



Prioritization in Health Promotion and Disease Prevention

An Implementation Perspective

IANPHI Europe Webinar “Prioritization in health – how can we lift prevention?”

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Prioritization in health – how can we lift prevention?

„The seminar will focus on prioritization of resources for preventive interventions. The background is that we have found that priority settings in health care services often results in treatment being prioritised over preventive interventions. Given the long-term benefits of health promotion and prevention, we recognize measures strengthening such services as a need, and a challenge, faced by many NPHIs.”

E-Mail conversation, Liza Thadani, IANPHI Europe

Perspective on Health Promotion and Disease Prevention (HPDP) from a German health education and health communication perspective (Federal Centre for Health Education)

1. Relevance
2. Effectiveness
3. Models
4. Incentives

Relevance (1/2)

HPDP Implementation of interventions by a federal agency and departmental research facility

- Technical assessment
- Policy priority setting
- Legal feasibility
- Administrative law and budgetary framework

Relevance of HPDP as a multifaceted entity – “setting the scene”

- Scope: Epidemiological criteria, incidence and prevalence – how many people are affected?
- Scale: Size of disease burden and health benefits – severity of condition, health gain?
- Medical costs: Medical services – diagnoses and treatments
- Effectiveness: Causal evidence - interventions’ effect size and robustness/scalability
- Feasibility: Competencies federal levels, institutions of self-government and civil society organizations
- Capacity: People, structures and processes
- Trends: Long term temporal development of critical indicators, i. e. climate change, NCDs, societal developments

→ Sustaining awareness that HPDP is an effort of many actors and a permanent challenge, not only in pandemics

→ Agenda setting in health systems’ transformation efforts

Relevance (2/2)

Priority setting (Baltussen et al., 2016)

- Priority setting as a political process
- „Evidence-informed deliberative processes”
- Deliberation between stakeholders
- Meaning and importance of values
- Informed by evidence
- Product of international learning and local knowledge

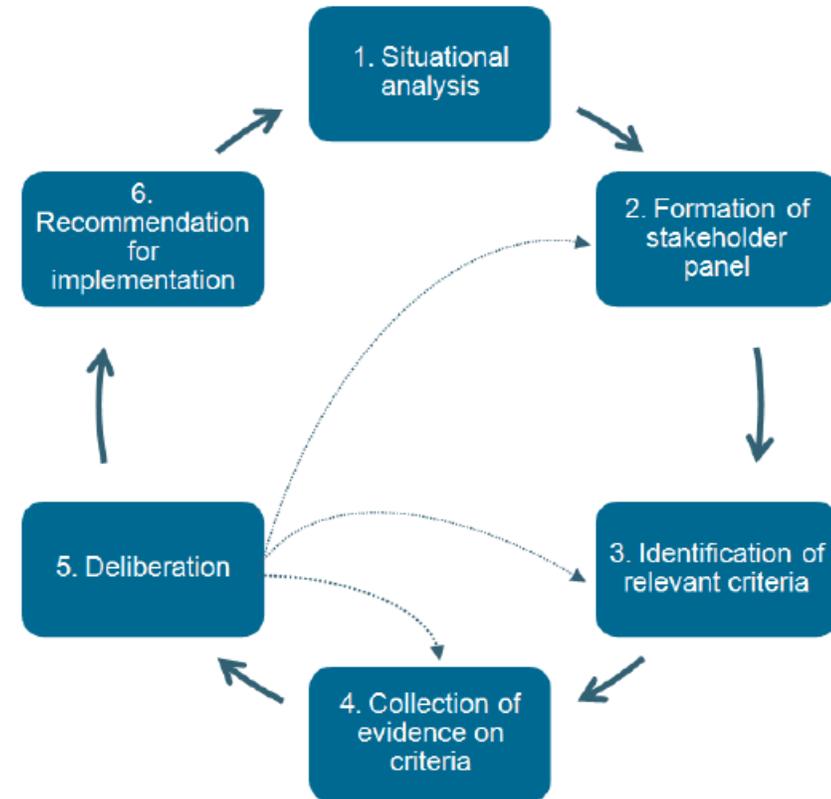


Figure. Six Steps of Evidence-Informed Deliberative Processes.

Source: Baltussen et al. (2016), Priority Setting for Universal Health Coverage: We Need Evidence-Informed Deliberative Processes, Not Just More Evidence on Cost-Effectiveness, *Int J Health Policy Manag* 2016, 5(11), 616

Effectiveness

Prioritization and resources

- Prioritization is required when resources are scarce compared to alternative different uses
- The efficient use of scarce resources (in health systems) is a domain of (health) economics
- From an economic perspective, cost-effectiveness can be an appropriate approach to support prioritization of health service interventions
- Cost-effectiveness analyses is basically a two stage process that starts with the analysis of effectiveness before cost analyses make any sense
- For prioritizing health promotion and disease prevention higher **effectiveness of HDPD interventions** (services) is central

Prioritization criteria and Effectiveness

- Effectiveness an valid causal relationships in HPDP
- Input = cause → effect = Output, Outcome, Impact
- Relationship between HPDP interventions and long term effects what endpoints?
- Concept of interventions' **causal evidence in HPDP**

Models

Effectiveness, evidence based HPDP and impact models

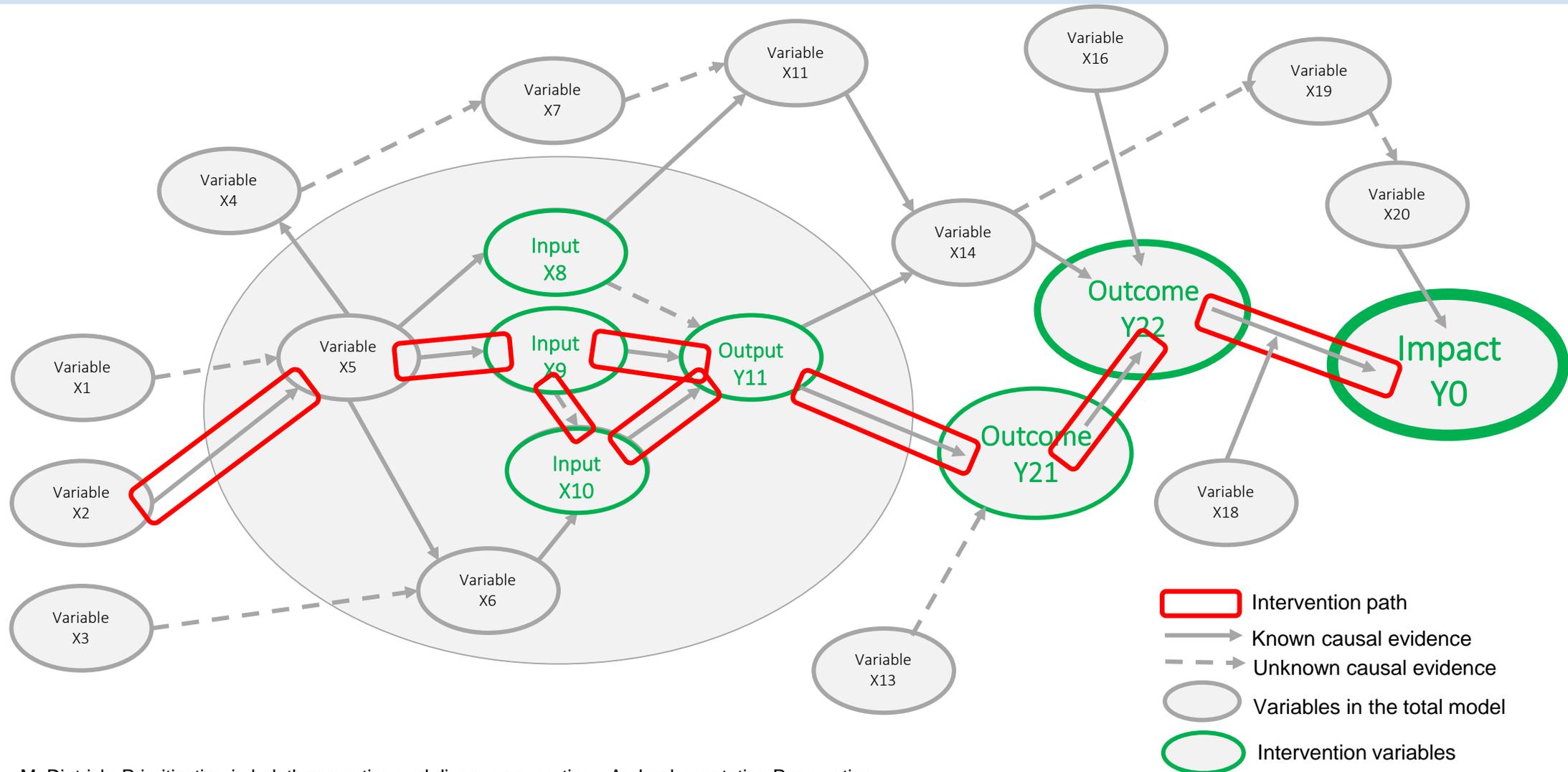
- Health as a total societal effort
- **Cause and effects paths** manifold
- Definition of input, output, outcome, impact variables and criteria – e. g. health literacy (HP)
- Control variables – e. g. health (in)equality, self efficacy
- Mediation and moderation effects – external effects, mitigation and amplification

Health monitoring

- Health data sensitive to HPDP intervention paths
- Health data from different sources, e. g. behavior, health literacy, socioeconomic indicators
- Data integration and free data access, data protection compliant

HPDP impact models

(Hypothetical example)



Incentives

Health system level

- Social health insurances and health care financing
- **Health-illness dilemma**
- Risk adjusted reimbursement schemes
- Statutory health insurance contribution rate calculation
- Low health system incentives for HPDP

Organizational level

- Disease based health service providers' revenue logic
- Disease related service fees for medical services (input)
- No **health related** reimbursement schemes for **health** services

Suggestions to lift HPDP in health systems

Summary

1. Relevance

Implementation

- Burden of disease and cost of illness
- Risk factors and behavior
- Awareness as an effort of many stakeholders

2. Effectiveness

Prioritization and Criteria

- Rigorous Effectiveness Evaluation
- Evidence based interventions
- Evidence generating interventions

3. Models

Impact models

- HPDP interventions and causal effects
- Rigorous effectiveness evaluation designs
- Health monitoring

4. Incentives

Health illness dilemma

- Health vs. disease systems
- Reimbursement schemes financing medical services
- Revenue models of health service providers

Thank you for your attention.