

POLICY PROPOSAL - 2022 No.10

HOW DO WE BECOME A HEALTHY NATION?

The Equilibrium Institute's policy proposals for reforming the Hungarian public health system



**Equilibrium
Institute**

Future for Hungary ▶▶

— Equilibrium Institute

TABLE OF CONTENTS

Executive summary	4
1. What is the problem?	6
2. How long do we live? How do we live? – The main health indicators of the Hungarian public	7
3. Healthcare rather than patient care! – How can we achieve a well-functioning public health system	10
4. The Equilibrium Institute’s recommendations for reforming the public health system	11

EXECUTIVE SUMMARY

01

The health status of the Hungarians ranks among the worst in comparison with both the EU average and our regional competitors. Life expectancy at birth is 76 years in Hungary, the fifth-lowest value in the European Union, lagging nearly five years behind the average of the EU member states. A well-functioning public health system could save as many as 23,000 lives each year.

02

Healthcare is not synonymous with patient care. Ensuring that fewer people develop health conditions in the first place is both more effective and cheaper than managing the burdens associated with treating health conditions. Individual health is influenced by a wide variety of social factors. That is why reducing poverty is the most effective type of public health intervention. Also we need a public health system that tackles the social causes underlying health conditions with focus on prevention and health development.

03

Premature mortality and endemic diseases are rooted in similar lifestyle-related causes: our diet is unhealthy, we consume too much alcohol and too many of us smoke a lot, all the while we exercise too little. These are the lifestyle factors on which a public health system must primarily focus in its interventions.

04

We need to create group practices which bring together professionals from different fields who can cooperate and perform complex preventive and health development functions. The salary schemes of general practitioners need to feature a higher share of financial elements that incentivise better performance. The group practices need to perform a general check-up of the health status of all Hungarians between the ages of 35 and 64 in five-year cycles! We need to create a district nurse service to support adults (the district nurse system in Hungary is responsible for keeping track of children and their development at home)! We need to introduce a system of community guardians to reach out to the most underprivileged Hungarians.

05

Let's create personalised digital health calendars that keep track of information about the most important vaccinations and screenings! This application should also hold out financial incentives for example, a health lottery. We should motivate people to turn up at regular check-ups by offering flexible screening opportunities, organised transportation to screening centres, providing childcare at these centres, as well as days off from work for those who show up!

06

Let's create a progressive public health product tax! Let's ban the marketing to children of unhealthy foodstuffs and drinks! Stores and restaurants should be obliged to place readily visible and clear warning labels on products that contain harmful ingredients in excess of the recommended doses! Let's offer financial incentives to food stores with high customer traffic that will allow them to employ physicians who offer nutritional advice on location!

07

Let's organise interactive health programmes in elementary and secondary education, specifically in the schools years 3, 7 and 10! Let's get

rid of grades in physical education classes, and let's instead use physical exercises that the students enjoy, also exploiting the possibilities offered by digital instruments in the process!

08

Let's introduce a health-centred corporate tax credit scheme aimed specifically at incentivising health development and prevention programmes in the workplace! Occupational physicians should be involved in preventive health efforts by expanding the scope of their responsibilities!

09

Let's create a national monitoring scheme by 2025 that will track and protect the health of the elderly and those with chronic conditions. By 2030, every elderly person needs to have a basic right to state-funded telecare services!

10

The state needs to support the building of so-called greenways, in other words corridors of open green space linking municipalities and various sections of cities! By 2030, we need to build at least 100 kilometres of greenways in Hungary each year!

1. WHAT'S THE PROBLEM?

The health status of Hungarians is worse than the average health indicators of both the European Union member states and the countries of the region. Our lives are shorter and we spend more time in bad health during our lives than the citizens of other countries – some of which are not necessarily considerably wealthier. Life expectancy at birth is 76 years in Hungary. This is the fifth-lowest value in the European Union and lags nearly five years behind the EU average. The existence of a proper public health system could have prevented the deaths of over 23,000 Hungarians in 2019. **Our problematic health indicators** (the high share of the population who are obese or suffer from high-risk chronic conditions) **also played a major role in the fact that since the start of the coronavirus pandemic, Hungary has experienced the fourth-highest Covid mortality rate per one million residents in global comparison.**

On account of the declining and aging population, the strain on the healthcare and social systems is bound to increase substantially in the coming decades, as a continuously decreasing number of employees will have to support a continuously growing number of elderly persons. **If Hungary continues to rank among the most ‘unhealthy’ member states of the European Union, the parallel challenges of an aging and declining population can only be tackled at the expense of our country’s standard of living and its economic development. Health is capital and investments in developing health yield very high returns.**

Healthcare is not synonymous with the care for patients who suffer from health conditions. What happens to patients who enter the healthcare system is a vital issue, **but it is at least as important to ensure that the fewest number**

possible even get to the point of developing conditions that necessitate institutional health treatment. We can achieve this by boosting the public health system. The public health system is the sum of all socially organised instruments and activities that seek to help individuals in protecting and developing their health, pre-empting health conditions and ensuring the best quality of life attainable.

Healthcare is not synonymous with the care for patients who suffer from health conditions.

The set of recommendations below will not discuss what the state can do at the point when people have already developed health conditions. The reason for bracketing this issue here is that the organisation of patient pathways, the problem of doctors’ pay, the upgrading of hospitals or the acquisition of ambulances are not vital problems in their own right. It is because **it is even more vital that ideally Hungarians should not even need to enter the healthcare system as patients in the first place.** Over the past decades, we have become excessively accustomed to the fact that the state does not devote sufficient funds to promote our health – so that subsequently it can spend all the more on treating our health conditions. For too long our debates about healthcare have revolved around treating health conditions. **Let’s finally start talking about how we can become a healthy nation!** (*The Equilibrium Institute will soon devote a separate set of policy proposals to the issue of restructuring and transforming the healthcare system.*)

2. HOW LONG DO WE LIVE? HOW DO WE LIVE? – THE HUNGARIANS’ MAIN HEALTH INDICATORS

In the last year before the beginning of the coronavirus pandemic, 2019, life expectancy at birth was 76.5 years in Hungary – at 81.3 years, the average life expectancy in the EU is nearly five years longer. This put us ahead of

only three countries (Latvia, Romania and Bulgaria) among the 27 EU member states. It also means that Hungary has the lowest life expectancy at birth within the Visegrad region (Figure 1).

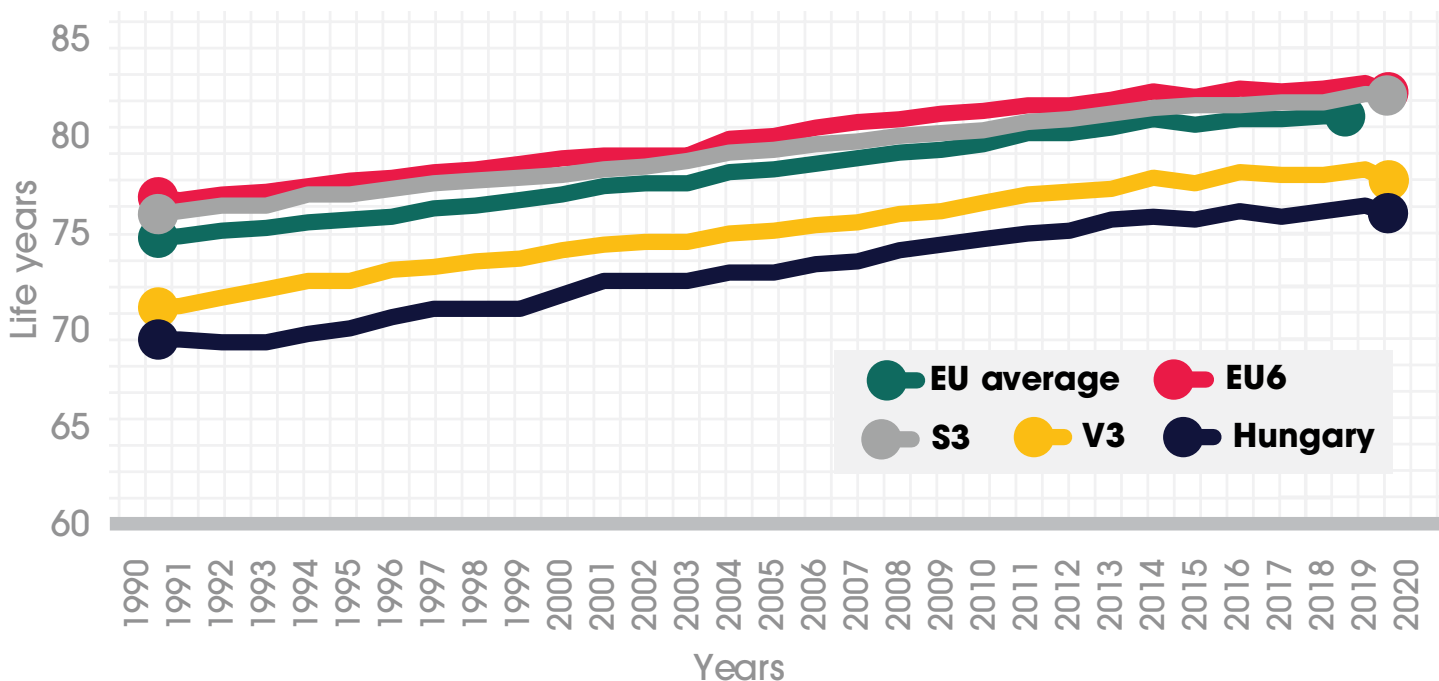


Chart 1: Expected average life expectancy in Hungary and countries of reference, year, 1990–2020. EU6: Belgium, France, Germany, Italy, Luxembourg, The Netherlands. S3: Denmark, Finland, Sweden. V3: Czechia, Poland, Slovakia. Source: OECD, World Bank.

Life expectancy at birth is closely interlinked with educational attainment: The lifespan of women with the lowest level of educational attainment is 6.4 years shorter than that of their most educated peers. Among men, the gap is larger: the lifespan of a man with the lowest level of education is 12.6 years shorter on average than that of a man who has a higher education degree. In the EU overall, by contrast, the average gap is 5.7 years for men and 3.6 years for women.

Regional disparities in health status also highlight the role of social determinants in the distribution of health. **The life expectancy of women at the age of 45 who live in the poorest municipalities is 32.8 years, while women who live in the wealthiest municipalities can expect to live another 37.4 years on average (a difference of 14%); for men, the relevant figures are 25.8 years and 32.7 years, respectively (a difference of 27%).** A man in the region of North Hungary can expect to live almost five years less than a man in Budapest, while a woman’s life expectancy

in the aforementioned region is nearly 2.5 years shorter than that of a woman in the capital.

Hungarians do not only die earlier than the EU average, but they also spend fewer years living in good health (Figure 2). Men spend an average of 60.7 years in good health, while for women the relevant figure is 62.8 years;

both of these lag considerably behind the EU average (which is 64.2 years for men and 65.1 years for women). Seventy-two per cent of Hungarians over the age of 65 suffer from two or more chronic conditions, while in the EU the average is 61.7%.

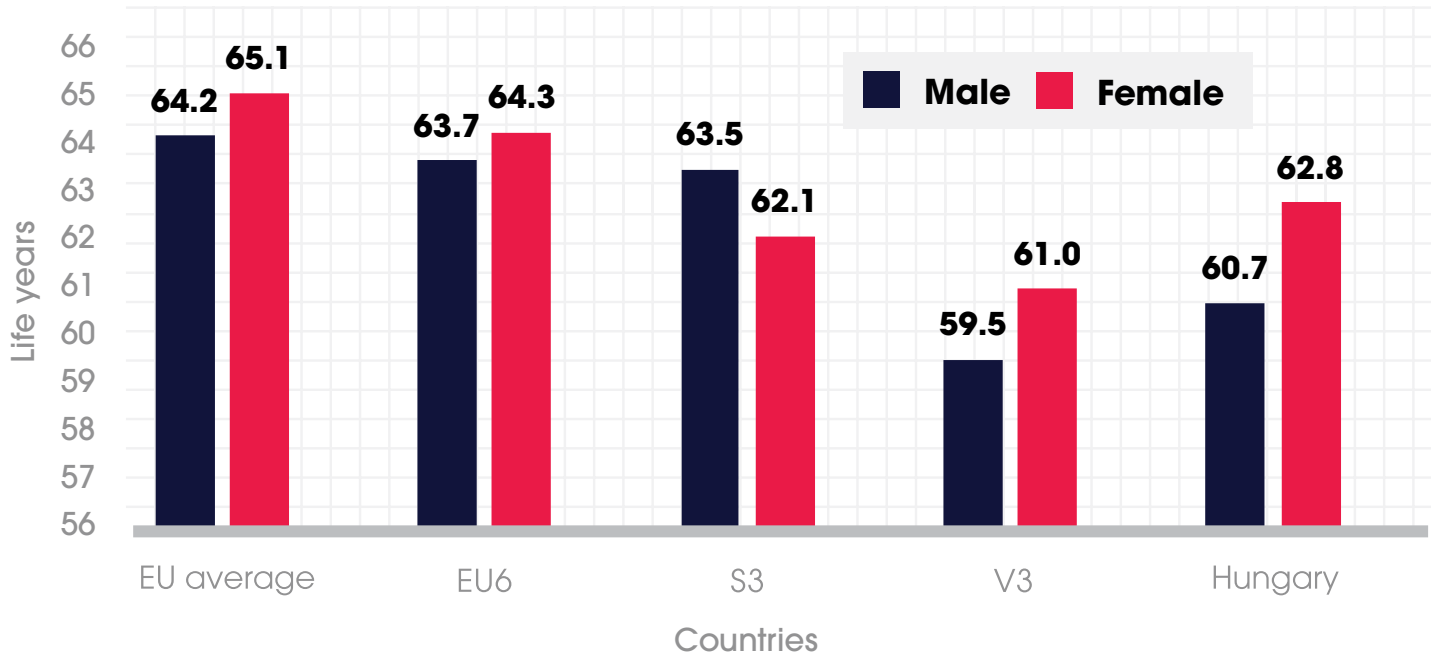


Chart 2: Healthy life expectancy at birth, 2018. Source: Eurostat

Nearly a quarter of Hungarians are obese, with 30% of women and 40% of men weighing more than would be healthy. This clearly owes to bad lifestyle choices: for one, our dietary habits – low levels of vegetable and fruit consumption, low-fibre diet, etc. – and a lifestyle with too little physical exercise. **Dietary risks are linked to 28% of the total Hungarian fatality rate, while too little exercise is directly associated with 4% of the overall fatality rate.**

Smoking plays a decisive role in 21% of annual fatalities. Nearly a quarter (24.9%) of Hungarians smoke every day, as compared to an average of 18.3 in the EU overall (Figure 3). What is especially disconcerting is that smoking is also exceedingly high among youths (those between the ages of 15 and 24).

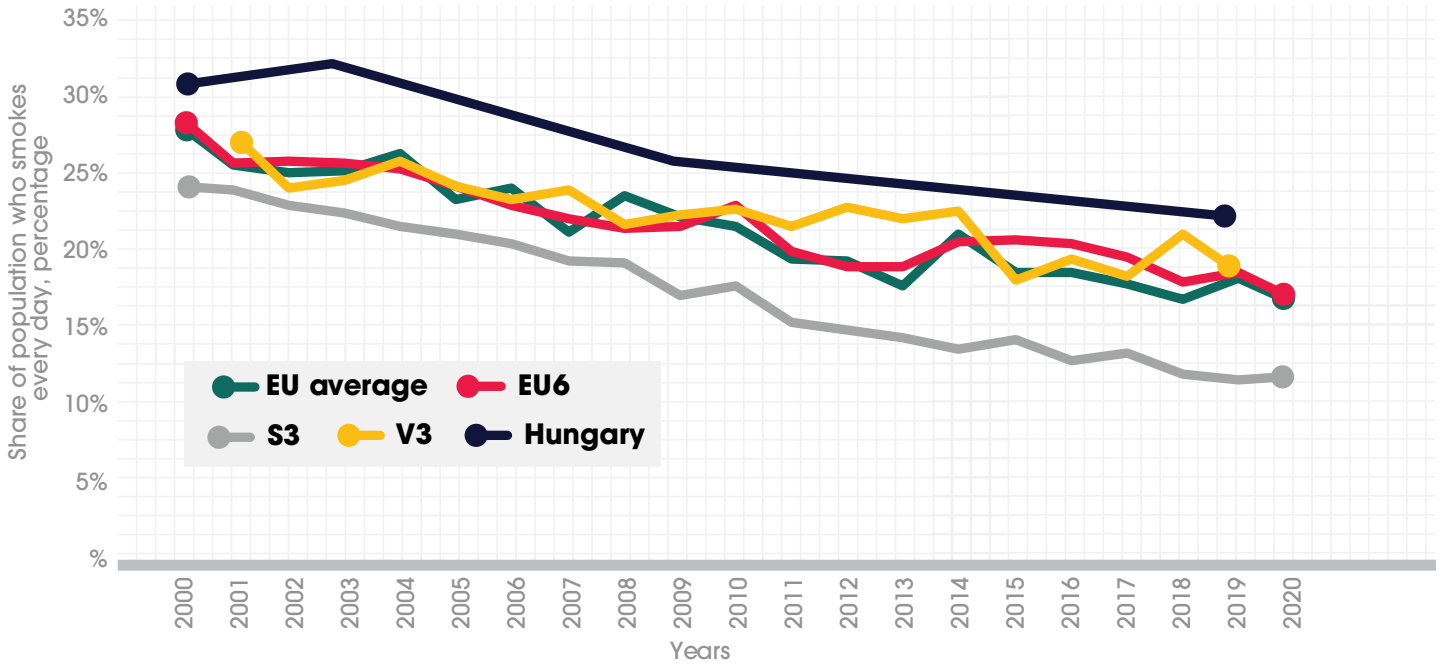


Chart 3: The share in the population of those who smoke every day in the countries of reference and Hungary, 2000–2020. Source: OECD.

Every tenth death in Hungary is directly linked to excessive alcohol consumption. We are in the third-worst position in the OECD countries in terms of per capita alcohol consumption (Figure 4). **The share of Hungarian alcohol consumers who struggle with alcohol addiction**

is exceedingly high: among women, the share of alcohol addicts is twice the EU average, while men are two and a half times more likely to be addicted to alcohol than the EU average.

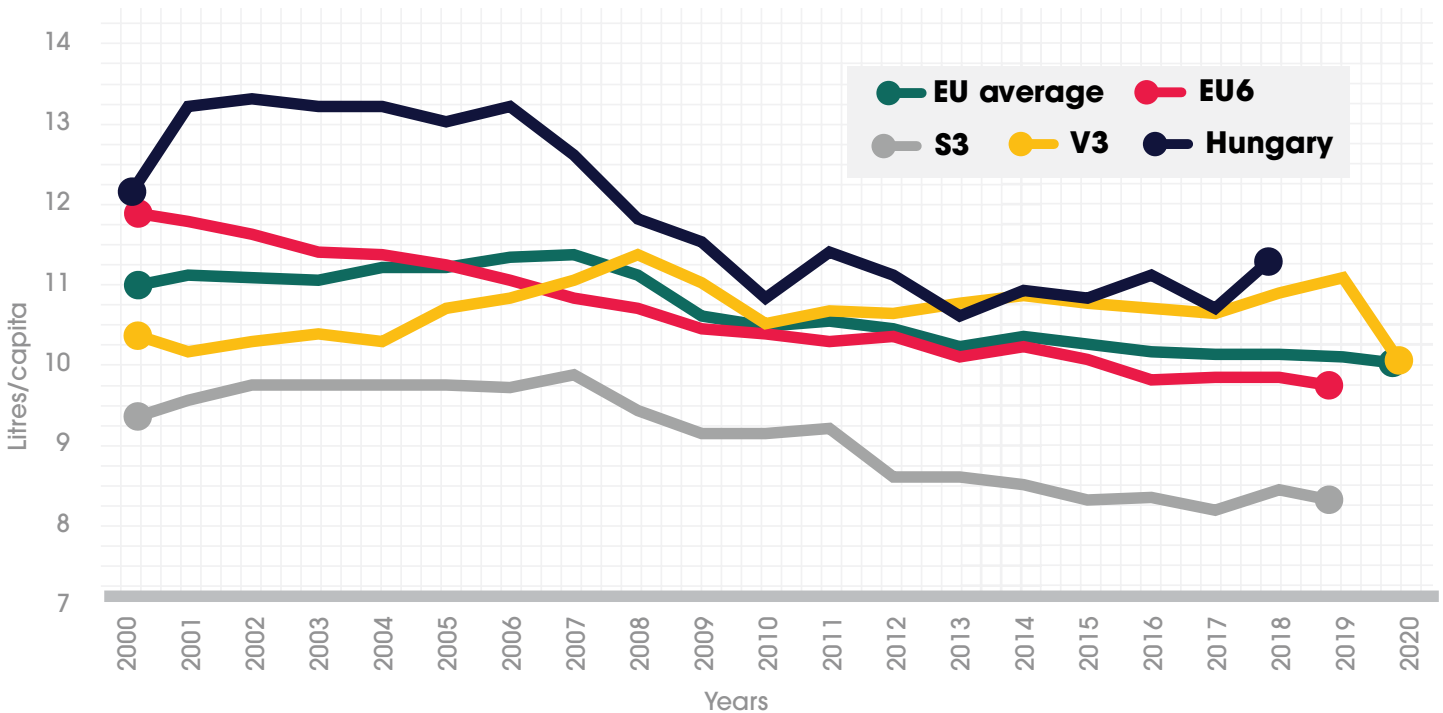


Chart 4: Average alcohol consumption in the reference countries and Hungary, 2000–2018, number of litres per year/person. Source: OECD.

3. HEALTHCARE RATHER THAN PATIENT CARE! – HOW CAN WE ACHIEVE A WELL-FUNCTIONING PUBLIC HEALTH SYSTEM?

Public health is the sum of all the institutional activities designed to improve the health situation of the public, prevent health conditions from emerging, and reduce as much as possible the existing burdens stemming from **health conditions**. We need a fundamentally different approach if we want to lay the foundations for a modern and effective public health system. No matter what our chief priority is, be it quality of life, improving cost-effectiveness or the effectiveness in terms of health outcomes, **the best solution is to focus our efforts on pre-empting the emergence of health problems.**

People's health status is to a significant extent influenced by **social factors**: their financial situation, that is their income and assets; their place of birth; their educational attainment; their access to basic services or relevant **information**. A lower social status will also result in worse health indicators and a shorter life expectancy. If we want to improve the health status of Hungarians, **as the first step we need to influence the socio-economic factors that determine our health situation as well as the public's nutrition, exercise and health prevention patterns.**

The following are the factors which are each responsible for at least 1% of the risks that could lead to a loss of life:



The list above also indicates which behavioural and environmental factors massively debilitate our health indicators: **we eat unhealthy foods and exercise too little, we smoke too much (and we start doing so at too young an age), and we drink too much.** These problems especially

afflict the poor, the less educated segments of the public and those who live in the underprivileged regions of the country. That is why we could achieve the biggest impact by influencing these behavioural and environmental factors.

4. THE EQUILIBRIUM INSTITUTE'S RECOMMENDATIONS FOR REFORMING THE PUBLIC HEALTH SYSTEM

I 4.1. STRENGTHENING PRIMARY CARE WITH A FOCUS ON PUBLIC HEALTH

▶ **LET'S ENCOURAGE THE CREATION OF GROUP PRACTICES THAT COMBINE SEVERAL PROFESSIONS WORKING TOGETHER FOR PREVENTION AND HEALTH DEVELOPMENT!**

The problem of the decades-long increase in the number of unfilled GP positions could be partially solved by the creation of group practices – a process that is already underway. However, such a transformation would only constitute progress if it is not limited to emergency stopgap measures, that is if its purpose is not to conceal the lack of general practitioners (in other words if they are not merely used to attach unfilled practices to existing group practices).

The idea of group practices is that they offer an expansive array of prevention and health protection services replacing the presently prevailing model – based mostly on a single general practitioner and an assistant – with one that allows for the joint, coordinated and public health-oriented work of professionals from related fields. In addition to general practitioners, this would include dietitians, physiotherapists, psychologists, gynaecologists, paediatricians, addiction specialists or social workers, so that in addition to the outpatient care that these procedures

provide, new and higher levels of health preservation and disease prevention services can be provided as well. In so doing, they can offer a variety of services by drawing on a wide variety of professional competencies that the current system of general practitioners cannot provide.

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▶ **A COMPREHENSIVE HEALTH CHECK-UP EVERY FIVE YEARS FOR HUNGARIANS BETWEEN THE AGES OF 35 AND 64!**

The prevention-focused group practices need to perform **general health check-ups of each Hungarian in the age group 35 to 64 every five years!** This would allow for the timely identification of the main health risks as well as the detection of potentially emerging health problems. **Persons identified as being at-risk need to receive an individual or coordinated health plan**, which will be implemented jointly by the various related professions whose expertise is necessary for dealing with the given health condition (dietitians, physical therapists, nurses, district nurses, psychologists)!

▶ **PERFORMANCE-BASED PAY SUPPLEMENTS FOR GENERAL PRACTITIONERS!**

Funding for primary care today is primarily based on a per head fee: general practitioners receive the largest portion of their pay based on the number of persons who have registered as their patients. This system does not incentivise general practitioners to provide quality care since they receive the fee paid after each patient regardless of how they perform. With respect to primary care activities aimed at screening and treatment, as well as for all preventive healthcare activities in general, **we need to introduce funding schemes that incentivise performance and reward results and quality.**

Paying the general practitioners pre-defined amounts for individual healthcare activities will boost their performance, while treatment/screening protocols will serve to standardise the care activities extended by GPs. **Such an approach should also be adopted by the group practices in the context of the supplementary services provided by the representatives of the various professions represented in the given practice!**

▶ **DISTRICT NURSES WHO ASSIST ADULTS!**

Similarly to the existing network of district nurses, we ought to create another uniquely Hungarian institution: **a district nurse service that serves people after they have become adults and helps them in protecting and nurturing their health!** The creation of this institution would yield inestimable health benefits, especially among lower-status groups in society.

The currently excessive burdens on general practitioners would also be reduced if regular dietary and lifestyle counselling would be available to the registered patients, along with certain basic preventive health services (such as body weight, blood sugar and blood pressure tracking), and if the social and informational impediments in the way of a healthy lifestyle were laid bare, that would allow the **district nurse to help the adults in their care locally in ways that foster prevention and health development before people need to enter the primary care system for treatment.**

▶ **COMMUNITY HEALTH GUARDIANS IN THE UNDERPRIVILEGED AREAS!**

Let's create a network of full-time community health guardians! Health guardians would be employees serving the local community who are trained as social workers or as nursing assistants, hail from the area and work either part or full-time as mediators of sorts between the local public on the one hand and the general practitioners and the district nurse service on the other. Their responsibility would be to **contact the most difficult to reach citizens, who typically live in severely underprivileged situations; keep in touch with them and motivate them to avail themselves of the preventive and health development services; answer questions that arise** and assuage the potential distrust that those in their care may harbour towards the healthcare system and its services.

I 4.2. INCREASING PARTICIPATION IN HEALTH SCREENING PROGRAMMES AND INTERVENTIONS AIMED AT THE ENTIRE POPULATION

▶ DIGITAL HEALTH CALENDAR AND HEALTH LOTTERY – LET’S REWARD BEHAVIOUR THAT REFLECTS GREATER HEALTH AWARENESS!

Let’s create personalised digital health calendars either within the Hungarian National eHealth Infrastructure (abbreviated as EESZT in Hungarian) or through the development of a dedicated smartphone application! This application would track the key junctures in an individual’s “health journey” – adapted to their lifestyle circumstances (e.g. smoking, a lifestyle with too little physical exercise, professional sports, etc.) – starting with the first mandatory vaccinations through the annual or biannual dental check-ups all the way to the publicly organised screening tests for the designated risk groups. Individual users would receive notifications at regular intervals, which would inform them about the health options available to them in addition to reminding them about the significance of the given health “milestones.”

By offering rewards for the use of the app, we can motivate people to register and stick with the app! For the most vulnerable segments of the population, the introduction of a “health lottery” could serve as a major incentive, all the while from a budgetary perspective this would be a nearly invisible item: **we could offer the active users of the app three annual lottery drawings with jackpots of 10 million forints in each round.** At a later stage, participation in the lottery could be made contingent on satisfying further conditions, such as at least ten years of active use and compliance with designated health milestones.

“When it comes to interventions aimed at the entire population, we can expect the greatest returns from efforts at influencing nutrition patterns.”

▶ FLEXIBLE SCREENING, SUPERVISION FOR CHILDREN, DAYS OFF FROM WORK – LET’S MAKE IT EASIER TO PARTICIPATE IN SCREENINGS!

We could substantially increase people’s motivation to avail themselves of screening opportunities by offering them flexible access to their preferred dates and locations, providing childcare for the duration of the screening, organising transportation to the testing locations or reimbursing them for the travel costs. Although the Labour Code theoretically exempts employees from work for the time of medical examinations, in practice this is rarely sufficient as an incentive. In reality, it is common for employers to pressure employees to be tested outside working hours. **In one swoop, this obstacle could be removed and an incentivising reward could be held out to employees if they were offered an extra day off for availing themselves of screenings.**

▶ LET'S FOLLOW THE BRITISH EXAMPLE AND INTRODUCE A PROGRESSIVE SNACK TAX!

When it comes to interventions aimed at the entire population, we can expect the greatest returns from efforts at influencing nutrition patterns. **The public health product tax (colloquially referred to in Hungary as the crisp tax)** introduced in 2011 was a step in the right direction, but because average salaries increased over time its impact on dietary consumption patterns has remained limited.

Let's incentivise producers to reduce the share of ingredients that are harmful to health! The British regulation achieves this by applying a progressive tax. While in the case of soft beverages that contain sugar the Hungarian law applies a flat tax of 15 forints per litre for each beverage in which the sugar content exceeds 8 g/100 ml, the British model levies a tax of 0.18 pounds on beverages with a sugar content ranging between 5 and 8 g/100 ml, and 0.24 pounds for beverages with a sugar content in excess of 8 g/100 ml. This gives producers the option of reducing the quantity of sugar in their beverages to be fully exempt from the tax, while at the same time even if their products do contain enough sugar to fall under the scope of the tax, they still have an incentive to at least lower the level of sugar in their drinks to avoid the increased tax rate on high sugar contents. **Let's deploy the progressive tax solution both in the case of sugary soft drinks as well as in the case of pre-packaged products that contain sugar!**

▶ LET'S BAN THE MARKETING TO CHILDREN OF UNHEALTHY FOODS!

Numerous studies have demonstrated the **causal relationship between the unhealthy diet and obesity of children and their exposure to advertising that promotes foods and beverages which are harmful to health (products with high sugar, salt, fat or taurine content).** Although bans on advertising are only an acceptable solution in the most extreme circumstances, the proliferation of childhood obesity, as well as the impact of an unhealthy diet on the quality of life justify restrictions in this case. **We need a statutory ban on all forms of advertising that are aimed at children and seek to promote unhealthy foods, soft or energy drinks,** including advertising in the print press, on radio or television, and also extending to the display of

visual elements aimed at children on the packaging of such products (such as cartoon characters or cute animals) and on the offering of gift toys attached to fast food menus or the sponsoring of family events.

▶ WARNING LABELS ON UNHEALTHY FOODS!

Even without any restrictions or bans, people often only need a tiny stimulus to overcome temptation and to choose the healthiest option out of their own volition. In Chile, for example, **black and white stop signs are featured on product packaging when the amount or caloric content of a given ingredient exceed the level that is deemed healthy or if consumption of the given product increases the risk of some chronic health condition.** In the United States, restaurants, cafés and other venues that offer food products must **feature — in a conspicuous manner – the total calorie content of the products on the menu or next to the foods on open display.** Experience suggests that both solutions provide a good incentive not only in influencing consumer behaviour but also in terms of making the producers interested in reducing the quantity of harmful ingredients.

We need to mandate that any venue where foods are sold (food stores, restaurants, cinemas, etc.), must also display conspicuously visible and easily intelligible warning signs and data on the packaging of products that are harmful to health or adjacent to their public display on the shelves, counters, etc!

▶ DOCTORS NEED TO ASSIST PEOPLE IN SHOPPING!

In many U.S. cities **physicians or dietitians assist shoppers in supermarkets and food stores in compiling health-conscious menus that are nevertheless enjoyable.** They do not direct consumers or restrict them in their shopping decisions, but **they provide clear and accessible advice and personalised explanations of the risks involved.** **Furthermore, by presenting healthy and inexpensive alternatives they motivate and enable the public to develop health-conscious consumption patterns.**

The Hungarian state needs to offer massive financial incentives (targeted subsidies, tax credits) to food stores with high customer traffic which make it possible for shoppers to meet with physicians at their premises!

▶ HEALTHY AIR!

One of the major causes of premature deaths is air pollution, which claims the lives of 12,000-13,000 people each year. Within the EU, Hungary (in a dead heat with Poland) is in the third place when it comes to the years of life lost on account of air pollution. **Improving air quality in our municipalities is one of the areas in need of the most urgent intervention that could help the entire population.**

The Equilibrium Institute has drafted a detailed package of proposals entitled *How do we get air?* on the measures we need to implement in the heating and building sectors and in transportation.

Even without any restrictions or bans, people often only need a tiny stimulus to overcome temptation and to choose the healthiest option out of their own volition.

I 4.3. LIFE-CYCLE AND STAGE-RELATED COMMUNITY HEALTH PROMOTION

Public health programmes based on citizen participation can exert the biggest impact on the public by reaching us in the key arenas associated with the various stages of our lives, in the course of our everyday activities and the places where we go about these activities. In the course of the health development programmes implemented in these contexts, as well as during the healthcare activities provided in the framework of primary care, **we also need to avail ourselves of the possibilities provided by new technologies – portable smart devices – to monitor health, collect continuous feedback and increase motivation.**

4.3.1. BRING HEALTH INTO THE SCHOOLS!

▶ **LET'S PROVIDE REAL HEALTH EDUCATION! – HEALTH DEVELOPMENT PROGRAMMES CUSTOMISED TO REACH OUT TO SPECIFIC AGE GROUPS IN THE SCHOOL YEARS 3, 7 AND 10**

We need to launch a programme to reach students in at least three years during the 12 years of elementary

and secondary education (the years 3, 7 and 10). **These programmes need to feature educational components that are relevant to the given age group and offer at least 10 occasions in each of these years to organise interactive programmes with the involvement of outside experts.** The topics addressed need to run the gamut from self-awareness and stress management training, proper nutrition, alcohol and drug prevention, tackling school violence and bullying, all the way to sex education and child protection in the digital world.

▶ **INSTEAD OF PERFORMANCE PRESSURE LET'S MAKE EXERCISE A PLEASURE! - SMART DEVICES AND EXPERIENTIAL MOVEMENT CULTURE INSTEAD OF GRADING**

The goal of everyday physical education should not be to compel what we regard as the proper amount of performance through grading but to ensure that the love of physical exercise becomes an integral part of the children's lifestyle and accompanies them throughout their lives outside school – no matter what type of physical activity they engage in. **We need to abolish grades in physical education classes**

once again! We have to come up with ways to incentivise physical exercise that match the children's needs and their everyday life experience. Good instruments to that end are the **gamification of physical education classes (making them game and experience-based)**, and from time to time also the distribution to kids of devices measuring physical activities and bodily functions (smartwatches).

The goal of everyday physical education should not be to compel what we regard as the proper amount of performance through grading but to ensure that the love of physical exercise becomes an integral part of the children's lifestyle and accompanies them throughout their lives outside school.

▶ **LET'S IMPOSE HARSH PENALTIES ON THE SALE OF UNHEALTHY FOODS IN SCHOOLS!**

Even though in 2012 the government banned the sale of the harmful foods that fall under the scope of the Hungarian snack tax in school cafeterias and vending machines, many schools simply fail to comply with the ban. **What we need to do in this area is to simply make sure that the relevant laws are upheld and increase inspections (delegating this responsibility to school physicians if need be), while the controlling institutions of the schools need to immediately terminate contracts with the providers of services who run afoul of this rule!**

▶ **HEALTHY SCHOOL PROGRAMME!**

The introduction of the Healthy School Programme would primarily serve to raise awareness in schools, fostering a greater level of health consciousness in children. Similarly

to the Green Kindergarten/Green School programme, certification as a Healthy School would require the creation and use of relevant **visual contents and a proper indicator system** (including, for example, the number of students who participate in health development activities; the number of teachers who participate in health-related training sessions; the quality of the physical environment in those dimensions that impact health, such as the equipment and cleanliness of restrooms, etc.). **Money for such programmes should be made available through grants awarded for upgrades and developments focused on health promotion!**

4.3.2. HEALTHY WORKPLACES!

▶ **CORPORATE TAX CREDITS FOR HEALTH PROGRAMMES!**

Let's introduce a corporate tax credit programme for health investments! Companies that operate complex health promotion programmes should be entitled to deduct the entire investment from their taxes (the current tax credit programmes for funding cultural and athletic organisations allow corporations to deduct up to 70% of their entire tax burden)! This could result in a win-win scenario in which despite **losing tax revenue, the state would ultimately benefit just as much as the employer that invests in the health of its employees – not to mention the employees themselves.**

▶ **LET'S INVOLVE OCCUPATIONAL PHYSICIANS IN PREVENTION!**

We need to increase the effectiveness of occupational health, chiefly through the involvement of occupational physicians in preventive health-centred activities. The responsibilities of occupational physicians should not be limited to determining an individual's ability to perform work! There needs to be a protocol-based system to ensure that the tests and check-ups performed in the framework of occupational health and their results are transferred to the general practitioners. **Whenever necessary, occupational physicians should have the right to refer patients into the public healthcare system! This would result in a better use of the existing health service capacities.**

The responsibilities of occupational physicians should not be limited to determining an individual's ability to perform work!

▶ **A PROGRAM TO “BRING SCREENING TESTS INTO THE WORKPLACE!”**

Today, the so-called *We screen you locally* programme offers more easily accessible services to the residents of the country's underprivileged municipalities, who are often at a highly elevated risk of developing health problems: screening buses perform cervix, oral cavity and cardiovascular risk assessments in smaller municipalities and, as part of a general health assessment, they also measure blood pressure and cholesterol levels or offer counselling on how to quit smoking or follow a healthy diet, among other things. **The state should incentivise expanding this programme to the workplace – as one of the key locations where people lead their daily lives – sharing the costs with the employer if need be!**

▶ **LET'S INTRODUCE A HEALTHY WORKPLACE PROGRAMME!**

Based on the model of the Family-friendly Workplace certification, we should introduce a state-sponsored Healthy Workplace brand, primarily in those sectors of the economy that are most exposed to health risks! There are many ways in which the health of employees could be supported: by organising screenings; focusing on the specific health problems that tend to arise from the risks that are typical of the given workplace (for example programmes designed to promote spinal health, etc.); organising health days and promoting recreation.

4.3.3. A HEALTHY OLD AGE!

▶ **TELEMONITORING – LET'S USE SMART DEVICES TO LOOK OUT FOR THE ELDERLY!**

These days patients no longer need to visit the general practitioner or the rehabilitation clinic to have their blood pressure and blood oxygen level measured or to get an ECG – for a long time now, we have had the technological tools to administer such services from a distance. Smart devices, such as smartwatches, can monitor one's health and send out alarms in an emergency along with immediate messages to the appropriate parties to signal the wearer's loss of consciousness or fall. Furthermore, at this point this does not even necessitate constant monitoring by human personnel – artificial intelligence is capable of identifying extraordinary events and releasing emergency signals when necessary. A well-functioning telemonitoring system is not only more effective in situations potentially involving the need for urgent interventions, but it can also significantly reduce redundant hospital visits or the burden on emergency care. Moreover, it is a major help for those who live far from healthcare-providing institutions and for whom travelling to these institutions constitutes a massive burden.

These days patients no longer need to visit the general practitioner or the rehabilitation clinic to have their blood pressure and blood oxygen level measured or to get an ECG – for a long time now, we have had the technological tools to administer such services from a distance.

Let's build a telemonitoring system by 2025 for the elderly, those undergoing physical rehabilitation and other high-risk groups – let's start with the underprivileged areas that are not sufficiently covered by the healthcare system, and then expand it to the entire country!

▶ **SMART HOME – A BASIC RIGHT TO
TELECARE FOR THE ELDERLY!**

The new info-communications devices also open up new perspectives in elderly care and prevention. **Designing and developing smart homes that make the provision of telecare services possible can reduce the strain on the healthcare service system, which is increasingly overburdened as a result of the aging society. Even more importantly, it significantly enhances the quality of life for the elderly. By 2030, we need to provide a basic right to state-funded telecare in Hungary!**

“**Designing and developing smart homes that make the provision of telecare services possible can reduce the strain on the healthcare service system.**”

4.3.4. HEALTHY LIVING ENVIRONMENT, SUPPORTIVE COMMUNITIES

▶ **GREENWAYS!**

So-called greenways are open and natural routes or interconnected park areas that link towns, recreational areas or different residential neighbourhoods within the same urban areas. Greenways can be bicycle routes; footpaths created along rivers, streams or abandoned railway lines; or broad, tree-lined urban pedestrian walkways that are separated from vehicular transportation routes. Such transportation options simultaneously offer the motivation as well as the opportunities for more exercise and the recreational use of green areas.

The state should promote the creation of greenways by offering relevant incentives to municipal governments and NGOs, in the form of grants and targeted subsidies! Let's set the goal of building at least 100 kilometres of greenways each year by 2030!

“**Greenways can be bicycle routes; footpaths created along rivers, streams or abandoned railway lines; or broad, tree-lined urban pedestrian walkways that are separated from vehicular transportation routes.**”

▶ **LET'S CREATE AN ALTERNATIVE TO PUBS –
PUBLIC HEALTH-CENTRED COMMUNITY
SPACES!**

In order to increase social capital (trust and social networks), we need to create opportunities for people of all ages to mingle and share common experiences – this could also improve health indicators. If we want to exert an impact on the development of proper nutrition habits, for example, we cannot allow local fast-food restaurants – or worse, pubs – to be the only place where adolescents or the elderly can congregate.

“**We need to create opportunities for people of all ages to mingle and share common experiences – this could also improve health indicators.**”

Community spaces need to reflect actual needs – we do not want to draw masses into medical practices or hospitals. That is why in this specific area **municipalities and the strengthened health development agencies play a vital role** since they possess the necessary information to determine what the best instruments are to reach out to a given segment of the population, be it an evening ping-pong tournament for children from underprivileged backgrounds, weekend tours organised by national minority self-governments, or free access to community spaces where board games or

virtual reality games are available to the public. It is in the state's foremost interest to use every means at its disposal to help such local initiatives.

4.4. LET'S REDUCE POVERTY!

Since health is socially determined, in other words it is closely linked to the individual's social and financial situation, **boosting the public's sense of social security is one of the most important areas of intervention.** Proper heating, clothing, a healthier diet and access to screenings or recreation all cost money, while the stress and anxiety felt over impecuniosity, the lack of access to basic necessities and the absence of financial security are in and of themselves harmful to health. Hence, **if we want to start to improve the situation of the poorest Hungarians – who are most exposed to health risks – the essential first step is to provide them with the financial resources that cover their most basic needs.** The Equilibrium Institute's set of policy recommendations entitled *How do we reduce poverty?* has delved into the details of making the system of social transfers more effective.

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4.5. LET'S CREATE AN EDUCATION SYSTEM THAT EXTENDS OPPORTUNITIES!

The numbers clearly show that **poverty and educational attainment are closely interlinked phenomena, and an individual's weak performance in school tends to be connected to their social background.** We need to create a **universally accessible high-quality K-12 education system which counterbalances the existing inequalities in opportunities and which provides everyone with the opportunity to fully develop their talents and improve their situation.** The Equilibrium Institute's policy proposals entitled *How do we become a smart nation?* addressed the issue of reforming and renewing K-12 education and shoring up its capacity to extend equal opportunities to all.

We need to create a universally accessible high-quality K-12 education system which counterbalances the existing inequalities in opportunities and which provides everyone with the opportunity to fully develop their talents and improve their situation.

THE EQUILIBRIUM INSTITUTE'S RECOMMENDATIONS

AREA	RECOMMENDATION
PUBLIC HEALTH-CENTRED STRENGTHENING OF THE PRIMARY CARE SYSTEM	Let's establish group practices that combine various professions to foster prevention and health development!
	A general health check-up every five years for Hungarians between the ages of 35 and 64!
	A performance and quality-based pay supplement for general practitioners!
	A system of district nurses to assist adults!
	Let's create community health guardians in underprivileged municipalities!
INCREASING PARTICIPATION IN HEALTH SCREENING PROGRAMMES	A digital health calendar that incentivises people to get the most important screenings and vaccinations done!
	Three health lottery drawings annually, a chance to win financial rewards for those who use the health smartphone app!
NUTRITION	Let's follow the British example and make our snack tax progressive!
	Let's ban the marketing of unhealthy foods to children!
	Let's put warning labels on unhealthy foods!
	Let's have physicians assist people in their food shopping!

CONCERNING THE REFORM OF PUBLIC HEALTH

AREA	RECOMMENDATION
HEALTHY SCHOOL	Age-appropriate health development programmes with ten classes each taught in the schools years 3, 7 and 10!
	Let's abolish grades in physical education classes and let's instead nurture a culture of physical activity by using exercises that kids enjoy along with smart devices they understand!
	Let's strictly enforce the penalties on the sale of unhealthy foods in schools!
HEALTHY WORKPLACE	Tax credits to companies that invest in their employees' health!
	Let's involve occupational physicians in preventive health!
	Let's introduce a programme to perform medical screenings in the workplace!
	Let's introduce a Healthy Workplace Programme!
HEALTHY OLD AGE	By 2025 we need a telemonitoring system that covers the entire country to help the elderly, those undergoing physical rehabilitation and other high-risk groups!
	As of 2030, every elderly person needs to have a basic right to telecare and a smart home!
HEALTHY LIVING ENVIRONMENT	By 2030, we need to be building 100 kilometres of greenways in Hungary each year!
	Let's create community spaces designed to promote public health!

ABOUT US

The Equilibrium Institute is Hungary's largest independent, future-oriented policy think tank.

In line with the vision of Hungary's future presented in our publication entitled Hungary 2030, the Equilibrium Institute works on creating a smart and environmentally cleaner nation rooted in a strong community. To this end, we write widely appealing and practical policy proposals that serve the development of our country, and we discuss these jointly with the best domestic and international experts.

Our goal is to ensure that the current and future political, economic, and cultural decision-makers learn about our recommendations, come to agree with them and implement them.

The staff members of the Equilibrium Institute and the members of its Advisory Board are renowned experts in Hungary who are considered to be among the best researchers and analysts in their respective fields. The work of the Institute is helped by more than 30 experts, including economists, sociologists, political scientists, lawyers, urbanists, and climate researchers.

OUR EXPERTS



TAMÁS BOROS

Executive director and co-founder of the Equilibrium Institute

He serves as a member of the Scientific Council of a leading European think tank, the Brussels-based Foundation for European Progressive Studies (FEPS). He is the co-founder and co-owner of Policy Solutions, a consultancy and research institute. He is a recurring guest on a variety of political talk shows and often comments about public affairs for leading international media. He previously worked for the European Commission and the Hungarian Ministry of Foreign Affairs as an expert on communication and EU affairs. His research focuses on Hungarian and EU political communication and populism.



GÁBOR FILIPPOV

Director of Research

Previously he worked as an expert advisor in the Hungarian National Assembly and then as a political analyst and senior analyst at the Hungarian Progressive Institute. His analyses and op-eds have been published by numerous domestic and international media outlets, and he is frequently invited to talk about politics on television and radio shows. His research focuses on the European and the Hungarian far-right, on the histories of anti-Semitism and Islamophobia and their present-day manifestations, as well as the workings of contemporary authoritarian regimes.



DÓRA CSERNUS

Senior Climate and Environmental Policy Expert

As an expert in environmental issues, she has worked for the Ministry of Environment and Water, the Office of the Parliamentary Commissioner for Future Generations and the Ministry of Public Administration and Justice, representing the Hungarian position in different EU, UN, and OECD fora. She later worked as Director for International Policy Development at Klímapolitika Research and Consultancy Ltd, and as an independent expert in climate and environmental issues. Her main focus is on climate policy, air-quality control and water policy.



ZSOLT BECSEY

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Zsolt Becsey started his career as an economic planner at the Ministry for National Economy, then worked as an economic analyst and later as a modeller at the Central Bank of Hungary. His areas of interest are industrial policy, input-output analysis, macroeconomics, SME policy, and competitiveness.



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