Editorial Comment on Ungar,
“Paediatric Health Economic Evaluations: A World View”

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As specified in our mission statement, the Journal of World Health and Population “…provides a forum for researchers and policy makers worldwide…[and]…encourages the conduct and dissemination of applied research and policy analysis from diverse international settings.” The review of paediatric healthcare evaluations by Ungar (2006) underscores the validity and potential contribution of this mission.

Ungar provides a brief but excellent worldwide review of paediatric economic evaluations since 1998. She does this in the overall context of economic evaluation of healthcare interventions, as well as by parsing the evaluations by methodology, subject area/focus and country/region of origin. Her reference list is particularly comprehensive and useful for the area of economic evaluations.

Ungar reaches several critical conclusions of interest and importance to the readers of WHP. First, she documents that over two-thirds of all paediatric economic evaluations since 1998 have originated from and focus on North American and Western European countries. She comments that “the scarcity of paediatric economic evaluations in developing countries is striking.” This is particularly unfortunate, given the “double jeopardy” implicit in the need for efficient allocation of scarce healthcare resources (through economic evaluations) being greatest in places where the burden of disease is the highest, and the necessary studies can be afforded the least.

Second, relying on transferring knowledge from North American and Western European settings and studies is potentially of limited usefulness due to both different healthcare delivery systems and differing healthcare priorities. It is a reasonable hypothesis that studies originating from the in-country context might better reflect the realities and priorities of the country than studies originating from the academic interests or funding priorities of the international (e.g., North America and Western Europe) community. Moreover, locally-originating studies could also possess greater credibility and political attractiveness to local decision-makers.
Finally, Ungar points out the applicability of methods such as cost-benefit analysis (CBA) in addressing problems in lower-income countries where the public and private sector economic investment alternatives can be more starkly drawn between healthcare and other sectors. Evaluations using CBA are becoming less frequent, according to Ungar, although their relevance remains the same (or is increasing) in the countries were paediatric disease impact is the highest. She correctly points out the issue of “affordability” as the follow-up issue for low-income countries. Cost-effectiveness of an intervention is irrelevant if, in the end, it is just not affordable.

In conclusion, I wholeheartedly recommend this paper as a guide, resource and encouragement for the preparation of further, greatly needed, economic evaluations of healthcare interventions originating from low-income and developing countries. Review and publication of such articles will remain a critical part of the mission of *WHP*.

References