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Why Professional Masters in Health Economics Matters

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Part I : Why study of Health Economics

**Theoretical
Foundation**

**Economic, Social
Institutional and
Demographic needs**

Part II: Link between HE and financing strategies(Main Questions raised in Health Economics Courses)

-II-Q1-“Are we doing things right”

Resources may be used in a technically inefficient way, leading to WASTE.

Nexus of efficiency and inefficiency

Part II

-Question.2-“Are we doing the right things?”

Resources may be allocated in ways that do not reflect societal priorities, thus imposing a “cost” on the households

Opportunity cost examples: Spending on tertiary vs. primary care

Part II-Question 3-How can we contain costs?

**Cost escalation :or uncontrolled spending
often attributable to more inclusive health
entitlements, inflationary provider
payments, new technologies, aging
populations, and changing epidemiology**

Example: brand name drugs or generic drugs

**Part II-Question 4-What mix of public and
private financing is likely to be optimal in view
of maximizing individual and societal goals?**

LAST QUESTION

**What are the challenges of health care
financing?**

Part III- Professional Masters in Health Economics at the Faculty of Economics and Political Science in collaboration with the Faculty of Medicine

Mission

- to introduce participants to the language of economics to be able to apply the economic tools to issues such as:
 - **The appropriate role** of government and the private sector in the health sector;
 - **Resource allocation** critical to addressing equity and efficiency of public spending;
 - **Resource transfer** mechanisms to hospitals and health care providers and the incentive systems that underlie it.

Part III-Intended Learning Outcomes:

At the end of the course participants can:

- Use the economic rationale arguments to determine what government should or should not do;
- Apply economics to improve allocative efficiency in the health sector;
- Analyze economic arguments to help improve technical efficiency in the health sector;
- Explain how economics can help improve equity in the health sector;
- Correctly use the tools on market failures to justify the role of the public sector;
- Apply the different dimensions of efficiency to ensure a larger return to investments in the health sector;

Part III-Course Structure:

The course consists of ten modules, divided into three clusters.

- **Cluster 1** asks the question – “Why Health Economics?” It attempts to answer this question by introducing the concepts of **Equity (module 1) and Efficiency (module 2)**.
- **Cluster 2** delves into what markets are and how they are different in the Health Sector. Modules 3-7 deal with **the concepts of markets, supply and demand**, and reasons why market would not function well in the health sector.
- **Cluster 3** then asks – “Who pays for what?” Modules 8-10 are concerned with health **financing mechanisms (Module 8), health insurance (Module 9), and funding and remuneration in the health sector (Module 10)**.

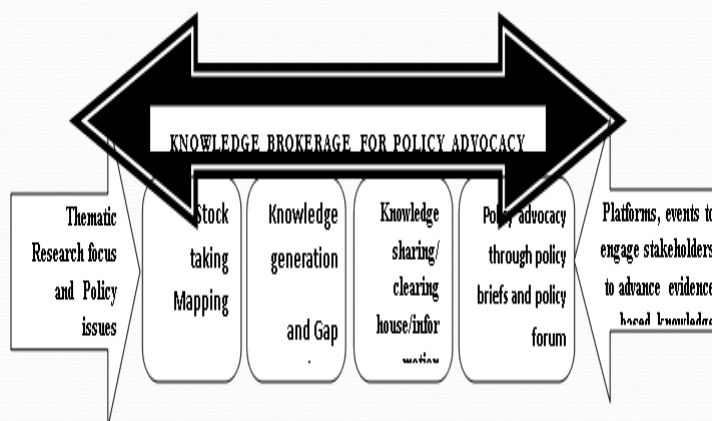
Part IV- Outcome of PHE:Health Economic Society- Egypt(HESEGYPT)www.hes-egypt.org

**** HESEGYPT will act as a “Knowledge broker for policy advocacy” through capacity development and exchange of good practices**

1-Vision: to be the lighthouse of health economists in Egypt

2-Mission: to provide a platform for health economists to advocate for equity and efficiency in resource allocation

2_ HESEGYPT-Activities:



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3-FOCUS AREA of HESEGYPT activities:



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Thank You!



Part III-Course Structure:

The detailed structure is as follows:

Module 1: Introductory to microeconomics

Module 2: Introductory to macroeconomics

Module 3: Health Economics Overview

- Economic determinants of health, illness and death
- Health and economic growth
- Market failure in health and governments' role

Module 4: Measurement of health

- Health statistics: concepts, sources and methods
- Burden of disease
- Defining health, disease and death
- Health outcomes in various developmental settings
- Pathways to improving health outcomes

Part III-Course Structure:

Module 5: Equity, Efficiency, Inequality

- ❖ Economic definitions
- ❖ Aspects in equity , efficiency and inequality in health care
- ❖ Role of economic theories in health and health care delivery
- ❖ What is a Market?
- ❖ Markets for Kidneys
- ❖ Measuring Costs & Efficiency
- ❖ Principles of Cost-Benefit Analysis
- ❖ Equity in the Health Sector

Module 6: Analysis of health care systems

- ❖ Analyzing different health care systems
- ❖ Privatization
- ❖ Quality of health care
- ❖ Health Sector *Performance* in Egypt – Progress, Economic Issues & Bottlenecks
- ❖ Assessing Equity using Benefit-Incidence Analysis

PartIII-Course Structure:

Module7:Demand side for health care

Purchasing health card and consumer choice

Needs assessment, time preference and management choice

Induced demand and increased supply

Module 8: Supply side for health care

- Nature of Supply
- Cost of Health Care: markets for health care providers
- Technology frontiers
- Training
- Different types of service delivery
- Contracting , provider payment, pricing
- Quality control

Part III-Course Structure:

Module9: Health insurance and public – private partnership

- Health insurance system: concept, types, characteristics and indications of use of each type, principles of good contracting and negotiation skills.
- Markets for Private Health Insurance
- Market failure in health care: analysis of health care insurance
- Adverse selection and remedies
- Public - private partnership in health care service delivery

Module 10: Economic evaluation

- Methods of economic evaluation
- Monetary assessment of quality of life
- Technical & Allocative Efficiency