Brexit!!!!!!!!!!!!!
Linking Health, fiscal, macro-economic and market policy

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Purpose

• Positioning health at the core of national fiscal and economic institutions and policy
• Models and approaches
• UK considerations
• Reflections on the strategic positioning of “public health”
Context

• Health, social care and public services – sustainability - “miscalculation of sublime proportions”
• Public health – peripheral or not considered
• ST reactive perspectives dominate
• PH – Health and Social care and health in all policies
• Utilisation of current know how/forecasting capabilities
• Impact on public services and the economy
Context

• Piecemeal considerations
• Growth of Independent national fiscal institutions (OECD 2014)
• Upstream policy interventions- NCDs - “inverse public health law”
OECD review 2014 – independent fiscal institutions

“Considered among the most important innovations in the emerging public financial management”
Independent fiscal organisations

• OECD review – principles - fiscal discipline, budget transparency, accountability, raise quality of debate on fiscal policy

• Characteristics – independence, non partisan, mandate, resources, relationship with legislature, access to information, transparency, communications, external evaluation

• IMF – not identified any national fiscal institute solely for health
Models

• Statutory, academic, parliamentary, autonomous and linked to national bank models
• Office of Budgetary Responsibility/Scottish Fiscal Commission (Statutory)
• Australia, Canada, Italy, Korea, Mexico, USA (Parliamentary – mainly costing)
• Finland and France (Autonomous units)
• Ireland, Sweden and Institute of Fiscal Studies (Academic)
• Austria and Slovakia (National Bank linked)
OBR (Office of Budget Responsibility) functions

**OBR**
- Economic and fiscal forecasting
- Evaluating performance against targets
- Undertaking sustainability and balance sheet analysis
- Evaluation of fiscal risks
- Analysing and reporting on the sustainability of public functions

**Public health perspective**
- Health, disease and risk factor forecasting and the fiscal and economic impact on public services and the economy
- Analysis of the impact of interventions
- Analysis of the contribution of health capital
- Analysis of the impact of health in public policy and other sectors
Key questions

• How does healthy life expectancy and morbidity compression impact on the use of public services and productivity?

• What are the long term economic benefits of reducing the gap in healthy life expectancy across the social gradient

• How is human health capital linked to a healthy workforce and economic productivity

• What are the implications of increasing healthy life expectancy for pensions policy
Key questions

- What are the current trends for NCD risk factors and the disease, public service and economic consequences?
- What interventions will substantially reduce the epidemics of NCD’s and over what timescales? What is the RoI in interventions on NCDs?
- What are the full costs to the state and society of tobacco, alcohol, and ultra-processed foods and what cost are recovered by the state?
Key questions

• What interventions will reduce the consumption of unhealthy commodities and what are the economic and fiscal consequences?

• What economic incentives could be sued for prevention?

• What are the implications of increasing healthy life expectancy for disability and other related benefits?
Key questions

• What are the key mechanisms for raising funds from profitable but health damaging industries?

• What are the optimal fiscal and pricing polices to achieve policy objectives and raise the necessary funding?

• Etc. – adverse and perverse outcomes
The challenges

• Strategic analytical tools
• “Higher standard of proof” required
• Lack of demand side modelling capabilities
• No link up of epidemiological and health economic models
• Lack of information on commercial and market determinants
• Trend analysis – demographics, disease and protective factors
• Accurate cost data and information
• Utilisation of very expensive data lakes
• Expert input into treasury and OBR reviews
Concluding remarks

• National Fiscal organisations- opportunity for inclusion and/or deployment of functions in National PH Agencies or fiscal think tanks
• Form follows function new remits and/or organisations
• Key characteristics –OECD principles -impartial – free of vested and ideological interests
• Means of incorporating health in all policies- driven by fiscal and economic and market policies
Concluding remarks

- Mapping and gapping
- Advocacy- securing political leverage for such change in the UK
- Increasing literacy in fiscal institutions and the wider health community