

Health economics: An exploration in public health.

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Keywords: Health economics, Public health, Health care, Quality of healthcare, Chronic diseases

Accepted on June 18, 2018

Editorial

Health economics is such a study of applied field that explores the problems of health promotion both systematically and rigorously. It has become a dominant framework for analyzing problems in public health and health care [1]. The production and supply of health services as well as the ratio between utilization and demand of health services is one of the qualitative measures for the public health status. Health economics disseminates economic theories individuals and private-public organizations through social science, producers and consumers. Positive outcomes on health and lifestyles are being promoted by health economics through promotional activities on health, clinics, hospitals, and other studies on such providers of health care. Health economics informs equitable, cost-effective and efficient strategies to the private and public sectors by applying theories of regulation, competition, disparities, efficiency and production. The research on health economics may include strategic behavior, optimal private-public investment, policy of anti-trust, prices, modern technologies etc. (Table 1) [2].

WHO works for the economic data on cost effectiveness of the vaccines and immunization programs. Vaccines have played an important role in disease eradication as well as lowering the death rate since 1990. Now-a-days many diseases caused by agents like pneumococcal, rotavirus, human papillomavirus and diseases like malaria, dengue, typhoid are being able to prohibit due to the presence of available vaccinations.

Interventions in economic decisions are the essential part of making decisions regarding health services. Health care expenditure in countries which are developed has risen than inflation rate. There are some principles for the physicians to be followed for better understanding economic relations and other variables such as medicine practice regarding sector of health care and the economy (national). The important principles are appropriate perspective identification, costs categorizing correctly, costs discounting, benefits (non-monetary) and opportunity costs over time. Difference between effectiveness and efficacy should be considered as medical interventions in economic analyses [3]. In recent scientific research world, the

main focus is centered on the relationship between the age and health expenses in Quality of healthcare in different countries [4].

Zweifel, Felder and Meiers (1999) examined the relationship between age and expenditure of health care by using data which are cross-sectional. Expenditure on health care depends on lifetime (remaining) rather than age during 1983-1992 [5]. The relationship between expenditure on health care and age was positive during the analyzed period. In case of chronic diseases, a number of studies have reported about the relationship between age and the healthcare expenditures. Crude healthcare expenditures increase with the increase in age of the patient. As per general standards, there should be no effect or minimal effect of the age on the medical expenses in future healthcare systems.

References

1. Cohen JT, Neumann PJ, Weinstein MC. Does preventive care save money? Health economics and the presidential candidates. *New England Journal of Medicine*. 2008 Feb 14;358(7):661-3.
2. Kobelt G. Health economics: an introduction to economic evaluation. *Monographs*. 2002.
3. Meltzer MI. Introduction to health economics for physicians. *The Lancet*. 2001 Sep 22;358(9286):993-8.
4. Williams A. Calculating the global burden of disease: time for a strategic reappraisal?. *Health economics*. 1999 Feb;8(1):1-8.
5. Zweifel P, Felder S, Meiers M. Ageing of population and health care expenditure: a red herring?. *Health economics*. 1999 Sep;8(6):485-96.

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Table 1: Health care expenditures as percentage of GDP.

| Country | 1970 | 1980 | 1990 | 2000 | 2010 |
|----------------|-------|-------|--------|--------|--------|
| OECD Average | 5.80% | 7.30% | 8.70% | 8.40% | 9.30% |
| US | 6.90% | 8.70% | 11.90% | 13.20% | 17.70% |
| Japan | 4.60% | 6.50% | 6.10% | 7.70% | 9.60% |
| Western Europe | 4.70% | 6.70% | 7.10% | 8.40% | 9.50% |
| Central Europe | ---- | ---- | ---- | 6.10% | 7.90% |
| Latin America | ---- | ---- | ---- | ---- | 7 |