



Non-Communicable Disease Prevention

Best Buys, Wasted Buys and
Contestable Buys

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10. Summing Up

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The global community has to reckon with the scourge of non-communicable diseases (NCDs).

In an ideal world, it would be easy and straightforward to prioritize and allocate resources to interventions that have the maximum impact on health, while ensuring fair distribution of resources to all and minimizing the risk of financial hardship from out-of-pocket payments. In the real world, however, things may be quite different. Some may be opposed to allocating healthcare resources according to impact and fairness (they have their own agendas); there is evidence but it is patchy and not always agreed by the experts; sometimes that evidence may not be suited to 'our' situation; sometime there is simply no evidence at all. There are other uncertainties: do we have the resources to make a real impact; are our methods good enough; can we train up enough people with the right skills; can we institutionalise the necessary expertise; and can we find ways of making complicated matters accessible to public understanding? In the real world, things may not be perfect, they may not be ideal but it is our world. It is the world that is continuously challenged by the burden of NCDs.

In this book, we have tried to bring the two worlds together. We have made a number of suggestions for mitigating some of these difficulties and enhancing the ability of societies to address the rising burden of NCDs more effectively and efficiently. We have provided definitions of commonly used terms and some basic theory drawn from the literature on effectiveness and cost-effectiveness encompassing the fields of

epidemiology and economics. Specifically, we have presented some ideas and tools to help decision-makers and NCD program managers in 'NCD Units' to navigate this complex landscape. These ideas include but are not limited to:

- creating organizational structures that facilitate multisectoral approaches (Chapter 2);
- creating authoritative guidance at the global level to impact effectively on political leadership and at the local level for NCD program managers (Chapter 2);
- introducing Systematic thinking for Evidence-based and Efficient Decision-making (SEED) as a tool for evaluating the evidence base — a thinking aid with step-by-step practical considerations to implementing Best Buys and avoiding Wasted Buys (Chapter 3);
- using a list of Additional Considerations to supplement cost-effectiveness analysis and to complement SEED (Chapter 4);
- sharing real-world case studies of Best Buys, Wasted Buys and Contestable Buys (Chapters 4 and 5);
- working systematically and in a participatory manner with stakeholders (Chapter 5);
- providing a means of effective interrogation of claims that particular buys are Best Buys through descriptions of some common characteristics of inefficient spending (Chapter 5);
- using realistic thresholds and selective implementation strategies (Chapters 5 and 9);
- using the Transferability Framework and Checklist for assessing the applicability of research results obtained elsewhere (Chapter 6);
- cultivating awareness of the strengths and weaknesses of different research designs with real-world examples on the efficacy of lifestyle interventions on health harming behavior for type 2 diabetes, cardiovascular diseases and hypertension (Chapter 7);

- devising accountability and governance arrangements that match multisectoral requirements (Chapters 8 and 9); and
- understanding that one size seldom fits all in a health care system, especially across countries (throughout).

Key learnings and practical frameworks (the SEED Tool, transferability checklist, etc.) also have potential beyond NCDs and, indeed, across the whole fields of public and personal healthcare and of non-healthcare that impacts on health (the environment, education, housing and so on). These are topics for future research. While this book cannot solve all problems related to the political economy of NCDs, it does offer key considerations and guidance for assessing and implementing NCD interventions. We are not denying that there is a long road ahead and that universal problems may lack universal solutions. We know full well that prevention is often seen as the poor cousin of treatment and that budgets often have no room for it. Program managers usually find themselves navigating systems with inappropriate disease-focused structures and decisions frequently need to be made in the absence of good quality local evidence. However, there are also lessons we can learn from other countries and there are methods we can employ to assess the applicability of other countries' evidence.

Buts, in the case of NCD prevention, are often complex, constantly changing and unique to each jurisdiction. There is no 'one-stop shop' for policy-makers, but there are positive steps we can take to continue our efforts to support NCD prevention. This work has been a guide to some of the more important ones.

