

Round table. How to bring public health to all policies

**It's all about the money:
using the burden of disease**

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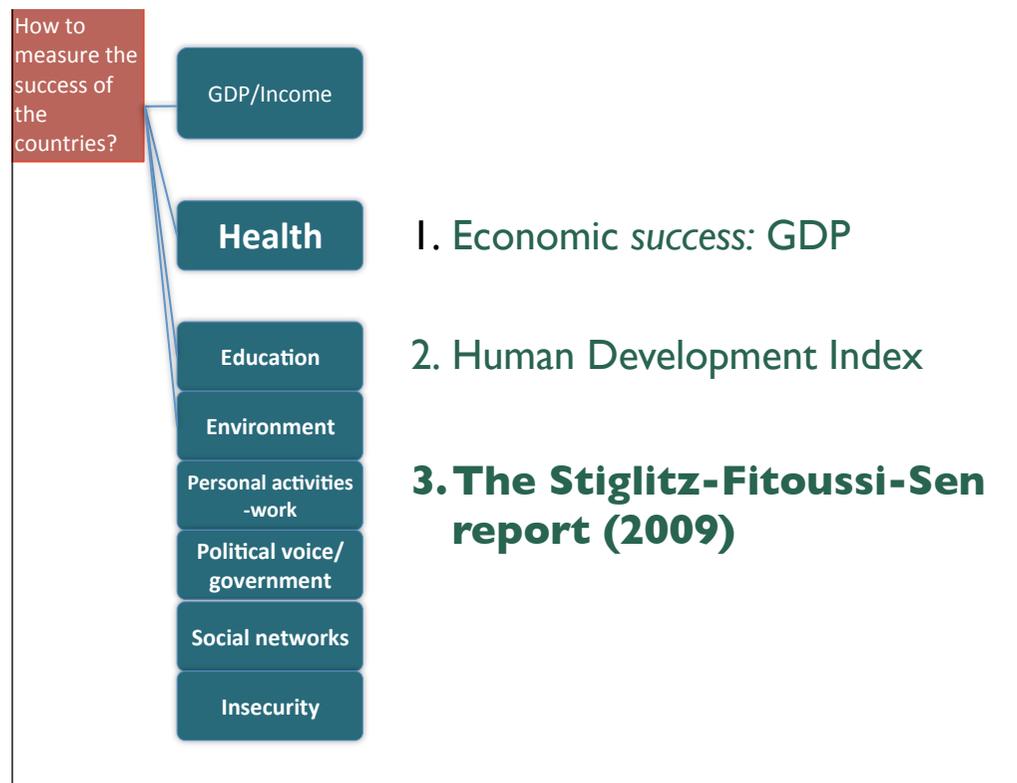
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Guideline

1. Health, happiness and the new way to measure the success of the countries
2. What is Burden of Disease for?
3. The traps... and the opportunity

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We'll start reviewing how to measure the success of countries

Traditionally, success had only one dimension, the economic one. GDP growth was the standard measurement. There are other proposals that take only into account the economic aspect, as the Index of Economic Freedom. It is published yearly by the Fraser Institute.....

An improvement on the measurement of the success of countries are indexes that incorporate other dimensions besides the economic one. The Human Development Index was created by the United Nations.

There is a new proposal launched in 2009 in the Stiglitz-Fitoussi-Sen report. In addition to the economic, health and education dimensions, it takes into account some others

Health...

- Health **is an objective** of the systems and countries
- ... But health **is just one of the multiple objectives**
 - Perspective of **Public Health advocacy**: Health is **THE** priority
 - **Economic Analysis** Perspective: health has an intrinsic value (health is a component of the welfare) as well as an additional value depending on its contribution to the promotion of economic growth and the other aims of the system
- Need to analyze both directions of the causal effects between health and wealth

Health is an objective of the health systems and countries... But health is just one of the multiple objectives. We should distinguish between two perspectives, that of public health and that of economics. From the Public Health perspective, health is THE priority. It has something of evangelism, to persuade rather than convincing. It is a matter of marketing.

On the other hand, from the Economic Analysis Perspective health has an intrinsic value. It is a goal by itself, and health is a component of social welfare. And health has also an additional value depending on its contribution to the promotion of economic growth. Investing in health could be or not worthwhile for a society, and in the end how much to invest in health should be decided taking into account the other social objectives, because investing in health has an opportunity cost.

In any case, we should analyze both directions of the causal effects between health and wealth.

Debate - health in all policies: north and south

Putting health in all welfare policies: is it warranted? A Southern European perspective

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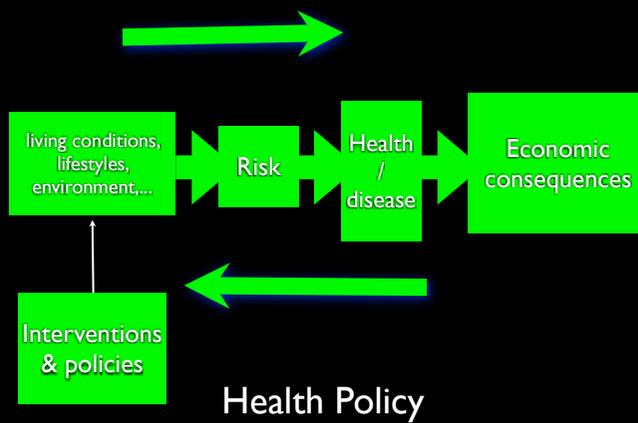
Contributors Both authors contributed significantly to the ideas and the writing of the manuscript.

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Abstract

'Welfare' is a vague term, the meaning of which depends on ideology, values and judgements. Material resources are just means to enhance people's well-being, but growth of Gross Domestic Product is still the standard measure of a society's success. Fortunately, recent advances in measuring social performance include health, education and other social outcomes. Because 'what we measure affects what we do', it is hoped that social policies will change, and that a contribution will be made by Health in All Policies and associated health impact assessment methodology. The task consists of designing transversal policies that consider health and other welfare goals, the short-term and long-term implications and intergenerational redistributions of resources. Cross-sectoral policies are required for efficiency and fairness. Unless inefficiencies in current healthcare systems are reduced, welfare states will fail to consolidate and overall economic well-being could be in serious trouble. In this essay, some policy solutions are sketched. An independent agency, the National Institute for Welfare Enhancement, is proposed for long-term fair and efficient social policies in which health plays a central role.

Epidemiological & Economic models

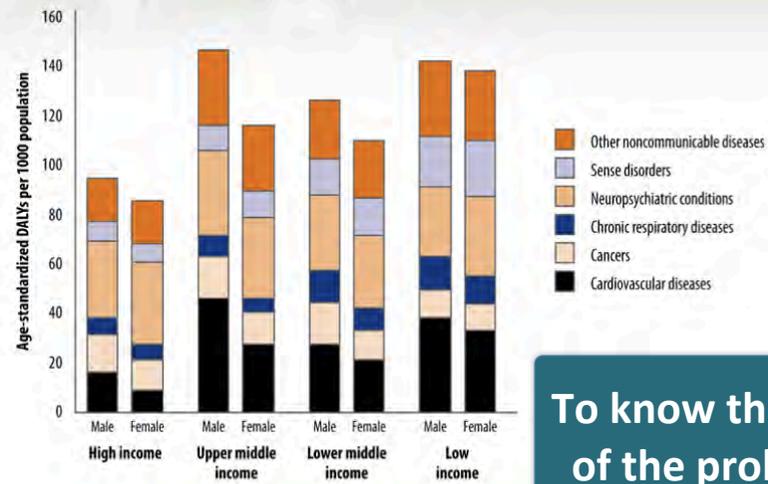


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Age-standardized DALYs for noncommunicable diseases by major cause group, sex and country income group, 2004



To know the SIZE of the problem

Global Burden *OF* Disease *STUDY*

Evidence-based evaluations

The GBD separates epidemiological assessment from advocacy creating evidence-based pictures of patterns in health that can subsequently motivate responsible policy and research. Major causes of infectious disease like HIV, TB, and malaria have absorbed a great deal of analytical attention while "new" conditions, like hearing loss and migraine, have recently been brought to the public health agenda. The new GBD will use standard measures to ensure that all conditions receive systematic, objective analysis.

Changing awareness and validity of different global health conditions

The GBD combines information on causes of premature mortality, morbidity, and disability to present a balanced assessment of health problems. The first study brought visibility and legitimacy to conditions like depression and paralysis, which cause great suffering with little associated mortality, and to conditions like road traffic accidents, which were formerly outside the scope of public health. The new study has the potential to change perceptions of global health again in ways that cannot be anticipated yet.

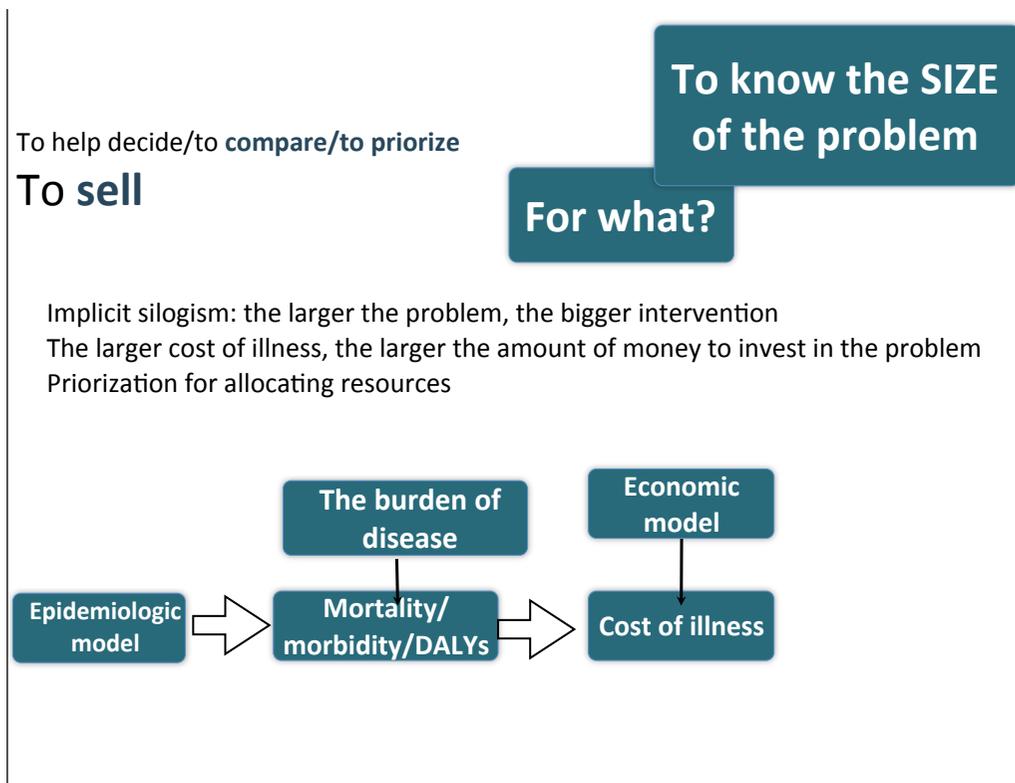
Cost-effectiveness analysis

The GBD assesses the magnitude of health problems using standard units of measurement, such as disability-adjusted life years (DALYs). This study feature allows for lives in every part of the world to be valued equally and creates a common unit of currency for making decisions about the costs and benefits of various health interventions.

Engaging researchers, experts, and policymakers

Finally, the study will focus from the outset on education, training, and transparency, incorporating features like an interactive website where experts can post information and actively discuss the study process. Broadening the global community's engagement with health metrics will be a focal point of the project.

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Globally, 60% of deaths are due to chronic causes.
Cardiovascular disorders and diabetes (32%), cancers (13%), and chronic respiratory diseases (7%) (Abegunde et al., 2007).

But the society objective is NOT to save money...

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PLOS MEDICINE

Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure

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Abbreviations: BMI, body mass index; US, United States; RIVM, National Institute for Public Health and the Environment; p-values, p-values; OR, Odds Ratio; CI, Confidence Interval.

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ABSTRACT

Background: Obesity is a major cause of morbidity and mortality and is associated with high medical expenditures. It has been suggested that obesity prevention could result in cost savings. The objective of this study was to estimate the annual and lifetime medical costs attributable to obesity, to compare those to similar costs attributable to smoking, and to discuss the implications for prevention.

Methods and Findings: With a simulation model, lifetime health care costs were estimated for a cohort of obese people aged 20 y at baseline. To assess the impact of obesity, comparisons were made with similar cohorts of smokers and "healthy living" persons (defined as nonsmokers with a body mass index between 18.5 and 25). Except for relative risk values, all input parameters of the simulation model were based on data from The Netherlands, in sensitivity analyses the effects of epidemiologic parameters and cost definitions were assessed. Until age 56 y, annual health expenditure was highest for obese people. At older ages, smokers incurred higher costs. Because of differences in life expectancy, however, lifetime health expenditure was highest among healthy-living people and lowest for smokers. Obese individuals had an intermediate position. Alternative values of epidemiologic parameters and cost definitions did not alter these conclusions.

Conclusions: Although effective obesity prevention leads to a decrease in costs of obesity-related diseases, this decrease is offset by cost increases due to diseases unrelated to obesity in life years gained. Obesity prevention may be an important and cost-effective way of improving public health, but it is not a cure for increasing health expenditures.

The Editors' Summary of this article follows the references.

If all obese would become today thin, in the long term the public expenditure would increase

Van Baal PH, Polder JJ, de Wit GA, Hoogenveen RT, Feenstra TL, Boshuizen HC, et al. Lifetime medical costs of obesity: prevention no cure for increasing health expenditure. *PLoS Med*. 2008 Feb;5(2):e29.

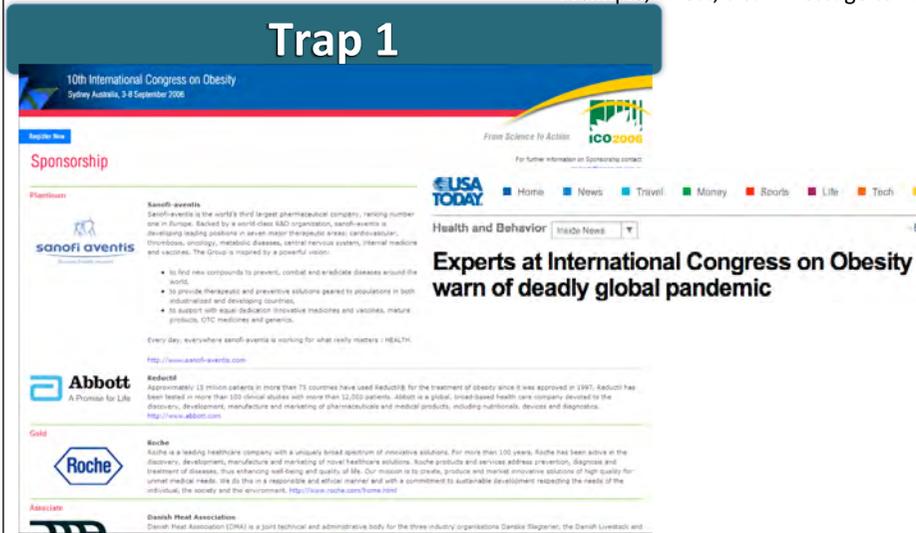
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Selling tool. Susceptible to manipulation and bias
A simple, direct, clear message to fill headlines

Trap 1



There is no a standard method for calculating Cost of Illness
- What costs? (Inefficiency costs too?)
- Top-Down vs Botton-Up
- ...



Need to standarize methodology

Trap 2

The **cost of illness** depends strongly on the medical technology and on prices

Examples:

cancer: cost of cancer increased a lot in the *zumab age* (because now it is more expensive to treat cancer)

HIV: Cost of illness decreased a lot after the reductions of the drug prices



Be careful with economic figures of BD! (lost in translation)

BD, an opportunity for HiAP

The point is to prove that the most effective way to deal with the largest part of the BD today is out from the health system and spread over all the sectors and policies...