

**What are the best investments for
health and well being of people?**

An economist's perspective

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Improving health worldwide

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Principles

- Best investments:
 - Where benefits exceed costs (cost-benefit analysis)
 - Which maximise health outcomes for given cost, or minimise cost for given health outcomes (cost-effectiveness analysis)
- But not just about value in terms of production or economic growth – concerned with maximising social wellbeing – rooted in social preferences

Application

- Great expansion in use of cost-effectiveness analysis in policy making over last 20 years
- Now accepted as one of key elements in decision-making on adoption of new interventions/health technology assessment: eg NICE in UK; HITAP in Thailand
- Extended from analysis of individual interventions to packages of interventions - eg:
 - World Development Report 1993
 - Commission on Macroeconomics and Health
 - High Level Taskforce on Innovative International Financing for Health Systems
- Disease Control Priorities Project

World Development Report 1993

- Foster an environment that enables households to improve health
- Improve government investments in health
 - Finance and implement a package of public health interventions to deal with the substantial externalities surrounding infectious disease control, prevention of AIDS, environmental pollution, and behaviours (such as drunk driving) that put others at risk.
 - Finance and ensure delivery of a package of essential clinical services. The comprehensiveness and composition of such a package can only be defined by each country, taking into account epidemiological conditions, local preferences, and income.



Commission on Macro- economics and Health

Disease Area	Nature of Interventions
1. Maternity-related interventions	Antenatal care Treatment of complications during pregnancy Skilled birth attendance Emergency obstetric care Postpartum care (including family planning)
2. Childhood disease-related interventions (Immunization)	Vaccinations (BCG, OPV, DPT, Measles, Hepatitis B, HiB)
3. Childhood disease related-interventions (Treatment of childhood illnesses)	Treatment of various conditions (acute respiratory infections, diarrhoea, causes of fever, malnutrition, anaemia)
4. Malaria prevention	Insecticide-treated nets Residual indoor spraying
5. Malaria treatment	Treatment for malaria
6. Tuberculosis treatment	Directly observed short course treatment for smear positive patients Directly observed short course treatment for smear negative patients
7. HIV/AIDS prevention	Youth focused interventions Interventions working with sex workers and clients Condom social marketing and distribution Workplace interventions Strengthening of blood transfusion systems Voluntary counselling and testing Prevention of mother-to-child transmission Mass media campaigns Treatment for sexually transmitted diseases
8. HIV/AIDS care	Palliative care Clinical management of opportunistic illnesses Prevention of opportunistic illnesses Home-based care
9. HIV/AIDS HAART	Provision of HAART

Taskforce on Innovative International Financing for Health Systems 2009

- Co-chaired UK Prime Minister and President World Bank
- Looking for new ways of raising money
- Looked also for how best to spend it
- Package similar to CMH plus NCD drugs plus health systems strengthening



Disease Control Priorities Project (DCP)

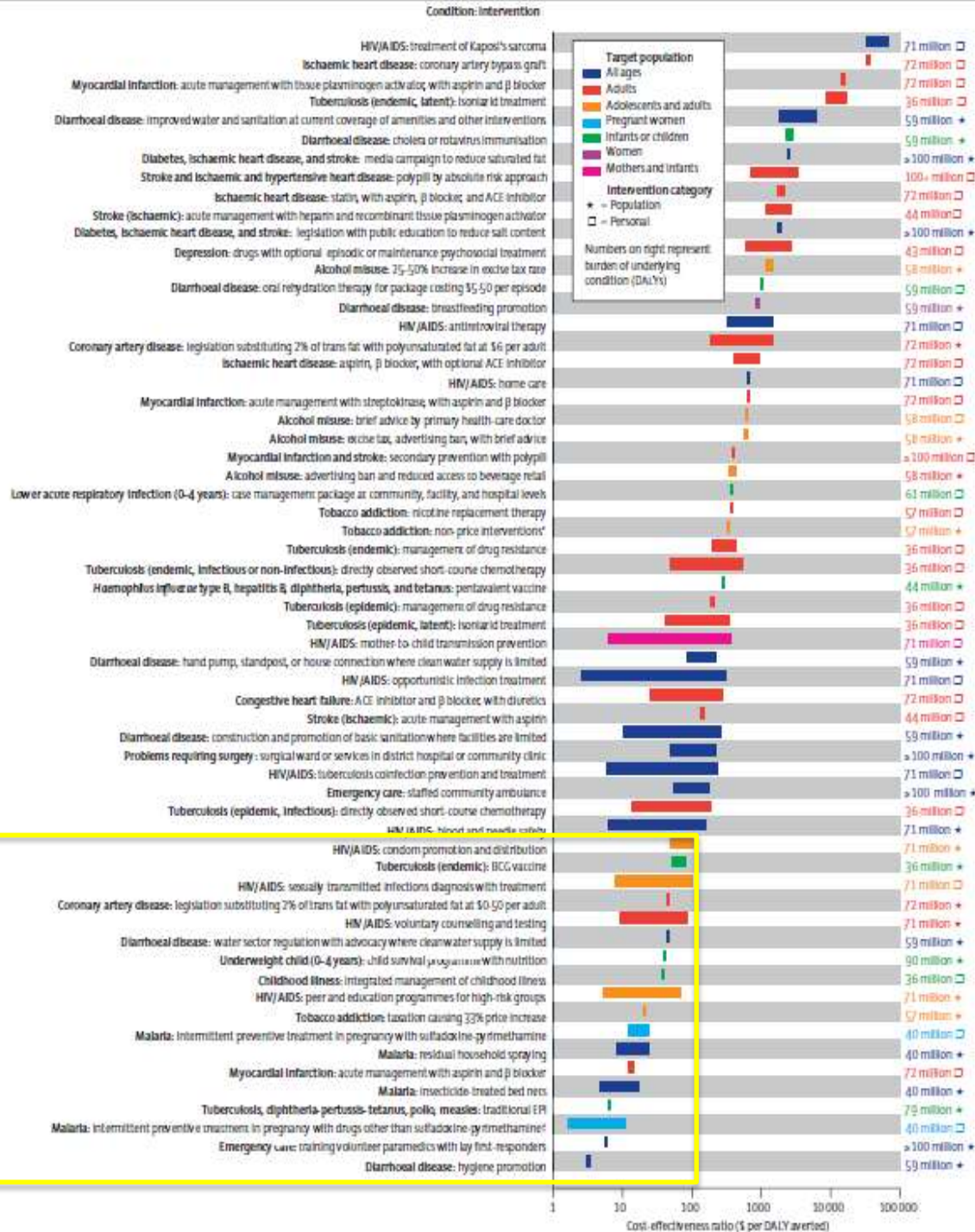
- Increasingly comprehensive assessment of burden of disease and cost-effectiveness, for large range of diseases and conditions
- First book 1996; developed from WDR 93
- DCP 2 2006: added risk factor analysis, policy level interventions, facility level analysis, health system strengthening
- DCP3 going on now



DCP2

Cost-effectiveness of interventions related to high-burden diseases in low-income and middle-income countries

- Regulation (water, transfat)
- Tax (tobacco)
- Hygiene promotion



The problems with the application of cost-effectiveness analysis

- Specific clinical interventions lend themselves better to cost-effectiveness analysis
 - Stronger evidence of impact – from clinical trials etc
 - Easier to cost
 - Defined health outcome
- Broader public health measures
 - Less strong evidence base
 - Costing more difficult
 - Broader outcomes, extending often beyond health



EG Mothers' groups

- Organization of mothers' groups to improve maternal and neonatal health
- Shown to reduce maternal and neonatal mortality
- But also have much broader benefits?
- Needs broader evaluation framework than cost-effectiveness analysis



Way forwards

- Improve evaluation methods for ‘complex interventions’
- Increase acceptance of value of evidence from (rigorous) non randomised designs
- Develop better outcome measures for CEA of public health interventions (eg building on Sen’s capabilities approach)

