

Social Policy Highlight 08







Social security: Instilling a culture of prevention?

As the 2008 Seoul Declaration of the XVIII World Congress on Safety and Health affirms: prevention is a social security policy priority. In practical terms, it holds great potential to improve well-being and to address some of social security's structural challenges. Echoing a key message of the ISSA's Dynamic Social Security conceptual framework, this *Highlight* analyses the reasons for the increased attention being given to prevention and outlines specific issues to make social security's role in the protection and promotion of health as effective as possible.

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Building on experience: Prevention and occupational accidents and diseases

Prevention is a way to protect and promote health through avoiding injury, sickness and disease. One would therefore expect prevention to occupy an important place in social security practice. Yet, to date, its successful application has been limited to – and deemed most appropriate for – the prevention of occupational accidents and diseases.

Promoting and protecting workers' safety and health is now widely accepted as a cost-effective means of avoiding distress and of contributing to progress at the individual, company and society levels. The success of prevention in the workplace clearly demonstrates that "prevention pays".

That prevention is predominantly associated with safety and health agencies as well as accident insurance institutions is not surprising: protecting the health of workers is both part of their mandate and has a direct and immediate impact

This issue

- Outlines the traditional role of prevention in occupational safety and health programmes
- Debates the trend towards a broader role for prevention in social security
- Underlines the wider importance of realizing improvements in health for social security systems
- Defines administrative and legal challenges to building a culture of prevention

©ISSA 2009 ISSN 1818-5894 ISSN online 1818-5940 First published January 2009 Photos: Government of Alberta; ILO. on benefits expenditure. A powerful message arising from the 2008 World Congress on Safety and Health held in the Republic of Korea – which culminated with the signing of the Seoul Declaration¹ (Box 1) – is that workers' health is the responsibility of society as a whole and that building and maintaining a national preventative culture must be high on national agendas. Social security institutions are called upon to be key drivers towards building national preventative cultures.

1. The Seoul Declaration

- Adopted on 29 June, 2008, by some fifty representatives of governments, multinational companies, social security institutions, safety and health bodies, employers and workers
- A blueprint for constructing a global culture of safety and health at work
- Emphasizes that a safe and healthy working environment should be recognized as a fundamental human right
- Recognizes the important role of social security organizations in promoting prevention and in providing treatment, support and rehabilitation services

In general, and with the exception of specialized occupational safety and health institutions, protecting and promoting health has been less of a priority across most branches of social security. This is perhaps because for most social security branches the link between the health status of covered individuals and trends in benefit expenditures has been perceived to be weak. Moreover from an institutional perspective, the promotion and protection of health has commonly been assumed to be the main responsibility of public health bodies. But attitudes are changing.

Prevention: A strategy for social security

Social security systems worldwide currently face a number of common challenges, many of which will impact on the financial stability of these systems. For instance, demographic ageing – which will negatively influence the balance between the active and the inactive population – is a reality in many countries and a looming one for many others. One message taken from these developments is that social security must better manage its financial resources. As an important element of reform, the issue of better protecting and promoting health is thus increasingly seen not only as an essential social investment to help save lives, reduce non-fatal injuries, and increase well-being but also as a cost-saving factor in the longer term.

No less important, the promotion and protection of health also supports efforts to boost national productivity. Current strategies therefore are targeting issues such as the promotion of labour market activity, the rehabilitation of disabled workers, and the extension of working lives.

Yet, for the future success of all these strategies, the nurturing of human capital is indispensable. Although human capital consists of several building blocks such as education or motivation, these sit first and foremost on the foundation of health (Box 2). In the absence of good health, the ability to work may be jeopardized and may often lead to an increased need to access health care services and social security benefits.

The rising global prevalence of chronic disease creates additional challenges for human capital, with negative knock-on effects for social security schemes. The burden of chronic disease puts serious pressures on health care financing, not least because patients with chronic conditions consume on average more health care services than persons with communicable diseases. Chronic diseases, including mental disorders, are also a major cause of disability and contribute to rising disability caseloads. Therefore, a link has been established whereby ensuring the financial wellbeing of social security will also involve better addressing the issue of chronic disease.

2. Health is key for social security

Protecting and promoting health can support efforts to:

- Extend the working life
- Reduce the number of new disability pensions awarded
- Strengthen measures to bring persons with disabilities back to work
- Contain health care costs and cash sickness benefit expenditures
- Boost active employment policies
- Better help families balance the responsibilities of children and work

Prevention: A growing trend

Research shows that investment in health by social security health care schemes is increasing.² As a result, we find a stronger emphasis on the early detection of disease, for example in Austria and Japan, through more frequent health check-ups to better address chronic disease risk factors. We also see strengthened health promotion activities in the workplace and community, for example in Mexico and Germany, with a focus on reducing health inequalities linked to social inequalities. Increased attention to health can also be observed in employment policy measures and return-to-work policies by unemployment and disability programmes, for example through individualized case management in countries such as New Zealand or Canada.

To better address the underlying social determinants of health and the complex and multi-sectoral nature of health risk factors, new institutional partnerships and more integrated prevention concepts have emerged. This has witnessed the emergence of partnerships among social security institutions that often address different social risks or between social security institutions and other government or societal actors.

Often focused on protecting and promoting the health of workers, these initiatives aim to avoid disease and injury through tackling the cumulative impact of both occupational and non-occupational risk factors in an integrated way. One concrete example is the joint "Initiative Health and Work" of the German statutory health and accident insurance institutions, which includes shared activities in accident prevention

and workplace health promotion. In the Republic of Korea, the Korea Occupational Safety and Health Agency and the National Health Insurance Corporation have led pilot collaboration projects in workplace health promotion. Targeted on small enterprises, these have resulted in improved health variables and a reduced prevalence of major risk factors among workers.

Challenges for realizing effective prevention

For many social security organizations, a more pro-active approach to prevention constitutes a widening of social security's core business objectives. Prevention is seen as complementing its traditional protective but essentially re-active role. However, it implies a need for new administrative processes.

Generally, a number of issues need to be considered to make social security's investment in promoting and protecting health as effective as possible.

Defining social security's niche

Social security should define its niche in order to exploit its specific value added. Social security organizations have been most effective when exploiting relationships with their respective covered population groups and other stakeholders. Some priority examples include: improving the health literacy and health behaviour of scheme members, incentives for health care providers to integrate health promotion within health care systems, measures delivered in workplace and educational settings, and addressing health inequalities.

Coordination and new partnerships

Protecting and promoting health is on the agenda for an increasing number of social actors. To reflect this multiplicity of actors, efforts to coordinate activities and create new partnerships that span traditional institutional borders are necessary and offer a great potential for synergies. This may entail fruitful collaboration among social security institutions covering different risks and among these institutions and public health bodies, municipalities or non-governmental organizations.

Creating an enabling environment

Government policies establishing national health policies or goals that recognize the importance of protecting and promoting health facilitate the engagement of social security institutions in prevention. The roles of social security institutions should be considered an integral part of such strategies. Governments can further contribute to the coherence of activities by creating coordination mechanisms such as prevention networks, as has been done in Switzerland and Thailand.

Ensuring a legal base

Governments establish the legal base and mandate for social security institutions to carry out prevention activities and encourage integrated approaches. In many countries, however, the legal base of social security institutions in prevention activities has yet to be established. And in some countries the use

of benefit contributions to finance health promotion measures is actually prohibited. While some institutions may resort to covering such expenditure from their administrative budget, others are forced to curtail implementing pro-active measures.

Satisfying institutional requirements

Preventive approaches require different administrative processes, human resources, skills and mindsets to those required for paying benefits. For example, reimbursing health care costs requires different administrative capacities than running a campaign on physical activity or advising patients with chronic disease on their health behaviour. These new needs must be taken into account by institutions planning to increase their investment in health.

Encouraging individual responsibility

Much of health promotion is directed at empowering individuals to take responsibility for their own health. But should individuals be held responsible for ignoring advice about prevention? While suspending unemployment benefits for persons not actively seeking employment is enforced in some countries, ethics would prohibit such an approach for health care benefits. The importance of individual responsibility is nevertheless increasing. In Germany, for instance, this is achieved mainly through financial incentives or penalties, with higher co-payments for medical services now required from chronically ill persons who have failed to attend certain health check-ups offered by the social security scheme.

Moving from prevention measures towards a preventative culture?

Modelled on the successful early intervention strategies found in the workplace, measures to protect and promote health are increasingly being adopted by a broad range of social security schemes. Significantly, the application of the basic principle of prevention – avoiding the realization of an undesired event through early intervention – is also emerging as concerns other social security risks, thereby turning more and more social security institutions into pro-active and preventive actors.

Combating the risk of unemployment through providing targeted training while persons are still in work or intervening to reduce levels of child poverty through the early identification of families at risk are but two examples. In addition to contributing to its own sustainability, social security is becoming more than ever an active investor in human capital and an increasingly important contributor to economic and social progress in a globalizing world.

This emerging preventative culture constitutes an important positive step towards the realization of what the ISSA refers to as Dynamic Social Security. What is more, it positions social security institutions as key drivers in implementing the Seoul Declaration at the national level. Finally, it also underlines the adaptability of social security and its vital evolving role for the realization of economic development and social progress.

Sources

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- ² ISSA; WHO. 2007. Investing in people's health: Towards strengthening health promotion and prevention in social health insurance systems (ISSA Technical Report, No. 10). Geneva, International Social Security Association. Available at www.issa.int/aiss/Resources/Technical-Reports/Investingin-people's-health (accessed on 05.01.2009).

The International Social Security Association (ISSA) is the world's leading international organization bringing together national social security administrations and agencies. The ISSA provides information, research, expert advice and platforms for members to build and promote dynamic social security systems and policy worldwide.

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