Report on 2018 iHEA Member Survey
Executive Summary

The 2018 survey sought members’ views on what activities iHEA should prioritize, and included specific questions on possible webinar topics and mentoring activities. It also sought to gather information on members’ access to funding for membership and congress registration fees from their institutions. Twenty-five percent of iHEA members participated in the survey.

The biennial congress was by a large margin rated as the greatest priority, followed by facilitating networking between health economists with shared interests, and then disseminating various types of information (such as recently published research, research funding opportunities and job opportunities). This affirms the iHEA Board’s prioritization since 2016 of improvements in congress quality and activities to facilitate networking, such as the establishment of Special Interest Groups and introducing the SocialLink networking app.

There was considerable variation in the preferred focus of mentoring activities across members in different geographic regions. Mentoring on career pathways and employment opportunities are the highest priority for respondents from Europe, North America and Oceania, while support for deepening analytic skills was a higher priority for respondents from Africa, Latin America and Asia.

Webinars were not regarded as a high priority, which could reflect a degree of ‘webinar fatigue’. In general, webinars that focus on key debates in health economics, such as alternative methodological approaches to addressing particular research questions or on topical health policy issues, were favored. Webinars relating to general academic skills development were a relative priority for respondents with less than five years of health economics experience.

There is limited institutional financial support for membership fees, with most members having to pay these fees out-of-pocket. However, the majority of members can access institutional financial support to make oral presentations at congresses, and a relatively high percentage (nearly 40% overall) are eligible for institutional support to present posters at congresses.

The survey has provided valuable insights into members’ views and preferences, which will be taken into account in planning future iHEA activities. The survey results have particularly highlighted the importance of recognizing the diversity of iHEA’s membership and that activities need to reflect that diversity and that some activities may need to be targeted to members in certain regions and with different levels of experience.

Many thanks to all members who participated in this survey!
Survey focus and response rate
The 2018 iHEA member survey focused on members’ views on what activities iHEA should prioritize, possible webinar topics and mentoring activities, as well as members’ access to funding for membership and congress fees. This report presents the key findings from the survey, including basic frequency distributions and cross-tabulations by years of experience in health economics (to distinguish the views of early career researchers from others) and across geographic regions. Views expressed in the open-ended comment section of the survey are also presented.

Approximately 25% (n=406) of current members completed the member survey. Although the response rate is relatively low, which is expected in surveys of this nature, the results provide useful insights into the views of members.

Key characteristics of respondents
The mean age of respondents was 46.6 years (range: 24-77 years), with a slightly greater share of males (52%). Fifteen percent of respondents are currently registered as a student. Nearly a third of respondents reported being an iHEA member for 10 or more years, with 36% reporting being a member for less than three years. The single highest percentage of respondents were from North America (32%) followed by Europe (28%), Asia (16%), Africa (11%), Oceania (8%) and Latin America (5%) (see Figure 1). This is broadly in line with the geographic distribution of current membership. Nearly 40% of respondents have less than 10 years of experience in health economics, 30% between 10 and 19 years of experience and 30% have 20 or more years of experience (see Figure 2).

![Figure 1: Geographic distribution of respondents](image-url)
Priority activities for iHEA to undertake

Responses to the following question “Please indicate which of the following activities you regard as the greatest priorities for iHEA to undertake (please rank them in order of priority, with 1 being the highest priority, 2 the 2nd highest priority, etc.)” are summarized in Table 1. The biennial congress was seen as the greatest priority, followed by facilitating networking between health economists with shared interests and disseminating various types of information.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosting a biennial congress</td>
<td>2.4</td>
</tr>
<tr>
<td>Facilitating networking with other health economists with shared research, teaching and/or policy interests</td>
<td>4.4</td>
</tr>
<tr>
<td>Disseminating information on recently published health economics research</td>
<td>5.3</td>
</tr>
<tr>
<td>Disseminating information on research funding opportunities</td>
<td>5.4</td>
</tr>
<tr>
<td>Disseminating information on job opportunities</td>
<td>6.0</td>
</tr>
<tr>
<td>Circulating a regular iHEA newsletter</td>
<td>6.3</td>
</tr>
<tr>
<td>Creating a repository of health economics teaching materials</td>
<td>6.5</td>
</tr>
<tr>
<td>Facilitating networking between researchers and policy makers</td>
<td>6.6</td>
</tr>
<tr>
<td>Providing mentoring programs</td>
<td>7.9</td>
</tr>
<tr>
<td>Providing more opportunities for Doctoral students to present and receive input on their research</td>
<td>8.0</td>
</tr>
<tr>
<td>Running short courses (e.g. a summer school to develop specific skills)</td>
<td>8.1</td>
</tr>
<tr>
<td>Hosting regular webinars</td>
<td>9.1</td>
</tr>
<tr>
<td>Developing a health economics version of ‘TED talks’ video material</td>
<td>10.0</td>
</tr>
</tbody>
</table>
This prioritization did not vary much between groups with different years of experience of working in health economics. However, respondents with less than five years of experience gave slightly more priority than other respondents to dissemination of information on job opportunities (average score 5.4) and relatively less priority to the iHEA newsletter (average score of 8) and the biennial congress (average score 3.3). The average scores by this group were similar to those across all respondents for other activities.

There was greater variation in the relative prioritization of these activities across respondents from different regions, as summarized in Figure 3. Due to small numbers, the results for Latin America should be treated with caution. Some of the differences across regions include:

- Information on published research, and on research funding opportunities, was given greater priority by respondents in Asia and Africa than in other regions. The former may be due to the difficulties researchers in low- and middle-income countries in these regions face in accessing journals which are not open access.
- Dissemination of information on job opportunities is given higher priority by respondents in North America than in other regions.
- Mentoring programs are given a higher priority by respondents in Africa than in any other region.
- Short courses were given far greater priority in Latin America than other regions

Despite differences in the relative prioritization of some activities, there was consensus that the biennial congress is regarded as the greatest priority, and considerable agreement that webinars and ‘TED talks’ type video material are the lowest priority.
Figure 3: Differences in the relative prioritization of different activities across regions
Areas of focus for webinars
When asked about what should be focused on in future iHEA webinars, although average scores did not vary much, there was generally less interest in webinars presenting the findings of recent research and to develop general academic skills than on webinars focusing on issues that are under debate or contested and on topical health policy issues (see Table 2). However, respondents with limited health economics experience did regard general academic skills development webinars as a relatively higher priority than other respondents.

Table 2: Relative prioritization of possible areas of focus in future webinars (average score)

<table>
<thead>
<tr>
<th>Areas of focus for webinars</th>
<th>All respondents</th>
<th>&lt;5 years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debates on health economics issues (e.g. most appropriate methodological approach to address a particular research question)</td>
<td>2.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Topical health policy issues (e.g. health financing to move towards universal health coverage)</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Presentation of recent research</td>
<td>2.6</td>
<td>2.7</td>
</tr>
<tr>
<td>General academic skills development (e.g. writing a successful conference abstract; tips for publishing in peer review journals; writing funding proposals)</td>
<td>2.9</td>
<td>2.4</td>
</tr>
</tbody>
</table>

There were some differences in the relative prioritization of webinar topics across regions (see Figure 4), which can be summarized as follows:

- Debates on health economics issues were given the highest priority by respondents in Europe and North America
- Topical health policy issues were given the highest priority by respondents in all regions except Europe and North America, where they were seen as the 2nd highest priority
- Presentation of recent research was seen as the 2nd highest priority by respondents in Asia and Latin America, but a lower priority in other regions
- Webinars on general academic skills was seen as the lowest priority by respondents in all regions except Africa and Oceania
Focus of mentoring
The relative prioritization related to the following question “If iHEA was to provide more mentoring opportunities, what do you regard as the most important focus for mentoring” is presented in Table 3. The relative prioritization was similar for respondents with less than five years of experience as for respondents overall.

Table 3: Relative prioritization of possible areas of focus for mentoring

<table>
<thead>
<tr>
<th>Areas of focus for mentoring</th>
<th>Average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career pathways and employment opportunities</td>
<td>2.8</td>
</tr>
<tr>
<td>Input on current research</td>
<td>2.9</td>
</tr>
<tr>
<td>Support for deepening analytic skills</td>
<td>3.0</td>
</tr>
<tr>
<td>Support for publishing in quality peer-reviewed journals</td>
<td>3.5</td>
</tr>
<tr>
<td>Assistance with funding/proposal development</td>
<td>3.9</td>
</tr>
<tr>
<td>Support to develop health economics training program (e.g. curriculum development, etc.)</td>
<td>4.1</td>
</tr>
</tbody>
</table>

There were, however, some prioritization differences across regions (see Figure 5), summarized as follows:
- Career pathways and employment opportunities were seen as the highest priority by respondents in Europe, North America and Oceania, but as a lower priority in Africa, Latin America and Asia
- Input on current research was seen as the greatest priority in Asia, and the second highest priority in other regions except Africa
• Support for deepening analytic skills was seen as the greatest priority in Africa and Latin America, the 2nd highest priority in Asia and the 3rd highest priority by respondents in Europe, North America and Oceania
• Support for publishing in quality peer-reviewed journals was seen as a greater priority by respondents in Africa and Asia than in other regions

Figure 5: Differences in the relative prioritization of mentoring issues across regions

Access to funding for membership and congress registration fees
The majority of respondents indicated that their institution would not provide financial support for individual or institutional membership of professional associations such as iHEA, or that they did not know whether their institution would provide such support (see Table 4). In contrast, nearly three-quarters of respondents indicated that their institution would provide financial support for congress attendance if they were making an oral presentation, but a much lower percentage would be supported to present a poster. Nevertheless, nearly 40% of respondents indicated that they could secure financial support from their institutions for poster presentations at the congress.
Table 4: Funding support for association membership and congress attendance

<table>
<thead>
<tr>
<th>Funding issue</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you obtain support from your employer for individual membership of professional associations (e.g. from institutional or research grant funds)?</td>
<td>41.5%</td>
<td>48.0%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Can your employer pay for institutional membership of professional associations from institutional or research grant funds (where there are specific benefits for the institution with several individual memberships also included)?</td>
<td>27.5%</td>
<td>51.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Can your employer contribute to funding your attendance at a future congress if you were making an oral presentation (e.g. from institutional or research grant funds)?</td>
<td>73.0%</td>
<td>19.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Can your employer contribute to funding your attendance at a future congress if you were presenting a poster instead of an oral presentation (e.g. from institutional or research grant funds)?</td>
<td>39.2%</td>
<td>43.4%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Once again, there is considerable variation across regions (see Table 5). Unsurprisingly, respondents from Europe and North America report the highest level of funding support in most cases. The relatively low level of support for association membership in Oceania is somewhat surprising. It is also of interest that there are above average levels of support for institutional membership of professional associations in Europe, and to a lesser extent in Africa. The relatively high levels of support for poster presentations at congresses in North America, Europe and Oceania is also of interest.

Table 5: Percentage of respondents in regions indicating institutional funding support is available for association membership and congress attendance

<table>
<thead>
<tr>
<th>Region</th>
<th>Individual membership</th>
<th>Institutional membership</th>
<th>Oral paper at congress</th>
<th>Poster at congress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>25.0%</td>
<td>32.5%</td>
<td>67.5%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Asia</td>
<td>35.1%</td>
<td>21.1%</td>
<td>61.4%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Europe</td>
<td>49.0%</td>
<td>41.2%</td>
<td>82.7%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Latin America</td>
<td>29.4%</td>
<td>17.6%</td>
<td>52.9%</td>
<td>17.6%</td>
</tr>
<tr>
<td>North America</td>
<td>51.4%</td>
<td>21.6%</td>
<td>77.7%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Oceania</td>
<td>24.1%</td>
<td>17.2%</td>
<td>69.0%</td>
<td>41.4%</td>
</tr>
</tbody>
</table>

Open-ended comments
Two open-ended questions were included at the end of the survey to allow members to indicate how iHEA could better serve their needs and to provide any other feedback or suggestions. A full listing of these comments is included in the Annex.

Many of the comments related to the iHEA congress and raised similar issues to those identified in the 2017 post-congress survey, particularly the need to:
• Constantly strive for improvements in congress quality;
• Balance competing demands for more members to be given the opportunity to present their research on the one hand and to limit the number of concurrent sessions on the other; and
• Ensure affordability, not only in registration fees but also accommodation and travel costs, and provide financial support to delegates from low- and middle-income countries (LMICs) and students.

The comments also highlighted the need to expand activities to benefit members between congresses. A wide range of possible activities were commented on, along with suggestions for improving existing activities, including:
• Introducing mentoring programs and other activities to develop health economics expertise, and supporting continuing professional development;
• Improving the dissemination of a wide range of information such as job opportunities, courses, conferences and other events, research funding opportunities, recently published research, key developments in the discipline, etc.;
• Facilitating networking between members, with the introduction of Special Interest Groups (SIGs) seen as a positive development in this regard;
• Promoting greater cross-country and cross-regional collaboration in research, facilitating access to published research and supporting members to publish their research;
• Facilitating researcher – policy-maker engagement and health economics research contributing to policy;
• Promoting collaboration and sharing of materials for teaching, with the creation of a repository of materials seen as a positive development; and
• Giving special attention to certain member groups, particularly students and early career researchers and LMIC researchers.

Several respondents also noted a perception of iHEA being overly US-focused and that membership and activities to benefit members should be further diversified and truly internationalized. Some called for reduced membership fees for retired or emeritus academics in addition to the existing lower fees for students, early career researchers and LMIC members. While there was positive feedback on recent changes in governance, there were suggestions for further improvement particularly in terms of LMIC representation on governance structures and engagement with regional associations. Finally, some indicated that iHEA should be playing more of a leadership role in health economics and more engaged in disciplinary and global health policy debates.

Summary and key issues
There was consensus across different member groupings that the congress is the most important activity, followed by facilitating networking between health economists with shared interests and disseminating various information (such as recently published research, research funding opportunities and job opportunities). This is a strong affirmation of the Board’s prioritization of improvements in congress quality and activities to facilitate networking, such as the establishment of Special Interest Groups and the SocialLink networking app. The results also confirm that the iHEA Career Center and initiatives to disseminate information on recently published research (such as the iHEA Feedly page) are important and should be strengthened, and that the dissemination of information on research funding opportunities should be pursued.

While mentoring programs were generally not seen as a high priority in the relative ranking scores, they were given considerably higher priority by respondents from Africa and were supported by many respondents in the open-ended comments. Similarly, respondents from Latin America prioritized short courses far more than other regions. This suggests that such capacity strengthening activities should be carefully targeted.

The survey results also indicate that there are considerable differences across regions in the preferred focus of mentoring activities. While mentoring on career pathways and employment
opportunities are the highest priority for respondents from Europe, North America and Oceania, support for deepening analytic skills was seen as a higher priority by respondents from Africa, Latin America and Asia.

Webinars and a health economics equivalent of ‘TED talks’ videos are seen by almost all groups as the lowest priorities. This could be related to the high volume of webinars on offer at present. This suggests that there should be a selective offering of high quality webinars that stand out from the myriad of other webinars on offer. The survey also indicated that respondents favor webinars that focus on key debates in health economics, such as alternative methodological approaches to addressing particular research questions, or on topical health policy issues. This focus would be in line with the iHEA mission to “foster a higher standard of debate in the application of economics to health and health care systems”. Webinars focusing on presenting recent research was generally not seen as a priority, except by respondents in Asia and Latin America. Although webinars relating to general academic skills development was given the lowest priority overall, it seen as a relative priority by respondents with less than five years of health economics experience. This suggests that a specific webinar series for early career researchers may be worth pursuing.

The member survey also provides valuable insights into the extent of funding support by members’ institutions for association membership fees and for attending congresses. While most members have to pay out-of-pocket for membership fees, the majority can access institutional financial support to make oral presentations at congresses, and quite a high percentage (nearly 40% overall) are eligible for institutional support to present posters at congresses. However, information from the open-ended comment sections indicate the extent of such support is limited in some cases.

The findings of the member survey suggest that the establishment of a Professional Development Subcommittee to promote between-congress member activities is a positive development. While there have been several new initiatives to improve member benefits over the last year, there remains much to be done.
Annex: Full listing of open-ended comments received

Two open-ended questions were included at the end of the questionnaire:

- **What is the most important thing you feel we as an Association and the iHEA Board of Directors could do to better serve your needs?**
- **Please leave any suggestions, comments or feedback. Your views are very important to us.**

Similar issues were raised by respondents in these questions; for this reason, these responses have been combined and are presented thematically below. All comments received have been included.

## Congress

**Review process, quality and inclusivity issues**

- Refine the annual meeting - quality is often not as good as it could be.
- The Annual meetings are not very high quality and are inferior to ASHEcon.
- Improve the quality of the conferences.
- Continue to have high quality Congresses that allow for presentation of new research, networking, and career development. Set and maintain standards for health economics research (methodology and application).
- The conferences need to promote high quality research and presentations and reduce emphasis on socializing such as the less 'gala'. I often hear the comment by a health economists that they go to the regional conferences such as the American or European to get serious feedback on research papers/ideas and they go to iHEA for fun.
- Concentrate on quality research at conferences and less on ‘galas’.
- Stop running conferences for profit. Focus on a high quality, stimulating program (selection of abstracts), a nice environment instead of cheaply organised mass meetings for extremely high fees.
- Better quality presentations at meetings.
- Please consider to improve your peer review process for presentations at the Annual Meetings. It has been, at least, questionable. You have been limiting presentations, where posters presentations does not cost you a penny. Our youngs are seeing iHEA refusals and the very same papers accepted at other much more famous and more frequented World Meetings of many Medical Specialities & HTA Congresses.
- Your reviewer team did not accept our poster submissions the last two meetings although the same abstract was, after accepted for a much more intensily frequented international meetings & full paper was published at class A Med periodical - this restriction did impede our participation - we are not authorized to go unless we had our presentation accepted... I really do not understand why you have so limited spots for posters... It is not additional renting fees or burden for anyone, and could, may be, increase meetings attendance and promote further encouragement for knowledge development, particularly at "the Third World" we live now.
- The quality of scientific committee for IHEA congress should be improved.
- What I found most useful from iHEA was the opportunity to participate in reviewing conference abstracts even with little experience, which spurred me on to do more and grow my peer review experience and quality. I found that opportunity to have been taken away from people who would have been in similar shoes at this past conference. It is important to involve very experienced people at this stage, but more so to balance with less experienced ones so as to grow the next generation of Health economists. iHEA needs to do more about mentoring in order not to lose a critical mass of the younger generation.
- Conscious effort should be made to facilitate balance participation of members from developing countries in all organised programme of the association.
- Not only focus on US topics.
• Host accessible conferences that work for all types of members

**Program issues**

• Allow more poster presentations.
• More themed debate session.
• Expand opportunities of oral presentations at each congress. Oral presentations are key to obtaining travel funding to attend.
• Keep the congress sessions manageable
• Make sure there are not too many parallel sessions at congress, so that there is a critical mass of an audience for each session - i.e. be more selective in what is accepted.
• Reduce the number of sessions at conferences, having 28 parallel sessions means poor attendance at most sessions limiting the useful feedback presenters achieve.
• Organization of the bi-annual meeting is problematic. There are too many oral sessions in too little time. I wish it was easier to touch-base with people when I'm not able to attend their sessions.
• To provide feedback to oral presentation. It's really beneficial when someone gets feedback on his presentation.
• Appoint a discussant for every paper to gather valuable academic inputs on research.
• Pay more attention to the scientific programme of the conference. Usually is a mess and the allocation of rooms to interest on topics fail.
• Allocate presentations to specific related topic groups.
• Do everything possible to keep costs down at the congress and maximise the academic benefit of attending. It's hard to justify when all you’re doing is giving an 8 minute presentation, get 2 questions and that's it. However, doing more than this takes more organisation and effort (for both iHEA itself and conference attendees). iHEA is moving in the right direction though – e.g. focusing on organised sessions, discussants for papers etc.
• Organize sessions in a better way (similar quality papers should be grouped together in a particular session)
• The conference has become quite large and diffuse over the years as the field grow. Creating interest groups or sub specialty groups may be useful to help connect health economists.

**Cost and funding issues**

• Make meetings less expensive, such as omitting expensive receptions such as the one in the Aganis arena at Boston University in iHEA 2017
• Registration fees are too high
• Decrease the congress registration fee.
• Try to reduce the cost of the World Congress. Specifically, registration fees are high plus travel/food/etc. makes conference attendance out of reach for many.
• Try to find ways to reduce cost of attending bi-annual Congress (due to institutional caps on expenses that are reimbursed).
• Keep costs of meeting in check. The meeting fee is nearly the total amount my department provides for professional development.
• For most scholars, having a convenient meeting location is much more important than a costly fancy meal with all participants, and sometimes in a ever farther place. Actually, we all think the latter is just a waste of money! Try lower the registration costs if possible~
• Please make an effort to decrease conference fees to allow greater participation of researchers around the globe and to regain IHEA image as the most important global scientists network in health economics.
• Please take care that prices are competitive resp. affordable
• The iHEA conference fee is too high and the benefit is limited. The fee should be varied with the economic development and work type, and the fee should be cheaper for students and academics, higher for companies.
• Find a way to lower the cost of attending the biannual conference. As an example, the last one could have been in a cheaper city than Boston. Cost of hotel room are excessive there.
• Have conferences in places which are accessible to people from LMIC, at a reasonable rate, i.e. not Switzerland. And not the USA.
• Ensure the services and benefits of iHEA at the most affordable cost (streaming sessions, non-commercial accommodation, etc)
• Congress registration fees should be different for low-income countries. More scholarships for the low and middle-income countries for conference attendance.
• Increased financial support for members from developing countries, especially Sub-Sharan Africa to attend the association conferences.
• Protect funds for more participants from low and middle income countries to attend and to make the process clearer. They need to know months ahead to secure visa. thanks
• iHEA must provide contributory (at least travel ticket money) one time funding support to the credible member (s) for carrying iHEA in the unrepresented geography of the World.
• Take into account the development level not the per capita income classification- there is a difference between GNP amount and development.
• About the questions on funding for conference trips: I fund those out of research grants, so have to keep funded that way in order to attend.
• Add an “Retired” conference fee at a reduced price
• Provide funding support to attendance to the IHEA congresses
• Increase financial support for first-time attendee members to future iHEA Congresses

Other suggestions and comments
• Think of hosting iHEA in Africa, especial in these developing Countries (EA)
• Streaming of meetings (world congress specifically).
• Perhaps make the powerpoint slides of the presenters at the IHEA conferences available (if permitted) after the conference. This could maybe also result in additional exchange/collaborations/research networks.
• Make it easy for people to follow up with each other after the biennial meeting.
• Maintain the pre-congress sessions, which are more engaging than the main plenary and break-away session.
• The congress is very large at the moment making it difficult to find the right people for networking purposes and exchange of ideas. Different formats could improve this, e.g. smaller socializing events, activities by the special interest groups in formats other than paper discussion sessions.
• Better conference planning
• Find hotels closer to the conference venue!
• Having participants live in hotels miles away from the conference venue is very insensitive, esp. when the conference is held in downtown campus where parking is another trouble. Try to find a conference center instead.
• Keep listening to members on ways of improving biennial conference and its value for money.
• I was quite impressed by the final Report on the last iHEA-conference
• I would like to see more conferences to allow fresh researchers to present their research papers.
• I would like to suggest more conferences to be held in developing countries, particularly in southeast asia countries.
• The Conferences in Dublin and Milan were really great. Boston was perhaps a bit chaotic in the beginning and when getting snacks/refreshments and the dining hall. Snacks/refresh could have
had a bit more variety. The social event in the museum in the evening was really great! All other things about the conferences are really very good.

- The biennial conference was a great experience and an exposure for us. For me, it had been like doing a practical crash course on health economics applications with examples around the world. It would be great if you could bring the registration fee down and increase funding opportunities to attend. Thank you for conducting a survey to get views of all members.

Other (non-congress) activities to benefit members

**Need for non-congress member activities**

- As a member of the past 5-years I don’t have any real sense of connection to the iHEA. I have experienced that if I don’t go to a Congress, then there is very little else that connects me to the Association. As a result, I think the current pathway for graduate students to become members and remain a member during the early stages of their career is poor. This is particularly true for health economists who don't receive employer support to attend.
- Develop/facilitate in better joined up networking opportunities across countries outside of the conference. It feels like iHEA has one purpose - the conference, anything to expand on this would be advantageous.
- I am proud to be a member of iHEA. However, my environment isn't helping me moving forward in research. I only attended the 9th Congress. I hope being a member will help me overcome barriers that hinder me to live and pursue my passion in research.

**Mentoring and development of health economics expertise**

- iHEA needs to do more about mentoring in order not to lose a critical mass of the younger generation
- Mentoring towards better world through better research.
- Mentoring young economists
- As a young health economist, my priorities would be support and mentorship for career development
- Mentoring for PhD, and career pathways after PhD
- Support and provide avenues for mentoring and networking for young researchers
- Connect new graduates to research opportunities whether it be by mentorship, internship or as a research assistant. Provide a space for students to introduce themselves and their area of interest.
- Mentorship in Health Economics through research and teaching support.
- Perhaps some more orienteering and mentoring opportunities during iHEA conference. For new academics it can be difficult to have meaningful discussions.
- I like the idea of a mentoring system but mentoring for mid- and senior- academics, not just early-career. I think often it is assumed that mid-careers and seniors don’t need mentoring anymore but I think mentoring should continue throughout a persons career.
- Focus on networking and capacity building
- Encourage students at grad and post-grad through current applied health economics research dissemination and fellowships aiming to built an effective, innovative and sustainable Association for us all.
- I think that offering training (sessions at each congress, webinars, etc.) to help members strengthen their research skills with a goal to reaching higher level journals would be very welcome.
- Would look forward to useful webinar-based training sessions that cover learning opportunities across different topics.
- Hosting webinars that help me strengthen technical analytical skills.
- Provide or promote more training or courses opportunities
• Continuing education materials
• It would be great if iHEA could also provide continuing education materials (similar to CME for medical professionals) to staff who are doing applied research can have a place to go for quick learning and coming up to date with recent methods and development in the field.
• On-going training opportunities (even for established faculty) not just students might be useful because there are new developments one needs to keep up with.

**Communication (including dissemination of information) and networking (including SIGs)**

• Increase activities on the website etc. for when it is not possible to attend the Conferences.
• I notice that iHEA webpage providing less information over time.
• Regular newsletter!
• The current newsletter is a bit 'thin'; would like to see more substance in it.
• I very much value iHEA and particularly the newsletter. It is my main source of information to keep up with HE development and contacts.
• I think the newsletter circulated via email is of great value as it summarises all current news in our field.
• Better advertising of upcoming events e.g. short courses, webinars, conferences.
• Amalgamate and distribute international job opportunities, news, events and grant funding opportunities.
• To provide more updated articles and opportunity for communication
• Keep us posted on new developments, tools and interest areas in the practice of health economics.
• Promote webinar, they are the easiest way to spread news on the field of Health Economics.
• Exchange of information (talking really broad here including research finding, network, training, etc.) should be expanded and it doesn't have to take place in the Congress.
• Organize events, disseminate information on jobs and funding opportunities and facilitate contacts among members
• Disseminate information on the subject and create opportunities for the members to meet.
• Providing a good platform to exchange academic thoughts with other peers and also distinguished scholars.
• Providing greater opportunities and platforms for networking, contact and communication between members, and between members and the Board
• Networking is the main reason I attend the Congress. More opportunities to develop international collaboration would be great.
• More discussion groups can be formed with the country or region.
• Start a networking group for women in IHEA.
• Stop being so secretive about emails and names of members. Other organizations do not act this way, and foster their membership as a means of connecting with others. The AEA directory is searchable by every member.
• Providing more opportunities for meeting and networking with others in the field of Health Economics.
• Facilitating the development of online communities/social media groups around methodology and current issues.
• Promote active networking to link academics working on the same issues.
• Linking health economist around the world by their area of speciality
• Facilitate topic specific working groups
• Create opportunities for networking around specific themes. This could be done by organising dedicated and smaller conferences/workshops.
• I think the Association is a way to build relationship and ensure people are engaged and included. It is important that opportunities to interact are developed and I really think the recent
moves of iHEA are very exciting. The association must aim to nurture friendship and collaborations within iHEA members.
I found the development of special interest groups to be a great way to move forward and I wonder if we could think about the SIG having opportunities for pre-sessions at iHEA congresses?
There might also be a nice way for people to engage with SIG outside congress.
People could customise their iHEA experience when registering their membership by joining one or several SIGs according to their personal topic area-s of interest.
I believe each SIG could function autonomously and conduct business meetings during the congress and even offer awards for achievements such as best paper, or best research by a young scholar.
• The newly launched app is a fantastic idea - however it does not seem to fully work on my mob (android)... The menus do not seem to be properly set up - could this be related to the country (I downloaded the app from Google play store). Thank you.

Research and health policy (researcher-policy maker)
• Connecting among researchers and us with policy makers
• Create a strategy for bridging the divide between policy makers and health economics researchers for evidence based decision making. Most importantly in the area of empirical policy research.
• Linking academic health economics to current policy and health care service provision issues.
• Active policy discussion, or links to those
• Create a publication similar to the NBER Digest that highlights international health policy and health economics research. Issues, for example, might focus on national topics such as "Market Reforms in the UK National health Service", "How China is expanding Health Insurance". As a US resident, I have a pretty good idea of what is going on domestically but I have little idea of how health systems are evolving in other countries. The iHEA Digest should be written in a clear plain English style with references to source material that the reader can pursue if interested.
• I, as a public health specialist from a South Asian country, working for the government training to be a decision maker role, I have found it very difficult to get adequate technical support for researches that we are planning. Experience in conducting health economics research is limited. It would be great to have a network of experts to get technical advice and support in designing studies which would give a policy related outcome. So if the IHEA can develop a networking platform and make it easier to contact a few experts in the field for important projects it would be good service for countries which are still trying to develop their capacity in conducting health economics research.

Research related (including dissemination of information on research and support for publishing)
• Research for topical areas
• More support to research
• I would like for the Board of Directors to facilitate developing research ideas and mentoring members, so that papers could be written and published as a result of collaborating.
• Identifying opportunities for members to work on funded projects to develop their career
• Provide information of ongoing and planned international research collaboration
• Sharing and collaborating new research
• Establish and maintain an up to date directory of members and their research interests. To enable your members to find potential research partners around the world.
• Providing opportunities for joint research cross countries. Introducing volunteering opportunities for health economist from the less advanced countries in term of health economic and health economics related research to participate.
• Building teams to apply for project grants within the network
• Provide more regular information on ongoing research and opportunities for collaborations and funding
• Please keep up the newsletters with potential funding opportunities.
• Finding sources for research grants of conducting researches in the field of global health priority
• Highlight the topics on the front-end of health economics research
• Current research and access to information sources.
• Keep the community informed about the latest in methodology or recent topics on health economics
• Maintain contact with network members through tailored programs for research dissemination outside of the congress
• Keep me updated on latest research in health economics
• Regular (say bimonthly) review of relevant HE research
• Share top ten publications (key important papers) every month
• Facilitating further the sharing of data for research, and the circulation of research output among members. Also disseminating annual reviews on advances in the field of health economics for members.
• Provide access to the latest research related to Health Economics
• Provide access to journal articles and other research in expensive journals
• More health economics publication outlets.
• I would like to see "the Journal of the international health economics association- JIHEA" created and publishing members' and other contributors' research findings. In the like of http://www.jibs.net/ for the academy of international Business
• Help with publishing research and making it available to large audiences
• Support research papers publishing in highest quality Journals
• Assist with helping members publish in key journals. For example, methodological training for cutting edge techniques would help.
• It is good to facilitate publishing of high profile contributions to the leading Health Economics journals via solicited article pathways with higher likelihood of peer review and acceptance outcome compared to usual pathways. This is particularly essential for the leading health economics research groups from the Emerging nations and Low/Middle income countries including Eastern Europe, BRICs, Next Eleven etc. This is essential issue for the academic development in these regions and to obtain grant financing locally in future.
• The core reason why exceptionally productive research groups like mine need such assistance is the fact that Editorial rejection in West-based academic publishers for non-OECD countries happens at the level higher than 85-90% of submissions. I know exactly what I am talking about, since I serve on high Editorial positions with a variety of major Publishers in health economics and global health.

**Health economics teaching**
• More support to training
• Sharing and collaborating new teaching idea and methods.
• The organization is good. I think that the teaching health economics initiative needs your full support.
• The Teaching Health Economics endeavor is a wonderful addition to the work of iHEA.
• Strengthen the "teaching health economics" branch of iHEA. Website space should be dedicated to share materials, etc.
• Create a repository of HE teaching material
• Wish more success and useful repository
• Don't get involved in curriculum development - never ending project.
Specific member groups

- Increased support and investment in health economics for those who need it - LMIC countries, and students.
- Linking research or training grants on health economics to members, especially young members
- Offering fellowship opportunities for young members
- In this survey you should place more weight on junior academics not the seniors - say those with less than 10 years experience as they are the future and they also are more likely to require mentoring and financial support etc etc...
- To focus more on PhD students. We make up a large percentage of the group (or so it seems at conferences), and are the ones who benefit the most from training, mentor programmes, etc. We are also the most likely to take part I believe.
- I think a SIG for doctoral candidates would also be a good idea.
- Try to open the participation to students members through activities like technical review from articles. Or make a cv selection for not phd to participate in research groups. ISPOR make this with success. This is a possibility to aggregate and engage people who are becoming phd and like to participate now.
- Support for research grant awards to early career health economists especially those from LMICs will improve interest and participation of members from those regions in iHEA activities and Congresses.
- Regular training opportunities for young health economists from developing countries. Training in current relevant research methods and writing skills in health economics as well as exposure to current health economics topics.
- Promote postdoctoral fellowships of African junior researchers in the universities of iHEA's members.
- Attempt should also be made to organised targeted research and training programmes for members from developing countries.
- Provide greater opportunities for researchers from low resource settings
- I think dire need for people coming from a lower middle income country is to support the practise of health economics in these countries. Some practical concepts and skills that could be applied to the country context specially in achieving universal health coverage will be more useful.
- Facilitating networking opportunities in other/developing countries.
- Open up the association more to low and lower-middle income countries with subsidized costs for participation and membership.
- Improve networking and support for members from low and lower middle income countries, with particular reference to Africa.
- Help with grant funding opportunities and tracks for people from developing countries.
- Something to enhance ongoing engagement, something to engage low and middle income economists
- iHEA need to focus more on supporting and developing the discipline in LMIC's. This can be done by holding the biannual meeting in a LMIC , supporting research studies in LMIC's etc
- Involve emerging and developing countries by organising conferences/workshops directly in emerging/developing countries. This will have to be done systematically as well.
- The work that you develop is valuable and very useful for developing countries.
- Offer more structured support to members from countries where health economics is not well established and the health economist communities are very small to advance the field and be part of the global health economist community.

Other activities and member benefits

- Initiate a discussion about the foundations of HE and its relevance for policy advice
• Establish a definite list of the major areas of health economics as taught and practiced worldwide.
• Development or dissemination of technical and ethical guidelines on the actions of a health economist.
• Focus each year on an individual area of health economics.
• Host smaller regional meetings
• Formulation of technical working group which will be dealing with different issues within the field of health economics. Starting with Few working group 1. Costing 2. Policy formulation 3. HIV/AIDS 4. Maternal Health Services. Within these group different issues can be raised and brought forward for action through different international organisation such as WHO, UNAIDS etc.
• I enjoy the international conference, job opportunities advertised previous year mode c.2007, upcoming conferences, like how you have created special groups, maybe a bit more on current affairs and training/advice
• One limitation of health economics as a professional field is that we do not have as many professional awards as colleagues in other areas of economics and policy. IHEA has already led the field in this respect with the Arrow award and other IHEA awards. It would be great to build on this further to recognize contributions of our colleagues - it could be through setting up awards for research on specific topics, specific types of research, etc.
• Most people in the world don’t speak English - what can IHEA do to help health economics in these countries?
• I often get asked to support clinicians with little to no understanding of Health economics. Access to support and resources that we can share with clinicians will greatly help introduce them to the science of Health economics. Supporting a novice takes much time and resources!
• It would be good (don’t know how feasible though!) for us who are no longer in the academic sector, to be able to have some sort of membership-related discount when purchasing HE textbooks and/or subscribing to journals - I think facilitating access to newly published research (which is not open access) would be of great value. Thank you.
• Guidance for data availability and accessibility to do empirical research and policy analysis that finds uptake.
  Facilitate SIGs with accesses to funding for advancement of science.
  A privileged price (at least 60% less than listed) for SIG members and for upgrade of STATA.
  Privileged membership fees (at least 60% less than regular) for Econometric society or access to publication in the journals of Econometric Society without membership fees paid.
  Seniors must develop future-ready generation by (1) mentoring; (2) providing privileged opportunity for institutional affiliation and (3) co-authoring. [Such adoption of juniors must be based on open call].
  The specialty journals must publish special issue at least once in two years (per-defined schedule) on emerging themes for limited articles and such issues must be made available freely to the potential beneficiaries (for evidence informed policy development).
• Collaborate, get involved in debate -- discussion and joint publications (hub special groups work together regularly)
• Educational webinars archive// Methods & current research advancing public healthcare knowledge
• I would like to use IHEA as a resource of any work on health economics (online library) and an interacting network tool to actively connect with other professionals in the field
• Involving members in scientific debates / commentaries on contemporary researches on global health economics topics
Membership issues (including membership fees)

- Are iHEA members mostly from the US? How can membership be increased so as to help others? The future of health economics is in the rest of the world, where most people live.
- Add an "Retired" membership status at a reduced rate.
- Have a reduced emeritus membership fee (because my employer has stripped me of my accumulated research funds).
- Providing concessions to members in the low income and lower middle income countries.
- Student membership and membership for LMIC must not be the same.
- iHEA may consider to introduce Life membership provision for members with uninterrupted 5 years subscription of iHEA membership fees and such Life membership fees must not be more than sum total equivalent of 5 year membership fees.

Governance issues

- Have Member and governance member from LMIC
- Have a specific track of activities and governance input focused on needs of practitioners in developing country contexts.
- Better representation of members of SIG, board etc.
- Need more representation of women and people from developing countries.
- Make the association more inclusive and sustainable
- Suggest a meaningful strategic partnership (not just MOU) with organisations/networks in LMICs, such as HTAsiaLink and AfHEA
- Strengthen and extend the structure of iHEA to create different bodies/working groups that could work alongside the Board of Directors. This should involve academics at different stages of their careers (and not exclusively senior academics).
- Be nice to know the vision for iHEA for the next 10 years?
- A lot of improvements has been made over the last few years with the new Board doing a great job.
- Congratulations to Board of directors
- Its great to have someone in charge from South Africa. Long may that continue.

Role of iHEA and other comments on the association

- My thought is that iHEA needs to become the first place that people turn to when thinking about courses, training, job opportunities, etc. Many other organizations dabble with HE activities... and do it well.
- Be more present, engage more in topical debates. Support regional associations.
- Make a more coherent intellectual community by bridging the gap between those in economics departments and schools of medicine and public health and those working in countries with different income levels
- There is a divide between the issues studied in the US, Europe and other places. iHEA should be a force in connecting the international community and help set priorities for international research. For example, create programs in comparative healthcare systems, leveraging the local expertise of its members.
- I think that there could be a broader focus on health economics globally rather than this large focus on the US. While I understand there are many American health economists, I believe we learn more from researchers outside of our bubble, rather than those within it.
- As a European member, I think IHEA should help develop more interactions between American or Canadian researchers and European researchers (Journals and discussions should be more open to issues that are relevant for health systems that are different from the American system).
• Strengthen the international perspective (national developments are taken care by national associations) and bring in more internationally comparative (!) economics research on health systems and issues.

• Better aligning priorities with country based health economics associations like ASHEcon will be important moving forward otherwise, the two groups will be competing, and personally the local organization will be my preferred group.

• Develop regional chapters

• Coordination and support for local health economics groups - iHEA as a real network builder for local developments, especially important for LMIC

• In general, I think iHEA's focus should be on filling specialist/field-related gaps rather than on general activities such as research dissemination, help with paper-writing.

• IHEA could have a special collaborations to supports good health policies with international organisations such as the World Bank, the IMF, the ADB, the IDB, and multilateral such as WHO, UNDP, ILO, etc.

• More advocacy / outreach on the importance of funding health econ studies. The fact that PCORI does not allow cost-effectiveness analyses and that many US agencies have also avoided this area points to a big leadership gap in making the case that health econ is important (maybe this is just a US issue, but we are a big part of iHEA membership).

• The iHEA association could provide more funding, publication and collaborating opportunities.

• iHEA has been largely a convener and not a facilitator and a leader in our field.

• I am setting up a regional small-scale health economics workshop, and I feel that the most valuable thing is sponsorship/funding support from a large health economics association like IHEA (I haven't tried as we were not sure how likely that happens). In general, it would be great if iHEA can provide funding support regional or focus group gathering or workshops by doing fund-raising collectively.

• Try less to be like ISPOR, the large majority of iHEA members are european. it's not very appealing to have a scientific association more interested in the form than in the content. the registration price for the conference is too expensive for what one gets at the end. i'd like to see europeans with a real chance of becoming iHEA presidents.

• Reach out to members, like you have been doing recently.

• I really appreciate the efforts iHEA is making to be more responsive and to transform itself organisationally. The more we can network and communicate with each other, the more included those of us from outside mainstream academia will feel, and the better for all members to find people with shared interests and experience. Keep up the great work!