

Economic assessment of best practices in public health

The Combined Lifestyle Intervention

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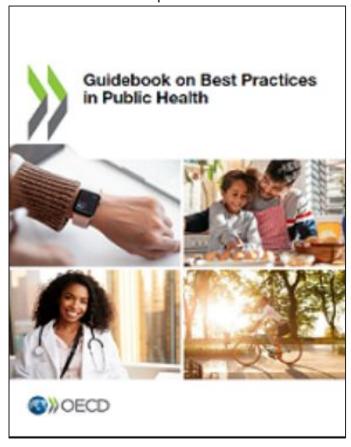






The OECD Guidebook for Best Practices in Public Health

The Guidebook is a tool to help policy makers select best practices in public health and lays out the frameworks used to assess the candidate best practices



PLAN-DO-STUDY-ACT (PDSA) FRAMEWORK

Recommended by the OECD Guidance on Best practices

Step 1: identify and assess the transfer feasibility to a different context

Step 2: prepare and implement

Step 3: monitor and evaluate

Analogous to 3-step strategy to the Joint Action CHRODIS Plus (use of PDSA cycles)

Phase 1: Pre-implementation

Phase 2: Implementation

Phase 3: Post-implementation





Best Practices on Healthy Eating and Active Lifestyles – selected case studies

Intervention	Description	Country
Nutri-Score	Front-of-pack labelling intervention to address unhealthy eating	Various European countries
Physical Activity on Prescription (PAP)	Intervention to prescribe patients physical activity in a	Sweden
	primary care setting	
Combined Lifestyle Intervention (CLI)	Primary care intervention offered to those who are overweight or obese. Patients are guided on how to improve diet, exercise and overall health	Netherlands
Young People at a Healthy Weight (JOGG)	Community-based intervention designed to improve diets and boost physical activity among those aged 0-19 years	Netherlands
Multimodal Training Intervention (MTI)	Physical activity and healthy eating program targeting those aged 65 years and older.	Iceland, Spain and Lithuania
ToyBox	Kindergarten intervention to improve healthy eating and physical activity	Various European countries
Personalised Approach to Obesity Management in Children (PAOMC)	Clinical, family-based and personalised childhood obesity programme targeting children aged 7 to 17 years	Estonia
Diabetes in Europe – Prevention using Lifestyle, Physical Activity and Nutrition (DE-PLAN)	Type 2 diabetes prevention intervention aimed at improving diet and physical activity levels through a lifestyle, community-based intervention	Various European countries
SI! intervention	Multidimensional school-based obesity prevention intervention, which targets lifestyle behaviour changes in 3-5 year olds	Spain
Let Food Be Your Medicine	Personalised nutrition mHealth app	Romania
Whole Grain Partnership	A front-of-pack labelling intervention to boost wholegrain consumption	Denmark
StopDia Pilot for the Somali population	Lifestyle intervention for the Somali population who are at- risk of developing type 2 diabetes (adapted from the nation- wide StopDia intervention)	Finland



Healthy Eating and Active Lifestyles

BEST PRACTICES IN PUBLIC HEALTH













Candidate Best Practices Are Evaluated Using a Standard Approach Co-developed with Countries

Intervention description

Assessment against 5 criteria

Effectiveness,

Efficiency

Equity

Evidence-base

Extent of coverage

Economic evaluation

The OECD microsimulation model is used whenever data allows

Otherv vidence from similar entions is used high-level a ment

Enhancement options

Uses the same 5 criteria of the assessment

Enhancement options are evidence-based and drawn from the literature

Transferability

Indicator-based transferability assessment

Grouping of countries based on objective and standard approaches, identifying potential challenges



SPHeP MODELS

A TOOL TO INFORM STRATEGIC PLANNING IN PUBLIC HEALTH

Source: http://oecdpublichealthexplorer.org/ncd-doc



Transferability Assessment

Transferability Assessment : Four contextual factors affecting a successful transfer

Analysis based on high-level indicators of contextual factors in 4 domains

Data sources: OECD statistics, Eurostat, IHME, WHO

E.g., population's attitude towards physical activity and dietary advice

Population context

Sectorspecific context

Primary care, E.g., health professionals capacity and training, access to GPs

E.g., spending on primary health care; cost of the programme; budget under the basic health coverage

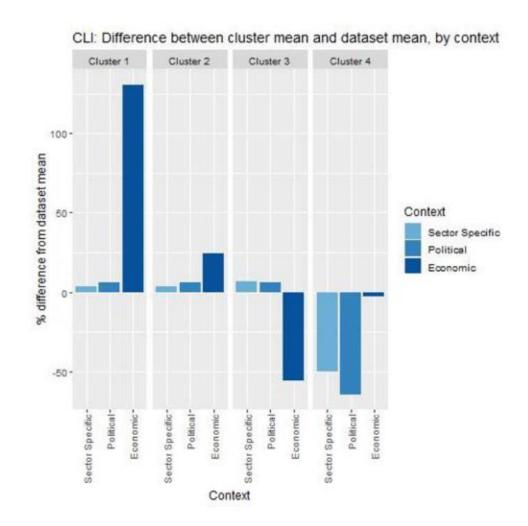
Economic context

Political context

E.g., national programmes and plan to reduce physical inactivityand to reduce unhealthy diets; Programme to promote counselling on physical activity



Assessment of transferability of CLI



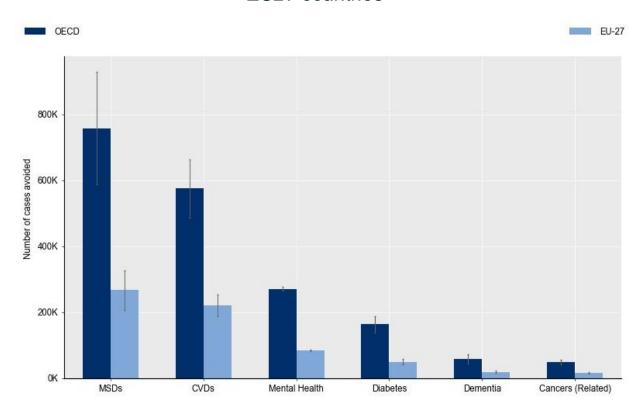
- Cluster 1: Malta, Portugal, Korea, United Kingdom (4 countries);
- Cluster 2: Bulgaria, Canada, Estonia, Finland, France, Germany, Ireland, Italy, Lithuania, Mexico, Poland, Slovak republic, Slovenia (13 countries);
- Cluster 3: Australia, Austria, Belgium, Croatia, Czech Republic, Denmark, Hungary, Iceland, Latvia, Luxembourg, Netherlands, Norway, Romania, Spain (12 countries);
- Cluster 4: Cyprus, Greece, Sweden (3 countries)



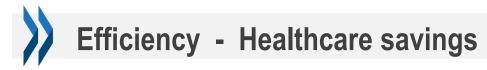
Cost-Effectiveness Assessment

The Dutch Combined Lifestyle Intervention

Total disease cases avoided, between 2021 and 2050 – OECD and EU27 countries

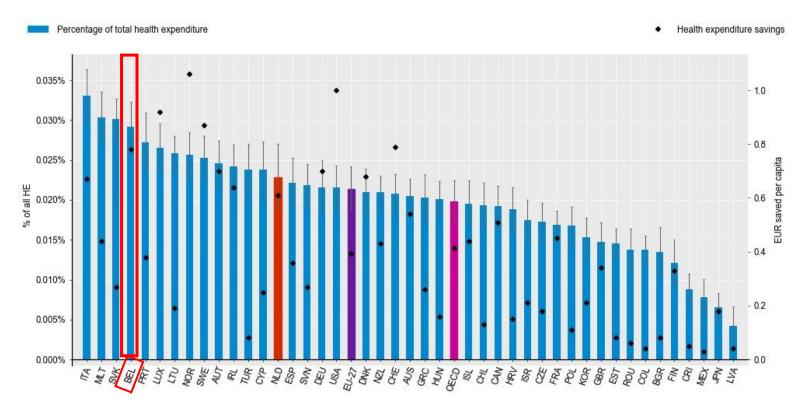


By 2050, **270 thousand NCD cases would be avoided** if the Combined Lifestyle
Intervention was scaled up and transferred
across all EU-27 countries



The Dutch Combined Lifestyle Intervention

Health expenditure savings as a % of total HE and per capita (EUR), average 2021-50 – all countries



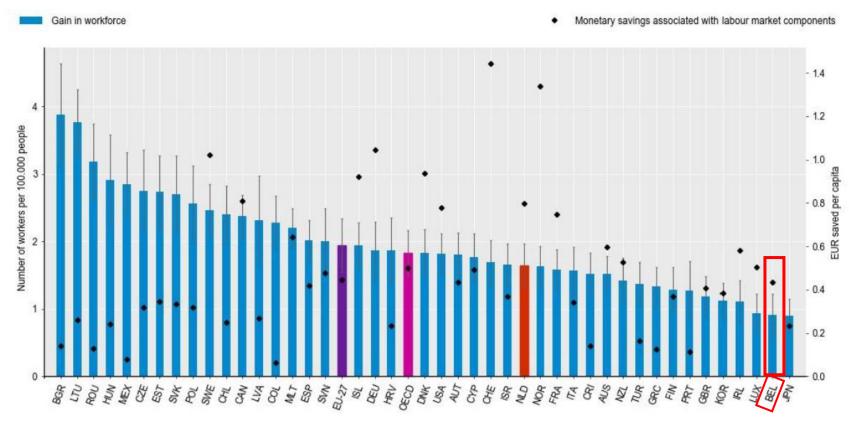
Implementing the Combined Lifestyle
Intervention in Belgium would result in
annual health expenditure savings
equivalent to 0.03% of total health
spending (EUR 0.80 per capita)

CLI is cost-effective (cost per DALYs gained around EUR 33000 in Belgium)

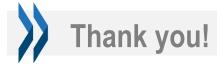


The Dutch Combined Lifestyle Intervention

Number of additional FTE workers, average per year, 2021-2050 – CLI, all countries



The reduction in chronic diseases resulting from CLI will increase employment and reduce absenteeism and presenteeism, equivalent to nearly 1 additional FTE worker per 100 000 people (or EUR 0.45 per capita) in Belgium



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https://www.oecd.org/health/public-health.htm

