

DR SUBHASH POKHREL, CO-ORDINATOR OF THE EQUIPT PROJECT, ON HOW RETURN ON INVESTMENT TOOLS CAN HELP EUROPEAN COUNTRIES ASSESS THE COSTS AND BENEFITS OF THEIR INVESTMENT IN TOBACCO CONTROL

Rolling out ROI tools

Public health is an area where the long term benefits of any current intervention are usually assumed to be larger than the upfront costs needed to implement it. The 2008 economic crisis, however, led to many governments worldwide having to tighten their public purse through a number of austerity measures. Now, in many European countries, investments in public health are required to demonstrate a reasonable 'return on investment' on a par with several other clinical interventions to justify their funding. Tobacco control is not an exception.

Burden is not enough

We know that smoking kills around 700,000 people each year in Europe. Evidence suggests that, on average, one in every two long term smokers die about 14 years earlier than they would have had they not smoked tobacco. More recent studies suggest that smokers also have lower quality of life than those who have never smoked – and if we were to translate all health effects into monetary figures, tobacco smoking is estimated to cost the European Union in excess of €100bn each year.

Although this data more than suggests that tobacco is a major public health problem, its ability to affect policy decisions is limited. Tobacco control is first and foremost about preventing illness and premature death rather than saving money. However, it is helpful to express cost savings from tobacco control in a single figure to compare with other healthcare interventions. We already know that tobacco control interventions are extremely good value - the question is how good? Policy makers are therefore more interested in knowing how savings and/or benefits could be realised from investment in tobacco control.



<http://equipt.ensp.org/>

Evidence-based policy

There is already a vast body of research to show the value for money of most available tobacco control measures, including smoking cessation interventions. However, decision makers need this evidence to be pulled together in such a way that it can provide them with an idea of the rate of economic return their 'package' of interventions would provide. It is also important to note that decision makers often want to invest in more than one intervention, and so they wish to see the economic benefit of the entire package, and not of a single intervention.

Scientists from the EQUIPT consortium met in October 2013 in London to kick-off the European study



One such initiative is the National Institute for Health and Care Excellence's (NICE) development of the Tobacco Return on Investment (ROI) Tool in the UK (www.nice.org.uk/usingguidance/implementationtools/returnoninvestment/TobaccoROITool.jsp) which was launched in 2012 and has been very well received by decision makers.

Transferring ROI evidence

Compared with the rest of Europe, the UK is at the fore both in terms of provision and of financing quit support interventions, coupled with the implementation of broader tobacco control measures. This is one of the reasons why it performs best on the Tobacco Control Scale and has seen a significant decline in smoking prevalence over the last few decades.

The NICE ROI tool has been received well by the UK stakeholders

The availability of a tool that seeks to maximise the benefits achieved by funding tobacco control interventions is a valuable addition for the UK's decision makers. The question as to how far a tool developed for use in England can help other EU member states, however, is not easy to answer, as countries differ in terms of smoking prevalence, health systems, the way they organise and fund their tobacco control services, and population attitudes towards smoking and quitting. Nevertheless, this question does need to be addressed.

The EQUIPT project

A newly funded European Commission project entitled 'European study on Quantifying Utility of Investment in Protection from Tobacco' (EQUIPT) (<http://equipt.ensp.org/>) aims to investigate the transferability of the UK Tobacco ROI concepts and tools to several European countries. Led by the Health Economics Research Group (HERG) at Brunel University, London, EQUIPT is a partnership of 11 consortium members from seven member states – Belgium, Croatia, Germany, Hungary, the Netherlands, Spain, and the UK.

EQUIPT brings together expertise from multiple disciplines and aims to provide healthcare policy makers with bespoke information about the economic and wider returns that investing in evidence-based tobacco controls, including smoking cessation agendas, can generate. This will be achieved in several stages:

- First, researchers will identify the contextual and other factors that lead to variability in the rate of return any investment will generate;

The EQUIPT Consortium*

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Syreon Research Institute, Hungary

LeLan Ltd: Analysis and Technical Communication Services, UK

National Centre for Smoking Cessation and Training, UK

European Network for Smoking and Tobacco Prevention (ENSP), Belgium

Agency for Quality and Accreditation in Health Care and Social Welfare, Croatia

National Health Service Commissioning Board, UK on behalf of:

Smokefree South West, UK

Tobacco Free Futures, UK

Fresh Smoke Free North East, UK

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- They will then develop country specific ROI tools in Germany, Hungary, Spain, and the Netherlands informed by their contextual analysis;
- Third, the results coming out from each tool will then be subject to a comparative analysis in order to derive policy recommendations that are transferable to other European countries. Countries in the Central and Eastern European region, where resources to develop similar tools are limited but the potential for savings from any tobacco control investment is greater, will especially benefit from this; and
- Finally, EQUIPT will develop a web-based ROI tool that can help decision makers in several EU countries to estimate the return on investment of their intervention package and use that information to make their funding decisions.

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