

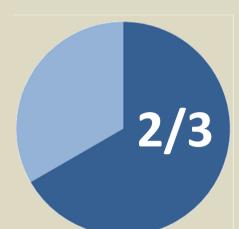
TACKLING EUROPE'S MAJOR BURDENS OF NON-COMMUNICABLE DISEASES



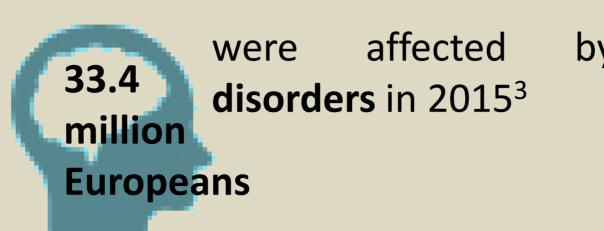
E. Besnier, M. Dyakova Policy, Research and International Development Directorate **Public Health Wales**

Introduction

As part of a collaborative project¹ with the World Health Organization (WHO) European Office for Investment for Health and Development and the Health Evidence Network (HEN), Public Health Wales' Policy, Research and International Development Directorate undertook a review of evidence on public health policies which tackle the main health challenges in the European Region and bring multiple benefits to social, economic and environmental sustainability, i.e. social returns on investment (SROI). These health challenges include mental ill health, non-communicable diseases (NCDs), and the main risk factors for ill health (tobacco consumption, alcohol misuse, physical inactivity and unhealthy diet):

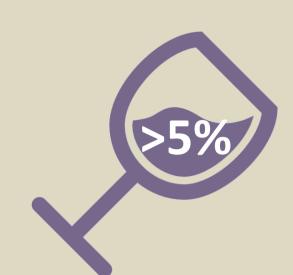


of premature deaths in the European Region were caused by cardiovascular diabetes, diseases, cancer respiratory diseases in 2016²





The European Region has the highest smoking rates in the world⁶



injury is due to alcohol misuse⁵



(Disability-Adjusted Life Years) per 1,000 population over 30 years old were lost in the European Region due to behavioral and metabolic risk factors and physical inactivity in 2009³

depressive

Methodology

A systematic scoping review of high-level evidence and reviews was undertaken between February and March 2017. A comprehensive search for relevant evidence published since 2007 was performed using MEDLINE/PubMed, PROSPERO (CRD), the Cochrane, the WHO, the European Union (EU), the Organisation for Economic Cooperation and Development and United Nations databases. Additional documents answering the inclusion/exclusion criteria received from a multi-disciplinary expert group and peer reviewers were added between March and May 2017.

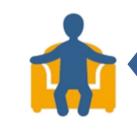
Sources that presented evidence on the cost of failing to address current health challenges and the SROI provided by population-level public health interventions tackling these challenges were selected, with a focus on WHO European Region Member States. A thematic analysis and synthesis was performed in order to select sources covering NCDs and their risk factors.

Results

A total of 4,620 records were identified and screened. 62 studies and reports were finally included in the overall project, 34 of which covered mental ill health, NCDs and those four risk factors and unhealthy behaviours.

The high cost of business as usual

The evidence collected shows that mental ill health, unhealthy behaviours and NCDs have substantial health, well-being, societal and economic costs, which are unsustainable for European countries. For example:



Physical inactivity costs European societies an estimated **€ 150–300** per person per year.^{7,5}

Premature deaths from NCDs in 2013 represented an economic loss of € 115 billion to the EU.4





3.6% to >30% of GDP could be gained in the Russian Federation by reducing adult NCDs and injury rates to the levels seen in the EU-15.8

Depressive disorders cost to the European economy between € 92 million and € 136.3 billion^{9,3}



This review also found strong gender and socio-economic differences in unhealthy behaviours.

Public health policies bring SROI

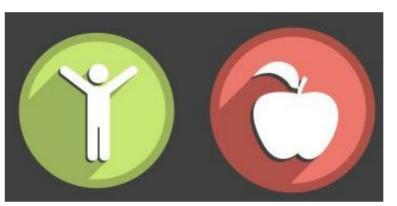
The review identified a number of public health policies that tackle unhealthy behaviours and prevent NCDs and mental ill health while bringing social, economic and/or environmental benefits. The policies and interventions identified are those that have clearly demonstrated SROI according to two criteria: 1) they have been recommended as "most cost-effective and feasible for implementation" by a WHO-CHOICE analysis 10 and/or supported by evidence from this review; and 2) recommended by WHO (on other grounds) and supported by strong evidence from this review.

To tackle NCDs and promote good physical and mental health, the WHO Regional Office for Europe recommends a comprehensive approach including both population-wide and targeted policies. However, it recognizes that individual interventions tend to cost more than population/group ones. The benefits brought by certain interventions also vary according to local and national contexts. 11



Price interventions are the most effective measures for tobacco control and preventing alcohol misuse, although careful considerations should be given to the potential inequality implications of such interventions.

Combining such measures with other interventions - such as smoking cessation support, advertising and smoking bans or educating the public for tobacco control and restricting access to retail outlets or implementing comprehensive advertising bans to reduce alcohol misuse - can also bring SROI. As for individual interventions to prevent or address alcohol misuse, their cost-effectiveness depends on individual countries.



The benefits provided by interventions addressing obesity, unhealthy diet and physical inactivity vary according to national and local contexts. However, policies targeting the market environment and food choices seem to be more effective than

interventions targeting the individual.

Evidence suggest that mass media campaigns, measures promoting active travel and counseling provided in primary care to tackle physical inactivity can be cost-effective and bring health, social and environmental benefits.



Finally, interventions to promote mental health and well-being across the life-course are cost-effective even though the degree of success varies with the national context. For example, interventions to promote good mental health in the workplace may save up to €135 billion a year in

the EU by reducing absenteeism and early retirement. 12

Conclusions

Investing in preventing ill mental health, unhealthy behaviours and NCDs through a comprehensive cross-sector, gender-responsive multi-level approach can be highly efficient with multiple benefits to health, the society, the environment and the wider economy. This includes:

- Investing in a combination of cross-sectoral public health interventions to prevent and tackle smoking, alcohol misuse, obesity, unhealthy diet and physical inactivity, with specific considerations for the inequality implications of pricebased interventions.
- Early prevention of non-communicable diseases, and promotion of good physical and mental health through both universal and targeted interventions.

This evidence review on NCDs has been included in the WHO Health Evidence Network report 51 'Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020'. This report aims to inform and support the development and implementation of a World Health Organization Roadmap¹³ to jointly implement the United Nations 2030 Agenda for Sustainable Development¹⁴ and the WHO European Health 2020 policy framework.¹⁵

Key messages

Copenhagen: WHO Regional Office for Europe; 2017.

- Unhealthy behaviours, NCDs and mental ill health create a significant health, social and economic burden in the European Region
- Doing "business as usual" is unsustainable
- Investing in a cross-sectoral, gender-responsive, multi-level approach can tackle ill mental health, unhealthy behaviours and NCDs while providing multiple benefits to health, society, the environment and the wider economy

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