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## Investing in people's health: Towards strengthening health promotion and prevention in social health insurance systems

Policy paper published within the framework of the  
**WHO/ISSA** Initiative on Social Security and Health Promotion

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# **Investing in people's health: Towards strengthening health promotion and prevention in social health insurance systems**

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**Technical Commission on Medical Care and Sickness Insurance  
and Technical Commission on Mutual Benefit Societies  
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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. An important part of ISSA's activities in promoting good practice are carried out by its Technical Commissions, which comprise and are managed by committed member organizations with support from the ISSA Secretariat.

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## **Summary**

*The current and the anticipated future burden of chronic disease have serious impacts on social security schemes. Strategies, such as health promotion and chronic disease management, which have been adopted by health insurance schemes to prevent chronic disease or to ensure cost-effective quality care for increasing numbers of chronically ill patients will be presented. Based on the results of a joint ISSA/World Health Organization (WHO) project, a call for increased investment in prevention and health promotion will be launched.*

## **Introduction**

In 2004, the World Health Organization (WHO) and the International Social Security Association (ISSA) decided to join forces in order to strengthen health promotion and prevention within social security systems. At a consultative meeting in Helsinki in May 2004, a first analysis of different aspects of the issues involved was undertaken. This meeting concluded that more information is needed on innovative experiences and conditions under which cost-effective health promotion action can be carried out by social security schemes. A joint WHO/ISSA study exploring the current and the potential role of health promotion and prevention within social health insurance systems was therefore launched in 2006.

This policy paper summarizes the main conclusions of this comparative study of the experiences in five countries, namely Finland, Germany, Mexico, Republic of Korea and Thailand.<sup>1</sup> It is a synthesis of a longer background report that includes good practice examples from the countries under analysis for the various action areas outlined in this paper. The background report is available on the ISSA Website (<http://www.issa.int>) as well as on the Extranet space of the ISSA Technical Commission on Medical Care and Sickness Insurance (<http://www-issanet.issa.int>).

## **The key role of health promotion for social health insurance**

### **The context**

Thirty-five million people die each year from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases around the world. Eighty per cent of deaths attributable to chronic diseases occur in low and middle income countries. The burden of chronic disease is expected to grow substantially in the future.

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<sup>1</sup> The WHO and the ISSA would like to thank the Social Insurance Institution of Finland, the National Federation of Enterprise Sickness Funds of Germany, the National Health Insurance Corporation of the Republic of Korea, the Mexican Social Security Institute and the Social Security Office of Thailand for supporting this comparative study as well as the authors of national reports and the expert consultant to the project, Professor Dr. Ilona Kickbusch, for their input and commitment.

At the same time increases in costs of medical care are accelerating in view of advances in medical technology, increased expectations and demands by insured persons, and demographic changes.

## **The challenges**

Social health insurance systems have been successful in many developed countries in achieving universal coverage and providing equitable access to curative and rehabilitative health services for all at an affordable cost. There are also thriving efforts to extend coverage in many developing countries. However, the context outlined above implies important emerging health, financial and social challenges for social health insurance systems to fulfil their mandate in a sustainable manner in the future.

## **The health challenges**

Despite increased life expectancy there is a growing concern that new health problems will undermine the successes achieved. For example, if obesity in Europe continues to increase at the same rate as in the 1990s, about 150 million adults in the region may be obese by 2010. Further, of the current world population, an estimate of 500 million people will die as a result of tobacco use.

## **The financial challenge**

In most countries social health insurance systems are already under severe financial strain. The direct and indirect economic costs of chronic disease are growing despite cost containment efforts and put the long-term financial sustainability of systems at risk. Calculations show that obesity alone creates a major economic burden through loss of productivity and income, and its consequences consume up to 8 per cent of overall health care budgets. Patients with chronic conditions consume on average a substantially higher amount of health care services than patients with other conditions.

## **The social challenge**

Social health insurance systems have a social mandate; however, health inequalities often continue to exist despite extended coverage or care. Health inequalities are not only the result of unequal economic opportunities, they also perpetuate them. Economically and socially disadvantaged populations have an increased risk of chronic disease and premature death related to social determinants and lifestyle risk factors. In industrialized countries smoking, for example, is much more prevalent among people of lower socioeconomic status and the same is increasingly true in developing countries as well. In addition, 84 per cent of all tobacco consumers live in the developing world.

## The response

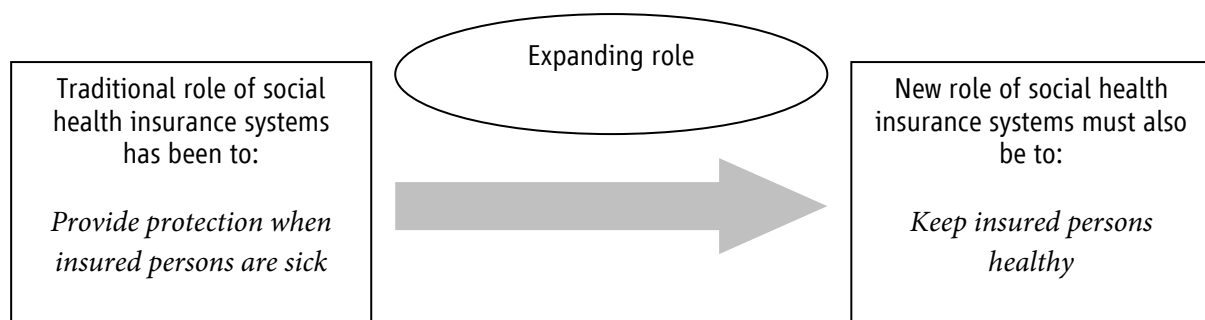
Mastering these challenges will be increasingly dependent on ensuring a longer healthy life expectancy and preventing the early onset of disease. Much of the burden of chronic disease and many premature deaths are preventable because the social determinants and the key risk factors, such as diet and physical activity, are known and modifiable.

For social health insurance institutions, this implies a shift from a more reactive role as payer/purchaser of curative, rehabilitative and long term care services to a more pro-active role to motivate and engage the insured population and the actors in the social health insurance system framework in health promotion and prevention.

Increased health promotion and prevention within social health insurance systems helps to respond to:

- the health challenges by improving and promoting the health of insured persons and their quality of life and by supporting overall improvements in population health;
- the financial challenges through lower expenditures for curative care and, by creating positive externalities on other social security schemes, the labour market and the overall economic environment, through a strengthened contribution base;
- the social challenges through contributing to both intergenerational and redistributive solidarity by targeting the health expectancy of disadvantaged groups. In countries with low coverage, the potential spillover of health promotion activities within social health insurance systems for the insured population on the uninsured population can have an important impact on the health of the uninsured.

**Figure 1.**



## Six factors to make it work

Based on the analysis of a number of national experiences,<sup>2</sup> six factors can be identified for strengthening the role of health promotion in social health insurance systems. While some strategies require actions by social health insurance institutions, others require support from all stakeholders in health and strong partnerships in a policy environment that supports investments in health.

### Put the health of the insured persons in the centre

Social health insurance institutions evolve from sickness insurance organizations to become health insurance organizations. Given their special relationship with insured persons, these institutions have major opportunities to increase the health literacy of the insured population through, for example:

- general and personalized health advice made available and easily accessible to insured persons, e.g. through call centres, increased electronic information (Internet) as well as community and settings based advisory services;
- assistance to insured persons in efficiently navigating the health care system in accordance with their individual needs;
- access for insured persons to their own medical records, e.g. through new e-health applications;
- special services such as health risk assessments including follow up for high risk cases and case management for insured persons in need of targeted support and advice;
- special programs at selected settings, e.g. the workplace.

Through such measures social health insurance institutions can work towards motivating and supporting their insured persons to maintain and improve their health. This leads to a redefinition of the relationship between the insurer and its insured: insurance organizations become partners in health beyond their traditional role of reimbursing care.

### Social health insurance institutions as pro-active advocates for health

Social health insurance institutions can have an important advocacy role in developing the social health insurance system from one that provides sickness care to a system that supports health and minimizes or prevents disease through early interventions. Concretely, advocacy can build on the institutions' unique relationships with health care providers and other actors in the social health insurance system framework and may be focused on achieving the following:

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<sup>2</sup> See the WHO/ISSA background report on social insurance and health promotion available on the ISSA Website: <http://www.issa.int>

- inclusion of health promotion considerations in service provision and quality management tools;
- health promotion measures at each visit and case management approaches;
- appropriate incentives encouraging health care providers to engage in health promotion and prevention;
- appropriate incentives rewarding healthy behaviour of the insured population.

Health promotion and prevention within the social health insurance system has positive externalities on disability, old-age pension, work injury and other social security schemes. Social health insurance institutions can therefore also advocate for engaging the entire social security system in considering an integrated and pro-active orientation towards prioritizing health promotion and prevention.

The basis for advocacy is the evidence on the cost-effectiveness of health promotion and prevention measures in view of the various goals of the social health insurance system and the emerging health, financial and social challenges it faces. While such evidence is already available, more efforts must be made to collate and disseminate it to actors in the health system as well as to decision-makers.

## **Supportive policy environment for health promotion**

A context of government policies that recognizes the importance of health promotion and disease prevention and that supports investments in health is an important factor facilitating the engagement of social health insurance institutions in health promotion and prevention. Such a supportive policy environment also encourages the commitment of various stakeholders and coordination of their actions.

Governments have a range of mechanisms at their disposal to create a supportive policy environment. These include establishing national health policies and setting priorities for health promotion and prevention, for example through health goals and targets. Governments can further strengthen the impact of health promotion and prevention through creating and supporting mechanisms such as health promotion foundations, platforms, networks and institutes to improve cooperation between different actors.

## **Supportive legal base for health promotion in social health insurance systems**

Governments should recognize social health insurance institutions as key actors in health promotion and prevention. As social health insurance systems are statutory ones and benefit packages are often legally defined, governments should establish a strong legal base for sustainable health promotion and prevention action in these systems. In many countries such a necessary legal base to act comprehensively in health promotion and disease prevention has not yet been established and health promotion activities are even prohibited in some cases.

A legal mandate is vital. Legislation should establish a statutory right for insured persons to health promotion services and/or specify that an identified amount of the social health insurance budget may be used for health promotion and prevention. A clear legal mandate should define the scope of action of social health insurance institutions and should in addition to individualized prevention services also allow community-based and workplace health promotion activities. Legislation should also delineate the borders between public health activities of the State and health promotion and prevention activities in social health insurance systems, and establish fora for coordination and partnerships.

## **Sustainable financing**

Social health insurance institutions should be legally permitted and possibly also required to invest a dedicated amount of their budget in health promotion and prevention activities. Funds for health promotion and prevention may come from social health insurance contributions, but may also stem from other social security schemes or from government subsidies. In order to ensure transparency and accountability to insured persons, however, the decisions on what activities social health insurance contributions earmarked for health promotion and prevention are spent should be the responsibility of the social health insurance institution.

In countries where mandatory risk adjustment mechanisms between multiple social health insurance institutions or State subsidies exist, these mechanisms should take into account the extent to which the institutions have actively engaged the insured population in health promotion and prevention activities, in particular disadvantaged and high risk groups. In systems where health insurance institutions compete, there should be incentives to compete not only on contributions, but also on health services and quality.

## **Clear definition and limitation of action to niche and value added areas**

Social health insurance institutions cannot and should not act in all areas of health promotion and prevention. It is important to define their unique value added. The diversity of systems and their different level of development lead to different priority areas in different countries. However, through its specific relationship with health service providers, insured persons, unions and employers in the social health insurance system framework, experience shows that social health insurance institutions can make significant contributions specifically through workplace health promotion, local and community projects, campaigns for raising awareness on key health issues and efforts to improve the health literacy of insured persons, particularly the health literacy of disadvantaged communities.

In addition to a clear definition of the niche of social health insurance institutions in health promotion, partnerships and networking are important both in the implementation of these institutions' own health promotion and prevention activities and to highlight their specific



contribution to efforts undertaken by other actors. Coordination and collaboration are key in a multi-actor environment and crucial for avoiding duplication and inefficiencies.

## **Next steps**

Health promotion and prevention are important for social health insurance systems for health, financial and social reasons. In order to promote pro-active investment in health within these systems, actions in all six areas outlined above are needed at the national level. At the international level international organizations should work together to ensure that the importance of health promotion and prevention is recognized worldwide and that experiences on good practice and cost-effective interventions are disseminated. The WHO and the ISSA will continue to collaborate with a focus on advocacy, knowledge transfer and capacity building at different levels.