The Prevention Concert

Looking over the border is a popular pastime in the Dutch health service. It started in the 1990s, when the former Eastern Bloc countries were eager for knowledge and support, and many experts went there as part of the brain drain. One even ended up in Washington, as we thought the Americans could learn something from us.

The idea that we on the other hand could learn something from other countries did not occur to us. The UK had its poverty-stricken National Health Service, the Germans came to us to see how they might rein in their sky-high costs, and the Scandinavian countries were not doing much better than we were.

The focus when looking over the border soon came to rest entirely on the system aspects. Kohl and Decker received a disproportionate amount of attention; other aspects were not so important: after all, we were doing a lot better, health-wise, than other countries.

That changed in 2000. The World Health Organization reported that the Dutch health care system was not as thriving as we had thought, compared with other countries: we came only twenty-fifth in the international league table. In the ensuing years reports came in, especially from the National Institute of Public Health and Environmental Protection (RIVM), that our health service was stagnating and we were falling behind our neighbours.

This is due not so much to poor health care performance as to deterioration in the lifestyle determinants of health. In its report on Health and Behaviour, the Council for Public Health and Health Care demonstrated that the imbalance between energy intake and physical activity in particular will have serious consequences for health in the long term, and thus for the cost of health care.

This has already been rising exponentially for a number of years now, but measures to curb it have so far been directed mainly at regulating the use made of health care rather than reducing the need for such care by means of targeted prevention and an integrated health policy.

Another trend that is going to have an increasing influence on our health is globalization. More and more threats are causing concern, especially those of emerging infections. At the same time, globalization provides fresh opportunities for promoting and protecting public health. Some health problems, indeed, cannot be solved at all without international cooperation.

While the problem is acknowledged in many quarters, coordinated action is not getting off the ground. Our neighbours have an apt term for this: ‘konzertierte Aktion’, ‘action concertée’, ‘concerted action’. They are convinced that public health problems can be tackled above all by joint efforts on the part of everyone concerned: government agencies, other policy sectors, the public, scientists, professionals, industry, the health service, insurers and other organized interests.

All the necessary ‘instruments’ can be set to work in a ‘prevention concert’ of this kind. In some cases a small chamber orchestra will be enough to ‘play’ a simple problem. In many cases a full orchestra will be called for, with all the musicians playing their parts. For really big works this will need to be supplemented by a chorus, or international stars, if the whole thing is to sound good. And it will need to be under the baton of a good conductor: a

permanent conductor is essential, of course, but it is exciting to invite a guest conductor from time to time as well.

A common feature of some of our neighbours' health and prevention policies is that they are trying to achieve 'concerted action' of this kind within their historical and organizational limitations. This appears to be somewhat easier and more likely to succeed in countries that have a state-run health service than in those with a social insurance system of health care, mainly because decisions about prevention and care can be weighed up directly in relation to one another. This approach has produced particularly good results in Finland in the past few decades. In many cases it is also easier to apply interdepartmental policy in these countries, certainly at national level. In countries with a social insurance system it is more difficult to achieve a harmonious interplay when it comes to prevention: the insurers and the health care providers there do not automatically feel responsible for public health, and the insurance system does not by nature include incentives for promoting health. The Germans are now trying to introduce incentives through legislation.

If all the musicians are to play their part, explicit attention needs to be paid to the involvement of all concerned. This is being tackled structurally in the UK by incorporating a round of consultations in each important policy decision, which gives those concerned an opportunity to express their views on the new ideas before the plans are put into action and makes for more involvement and a broader support base.

Spending on health care—also on public health—is still regarded purely as a loss item in the Netherlands. The economic value of public health has been a hot topic again recently in other countries, in particular the former Eastern Bloc countries such as Hungary. With the stagnation in health care this is a worthwhile debate for the Netherlands too.

Under the new European constitution the European Union is explicitly concerned with public health. A European Centre for Disease Control is to be set up in Sweden. Some of the work on public health will be done internationally in future.

In many areas of public health the Netherlands has played first fiddle in recent times: interdepartmentally, internationally, in collecting health data. Except in this latter area, though, the 'law of the retarding lead' seems to have been in operation: other countries have taken advantage of Dutch experience and knowledge to move forward themselves. So the Netherlands can now learn from foreign experience in order to orchestrate its public health better.