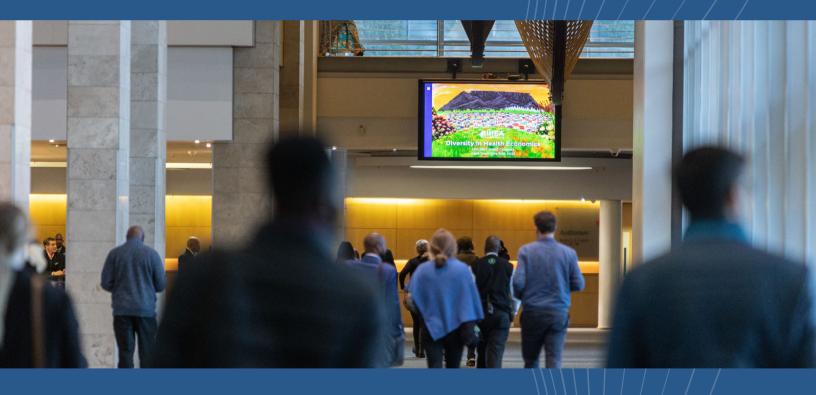


CONGRESS REPORT 2023



DIVERSITY IN HEALTH ECONOMICS 15TH IHEA WORLD CONGRESS CAPE TOWN, JULY 8-12, 2023

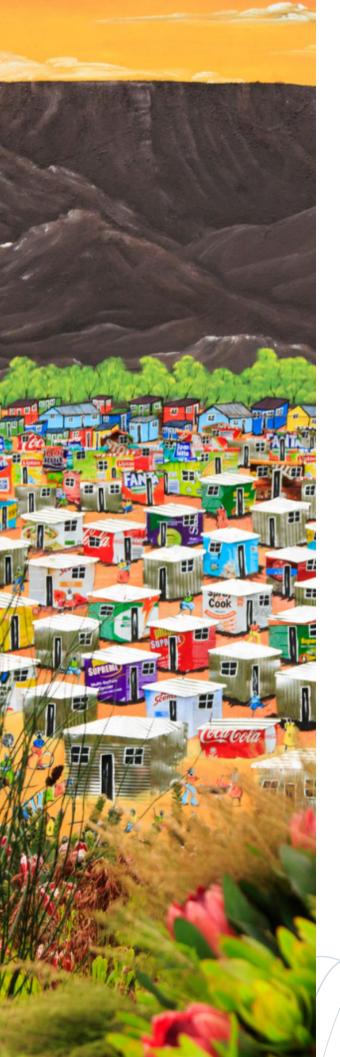


TABLE OF CONTENTS

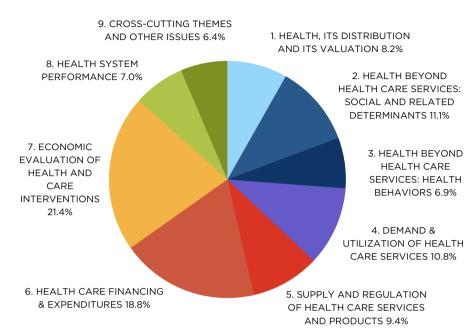
1	• •	• •	•	• •	•	• •	•	•	• •	•	• •	• •	••	act Submission nd Acceptance	Abs
3	••	••	•	••	•	••	•	•	••	•	• •	• •	••	s Program and Participation	Congr
5	••	• •	•	• •	•	• •	•	•	• •	•	• •	• •	• •	DI at Congress	
6	••	• •	•	• •	•	• •	•	•	• •	•	• •	• •	• •	ongress Survey Findings	Post
10	••	••	•	••	•	••	•	•	••	•	• •	• •	••	ning for future Congresses	PI
11	••											• •		owledgements	۵c



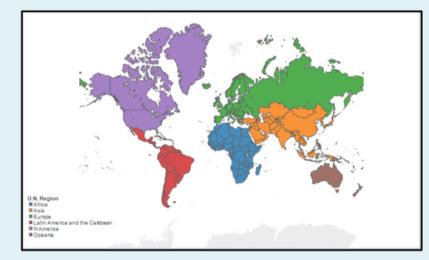
ABSTRACT SUBMISSION AND ACCEPTANCE

Nearly 2,000 abstracts were submitted for consideration for the 2023 IHEA Congress program, a quarter of which were included in proposals for organized sessions. The fields of economic evaluation and health care financing and expenditures attracted the largest shares of abstract submissions.

The share of abstracts submitted - both individual and as part of organized sessions -



by health economists residing in Africa, and in low-income or lower-middle-income countries was far greater than in previous years. Conversely, there has been a decline in the share of abstracts submitted by residents in high-income countries, particularly in Northern America, over time. As expected, some of these patterns relate to the location of each Congress.

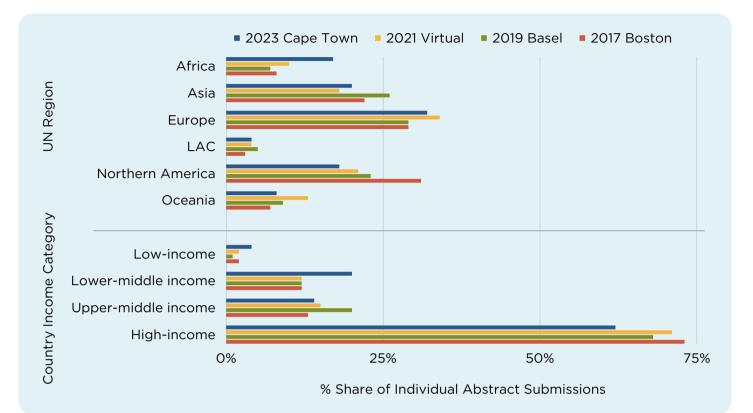


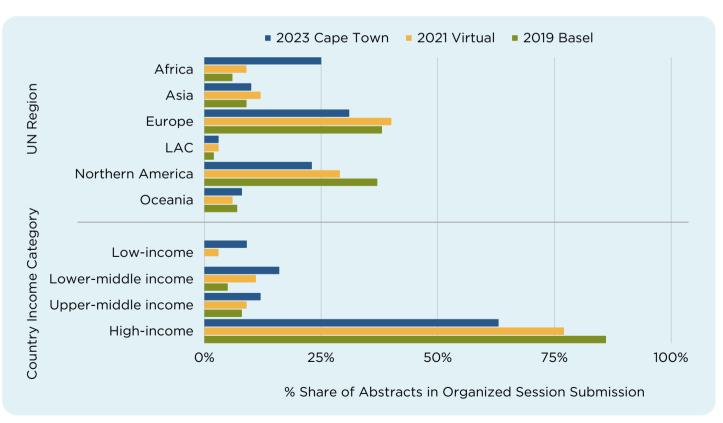
United Nations Region Map

IHEA uses the United Nations' Regional classification in its geographic diversity analyses. The UN identifies 6 regions: Africa, Asia, Europe, Latin America and the Caribbean, Northern America, and Oceania. The Word Bank's country income categories are also used in IHEA's geographic diversity analyses.



15TH IHEA WORLD CONGRESS





Data are not available for abstracts that were part of organized sessions in the 2017 Congress



As in previous years, there was a higher acceptance rate for abstracts in organized sessions (72%) than for individual abstracts (57%). The acceptance rate of individual abstracts submitted by health economists residing in high-income and upper-middle-income countries has declined since 2017, and increased for those in low-income and lower-middle-income countries, particularly in Africa. Acceptance rates for abstracts from health economists in high-income countries remain higher than other countries.

Acceptance rate by World Bank country income category	Individual Abstracts	Abstracts as part of Organized Sessions
Low-income	54%	68%
Lower-middle-income	48%	56%
Upper-middle-income	47%	59%
High-income	63%	79%
Average	57%	72%

CONGRESS PROGRAM AND PARTICIPATION

There was a packed Pre-Congress session program on Saturday 8th and Sunday 9th July, with the highest number of sessions (22) offered of any IHEA Congress. The Congress program comprised of opening and closing plenaries ("Diversifying Health Economics: Balancing Power and Partnership" and "Reframing Health Economics in the Context of Climate Change" respectively), 218 concurrent oral presentation sessions, and poster viewing opportunities during refreshment and lunch breaks. Special Interest Groups (SIGs) also had an opportunity to meet and discuss future plans. The full program details can be viewed <u>here</u>.

There were a number of events targeted specifically at early career researchers (ECRs), including a Pre-Congress session where selected ECR papers were discussed by experienced health economists and journal editors, followed by a social event open to all ECR delegates. ECRs also had an opportunity to have detailed discussions with experienced health economists at a mentoring lunch.



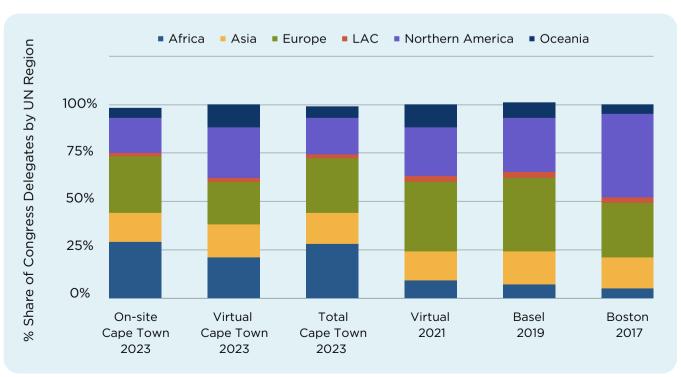
Due to mounting pressure in the months before the Congress, arrangements were made for hybrid participation. Nearly 1,300 people participated onsite in Pre-Congress sessions (8th-9th July 2023) and/or the main IHEA Congress (10th-12th July 2023), with a further 184 delegates participating virtually in the main Congress. Delegates were drawn to Cape Town from 97 different countries,

compared to 70 countries seen at the 2017 and 2019 Congresses, and 80 countries at the 2021 Congress. Geographic diversity is even greater when considering the country of origin (citizenship) of delegates, with 106 different countries being represented.

While the country in which the largest number of delegates reside is the USA, followed by the UK, South Africa and Australia, the African region accounted for the largest share of delegates, with a similar share coming from Europe. The trend in distribution

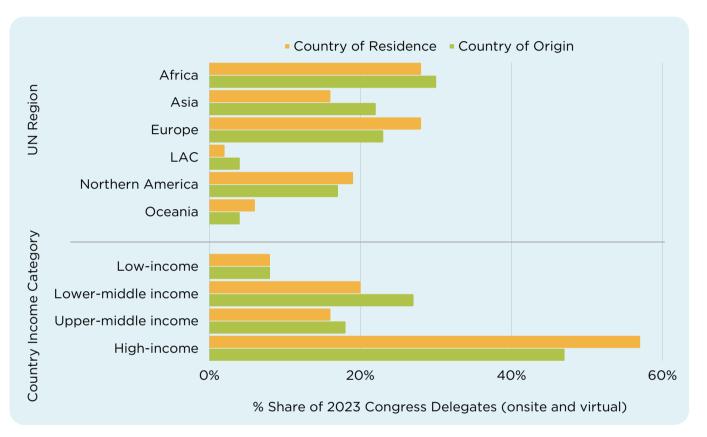


of delegates across regions is strongly related to the location of each Congress. Nevertheless, it is remarkable that 28% of delegates were from institutions in Africa compared to just 5% in 2017, 7% in 2019 and 9% in 2021.





The geographic distribution of delegates is even more diverse when considering the country of origin (citizenship) of delegates, rather than the country of the institution at which they work or study. Through this lens, the majority of delegates were from low- and middle-income countries (LMICs), with over 30% coming from Africa. Participation by delegates from LMICs was facilitated by grants from several funding partners.



EDI AT CONGRESS

There were several initiatives to promote Equality, Diversity and Inclusion (EDI) in the Congress. These included:

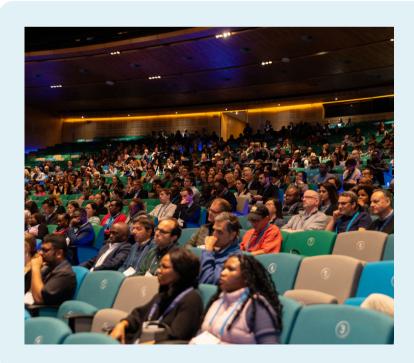
- Advising submitters of organized session proposals to pay attention to diversity of presenters and discussants.
- Inviting different delegates to moderate each session made up of individual abstracts, to promote inclusion and diversity in moderators.
- Providing guidelines to moderators to promote inclusion of a range of voices in sessions.
- Providing guidelines to oral and poster presenters to promote access for those with visual and/or auditory impairments.



- Ensuring full accessibility in the venue for those with mobility impairment.
- Encouraging early career researchers, particularly 'first-timers', to participate in the ECR reception on Saturday evening, where IHEA Board members and Congress organizers endeavoured to make them feel welcome, included and at ease.
- Providing a multi-faith prayer room (which was used extensively).
- Providing a lactation room, facilities for storage of breast milk and onsite childcare.
- All catering was fully halal and accommodated dietary preferences and food intolerances/allergies.
- Providing alcohol-free zones at social events to allow all delegates to participate.
- Taking extensive proactive measures to facilitate the issuing of visas for all delegates requiring one.
- Raising nearly USD140,000 in grants for financial support to nearly 180 delegates from low- and middle-income countries.
- Virtual participation improved access.

POST CONGRESS SURVEY FINDINGS

Just over a third of onsite and virtual Congress delegates responded to the post-Congress survey, the highest response rate for any IHEA Congress. The characteristics of survey respondents was comparable to that of delegates (e.g. in terms of regional distribution and onsite versus virtual participation). About 58% of respondents indicated that they had not attended an IHEA Congress before, compared with about 50% at the onsite Congresses in 2017 and 2019.





The survey indicated high levels of participation, such as 69% of respondents indicating that they had attended Pre-Congress sessions, compared with 65% at the 2019 Congress and only 41% in 2017. Importantly, 76% of respondents had viewed posters onsite or online, compared with only 44% viewing posters at the previous onsite Congress in 2019 and 62% during the virtual 2021 Congress.

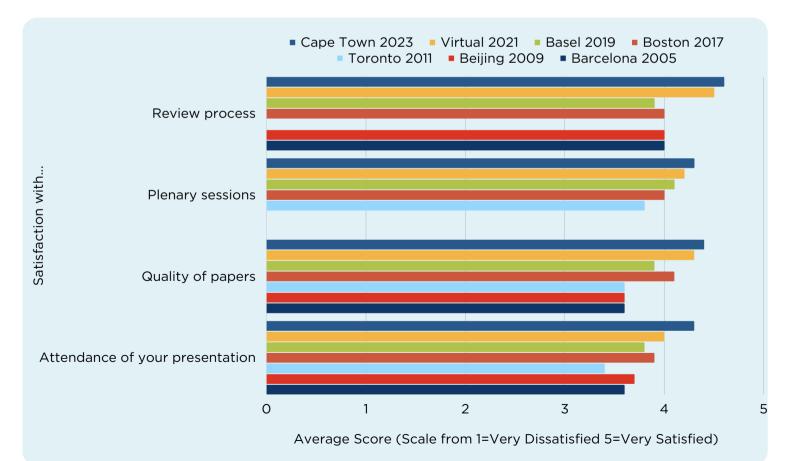
The overall assessment of the 2023 Congress was the highest of previous Congresses for which such survey data are available. The average overall satisfaction with the Congress was rated 4.5 using a scale from 1 (very dissatisfied) to 5 (very satisfied). Sixty-seven percent of those who had previously attended an IHEA Congress rated the 2023 Congress as better or much better than previous onsite IHEA Congresses.

Congress	Survey Response Rate	Overall Congress Rating (Scale 1-5)
Barcelona 2005	8.5%	3.9
Beijing 2009	20.0%	3.8
Toronto 2011	28.9%	3.7
Boston 2017	31.8%	4.0
Basel 2019	26.5%	4.3
Virtual 2021	29.0%	4.1
Cape Town 2023	33.6%	4.5

It was also rated more highly on every aspect (from satisfaction with the venues, social events and food and beverages, to satisfaction with the plenary sessions and quality of papers in concurrent sessions) than all previous Congresses for which data are available.



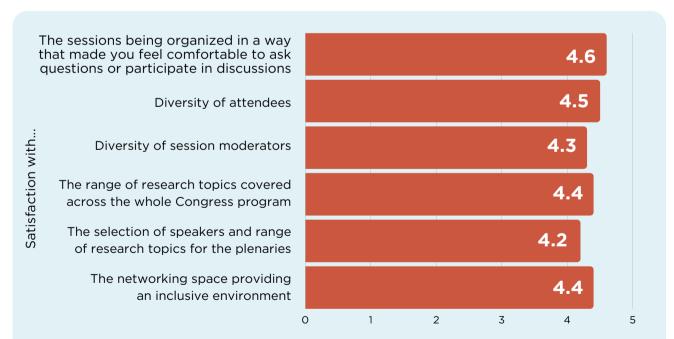




15TH IHEA WORLD CONGRESS

Satisfaction rating with:	2017	2019	2021	2023
the presentations in the sessions (presenters' performance, readability of slides)	4.1	3.9	4.3	4.3
the sessions' organization (similarity of topics, number of presenters and discussants, chairing)	3.7	3.8	4.2	4.3
the discussions in the sessions	4.0	3.7	4.1	4.3
the Congress as a forum for networking and exchange of ideas	4.2	4.2	3.6	4.5

There were also high levels of satisfaction with efforts to implement the IHEA Equality, Diversity and Inclusion (EDI) policy, such as providing an inclusive environment in Congress sessions and networking spaces.



Average Score (Scale from 1=Very Dissatisfied 5=Very Satisfied)



We explored variations in satisfaction ratings across delegates' region of residence and origin, career stage and attendance of previous IHEA Congresses. There were few differences across these groups, but there were above average satisfaction ratings by delegates from Africa and below average ratings by those from Northern America in:

- plenary speakers and topics;
- research areas and topics in concurrent sessions;
- the scientific quality of concurrent sessions.



Survey respondents from Northern America and Europe had below average satisfaction ratings for the selection of plenary speakers and topics, as did those who had graduated with their highest degree 10+ years ago, and those who had attended previous IHEA Congresses.

There was strong support (over 75% of respondents) for future IHEA Congresses to be held in hybrid format to promote access for those unable to travel. Additionally, hybrid allows delegates to benefit from more sessions by viewing recordings of sessions they were unable to attend in person or live virtually. Nearly 94% of respondents indicated that they would choose to participate in future hybrid Congresses onsite rather than virtually, largely due to the opportunities for networking and more detailed discussion of research presented. Those who indicated a preference for virtual participation referred to lack of funds and not wanting to contribute to climate change.

Possibly the greatest achievement of the 2023 IHEA Congress is that it was held in Africa for the first time. To state the obvious ... location matters. Abstract submissions and presentations vary, as does delegate composition, expectations and satisfaction levels. Hosting the 2023 Congress in Cape Town enabled access to hundreds of health economists in Africa as well as in other regions within a reasonable travelling distance. There are many lessons from this review of the 2023 Congress and comparison with previous Congresses, including insights to achieve the optimum balance between the Congress structure and likely delegate composition. We are grateful to all who provided data through the abstract and registration systems and to those who responded to the post-Congress survey.



PLANNING FOR FUTURE CONGRESSES

There are a number of initiatives introduced at the Cape Town Congress and issues that were raised in the post-congress survey that will be explored further for future IHEA Congresses. A priority is providing proactive support to delegates who require visas to attend the Congress – IHEA was able to engage with various embassies for the Cape Town Congress to facilitate visa applications and will continue to explore where further support can be provided for delegates at future Congresses.

There is a continued need to improve engagement around poster presentations and allowing those with posters more time to interact with delegates.

IHEA is aware that there is a high demand for hybrid Congresses and options for people to attend and present online, if they cannot attend in person. While IHEA still encourages people to continue to attend in-person, there will be a focus on improving the hybrid component of the Congress, including access to laptops on the podium and further exploring technology that will allow for better engagement for online attendees. A hybrid format also allows the recording of all sessions, which can be viewed by delegates afterwards; this alleviates problems due to not being able to attend all sessions of interest in the packed on-site schedule.

IHEA will continue to explore various EDI and accessibility initiatives that were introduced at the Cape Town Congress, including a way to facilitate alcohol-free zones at social events. Childcare will be explored at future Congresses, based on positive feedback from Cape Town, depending on feasibility and cost in future Congress locations. We will also continue to explore further opportunities to enhance diversity and inclusion.



AGKNOWLEDGEMENTS

IHEA is grateful to the many people who played a key role in the success of the 2023 Congress, including the IHEA Board, management team and:

LOCAL TEAM:

Latiefa Adams, Susan Cleary, Lucy Cunnama, Vanessa Daries, Edina Sinanovic. Lisa-Mare Smith



UNIVERSITY OF CAPE TOWN IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

SCIENTIFIC COMMITTEE:

Chair: Ana Balsa, Universidad de Montevideo **Co-Chair:** Paula Lorgelly, University of Auckland/Waipapa Taumata Rau

Program Chairs:

Olufunke Alaba, University of Cape Town Hareth Al-Janabi, University of Birmingham Stefan Boes, University of Lucerne Heather Brown, Lancaster University Terence Cheng, Harvard T.H. Chan School of Public Health Jane Chuma, World Bank & Kenya Medical **Research Institute** Susan Cleary, University of Cape Town John Cullinan, National University of Ireland, Galway Apostolos Davillas, University of Macedonia Omar Galarraga, Brown University Karen Grepin, University of Hong Kong Mohammad Hajizadeh, Dalhousie University Danny Hughes, Arizona State University

Izabela Jelovac, CNRS (GATE Lyon-St Etienne)

Denny John, Ramaiah University of Applied Sciences

Shiko Maruyama, Jinan University Céu Mateus, Lancaster University Paul Mitchell, University of Bristol Justice Nonvignon, University of Ghana & Africa Centres for Disease Control and Prevention Sachiko Ozawa, University of North Carolina at Chapel Hill Stavros Petrou, University of Oxford Jane Ruseski, West Virginia University

Tracey Sach, University of Southampton Kompal Sinha, Macquarie University Marcia Weaver, University of Washington Eve Worrall, Liverpool School of Tropical Medicine

Yuting Zhang, University of Melbourne





REVIEW PANEL:

Cristiana Abbafati · Yubraj Acharya · Paul Allanson · Lazaros Andronis · Laura Anselmi · Kjartan Sarheim Anthun · Micaela Antunes · Eric Arthur · Adam Atherly · Arthur Attema · Ranju Baral · Neha Batura · Andrés Berruti · Galina Besstremyannaya · Priya Bhagowalia · David Boettiger · Frikkie Booysen · Fiammetta Bozzani · David Bradford · Nancy Breen · Katie Breheny · Robert J Brent · James Buchanan · Norma Bulamu · Paolo Candio · Carolina Cardona · Natalie Carvalho · Susmita Chatterjee · Susan Chen · Gang Chen · Chun Chen · Shanguan Chen · Tracy Comans · Luke Connelly · Laura Cornelsen · Alison Cuellar · Angela Daley · Rui Dang · Claire de Oliveira · Damien De Walque · Angela Devine · Joseph Dieleman · Linda Dynan · Habib Farooqui · Talitha Feenstra · Inna Feldman · Ama Fenny · Anne Fitzpatrick · Sebastian Fleitas · Harry (Ted) Frech · Emma Frew · Rui Fu · Ahmad Fuady · Ariadna Garcia Prado · Sean Gavan · Christian Gericke · Salah Ghabri · Adrian Gheorghe · Ilias Goranitis · Louisa Gordon · Irina Grafova · Eleanor Grieve · Harminder Guliani · Mutsa Gumbie · Gulcin Gumus · Nils Gutacker · Hassan Haghparast Bidgoli · Piya Hanvoravongchai · Steven Hill · Alex Hoagland · Ann Holmes · Michal Horný · Martin Howell · John Hsu · Maite Irurzun Lopez · Jonathan James · Christin Juhnke · Billingsley Kaambwa · Lucy Kanya · Lukas Kauer · Marcus Keogh-Brown · Syed Afroz Keramat · Jaewhan Kim · Irina Kinchin · Philip Kinghorn · Stefan Kohler · Rositsa Koleva-Kolarova · Tekin Kose · Deliana Kostova · Emanuel Krebs · Noemi Kreif · Christoph Kronenberg · Narimasa Kumagai · Meghan Kumar · Brendan Kwesiga · Stella Lartey · Changle Li · Ian Li · Chunyu Li · Li-Lin Liang · Ka Keat Lim · Meng-Yun Lin · Haizhen Lin · Stephan Lindner · Charles Link · Óscar Lourenço · Tom Lung · Fiona Lynn · Błażej Łyszczarz · Elham Mahmoudi · Rashidul Mahumud · Marshall Makate · Logan McLeod · Filip Meheus · Nidhiya Menon · Shafiu Mohammed · Patrick Moore · Toni Mora · Haizhen Mou · Christine Mpundu-Kaambwa · Mercy Mvundura · Aileen Neilson · Thomas Newton-Lewis · Nhung Nghiem · Lien Nguyen · Peng Nie · Jacob Novignon · Leon Nshimyumukiza · Rachel Nugent · Ashley O'Donoghue · Eric Obikeze · Yewande Ogundeji · Jason Ong · Obinna Onwujekwe · Alfredo Palacios · Alfredo Paloyo · I-Wen Pan · Sungchul Park · Pavitra Paul · May Ee Png · Irina Pokhilenko · Timothy Powell-Jackson · Troy Quast · Carlota Quintal · Fanni Rencz · Caroline Rudisill · Ramzi Salloum · Francesco Salustri · Chris Sampson · Sabina Sanghera · Rita Santos · Nazmi Sari · Abdur Razzague Sarker · Sisira Sarma · Flavia Mori Sarti · Matthias Schwenkglenks · Jennifer Seager · Enrique Seoane-Vazquez · Mujaheed Shaikh · Suneeta Sharma · Gopal Ashish Sharma · Ajay Singh · Susan Sparkes · Joanne Spetz · Marufa Sultana · Kim Sweeny · Sean Sylvia · Ajay Tandon · Chengxiang Tang · Michelle Tew · Joanna Thorn · Florian Tomini · Sarah Tougher · Aviad Tur-Sinai · Eline van den Broek-Altenburg · Veronica Vargas · Sukumar Vellakkal · Bruno Ventelou · Juergen Wasem · Caroline Watts · William Weeks · David Whitehurst · William Whittaker · Daniel Wiesen · Jingxian Wu · Xiao Xu · Hao Xue · Muzhe Yang · Li Yang · Fadima Yaya Bocoum · Tansel Yilmazer · Dahai Yue · Fernando Zanghelini · Wu Zeng · Wei Zhang · Qi Zhang · James Zhang · Xinzhi Zhang · Yang Zhao · Peter Zweifel ·



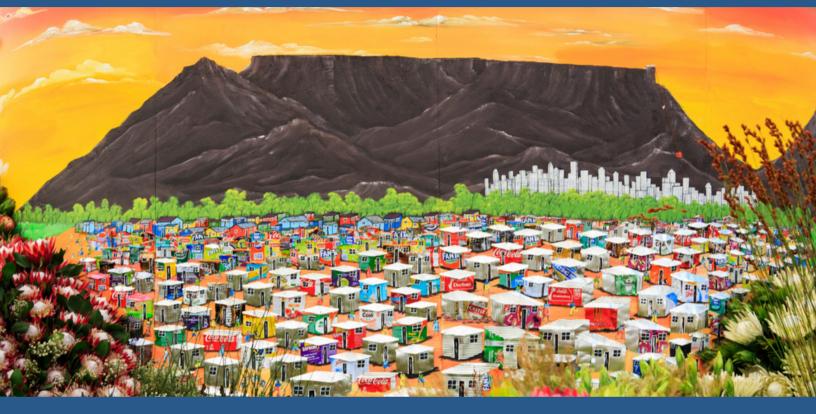
BILL& MELINDA GATES foundation





Inspiring new ways www.southafrica.net





Get In Touch With Us



@healtheconomics

@healtheconomics

@ihea3892

 \bigcirc

 (\geq)

https://healtheconomics.org

ihea@healtheconomics.org

