

The Economic Benefits of Health: Concepts, terms and methods

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WHO

Health Systems Governance and Financing



**World Health
Organization**

Costs to Benefits: the journey

- 2000: MDGs – included some health goals for 2015
- 2012: RIO+20 Conference on Sustainable Development
 - Officialised the concept of 'Sustainable Development'
 - Gave rise to the movement 'Beyond GDP' (new metrics)
- Post 2015: Sustainable Development Goals
- What is Sustainable Development?
 - Development that does not deplete the 'wealth of the nation'

A new (old) policy objective: 'the Wealth of the Nation'

- The Wealth of the Nation includes: manufactured, natural resources, ecosystems, human and **health** capital (etc.)
- The **investment case** for __(fill in the blank)__ in health means **increasing the stock of health capital**.
 - Essential point: **investment is an action intended to increase the stock of capital**: ☐ *health investment increases health capital.*
- What is health capital?
 - The stock (i.e. quantity) of health. It has an individual meaning, and, by aggregating, a population meaning.

Health capital

- **Health capital** has three dimensions of benefit:
 1. *Quality of life* (you feel better)
 2. *Productivity* (you do more)
 3. *Life expectancy* (you live longer).
- Intrinsic vs instrumental benefits:
 1. You feel better (intrinsic) ☐ wellbeing
 2. You do more (instrumental) ☐ activity
 3. You live longer (intrinsic) ☐ longevity

Impacts	Market	Non-market
Health	(null)	Intrinsic health: longevity and health-related QoL
Non-health	National income: activity	Social participation: activity

Expected Lifetime Utility = $U(H, c_1) + \pi(H) U(H, c_2)$

$$c_1 + pc_2 + h \leq W(H)$$

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$$\underbrace{(1 + \pi) \frac{\partial U(H, c)}{\partial H} \frac{\partial H}{\partial h}}_{\text{Direct Wellbeing}} + \underbrace{\frac{\partial U(H, c)}{\partial C} \frac{\partial W}{\partial H} \frac{\partial H}{\partial h}}_{\text{Productivity}} + \underbrace{U(H, c) \frac{\partial \pi}{\partial H} \frac{\partial H}{\partial h}}_{\text{Longevity}} = \frac{\partial U(H, c)}{\partial c}$$

Benefit vs Value

- The *quantity* of a good is a direct measure of **benefit**.
- **Benefit** is not the same as **Value** □ *value represents a common measurement unit for different benefits.*
- Health capital is a **benefit**: when we compare a quantity of health capital to other benefits, we need to assign a **value** to it.
- But when we work exclusively in the health context, it is usually enough to speak of **benefit** (*quantity of health*).

Valuing health

- **Price** is the term for a measure of **value** (not necessarily the same as \$\$\$).
- 1. You **feel** better □ wellbeing ('utility'):
 - A common measure of value is the 'util' – *a non-market value*.
- 2. You **do** more □ activity:
 - A common measure of value is income (e.g. GDP/GNP) – *a market value* that **includes production**, does not measure consumption. Does not measure important non-market activities (e.g. parenting).
- 3. You **live** longer □ longevity:
 - A common measure of value is the VSLY – *a non-market value*.

Investment case in health considers:

1. Wellbeing:
 - **Almost never: *measurement problems...***
 2. Activity:
 - ***Traditional approach (Gallup & Sachs, Bloom et al.)***
 3. Longevity:
 - ***Novel approach: 'full income', 'beyond GDP', 'health capital' etc. (Arrow, Dasgupta, Jamison, Mumford et al.)***
- The three not mutually exclusive, and involve:
 - ***No double counting.***

Examples

- Lancet Commission on Investing in Health:
 - Full-income approach (VSL): includes 3 (longevity) but not 1 or 2.
- Global Economic Burden of NCDs (Harvard, WEF):
 - GDP: includes 2 but not 1 or 3.
- A new Global Investment Framework for RMNCH (Stenberg et al.):
 - GDP and wider social Benefits, VSL: includes 2 and 3 but not 1.