Health systems, economics and policy

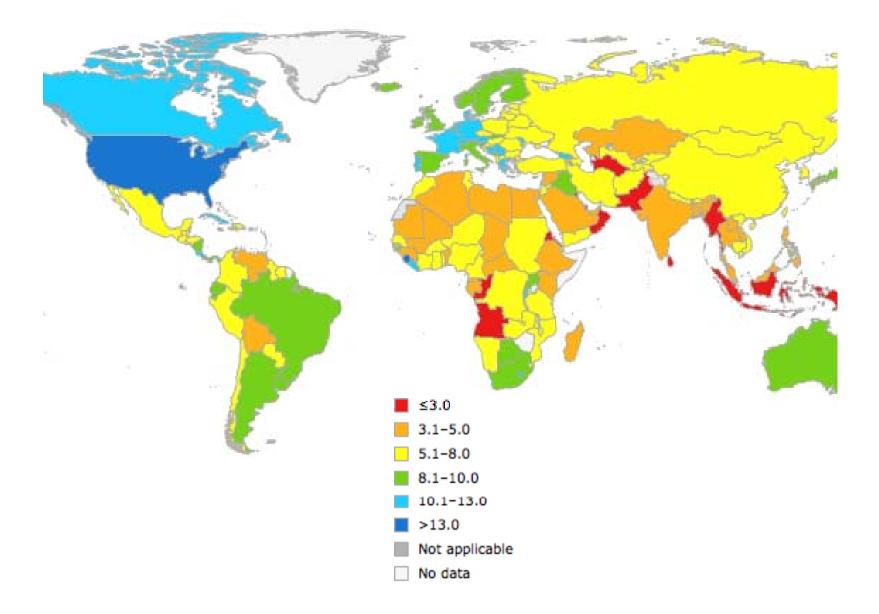
Tutor: David Price

Semester 1 First lecture: Monday, 24 September

Aim: to enable students to analyse and evaluate health care systems in both developed and developing countries from the perspective of equity of access to comprehensive health care services



Total expenditure on health as a percentage of gross domestic product (measured in US\$), July 2012, WHO Angola 2.9%, USA 17.9%



Estimated sources of excess costs in US market system of health care (2009) (US Institute of Medicine report, 2012) (Total spending at 2009: \$2.9 trillion; 50 million Americans cannot get health insurance)

Category	Sources	Excess Costs
Unnecessary Services	 Overuse—beyond evidence-established levels Discretionary use beyond benchmarks Unnecessary choice of higher-cost services 	\$210 billion
Inefficiently Delivered Services	 Mistakes—errors, preventable complications Care fragmentation Unnecessary use of higher-cost providers Operational inefficiencies at care delivery sites 	\$130 billion
Excess Administrative Costs	 Insurance paperwork costs beyond benchmarks Insurers' administrative inefficiencies Inefficiencies due to care documentation requirements 	\$190 billion
Prices That Are Too High	Service prices beyond competitive benchmarksProduct prices beyond competitive benchmarks	\$105 billion
Missed Prevention Opportunities	Primary preventionSecondary preventionTertiary prevention	\$55 billion

Avoidable deaths attributable to MDG-related conditions: the problem of organization

- More than 530,000 women die of conditions linked to pregnancy every year
- Pneumonia and diarrhoea still kill 3.8 million children under 5 each year (in 2008, no Swedish child died of diarrhoea) (WHO, 2007)
- Public health raises economic and political questions