies' budgets for healthcare are not integrated with public financing for social care, housing, education or environmental protection.

Nevertheless, growing evidence of links between health and issues such as lifestyle, education and the environment means governments should find new ways of bringing together disparate agencies to work on mutual goals. If better education promotes improved health, and improved health in turn leads to better student and workplace performance, then the economy is more likely to thrive—everybody wins.

Given that companies have increasingly robust wellness policies and are exploring their broader role in population health, closer collaboration between governments and the private sector could also yield promising results. The corporate approach to health and wellness is also aligned with a shift in healthcare systems from reactively curing disease and fixing broken bones to promoting preventive healthcare.

In both mature markets and developing economies, telecommunications and digital technology offer new ways of widening access to care, increasing quality and lowering costs. For health providers and policymakers, investing in technology should be a priority. This will be tough in healthcare, an industry that has been slower than many to embrace technology and where interoperability between different health IT systems is often lacking.

Yet the need to cut costs will accelerate adoption of new technologies, as will demand from digitally savvy health consumers and the growth of IT health start-up companies. Policymakers and business leaders can therefore harness both advances in digital health technology and the increasing "consumerisation" of healthcare to place greater responsibility on individuals for managing their own health.

None of these shifts will be easy. In many countries, healthcare remains a fragmented industry, in which government health provision is often disconnected from other social services. However, healthcare's biggest challenge—rising expenditure—could provide the catalyst for change. For as public financing constraints increase, so will pressure to find measurable returns and ever more innovative ways of widening the availability and quality of healthcare.



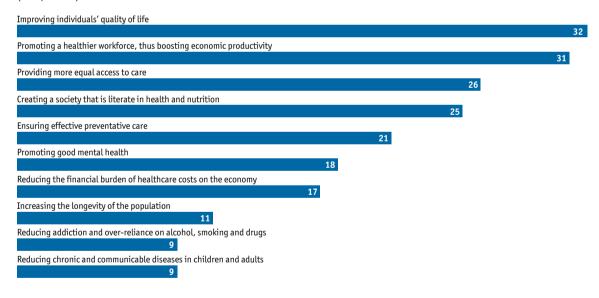
Percentages may not add to 100% owing to rounding or the ability of respondents to choose multiple responses.

#### All survey respondents

What are the most important reasons to improve the health of society?

Please choose two.

(% respondents)



How important is it for government to invest in a population's healthcare needs (eg, by funding healthcare initiatives and programmes)?



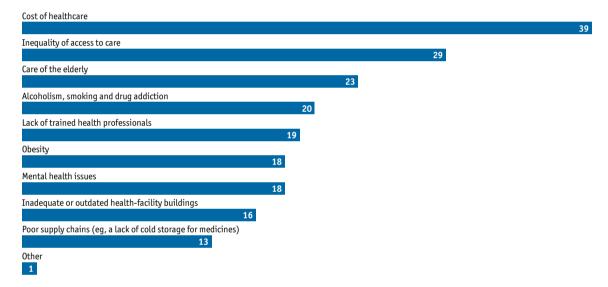
How important is it for business (non-healthcare) to invest in a population's healthcare needs (eg, through wellness programmes or corporate philanthropy) in your view? (% respondents)

Very important 41 Important 55 Unimportant Very unimportant

#### What are the most pressing health challenges that need to be addressed in your country?

Select the top two

(% respondents)

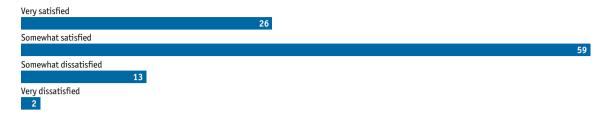


#### How satisfied are you with access to healthcare in your country?



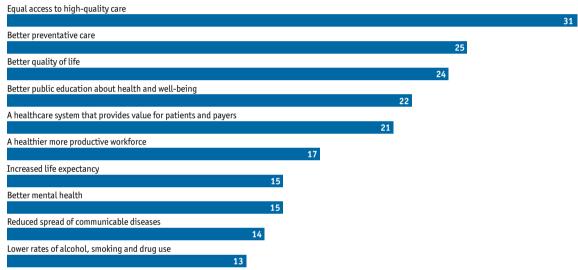
#### How satisfied are you with the quality of healthcare for individuals who have access to care in your country?

(% respondents)

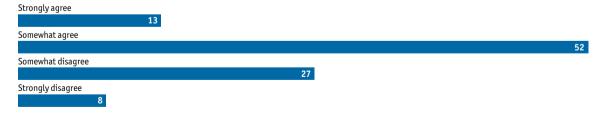


#### Which of the following health goals require more investment than they currently receive in your country?

Select the top two. (% respondents)



#### To what extent do you agree with the following statement: "My country's leadership makes wise investments in healthcare."



#### Over the next three years, which medical technology innovations should your country focus on to optimise its return on health investments?

Select the top two. (% respondents)

Online, mobile and digital health technologies (eg, use of cellphones to reach disadvantaged groups)

40

Personalised medicine (ie, the use of biomarkers and diagnostic methods in early detection and individualised treatment)

30

Big data and data science in healthcare (eg, in combination with genome sequencing to classify cancer tumours)

29

Wearable technologies and trackers (eg, glucometers for monitoring blood sugar levels)

22

Sensor technologies (ie, tools detecting biological, chemical, or physical processes and transmitting data—both within and outside the body)

19

Medical robotics (eg, the use of robots in surgery)

18

Nanoscience (eg, in early disease diagnosis or regenerative medicine)

18

30

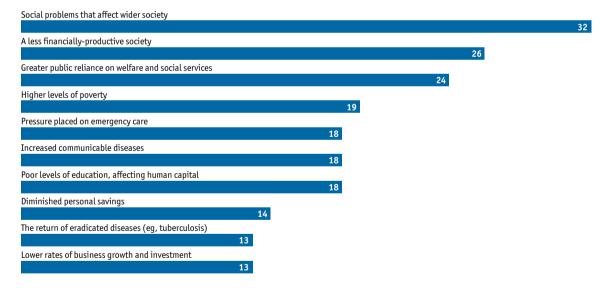
D printing of organic materials (eg, of human tissues and organs)

16

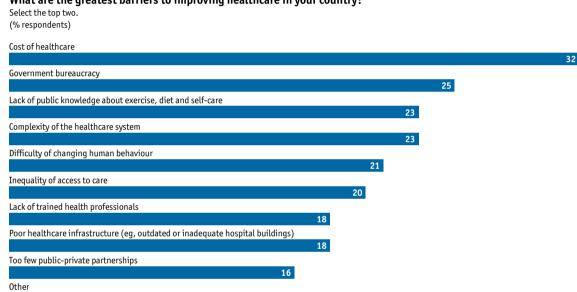
Other

#### What are the biggest consequences of inadequate public health?

Select the top two.



# What is the best source of supplementary funding to relieve pressure on a healthcare system? (% respondents) Social health insurance (ie, compulsory contributions from individuals) General tax revenue 23 Private health insurance (ie, voluntary contributions from individuals) 23 Higher payments at the point of use 4 Donations from companies or individuals 3 Other 2 What are the greatest barriers to improving healthcare in your country? Select the top two. (% respondents)

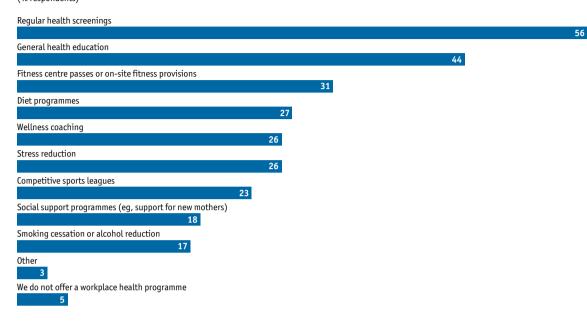


#### **Private sector respondents**

What workplace health issues do you think have the greatest negative economic impact on your company? Select the top two. (% respondents) Low productivity because of employee stress or depression Unhealthy lifestyles (eg, leading to obesity) High staff turnover arising from work-related stress Absenteeism due to illness 25 Employees who fail to properly monitor their chronic conditions 20 Safety and occupational hazards Communicable diseases spread at the workplace (eg, flu) Presenteeism (ie, when sick individuals come in to work) Repetitive strain injury (eg, carpal tunnel syndrome) 0ther 0 Is it a priority to address mental health or physical health issues among your workforce? (% respondents) Mental health and physical health issues have equal priority 66 Physical health issues are a greater priority than mental health issues Mental health issues are a greater priority than physical health issues How important are programmes that improve employees' wellbeing (defined as overall physical and mental health)? (% respondents) Very important Somewhat important Somewhat unimportant Very unimportant

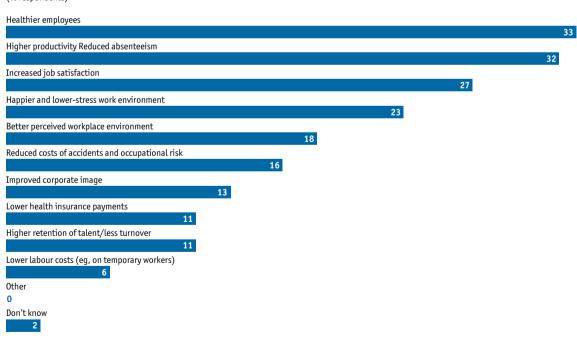
#### Which types of workplace health programmes does your company offer?

Check all that apply. (% respondents)

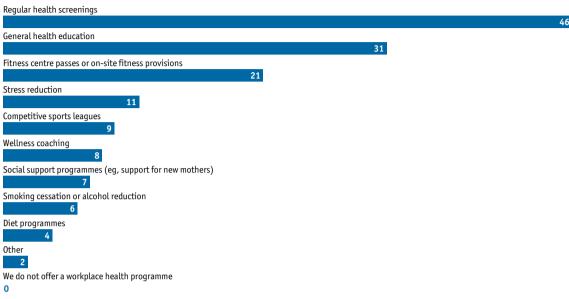


#### In which of the following areas is your organisation currently seeing results from its health programmes?

Select up to two. (% respondents)



52



Which two types of health programmes below does your company currently spend the most money on? Select up to two.

Regular health screenings

General health education

25

Fitness centre passes or on-site fitness provisions

19

Stress reduction

10

Social support programmes (eg, support for new mothers)

9

Wellness coaching

8

Competitive sports leagues

6

Diet programmes

4

Smoking cessation or alcohol reduction

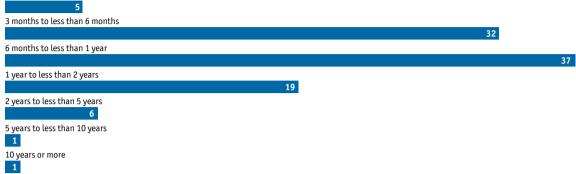
2

Other

We do not offer a workplace health programme

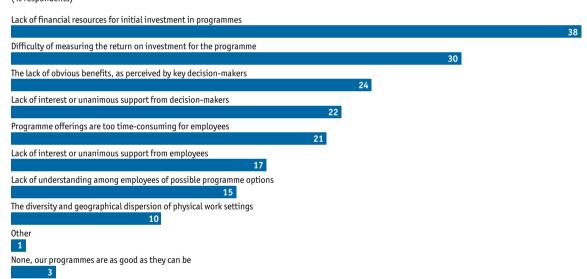
#### What is the longest timeframe your company or organisation is willing to wait before you observe benefits from investments in a health programme in order to determine its success?

(% respondents) Less than 3 months



#### What is the largest obstacle your organisation faces to starting or improving workplace health programmes?

Select up to two. (% respondents)



#### Which of the following would most likely motivate your company to invest in workplace health? Select up to two. (% respondents)

Desire to increase employee job satisfaction

Support from local and national governments

Better awareness and clarity about programmes available

Incentives from insurance or healthcare companies

Greater employee productivity

More guidance on how to carry out and implement different programmes

 $\underline{\text{Building skills or qualifications among business leaders}} \text{ for promoting workplace health} \\$ 

Greater evidence of the business case (eg, valid return on investment) for workplace health initiatives

Greater employee attendance

#### **Public sector and NGO respondents**

#### How do you define the community you primarily work with?

(% respondents)

Other 0

Global: working with populations across multiple countries

National: working with populations within a particular country

29

Regional: working with populations in part of a country

11

#### How would you define the relationship between health and economic status in the community you serve?

(% respondents)

Closely connected: better-off populations are healthier than poorer groups

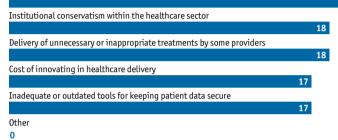
Not connected: better-off populations experience the same degree of health as poorer groups
29

Inversely connected: poorer groups experience better health than better-off populations

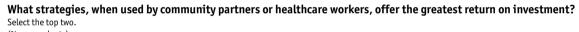
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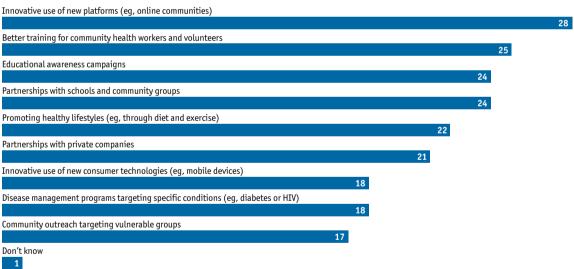
32

# Which of the following do you think pose the biggest threat to the health of the community you serve? Select the top two. (% respondents) Inequality in access to care services Inefficient regulation of the healthcare sector 26 Inadequate preventative care 25 Cost of maintaining current healthcare offerings



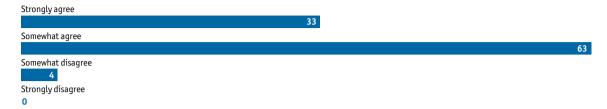
Inadequate public-private partnerships (eg, collaboration between academic institutions and other stakeholders)





To what extent do you agree with the following statement: "By taking responsibility for their personal well-being, individuals play a key role in keeping public healthcare costs in check."

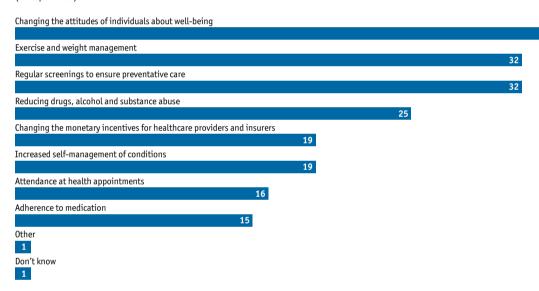
(% respondents)



#### Which of the following individual behavioural changes would have the most significant effect on improving health outcomes?

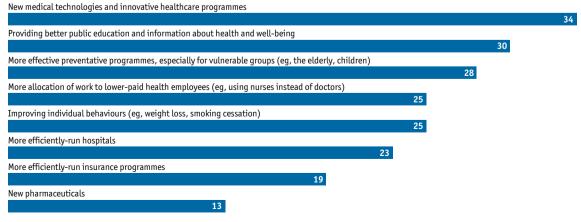
Select the top two.

(% respondents)

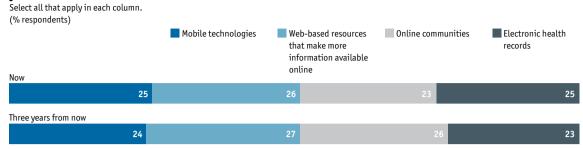


#### Which of the areas below should be the focus when trying to improve healthcare efficiencies?

Select the top two. (% respondents)



#### What technologies and online resources have the greatest potential to improve the health of the communities you serve now and in the future?



#### What technologies and online resources have the greatest potential to improve the health of the communities you serve now?

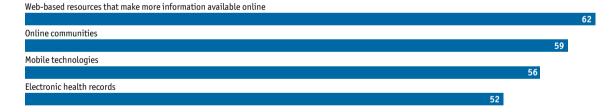
Select all that apply.

(% respondents)



#### What technologies and online resources have the greatest potential to improve the health of the communities you serve three years from now?

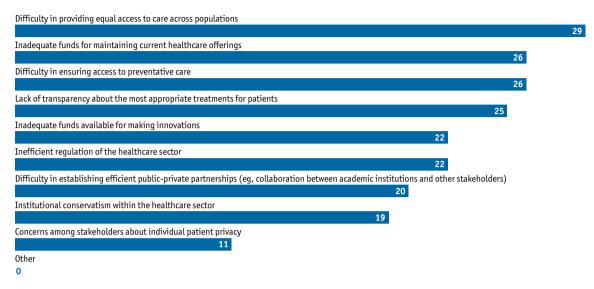
Select all that apply.



#### What is the greatest impediment to improving healthcare in the community you serve?

Select the top two.

(% respondents)



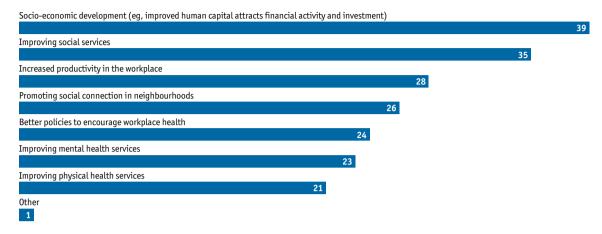
#### Where are the greatest inequalities in terms of healthcare access inequalities in the community you serve?

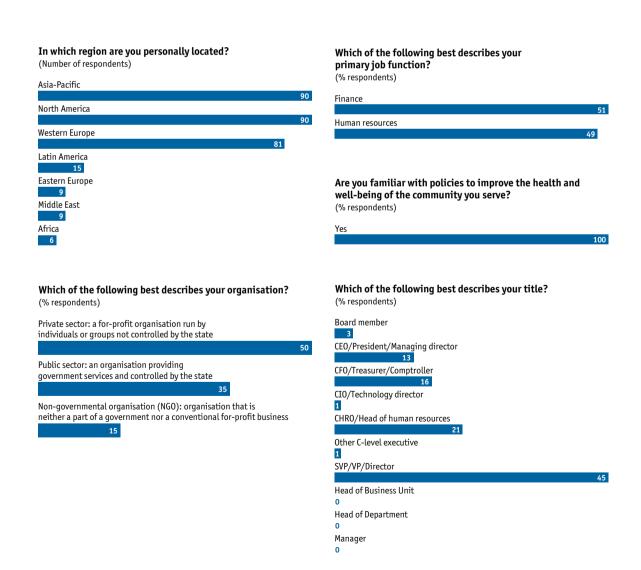
Select the top two.

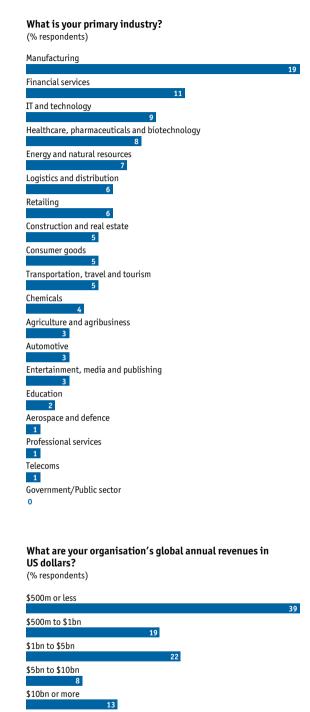


#### Which of the following do you feel are most important to prioritise in promoting well-being?

Select the top two.









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