### CONCRETE APPLICATIONS FOR POLICY MAKERS AT EU AND NATIONAL LEVEL

Michele Cecchini OECD – Health Division





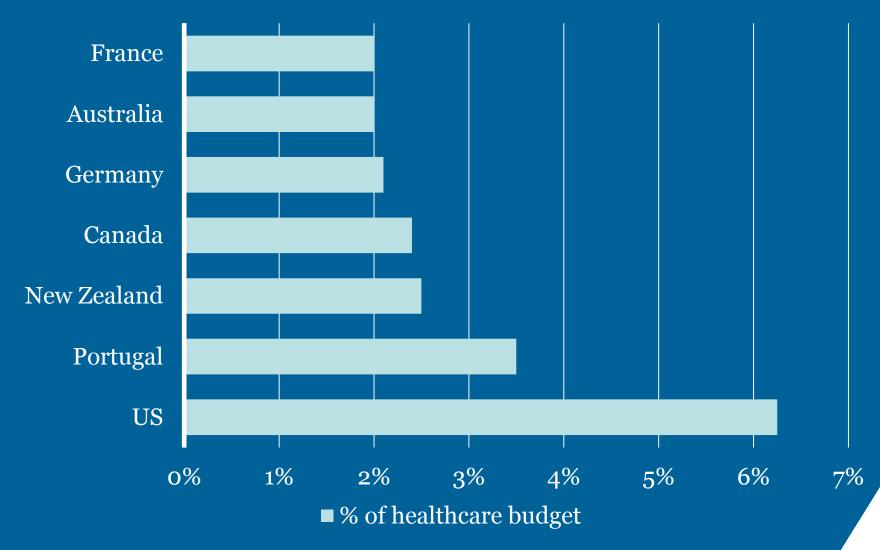
## Modelling a Bright Future for the Healthcare Sector

Why do we do economic evaluation in health?

Γο evaluate the ourden of diseases

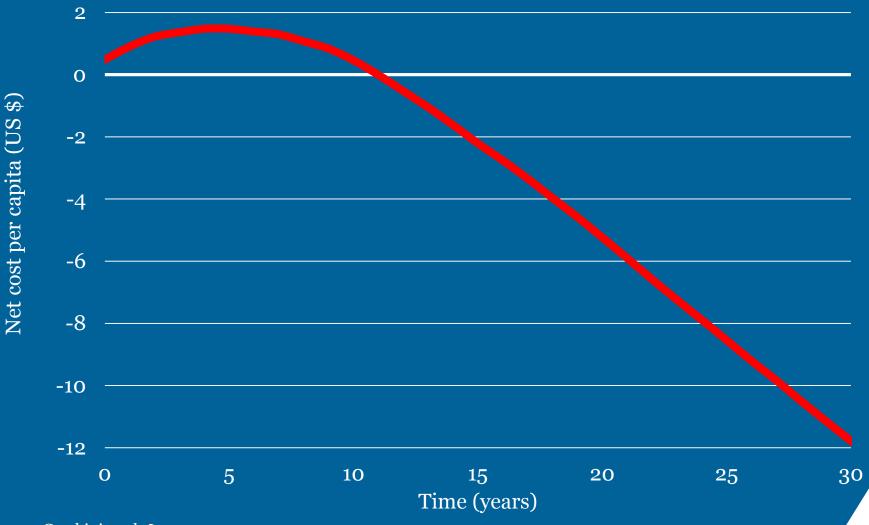
To evaluate the impact of policies

#### Evaluating the Economic Burden: Cost of Obesity in Selected OECD Countries



Source: Roux & Donaldson, 2004 ; Konnopka, Bodemann, Konig, 2011

#### Evaluating the Impact of Policies: Financial Impact of Preventing Obesity in Brazil



Source: Cecchini et al; Lancet; 2010



- Provide answers to "what if" scenarios
- Reveal the logical connections between the different inputs and between inputs and outputs
- Combining information from various sources to obtain answers

#### Combining information The Case of Fiscal Policies

Tax **Market price** Excellent evidence on the Poor evidence on the full single steps! process Consumption Health 

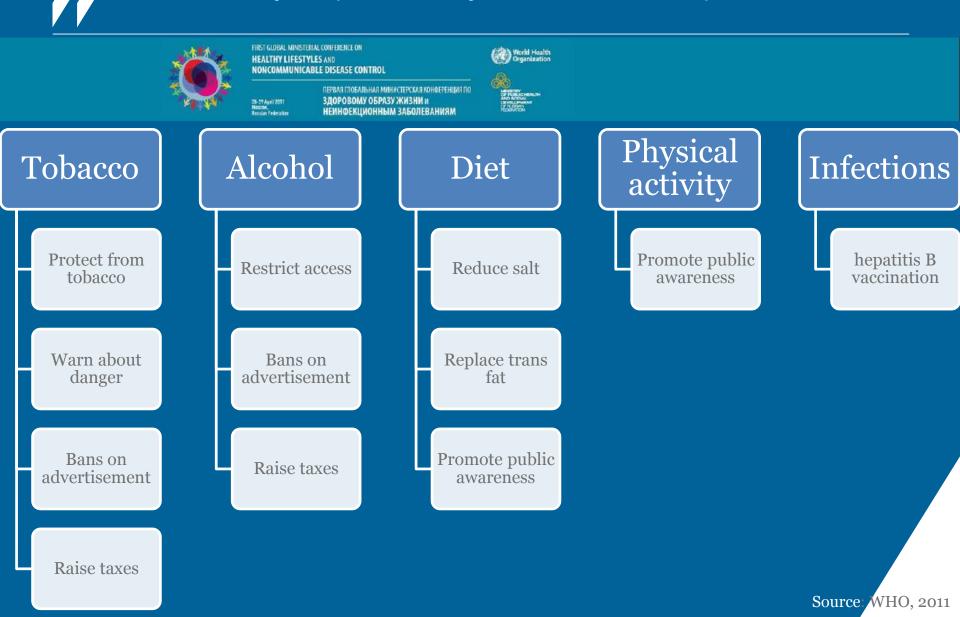
# 9 Global Targets to Tackle NCDs by 2025

- 1. -25% of premature mortality from CVDs, cancer, diabetes, COPD
- 2. -10% of harmful use of alcohol
- 3. -10% in prevalence of insufficient physical activity
- 4. -30% in mean population intake of salt/sodium
- 5. -30% in prevalence of current tobacco use in persons aged 15+
- 6. -25% in the prevalence of raised blood pressure / contain the prevalence of raised blood pressure
- 7. Halt the rise in diabetes and obesity
- 8. 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes.
- 9. 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.



- Does a policy improve health?
- Does it reduce health expenditure?
- Does it improve health inequalities?
- Is it cost-effective?
- When will desired effects show up?

**Best Buys (Primary Prevention)** 

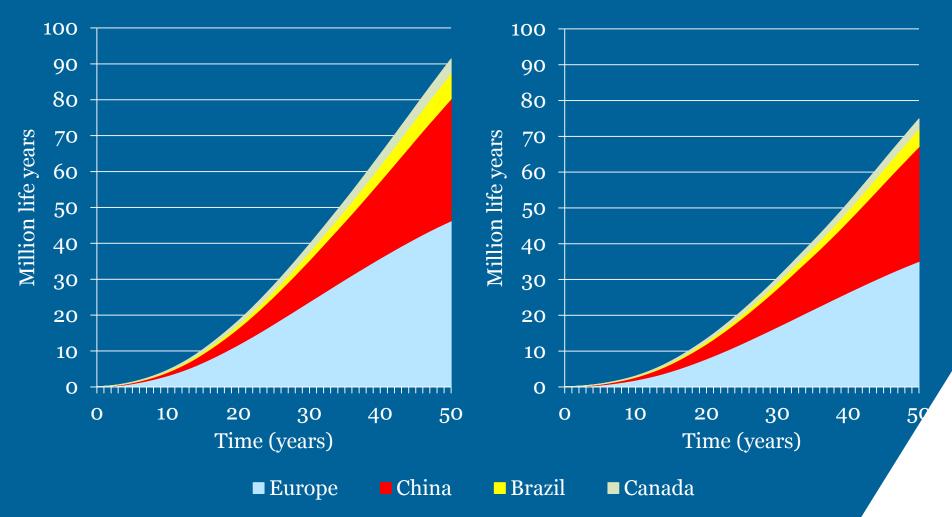


#### A Comprehensive & Affordable Prevention Package

High-income Countries		<b>Emerging Economies</b>				
Mass media campaigns		Mass media campaigns				
Compulsory food labelling		Compulsory food labelling				
Self-regulation of food advertising to children (targets agreed with govs & independent monitoring)		Government regulation of food advertising to children				
Physician-dietician counselling		Fiscal measures				
School-based interventions						
Canada	Europe	Brazil	China			
24.03 \$/cap	22.45 \$/cap	0.40 \$/cap	0.20 \$/cap			

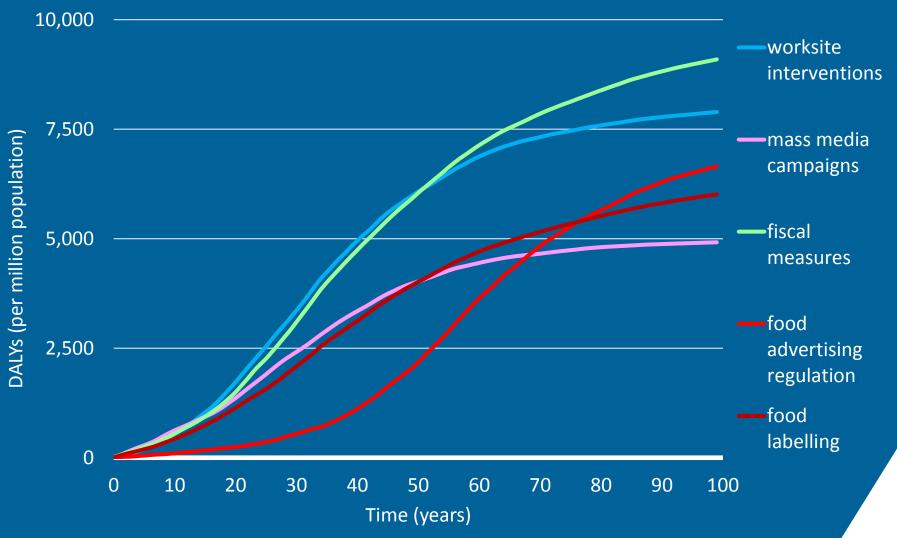
#### Preventing Obesity Keeps Healthy Years of Life Free of NCDs

#### Cancers (lung, colorectal, breast)



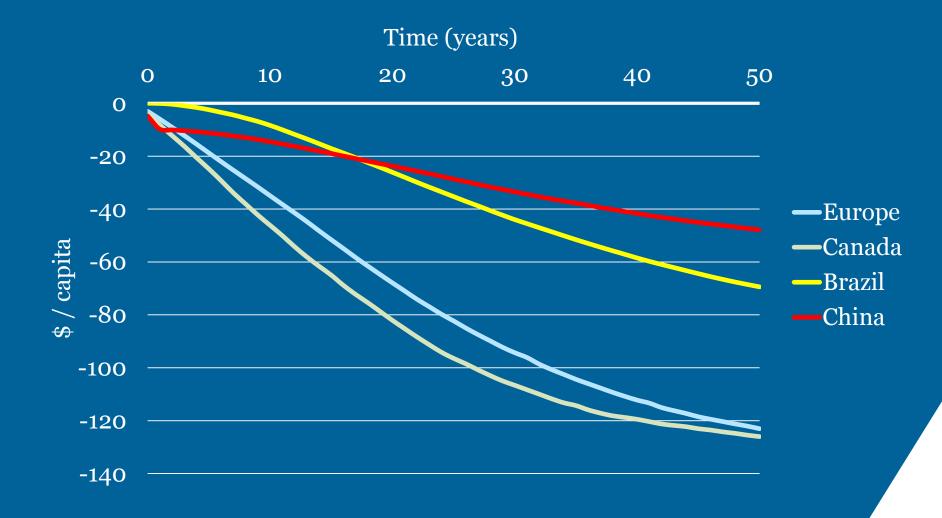
Cardiovascular diseases



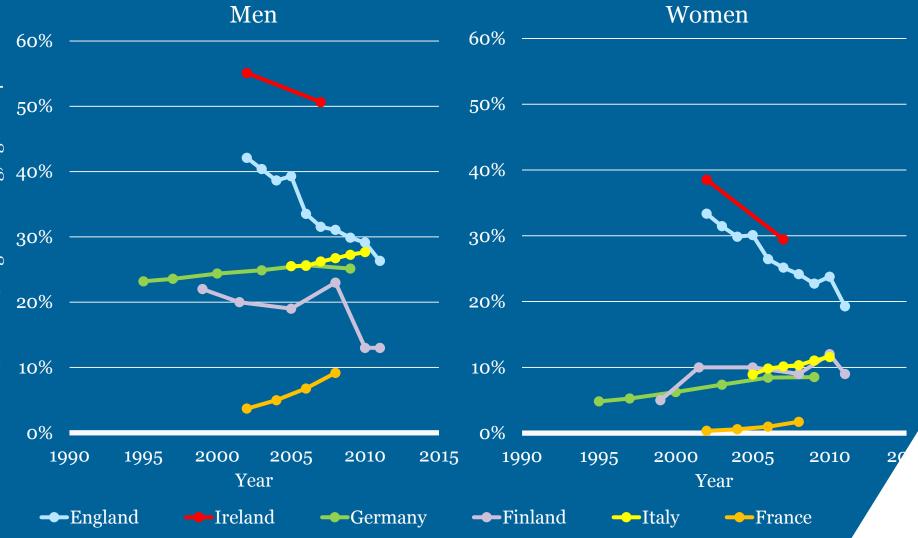


Source: OECD, Fit not Fat

#### Preventing Obesity is a Good Investment Impact on Health Expenditure



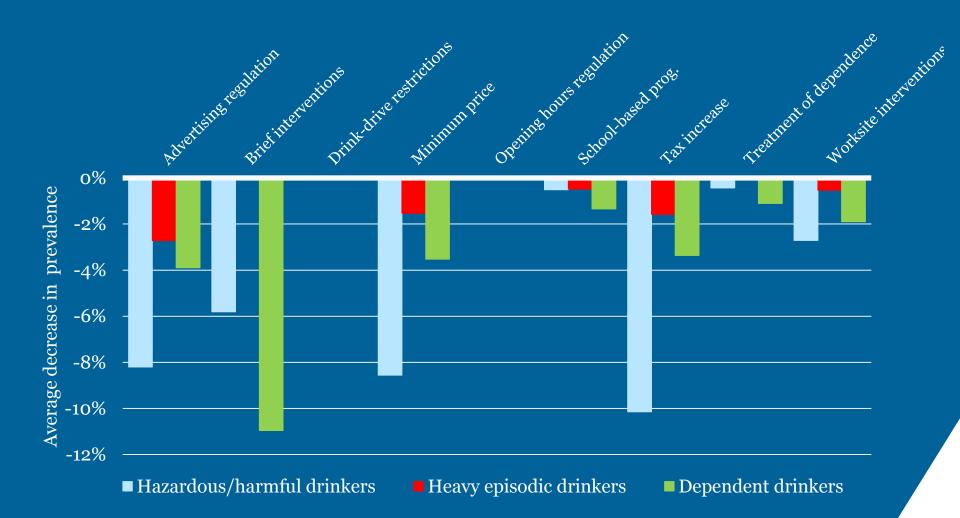
#### Binge Drinking is Increasing Among Young Adults in Continental Europe





	Price policies	Regulation / enforcement	Education	Health care
All consumption	Tax increase	Regulation advertising		
				Brief Intervention
Heavy use / dependence	Minimum pricing		School-based programmes	Drug / psychosocial therapy
				Workplace programmes
Injuries		Drink drive enforcement		
		Limit opening hours		

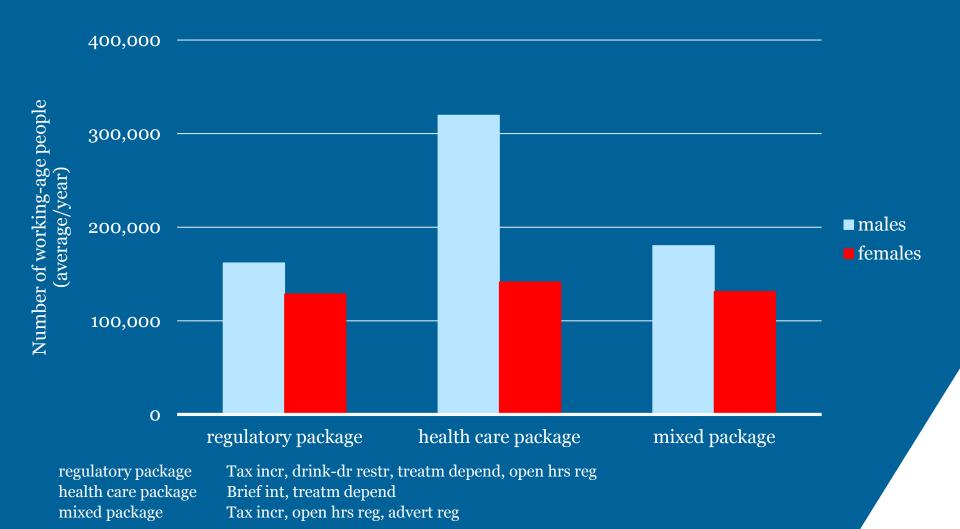
#### Prevention Decreases Dependency and Harmful and Binge Drinking, Germany



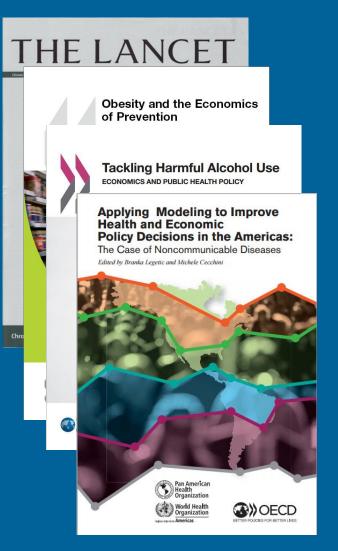
No effect on drinking modelled for drink-driving enforcement and limit opening hours

#### Multiple Interventions Make the Workforce Healthier (Germany)

Number of working-age people freed of alcohol-related diseases



#### OECD Modelling Work to Trigger Policy Change



- Applying modelling to improve health and economic policy decisions in the Americas
- Tackling harmful alcohol use economics and public health policy
- Lancet papers on NCDs and priority interventions
- WHO/OECD "Best buys" paper for the UN Summit on NCDs
- Obesity and the Economics of prevention fit not fat
- OECD Health working papers
  www.oecd.org/health/prevention

Michele.cecchini@oecd.org