

RE THINK REINSURANCE



THE 55TH ANNUAL CANADIAN
REINSURANCE CONFERENCE



CANADIAN REINSURANCE / CONGRÈS CANADIEN DE
CONFÉRENCE / RÉASSURANCE

Health and Wealth

Anne Nicoll

**Vice President, Business Development
Homewood Corp.**



THE 55TH ANNUAL CANADIAN
REINSURANCE CONFERENCE



CANADIAN REINSURANCE CONFERENCE / CONGRÈS CANADIEN DE RÉASSURANCE

Agenda

- Health Status and Wealth Status of Nation
 - Life expectancy and disease burden
 - Growing burden of disease
 - Risk factors for chronic disease
- Employer and Insurer Actions



THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

RE THINK REINSURANCE

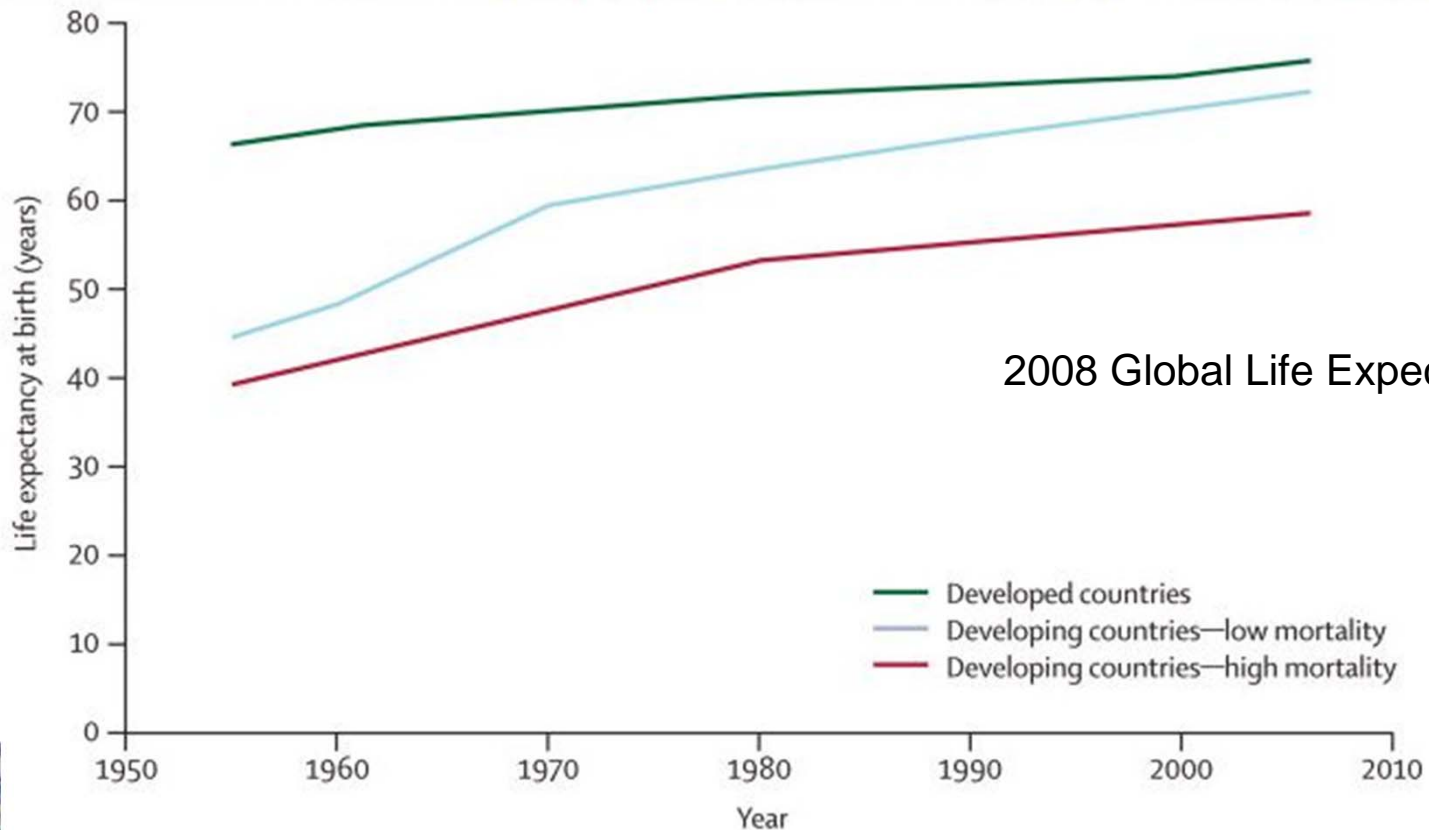


Historical Trend in Life Expectancy

Figure 1

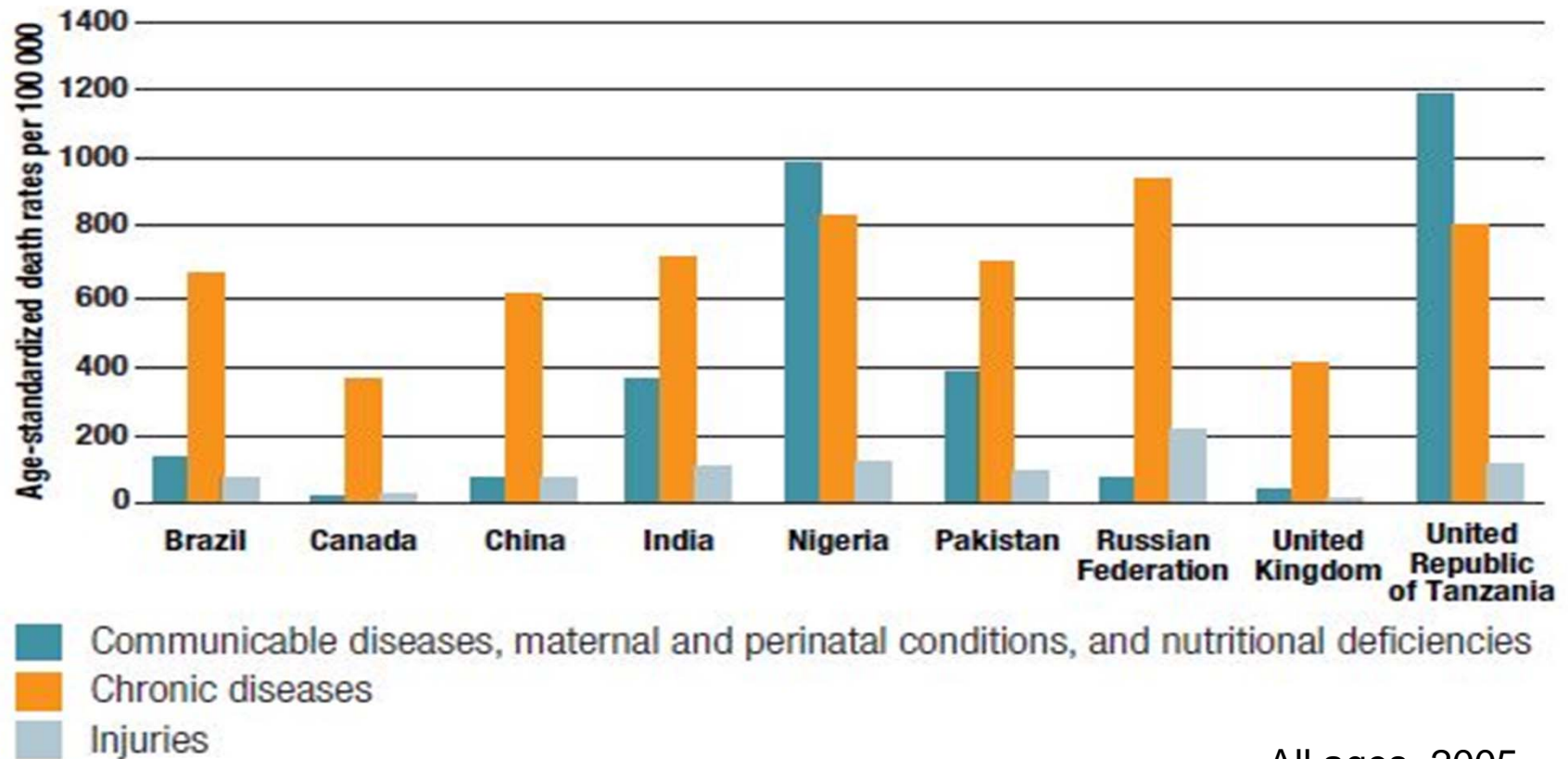
Trends in life expectancy at birth, 1955-2006

Provided by Mie Inoue, Department of Measurement and Information for Health, WHO, Geneva. Data from WHO⁵ and the UN.⁶



2008 Global Life Expectancy: 69 yrs

Causes of Death for Selected Countries



All ages, 2005

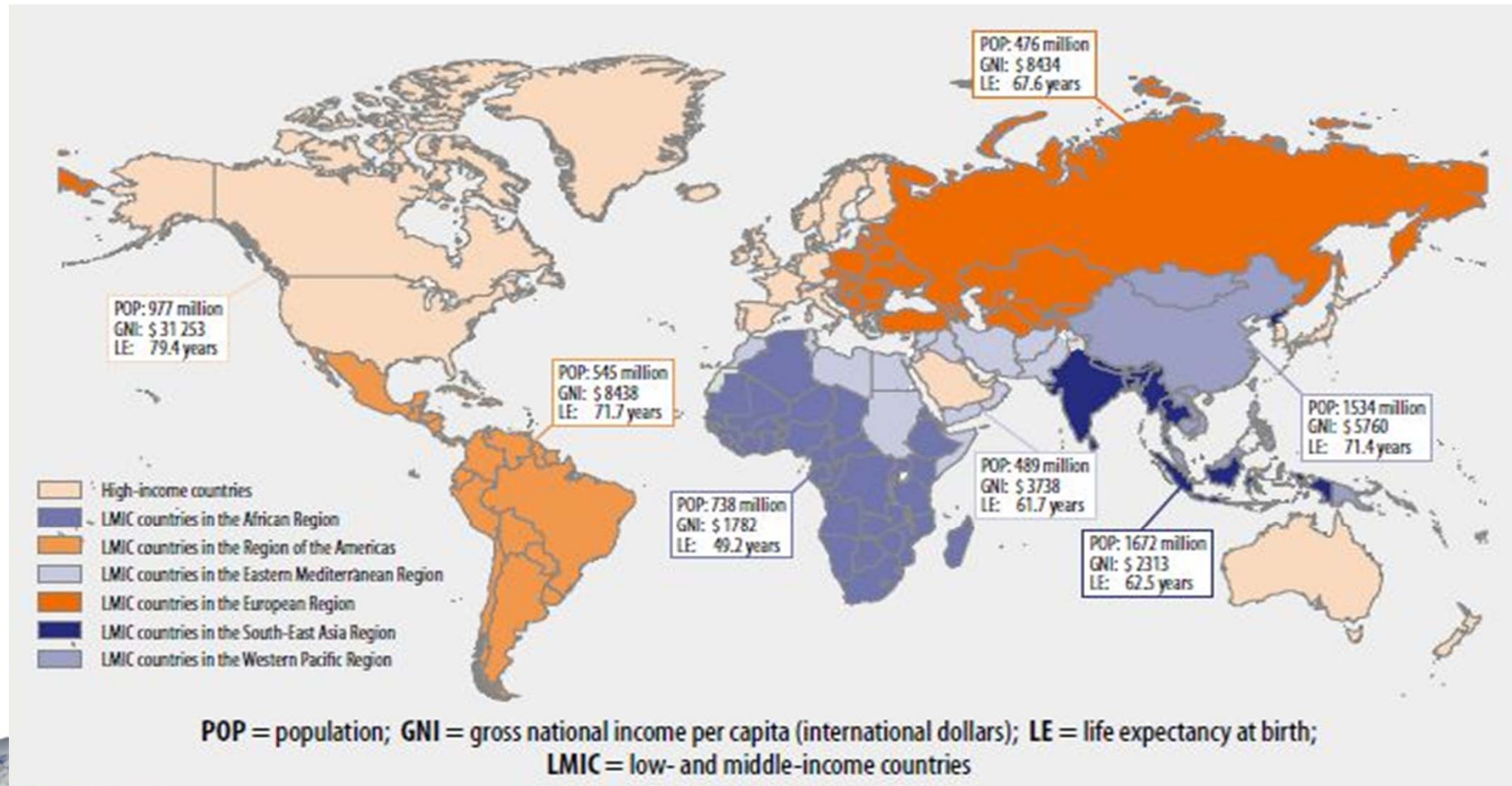


THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

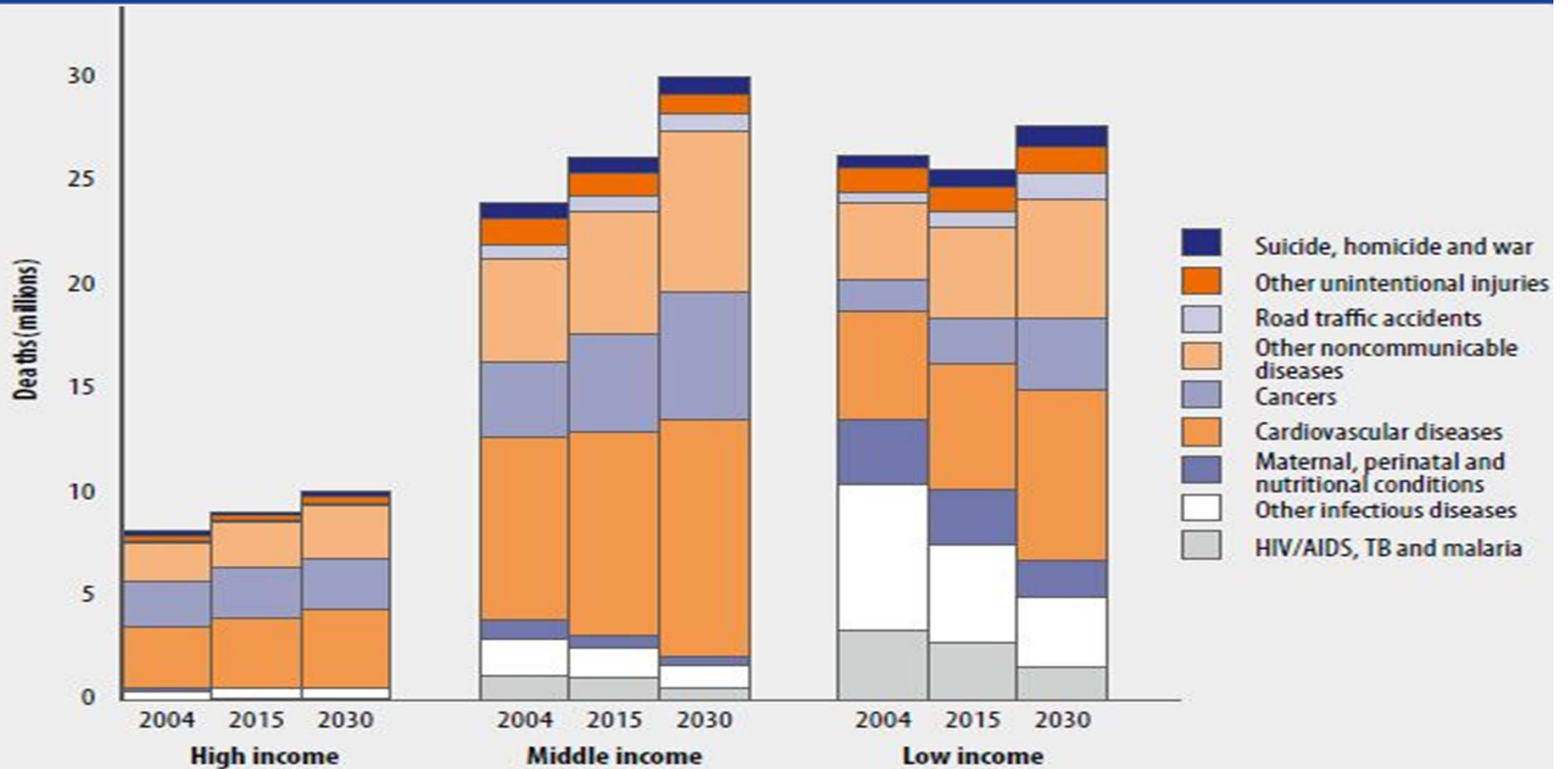
RE THINK REINSURANCE



Low, Middle, High Income Countries



Causes of Death in 2030



THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

RE THINK REINSURANCE



Burden of Disease and Wealth

Measures:

Years Lost due to Disability (YLD)

Measures the years lost due to disability with a measure of severity of the disease.

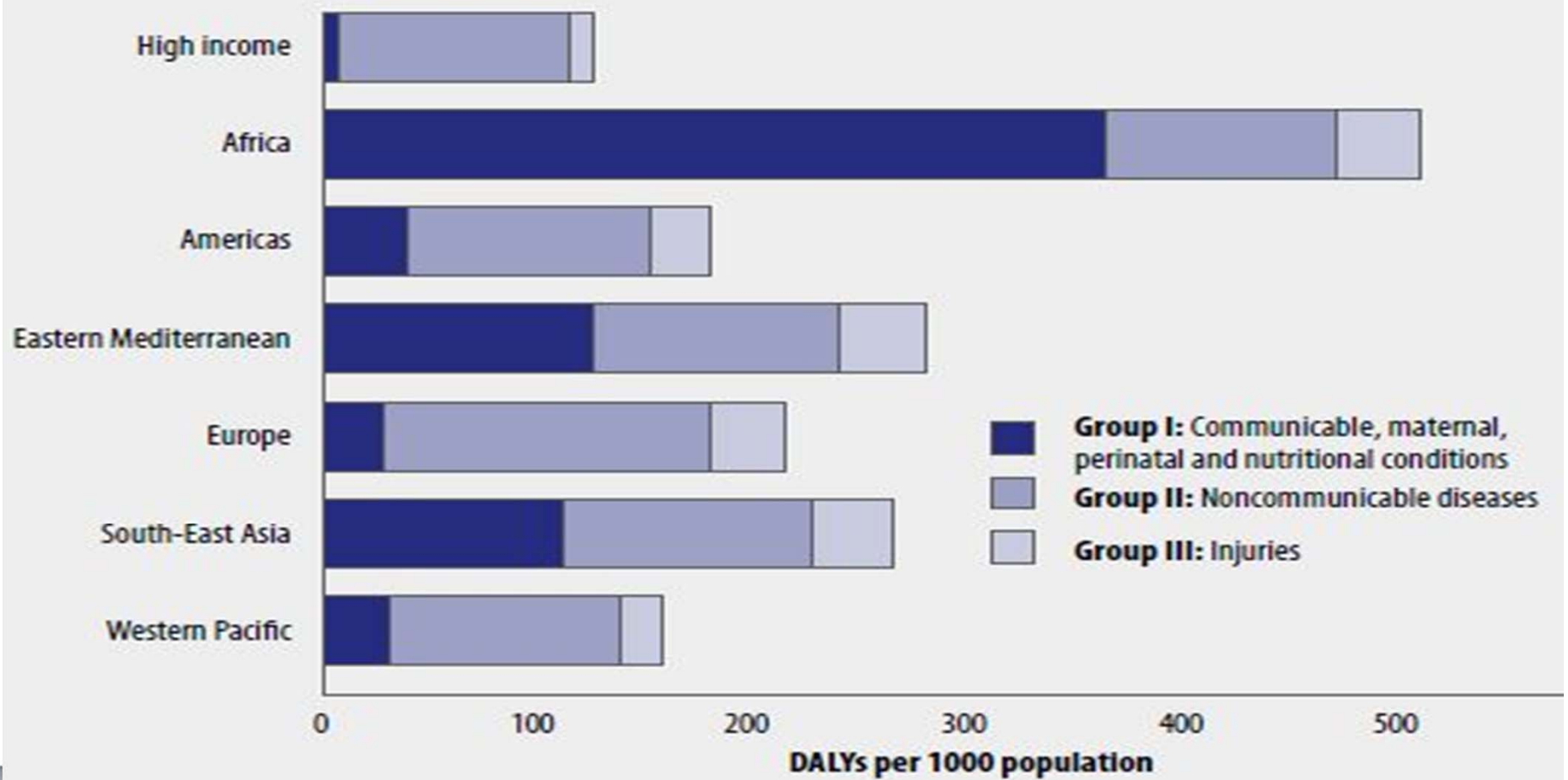
Disability adjusted life year (DALY)

Combines the number of years of healthy life lost to premature death with time spent in less than full health.

Combines mortality and severity measures.



Disease Burden by Wealth Region (2004)



Top 10 Non Communicable Diseases by Wealth Region

Cause	DALY per 1000 population (2004)		
	High Income	Low/Middle Income	Total
Neuropsychiatric Disorders	32.3	30.8	31.0
Cardiovascular Disease	18.3	24.5	23.6
Sense Organ Disorders	9.4	14.2	13.5
Malignant Neoplasm	18.3	11.0	12.1
Respiratory Disease	7.4	9.5	9.2
Digestive Diseases	4.8	6.9	6.6
Musculoskeletal	5.4	4.7	4.8
Congenital	1.6	4.3	3.9
Diabetes Melitus	3.7	3.0	3.1
Endocrine Disorders	2.0	1.6	1.6



Disease Burden in 2030

- Disease burden per capital globally is expected to decrease by 30% by 2030
- Expect significant change in the distribution of the burden
 - Group 1 expected to decrease to 20% of DALYs from 40%
 - Group 2 expected to represent 66% of DALYs and represent the largest DALY for ALL income groups



Leading Causes of Disease Burden in 2030

Rank	Disease or Injury
1	Unipolar Depressive Disorder (3)
2	Ischemic Heart Disease (4)
3	Traffic accidents (9)
4	Cerebrovascular Disease (6)
5	COPD (13)
6	Lower respiratory infection (1)
7	Hearing loss, adult onset (15)
8	Refractive errors (14)
9	HIV/AIDS (5)
10	Diabetes mellitus (19)

(#) 2004 disease burden rank



THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

RE THINK REINSURANCE



How Equipped are Global Health Systems?

Scorecard for global public health

Green=criteria are met. Amber=criteria are partly met. Red=criteria are unmet. MNCH=maternal, neonatal, and child health. HSS=health system strengthening.

	Global leadership		Infrastructure		Evidence for action		Health systems	
	Advocacy	Agenda	Financial resources	Human resources	Available data	Available cost-effective intervention	HSS	Integration
MNCH	●	●	●	●	●	●	●	●
Infectious diseases	●	●	●	●	●	●	●	●
Chronic non-communicable diseases	●	●	●	●	●	●	●	●



Disability and Wealth – How to Respond?

- What can an employer or insurer do about this?



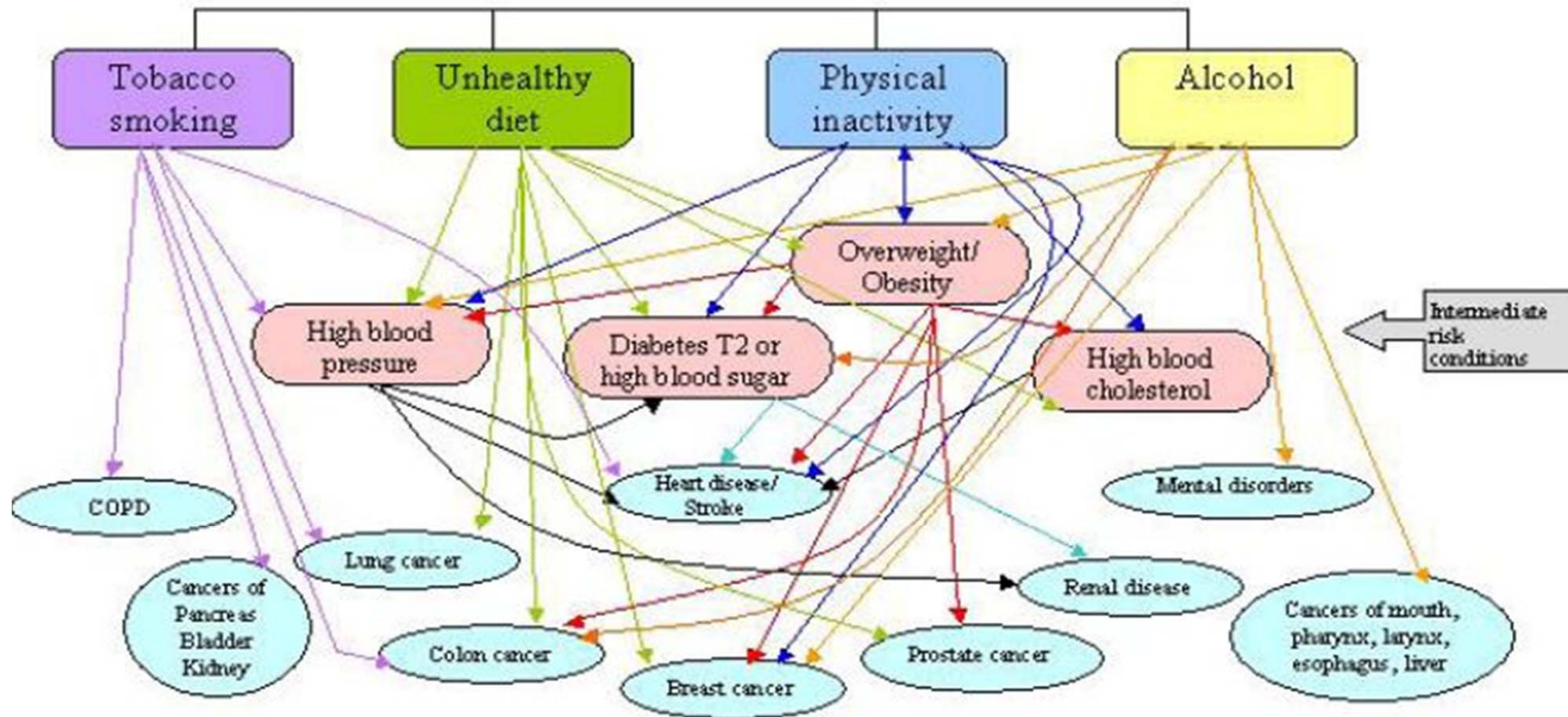
THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

RE THINK REINSURANCE



14

Chronic Disease Risk Factors



Reference: Adapted from literature, PHP Unit, MOHLTC 1Dec2005

COPD: Chronic obstructive pulmonary disease



Employer and Insurer Action

- Develop a Health Management Strategy
 - Build benefits design with health management in mind
 - Drive a culture of health
 - Use incentives to encourage change
 - Measure leading and lagging indicators and document ROI



THE 55TH ANNUAL CANADIAN REINSURANCE CONFERENCE

RE THINK REINSURANCE



Employer and Insurer Action

- PREVENTION**
- Implement Healthy Workplace Initiatives
 - Workplace supports and assistance
 - Smoking cessation programs
 - Health promotion

- RISK MANAGEMENT**
- Offer Disease Management Services
 - Health Risk Assessments
 - Lifestyle and nutritional coaching

- RECOVERY SUPPORT**
- Treatment and Return to Work
 - Provide access to expert medical services
 - Support treatment programs



Summary

- Substantial progress on life expectancy
 - Convergence across wealth bands
 - Chronic disease trends show little difference by country wealth
- Global health systems
 - Need to shift from acute care to chronic disease management
 - Solutions are available but funding may not be
- Employers and Insurers can and should take action



References

1. Global Public Health: A Scorecard, Robert Beaglehole and Ruth Bonita, Lancet 2008;372:1988-96
2. The Global Burden of Disease – 2004 Update, World Health Organization, 2008
3. Preventing Chronic Disease - A Vital Investment, World Health Organization, Parts 1 to 4, www.who.int/chp/chronic_disease_report
4. Preventing and Managing Chronic Disease: Ontario's Framework, Ministry of Health and Long Term Care, 2007
5. Global Inequality of Life Expectancy Due to AIDS, Danny Dorling et. al., British Medical Journal, Vol 332, March 18, 2006
6. World Bank – Health Data, www.worldbank.org

