



IHEA
INTERNATIONAL HEALTH
ECONOMICS ASSOCIATION

March Newsletter

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Congress Update



PRESENTERS MUST REGISTER BY MARCH 31, 2023

15th IHEA World Congress in Cape Town

Early bird rates are active until April 28, 2023!

Don't Forget to Register!

The [IHEA congress](#), held every second year, is the only global forum for health economists to engage around the latest methodological developments, present recent research findings and explore the implications of this research for health policy and practice. The IHEA congress includes presentations across the full spectrum of health economics fields.

Presenters must register by 11:59 PM EST on **April 4**, and early bird rates are active until **April 28**.

A reminder that it is cheaper to pay for a 2-year IHEA membership and register at the member rate than it is to register as a non-member! You can join [online here](#) before registering.

Register [here](#).

Congress Plenaries

IHEA Opening Plenary: Diversifying Health Economics: Balancing Power and Partnership

Panelists from different parts of the world will discuss their experience of how power manifests in research and policy engagements and what we, as health economists, can do to enable more equitable partnerships. Issues will include the choice of topics for research funding, how research partnerships are designed and implemented, and how technical assistance for health policy is provided. Speakers will be invited to offer bold approaches to promoting greater diversity and inclusion across the field of health economics research and its application to policy.

Moderator: Kara Hanson, Professor of Health System Economics, London School of Hygiene and Tropical Medicine

Panelists:

Edwine Barasa, Director, KEMRI-Wellcome Trust, Nairobi, Kenya

Robert Gillezeau, Assistant Professor of Economic Analysis and Policy in the Department of Management and the Rotman School of Management, The University of Toronto Scarborough

Eeshani Kandpal, Senior Fellow, Center for Global Development

IHEA Closing Plenary: Reframing Health Economics in the Context of Climate Change

Environmental crises, particularly climate change, have profound implications for the health of populations and health systems globally, with disproportionate impacts on low- and middle-income countries. The health sector itself contributes to climate change. Yet, there has been very limited research by health economists to date on what is now widely regarded as one of the greatest threats to health.

This plenary is a call to action for health economists to recognize the severity of climate change consequences and respond. It will include a keynote address by Professor Elizabeth Robinson, an environmental economist, who will explore the importance of economists engaging around climate change and related environmental crises. Two health economists, Professors Martin Hensher, and Josephine Borghi will provide insights into how the discipline can incorporate climate change issues in their research, in a panel discussion, moderated by Professor Paula Lorgelly.

Moderator: Paula Lorgelly, Professor of Health Economics, The University of Auckland

Keynote speaker: Elizabeth Robinson, Director, Grantham Research Institute on Climate Change and the Environment

Panelists:

Martin Hensher, Henry Baldwin Professorial Research Fellow in Health Systems Sustainability, The Menzies Institute for Medical Research, The University of Tasmania
Josephine Borghi, Professor in Health Economics, The London School of Hygiene & Tropical Medicine

To learn more about the plenaries and their speakers, click [here](#).

Pre-Congress Sessions

Titles and descriptions of our Pre-Congress program have been released! We are thrilled to announce we will be running 21 Pre-Congress sessions this year on **July 8th and 9th!**

There is no extra cost to attend if you register for the full Congress, however, a separate registration for Pre-Congress sessions will open in the coming weeks!

For now we encourage you to plan your travel around this and arrive for Saturday morning, so you can attend these wonderful sessions - you can learn more about them online [here](#).

Immunization Economics Pre-Congress Session

Registration for this two-day Pre-Congress session is being run directly through the Immunization Economics Special Interest Group. The session will bring together early-career to seasoned researchers from academic institutions, NGOs, and multinational organizations to exchange knowledge on the latest research methods and approaches in immunization costing, financing, economics, and decision-making. You can find more details on themes [here](#).

Anyone with an interest in immunization economics can register, regardless of whether you are an IHEA member or whether you are planning to attend the main Congress. You can find the link to the registration form as well as other relevant details on our [IHEA 2023 webpage](#). Registration will close if all spots are filled up, or at the latest, by **May 31, 2023**.

At the bottom of the registration form, you'll find the form to submit your poster to present at the pre-congress.

Proposed posters should fit within the themes listed at the bottom of our [IHEA 2023 webpage](#). If you are interested in submitting a poster but are not ready to do so, you can skip this section, and submit your poster later on, but before April 15. You can find more submission details on our [registration and poster submission webpage](#).

The deadline for poster submission is April 15, 2023.

Any questions can be sent to immunizationeconomics@thinkwell.global.

SIG News

Risky Health Behaviors SIG (new SIG) announcement

New IHEA Special Interest Group: Economics of Risky Health Behaviors

IHEA is pleased to announce a new Special Interest Group! The objective of this SIG is to bring together an international community of researchers to build health economics capacity, and to advance economic research that contributes to our understanding of the causes of risky health behaviors, the consequences of risky health behaviors, and the effectiveness of policies and interventions to modify and reduce risky health behaviors. The SIG will aim to do this through the VERB seminar, which will be held with monthly frequency during the academic year, and by encouraging collaboration by researchers in different countries, sharing information about research taking place in different countries, and increasing the visibility of early-career scholars and helping them improve their research.

The existing VERB seminar (Virtual Seminar on the Economics of Risky Health Behaviors), was created during the COVID shutdown to solve the lack of access to high-quality research seminars. The VERB seminar has been held for five semesters (Sept-Dec 2020, Jan-May 2021, Sept-Dec 2021, Jan-May 2022, and Sept-Dec 2022), and has involved a diverse set of speakers (in terms of nationality, race, ethnicity, gender, and sexual orientation) and a diverse international audience. For a summary of past VERB seminars, click [here](#).

The VERB seminar has been organized by an international team of researchers: Tinna Asgeirsdottir from Iceland, Ana Balsa from Uruguay, John Cawley from the U.S., and Hans van Kippersluis from the Netherlands. VERB's advisory board is even more internationally diverse, with representation in Africa, Asia, and Australia, as well as the aforementioned countries.

You can learn more about the SIG and the VERB seminar series [here](#).

Initial SIG Conveners

Tinna Asgeirsdottir	University of Iceland https://english.hi.is/staff/ta E-mail: ta@hi.is
Ana Balsa	University of Montevideo https://www2.um.edu.uy/abalsa/

	E-mail: abalsa@um.edu.uy
John Cawley	Cornell University https://economics.cornell.edu/john-cawley E-mail: jhc38@cornell.edu
Hans van Kippersluis	Erasmus University Rotterdam https://www.eur.nl/en/people/hans-van-kippersluis E-mail: hvankippersluis@ese.eur.nl

E-CHW SIG Updates

Congress Update

The Economics of Child Health & Wellbeing Special Interest Group (E-CHW SIG) will be at the 15th World Congress in Cape Town! Look out for several events the SIG will host, including:

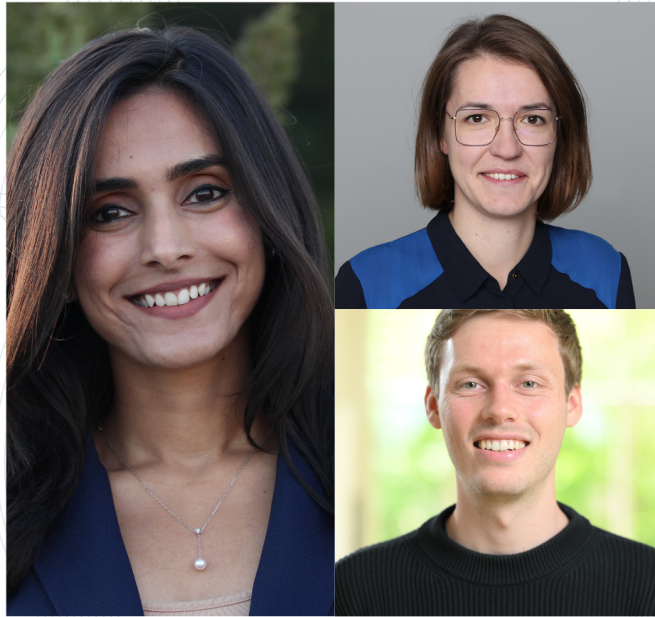
- A SIG meeting on **Monday, July 10 from 5:15-6:15 PM**
- And an Early Career Researcher Session entitled 'Improving the Measurement and Valuation of Child Health to Inform Coverage Decisions'.

Details of these sessions' venue and/or timing will be communicated later.

Annual Student Paper Prize

IHEA Student Prize Winners Announced

The IHEA Student Prize is to recognize excellence by students in the field of health economics. It was first awarded in 1999 and biennially thereafter to coincide with the IHEA congress. As of 2017, there has been a standing Student Paper Prize Committee to award this prize annually to the Masters or Doctoral student paper judged as best in the award year. Each year the Committee considers a short list of submitted papers evaluated by all of the committee members using similar criteria to that of the long-established Arrow Award.



The 2023 First Prize is awarded to [Yashaswini Singh](#) (Johns Hopkins University): “Can Private Equity Buy Referrals? Evidence from Multispecialty Physician Practice Acquisitions”. Multispecialty physician practices (MSP) incentivize referrals from generalists to specialists within the same practice. This research found that Private Equity (PE) acquisitions of MSP increase referrals within the practice, largely due to the adoption of PE’s managerial strategies. It also explored the implications for patient welfare.

Honourable mentions go to the runners-up, who share the second prize:

- [Vera Zabrodina](#): “Timing Moral Hazard under Deductibles in Health Insurance” Develops a novel approach to examine the extent to which individuals strategically time their healthcare consumption under deductibles in health insurance.
- [Benedikt Janzen](#): “Temperature and Mental Health: Evidence from Helpline Calls” This paper examined the negative effect of temperature extremes on mental health, reflected in an increase in the demand for telephone counselling services in Germany.

The prize winners will present their papers at a special session of the [2023 IHEA Congress in Cape Town](#).

Many thanks to all those who submitted papers for consideration, and to the Prize Committee for all their hard work. The next call for submissions will be issued later in 2023.

Student Prize Committee

Chairperson: Tinna Laufey Asgeirsdottir (University of Iceland)
Mehdi Ammi (Carleton University, Canada)
Monica Aswani (University of Alabama, USA)
Ronelle Burger (Stellenbosch University, South Africa)
Toshiaki Iizuka (University of Tokyo, Japan)
Emily Lancsar (Australian National University)
Shiko Maruyama (Jinan University, Guangzhou, China)
Alfredo Paloyo (University of Wollongong, Australia)
Timothy Powell-Jackson (London School of Hygiene and Tropical Medicine, UK)
William Schpero (Cornell University, USA)
Peter Sivey (University of York, UK)
Raf van Gestel (Erasmus University, Netherlands)
Jacob Novignon (Kwame Nkrumah University, Ghana)

The Student Prize is sponsored by the Canadian Centre for Health Economics.



2024 ASSA Meeting Call for Papers

The [International Health Economics Association](#) (IHEA), the [American Society of Health Economists](#) (ASHEcon), and the Health Economics Research Organization (HERO) are soliciting papers for presentation at the 2024 [Allied Social Science Association](#) (ASSA) annual meeting to be held in San Antonio, Texas from Friday, January 5 - Sunday, January 7, 2024. Based upon submitted abstracts, papers will be selected for two IHEA-organized sessions, one ASHEcon-organized session, and five HERO-organized sessions.

IHEA seeks abstracts for sessions that will focus primarily on internationally relevant topics in health economics, ASHEcon seeks abstracts on topics related to US-focused health economics topics, and HERO seeks abstracts on all issues of relevance to the health economics field.

Submission Guidelines

Anyone is eligible to submit an abstract. Abstract text must be 500 words or less. If you would like to submit your abstract as part of a group of abstracts for consideration as a complete session, you must provide suggested discussants for each paper. **Please note that this is not a guarantee that all papers in a set would necessarily be on the program.** IHEA, ASHEcon, and HERO are independent organizations each with affiliate status in the ASSA.

Please submit abstracts [HERE](#) by May 20, 2023.

Upcoming Webinars

A Model To Value Hearing Disability Caused By Congenital Cytomegalovirus

Date: April 20 from 9:00 AM - 10:00 AM EDT

Description: The provisional plan is a one hour time slot composed of 5 minutes of initial housekeeping, an approximate 40 minute presentation and 15 minutes for discussion.

Speaker: Dr. Bernarda Zamora (she/her), Research Fellow in Health Economics, NIHR London IVD Cooperative (MIC), Imperial College London

Background: Congenital cytomegalovirus (cCMV) is the most common non-genetic cause of sensorineural hearing loss (SNHL) and therefore an important target for effective treatment. More than 50% of children suffering cCMV pathology are asymptomatic at birth, with symptoms manifesting months or years later. The lack of diagnosis adds to uncertainty in incidence of SNHL caused by cCMV and in burden of disease.

Methods: The health economics model uses a different perspective and methods than previously used by the York Health Economics Consortium in their economic evaluation work commissioned by CMV Action. A willingness-to-pay approach for hearing loss disability is adopted. This approach combines the incidence of congenital HCMV (cCMV) with that of symptomatic and asymptomatic SNHL. Also, uncertainty from undiagnosed SNHL is partly attributed to cCMV.

Results: Overall, over the 2020 birth cohort, a total of 640 cases of SNHL are caused by cCMV, and the range of uncertainty is between 298 and 986 cases. According to the Global Burden of Disease disability weights for hearing loss (0.0307) and the life expectancy for the 2020 birth cohort (89 years), a person loses an average of 2.72 years of life due to hearing disability. Considering the estimated Value of Life at £995,027 consistent with the £30,000 per QALY threshold adopted by NICE, the average per person value of life lost to hearing disability is £30,506, that for all patient affected amounts £19,513,607. These figures can be compared at patient level with cost-based estimates at £21,235 which is below the average value of life lost due to hearing loss we have estimated.

Conclusions: The value of preventing and avoiding hearing loss caused by cCMV is larger than the direct clinical costs previously estimated which supports adoption by the NHS of a diagnostic tool to screen for the presence of cCMV during the current universal hearing newborn screening programme.

[Register here](#)

A Question Of Morality? Preferences For Liberties, Lives And Livelihoods During A Pandemic

Date: May 4 from 11:00 AM - 12:00 PM EDT

Description: Pandemics represent a disease category that not only challenges our mortality but also forces us to consider our moral relations with others in society. This was clear during the Covid-19 pandemic, with public opinion often polarised on whether, and to what extent, government policy should mandate restrictions on individual liberties to save lives, and the extent to which economic costs should be considered. Little is known about public preferences and trade-offs for such factors during a pandemic. Such information is crucial if public messaging is to achieve maximum compliance. Using a discrete choice experiment, this study estimates trade-offs between lives, liberties, and livelihoods in a future pandemic, and assesses their relationship to moral attitudes. Findings suggest moral attitudes partly explain polarised views around restrictive lockdowns. Implications for devising effective public health messaging to increase lockdown compliance during a future pandemic are discussed.

Featured speaker:

Professor Mandy Ryan is the Director of the Health Economics Research Unit. She joined HERU in 1987 after graduating from the University of Leicester with a BA (Hons) in Economics and the University of York with an MSc in Health Economics. In 1995, she graduated from the University of Aberdeen with a PhD in Economics concerned with the application of contingent valuation and discrete choice experiments (DCEs) in health economics. In 1997, Mandy was awarded a five-year Medical Research Council Non-Clinical Senior Fellowship to develop and apply DCEs in healthcare. In 2002, she was awarded a Personal Chair in Health Economics by the University of Aberdeen and in 2006 she was elected as a Fellow of the Royal Society of Edinburgh. She took up the Directorship of HERU in April 2013. Mandy's research interests focus on taking a person-centred approach to valuation in health economics. She is known for her work challenging the clinical approach to valuation that is often adopted by health economists and for developing alternative person-centred approaches. She introduced DCEs into health economics in the early 1990s and her research has applied DCEs in a wide range of contexts to take account of the user preferences in the delivery of healthcare.

[Register here](#)

Balancing Samples In Stated Preference Studies

Date: June 5 from 11:00 AM - 12:00 PM EDT

Abstract: There is a growing interest in quantifying the degree of heterogeneity in stated preferences for health. A popular investigation into preference heterogeneity involves split-sample analysis to make comparisons across subgroups. However, subgroups may differ in

many observed characteristics and not accounting for these other characteristics may bias comparisons if these are also associated with preferences.

Likewise, recruiting respondents to stated preference studies can be challenging and the study sample may not be representative of the population of interest (e.g., a patient population, the general population). Unrepresentative samples may be useful for indicating preferences but if they differ in characteristics that are associated with preferences, decision-makers may struggle to generalise from the results.

This study explores how weighting and balancing approaches from the causal inference literature can be used in stated preference research to improve the balance of samples. This seminar will cover methods such as propensity-score weighting and entropy-balancing, and examine how these approaches can affect results and the subsequent conclusions drawn using hypothetical (simulated) and empirical examples.

The seminar will finish with an exploration of when these approaches should be used and when they may not be useful, including a discussion of how balancing samples may address barriers to the transportability of preference results for health care decision making.

Speaker Details: Caroline is a Research Economist in the Health Preference Assessment team at RTI Health Solutions. Her research focuses on stated preference research, particularly using discrete choice experiments (DCEs) to elicit preferences for benefit-risk trade-offs. She has methodological interests in both the qualitative and quantitative components of stated preference research. She was invited to co-lead an International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Webinar: Why and How to Use Qualitative Research Methods in Conjunction with DCEs, and recently first-authored an ISPOR Special Interest Group's report on preference heterogeneity in DCEs. Prior to joining RTI Health Solutions, Caroline completed her PhD and post-doc research at the University of Manchester. As a PhD student she won the Lee B. Lusted Prize at the Society for Medical Decision Making's (SMDM) 36th Annual Conference. Caroline has given oral presentations of her research at international conferences and has peer-reviewed publications including systematic reviews, editorials, empirical applications, and pedagogical pieces in journals such as PharmacoEconomics, Medical Decision Making, Value in Health, and the Journal of Choice Modelling. She currently sits on the honorary editorial board for The Patient journal.

[Register here](#)

View all upcoming events online [here](#).

Did You Know

The IHEA Scientific Committee undertakes fully blinded reviews of all individual abstracts and organized session proposals for the Congress (i.e. reviewers have no indication of the author(s) or their institutional affiliation). Each abstract is reviewed independently by three reviewers. The average reviewer score is used to identify which abstracts and organized sessions will be accepted for the program. But, program chairs for each field scrutinize all scores and re-review any abstracts where there is divergence in reviewer scores to ensure that no abstract submitters are disadvantaged by 'strict markers'. Details of the panel of reviewers and program chairs can be found [here](#).

