

# Is prevention a sound investment?

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# Outline of Talk

- Framing the issue
- The rules of the game
- Prevention - is there any evidence out there?
- Evidence is the best defence

# Choice

Sir Norman Gregg

- “Epidemics that used to be excused as acts of God are now not excused as the results of the inactivity of mankind. In short, the incidence of many diseases has moved from the area of chance to the area of choice” 1949

# Politics of choice

- Politicians are wary of impinging on the rights of individuals to choose
- BUT will back Public Health where we can show the population benefits
- Let's give them the evidence they need to back us
- They can choose not to commit, to defund

Prevention

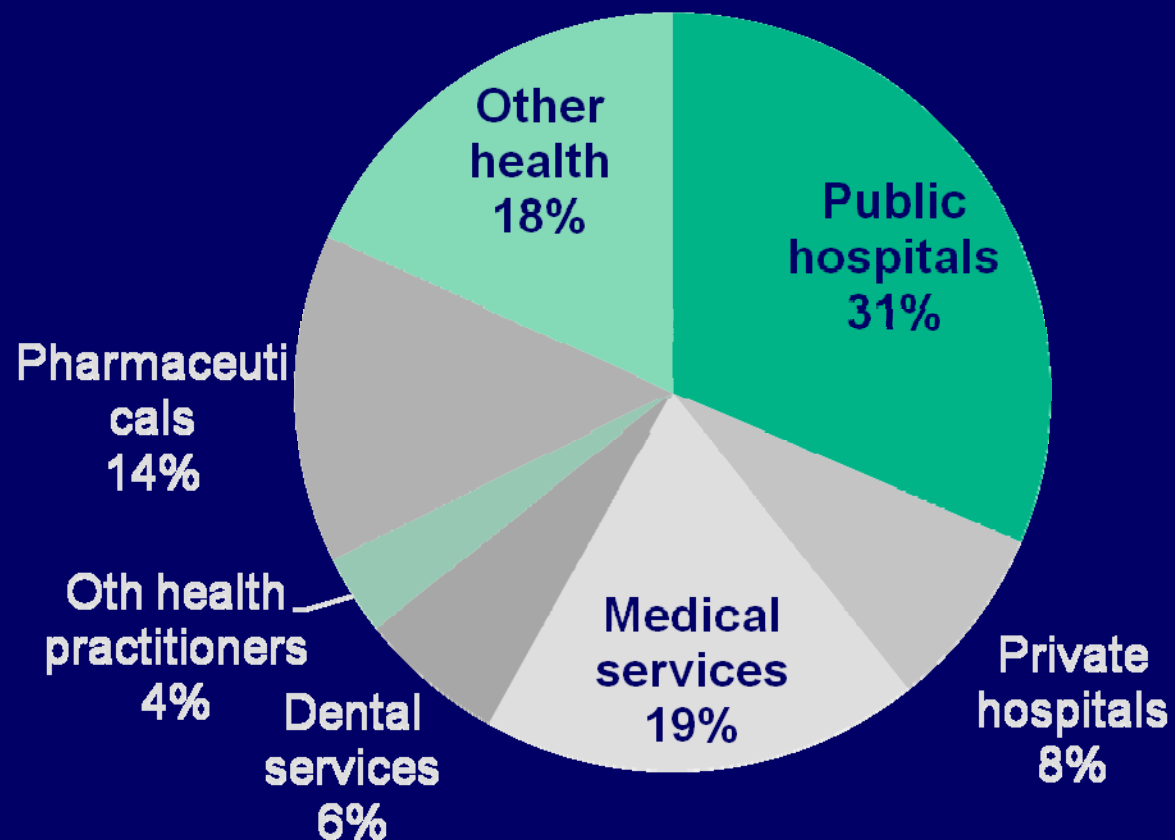
Kills

Return business



# Recurrent health expenditure 2007-8

**\$ 98,000 million**



Source: AIHW Health Expenditure Australia 2007-08

# Other health expenditure 2007-8

TOTAL - \$17,922 million

Of which .....

\$2,159 is Public Health

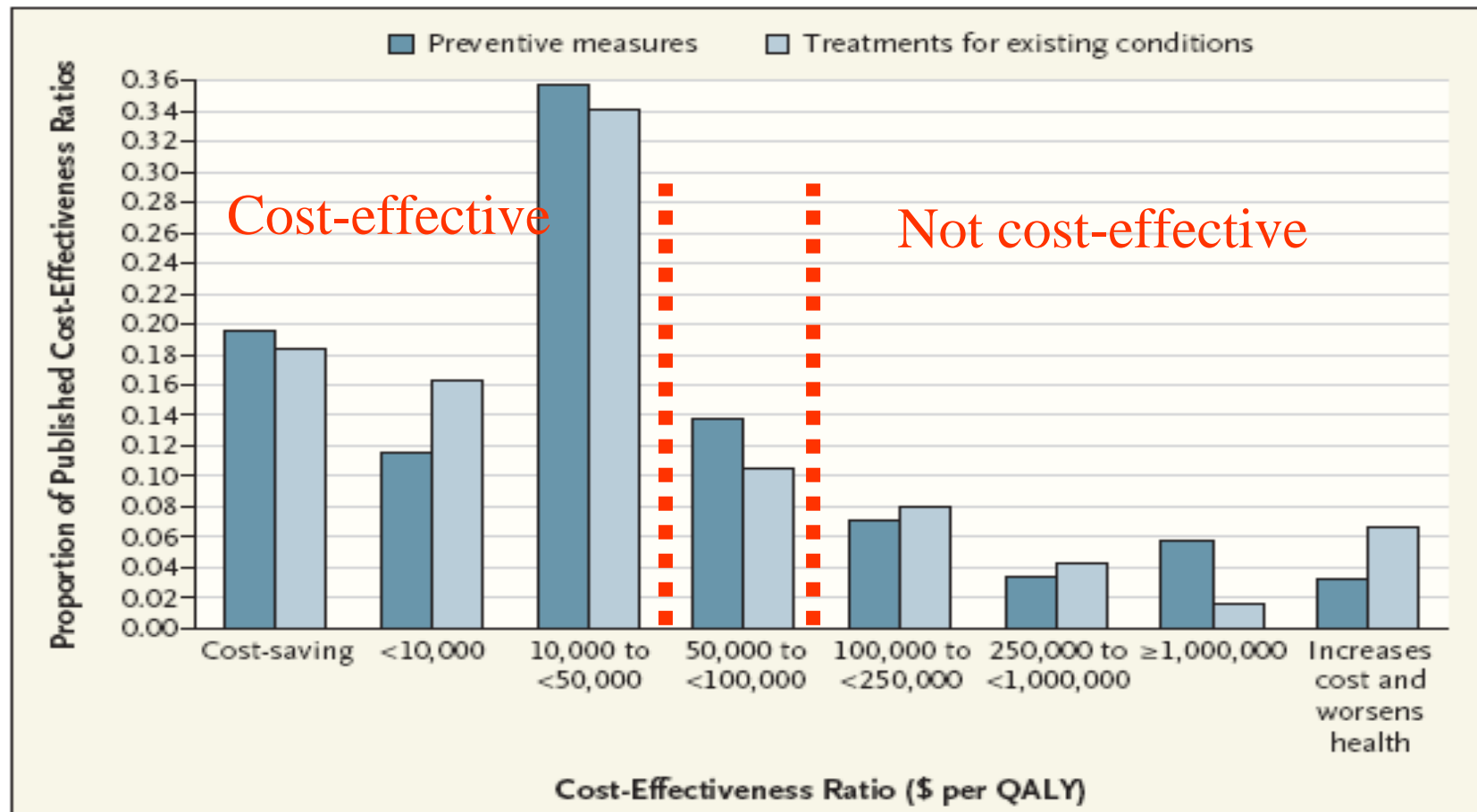
Of which.....

\$367 is health promotion

\$704 is organised immunisation

\$289 is breast and cervical cancer screening

# Is prevention better than cure?



**Distribution of Cost-Effectiveness Ratios for Preventive Measures and Treatments for Existing Conditions.**

Data are from the Tufts–New England Medical Center Cost-Effectiveness Registry. QALY denotes quality-adjusted life-year.

# Sound investment

- New expenditure is more likely to be scrutinized – cost effectiveness
- E.g. PBAC, MSAC, Screening

# Evidence is the best defence

- In the first 10 years of the life of PBAC it was subjected to review on average once every 18 months (personal communication D Henry)
- Legislative requirement to consider the evidence – on efficacy, effectiveness, safety, harms and cost effectiveness saved the day

# Lessons from PBAC experience

- Culture of scientific evaluation
- Development and Promolagation of guidelines
- Context – evaluation fed directly into the policy process. Indeed PBAC (and ESC) formulated policy through their recommendations to the Minister
- Multidisciplinary team, continual education about cost effectiveness

# More lessons

2 layers of critical appraisal

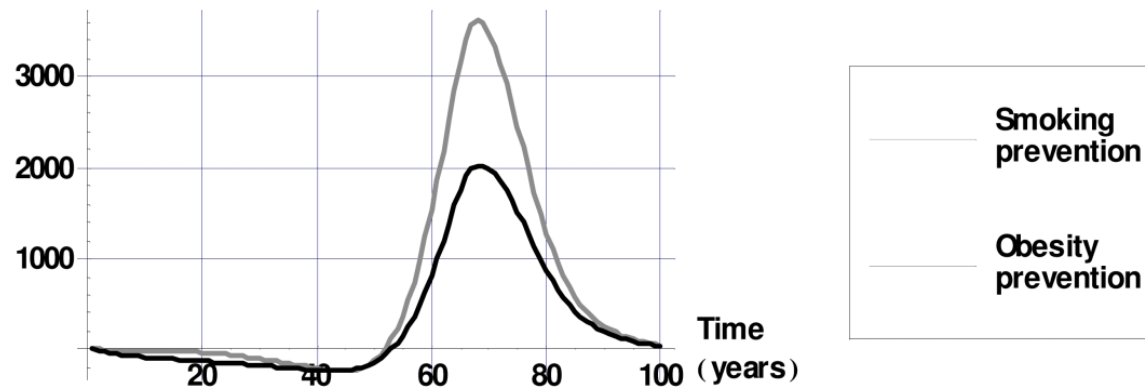
Minister of health used the PBAC as both weapon and defence

Sponsored review and development of evaluation tools

Gradual construction of suitable measurement metrics

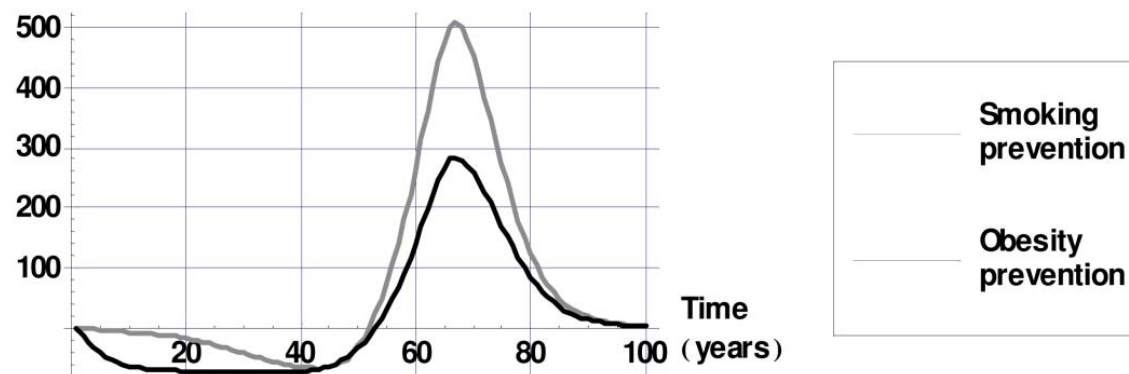
*..it may be cheaper to let people die young but.....*

**A: costs difference in €1,000  
undiscounted**



Source: van Baal et al 2008 PLoS Medicine 5,2:e29

**B: costs difference in €1,000  
discount rate 3%**



# Evaluation 'space'

- Agree upon a common set of objectives and measures
- In the first instance, strip away the complexity and aim for comparability of evaluation measures
- Allows for space to bring back in complexity – provided there is a process of review and policy development that can make sense of it.

# Can we shift the demand for prevention?

- Build the case
- Knowledge (of what works) for change
- Build capacity
- Implement and Evaluate
- Incentives for individual and collective action

# Summary

Bring evidence to prevention – what works, to implementation and to evaluation

Context – ensure that the evaluation evidence influences policy and resource allocation

Agree upon a comparable evaluation framework, unite and get on and do it.