




HEALTH ECONOMICS

Title : Why Health Economics

Lecture no : Three "3"

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Why Health Economics??



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The aim of

Health economics is important in determining how to **improve health outcomes** and **lifestyle patterns** through **interactions** between individuals, **healthcare providers** and clinical settings.

Economics → كإنفاق كوتان بل الاجتماع كلاء

أما البنية - يعالج مرفوع ويتعم به لكن Economics

الهدف تحسين productivity من الأثر في الاقتصاديات : (healthy population) ← وتناكجة لمزانية عالية
صح في قطاعي خاص لكن ليست الجميع يتكلمون على الكلفة لذلك يريدون أن يدخلوا شركات التأمين على التأمين الطبية

So, we are going to identify causes of studying health economics.

I. Important similarities between physicians ^{طبيب} and economists:

1. Realistic approach to life's problems, both are dealing with human life For healthy people ليكون من يخدمون تكون ميزانية وزارة الصحة عالية؟

كل هذا ينظروا على ← human life هدف الاقتصاد اني كيف لي ان اعمل Resources بطريقة جيدة لتوفر الامانات

2. Reliance on quantitative information (dealing with numbers) . الاطباء اني يكونوا صراة في وزارة الصحة ، يعرفوا الموارد والاشكال التي عن طريقه ، ثوب؟

عن طريقه ارقام (Data) ، بناء على الدراسات (Researches) ، Doctors deal with numbers

3. Often must take difficult choices in the face of uncertainty . هوات ، بقتل بقتلات على بقتلات ، وهوات

يفضل ان يكون خدمت بمسؤول قليل حتى توصل احد ايجر من الـ 100 ، فريب ، اني اخذ قودات



4. Good decision requires comparing benefits and risks (cost)

II. Differences between physicians and economists:

1. Physicians are usually concerned about individual patients.

↓
Patient

2. Economists are usually concerned with large aggregations:

↓
(الاجتمع) منشأة (وزارة...)

- Organizations and institutions
- Industries
- Governments
- Society as a whole

● Question :

1- Which of the following is difference between ... ?

2- Which of the following is characteristics to the Economics not
not a physicians or to the physicians not economics ?

III. Advances in knowledge

1. New **diagnostic** procedures: MRI and CT scan

2. New **therapeutic** procedures

3. New **drugs** ^{أدوية} For treatment

4. New **uses for old drugs**: Aspirin to prevent acute myocardial infarction

~~في أدوية كانت لها وظائف جديدة اكتتوا لها وظائف أخرى
كانت الأسبرين يستخدم كـ Antipieralitic ويستخدم في علاج الصداع في أنواع stroke~~

5. New **understanding of diseases**.

- Smoking causes lung cancer
- Fatty diet related to hypertension



New advances in medical technology at (Drugs and treatment and diagnostic and understanding of diseases)

IV. Against a background of :-

مطالب
increasing demands

limited resources

➤ Health economics is exerting an influence on **decision making** at all levels of health care, based on the **principle of efficiency.**

Best use of available resources

كيفية health Economics في كذا
principle of Efficiency
Decision making في كذا

➤ Practitioners will need to understand **economics basic principles** and how it can **impact on clinical decision making.**



V. Contribution مساهمة of economics in health care services :

1. **Quantifying** بعدتنا و بسردنا over time the **resources** used in health care services delivery.

2. **Assess efficiency.**

بعد تقييم الخدمات باستخدام المورد مع أم كذا
الانتشار

3. Determination of the **consequences of choices** in terms of preventive, curative and rehabilitative health care services on individuals and society.

بعد ذلك خيار سيواجهون في (A و B) مثلا: Fund صرف في كذا سيؤثر على Plan B

4. Assist the choice of **future development.**



توقعات - وجهات Health economics primary perspectives

are: نظرة

وجهات النظر تنحصر في أمرين

■ **Efficiency:** maximizing the benefits from available resources . توزيع عادل كل شخص يعمل كل what he needs

■ **Equity** العدالة is a fair distribution of resources, with a goal to eliminate health care disparities تقلد تفرقة (the differences in

the health status and outcome due to characteristics such as race, gender, disability, geographic area). لا بد أن نأخذ في الاعتبار التفرقة - مثلاً في بعض المجتمعات، توفر خدمات صحية للتكوير أكثر من اللانداث
ثو مثلاً ببطون white skin خدمات صحية
أكثر من Black (أي اختلاف يؤدي إلى التفرقة بين الناس في الخدمات الصحية فدينك قد يكون حقيقة معيار العدالة)

Equity is the absence of avoidable, unfair differences among groups of people.



■ "Health equity" ^{معنى آخر} implies that everyone should have a fair opportunity to attain their full health potential الإمكانات and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance..



مساواة

Equality

عدالة

Equity

(تقدم لكل شخص ما يناسبه)

- Health **equity** prioritizes **social justice** in healthcare.
- Unlike health **equality**, which **calls for equal treatment** for all patients, health **equity** prioritizes treatment and care **based on need**.

Equality does not always work in practice because **some people need more support** – or a **different kind of support** – than others.

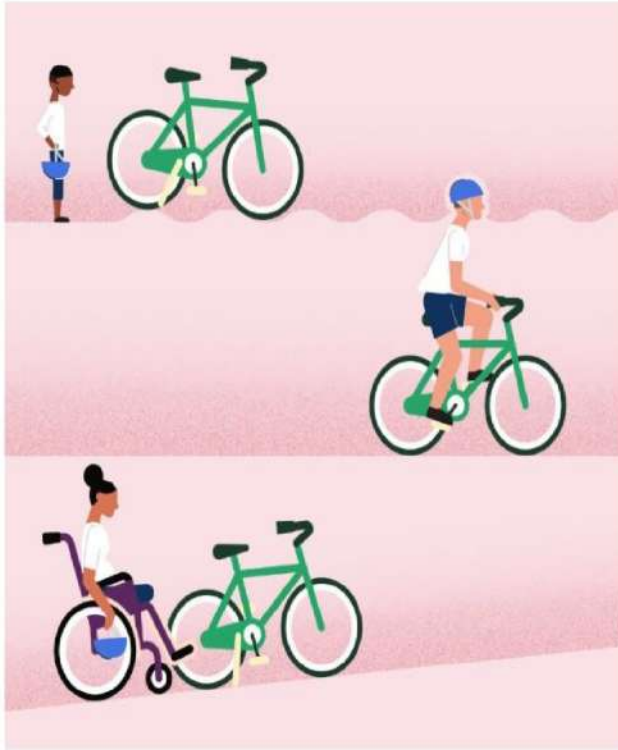
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● المعلوم هو العدل وليس المساواة لأننا : There is different needs and abilities

→ So we need equity not equality

EQUALITY:

Everyone gets the same—regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need—understanding the barriers, circumstances, and conditions.



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EQUALITY SOUNDS FAIR



EQUITY IS FAIR



Public Health
Prevent. Promote. Protect.

الإنفاق على الصحة زاد ↑
VI. Increasing health care costs.



VII. Different countries across the world adopt different **health care systems**, and **priorities** of each country in providing health services

- **Priority: A ranking** of problems, needs or solutions in order of **preferences** based on views derived from data and intelligent judgment.

ترتيب

جاء من: [البيانات و Records إلى وزارة الصحة] ← 1-Data
2-Intelligent judgment
أولت قبل في allocative-efficiency و Priority

Factors that are taken into consideration when **ranking** problems, needs or solutions are:

1. **Prevalence** of the problem (**Extent**).
انتشار المرض
2. **Seriousness** of the problem.
يؤثر على الكل، common الانتع والبيروية
Serious وكم؟ تلي بروت، ناس كثير منهم في
3. **Availability** of **effective measures** to solve the problem.
لذا ليس فعالية
ممكن التكاتف على بعلاج المرض عليه حتى انه الدولة
4. **Community concern.**
الناس يتكلمون بشدة عن مشكلات الناس يتكلمون بها
تخل قد نأخذ نتيجة أكثر شهرة بالناس
كأن يكون في Active and participation

Death = Mortality } At Public health
Disease = Morbidity }



A Big
thanks
to you All!

