Health, the missing chapter in the Draghi Report on Europe's future

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Presenting his report[1] on Europe's future competitiveness, Mario Draghi, a former President of the European Central Bank, wrote that "*Europe faces a choice between paralysis, exit or integration. Exit has been tried and has not delivered what its proponents hoped for. Paralysis is becoming untenable as we slide towards greater anxiety and insecurity. So, integration is our only hope left.*" Draghi was responding to concerns about Europe's ability to exploit technological innovation and energy transition, while pursuing sustainability. The report also signals the need for the EU to position itself vis a vis other economic and political powers, drawing out the political roadmap for Europe's next five years and beyond, which, with the President Trump as the new President of the United States, has become even more relevant and urgent. Yet, despite being over 400 pages, it has one major omission: the health of the people of Europe. Health does get a mention but only in terms of the pharmaceutical industry's contribution and opportunities arising from mining health data in the European Health Data Space and sharing genomic data across borders.

This omission is surprising given the report's focus on Europe's low economic productivity, which e.g. means we need to produce more products and work harder. While Draghi identifies factors such as low uptake of information technology and skills shortages, and appropriately calls for significant investment in education, skills development (particularly in technology and green industries), labour market reforms, and greater labour mobility within and among member states to match skills with job opportunities, we can identify a number of health-related issues that should have been included: investment in a healthy population, including in education and especially for small companies; and investment in health systems, particularly new technologies and biomedical research, and as a manifestation of the social contract.

First, consider investment in a healthy population. As the Draghi Report shows, Europe is facing workforce crises, and illness is a major reason for people to leave work.[2] In jobs involving manual labour, physical impairments may make work impossible. But it is also true of non-manual work. Poor mental health is a growing problem in many countries and affects workforce participation across the life course. Workforce exit associated with illness is especially likely in areas where there are few job opportunities, while those already disadvantaged in the labour market, including women, are disproportionately affected. Experiencing a health shock, such as a heart attack, in middle age markedly increases the probability of exiting the workforce,[3] especially for men, those with higher education, and those in managerial jobs.[4]

Even if people remain in the workforce, those experiencing illness are likely to be less productive. While there is considerable debate about how best to measure workforce productivity, conventional methods consistently find an association between poor health and lower productivity.[5]

There are two other ways in which health contributes to economic growth. Young people in poor health are more likely to miss school and perform worse in lessons, leading to lower educational attainment and skills acquisition. Additionally, although somewhat less studied, poor health, especially when it comes as a health shock affecting a key individual, can be devastating for small companies.

Second, investment in health systems is missing. Health systems should themselves seek to improve their productivity. Investment in technology alone is not enough. Although health technology can improve the performance and efficiency of health workers,[6] there is also still the continued importance of human interaction in the sector. Moreover, to achieve optimal results, it may be necessary to change working methods to implement new technologies. These considerations call for systematic measures and investments to ensure that health systems can adopt, implement, and, where necessary, adapt innovations.

Furthermore, health facilities contribute to innovation by acting as settings for clinical research. As calls for Europe to reset its research investment intensify as part of the 'Draghi movement',[7] health must be included. Active participation in clinical trials and innovations benefit everyone. If investments in equipment and capacity is made in facilities where trials take place,

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these facilities also boost productivity in that qualified staff is trained and talent is retained. Also the patients at these facilities achieve better outcomes than those in medical institutions that do not participate in trials. A comprehensive review found no evidence that patients are harmed by participating in trials, and many studies show that they benefit, regardless of whether they are in the intervention or control arms.[8] And patients, in general, benefit from speedier innovation, especially if more trials are undertaken outside the typical highly specialised hospitals.

Health facilities also support inward investment, especially in areas experiencing post-industrial decline. They act as anchor institutions, embedded in their community and with a vested interest in its prosperity. Their presence and success play a critical role in attracting and retaining skilled workers in other sectors, and in some cases, they offer employment to their family members.

Finally, investment in health and health systems is a manifestation of the social contract between the governed and those who govern them, which along with the rule of law strengthens the societal trust that is essential for social and economic progress.[9,10]

Contributors
A first draft was written by Martin McKee and all authors contributed equally.

Declaration of interests
No interests to declare.

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