iHEA News
October 2018

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

Presidents Corner

Last Thursday in Astana, Kazakhstan a global assembly of health officials adopted a new declaration to achieve better health for all through primary health care (PHC). The Astana Declaration updates the Alma-Ata Declaration from 40 years ago asserting that PHC is a cornerstone of universal health coverage. The declaration demands the attention of every health economist. It calls on countries to “…address the inefficiencies and inequities that expose people to financial hardship…by ensuring better allocation of resources for health, adequate financing of primary health care and appropriate reimbursement systems.” There has been past confusion that PHC simply meant primary (medical) services. The new document clarifies endorsement for an expansive vision of PHC that prioritizes essential public health functions and addresses economic, social, and environmental determinants of disease across all sectors including an accountable private sector.

Between now and next September when a high level UN General Assembly meeting on universal health coverage assembles in New York, the health economics community can use our scholarship to help our governments understand best practices in executing a vision of comprehensive primary health care and public health that leaves nobody behind. Academics will be included in multi-stakeholder panels leading up to the UN high level meeting. The more we tune our work to the broad vision announced in Astana, the more relevant our research can be. Our profession’s potential to contribute relevant knowledge to improve human-well-being and prosperity is being recognized at the highest level. The Basel Congress promises to be perfectly timed to contribute some of our finest research towards this goal.

David Bishai, iHEA President
Executive Update

Please participate in the iHEA Board elections

We have been truly overwhelmed by the positive response to the call for iHEA members to make themselves available to serve on the Board of Directors. Ten excellent candidates are standing in the upcoming elections for the three member-elected Board Director seats that become vacant at the end of 2018. The candidates, listed in alphabetical order, are as follows:

- Christopher ‘Kitt’ Carpenter
- N. Meltem Daysal
- Emma Frew
- Paula Lorgelly
- Manoj Mohanan
- Maia Platt
- Jennifer Prah Ruger
- Richard Smith
- Sally Stearns
- Virginia Wiseman

It is very encouraging that health economists of such calibre are willing to contribute to the association and serve iHEA members in this way. We thank the Nominating Committee, which played the central role in attracting this impressive group of candidates. The members of the 2018 Nominating Committee are:

- Adam Wagstaff, World Bank (iHEA Past-President; Committee Chair)
- Tinna Ásgeirsdóttir, University of Iceland (iHEA member)
- John Cawley, Cornell University (iHEA member)
- Kara Hanson, London School of Hygiene & Tropical Medicine (iHEA Board Director)
- Jui-Fen Rachel Lu, Chang Gung University (iHEA Board Director)
- Tony Scott, University of Melbourne (iHEA Board Director)

We urge all our members to review the candidates’ election statements and CVs, engage with the candidates in the online forum over the next three weeks, and vote between November 19th and 29th. To access the online forums, simply login to the iHEA website with your username and password, click on the “quick links” dropdown at the top of the page and click on ‘forums’! All iHEA members will receive an email with details on how to vote when the voting system opens.

Given that there are ten candidates for three places, we will again be using what is known as the “instant-runoff-voting” system, which allows members to rank their preferences for candidates, in this case from 1 to 10. In terms of this voting system, the person with the least “rank 1” votes is removed from consideration and their votes will be distributed to the remaining candidates according to the “rank 2” preference. This process is repeated until there are only three candidates remaining, who will be declared the member-elected directors.

ihea@healtheconomics.org | www.healtheconomics.org
If you are not currently an iHEA member but would like to have a say on who should serve on iHEA’s most important governance structure … **why not join now!**

**Exciting new benefit package for University members**
The iHEA Board, at its October 2018 meeting, approved a substantially enhanced benefit package for our University members, which will now include the following:

- Five individual memberships for staff and/or students in your Department/Unit with all the associated benefits.
- Listing on the university member webpage with a link to your website.
- Feature article on your Department/Unit in a monthly iHEA newsletter.
- Detailed overview of your training programs on a dedicated iHEA webpage of health economics training programs (only programs of university members will be included), and dissemination of key course information (e.g. application deadlines) on the iHEA Twitter account.
- Promoting your upcoming conferences and other meetings through the iHEA events page.
- Advertising employment and postdoctoral fellowship opportunities on the iHEA job board and on the iHEA Twitter account at no cost.
- A shared exhibition table to disseminate information on your Department/Unit’s research and teaching programs at the iHEA congress at no cost.
- Access to a small meeting room during iHEA congresses on a pre-booked, first-come-first-served basis (e.g. for collaborative research project meetings).

Why not **join** as a University member now!

* - Diane McIntyre, iHEA Executive Director

**iHEA Congress News**

**Register your interest in participating in the 2019 iHEA World Congress in Basel**

- Submit a proposal for a pre-congress session by **December 14**, and/or
- Submit an abstract for the main congress by **December 10**

**Important opportunity for students and early career researchers**
For the first time, a pre-congress session dedicated to detailed discussion of research by doctoral students and early career researchers will be held at the 2019 iHEA World
Congress. Submit an abstract by **December 10th** for your research to be considered for inclusion in this session, which is organized by the Early Career Researcher (ECR) Special Interest Group.

A prize, sponsored by *Health Economics* and the publishers of this journal, Wiley, will be awarded to the best paper included in this session. This prize is:

- The offer of potential fast track publication in *Health Economics*, subject to peer-review and Editorial approval.
- Books to the value of USD 150 from the Wiley-Blackwell catalogue.
- A one year online subscription to *Health Economics*.

**iHEA at AEA**

*iHEA* will be represented at the American Economic Association Annual meeting at the Atlanta Marriott Marquis (Atlanta, GA), January 4-6, 2019. *iHEA* will be hosting two organized sessions and co-hosting a reception with the American Society of Health Economists.

**ASHEcon/iHEA Cocktail Reception**
Friday January 4, 2019; 6:00 PM - 7:30 PM
Hilton Atlanta, 301-302

Details of the *iHEA* organized sessions and other health economics sessions organized by ASHEcon and HERO can be found [here](#).

**SIG News**

**‘Health systems’ efficiency’ Special Interest Group (EFFSIG)**

*Russian version to follow below*

EFFSIG aims to provide a conduit between *iHEA* members working in the area of health system’s efficiency and different country governments in terms of evidence-informed health system analysis. Measuring (and even gaining acceptance of the notion of) “efficiency” in health systems is complex, and provides a research-question in itself. EFFSIG encourages discussion
to develop insights into assessing ‘Health systems’ efficiency’ while taking into account national realities, capacities and levels of development and priorities within the policy space. EFFSIG plans to promote this discussion through webinars, drawing on experts not only from academia but also health system managers and policy-makers. EFFSIG also aims to facilitate access to harmonised data (including metadata) to experiment with, in advancing the conceptualisation and methodological approaches to health systems’ efficiency. EFFSIG details are here.

EFFSIG is a platform for you to contribute your expertise, to collaborate in realising your professional aspirations, and to cultivate a culture of experimentation amongst researchers. EFFSIG aspires to remain relevant to the ‘Sustainable Development Goals’ movement [United Nations, General Assembly, date 27 July 2015] by connecting public health experts and professionals from different health systems to iHEA members to promote research uptake and evidence-informed policy development.

Something is there for everyone; whether you are an early career researcher or a laureate in examining ‘Health systems’ efficiency’, EFFSIG welcomes you to connect
- Prof. Bruno Ventelou, Convener (Chair);
- Pavitra Paul, PhD. – Co-convener [pavitra.paul@uef.fi];
- Prof. Nina Agabekova, Co-convener.

Эффективность системы здравоохранения Специальная группа по интересам (EFFSIG)

EFFSIG является связующим звеном между членами Международной ассоциации экономики здравоохранения и правительствами разных стран для анализа эффективности систем здравоохранения на основе фактических данных. Измерение (и даже определение понятия) «эффективности» в системе здравоохранения является сложным и само по себе является вопросом исследования. EFFSIG поощряет дискуссию о разработке представления об «эффективности системы здравоохранения», учитывая при этом национальные реалии: возможности и уровни развития, проводимую политику и приоритеты.

Вебинары EFFSIG предоставляют экспертов по этой теме различным заинтересованным группам от ученых до практиков. EFFSIG также будет стремиться к облегчению доступа к сопоставимым данным (включая метаданные) для расчетов и продвижения методологических подходов, чтобы обновить понятие эффективности. Подробности EFFSIG здесь.

EFFSIG - это платформа для того, чтобы Вы могли обогатить свой опыт, сотрудничать при реализации Ваших профессиональных устремлений и развивать методики расчетов в научных исследованиях. EFFSIG стремится соответствовать задачам «Цели устойчивого развития» [Организация Объединенных Наций, Генеральная ассамблея, 27 июля 2015 года], путем объединения экспертов общественного здравоохранения, практиков из различных систем здравоохранения и членов специальной группы для научных исследований и принятия практических решений.

Каждого, будь Вы начинающий исследователь или признанный специалист в изучении эффективности системы здравоохранения, EFFSIG приветствует и приглашает к участию.

Профessor Бруно Вентелоу, Председатель;
Павитра Пол, доктор философии. Сопредседатель [pavitra.paul@uef.fi];
Economics of Palliative & End-of-Life Care Special Interest Group news

The Economics of Palliative & End-of-Life Care Special Interest Group are delighted to announce that Dr Nikki McCaffrey, co-lead of the SIG has been appointed to the editorial board of the journal, Palliative Medicine. Nikki, a health economist with Deakin Health Economics and Cancer Council Victoria, Australia is passionate about palliative and end-of-life care research and following successful guest editorial roles on the Palliative Medicine April 2017 special issue on the economics of palliative and end-of-life care and the Cancer Forum July 2017 issue on the “Costs of cancer to the patient,” Nikki is taking on the mantle of screening editor for Palliative Medicine in the new year.

Being a member of the Palliative Medicine editorial board provides Nikki an exciting opportunity to get more involved with the highest quality journal in the field and actively contribute to the strategic objectives of the journal. Not surprisingly, Nikki wants to continue to build the quantity and quality of economics research published in the journal and encourage health economists to apply their skills in this expanding research area.

Palliative Medicine is dedicated to improving knowledge and clinical practice in the palliative care of patients and families facing life-limiting illnesses and is the highest ranked journal in palliative care (2017 Impact Factor 3.78). The journal is published in association with the European Association for Palliative Care (EAPC). Palliative Medicine publishes a variety of article types including editorials, original papers, review articles and case reports. Other initiatives include podcasts by lead authors, the editor’s choice with the authors featured on the EAPC blog and calls for papers for special issues with economic perspectives encouraged. Articles and initiatives are complemented by social media including twitter (@palliativemedj) and Facebook. Notably, one of the most widely read articles in Palliative Medicine is about economics, “Evidence on the cost and cost-effectiveness of palliative care: A literature review” published by Smith and colleagues (2014)¹, a clear signpost of the growing interest to clinicians, funders and policy-makers of research in this field.

For more information about Palliative Medicine visit http://journals.sagepub.com/home/pmj.

Further details about the Economics of Palliative & End-of-Life Care Special Interest Group can be found here https://www.healtheconomics.org/page/PalliativeAndEOL. Membership of the SIG can be requested by logging in to the iHEA website, selecting the “groups” section and clicking “request to join”.

References:

Call for participation: New Special Interest Group on the Economics of Nature and the Outdoor

ihea@healtheconomics.org | www.healtheconomics.org
Following a successful and well-attended session on the economics of public health interventions with a focus on nature-related interventions and outdoor activities at the last EuHEA conference, we would like to seek interest among iHEA members to develop an iHEA Special Interest Group on the Economics of Nature and the Outdoor.

There is significant and growing evidence on the physical and mental health benefits of nature. Research from fields such as health and environmental economics, public health, architecture, ecology, psychology, sport science, psychiatry, spatial planning and geography suggest that nature promotes health through a variety of pathways acting upon both mental and physical wellbeing. Access to nature is associated with better health outcomes and income-related inequality in health is less pronounced where people have access to green and blue spaces.

In this context, collaborative strategies between researchers and primary health, social services, urban planning and environmental management sectors are turning their interest to developing contact with nature in the health promotion of populations.

It is expected that global warming and climate change will increase the relevance of the interaction between health, social conditions and nature, and we see a special interest group on the Economics of Nature of key importance in shaping the future.

This special interest group will aim to bring together members of iHEA with an interest in methods and research related to the economics of nature.

If you are interested in joining the group, bringing additional ideas and willing to collaboratively develop the remits and objectives of a new iHEA Special Interest Group on the Economics of Nature and the Outdoor, please contact Sandy Tubeuf (sandy.tubeuf@uclouvain.be).

Mary Lynch (Bangor University, UK)
Laetitia Schmitt (University of York, UK)
Sandy Tubeuf (Université Catholique de Louvain, Belgium)

Rhiannon Tudor Edwards (Bangor University, UK)

iHEA Webinars

High costs in end-of-life care: an alternative economic perspective

Friday, November 30, 2018
10:00 AM GMT/9:00 PM AEDT
Presenter: Peter May, Trinity College Dublin (@petermay_tcd)

It is long established that the last year of life is associated with much higher healthcare costs. Prior economic work has identified valuation of life under threat of imminent death, where utilisation has negligible opportunity cost, as an explanation. However, medical and health services research studies often find that end-of-life care is not delivered consistently with patient preferences and that death is not predictable. Palliative care, the interdisciplinary specialism that aims to improve quality of life for those with life-limiting illness, is associated with improving
patient decision-making and lower costs of care. This presentation analyses ~110,000 hospitalisations of adults with life-limiting illness in the United States, to identify those for whom palliative care is more or less impactful on costs. Palliative care is found to be more cost-saving for those with higher illness burden and higher costs. An alternative economic perspective on high end-of-life care costs is proposed.

**Career Center**

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**

[iHEA Members, don't forget to login and use SocialLink, our new social networking web application and mobile app. Click here for more information.](#)