iHEA News
November 2019

iHEA News is the official newsletter of the International Health Economics Association.

Executive Update

Results of the iHEA Elections

The elections for the new President-Elect and for one member-elected Board Director position closed yesterday. A third (33%) of iHEA members voted in the election.

The results of the President-Elect vote was as follows:

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Votes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audrey Laporte</td>
<td>282</td>
<td>54.8%</td>
</tr>
<tr>
<td>Richard Smith</td>
<td>233</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

Six candidates stood in the Board Director elections: John Cullinan, Claire de Oliveira, Eline van den Broek-Altenburg, Eeshani Kandpal, Shiko Maruyama, Céu Mateus, Meredith Rosenthal and Aparnaa Somanathan. Given the relatively large number of candidates standing for the member-elected Board Director position, the Board decided that it would be most appropriate to use what is known as the “instant-runoff-voting” system, which allowed members to rank their preferences for candidates, in this case from 1 to 8. If one of the candidates receives more than half of the “rank 1” votes, they would be the winner. If this does not occur, the person with the least “rank 1” votes will be removed from consideration and their votes will be distributed to the remaining candidates according to the “rank 2” preference.

Claire de Oliveira was elected with 52% of the vote in the final round.

The Board would like to thank all of those who were willing to stand for election to the Board, and all iHEA members who took the time to vote in the elections.

- Anthony Scott, Chair, Nominating Committee
Macroeconomist Jeff Sachs frequently expresses his surprise that there can still be pockets of poverty in a world that possesses so much capital, technology, and labor. Economic convergence is a compelling theoretical prediction. When it fails to occur, the structural obstacles are usually obvious. In health, a related convergence theory also makes it bewildering to see pockets of poor health. Nineteen African countries still have life expectancy below 60. On a different geographical scale, cities like my home city of Baltimore show an intransigent 20 year gap in life-expectancies across its census tracts. We have to ask pressing questions about obstacles to the flow of all that is currently known about how to improve population health.

Spreading what health economists know and practice is part of the solution because I think we have a fair idea about obstacles to health convergence between nations. However, we still struggle to explain the world’s small tract-sized pockets of poor health. I am proud that the health economics profession is committed to the efficient and equitable achievement of better population health around the world. iHEA members continue to work to mentor and encourage the growth and sustenance of our profession everywhere through teaching, mentoring and scholarships. Nevertheless, we need to redouble efforts to understand small scale health disparities that linger despite city, state, and national measures to eradicate them.

- David Bishai, iHEA President
iHEA at AEA

iHEA will be represented at the American Economic Association Annual meeting at the San Diego Marriott Marquis & Marina (San Diego, CA), January 3 - 5, 2020. iHEA will be hosting a cocktail reception alongside ASHEcon, as well as two organized sessions.

ASHEcon/iHEA Cocktail Reception
Friday, January 3, 2020; 6:00 PM - 7:30 PM
The 2019 iHEA Arrow Award will be presented at this reception!

Session 1: The Intersection of Private and Public Action in Health and Health Care Internationally
Friday, January 3, 2020; 10:15 AM - 12:15 PM

Session 2: Innovative Programming to Improve Adolescent Health in Sub-Saharan Africa
Saturday, January 4, 2020; 8:00 AM - 10:00 AM

The program is available, alongside registration, online here.

Awards

Call for Submissions for the Arrow Award
Deadline: January 17, 2020

iHEA's Arrow Award was created to recognize excellence in the field of health economics with the Award presented to the author or authors of the paper judged to be the best paper published in health economics in English in the award year. The Award was set up in honour of the late Kenneth Arrow and in recognition of the influence of his
semital paper from 1963 "Uncertainty and the welfare economics of medical care". Professor Arrow was involved in the creation of the Award and he presented the inaugural prize in 1993.

The Award is made every year. Each year the Award committee considers a short-list of up to ten papers, with each paper evaluated by all of the committee members in terms of importance and originality of contribution, appropriateness and innovation in methodology and clarity of presentation. You can view the most recent award winners here.

Nominations for the Arrow Award from members of iHEA are welcome and should be sent to the Chair of the Committee (Luigi Siciliani: luigi.siciliani@york.ac.uk), accompanied by a copy of the paper and a brief cover letter. The deadline for submissions is January 17, 2020.

Call for Nominations for the 2020 Student Paper Prize

Deadline: January 13, 2020

The International Health Economics Association (iHEA) is pleased to invite nominations for the Annual Student Paper Prize in Health Economics. Nominations should include a brief letter of nomination (250 words max) and a copy of the paper (preferably pdf).

A student is defined as someone currently studying (full or part time) at a higher education institution, at either Masters or Doctoral level. In addition, students who have completed their studies in the year previous to the announcement qualify as long as the paper was written while registered as a student.

Papers can be published or unpublished, but must be in comparable format to a published paper in Journal of Health Economics or Health Economics, of maximum length 8,000 words. Self nomination is acceptable. Papers should be in English. If a submitted paper has more than one author, the student contribution must be at least 75% overall and an accompanying letter must be signed by co-authors to support this, stating the nature of their contribution (conceptualization, analysis, writing etc.). A joint student paper with 50-50 contributions is acceptable. Previous winners are not eligible.

Papers will be reviewed by an International Committee chaired by Professor Bruce Hollingsworth.

The Prize will be subsidized travel and attendance at the 2021 iHEA Congress in Cape Town to present the paper in a Student Prize Special Organised Session chaired by the iHEA President, or Chair of the Prize Committee; the equivalent of US$1,000; and the offer (if the author wishes, and the paper is unpublished) of potential fast track publication in Health Economics, subject to Editorial approval. The papers in 2nd and 3rd place will receive the equivalent of US$250 each and free registration (but not

ihea@healtheconomics.org | www.healtheconomics.org
travel) at the 2021 Cape Town iHEA Congress. They will be invited to give brief presentations at the iHEA Congress Student Prize Special Organized Session.

Please submit nominations, and address queries by email to: b.hollingsworth@lancaster.ac.uk.

SIG News

Economics of Palliative and End-of-Life Care SIG

Recent Research Spotlight

The Changing Nature of Trajectories at the End of Life

Research on healthy life expectancy in New Zealand (1) shows that we are not only living longer in good health, but also living longer with disability and needing daily assistance. This research builds on an idea by Lynn & Adamson (2) about trajectories at the end of life and the sense from palliative care providers that these trajectories are sequential.

The Trajectories Study used linked national data for all deaths occurring and registered in New Zealand in 2015. Mortality data was linked to the Cancer Registry, hospitalisations, inpatient procedures, emergency department events, outpatient visits, pharmaceuticals, laboratory tests, disability support services and primary care capitation. For the first time in New Zealand, we were also able to link subsidy data for aged residential care (ARC), interRAI data (assessment at home and in long-term care), and hospice data. This provided a history of utilisation of ten years, with the Cancer Registry and hospital events going back 25 years.

Five trajectory groups, based on characteristic utilisation, were identified and extracted sequentially:

- **Dementia**: anyone with any evidence of dementia (the algorithm is available in a technical note).
- **Cancer**: no evidence of dementia but evidence of cancer from the Cancer Registry and/or cause of death on the death certificate was a malignant or benign neoplasm.
- **Chronic Disease**: not in the two groups above and with any ARC subsidy or place of death was residential care or any interRAI assessment. These are effectively the frail older people who need some assistance (in ARC or assessed for home care).
- **Need and Maximal Need**: all other causes of death that are included in the definition of “need for palliative care” (3). They may have chronic disease but are generally younger and include those dying of congenital diseases.
- **Other Sudden Deaths**: the balance of total deaths. These are generally deaths from accidents, drownings, poisonings and suicide.

The five groups have a distinctive pattern by age band, as shown in Figure 1.

![Figure 1: Trajectories Groups in New Zealand in 2015](image)

The right-hand axis shows the number of deaths in each age band. Two lines are shown, the solid line being deaths in the study and the dotted line the projected deaths in 2038. Statistics NZ projects that total deaths in 2038 will be 40% higher than in the year to June 2019. We expect a greater number of deaths as well as a substantial ageing of those deaths by 2038. Over the period from 2019 to 2038, Cancer group deaths are projected to increase by 14%, Chronic Disease group deaths by 59% and Dementia group deaths by 73%.

The project has been able to provide an answer to the question: who is not reached by specialist palliative care (hospices and hospital palliative care) or by aged residential care. This identifies the size of the primary palliative care work-load, which needs to be met by GPs and district nursing services. The results nationally, regionally and by district health purchasers are being used to inform service development.

The linked data has also been used to characterise the daily place of care in the last three years of life by trajectory group and to investigate the transitions in care (for example, from hospital to long-term care, or home to hospital). The transitions have been animated and have formed the basis of discussions with ambulance and emergency services to try to support more people at home.

Finally, we have done a health system costing of all the components in the last year of life (LYOL) and the last three years of life. Across all ages and causes of death, the
health system cost is $44,786 per person in the LYOL (amounts quoted in NZD, 1 NZD=0.64 USD, 1 NZD= 0.58 EUR). The amount varies substantially by trajectory group: Dementia $59,989, Cancer $47,337, Chronic Disease (frail elderly) $43,721, Need and Maximal Need $24,569, and Other Sudden Deaths $10,060 per person. The implications for an ageing population and higher numbers of older deaths are sobering.

Further information can be found in a series of three policy papers and two technical notes: https://www.researchgate.net/profile/Heather_Mcleod3/research.

References:


- Heather McLeod, University of Auckland, and June Atkinson, University of Otago, Wellington.

Regional News

InaHEA: Political Economics of Non-Communicable Diseases in Indonesia

Gathering Evidence for National Action Plan

ihea@healtheconomics.org | www.healtheconomics.org
The 6th Indonesian Health Economics Association (InaHEA) Annual Scientific Meeting was held in Bali, Indonesia from 5th - 8th November 2019. The conference theme was the Political Economy of Non-Communicable Diseases (NCDs) in Indonesia. The meeting was hosted by the Indonesian Health Economics Association (InaHEA) and the Young Health Economics and Policy Society (YHEPS). The primary aim of the meeting was to understand the challenges and costs of NCDs in Indonesia and to bridge the gap between research and policy and support the national action plan to combat NCDs.

The scientific meeting was opened by the Chair of InaHEA and the Minister of Health Advisor for health financing, by presenting “NCD National Health Policy”, which focused on the need to shift towards a healthy lifestyle promotion and NCD prevention in the Country. While the NCD rate is alarming, it has been discussed in the forum that the funding for research in NCDs is very limited. There is an urge to tackle the problem of NCDs through collaboration with multiple sectors, and not only treating NCDs as a single treatment approach but also NCDs management treatment has to deal with multiple chronic NCDs as well as communicable diseases. The Economics of Diabetes Mellitus and Innovative Policy is one of the topics that was discussed throughout the conference. Indonesia is facing a serious problem of undiagnosed diabetic patients, with only 1/3 of diabetic cases being diagnosed. The cost of treating diabetic patients should consider not only the cost for diabetic diagnosis, but also possible diabetes related complications.

The evaluation of the National Health Insurance program in Indonesia (namely JKN), which stood at the 6th year of its implementation, was another topic discussed during the conference. The program is seen to have a positive impact on increasing access to health care and reducing poverty. However, the challenges remain, such as the supply side distribution, quality issues, and inequality access across geographical areas in Indonesia. At last, the JKN program should be seen as a health investment from a macro policy perspective.

Website: inahea.org.
Traditional dancing - opening the 6th INAHEA Annual Scientific Meeting

Plenary session - Challenges of NCDs under JKN program
Plenary session - Economic impact on investment in health

President of InaHEA, Hasbullah Thabrany, Opened the 6th InaHEA Annual Scientific Meeting

- Royasia Viki Ramadani, Center for Health Economics and Policy, Universitas Indonesia
University Member News

Apply to attend Brocher 2020 Summer Academy: "Healthy, Wealthy, and Wise: The Ethics of Health Valuation"

The Brocher Summer Academy in Global Population Health is a 5-day invitation-only working conference held biannually in Hermance, Switzerland. The next Academy will be held on June 8 - 12, 2020. It addresses ethical issues arising when choosing among metrics for evaluating the benefits and costs of interventions that substantially affect public health. Participants will consider both conventional and innovative approaches that estimate costs and benefits using the same metric, including monetary or nonmonetary measures. Our goal is to achieve an understanding of the ethical trade-offs that accompany the choice among these alternatives. The agenda features 15 distinguished scholars; John Broome will deliver the Brocher Lecture. A more detailed description of the Academy and the full list of speakers is available here.

Participants will be selected by the organizers based on submission of related materials. The criteria for acceptance include the demonstrated quality and relevance of previous, current, and likely future research, as well as the ability to contribute productively to the workshop discussion and to future developments in this field.

Applicants must apply, using the application form available here. Accepted participants must pay a fee of 750 CHF (professional scholars) or 550 CHF (students) to cover the costs of accommodations, meals, and workshop materials, and must also pay for their own travel.

The application deadline is 13 December 2019.

Become a University Member to Access Additional Member Benefits!

In the last year, iHEA made changes to its University Membership structure and benefits. In addition to various congress-related benefits, university members’ training programs are featured on a dedicated page on the iHEA website, feature articles on university members will be published in the monthly newsletter and university members are entitled to advertise employment and postdoctoral fellowship opportunities on the iHEA job board and Twitter account at no cost.

To learn more about University Membership benefits, please click here.
The iHEA Career Center allows you to post your job openings and fellowships, find potential candidates and search new positions. It is open to members and non-members alike. You are able to search by Keyword, Country, Organization, Job category and more. We encourage everyone to click here to view this wonderful resource. We do hope that you utilize this tool and should you have any questions, please reach out to jobs@healtheconomics.org.

Stay Connected

Please click here to access the SocialLink user guide. We hope that this guide will give members a better idea on how they can best use SocialLink, our member community and networking app, to connect with other members and engage with our Special Interest Groups. We will continue to build out the FAQ section of SocialLink, but if you have any questions please reach out to us at ihea@healtheconomics.org!

ihea@healtheconomics.org | www.healtheconomics.org