Dear Editor,

One of the major factors driving the cost of healthcare upward in developing countries is aging population.\[1\] Policy makers and health-care providers face the challenge of optimally allocating scarce health-care resources over competing alternatives for elderly population. Research work has been conducted in India depicting the quality-adjusted life years (QALYs) of the elderly population within the context of various therapeutic areas;\[2,3\] however, there is a lack of research which specifically assesses the cost-effectiveness of health care for the elderly.

While QALYs represent the most acceptable outcome for use in an economic evaluation, we also need to look at the measures which capture the benefits of health and social care interventions for the well-being of older people. Since elderly are more prone for diseases such as diabetes mellitus and hypertension, the economic burden of these diseases is also expected to be greater in such population.\[4\] In such context, economic evaluation indicates that the addition of pharmaceutical care in the core health team will not increase total direct health costs, yet will improve the health outcomes.\[5\] Heart failure among elderly poses such significant financial burden that efficient resource allocation for its diagnosis and treatment is a major societal and governmental challenge. Cost-effectiveness of falls prevention strategies has been done\[6\] but not in an Indian setting. It is also time to establish the cost-utility of minimal psychological interventions and also vaccinations for elderly persons.\[7\]

To conclude, since economic evaluations can support policy makers for the optimal allocation of health and social care resources within limited budgets, there is a need for well-designed reliable economic evaluation research for healthcare of elderly in particular, to support decision-making on the long-term financing and planning of these programs.

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