



Centre For Health Economics

# Health Economics News

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## Welcome to the CHE Newsletter

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## Courses and Workshops

The Centre for Health Economics (CHE) offers a programme of short courses and workshops in health economics

More details here [www](http://www.york.ac.uk/che)



## *The impact of civil conflict on child health: evidence from Colombia*

Project Team: Marc Suhrcke, Noemi Kreif, Rodrigo Moreno-Serra (CHE), Andrew Mirelman (World Health Organisation), Giancarlo Buitrago (National University of Colombia)

Internal armed conflicts have become more common and more physically destructive since the mid-20th century with devastating consequences for health and development in low- and middle-income countries. It is therefore imperative to understand the consequences of long-term conflict violence on health in order to inform health policy design in settings with protracted violence, such as Colombia. There, since 1958 an estimated 220,000 people have died and more than 6 million have been displaced due to one of the longest civil conflicts in the world.

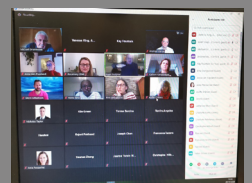
We investigated the causal impacts of the long-term internal conflict in Colombia by examining the health outcomes of children who experienced different levels of conflict around the time they were born, based on the location of their municipalities and the year of their birth. We focused on two widely used indicators of child health: stunting (proxied by low height-for-age) and underweight (low weight-for-age). Harmful effects of exposure to conflict violence during pregnancy were found for both indicators, with rural populations more heavily affected. When examining potential pathways, evidence suggested these may include increased maternal alcohol use and reduced use of antenatal care and skilled birth attendance, highlighting potential focus areas for health policy makers aiming to improve child health outcomes in conflict settings. More details here: [www](http://www.york.ac.uk/che)

## CHE Courses Update

The ongoing issues with Covid-19 into 2021 continue to challenge the organisation of many face-to-face events around the world.

In light of such uncertain times, and following the recent success of our first York Online Workshops in November/December 2020, for the foreseeable future we are delighted to announce that we plan to develop more online short courses reflecting the content of our face-to-face offerings.

See our website for news of upcoming events [www](http://www.york.ac.uk/che)



## Thanzi la Onse

Stephanie Richards

In November-December 2020, the East, Central and Southern Africa Health Community (ECSA-HC) launched a new Global Health Economics Community of Practice webinar series in partnership with [Thanzi la Onse](#) (TLO) to help facilitate knowledge sharing within the ECSA-HC Community of Practice. The event featured online health economics talks by research experts in East Africa and the UK, on a range of topics, including: Refugee Health Care, Health Technology Assessment, Digital Health and Intersectoral Resource Allocation (further information, and links to recordings from the webinar series, can be found in the poster).

Live Event | November – December 2020

Global Health Economics Community of Practice Webinar Series

Webinar Schedule 2020

<b>Intersectoral Resource Allocation: 20 November 2020</b> Presenters: Edward Katika (ECSA-HC), Susan Griffin (CHE, University of York), Aloysius Samengo (Makerere University School of Public Health)	<a href="#">Xtina Link</a>
<b>Digital Health: 27 November 2020</b> Presenters: Edward Katika (ECSA-HC), Rosalind Pines-Ratich and Martin Balaba (DI, Makerere University, Uganda), Dominic Nkhoma (HPP, University of Malawi), Simon Walker (CHE, University of York)	<a href="#">Xtina Link</a>
<b>Refugee Health: 4 December 2020</b> Presenters: Edward Katika (ECSA-HC), Chigso Mayora and Fred Matsui (Makerere University School of Public Health, Uganda), Julie Semu, Kar Murugo and Pritima Ch (ICM, Kenya), Stephen Mutapi (Liverpool School of Tropical Medicine) and Federa Mwangi	<a href="#">Xtina Link</a>
<b>Health Technology Assessment: 11 December 2020</b> Presenters: Edward Katika (ECSA-HC), Mike Drummond (CHE, University of York, UK), Joseph Mufson-Bengo (College of Medicine, University of Malawi) and Justice Neneh (School of Public Health, University of Ghana)	<a href="#">Xtina Link</a>

East, Central and Southern Africa Health Community  
THANZI LA ONSE

webinars are planned to take place in early 2021.

On 15th December, a digital event was held to mark the launch of the Ugandan Health Economics &

Policy Programme (HEPP); a new programme developed by the Ministry of Health (MOH), Makerere University School of Public Health (MakSPH) and [Thanzi la Onse](#) (TLO), represented by the University of York, which aims to strengthen and promote use of health economics in policy and decision making in Uganda and the region. Keynote presentations were led by MOH representatives and research partners, including a presentation by Paul Revill entitled 'Applying health economics tools to guide resource allocation for population health improvement: insights from designing the Health Benefits Package in Malawi and Uganda' and a talk by Mark Sculpher on the Thanzi la Onse programme.

## What is behind the increase in hospital expenditure?

Project Team: Nigel Rice, María José Aragón

Understanding the drivers of increases in hospital expenditure can help us better plan for the future and to use resources more efficiently. We compared expenditure on all hospital admissions in 2016/17 to those in 2009/10 to try to unravel the proportion of the increase in expenditure due to changes in the number and complexity of patients treated, and the proportion due to changes in the costs of treating patients. We found that the increase in admitted patient care expenditure was largely due to non-elective admissions (which are more expensive than elective counterparts) which grew at a faster rate across the period than elective admissions. Our results also suggested efficiency gains in treatment costs across the full distribution of expenditures, but that these were outweighed by a shift towards a greater proportion of patients presenting with multiple morbidities. Our findings suggested that future research should focus on understanding the reasons for the increase in non-elective admissions, and the increase in complex patients. This should be complemented by further investigating the relationship between the presence of multiple diseases, hospital costs and treatment pathways.

Read CHE Research paper 177 [here](#) [www](#)

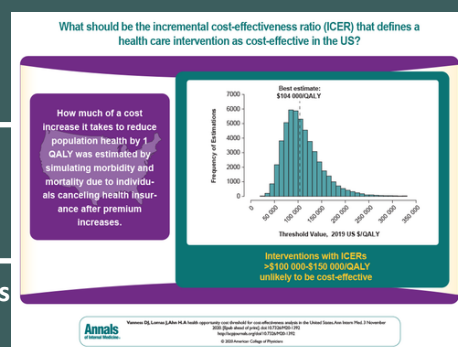
## What are the health consequences of high and unregulated drug prices in the US?

Project Team: James Lomas, Jessica Ochalek, Karl Claxton (CHE), David Vanness, Hannah Ahn (Pennsylvania State University), Kaja Abbas, Mark Jit (London School of Hygiene & Tropical Medicine)

The US has for a long time operated without regulations limiting the prices of new pharmaceutical products. The effects of growing healthcare costs are felt in a number of ways. In particular, recent research focuses on the adverse health consequences of increasingly unaffordable healthcare that causes some individuals to drop [insurance coverage](#).

Cost-effectiveness analysis is one means to link the price of new drugs to their value. Such analysis can ensure that new drugs do no harm at the level of population health, where the health produced by the new drug is smaller than the health lost as a result of paying for it. Where a new drug is financed by increases in insurance premiums, there will be health lost by individuals who drop their coverage as a result. This research (Link 1) indicates that the incremental cost-effectiveness ratio (ICER) of a new drug ought not to exceed \$104,000 for every additional quality-adjusted life year (QALY) produced in order to ensure no harm.

This work is part of a growing literature that explores how research into health opportunity costs of new drugs can inform pricing arrangements, with recent work considering the case of vaccination against human papillomavirus (HPV) across low- and middle-[income countries](#).



# Health inequality impacts: what do they mean for policy makers?

Project team: Fan Yang, Ana Duarte, Simon Walker, Susan Griffin (CHE), Colin Angus, Duncan Gillespie (SchARR, University of Sheffield)

Public health interventions can be the product of combined input from a broad set of contributors and produce benefits through the whole population. When making the decision about whether to recommend a public health intervention, it may be important to know how the benefits are spread between different groups in society and whether the intervention alters the differences in health outcomes between those groups (i.e. health inequality).

A distributional cost effectiveness analysis can integrate health inequality impact into economic evaluation. It incorporates information on differences between specified socioeconomic groups in their behaviours, health condition and health interventions. In this study, we showcase the value of evidence on these differences for evaluating intervention impact. Without it, the wrong conclusion may be drawn about whether the intervention increases or reduces health inequality.

Local authorities in England have responsibility for making funding decisions about public health interventions for their local population. We show how the same intervention may have different impact on health inequality within local authorities compared to the national level. We discuss how to reflect local socioeconomic differences in analysis in order to support better decision making.

This policy brief acts as a guide for analysts and decision makers on where to pay more attention to the evaluation of health inequality impact of public health interventions.

For more details read full article here: [www.che.ac.uk/news/health-inequality-impacts](http://www.che.ac.uk/news/health-inequality-impacts)



## News from CHE

Articles recently written for 'The Conversation'



What will happen with lockdowns?

[Why another lockdown might be needed in February 2021.](#)

[How will vaccines affect the length of England's lockdown?](#)


Both written by **Peter Sivey** and **James Gaughan**

[Lockdown roadmap: is the UK's exit plan the right one? Three experts give their view](#)

Written by **Peter Sivey**

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## New Funding

Scoping exercise for a model to evaluate the clinical and cost effectiveness of newborn screening for hypoxaemia using pulse oximetry  
Funder: PHE

**Laura Bojke**  
1 Oct 2020 – 31 Mar 2021

Quality & efficiency of mental healthcare provision in a time of Covid-19: A mixed method study in mental health trusts  
Funder: The Health Foundation

**Rowena Jacobs**  
1 May 2021 – 28 Feb 2022

Adult social care partnership: Using co-production methods to build and evaluate a regional capacity building network to facilitate greater understanding, use and production of research in adult social care  
Funder: NIHR – NETSCC

**Helen Weatherly**  
1 Feb 2021 – 31 Jan 2025

NICE Technology Assessment Reviews April 2022 - March 2027  
Funder: NIHR-NETSCC  
**Claire Rothery**  
1 Apr 2022 – 31 Mar 2027

ESSENCE - Examining the economic case for a range of adult social care interventions

Funder: NIHR-CCF SCCR  
**Helen Weatherly**  
1 Jan 2020 – 31 Dec 2022

Assessing the quality and uptake of incentivised physical health checks for people with serious mental illness

Funder: NIHR PRP CCF  
**Panos Kasteridis**  
1 Oct 2020 – 30 Sep 2021

Tailoring health policies to improve outcomes using machine learning, causal inference and operations research methods

Funder: MRC  
**Noemi Kreif**  
1 Jul 2020 – 30 Jun 2023

Methods for reducing health inequalities through pricing of health services

Funder: NIHR PRP CCF  
**Nils Gutacker**  
1 Oct 2020 – 30 Sep 2023



Benkhalti M, Espinoza M, **Cookson R** et al. Development of a checklist to guide equity considerations in health technology assessment. *International Journal of Technology Assessment in Health Care* 2021;37:17.

Canals M, **Cuadrado C**, Canals A. COVID-19 in Chile: the utility of simple epidemic models in practice. *Medwave* 2021;21(01):e8119.

Castro A, **Suhrcke M**. Television, children's obesity risk and mental well-being: Lessons from the UK digital switchover. *Working papers No. 2020-12 LISER*.

Chi YL, Blecher M, Chalkidou K, **Culyer A**, **Claxton K** et al (includes **Kreif N**, **Ochalek J**) What next after GDP-based cost-effectiveness thresholds? *Gates Open Research* 2020;4:176.

Chirwa G, **Moreno Serra R**, **Suhrcke M**. Socioeconomic inequality in premiums for a community based health insurance scheme in Rwanda. *Health Policy and Planning* 2020;doi:10.1093/heapol/czaa135.

**Cookson R**, Doran T, Asaria M et al. The inverse care law re-examined: a global perspective. *Lancet* 2021;397:828-38.

**Cookson R**, **Griffin S**, Norheim O, **Culyer AJ**, Chalkidou K. Distributional cost-effectiveness analysis comes of age. *Value in Health* 2021;24(1):118-120.

Dalfen A, Wasserman L, Benipal P, Lawson A, Young B, **de Oliveira C** et al. Virtual psychiatric care for perinatal depression (Virtual-PND): A pilot randomized controlled trial. *Journal of Affective Disorders Reports* 2021;4:100085.

Daubner-Bendes R, Kovács S, Niewada M, Huic M, **Drummond M** et al. Quo vadis HTA for medical devices in Central and Eastern Europe? Recommendations to address methodological challenges. *Frontiers in Public Health* 2021;8:612410.

**de Oliveira C**, Mason J, Kurdyak P. Characteristics of patients with mental illness and persistent high-cost status: a population-based analysis. *CMAJ* 2020;192(50):e1793-e1801.

Dias J, Brealey S, Cook L, Fairhurst C, **Hinde S** et al (includes **G Richardson**). Surgical fixation compared with cast immobilisation for adults with a bicortical fracture of the scaphoid waist: the SWIFFT RCT. *Health Technology Assessment* 2020;24(52).

**Drummond M**, Augustovski F, Alfie V et al. A value framework for the assessment of diagnostic technologies: A proposal based on a targeted systematic review and a multi stakeholder deliberative process in Latin America. *Value in Health* 2021;doi:10.1016/j.jval.2020.11.008.

**Drummond M**, Federici C, Busink E et al. Performance-based risk-sharing agreements in renal care: current experience and future prospects. *Expert Review of Pharmacoeconomics & Outcomes Research* 2021;doi:10.1080/14737167.2021.1876566.

Dunning L, Gandhi A, Penazzato M, Soeteman D, **Revill P** et al. Optimizing infant HIV diagnosis with additional screening at immunization clinics in three sub-Saharan African settings: a cost-effectiveness analysis. *Journal of the International Aids Society* 2021;24(1):e25651.

**Faria R**. Problem structuring in economic evaluation. In: *Oxford Research Encyclopedia of Economics and Finance*. Oxford University Press. 23 Feb 2021.

**Gaughan J**, Siciliani L, **Gravelle H**, Moscelli G. Do small hospitals have lower quality? Evidence from the English NHS. *Social Science & Medicine* 2020;65:113500.

Greene W, Harris M, Knott R, **Rice N**. Specification and testing of hierarchical ordered response models with anchoring vignettes. *Journal of the Royal Statistical Society: Series A (Statistics in Society)* 2021 184(1):31-64.

Han L, Doran T, Holt R, Hewitt C, **Jacobs R** et al. The impact of severe mental illness on healthcare use and health outcomes for people with type 2 diabetes. *British Journal of General Practice* 2021; doi:10.3399/BJGP.2020.0884.

**Hinde S**, **Bojke L**, **Richardson G**, Birks YF et al. Delayed transfers of care for older people: a wider perspective. *Age and Ageing* 2021;doi:10.1093/ageing/afab035.

Iglesias Urrutia C, Erdem S, Birks Y, Taylor S, **Richardson G** et al (includes **Manca A**). People's preferences for self-management support. *Health Services Research* 2021;doi:10.1111/1475-6773.13635.

Iragorri N, **de Oliveira C**, Fitzgerald N et al. The indirect cost burden of cancer care in Canada: A systematic literature review. *Applied Health Economics and Health Policy* 2020;doi:10.1007/s40258-020-00619-z.

Kamanzi A, McKay A, Newell A, Rienzo C, **Tafesse W**. Education, access to better quality work and gender: Lessons from the Kagera panel data set. *Journal of African Economies* 2021;30(1):103-127.

Kurdyak P, Mallia E, **de Oliveira C** et al. Mortality after the first diagnosis of schizophrenia-spectrum disorders: a population-based retrospective cohort study. *Schizophrenia Bulletin* 2021;doi:10.1093/schbul/sbaa180.

**Kreif N**, Mirelman A, **Love-Koh J**, Kim S, **Moreno-Serra R**, **Revill P**, **Sculpher M**, **Suhrcke M**. From impact evaluation to decision-analysis: assessing the extent and quality of evidence on 'value for money' in health impact evaluations in low- and middle-income countries. *Health and Health Systems* 2021;doi:10.12688/gatesopenres.13198.1.

**Kreif N**, Mirelman A, **Suhrcke M**, Buitrago G, **Moreno-Serra R**. The impact of civil conflict on child health: Evidence from Colombia. *Households in Conflict Network* 2020;Working paper 336.

Lebenbaum M, Laporte A, **de Oliveira C**. The effect of mental health on social capital: An instrumental variable analysis. *Social Science & Medicine* 2021;272:113693.

León-Giraldo S, Casas G, Cuervo-Sánchez S, González-Urbe C, Olmos A, **Kreif N** et al (includes **Suhrcke M**, **Moreno-Serra R**). A light of hope? Inequalities in mental health before and after the peace agreement in Colombia: a decomposition analysis. *International Journal for Equity in Health* 2021;20:39.

**Love-Koh J**, Mirelman A, **Suhrcke M**. Equity and economic evaluation of system-level health interventions: A case study of Brazil's family health program. *Health Policy and Planning* 2020;doi:10.1093/heapol/czaa181.

Manchira Krishnan S, **Gc V**, Sandhu H, Underwood M, Eldabe S, **Manca A** et al. Protocol for an economic analysis of the randomised controlled trial of improving the wellbeing of people with opioid treated chronic pain: I-WOTCH study. *BMJ Open* 2020;10(11):e037243.

Martin A, Morciano M, **Suhrcke M**. Determinants of bicycle commuting and the effect of bicycle infrastructure investment in London: evidence from UK Census microdata. *Economics & Human Biology* 2021;41:100945.

**Murphy P**, Claxton L, Hodgson R, **Glynn D** et al (includes **Palmer S**). Exploring heterogeneity in histology-independent technologies and the implications for cost-effectiveness. *Medical Decision Making* 2021;41(2):165-178.

Polillo A, Foussias G, Wong A, Ampofo A et al (includes **de Oliveira C**). ED to EPI: Protocol for a pragmatic randomised controlled trial of an SMS (text) messaging intervention to improve the transition from the emergency department to early psychosis intervention for young people with psychosis. *BMJ Open* 2020;10(12):e042751.

**Ramponi F**, **Tafesse W**, **Griffin S**. Economic evaluation of interventions to address undernutrition: a systematic review. *Health Policy and Planning* 2020;doi:10.1093/heapol/czaa149.

**Ramponi F**, **Walker S**, **Griffin S**, Parrott S et al (includes **Richardson G**). Cost-effectiveness analysis of public health interventions with impacts on health and criminal justice: An applied cross-sectoral analysis of an alcohol misuse intervention. *Health Economics* 2021;doi:10.1002/hec.4229.

Reid N, Mason J, Kurdyak P, Nisenbaum R, **de Oliveira C** et al. Evaluating the impact of a critical time intervention adaptation on health care utilization among homeless adults with mental health needs in a large urban center. *Canadian Journal of Psychiatry* 2021;doi:10.1177/0706743721996114.

Stokes J, Guthrie B, Mercer SW, **Rice N**, Sutton M. Multimorbidity combinations, costs of hospital care and potentially preventable emergency admissions in England: A cohort study. *Plos Medicine* 2021;18(1):e1003514.

Wang Y, **Castelli A**, Cao Q, Liu D. Assessing the design of China's complex health system - Concerns on equity and efficiency. *Health Policy OPEN* 2020;1:100021.

Zizzo D, Parravano M, Nakamura R, Forwood S, **Suhrcke M**. The impact of taxation and signposting on diet: An online field study with breakfast cereals and soft drinks *Experimental Economics* 2021;doi: 10.1007/s10683-020-09698-0.

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## Latest CHE research papers

**176** A synthesis of key aspects of health systems and policy design affecting the refugee populations across Africa - Report Structure. Federica Margini.

**177** Publicly funded hospital care: expenditure growth and its determinants. Nigel Rice, María José Aragón. This Paper supersedes CHE RP 156 using more recent and relevant data.

**178** A situation analysis of access to refugee health services in Kenya: Gaps and recommendations - A literature review. Julie Jemutai, Kui Muraya, Primus Che Chi, Stephen Mulupi.

**179** Health financing policy reforms for universal health coverage in eastern, central and southern Africa (ECSA)-health community region. Takondwa Mwase.

**180** A synthesis of key aspects of health systems and policy design affecting the refugee populations in Uganda. Fred Matovu, Mayora Chrispus.

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