## THE MISSING DATA INFRASTRUCTURE FOR COST EFFICIENCY ANALYSIS IN LEBANON

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## WHAT ARE THE PROCESSES REQUESTED FOR PUBLIC HEALTH DECISIONS?

#### Cost-benefit analysis (CBA)

In CBA, benefits are expressed in money (or other units) saved using an intervention, compared to the cost of "doing nothing".

#### Cost-effectiveness analysis (CEA)

Two or more interventions have to be compared to determine which is more efficient, i.e. which one can deliver more outcomes at lower costs per unit.

#### In Lebanon today, most analyses needed are CBA

## WHAT ARE THE DATA CATEGORIES REQUIRED FOR PUBLIC HEALTH DECISIONS?

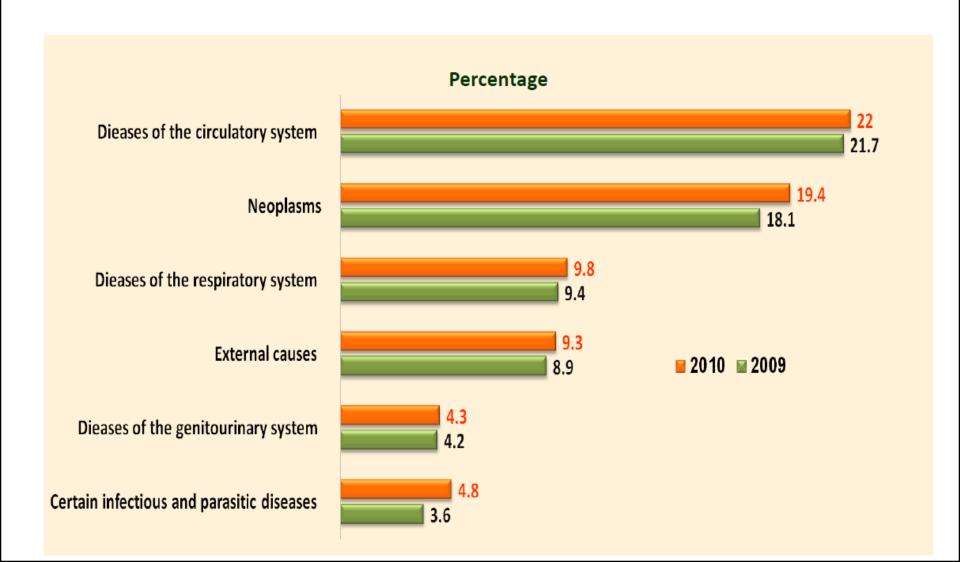
- 1. Surveillance data (disease-based)
- 2. Utilization data (event-based)
- 3. Population data (person-based)

### 1995



Epidemiological Surveillance Unit (ESU)

**Results:** Top underlying causes of reported deaths, by ICD-10 chapters, males, Lebanon, 2009-2010

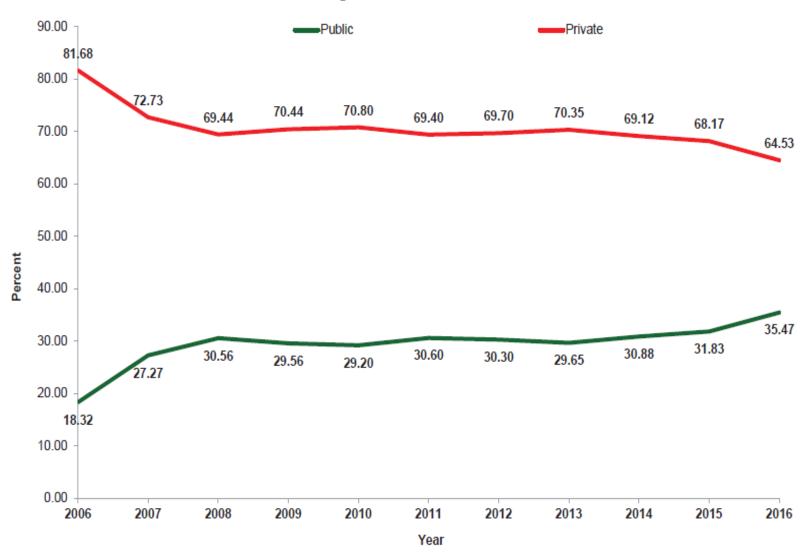


### Surveillance data (disease-based)

- Lacks information on risk factors
- Lacks linkage with death certificates
- Only communicable diseases and cancer

### 2. Utilization data (event-based)

Graph C.5: The evolution of MOPH subsidized admissions in public and private hospitals between 2006 and 2016



Source: Hospital billing database, IT department, MOPH.

### Utilization data (event-based)

- Time delays
- Data derived mostly from the public sector
- Limited financial analysis

### 3. Population data (person-based)

INDICATOR	YEAR	UNIT	VALUE
Total population		1000 citizens	4,168
Population growth		2013	1.5
Life expectancy		Years	81.24
Population <15		Percent	24.6
Population > 65	2013	Percent	9.7
GDP per Capita	2012	US \$	10,500
OOP % THE	2012	Percent	37.34
		4000	
Physicians		10 000 pop	30.67
Nurses	2014	10 000 pop	29.59

### Population data

- Beware of international sites
- National sites (eps. CAS) incomplete on rates

### WHAT HAPPENS WHEN DATA ARE NOT AVAILABLE FOR CBA?

### DECISIONS ARE MADE AND/OR MAINTAINED WITHOUT CBA

At a time when the world is going through controversy on too many vaccines, 3 new shots were added to the schedule of infants in Lebanon.



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### الطُعم قبل كل شي:

- الطعم بيحمى ولادنا
- الطعم مضمون الجودة ومحفوظ بسلسلة تبريد نموذجية
  - الطعم مجاني: وإذا غير هيك خبرُنا على
- الطعم بيعطيه فريق مدرّب من الأخصّائيين بكلّ المراكز الصحّية والمستوصفات

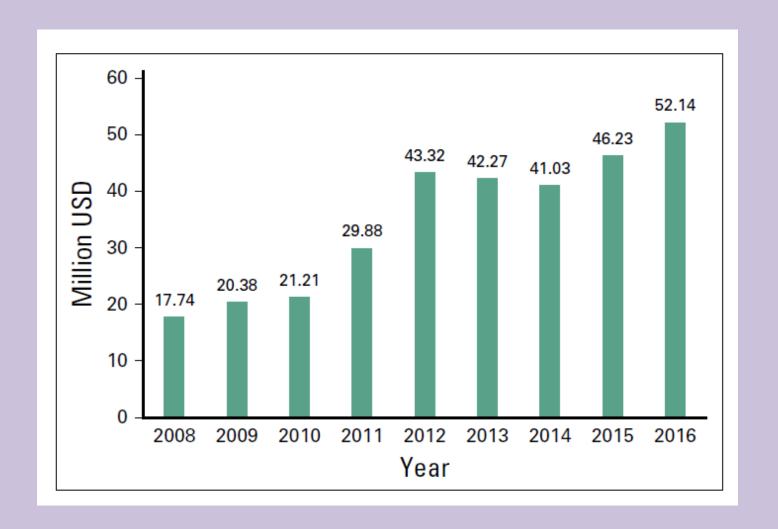
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No attempts were made to evaluate the CB ratio of this addition

- No surveillance data regarding the morbidity or mortality of pneumococcal infections in children age<2 (or in the elderly), to assess the current burden of the infection in Lebanon.
- Based on the incidence of invasive pneumococcal infection cases in <5 year-olds in the USA, the estimated number of cases in Lebanon should be about 200 cases per year.

- The 3-shot regimen costs 250 USD per child (without discount). For the 90,000 infants born annually, the cost is potentially 22 million USD per year (increasing with higher birth rates)!
- The CBA would roughly indicate that the cost of avoiding pneumococcal infection in Lebanon would be about 110,000 USD per avoided case. Would the treatment of that case cost so much?
- The pharmaceutical agent stopped bringing the vaccine for the elderly to concentrate on that of infants...
- Would this vaccination policy be applied if a CBA was possible <u>AND</u> required?

### Meanwhile, drug procurement costs are reaching non-sutainable levels, and savings are vital!



# THE ABSENCE OF CONSISTENT, ACCESSIBLE, WELL-TARGETED DATA FOR CBA THREATENS THE ENTIRE PUBLIC HEALTH CARE SYSTEM IN LEBANON

- 1. A comprehensive data architecture must be created under MOPH to pool in the 3 categories of data required
- 2. In parallel, population-based data must be generated to complement what is lacking through MOPH data flows, especially regarding the qualitative impact of poor health on individuals and families (population cohort?)
- 3. The attention of the political class should be attracted to the disruptive effect of missing data and subsequent haphazard implementation of costly/non-beneficial programs.

### **THANK YOU**