



Centre For Health Economics

# Health Economics News

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## Welcome to the CHE Newsletter

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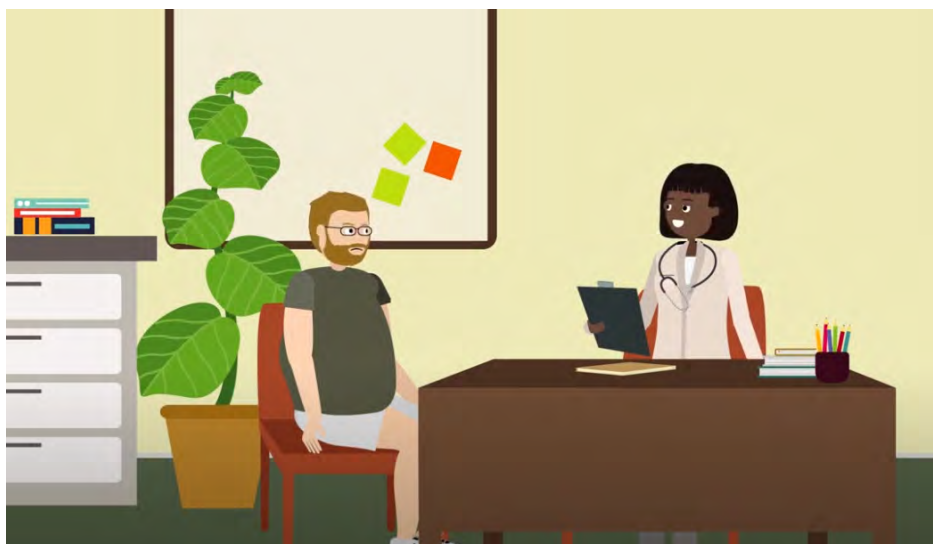
### New Book

Global Health Economics-Shaping Health Policy in Low- and Middle-Income Countries



Edited by Paul Revill, Marc Suhrcke, Rodrigo Moreno-Serra, Mark Sculpher

Free to Download here: [www](http://www)



## Better quality primary care for people with serious mental illness can improve outcomes

**Project Team:** Rowena Jacobs, Maria Goddard, Hugh Gravelle, Nils Gutacker, Panagiotis Kasteridis, Anne Mason, Nigel Rice, Jemimah Ride (CHE), Lauren Aylott, Ceri Dare (Experts by Experience), Tim Doran, Simon Gilbody, Najma Siddiqi (University of York), Tony Kendrick (University of Southampton), Rachael Williams (Clinical Practice Research Datalink)

Serious mental illness such as schizophrenia, bipolar disorder and other psychoses, is linked with high disease burden, poor outcomes, high treatment costs and lower life expectancy, by as much as 20 years compared to the general population. Much of this reduced life expectancy is the result of largely preventable poor physical health. Most people with a serious mental illness are treated chiefly in primary care by their general practitioner.

We examined whether better quality of primary care for people with serious mental illness improved a range of outcomes. We used electronic patient records from primary care and linked these across the whole care pathway to include hospital records, accident and emergency attendances and community mental healthcare services.

We found that patients with a care plan and those who are reviewed annually have fewer unplanned hospital admissions, fewer accident and emergency attendances and lower overall healthcare costs. Seeing the same general practitioner also helps to reduce unplanned hospital admissions and accident and emergency attendances. Care plans, annual reviews and continuity of care are therefore good measures of quality of primary care that can help keep patients out of hospital and reduce overall healthcare costs.

YouTube video link here: [www](http://www)

Study link here: [www](http://www)

Image by SciAni



We are delighted to announce we will shortly be taking bookings for new online versions of our York Summer Workshops, renamed the York Online Workshops in Health Economic Evaluation. Our Foundations and Advanced Workshops will be hosted online from 19-27 November and

30 November-8 December 2020 respectively.

More details here: [www](http://www)

## Equity and resource allocation

Project Team: James Love-Koh, Susan Griffin, Paul Revill, Simon Walker (CHE), Edward Kataika, Sibusiso Sibandze (East, Central and Southern Africa Health Community)

Many tools and techniques have been developed to measure, evaluate and address health inequity. The objective of this research, conducted in collaboration with colleagues from the East Central and Southern Africa Health Community, was to draw together these tools, and categorise them in terms of the policy questions they can be used to inform and also their relevance to low and middle income settings.

Unfair differences in health are present in just about every country and in relation to a wide range of social characteristics, with the most commonly measured being socioeconomic status, ethnicity and gender. Identifying differences in health care access, quality or health outcomes that are deemed to be unfair (or inequitable) is a highly active area of health policy research.

The allocation of health resources can be used to help address some of these inequities. This could include developing formulae that distribute resources proportionately to need, organising health systems to ensure equal access to care, or considering how specific interventions reduce inequalities in health outcomes. This policy brief acts as a guide to which health inequality tools apply to resource allocation decisions, how they work, and where to find out more.



Link to CHE Research Paper 160 here: [www](http://www.checentre.org.uk)

## After 20 years of using economic evaluation, should NICE be considered a methods innovator?

Project team: Mark Sculpher, Stephen Palmer (CHE)

### NICE National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) has arguably embraced economic evaluation more fully than other health care decision-making organisations internationally. NICE's reputation has been founded on high levels of transparency and clarity in terms of their methods guidelines for technology appraisal – statements of preferred practice that have been updated over time. Following the organisation's 20th anniversary, we explore the extent to which the NICE's methods have continued to evolve as new evaluative approaches emerge and whether NICE can still be considered a methods innovator.

We highlight several important and contextual developments which may have impacted the methods choices made by NICE over time. We also assess key areas of NICE's preferred methods, first produced in 2004, including the introduction of the NICE Reference Case and specific guidance relating to modelling, comparators and uncertainty. Although NICE's methods guidance has been subject to two further revisions (2008 and 2013), their preferred methods have remained largely unaltered and no revision has taken place since 2013.

As NICE embarks on a comprehensive 2019/2020 methods review, we outline 5 specific areas where there have been important methods development which provide an important opportunity for NICE to provide a comprehensive statement on best practice in economic evaluation.

For more details, see full paper here: [www](http://www.nice.org.uk)

## Launch of the Global Health Economics Community of Practice Hub

Steph Richards (CHE)

In May 2020, [Thanzi la Onse \(TLO\)](http://www.thanzi.co.uk) and the [East, Central and Southern Africa Health Community \(ECSA-HC\)](http://www.ecsa-hc.org) were delighted to officially launch the [Global Health Economics Hub](http://www.ghehub.org) on the [Global Health Network \(GHN\)](http://www.ghn.org) – the first 'knowledge hub' devoted to Global Health Economics – and the 50th hub to join the GHN's international platform of health communities.

Developed as an open access community of practice to support health economics research capability and its use within policy in low and middle income settings, the hub offers a dedicated engagement and training platform for the global health economics community to share knowledge, collaborate and access resources for career development. Further information can be found on the [Training Resources](#) and community [discussion forum](#) pages.

To mark the launch, the Hub held a webinar on Health Benefit Package (HBP) design, presented by Edward Kataika (Programme Director, ECSA), Paul Revill (Senior Researcher and TLO Director, University of York), and Pakwanja Twea (Economist, Malawi Ministry of Health and Population). The talk explored the role of Health Benefit Packages within the health resource allocation decision-making process; the advantages they can offer with healthcare intervention prioritisation, and new methods from a recent stream of research in Malawi. To find out more, visit our webinars page here: [www](http://www.ghehub.org)



# Securing livelihoods for informal sector workers and urban poor in India in the era of COVID-19

Sumit Mazumdar (CHE)

As in several other low and middle income countries facing multiple challenges posed by the COVID-19 pandemic, India with its billion plus population has been grappling to respond to impacts on both public health outcomes as well as for the economy at large. A stringently-imposed lockdown lasting for more than 12 weeks for most parts of the country – while keeping the spread of infections contained to a certain extent – has translated into severe shocks to livelihoods in vast sections of India's workforce, more than two-thirds of which is engaged in 'informal' jobs. As found in our analysis of a telephone survey in Delhi, a vast majority of respondents reported declining incomes, with the impact most severe among those relying on daily-wage employment or in other non-salaried forms of employment. The survey also found inadequate coverage of the relief packages – mostly through supply of food rations and some modest cash transfers. We proposed a Targeted Emergency Livelihood Insurance in the form of a direct cash transfer of INR 6000 (£65) per month to about 195 million households, but the relief packages announced by the government have fallen short of that. In a forthcoming article using recent employment surveys in India, we also find a massive impact of close to 400 million people falling into poverty due to the economic shock due to the pandemic and the corresponding lockdown. As we argue, in the absence of targeted employment generation programmes and other measures to stabilise household incomes, this could lead to significant, chronic poverty traps.



Our analysis of a telephone survey in Delhi: [www](#)

Targeted Emergency Livelihood Insurance: [www](#)

Forthcoming commentary: Forty crore people are likely to be impoverished during the lockdown: How to pull them out of distress? (with Indranil Mukhopadhyay, OP Jindal University, India)

## News from CHE

The news that [Adam Wagstaff](#) passed away was received with great sadness by CHE colleagues.

**World Health Organization: what does it spend its money on?** [Sumit Mazumdar](#) writes for The Conversation.

CHE staff had a number of abstracts accepted at the European Health Economics Association (EuHEA) conference due to take place 7 - 10 July. Although the conference was cancelled, the abstracts can be found on the [EuHEA website](#).

*March 2020*

**James Love-Koh** and **Ana Duarte** led a short course entitled 'Economic evaluation and decision modelling for health'. In Brazil with GHE2 project partners at the University of Sao Paulo.

**Rodrigo Moreno Serra** participated in a workshop organised by our Colombian partners in Bogota' to disseminate and discuss the emerging results of our MRC/ESRC/DFID/Wellcome HSRI War & Peace project. The workshop involved the secretaries of health of most Colombian provinces, high-level officials of the Colombian Ministry of Health, the Colombian Armed Forces and the FARC political party, in addition to stakeholders from academic and non-governmental organisations.

*April 2020*

The GHE2 project team held a webinar on their forthcoming research paper entitled 'Unintended consequences of DRG payment in Indonesia'. **Maria Jose Aragon**

and a colleague from the Center for Health Economics & Policy (Universitas Indonesia) - Royasia Viki Ramadani - presented, and **Martin Chalkley** chaired the session.

*May 2020*

**Noemi Kreif** presented a virtual seminar entitled 'Who benefits from public health insurance in Indonesia? A machine learning approach to estimate treatment effect heterogeneity', as part of the Essen Health Economics Seminar program.

The live Virtual ISPOR 2020 conference was held in May, with more than 1300 attendees from 54 countries representing all sectors of healthcare. **Mark Sculpher** made two presentations. 'Identifying and evidence the value of novel antibiotics: Are health outcomes enough?' and 'Tailoring opportunity costs to state budgets and cost-effectiveness thresholds: How to broaden the impact of value assessment in the U.S. with state and commercial payers'. **Susan Griffin** discussed 'Distributional cost effectiveness analysis' at the Plenary on capturing patient and societal values in value assessment frameworks.

**Anne Mason** spoke on 'Incentives to tackle underdiagnosis in dementia & the tale of the elusive data' at the Centre for Health Economics at Warwick (CHEW) seminar, University of Warwick.

**Rowena Jacobs** presented on 'Funding for mental health services in England' to the Peruvian Ministry of Health, Peruvian Economics Ministry and General Director of Mental Health, and also to the Peruvian Minister of Finance in June.

Together with Martin Knapp, Michela Tinelli, Annette Bauer and Ben Schlaepfer from LSE, **Helen Weatherly** participated in a Webinar focusing on the economics of social care as part of the NIHR SSCR Webinar Series: Economics.

*June 2020*

**Laurie Rachet Jacquet** gave a zoom presentation of the second chapter of her thesis entitled 'The impact of surgeons' days out of practice on patient health outcomes' at the 2020 American Society of Health Economists conference.

**Georgios Nikolaidis** presented 'Borrowing strength from indirect evidence in HTA' in the Career Young Statisticians Session, at the Promoting Statistical Insight (PSI) conference webinar.

**Mark Sculpher** delivered a talk entitled 'How do we assess the value of cancer drug optimization?' at the First International Summit on Interventional Pharmacoeconomics, run by the University of Chicago.

## New funding

PHE - Antimicrobial Resistance Impact on Surgical Procedures

**Mark Sculpher, Beth Woods**  
Funder: Public Health England  
2020

European and Developing Countries Clinical Trials Partnership (EDCTP) - MRC Breather Plus Trial  
**Simon Walker, Paul Revill**  
Funder: European Commission  
2019 - 2023

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