Getting serious about prevention: making an economic case for investing in public health

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There is a large evidence base on highly cost effective actions.
But spending modest at best

Figure 3. Prevention expenditure per capita and as a share of current health expenditure, 2015

Facilitating activity

• Better intra-sectoral partnerships - e.g. better links with primary care services

• Better intersectoral partnership needed for many actions e.g. working with ministries of finance, education, transport, housing, justice and local government

• Financing mechanisms and economic evidence can be used to stimulate collaboration and partnership working
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Response</th>
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<tbody>
<tr>
<td>Limited awareness of benefits to health system of intersectoral actions</td>
<td>Highlight evidence-based short, mid &amp; long-term health system benefits (including costs avoided) that arise from actions: e.g. reductions in health &amp; long-term care use.</td>
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<td>Limited incentives for non-health sector to deliver / invest in health actions</td>
<td>Highlight sector-specific benefits of action using their language - <em>win-wins can help leverage funds &amp; support</em>; e.g. benefits and value to schools if more pupils obtain good qualifications</td>
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Making use of Return on Investment Tools

- Public Health England commissioned ROI Tools. Bring together best available evidence on costs, savings, and health benefits for a range of interventions. So far ten models have been published looking at:

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<th>Colorectal cancer</th>
<th>Diabetes</th>
<th>End of life care</th>
<th>Weight management</th>
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<td>Oral Health in pre school children</td>
<td>Mental heath promotion</td>
<td>Musculoskeletal conditions</td>
<td>Movement into employment</td>
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<tr>
<td>Falls prevention</td>
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<td>Best start in life</td>
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- Each model calculates return on investment for different interventions to selected different sectors over different timeframes. For example the Falls prevention model reports a return on investment to health and social care services of $3.17 for every $1 invested in home assessment and modification services, while in the mental health promotion tool investment in debt advice and management services has a return on investment of $2.60 for every $1 invested to health, legal services and employers...
Using financing mechanisms for collaboration

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<th>Approach</th>
<th>Examples</th>
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| Dedicated funds from health budgets specifically for intersectoral activities. Typically time-limited, often small in scale. | Finland: local health promotion funding programmes conditional on intersectoral partnerships.  
Canada: Competitive conditional intersectoral grants awarded by Public Health Agency; if effective can be scaled up. |
| Securely funded independent body or agency; funds from stable sources, earmarked taxes or levies. Determine priorities for intersectoral actions. | Switzerland: Health Promotion Switzerland funded through surcharge on insurance premiums.  
Lithuania: State Public Health Promotion Fund, funded through share of alcohol excise duties. |
| Regulatory and legal mechanisms to facilitate budget sharing and contracts between actors in different sectors. | UK: Work and Health Programme. Legislation allows resources to be pooled from Greater Manchester Combined Authority & Dept of Work and Pensions to address health & employment issues of long term unemployed. |
Key Arguments

- Partnership working needed for public health strategies - aligning incentives

- Important to highlight return on investment to health system and to other sectors involved in implementation

- Need for effective communication, in language of partners, making use of financing / regulatory mechanisms