Obesity is predicted to increase across Europe. Significant multi-country workshops were held to address the future burden of chronic disease and in some countries increase inequalities.

EConDA (Economics of Chronic Diseases Alliance) is a European Union-funded project which aimed to develop a computer simulation model and tool to test the long-term impact of a range of interventions from upstream prevention and screening to treatment. The project was evaluated with statistical modelling, which is a useful and necessary tool by which to test the long-term impact of a range of interventions from upstream prevention and screening to treatment.

### RESULTS
- Economic analyses of chronic disease should take a societal perspective to account for costs beyond healthcare.
- Obesity is predicted to increase across the majority of the EConDA countries and across all levels of education by 2050, while smoking is expected to decrease.
- Changing obesity rates will increase the future burden of disease and in some countries increase inequalities.
- Interventions addressing risk factors such as obesity and smoking before chronic diseases develop are generally more cost-effective than treatments when a time horizon of 10 years is taken.
- Significant health and economic gains can be achieved with even small reductions in obesity.

### METHODOLOGY
Following review of the literature, a meeting was held amongst expert health economists to reach a consensus on the best way to measure the cost-effectiveness of interventions for chronic disease prevention. The agreed approach was then implemented in the cost-effectiveness modelling.

A computer simulation model and tool was developed to test the future impact of interventions to prevent, screen and treat chronic diseases such as type 2 diabetes, chronic obstructive pulmonary disease and coronary heart disease. The impact of the following interventions on the future burden of chronic diseases by 2050 were tested:
1. A 20% sugar sweetened beverage tax
2. Multi-component Lifestyle Interventions
3. Smoking cessation services
4. Hypothetical treatment for COPD
5. Albumin screening for CKD

The future burden of chronic diseases develop are generally such some countries increase inequalities.

### WP EQUATION
The project was evaluated with 6 process indicators and 6 outcome indicators, as well as surveys with work package leads and workshop delegates.

### WP DISSEMINATION
The outputs of the project were disseminated in a number of ways:
- Country workshops
- Final project conference
- Presentations at conferences
- 3 scientific articles published
- Press release
- Dissemination through the European Chronic Disease Alliance
- 4 scientific articles sent to Journals or in preparation

### WP COORDINATION
All the Work-Package leaders met twice a year in person, and once a year by teleconference to review progress in all the work packages. The coordinating partner, UK Health Forum, maintained contact with partners through email and skype to monitor progress and provide technical support to them for data collection and administrative management.

### SUMMARY
Chronic diseases are the leading cause of morbidity and mortality across Europe. Tools that enable decision makers to prioritise, develop and implement cost-effective policies to prevent chronic diseases and reduce premature deaths in the most vulnerable populations are needed. The EConDA project developed a computer model to estimate the cost-effectiveness of prevention, screening and treatment interventions on the future burden and cost of chronic diseases.

### OBJECTIVES
- To implement cost-effective policies that improve prevention of chronic diseases.
- To reduce health inequalities in chronic disease prevalence by impacting upon populations most at risk.

### CONCLUSION
Statistical modelling is a useful and necessary tool by which to test the long-term impact of a range of interventions from upstream policy and prevention interventions, to screening and treatment. Future work will further develop this EConDA model to include additional multi-stage diseases and measure multiple-risks on the future burden of chronic disease.

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**Project financed:** EU Public Health Programme 2008-2013
**Years of the Project:** 2013-2015 (30 months)
**Total cost:** €1,325,669.98
**Subsidy from the Commission:** €791,466.37

Acknowledgements: To all persons who have participated in the project and have provided data for the modelling. To EU Commission for co-financing it.