



**A call to action: business recommendations
for future OECD work on health**
Business at OECD (BIAC) thought starter

INTRODUCTION

International coordination and stakeholder cooperation lay the foundations to achieve resilience in health systems, and attain a level of responsiveness made evident in the current fight against COVID-19. It is in this spirit that *Business at OECD* has over the years renewed its calls on governments and the OECD to value health as an investment and an engine for growth and prosperity rather than a cost to be contained. We commend OECD for its foundational work in making available facts and figures on health systems and engaging industry as a key contributor to the ongoing dialogue to address non-communicable diseases.

We believe the OECD is uniquely positioned to bring the economic, trade, innovation, labor, and health insights needed to assess how to bolster preparedness. This should help address the current Covid-19 crisis that is straining global health systems and economies, while seeking to prevent the deleterious effects of future disruptions. 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 current pandemic.

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 given to all relevant facts and long term considerations. With this in mind, the *Business at OECD* Health Committee has identified five business recommendations for future OECD work on health, laying the ground for improved health systems resilience, digital health, health security, innovation, and value for money.

1. HEALTH RESILIENCE

The COVID-19 pandemic and the associated public health crisis has placed an immense burden on authorities, healthcare providers and manufacturers. These events reinforce the need for a collaborative approach among all actors. Business has spared no efforts to increase capacity and services, including ensuring supply of critical medicines and medical and protective equipment—diagnostic tests, ventilators, masks, gloves and gowns, Intensive Care Unit medicines and equipment, protective clothing, and disinfectant gel to patients and critical healthcare workers. Private hospitals have been actively co-operating with governments to ensure a unified national health response to COVID19 by providing beds, medical equipment and staff to treat COVID19 patients, and in many countries have been acting as part of public health systems for the duration of the pandemic. Many private health insurers have been waiving cost-sharing for COVID-19 testing and treatment for their members and simplifying access to care by reducing prior authorization requirements.

In the process, industry faced significant challenges on supply chains. In a testament to the importance of international cooperation, industry fostered dialogue with governments and other international institutions to ensure products and critical workers would remain available.

An enabling policy environment requires:

Governments must ensure adequate resources are dedicated to building strong, resilient, and sustainable healthcare systems that can cope with complex health challenges with a whole-of-government approach. In so doing, measures should be taken to ensure continued prevention and care throughout any pandemic situation, including ensuring availability of hospital ICU beds and access to life-preserving equipment for all patients, while managing chronic diseases and addressing non-COVID19 acute conditions, resuming measures such as life-course immunization, and supporting healthcare professionals to reduce their burnout.

Business recommendations to the OECD:

- **Collect and mine** data on health worker shortage, training, and capacity building, and supporting.
- **Promote** innovative Public-Private Partnerships (PPPs) in health care delivery as a prudent approach to increase existing secondary care capacity by attracting private funding and spreading the risk, and ensure high standards of clinical excellence.
- **Stimulate** adoption of value-based care models (as opposed to Fee For Service model) which reward excellence in health care delivery based on patient outcomes and have been proven to reduce health care costs, improve quality, and enhance the patient experience. Encourage value-based payment and enable health practitioners to be held accountable for the total cost and quality of care.
- **Analyze** concrete policy measures and supporting infrastructure required to facilitate effective integration of health and social care to improve quality of care for the most vulnerable populations.
- **Evidence** the detrimental impact of imposing trade or other policy barriers, and encourage Member States to work in concert in a spirit of solidarity to minimize trade disruption in medicines, essential medical products, data and other goods or services needed to respond to this crisis.
- **Highlight** the need to design transparent, time-limited, targeted, proportionate, and non-discriminatory support measures to ensure a level playing field in the long-run. As no single country produces efficiently all the goods it needs to fight a pandemic, prevent efforts to nationalize global value chains.
- **Distinguish** clearly between its immediate policy response to the crisis, aiming to ensure continuity of supply through open trade and accelerate the development, approval and access to a range of innovative and critical solutions, and the long-term policy proposals aiming to fill major public health gaps in ensuring sustainability and resilience of healthcare systems.
- **Optimize** the use of all resources of the health system (public, private and non-profit) aiming efficiency and health outcomes.
- **Promote** the sustainability of the system through value-based healthcare approach.

2. DIGITAL HEALTH

During the COVID-19 pandemic-related confinements, we have seen technologies including telemedicine and teleconsultations grow exponentially. The number of teleconsultations in France alone rose during the confinement from 1,000 to 100,000 per day. Digital technologies, including Artificial Intelligence-powered software, help screen and track the outbreak of infectious diseases such as COVID-19 within a population. Decision support software, including for image analysis or triage, supports the detection and diagnosis of COVID-19, and helps healthcare organizations allocate resources efficiently. Digital infrastructure for Electronic Health and Medical Records allows the rapid sharing of patient information and can support patient outcome predictions. Telemedicine provides a safe option for pre-triage patients and to facilitate their remote monitoring. These options ensure access to care for citizens under confinement and minimize the risk of further contagion among citizens and healthcare professionals.

An enabling policy environment requires:

The focus on these technologies has also shed light on shortcomings of the current framework and highlighted the need to accelerate the digital transformation of health and care, and build the appropriate technical infrastructure and governance framework, including measures to ensure compliance with data protection regulations. We are pleased to see that the OECD is monitoring the implementation of its Council Recommendation on Health Data Governance. We believe COVID-19 should encourage the acceleration of its implementation.

Business recommendations to the OECD:

- **Accelerate** work to help Member States build the appropriate technical infrastructure and governance framework to establish a Health Data Space and improve internet access required for the uptake of virtual care.
- **Analyze** ways to reward digital solutions such as telemedicine and teleconsultations and include those into their reimbursement processes as part of health systems reform.
- **Explore** how Electronic Health Records (including Patient Summary and ePrescriptions) can be widely deployed and used while ensuring the right level of security in hospital networks.
- **Speed up** the implementation of interoperable solutions and ensure procurement is done on the basis of established and recognized interoperability standards.

3. HEALTH SECURITY

Our global community faces an unprecedented health emergency that requires our collective expertise and partnership. To meet this type of challenge, the cost of inaction is grave and inordinately more onerous than collaboration among all sectors of society to find and implement sustainable solutions. Without such decisive steps, the threat of Antimicrobial Resistance (AMR) can very well become the next global health challenging burdening health systems.

Concrete initiatives to address market inefficiencies affecting investments in new antibiotics R&D are still largely absent, despite widespread agreement amongst stakeholders on the incentives needed to support appropriate patient access and sustainable investment in this field. Such incentives include, among others, increased “push” funding, as well as novel incentives such as a Market Entry Reward and Transferable Extended Exclusivity vouchers. While such schemes have been researched and discussed at length, none have been implemented to date.

An enabling policy environment requires:

Given the recent exits of private capital and expertise in antibiotic discovery and development, governments must urgently move forward with reimbursement reform and novel incentives related to Anti-Microbial Resistance, taking into account their respective delivery and financing systems. In light of the devastating impact of the COVID-19 pandemic, our societies need to be better prepared for the next crisis, including an AMR-related global health threat.

Business recommendations to the OECD:

- **Leverage** AMR as an urgent area of policy research—in particular the investigation of pull incentives.
- **Promote** R&D and literacy to increase the population's level of vaccination
- **Encourage** the production of certified and increasingly efficient personal protective equipment
- **Ensure** the implementation of technologies that prevent and protect against nosocomial infections

4. SUPPORT FOR INNOVATION

All innovative industries have shown their united commitment to using their resources, technologies and know-how to develop vaccines and treatments, including in partnership. Throughout an unprecedented number of collaborations, our current intellectual property-based R&D business model have enabled the development of many medicines and vaccines that are now being tested for additional use in the fight against COVID-19.

An enabling policy environment requires:

Developing a policy framework aimed at incentivizing and driving innovation should be a key focus for the OECD and its Member States.

Business recommendations to the OECD:

- **Reinforce** an innovation ecosystem where the R&D business model can continue to deliver outstanding innovations and advances in health by reframing its Health Committee agenda to this end.
- **Conduct** analysis pointing how to incentivize companies to undertake risky investments into the discovery of new products.

5. VALUE FOR MONEY: EVALUATION OF PUBLIC/PRIVATE INITIATIVES TO REDUCE RISK FACTORS FOR NON-COMMUNICABLE DISEASES

The cost of Non-Communicable Diseases (NCDs) could more than double in the next 20 years – to \$30 trillion. Faced with these crippling figures, we can count a multitude of useful public/private initiatives worldwide to reduce risk factors for non-communicable diseases that can be effectively prevented. These initiatives should be evaluated in terms of behavior change and we think the OECD should endorse this evaluation role mainly through 3 aspects. First, by exploring the effectiveness of health literacy programs and by documenting the return on investment from such initiatives through a scientific assessment. Second, by helping to identify criteria of due process and independence when academics partner with industries to design, implement, or evaluate initiatives to reduce NCD risk factors. Third, by looking at the value and effectiveness of self-regulation organized by the industry, with commitments taken on product formulation, product marketing, and how such commitments operate in comparison with classical government regulations seeking to achieve similar substantive objectives.

The fitness industry has worked with governments to show the value of physical activity in helping to build up immune systems. To complement this work and ensure goals are aligned between OECD, governments, and the private sector, OECD work could identify practices that will strengthen physical activity's role in helping to strengthen and improve immune functioning and lower risk of viral illness and its effect in the prevention and management of cardiovascular and metabolic health conditions as well as some cancers, which can increase risk of severe adverse COVID-19 outcomes. Additionally, as many people have been at home and isolated for long periods, the mental health and social benefits of community physical activity cannot be ignored.

An enabling policy environment requires:

The above steps are key to identify the gaps a multi-stakeholder approach could fill, to reinforce the objectivity and the independence of these partnerships' content and results as well as to encourage scientists and academics to work into a multi-disciplinary environment including the private sector.

Business recommendations to the OECD:

- **Propose and promote** a clear and defined evidence-based approach to measure public-private initiatives' efficiency and to establish best practices that can be replicated and scaled up to reduce risk factors for non-communicable diseases.
- **Lead** research and policy development to show how physical activity can contribute to better health with a focus on reducing government health expenditure, reducing presenteeism and absenteeism in workplaces.



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