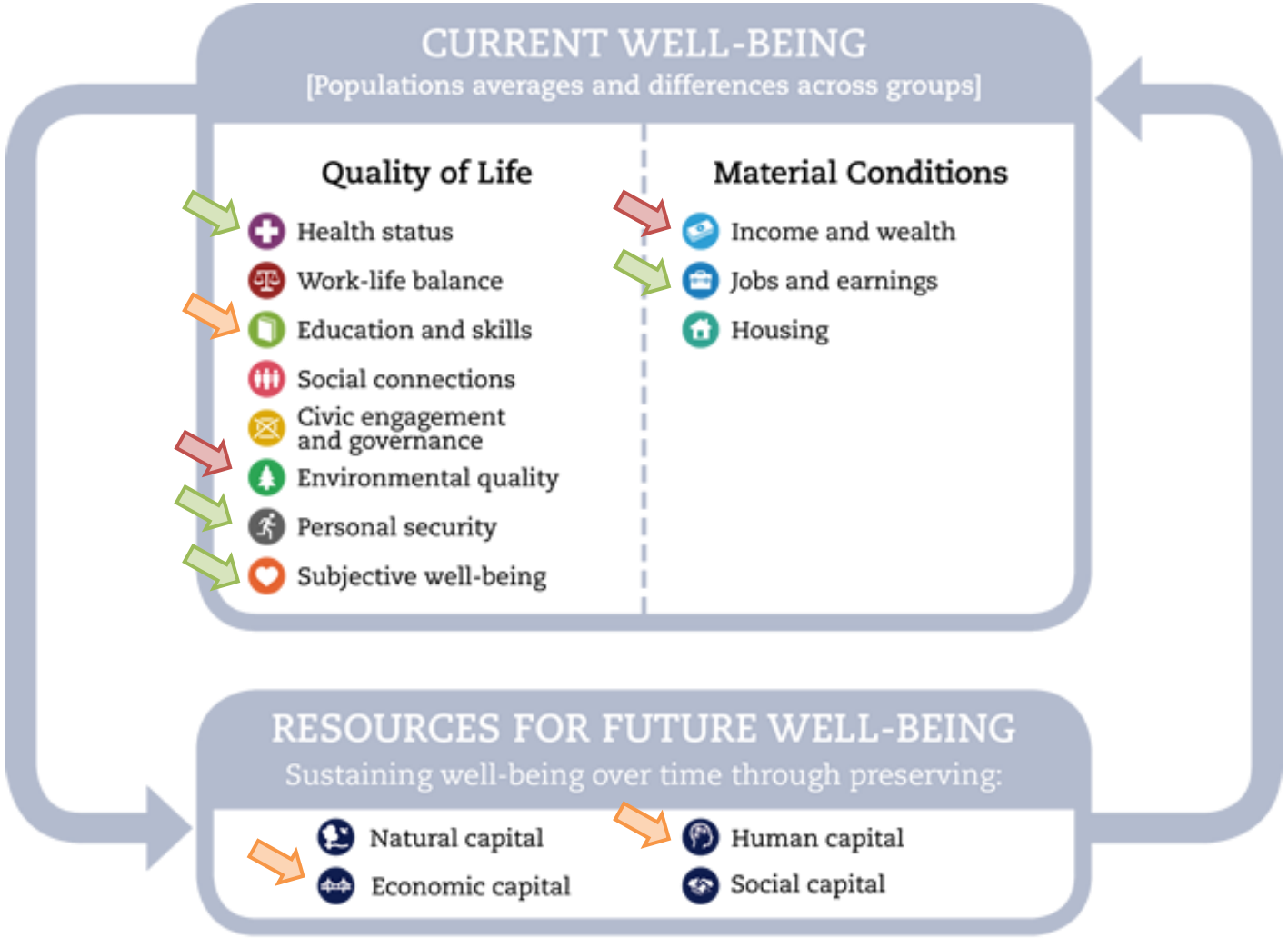
RECENT INNOVATIONS IN OECD SPHEP AND PLANS FOR COMMUNICATING RESULTS

Michele Cecchini
Head of Public Health
OECD

BETTER POLICIES FOR BETTER LIVES

The SPHeP framework is broadly based on the OECD Better Life Index



Follows the recommendations of the Commission on the Measurement of Economic Performance and Social Progress (Stiglitz-Sen-Fitoussi Commission);

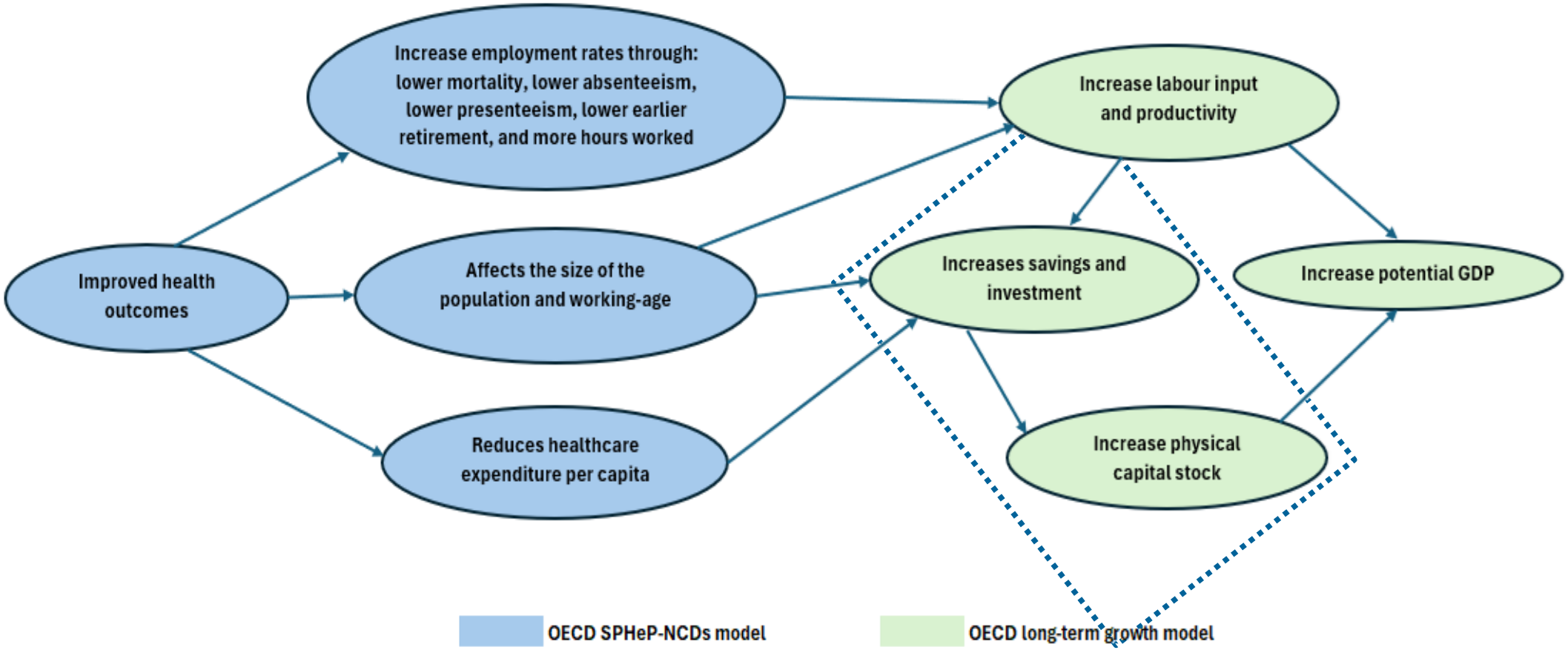
It reflects people's material living conditions and the quality of their lives;

It is consistent and supports the implementation of whole-of-government interventions and a health in all policies approach.

Ref: OECD (2017), How's Life? 2017: Measuring Well-being

The Enhanced OECD GDP Module Integrates the OECD Long-term GDP Model into the SPHEP Framework

The new GDP module: health improvements increase potential GDP through labour and healthcare expenditure channels, jointly raising labour input, investment and capital accumulation

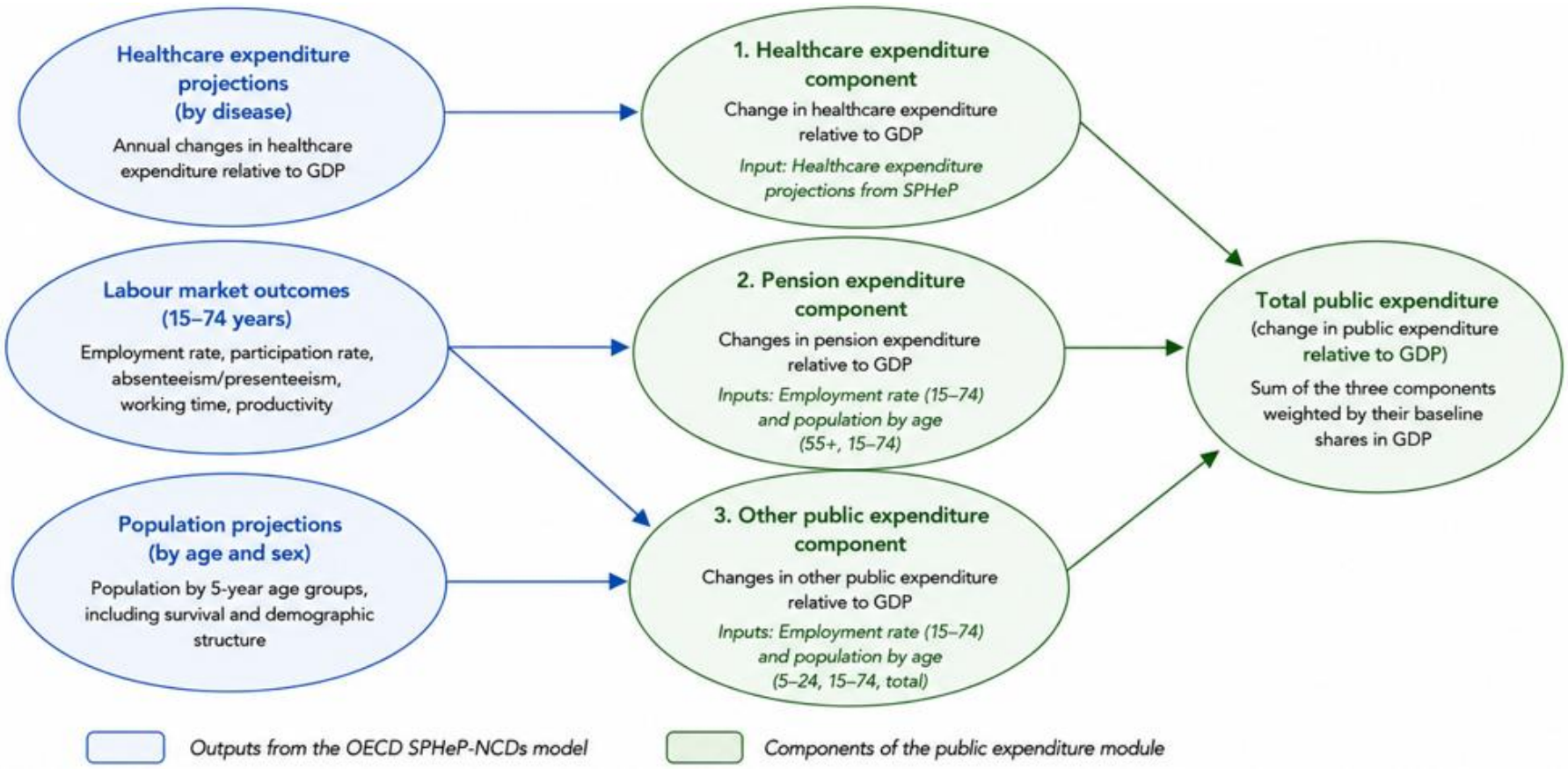


Ref: OECD (2026), Assessing the macroeconomic and fiscal effects of NCDs

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The New Public Expenditure Modules Calculates Changes in the Fiscal Gap

From SPHeP outputs to public expenditure: how model projections feed into each expenditure component

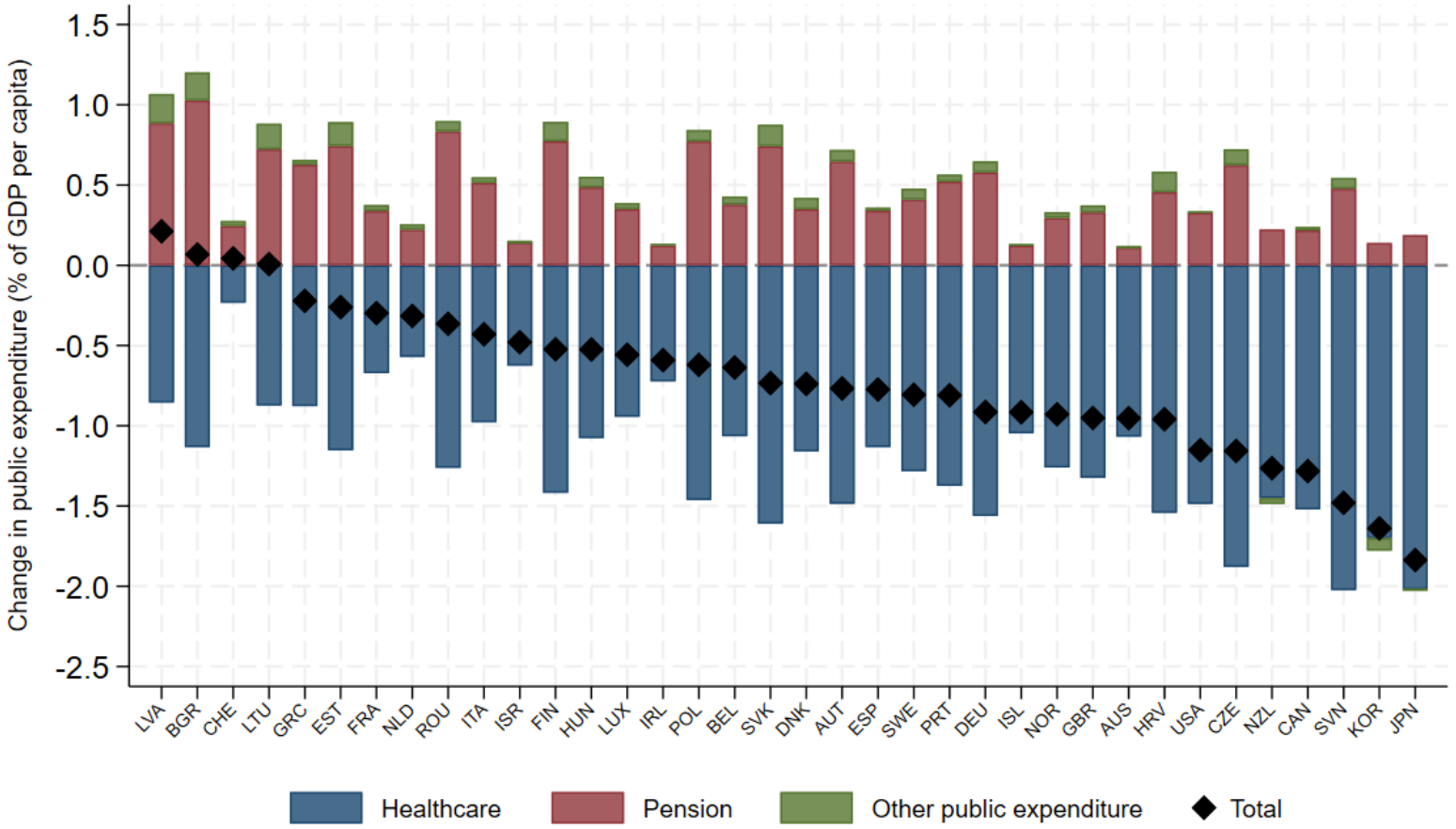


Ref: OECD (2026), Assessing the macroeconomic and fiscal effects of NCDs

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CVDs Generate Public Expenditure Costs Equivalent to 0.6% of GDP/Capita/Year

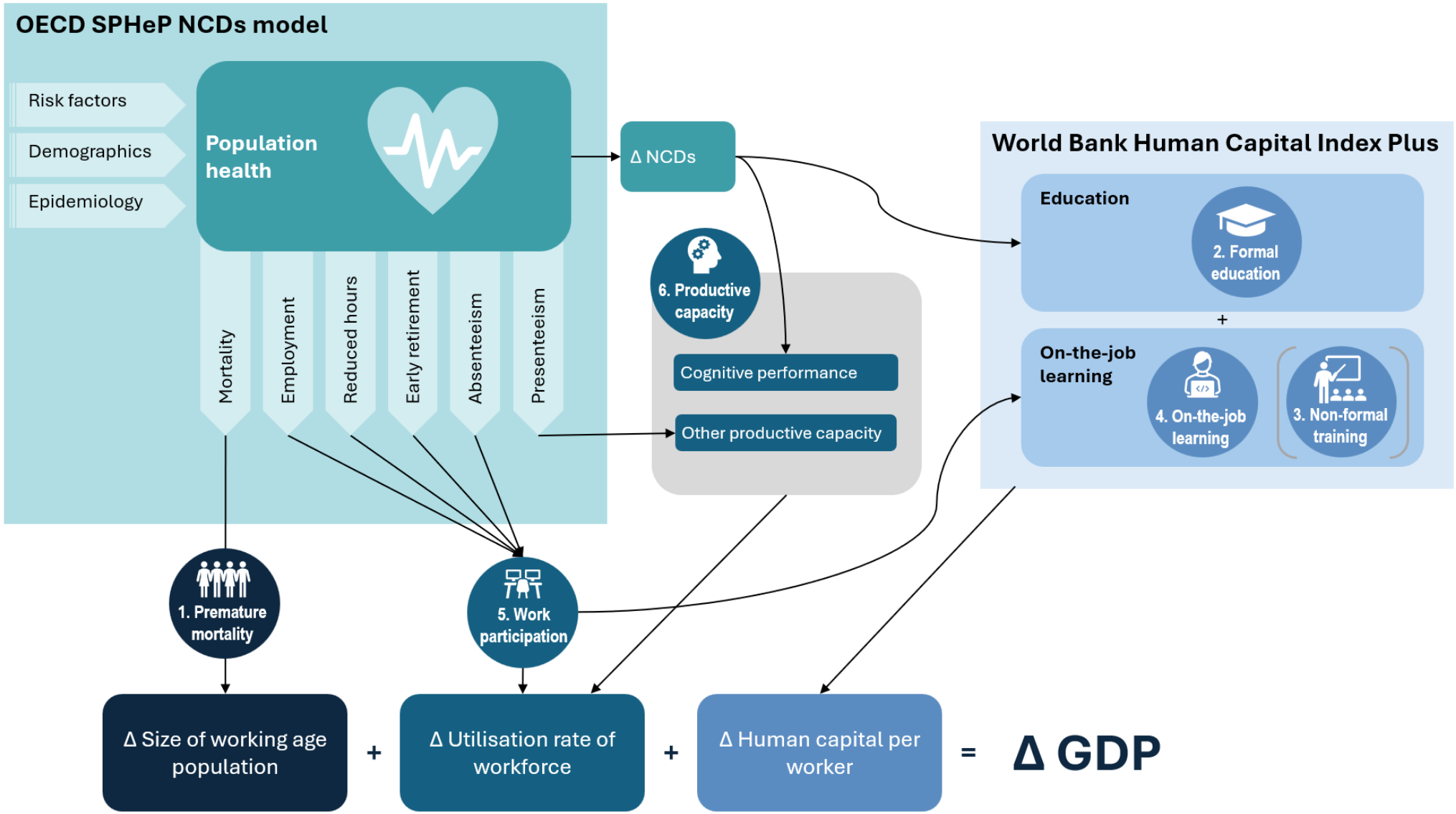
Contributions of health, pension and other public expenditures to changes in public expenditure associated with reductions in CVD burden, average over 2026 to 2050



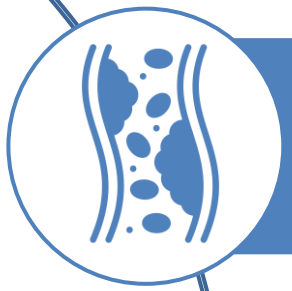
Ref: OECD (2026), Assessing the macroeconomic and fiscal effects of NCDs

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The New Human Capital Module Will Enhance GDP Analysis and Family Income Estimates



Additional Developments in the Pipeline



New risk factors such as new nicotine products and cholesterol



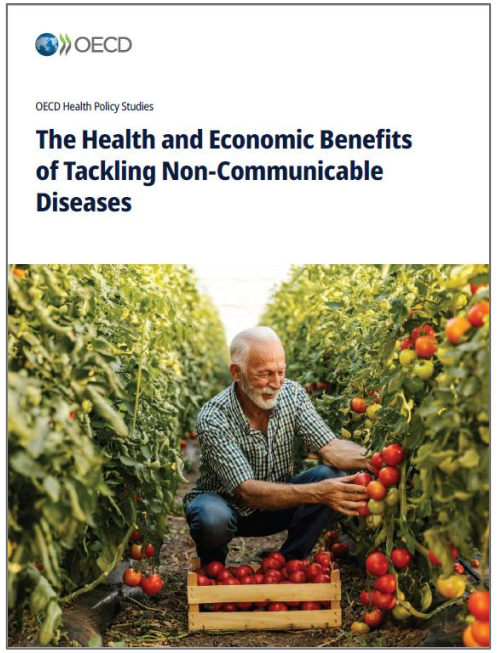
Evaluation of secondary and tertiary prevention interventions for CVDs and diabetes



Improving policy cost estimation

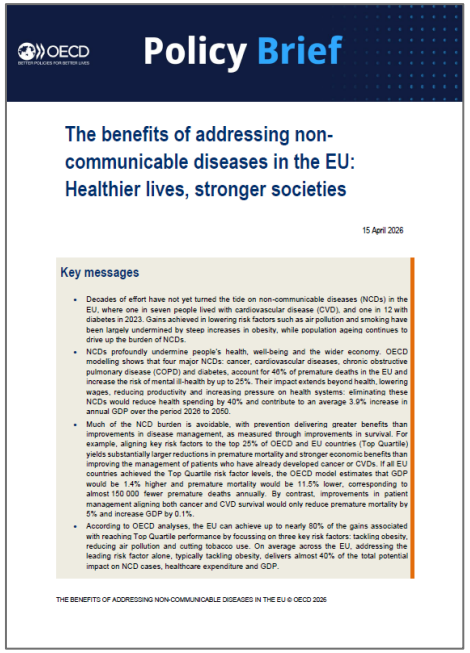
Turning Evidence Into Action: Typical Outputs Will Be Complemented by The Toolkits

Glossy publication



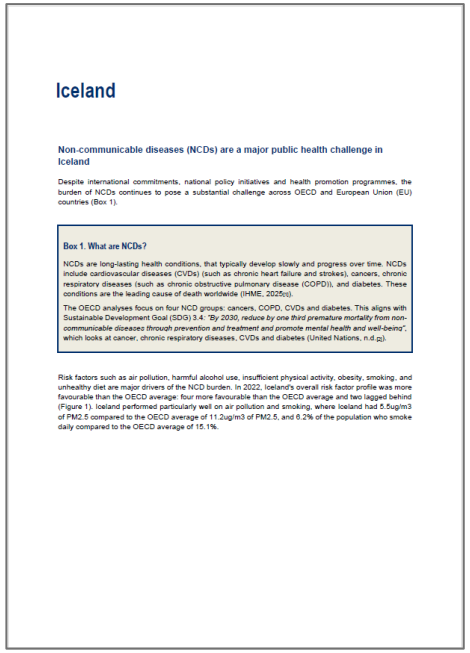
Comprehensive presentation of the evidence base and analytical findings

Policy brief



maximum 8-10 pages highlighting key OECD and EU-wide findings in accessible language

Country note



Maximum 6 pages with country-specific results and policy implications, often also in national language

Online tool





Additional results and wiki for methodology, sometimes with opportunities for interaction

Structure of a Typical Toolkit

Purpose & context
Set the broader framework

Key findings
Main results at a glance

Risk factors
Health at a Glance style overview of risk factors for population health, with focus on young people

Health & economic cost
The burden caused by business as usual for 7 risk factors

Policy landscape & options
Current gaps and opportunities for improvement

Policy impact and priorities
Expected effect of scaling up investment and identification of priorities for action

Funding action
Potential financing mechanisms to scale up investments

Annex & methods
Technical details and data sources

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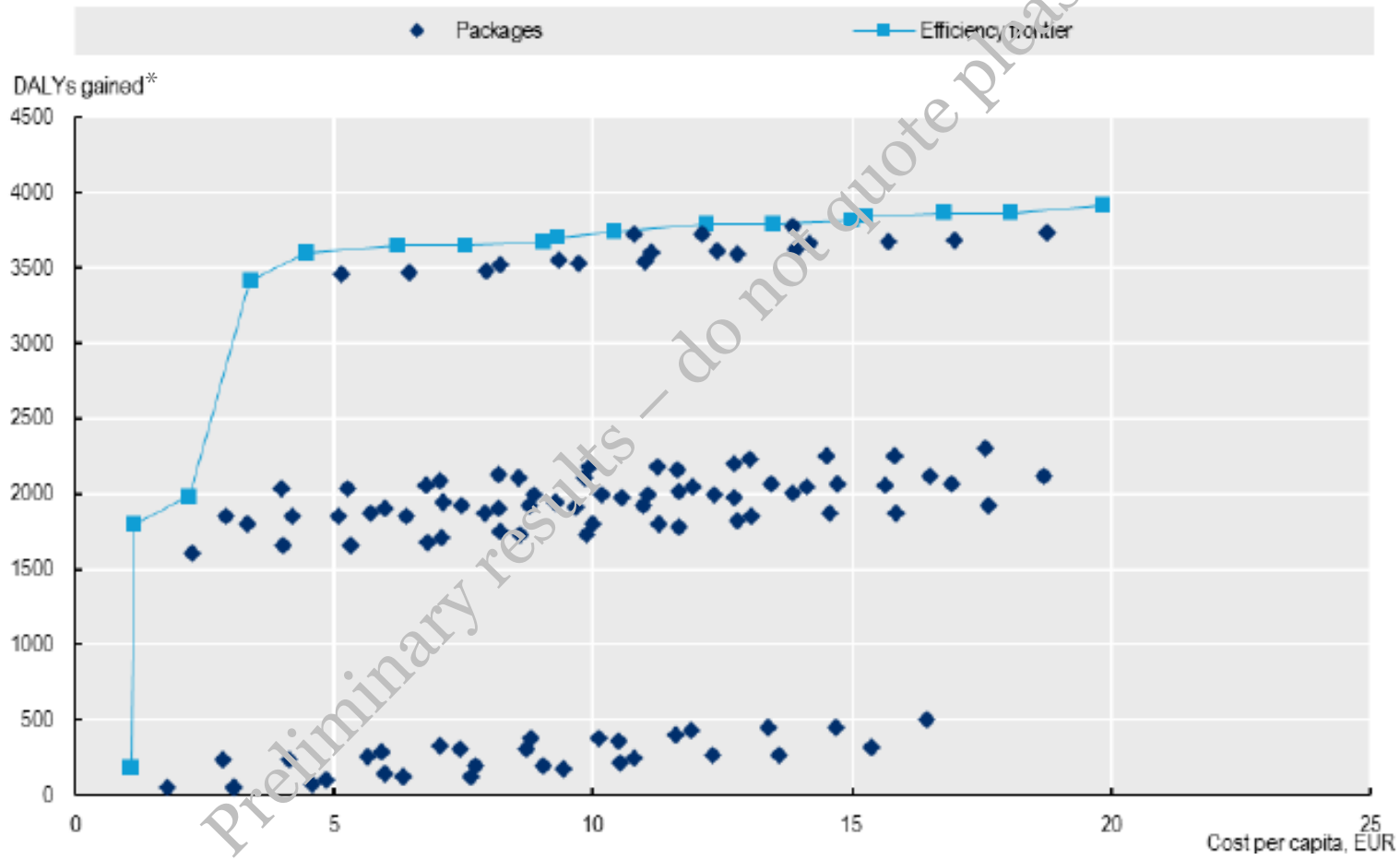
Policy Impact And Priorities (i)

The selected policy options are modelled in the SPHeP framework to estimate the marginal impact of scaling up implementation to the target level.

Results enable policies to be ranked according to their incremental costs and effects, identifying an efficiency frontier

Figure 2. Efficiency frontier across intervention packages

Cost and DALYs gained across intervention packages



Preliminary results – do not quote please

* We calculate DALY gains as the increase in healthy life years using DALY disability weights (1 – disability weight)

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Policy Impact And Priorities (ii)

Table 4. Best-value intervention packages by increasing budget levels

Additional resources to be invested, EUR per capita	Intervention or intervention package	Gain in DALYs	Cost-effectiveness ratio	Benefit cost ratio
1.08	Workplace sedentary behaviour	187	29,805	3.62
1.13	Counselling alcohol	180	Cost Saving	7.40
2.21	Counselling alcohol - Workplace sedentary behaviour	1989	Cost Saving	5.56
3.38	Counselling alcohol - School mental health	3413	2,093	2.80
4.45	Counselling alcohol - Workplace sedentary behaviour - School mental health	3600	3,532	3.00
6.23	Counselling alcohol - Workplace sedentary behaviour - Counselling physical activity - School mental health	3651	7,221	2.24
7.52	Counselling alcohol - Workplace sedentary behaviour - School overweight - School mental health	3653	11,022	2.22
9.02	Counselling alcohol - Workplace sedentary behaviour - Workplace alcohol - School mental health	3671	14,613	1.61
9.29	Counselling alcohol - Workplace sedentary behaviour - Counselling physical activity - School overweight - School mental health	3704	14,555	1.86
10.41	Counselling alcohol - Workplace sedentary behaviour - Workplace wellness - School mental health	3743	17,040	1.55

Note: Estimates for the benefit–cost ratio are the result of the total increase in GDP produced by the policy divided by the total cost of implementing the policy in these countries

Source: OECD analyses based on the OECD SPHeP-NCDs model, March 2026.

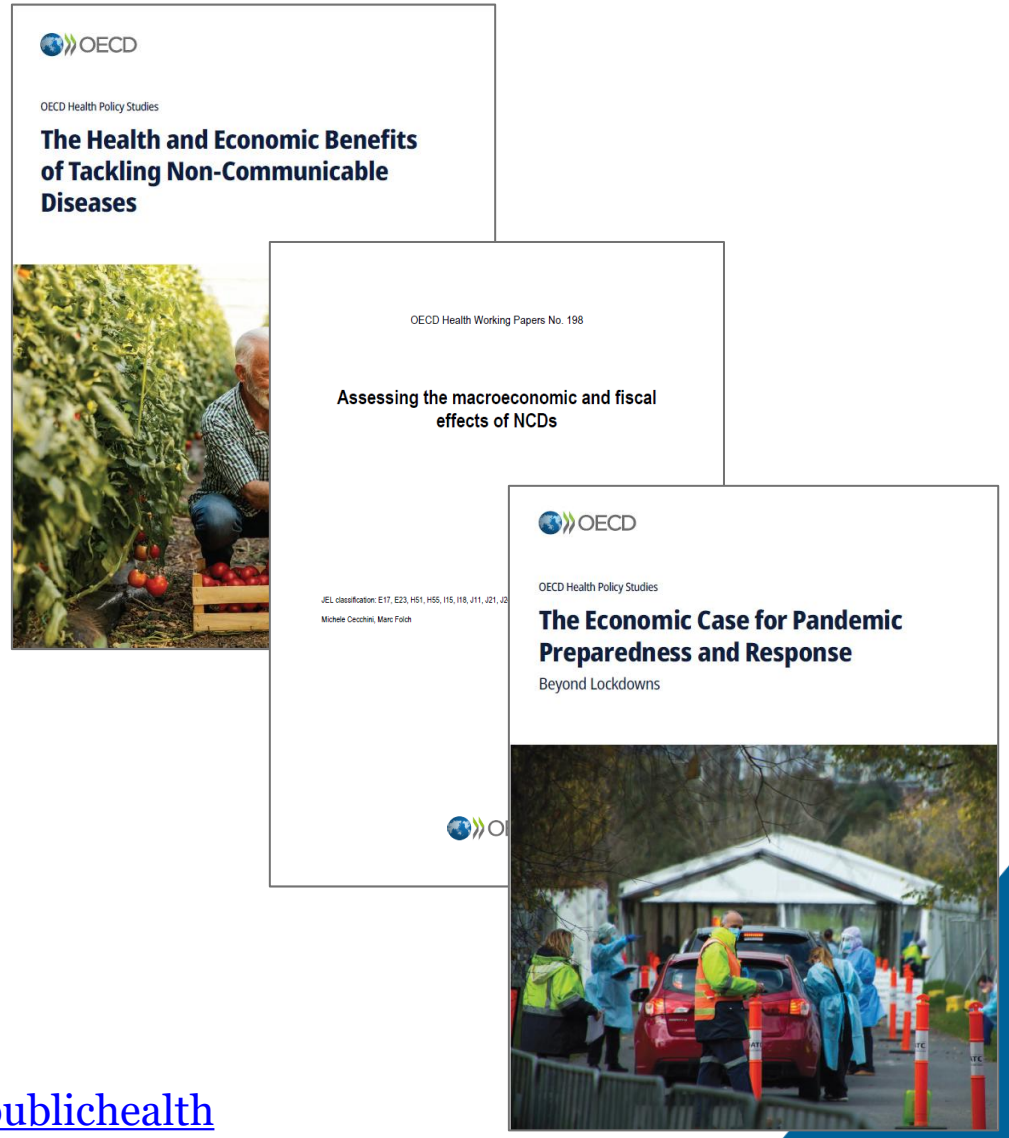
Preliminary results – do not quote please

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Stay Tuned: Much More is Coming!

Publications in the pipeline:

1. Economic and policy implication of new obesity drugs Q4/26
2. The economic benefits of better health through human capital Q4/26
3. Best practices for addictions Q1/27
4. Regulating online advertisement targeting minors Q1/27
5. NCD toolkits: where the next euro for prevention should go Q3/27
6. AMR toolkits: the lowest-cost path to EU and UN targets Q3/27
7. Life-course immunisation: boosting coverage at best value Q2/28
8. Achieving tobacco and nicotine-free societies: country-specific endgame packages Q2/28
9. CBRN preparedness: closing critical investment gaps
10. CVDs and diabetes: scaling up prevention and care



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