Editorial: How to build health?

It is said that understanding the past can be a key to unlocking the future. This might ring true for health systems also. Understanding the reasons why our modern cultures, thinkers and politicians built the current model can help us understand, why the model, the design works as it does, why financing works as it does, why governance etc.

The challenge with this retrospective approach can often be that it tends to assume that design and transformation are Darwinian. That natural evolution and adaption will lead to efficient systems by constantly tweaking it to fit minor changes in the environment (physical or political). However, with a rising number of challenges before us, this assumption might lead us of a cliff edge – and it is certainly not a way of leading from the future (Johnson and Suskewicz, 2020).

In recent years, it has become evident that the combined challenge of continued urbanization, shifting demographics, implementation of new, better, and more costly clinical practices, roaring digitalization, a dwindling health workforce and a pandemic too have a two-fold impact on our systems; it underlines and stresses current weaknesses in the system – and it reveals the impossibility of solving all these by simply increasing healthcare spending.

The Nordic countries are among the most affluent countries in the world and have some of the most cost-efficient health systems too. And yet these welfare countries also struggle with cracks and flaws related to shortcomings of logistics, services, implementation and human resources. Thus, if it is difficult for even the best-in-class to strike a balance, it might be questioned, if the problem is that the design is simply no longer fit for purpose? This is a core recognition in the work of the Nordic Health 2030 Movement (NH2030 [1]).

Voices calling for a more people-centered, equitable, inclusive and preventive public health system have around for a long time but gathered extra speed after the Sustainable Development Goals were decided in 2015. The basic question remains: How can we build a system that provides the health and security that we need, but also balances and respects the need to reduce our carbon footprint, minimizes health inequalities and ensures that it focuses in the "demos"; the people; in matters relating to epidemiology?

These are not easy questions. And they are not easier to answer, if one assumes that the current system must fit inside a transformed, better system. This is the fallacy of sunk cost (Ronayne *et al.*, 2021). And thus, we needed to use a different mindset to be able to decide on how a new system of health services should work, focus on and be governed.

In 2019, the members of the NH2030 Movement set out to uncover the basic values of a different system for health. Not based on a transformed model but rather on the joint, basic Nordic values that also helped shape and build the current Nordic health systems – and use these to dare reimagine the roles of people, system, and the interaction of health data and insights.

This created the vision of the balanced model for health (CIFS, 2019 [2]) that the NH2030 believes should be the governing principle and framework for communities, institutions and health system design strategies (see Figure 1).

This system is essentially governed by recognizing the key value of a balance between the individual and the system – and the joint stream of health data and therefore value that interconnects them. Currently this approach is being applied in different ways as part of the feedback for, e.g. the Joint Action for the European Health Data Space [3], the policies for

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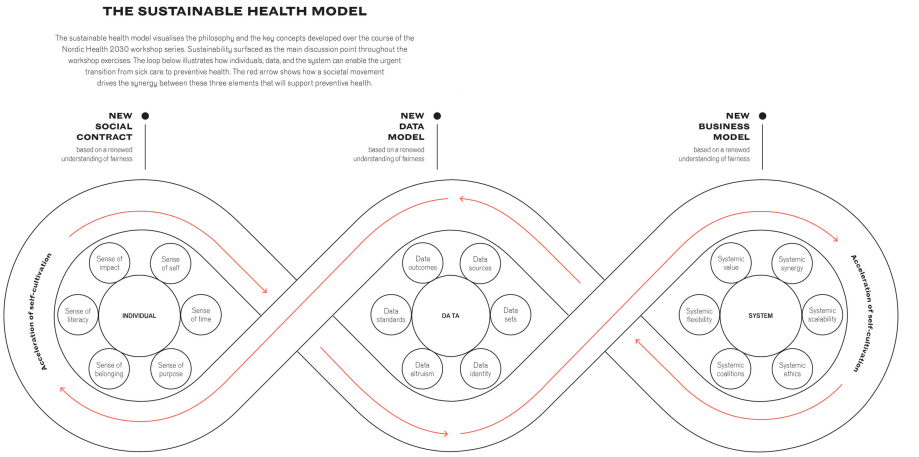

Figure 1.
The sustainable health model, NH2030 movement

sharing health data in the Nordic Council of Ministers, and several national – but internationally applicable and relevant – initiatives and project to ensure data access and interoperability. Moreover, a series of initiatives to strengthen both community lead health promotion, citizens co-creative approaches and health literacy promoting strategies were initiated along with a proposed governance structure, which recognizes an equitable right to lead the management and use of these data for citizens and authorities alike. The Nordic Health 2030 Movement is determined to continuously showcase new ways of thinking that are needed to create fit-for-purpose systems that match the public health needs towards 2030 and beyond. Using the model as a future guide, it is possible to build sustainable health together.

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Notes

1. www.nordihealth2030.org
2. Nordic Health 2030. Special issue by the Copenhagen Institute for Futures Studies, 2019.
3. www.tehdas.eu

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