

# World Health Organization



**RAHEE: Research Agenda for Health Economic Evaluation**

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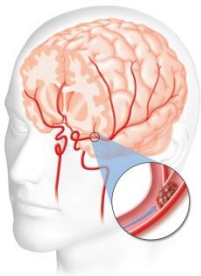
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# What is RAHEE?

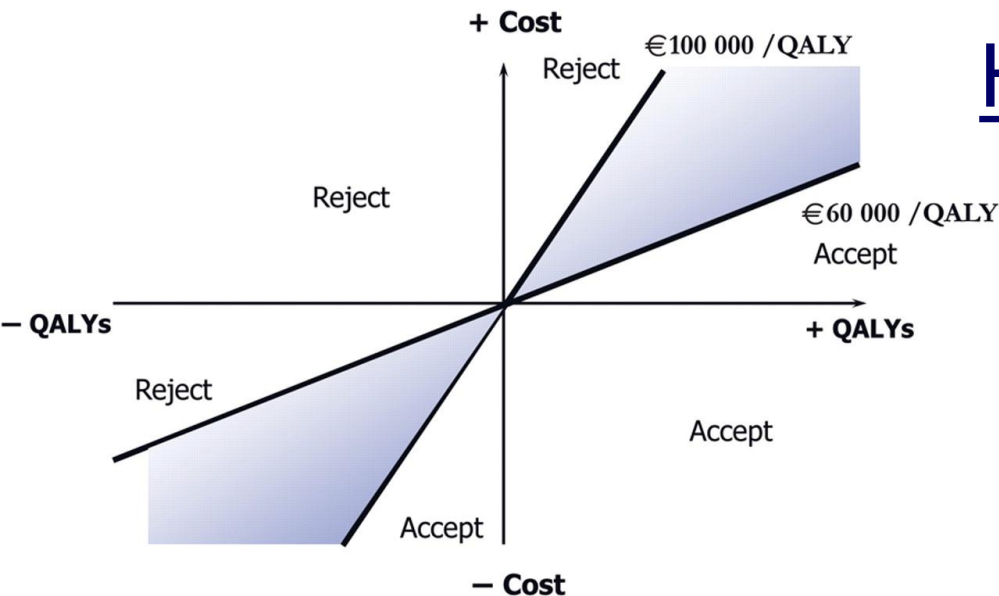
## Research Agenda for Health Economic Evaluation

Health systems need to be more efficient to cope with rises in high burden non-communicable diseases and decreasing work forces:

- \* Reducing un-necessary services
- \* Identifying patients that benefit more from treatment
- \* Delivering services more efficiently, incl. at the right time
- \* Improving cost-effectiveness of care



# What is RAHEE?



## Health Economic Evaluation

Considering what is already being done, what are the added costs and added benefits of using a new treatment, adopting a new way of delivering a service, etc...?

100's of published, scientific studies on cost-effectiveness of pharmaceuticals, medical devices, ....

→ What needs to be known?



# Findings

Rank #	1990	2010
1	Ischemic Heart Disease	Ischemic Heart Disease
2	Stroke	Low Back Pain
3	Low Back Pain	Stroke
4	Lung Cancer	Major Depressive Disorder
5	Road Injury	Lung Cancer
6	Major Depressive Disorder	Falls
7	COPD	COPD
8	Falls	Diabetes
9	Diabetes	Other Musculoskeletal
10	Self-harm	Neck pain

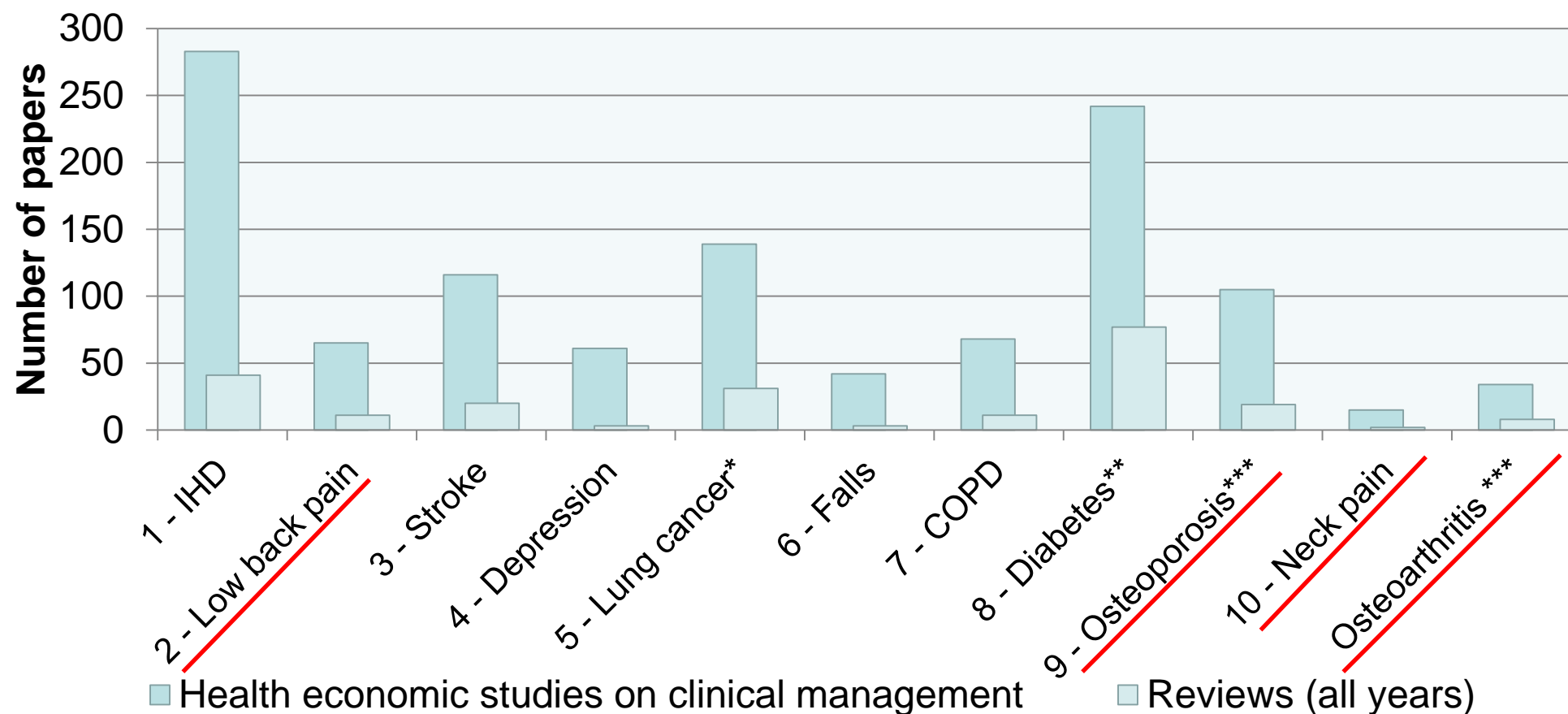
10 highest burden diseases in Europe (by DALY) are:

- 3/10 MSD related, increasingly since 1990
- Chronic/NCD
- Co-morbid

Source: *Global Burden of Disease study, 2010*



# Findings

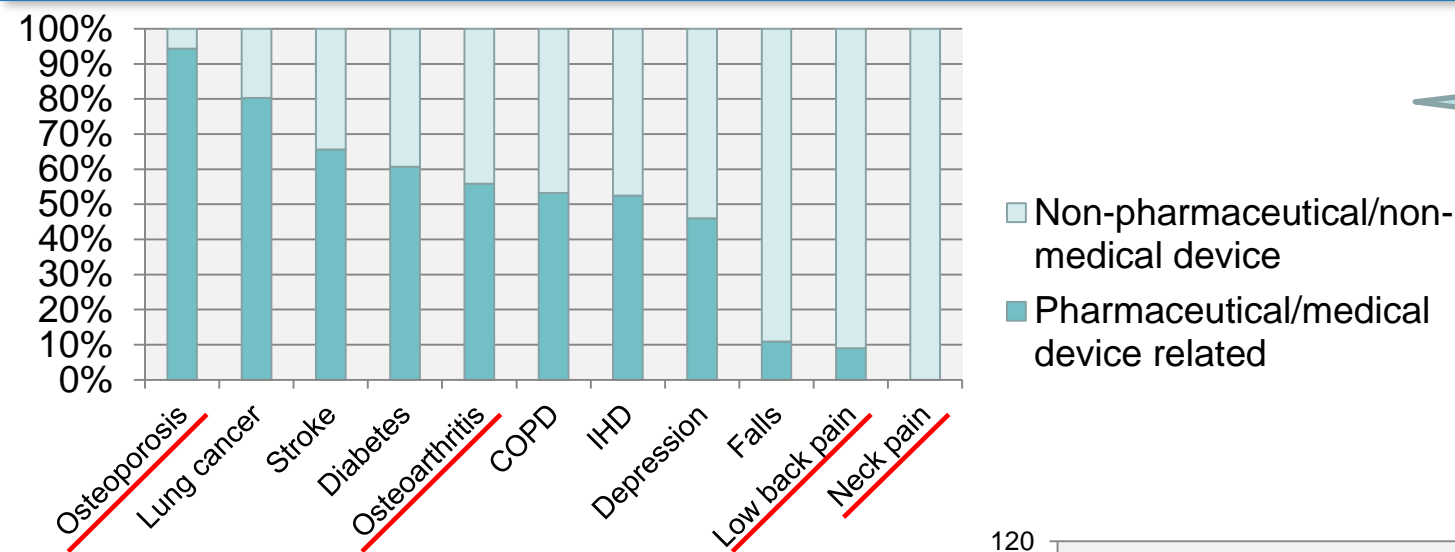


\* NSCLC and SCLC

\*\* Type I and II

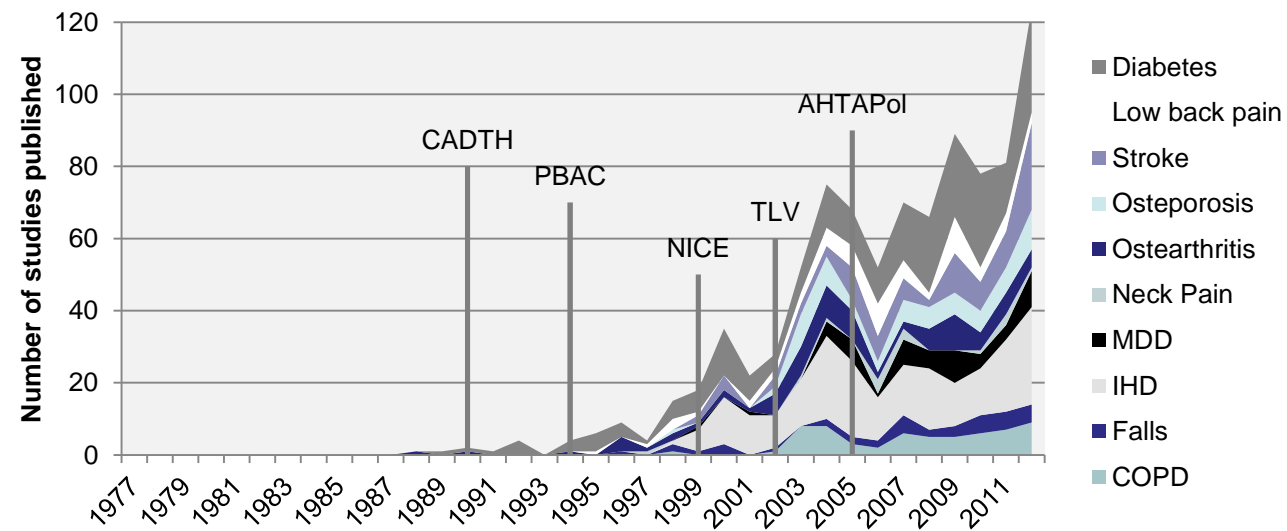
\*\*\* Osteoporosis part of "other MSD" which is GBP rank #9, osteoarthritis included as high burden single MSD

# Findings



... likely association with reimbursement activities

Significant concentration of evidence around pharmaceuticals and devices...





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# Findings

## RAHEE Expert Panel Meeting

(3<sup>rd</sup> to 5<sup>th</sup> February 2015, Brussels)

- 25 health economics and public health experts
- Low back and neck pain:
  - *“There is a need for further cost-effectiveness analyses in guideline recommended diagnostics and treatments for low back pain in general, and for interventions commonly used to treat low back pain (exercise, pharmacology, physiotherapy, spinal manipulation, heat therapy).”*
  - *“There is a scarcity of evidence examining the use of surgery vs. conservative care, and/or in which subgroups each intervention may be most cost-effective”*





# Findings

## RAHEE Expert Panel Meeting

(3<sup>rd</sup> to 5<sup>th</sup> February 2015, Brussels)

- Osteoporosis:
  - *“There is a scarcity of non-pharmacological health economic evidence (HEE), except for calcium and vitamin D supplementation, and the economic impact of behavioural, physical exercise and other nutritional interventions on osteoporosis is unknown.”*
  - All economic evidence focused on medical therapies: bisphosphonates, denosumab, strontium renalate, etc.
- Osteoarthritis
  - *“HEE literature underpinning the use of lifestyle interventions such as weight reduction; physiotherapy interventions such as heat application; [...] is lacking. Furthermore, cost-effectiveness analysis of patient stratification approaches [...] would highlight which patient groups could experience the greatest treatment effects and thereby influence cost-effectiveness.”*





# Conclusions



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- Specific focus in published evidence on (commercially relevant) pharmaceuticals and health technologies – very limited focus on prevention, life style, early intervention etc.
- Little published cost-effectiveness evidence at all for low back pain, neck pain, and osteoarthritis, likely due to limited pharmaceutical and biotechnological treatment options
- Very limited comparability between studies, difficult to generalize cost-effectiveness studies

# Thank you!



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- RAHEE website

- <http://www.euro.who.int/en/RAHEEproject>

- BMJ comment

- <http://www.bmj.com/content/349/bmj.g5228.full?ijkey=2qwnRapBoojPz2W&keytype=ref>

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