

Influencing Policy Makers

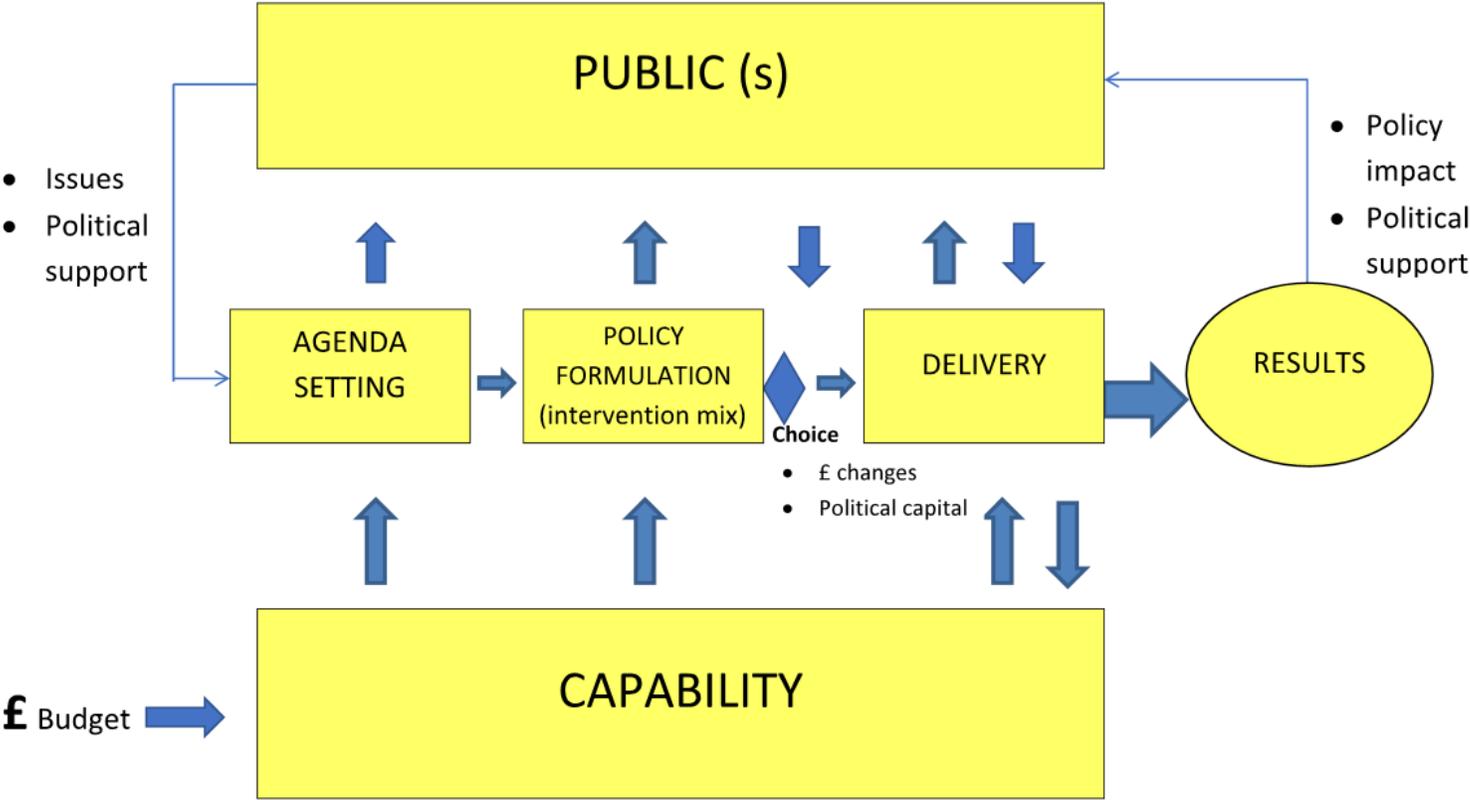
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My Experience

- ▶ Organisation for Economic Cooperation and Development (OECD) - Health Division
- ▶ Public Health England (PHE) - Health Economics and Modelling Team
- ▶ World Health Organisation (WHO) - NCD Department

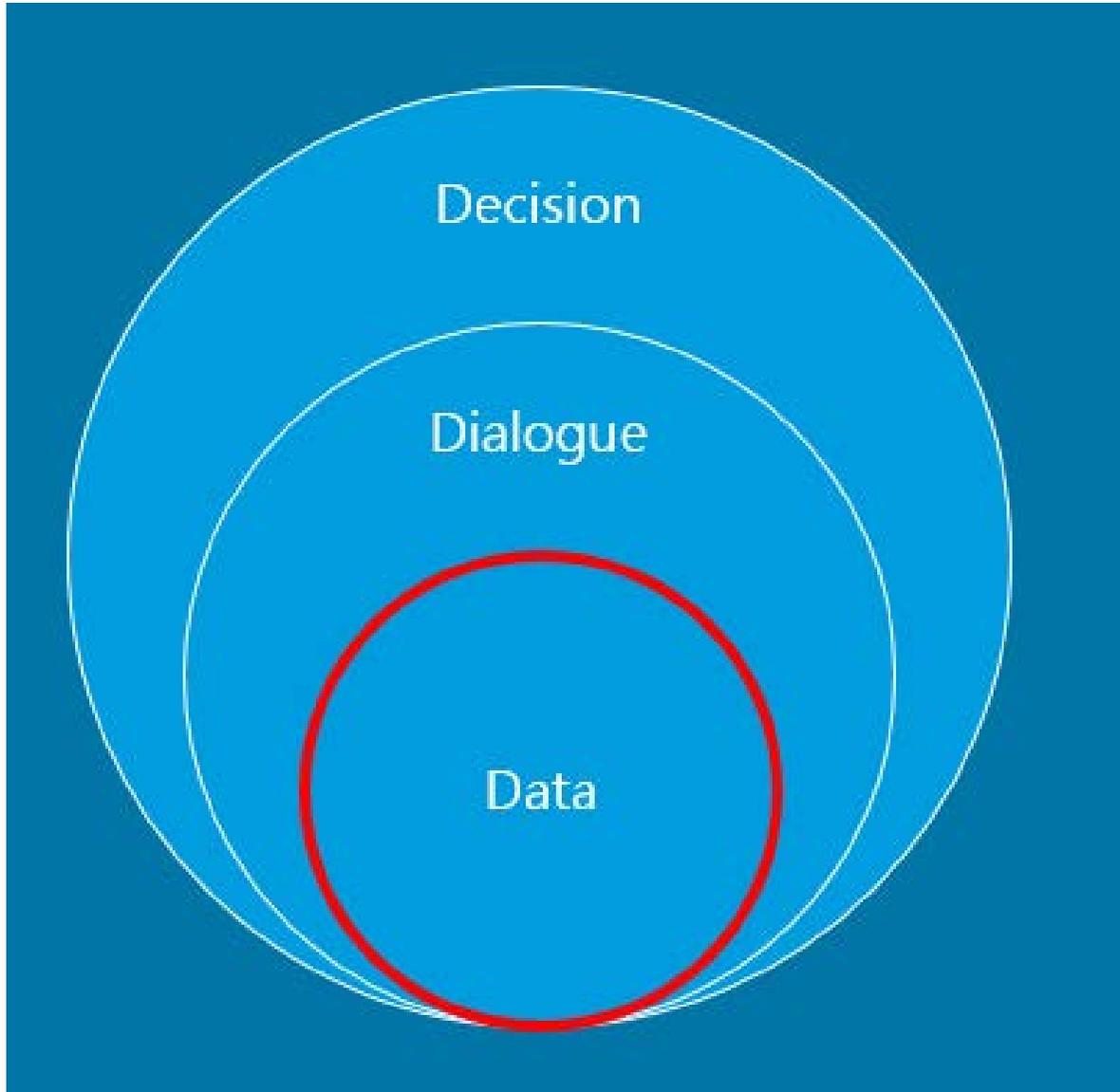
“The Policy Cycle” is the core Policy Framework



The Policy Narrative

- ▶ Linear in conception
- ▶ Assumed certainty rather than uncertainty in empirical evidence
- ▶ Did not distinguish between models, empirical evidence or theory

WHO Priority Setting Framework



- Institutions
Legal basis for link from HTA to policy
Recommendatory vs Binding?
- Criteria: Size of health burden,
Cost-effectiveness, Equity, etc

Deliberative, inclusive processes
- National burden of disease
Economic evaluation
Budget impact
Health system readiness assessment

Confidence in Economic Modelling?

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Supreme Court backs minimum alcohol pricing

3 hours ago | Scotland | 661



Government wish to target. In contrast, minimum alcohol pricing will much better target the really problematic drinking to which the Government's objectives were always directed and the nature of which has become even more clearly identified by the material more recently available, particularly the University of Sheffield's April 2016 study. As to the general advantages and values of minimum pricing for health in relation to the benefits of free EU trade and competition, the Scottish Parliament and Government have as a matter of general policy decided to put very great weight on combatting alcohol-related mortality and hospitalisation and other forms of alcohol-related harm. That was a judgment which it was for them to make, and their



The UK Supreme Court has ruled that Scotland can set a minimum price for alcohol, rejecting a challenge by the Scotch Whisky Association (SWA).

"Government rejects health watchdog's alcohol policy"



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The Government clashed with its medical advisers yesterday over how to tackle Britain's burgeoning problem of heavy drinking.

The National Institute for Clinical Excellence (Nice) called for the introduction of a minimum price per unit of alcohol to discourage supermarkets from discounting the cheapest products and promoting heavy drinking. It said its recommendations were backed by more than 30 scientific studies.

Health Secretary Andrew Lansley rejected its analysis and said ministers instead favoured banning supermarkets and off-licences from selling alcohol "below cost price". Mr Lansley said: "It is not clear that [the] research examines specifically the regressive effect on low-income families [of a minimum price], or proves conclusively that it is the best way to impact price in order to impact demand."

*"I don't think they would be talking about MUP without [modelling], because they can say 'we want to do this because it will save this many lives', and that is **gold dust** for policy makers" M. Robinson, 2018*

Global/National/Local Evidence

- ▶ WHO's mandate include global norms
- ▶ WHO's Choosing Interventions that are Cost-Effective (WHO-CHOICE) develops normative global estimates of cost-effectiveness
 - ▶ Generalised cost effectiveness analysis (comparator is Noll/Do nothing)
- ▶ Country level analysis nested within OneHealth Costing Tool
 - ▶ Recognising the context and being realistic over what is feasible

Top Tips

1. Collaborate with policymakers to choose topics
2. Adopt a long-term strategy, producing solutions in anticipation of attention to problems
3. Deal with perceptions about advantages and disadvantages of models
4. Be clear on: (a) why actors should pay attention to the problem raised by the evidence and (b) how feasible is the solution
5. Framing strategies should be developed and adopted to effectively communicate findings to a range of different audiences
6. Keep presentation of data simple and local