

Chapter 4.7 Evaluating economic impacts in health emergency and disaster risk management

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Further reading

1. Drummond M, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. Methods for the economic evaluation of healthcare programmes. Oxford, UK: Oxford University Press. 2015.

Summary of this document: This resource provides an in-depth introduction to healthcare economic evaluations, which can assist Health EDRM research on the impact and feasibility of interventions.

In this book, the authors use a critical appraisal framework to provide an overview and “toolkit” for undertaking economic evaluations. The book discusses analytical and policy challenges that face health systems that seek to allocate resources efficiently. It introduces the fundamental principles which guide decision making and how economic evaluations can be conducted to inform them. Practical examples are provided throughout to aid learning and understanding. Additionally, the authors introduce different kinds of studies that can provide economic information, including clinical studies, systematic reviews, and other forms of evidence synthesis.

2. Sculpher M, Revill P, Ochalek JM, Claxton K. How much health for the money? Using cost-effectiveness analysis to support benefits plan decisions. in Glassman A, Giedion U, Smith PC, editors. What's In, What's Out: Designing Benefits for Universal Health Coverage. Washington DC: Centre for Global Development. 2017.

Summary of this document: This resource can help Health EDRM researchers in conducting economic evaluations and understanding their use in informing the services and supports offered by health systems.

In this book chapter, the authors describe cost-effectiveness analysis (CEA) as a set of tools to guide decisions about healthcare resource allocation and the development of help benefits packages (HBP), a defined list of services that will be publicly funded. It describes financial resources as a key constraint on effective CEAs and outlines the current state of CEA development. This chapter summarizes the principles underlying the usual practice and applications of CEA in health systems. The authors conclude that due to the practical challenges facing the preparation of CEAs, a hybrid approach to CEAs that emphasizes deliberative decision-making may be necessary.

3. Madhav N, Oppenheim B, Gallivan M, Mulembakani P, Rubin E, Wolfe N. Pandemics: Risks, Impacts and Mitigation. In: Jamison DT, Gelband H, Horton S, Jha P, Laxminarayan R, Mock CN, Nugent R, editors. Disease Control Priorities (third edition). Washington DC: World Bank. 2017.

Summary of this document: This resource introduces several key concepts linked to analysing and addressing the risks of pandemics, covering core themes – including risk factors and economic impacts – that can be applied across Health EDRM research.

In this book chapter, the authors focus on findings concerning the risks, impacts, and mitigation of pandemics as well as knowledge gaps. It provides background information about pandemics, describes elements of preparedness and response for pandemic mitigation, including situational awareness, preventing and extinguishing pandemic sparks, and risk communications, with a focus on low- and middle-income countries. It also summarises the potential cost effectiveness of a selection of interventions pandemic influenza preparedness and response. This chapter concludes with some recommendations for prioritizing investments to mitigate pandemic risk in resource-limited settings.

4. Peters DH, Hanssen O, Gutierrez J, Abrahams A, Nyenswah T. Financing Common Goods for Health: Core Government Functions in Health Emergency and Disaster Risk Management. *Health Systems & Reform*. 2019; 5(4):307–321.

Summary of this document: This resource can help Health EDRM policymakers and researchers understand the scale and scope of potential government investments in health EDRM functions, and their role as “Common Goods For Health” (CGH).

The authors provide an estimate of the costs needed for key health EDRM functions in 67 low- and middle-income countries. They also discuss the need for creating adaptive institutions, strengthening capacities of countries, communities and health systems for managing risks of emergencies, using “all-of-society” and “all-of-state institutions” approaches, and applying lessons about rules and regulations, behavioral norms, and organizational structures to better implement health EDRM.

5. Clarke L, Le Masson V. Shocks, stresses and universal health coverage: pathways to address resilience and health. ODI Working Paper 526. 2017

Summary of this document: This resource can help policymakers understand the principles and implementation of universal health coverage in the context of the disasters and health emergencies.

In this report, the authors explore why UHC is important for health and wellbeing, sustainable development and resilience. They do so by looking at how disasters and drivers of risk, such as climate change, negatively impact health and wellbeing and disrupt the desired health and financial benefits of UHC; before considering the potential of UHC to offer a platform to more actively address shocks and stresses to health and wellbeing through governance, financing and the implementation of services.

The report is divided into three main sections: moving towards universal health coverage, shocks and stresses to health and wellbeing, and addressing disruption to strengthen health systems and move towards universal health coverage. The authors conclude that UHC can promote equitable health delivery and resilient communities, though risks presented by health emergencies must be considered during planning.