

ANNUAL REPORT

Using Economic Analysis to Inform Policy and Practice Internationally

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2024

Part of



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Another year has gone by and it's a pleasure to report that 2024 has been a productive year for CHE's research and knowledge exchange activities.

A large proportion of CHE's research focuses on supporting the work of policymakers. For many years, CHE has been undertaking research as part of policy research units (PRUs). These involve projects to support colleagues at the Department of Health and Social Care and its arm's length bodies. In 2024, new 5-year research programmes began for two units led or co-led by CHE and funded by the National Institute of Health and Care Research (NIHR): Economics of Health and Social Care Systems (ESHCRU) in collaboration with LSE, and Economic Methods of Evaluation in Health and Care Interventions (EEPRU) in collaboration with the University of Sheffield. In addition, CHE is contributing to two other PRUs which began in 2024: the Mental Health Policy Research Unit (MHPRU) led by UCL and the Policy Research Unit in Public Health (PH-PRU) led by the London School of Hygiene and Tropical Medicine.

CHE's research for these units is driven by the needs of policy. For example, Jinglin Wen's piece on [page 9](#) describes ESHCRU research on the effects of new community diagnostic centres in England. PRU research is also about developing and using new methods – for example, on [page 8](#), Shainur Premji outlines CHE research undertaken

for PH-PRU to estimate wider societal impacts of policies to improve health, such as productivity. Collaboration between PRUs can offer new insights and relevance. An example of joint work undertaken by EEPRU and ESHCRU on the net health impacts of different medical procedures subject to waiting lists is summarised by Naomi Gibbs on [page 10](#).

Research as part of PRUs covers many of CHE's research themes, including health and social care policy, economic evaluation, mental health, public health and equity, but we also completed significant work in our other research themes. An example of research in the field of global health, summarised by Rodrigo Moreno-Serra on [page 11](#), considers how government policies during conflicts impact on resource allocation in health. An important success in 2024 for this research theme was *European Commission funding, jointly with the University of Bergen*, to integrate latest research evidence into health economics training in Africa. These will enhance the skills of researchers and policymakers to support health resource allocation decisions.

Many of CHE's projects link different themes. For example in 2024 linking economic evaluation and methods was the evaluation of a multi-cancer blood test for early detection of the disease, Galleri, in the NHS. As well as a direct link into NHS policy, the project aims to develop appropriate methods to synthesise evidence from studies covering multiple cancers and from those focusing on individual cancers. Linking health and social care policy, equity and methods, we also completed a major project on the use of NHS payments policies to reduce health inequalities.

CHE has always aimed to provide a vibrant community, supporting the exchange of new ideas and approaches to our discipline. One aspect of this is the *CHE Research Fellowships*

which fund researchers from outside of York to spend time in the Centre, collaborating with CHE researchers with a view to developing new grants and outputs. Our visitor in 2024, Renske ten Ham from the University Medical Centre in Utrecht, describes her visit and how it has facilitated successful new research in innovative payment mechanisms for advanced products such as gene therapies (see [page 6](#)).

CHE's PhD students also make a major contribution to our environment. Salina Siddiqua shows on [page 6](#) how PhD students' research can inform policy decisions by taking on new areas of research. Opportunities for PhD study are one way CHE supports the development of early career researchers in health economics; another is by offering open salaried contracts for over 40 research fellows working across CHE's research themes. CHE can also support early career development through externally funded fellowships. On [page 6](#), Amy Barker describes how she has moved from being an NHS doctor to health economics through an NIHR Predoctoral Fellowship which supported her to take the York MSc followed by a year being involved in CHE projects. The development of careers in health economics in different professional fields across the world is also supported by CHE's programme of short courses. Covering all our themes of research, these courses attracted more than 300 participants in 2024 (see [page 14](#)).

I would like to thank all my research and support colleagues in CHE for a successful year, and hope you enjoy reading about some key areas of our activity.

Mark Sculpher

Head of Department
Centre for Health Economics

This year has been a significant one for CHE, marked by major achievements from our staff and valuable contributions to research and policy debates in health economics. Our academics received international recognition for their scholarship, and we marked a milestone by leading the evaluation of the 1000th technology appraisal published by the National Institute for Health and Care Excellence (NICE). Our Policy Forum also provided timely evidence and discussion on one of the most pressing NHS challenges: waiting times for elective procedures.

Recognition of excellence

Professor Mark Sculpher, Head of Department for CHE, was elected to the Academy of Medical Sciences in 2024, joining 57 other new Fellows. This prestigious honour recognises his outstanding contributions to health sciences research and his role in translating evidence into real benefits for patients and society at large.



Dr Natalia Kunst was the recipient of the prestigious 2024 ISPOR New Investigator Award. This award, dedicated to the memory of Bernie O'Brien, acknowledges Natalia's emerging body of

technical and scholarly research and highlights her growing influence in the field.

In addition, Professor Mike Drummond was recognised at the 2024 ISPOR conference for

his significant impact as Editor-in-Chief of *Value in Health*. His tenure has shaped the journal into one of the leading international platforms for research in health economics and outcomes research.



CHE Policy Forum 2024

CHE continued to play a leading role in shaping health policy debates through our Policy Forums. This year's Forum addressed the challenge of rising waiting times for elective healthcare procedures in the NHS, an issue that has gained more attention over the past decade.

Dr Naomi Gibbs and Dr Peter Sivey from CHE were joined by Max Warner from the Institute for Fiscal Studies to discuss recent CHE research findings on waiting times for elective healthcare procedures and their implications for NHS policy.

Waiting times for elective care have been increasing in the NHS for over a decade, with sharp rises following the disruptions caused by the COVID-19 pandemic. Longer waits leave patients in worse health for extended periods and may reduce their capacity to benefit from treatment. With many patients now facing very long delays for necessary procedures, research on waiting times has become increasingly important, particularly in informing efforts to prioritise patients.

The Forum showcased two



studies funded through CHE's NIHR funded policy research units, each examining waiting time prioritisation from different analytical and policy perspectives.

A recording of the event is available on our YouTube channel, together with a written summary of recent research. Details of our next Policy Forum can be found on our website.

1000th technology appraisal

CHE led the evaluation of the 1000th technology appraisal published by the National Institute for Health and Care Excellence (NICE) in its 25th anniversary year.

The critical evaluation of TA1000: Iptacopan for treating paroxysmal nocturnal haemoglobinuria, was conducted by the York Technology Assessment Review (TAR) Group from CHE and the Centre for Reviews and Dissemination (CRD). A positive recommendation for the first oral treatment for this rare blood disorder was made as a result of the appraisal.

For 25 years, the York TAR group has been supporting the role of NICE in improving outcomes for people using the NHS and other public health and social care services by ensuring national guidance is underpinned by rigorous and independent assessments of clinical effectiveness and value for money.



Promotions

Carlos Chivardi

Naomi Gibbs

Nikita Jacob

Maria Ana Matias

Shainur Premji

Sumit Mazumdar

Ana Duarte

PhD successes

Jinyang Chen

'The price of ranking': three essays on the cost effects of hospital ranking program in China.

Priscilla Kandoole

'Smooth sailing or rough waters? Shocks, consumption and welfare.'

Sebastian Hinde

'Improving the relevance and suitability of cost-effectiveness analyses to inform local commissioning decisions, a worked case-study of cardiac rehabilitation in England.'

Peter Murphy

'Evaluating childhood public health interventions: an exploration of the evidence and methods.'

Beth Woods

'Making better use of evidence to reflect heterogeneity and uncertainty in survival prediction within cost-effectiveness models.'

CHE research fellowship:

Renske ten Ham

Last year, I was excited to be awarded the CHE Research Fellowship. Together with Simon Walker, Dina Jankovic, Marta Soares and Stephen Palmer I worked on a proposal titled: "Innovative payment mechanism for gene therapies: moving from theory to practice using the case of haemophilia." I'm truly grateful to have had the chance to spend a few months with the CHE team. The stay was genuinely mind-opening and gave me a very different perspective on the breadth and depth of the health economics field, from the kinds of questions we can ask, to the ways we can approach them. It made me even more enthusiastic about the work we do and gave me many fresh ideas.

In addition to academic excellence, the team were very welcoming and made me feel at home right away. This included some sampling of York's excellent pubs and the Saturday morning run club. All in the name of cultural immersion, of course. York itself is absolutely beautiful, full of charm and history at every turn.

I'm excited to build on the early findings from the work we began together, which shows promise and was well received at several conferences. I look forward to staying in touch and continuing our collaboration.



Research trainee journey:

Amy Barker



The National Institute for Health and Care Research (NIHR) Predoctoral Fellowship has been a unique opportunity for me to change my career path after working as an NHS doctor for nearly a decade. After completing the first fellowship year, undertaking a MSc in Health Economics at the University of York, I have spent the second year working directly in CHE. This has been a fantastic experience, and I have had the opportunity to work on great projects in my field of interest: mental health. I worked on two projects using different methods, one estimating the marginal cost of quality of children's mental health services, and a second project on the economic evaluation of a talking therapy for individuals with depression and diabetes in Bangladesh and Pakistan (DiaDeM). As well as receiving excellent supervision and support, which has helped me to develop professionally, I have found the culture at CHE warm and supportive, and it has been great to work with so many talented economists. As I come to the end of the fellowship, I am grateful for the support of the NIHR and that I was able to start my career in health economics at CHE and the University of York.

PhD journey:

Salina Siddiqua

I am a third-year doctoral candidate in CHE, researching the effects of expanding Community Clinics in Bangladesh on various health outcomes. My work included the use of the Synthetic Control Method to assess the causal impact of the Community Clinic expansion on national-level maternal and infant mortality rates. I found a significant reduction in maternal mortality, suggesting that the policy has had a positive impact. However, the impact did not extend to the infant mortality rate. I also used more granular analysis, examining outcomes at the cluster and household levels. This approach integrates geospatial data, including altitude information for clusters and geographic coordinates of clinic locations, sourced from the Bangladesh Demographic and Health Survey (BDHS) and the Ministry of Health and Family Welfare. This showed that a reduced distance to a clinic is associated with lower rates of infant mortality. At the household level, I used a probability model to capture individual-level effects. While I also found a statistically significant association between clinic proximity and infant mortality, the effect was relatively small, suggesting that while access plays a role, other household-level or structural factors may also be influential.



Research projects are arranged in themes to reflect the cross-cutting nature of CHE research.

CHE's broad funding base and funders for 2024 include:

CHE FUNDERS 2024

Bill & Melinda Gates Foundation

Engineering and Physical
Sciences Research Council
(EPSRC)

EuroQol Research Foundation

Fondazione Penta ETS

Global Institute for Disease
Elimination (GLIDE)

Innovate UK

Medical Research Council (MRC)

National Institutes of Health (NIH)

National Institute for Health and
Care Research – Health and Social
Care Delivery Research (HSDR)

National Institute for Health and
Care Research – Global Health
Research Units and Groups
(GHRUG)

National Institute for Health
and Care Research – Health
Technology Assessment (HTA)

National Institute for Health and
Care Research – Public Health
Research (PHR)

National Institute for Health and
Care Research – Global Health
Policy & Systems Research
(GHPSR)

NIHR Global Health Research
Centre

National Institute for Health and
Care Research – Research and
Innovation for Global Health
Transformation (RIGHT)

National Institute for Health and
Care Research – Programme
Grants for Applied Research
(PGfAR)

National Institute for Health and
Care Research (NIHR) – Policy
Research Programme (PRP)

The Health Foundation

Wellcome Trust

Yorkshire Cancer Research (YCR)

Patients and society both benefit from being healthy

Shainur Premji, Susan Griffin

There is widespread agreement that benefits from health interventions extend beyond simply improving quality of life and life expectancy. Improving health may allow people to return to full-time work or care for young children. Broader activities like these can have a significant impact on society. In 2010, the then Department of Health in England began to consider a 'value-based' system of pricing for new drugs to capture the additional societal benefits that go beyond health. In 2015, the Wider Societal Impacts (WSI) framework was developed as a structured tool to estimate the additional value arising from these broader benefits.

The WSI framework is made up of ten components which cover the different ways in which people produce and consume resources in society. Resources that people produce include paid production (employment) as well as types of unpaid production (e.g., housework) and unpaid sickness care and childcare. Resources that people consume include a range of formal and informal care, as well as government provision of services (e.g., healthcare and education) and private use of paid and unpaid goods and services (e.g., food, housing, domestic work). The framework uses national population-based data to provide a comprehensive understanding of the ways in which people produce and consume societal resources,

based on their age, sex, health diagnosis and health-related quality of life. If someone contributes more societal resources than they consume, their net production rate is positive. Those who consume more than they produce have a negative net production rate.

In 2022/2023, we updated the WSI framework using more recent data. We also developed a calculator to estimate the impact on net production from interventions designed to improve health. This helps policymakers to compare alternative interventions, both within and across diseases, in terms of their impact on health and overall societal welfare. To illustrate the differences that can arise, we calculated the estimated monthly net production rate for an average male or female for 199 different health conditions. This confirmed what we have learned through previous research, that incorporating benefits beyond health results in a different set of priorities than when health alone is considered. This suggests that decisions about which health interventions to fund as part of a national health service will differ depending on whether policymakers target health or also include the wider societal benefits as part of their decision making.

While the WSI framework helps us understand the broader overall societal benefit of health interventions and services, we are still unsure about how its use could affect health inequalities. For example, previous work showed that adopting a wider benefits framework may favour healthcare interventions for people who return to paid employment instead of retired people. Other currently unknown dimensions of equity beyond age and sex may also be affected by decisions that are guided by this framework. This remains a crucial policy question and an important topic for future research.

Read more about this research: our update of the [WSI framework](#), the [calculator for policymakers](#) and the [estimates of net production rates](#) published in Value in Health. This work was funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme conducted through the [NIHR Public Health Policy Research Unit](#) (NIHR PR-PRU 1217-20901).

The effect of community diagnostic centres in England

Jinglin Wen

A continuing concern in publicly-funded health systems is long waiting times for diagnostic tests such as scans, endoscopies and ultrasounds. A recent policy response in England is the introduction of new “community diagnostics centres” (CDCs), providing dedicated diagnostic services. Our research tested whether the CDC programme helps to address the problem of long waits for diagnostic tests. The CDC policy was launched in 2021 with 40 new CDC facilities, growing to more than 100 by mid-2023, and aims to reach 160 by 2025. The centres serve several purposes. First, they increase diagnostic capacity through the provision of more machines and staff. In particular, the programme involves the largest central cash investment in Magnetic Resonance Imaging (MRI) scanners and Computerised Tomography (CT) scanners in the history of the NHS. Second, they separate planned diagnostic facilities from emergency care, ring-fencing staff and capital. Third, they aim to reduce health inequalities by providing better access to diagnostic testing in more deprived areas of the country.

Our research is the first to investigate the potential impact of the ongoing policy. Using NHS diagnostic data from England, we found that the CDC programme increased the number of planned diagnostic tests in areas where they were introduced by between 6 and 10 percent. Importantly, our findings suggest that this

effect is mainly driven by hospital trusts that have CDCs located in relatively income-deprived areas. We also found that a substantial proportion of the increase in tests comes from MRI scans.

However, our results show little evidence that the CDC programme has reduced waiting times for a diagnostic test. One reason for this may be that the increased availability of diagnostic tests has met with higher demand. Using a simple calculation from our analysis, we find that the CDC policy could lead to an increase in test volume of around 2.5 million over five years, falling short of the government’s target of 9 million additional tests by 2025. However, this may be a conservative

estimate of potential additional tests, as it does not take into account the opening of new CDCs throughout 2023 and 2024, but this could be investigated further in future research.

In the meantime, decision makers introducing any new CDCs should consider the impact of their location on inequality in access to diagnostic tests.

[Read the full paper in Health Policy](#)

This work was funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme, conducted through the NIHR Policy Research Unit in Economics of Health Systems and Interface with Social Care (PR-PRU-1217-20301).



Waiting for surgery: should waiting times be the same for all procedures?



Naomi Gibbs

Waiting times for elective (i.e., non-urgent) NHS surgical procedures in England are at historically high levels. There is a single target that says people with non-cancer conditions should not wait longer than 18 weeks for treatment. However, waiting longer may have a bigger impact on people's health for some procedures compared to others. If so, then giving priority to certain types of surgery by having different waiting times targets might improve the health of the overall population.

Our research aimed to give decision-makers information on the health impact of waiting by procedure. Because they may also be interested in how waiting affects the health of particular population groups, such as those living in less well-off areas, we also explored this question to give them information on the impact on health equity.

We built a mathematical model which allowed us to estimate the health impact of waiting. We used data from a range of sources (Hospital Episode Statistics, Patient Reported Outcome Measures, Office for National Statistics) supplemented with information from the academic literature. We applied the model to eight high volume procedures: coronary artery bypass graft, cataract,

cholecystectomy, hip replacement, knee replacement, hernia, hysterectomy (for non-cancer conditions) and percutaneous coronary intervention. We estimated the health impact of waiting for each procedure. We also used a measure which captures the degree of deprivation in the areas where patients lived so that we could explore the effect of waiting on equity.

We found that waiting for a hip or knee replacement had the biggest health impact. This was largely due to the significant increase in health-related quality of life that people experience following these types of surgery. This result was also linked to our ability to measure the additional health loss due to waiting as we had access to high quality data on patients waiting for these two procedures. However, if decision-makers prioritised hip and knee replacements over and above other procedures they would also increase health inequality in the population. This is because there is a larger number of people having these procedures who belong to the most well-off groups, and they have a greater capacity to benefit from healthcare interventions.

If decision-makers only want to maximise health, our research suggests efforts should be focused on reducing the

waiting time for hip and knee replacements. However, we also show that this approach would increase health inequality in the overall population. Decision-makers interested in improving health and reducing inequalities would have to weigh up the pros and cons before deciding to reduce waiting times for specific procedures.

We have only looked at part of the picture: the health impact for patients receiving the procedure. To help decision-makers consider the waiting times targets policy more fully we would need to also include the costs of procedures, as well as being aware of the practical difficulties in moving resources around the healthcare system.

Read the full details of the research in [Medical Decision Making](#) and in the [Project Report](#).

This work was funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme, conducted through the NIHR Policy Research Unit in Economic Evaluation of Health and Care Interventions (PR-PRU-1217-20401) and the NIHR Policy Research Unit in Economics of Health Systems and Interface with Social Care (PR-PRU-127-20301).

How do counterinsurgency efforts affect public health financing during conflicts?

Rodrigo Moreno-Serra

Internal conflicts have profound implications for population health and development, with long-lasting negative consequences. We wanted to understand how government actions during conflicts can affect the allocation of public resources, especially in healthcare. Our research focused on government military operations targeted at illegal armed groups in Colombia, a country with a long history of civil conflict. If governments aim to effectively protect the health of civilian populations before or in the aftermath of these military operations, we would expect them to allocate funds specifically to meet health needs in the affected areas. However, we found no evidence of such transfers of funds using data for Colombia.

For our study, we looked at data on counterinsurgency operations and public transfers from the central government to municipalities in Colombia, between 2002 and 2015. We analysed that data using robust methods to account for possible factors, like economic downturns or government strategic behaviour, that may drive changes at the same time in both public service financing and the probability of a counterinsurgency operation in a municipality. These methods ensured that our results reflect the causal relationship between counterinsurgency operations and transfers of funding to healthcare. We found that government counterinsurgency interventions do not lead to significant changes in the allocation of public resources for healthcare.

Our research addresses an important gap in knowledge about the strategic responses of governments to insurgency activities and their impact on healthcare financing. Our findings have practical implications for both research and policymaking.

We show that there is a complex relationship between state control, taxation, and counterinsurgency efforts, so it is important to use appropriate research methods to investigate this topic. This will help to better understand how government interventions in conflict settings influence resource allocation, particularly in critical social sectors such as healthcare.

For policymakers, our findings emphasise the need to reassess strategies for addressing health needs in conflict-affected areas. Instead of focusing solely on military interventions, policymakers should prioritise investment in public healthcare infrastructure and services to ensure the well-being of affected civilian populations. Otherwise, counterinsurgency interventions risk exacerbating the negative consequences of conflict violence exposure on population health.

Read the full paper in the *Oxford Bulletin of Economics and Statistics*.

This research was conducted as part of the “War and Peace” project (MR/R013667/1), funded by the Medical Research Council (MRC) jointly with ESRC/DFID/Wellcome Trust, through the Joint Health Systems Research Initiative (HSRI).



Better diagnosis for people with genetically raised cholesterol

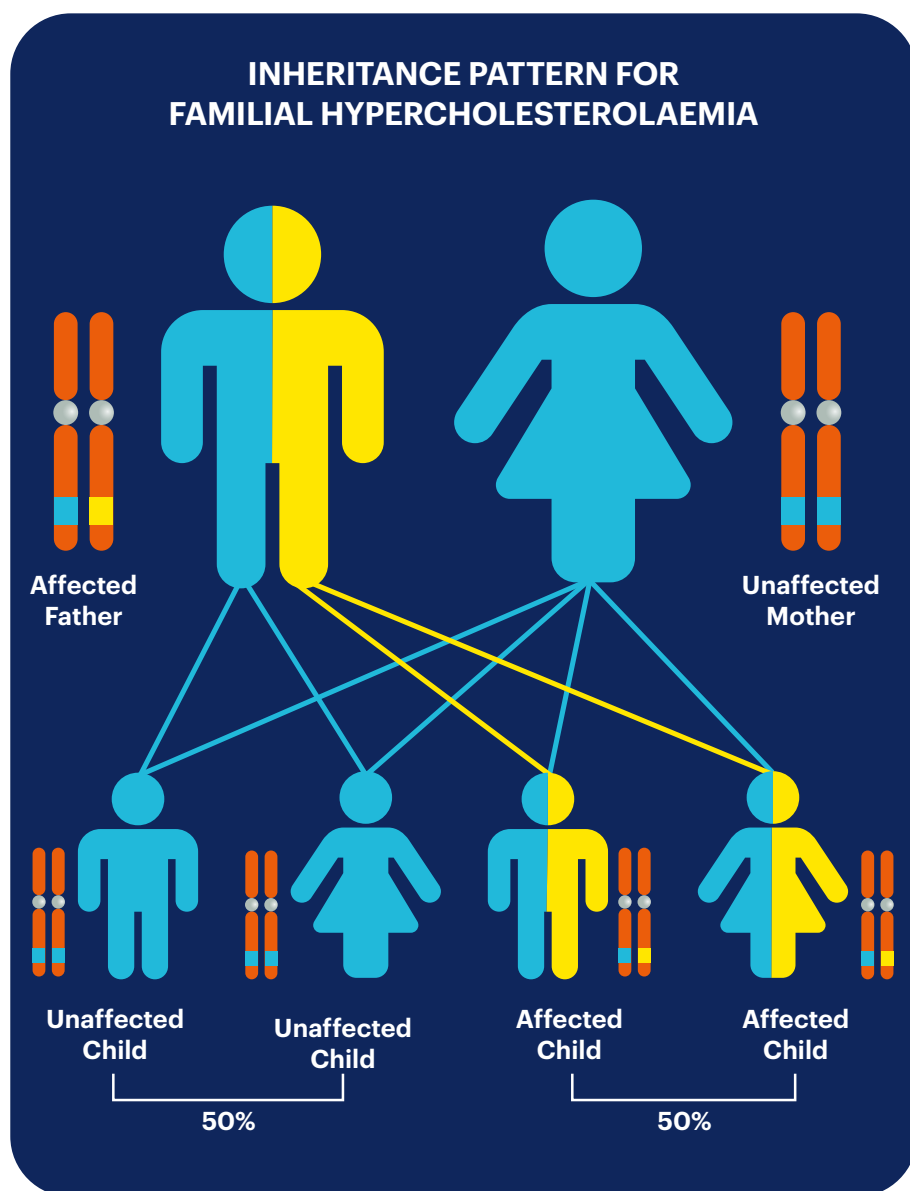
Beth Woods

Using family networks – “cascade testing” – is a potentially important way to diagnose people with genetic conditions. However, this approach raises questions around how best to engage and test families to improve diagnosis and treatment rates. We explored these issues in the context of familial hypercholesterolaemia. This is an inherited condition that causes raised cholesterol from birth and increases the risk of heart disease if left untreated.

We developed cost-effectiveness models using routine data from primary care and existing cascade testing services, to assess the costs and benefits of different ways of designing cascade testing services.

We found that the most cost-effective approach to cascade testing involved healthcare professionals directly contacting relatives of the person with familial hypercholesterolaemia and that more distant relatives should still be contacted even if close relatives don't engage with the cascade testing process. We also found that similar health outcomes and costs could be achieved by using a combination of cholesterol testing and confirmatory genetic testing, or by using genetic testing exclusively. These findings suggest that health services can tailor the testing process to reflect local service arrangements and constraints without compromising on the delivery of effective and cost-effective care.

Our results can help healthcare



decision makers to design effective and cost effective approaches to cascade testing. In turn this has the potential to greatly improve the diagnosis of familial hypercholesterolaemia in the UK.

Another important question is how and when to treat children and young people diagnosed with familial

hypercholesterolaemia. We have started a [new project](#) to address this question.

Read the full paper in [Health Technology Assessment](#) and related work in [Atherosclerosis](#).

This work was funded by the National Institute for Health and Care Research (reference 15/134/02).

Does GP dispensing increase NHS costs?

Nils Gutacker

Many patients leave their GP practice with a prescription and head straight to the community pharmacy to have their medication dispensed. Would it be better if they could get their medication from their GP directly?

Some health systems allow GPs to dispense the medication they prescribe through their own in-house pharmacy while others do not. In England, GPs are allowed to dispense medication to patients who live more than one mile away from a community pharmacy.

Approximately 1 in 7 GP practices dispense medication directly from their on-site pharmacy.

The arguments for allowing GPs to dispense are that it saves patients time and travel costs and increases the likelihood of them following their treatment plan. The main argument against it is that as GPs earn extra income from dispensing medicines (e.g. a dispensing fee, mark-ups on the basic price of the medicine), this might affect their decisions about what and when they prescribe in order to increase their income.

Our research investigated whether dispensing rights affect the way in which GPs prescribe medication. We compared prescribing patterns among dispensing and non-dispensing GPs, using data on GP prescribing over a 8-year period in England. We found that dispensing GPs prescribe a greater volume of medication and more expensive medication

than comparable non-dispensing GPs who are treating a similar patient population. Dispensing GPs also prescribed medication more frequently and in smaller packages than non-dispensing GPs and this may be linked to the fact that GPs are paid per prescription they dispense, regardless of the quantity of the medication in each prescription.

However, the total effect on NHS expenditure is small and amounts to less than £5 per patient per year. The study did not compare prescribing quality,

treatment adherence or patient satisfaction. It is therefore possible that GP dispensing offers value for money despite the higher costs and further research would be needed to draw firm conclusions about the overall impact.

Read the full paper in [*Health Economics*](#).

Tailored for professionals and researchers in a range of disciplines, our short courses combine theoretical concepts with practical applications, equipping participants with the skills to understand and apply health economics principles to complex issues.

Decision Modelling for Health Economic Evaluation (Foundations and Advanced courses) [online]

Decision analytic modelling is widely used internationally as a means of estimating the costs, outcomes, and cost-effectiveness of different interventions and programmes in healthcare and public health. In particular, these methods are often employed to assess the value of new pharmaceuticals as a basis for health systems to determine whether they should be funded.

Held in conjunction with the London School of Hygiene & Tropical Medicine, overall 89 participants from 25 countries attended.

83 attended the Foundations course and 69 attended the Advanced course.

An 'On Demand' version of these courses was also available enabling participants to self-study at any time. 77 participants from 28 countries undertook these courses.

69 undertook the Foundations course and 47 undertook the Advanced course.

Online Advanced Methods of Economic Evaluation for Health Technology [online]

This new course covered seven modules over eight weeks in the spring of 2024, aimed at health technology assessment (HTA) analysts, managers and policymakers, and those wishing to understand the key challenges for economic evaluation to inform HTA. It offered insights into state-of-the-art analytical techniques and criteria for selecting appropriate methods, given the particular constraints

and challenges of an application. The course focused on an understanding of the principles of more cutting-edge methods used to inform cost-effectiveness models to support HTA. 55 participants from 22 countries attended this course.

Analysing Patient-Level Data Using Hospital Episode Statistics (HES) [in person]

NHS England Data contains Hospital Episode Statistics (HES) of all inpatient admissions and outpatient appointments, Emergency Care Data Set (ECDS) for all Accident & Emergency attendances to NHS hospitals in England, and Patient Reported Outcome Measures (PROMs) data for health gain in patients undergoing certain surgeries (e.g., hip or knee replacement). The HES are the main data source for many healthcare analyses for the NHS, government, and other organisations and individuals. There is also an increasing role for this observational dataset in providing evidence-based parameters, which are not collected in trials for the economic evaluation of new technologies.

This course was hosted in-person on the University campus over three days in early June, attracting 29 participants. Taught by academics with extensive experience in using HES, this intensive workshop introduces participants to HES data and teaches them how to handle, manipulate and begin to analyse these very large datasets.

Statistical Methods in Economic Evaluation for HTA – Advanced [in-person]

The three-day advanced course

focuses on the use of statistical methods for the analysis of individual patient-level cost, effects (e.g., survival and health-related quality of life) and other types of data used in cost-effectiveness analysis for HTA. It is intended for people who wish to learn how to apply (and interpret the results of) more advanced techniques for the analysis of data collected alongside both experimental (e.g., RCTs) and observational (sometimes referred to as "real-world") studies, where the objective is to estimate within-study quantities (e.g., differential mean costs) or to derive key input parameters to populate economic evaluation models for HTA. The course includes a mixture of taught modules and practical exercises.

This course was hosted in-person in September, with 36 participants from 12 countries attending.

Online Distributional Cost-Effectiveness Analysis (DCEA) [online and on demand versions]

This online course ran for a five week period in October and November 2024, focusing on methods for analysing equity in the distribution of health programmes costs and effects, and trade-offs between equity and cost-effectiveness. Designed for participants who are already familiar with standard methods of cost-effectiveness analysis, this advanced course is for those wishing to learn more specialised methods for analysing distributional equity impacts and trade-offs.

30 participants from 12 countries attended the online course. 34 people undertook an on demand version of the course.

PEER REVIEWED PAPERS

Alcaraz A, Lazo E, Casarini A, Rodriguez-Cairolí F, et al. (includes **Palacios A**). *Exploring gender disparities in the disease and economic tobacco-attributable burden in Latin America*. Front Public Health 2024; 11:1321319. doi.org/10.3389/fpubh.2023.1321319

Amr-X Collaborators, **Woods B, Sculpher M**. *System-wide approaches to antimicrobial therapy and antimicrobial resistance in the UK: the AMR-X framework*. Lancet Microbe 2024;5(5):e500-507. doi.org/10.1016/s2666-5247(24)00003-x

Anteneh ZF, Mebratie AD, Shigute Z, Alemu G, Bedi AS. *Does community-based health insurance affect lifestyle and timing of treatment seeking behavior? Evidence from Ethiopia*. Glob Health J 2024;8:83-90. doi.org/10.1016/j.glohj.2024.05.005

Anderson M, **Gutacker N**, Wimmer S, Mossialos E. *Information gaps in England's independent healthcare sector*. BMJ 2024;384:e079261. doi.org/10.1136/bmj-2024-079261

Anteneh ZF, Mebratie AD, Shigute Z, Alemu G, Bedi AS. *Does community-based health insurance affect lifestyle and timing of treatment seeking behavior? Evidence from Ethiopia*. Glob Health J 2024;8:83-90. doi.org/10.1016/j.glohj.2024.05.005

Arabadzhyan A, Grašič K, **Sivey P**. *COVID-19, deaths at home and end-of-life cancer care*. Econ Hum Biol 2024;52:101338. doi.org/10.1016/j.ehb.2023.101338

Aragón MJ, **Gravelle H, Castelli A, Goddard M**, et al. (includes **Gutacker N, Mason A, Jacobs R**). *Measuring the overall performance of mental healthcare providers*. Soc Sci Med 2024;344:116582. doi.org/10.1016/j.socscimed.2024.116582

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COMMISSIONED REPORTS

Corbett M, **Phung H**, Anwer S, **Premji S**, et al. (includes **Duarte A**, **Saramago Goncalves PR**). *SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites: A Single Technology Appraisal*. Centre for Reviews and Dissemination/Centre for Health Economics. 2024 (June).

Deng J, Corbett M, Uphoff N, Lord J, et al. (includes **Griffin S**, **Rothery C**). *Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia*. National Institute for Health and Care Excellence. 2024 (August).

Jones KC, **Weatherly HLA**, Birch S, **Castelli A**, et al. (includes **Chalkley M**, **Gao M**, **Hinde S**, **Premji S**). *Unit Costs of Health and Social Care 2023 Manual. Technical report*. Personal Social Services Research Unit (University of Kent) & Centre for Health Economics (University of York). 2024 (May). doi.org/10.22024/UniKent/01.02.105685

Kunst N, Sælensminde K, Belander O. Vunne leveår og helsetapsjusterte leveår (DALYs) ved fysisk aktivitet. Translated title of the contribution: *Life years gained and health loss-adjusted life years (DALYs) by physical activity*. 2024 (April).

Rodgers M, **Kunst N**, Umemneku-Chikere C, **Zhou A**, et al. (includes **Gao M**, **Rothery C**). *Iptacopan for treating paroxysmal nocturnal haemoglobinuria: A Single Technology Appraisal*. NICE Committee Papers. 2024 (January)

Shepherd L, **Phung H**, **Gibbs NK**, Wade R, et al. (includes **Gao M**, **Rothery C**). *Avapritinib for treating advanced systemic mastocytosis*. NICE Committee Papers. 2024 (February).

Zhou A, Uphoff N, Corbett MS, Fulbright H, et al. (includes **Rothery C**). *Ublituximab for treating relapsing multiple sclerosis: A Cost Comparison Evaluation*. NICE Committee Papers. 2024 (August).

ARTICLES, PREPRINTS AND WORKING PAPERS – NOT PEER REVIEWED

Bwakura-Dangarembizi M, Szubert AJ, Mumbiro V, Kityo CM, et al. (includes **Zhang Y**, **Walker SM**). *CHAPAS-4 trial: second-line anchor drugs for children with HIV in Africa*. medRxiv 2024. doi.org/10.1101/2024.04.12.24305333

Mohan S, **Revill P**, **Chalkley MJ**, Colbourn T, et al. (includes **Mangal TD**, **Walker SM**, **Sculpher M**). *Theory of Change Framework for Economic Evaluation Using Health System Models*. 2024. doi.org/10.15124/yao-w4yt-p922

Moore S, Brophy S, Bandyopadhyay A, Newbury A, et al. (includes **Walker SM**, **Premji S**). *Protocol: A Quasi-Experimental Effectiveness and Cost-Effectiveness Evaluation of Emergency Department Violence Intervention Programmes in the United Kingdom*. Research Square 2024. doi.org/10.21203/rs.3.rs-5452363/v1

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Racine N, **Premji S**. *Child poverty is on the rise in Canada, putting over 1 million kids at risk of life-long negative effects*. The Conversation 2024.

Sivey P. *Election 2024: how the parties differ on their approach to the NHS*. The Conversation 2024.

Sivey P. *Forty thousand more appointments per week and 'surgical hubs', but will this fix the NHS?* The Conversation 2024.

Sivey P. *Budget 2024: experts explain what it means for taxpayers, businesses, borrowers and the NHS: NHS investment in tech, but what about basic equipment?* The Conversation 2024.

Recent talks and presentations by researchers in the Centre for Health Economics are listed below. Please consult the [archive of CHE Annual Reports](#) for information on previous talks and presentations.

2024

JANUARY:

Akseer Hussain Social determinants of NCDs. *HFACT Training & Networking Event*. January 2024.

Jacopo Gabani The effect of health financing systems on health system outcomes: A cross-country panel analysis. *HFACT Training & Networking Event*. January 2024.

Martin Chalkley How the NHS is funded and its challenges. *HFACT Training & Networking Event*. January 2024.

Natalia Kunst Improving medical decision making: Evidence and uncertainty considerations. *The Health Economics Research Centre (HERC), University of Oxford*. January 2024.

Wiktoria Tafesse Turning data into evidence: how micro-economics is helping to tackle the adverse health impacts of poverty in south-east Africa and South Asia. *Session three – “Our global lives”, YorkTalks*. January 2024.

Yingying Zhang co-authored with **Alastair Bennett**, **Andrea Manca** and **Noemi Kreif** Using Longitudinal Targeted Maximum Likelihood Estimation to Evaluate Static and Dynamic Treatment Regimes: a Tutorial. *HESG Exeter*. January 2024.

FEBRUARY:

Ieva Skarda co-authored with Ruth Gilbert and **Richard Cookson** Does household income in early childhood predict adolescent outcomes better than neighbourhood deprivation? *The Children and Families Policy Research Unit (CPRU) Executive Science Session, UCL*. February 2024.

Paul Revill and **Sakshi Mohan** Economic evaluation and global health modelling. *University of Oxford*. February 2024.

Willis Ruiz Marin Health and the macroeconomy: research to support “more money for health” policies in Central America. *Centre for Health Economics Global Health Seminar*. February 2024.

Yirui Qian co-authored with Stephen Walters, Richard Jacques and Laura Flight Comparison of statistical methods for the analysis of patient-reported outcomes in randomised controlled trials. *King’s Health Economics Seminar*. February 2024.

MARCH:

Adriana Castelli Studies on the performance and outcomes of the National Health Service (NHS): lessons and possible applications to the Brazilian setting. *Institute of Social Medicine, University of the State of Rio de Janeiro*. March 2024.

Natalia Kunst Consolidated Health Economic Evaluation Reporting Standards – Value of Information (CHEERS-VOI) statement recommendations and checklist. *ConVOI Webinar*. March 2024.

APRIL:

Mark Sculpher Building Value into HDRUK Research. *Presentation to the Health Data Research UK Strategy and Integration Group*. April 2024.

Rowena Jacobs Measuring the efficiency, cost and quality of mental healthcare provision: Using real-world data to inform health policy. *Invited keynote at Swedish Health Economics Association Conference, Uppsala, Sweden*. April 2024.

Shainur Premji Distributional cost-effectiveness analysis of the National Abdominal Aortic Aneurysm Screening Programme in England. *Academic Unit of Health Economics (AUHE) seminar series, University of Leeds*. April 2024.

MAY:

Ieva Skarda LifeSim: a Suite of Microsimulation Models for Evaluating the Long-Term Health and Wellbeing Consequences of Early Childhood Policies. *Health Economics, Evaluation and Equality Theme (HEEE) Applied Research Collaboration Quarterly Meeting*. May 2024.

Sumit Mazumdar Session on ‘Health is Wealth: Investing in Health as a Keystone to Human Capital Development’. *International Human Capital Forum, Ministry of Finance of the Republic of Tajikistan and the World Bank, Country Office in Tajikistan, Dushanbe*. May 14, 2024

Natalia Kunst An iterative approach to decision making in health and medicine: evidence and uncertainty considerations. *Invited talk at Vanderbilt University*. May 2024.

Natalia Kunst An iterative approach to decision making in health and medicine: evidence and uncertainty considerations. *Invited talk, University of Chicago*. May 2024.

Natalia Kunst Value of information analysis to facilitate evidence and uncertainty considerations and drive iteration in model-based decision making. *Cancer Intervention and Surveillance Modeling Network (cisnet) 2024 Annual Midyear Meeting*. May 2024.

Rodrigo Moreno-Serra Is primary health care worth it in the long run in Brazil? *Lecture to decision-makers based at the Paraíba state's (Brazil) body equivalent to the Office for Budget Responsibility*.

Rowena Jacobs The economics of mental health. *Invited lecture at the University of the Witwatersrand, Johannesburg, South Africa*. May 2024.

Rowena Jacobs The economics of serious mental illness (SMI). *International Health Economics Association (IHEA) Mental Health Special Interest Group*. May 2024.

JUNE:

Alastair Bennett Evaluating The Quality Of Life Impact Of Erythropoiesis-Stimulating Agents For Lower Risk (Low To Intermediate-1) Myelodysplastic Syndrome Patients. *Poster presentation. HTAi 2024 Seville*. June 2024.

Helen Weatherly The Thanzi Programme: A Research to Policy Partnership. *Research impact series Department of Health Sciences*. June 2024.

Ieva Skarda Does household income in early childhood predict adolescent outcomes better than neighbourhood deprivation? *Q&A session for Children and Families Policy Research Unit (CPRU) responsive project, UCL*. June 2024.

Mark Sculpher and **Paul Revill** Economics, HTA and priority setting. *Seminar for the World Bank as part of their series on Health Financing in the MENA region*. June 2024.

Paul Revill Economics of disease elimination. *GLIDE-University of Ghana Disease Elimination course*. June 2024.

Rodrigo Moreno Serra Health and the Macroeconomy: The Impact of Health Spending on Economic Growth in Central America and the Dominican Republic. *Invited virtual talk at the Meeting of Health Ministers of Central America and the Dominican Republic*. June 2024.

Sakshi Mohan Application of constrained optimization to guide the design of the Health Benefits Package in Uganda. *Informing Health Benefits Package Design using evidence on Health Opportunity Costs. HTAsiaLink Webinar Series*. June 2024.

Sarah Dwyer HFACT – Health Financing to achieve UHC. *'Celebrating Spaces' event, The University of York*. June 2024.

Sebastian Hinde By-Band-Sleeve trial. What are the implications for health policy – an economic perspective. *British Obesity & Metabolic Surgery Society (BOMSS) annual scientific meeting*. June 2024.

Wiktorja Tafesse What doesn't kill you, makes you more anxious and depressed: The effect of civil conflict on mental health in Nepal. *Rome Health Economics Workshop (ROMHEW)*. June 2024.

Wiktorja Tafesse What doesn't kill you, makes you more anxious: The effect of civil conflict on mental health in Nepal. *Behaviour. 2024 NOVAFRICA Conference on Economic Development*. June 2024.

JULY:

Adriana Castelli co-authored with **Anastasia Arabazhyan**, **James Gaughan** and **Martin Chalkley** Measuring health system productivity during a health crisis. *Resilience, recovery and sustainability: Productivity and efficiency of health systems. EuHEA Conference, Vienna*. July 2024.

Alexandra Nazeraï and **Anne Mason** Social care in England: understanding need and demand. *Health Economists' Study Group, University of Warwick*. July 2024.

Ana Duarte co-authored with **Thai Han Phung**, **David Glynn** and **Marta Soares** Making value drivers explicit in the economic evaluation of diagnostic tests with complex classifications. *EuHEA Conference, Vienna*. July 2024.

Andrea Salas-Ortiz Unpacking the Care-Related Quality of Life Effect of England's publicly funded Adult Social Care. A panel data analysis of long-term support users. *EuHEA Conference, Vienna*. July 2024.

Carlos Chivardy Cost-Effectiveness of Using Conditional Economic Incentives to Improve Pre-exposure Prophylaxis Adherence Among Male Sex Workers. *AIDS 2024, the 25th International AIDS Conference, Munich, Germany*. July 2024.

David Glynn Are multi-indication methods worth it? And which ones should we use? A simulation study. *EuHEA Conference, Vienna*. July 2024.

David Glynn Integrating machine learning and decision modelling. *ISPOR short course: "Causal Machine Learning for Health Economics and Outcomes Research"*. July 2024.

Dina Jankovic Population health impacts of breast screening: modelling capacity constraints. *EuHEA Conference, Vienna*. July 2024.

James Gaughan The impact of waiting time on patient outcomes: The case of joint replacement surgery. *EuHEA Conference, Vienna*. July 2024.

James Gaughan Using index based productivity measurement to identify high performing hospital departments: The case of paediatric care in England. *EuHEA Conference, Vienna*. July 2024.

Jessica Ochalek Discussion and policy implementation. *Public consultation titled "Boosting Innovation: Shared Value of Pharmaceuticals in Thailand"*. July 2024.

Jessica Ochalek How much is health improved by more spending? *Joint WAHO-CHE seminar on 'Strengthening health economics in the WAHO region in response to the ALM-Declaration agenda: a focus on health financing'*. July 2024.

CHE talks and presentations 2024

Jessica Ochalek Glance at cost-effectiveness thresholds internationally. *Workshop convened by the PROSHADE-consortium and the Council for Choices in Health Care in Finland (COHERE Finland) at the Ministry of Social Affairs and Health.* July 2024.

Jinyang Chen Association Between Continuity of Care and Patient Complaints: Evidence from the English NHS. *HESG.* July 2024.

Jinyang Chen Ranking Competition, and Healthcare Spending. *EuHEA Conference, Vienna.* July 2024.

Naomi Gibbs Estimating the health impact of waiting for elective procedures in the NHS. *DHSC Health Economics for Policy Research webinar series.* July 2024.

Naomi Gibbs Estimating the health impact of waiting for elective surgery in the NHS in England. *EuHEA Conference, Vienna.* July 2024.

Natalia Kunst Modelling uncertainty for medical decision making. *ISPOR Ghana Chapter.* July 2024.

Nils Gutacker The effect of financial incentives on care delivery for different socioeconomic groups. *Physician incentives to tackle health inequalities, EuHEA Conference, Vienna.* July 2024.

Peter Sivey Living with Long Waiting Times: approaches to prioritising patients. *2024 CHE Policy Forum.* July 2024.

Priscilla Kandoole and **Jessica Ochalek** Strengthening health economics in the WAHO region in response to the ALM-Declaration agenda: a focus on health financing “more money for health”. *Webinar hosted by the West Africa Health Organization in collaboration with the Thanzi Programme & the University of York.* July 2024.

Sakshi Mohan Using an individual-based model to understand the impact of improving consumable availability in Malawi. *Health technology assessment: Empirical studies. EuHEA Conference, Vienna.* July 2024.

AUGUST:

David Glynn Methods of multi-indication evidence synthesis for health technology assessment: a simulation study. *Methods in Meta-Analysis (MiM) 47th MiM discussion meeting.* August 2024.

Paul Revill Cost effectiveness thresholds and the HIV funding transition. *HIV Modelling Consortium: monthly stakeholders workshop.* August 2024.

Rowena Jacobs Discussant on “The longer-term effects of improved air quality on mental health” paper by Robin Kottmann and colleagues at RWI Essen. *11th EuHEA PhD Student & Supervisor Conference Lucerne, Switzerland.* August 2024.

SEPTEMBER:

Ana Duarte Screening and testing for diabetes in pregnancy. *Taiwan Changhua County Smart Health Visit.* September 2024.

Ieva Skarda co-authored with **Shrathinth Venkatesh** and **Richard Cookson** Long-term consequences of poverty in early childhood. *Annual Scientific Meeting for the Society for Social Medicine and Population Health, 2024.* September 2024.

Natalia Kunst Exploring the Adoption of Value of Information Analysis in Health Technology Assessment: Insights from Global Jurisdictions. *NICE Webinar.* September 2024.

Natalia Kunst Modelling uncertainty for medical decision making: Probabilistic (Sensitivity) Analysis and Value of Information. How to handle uncertainty in HTA – Current approaches and future perspectives. *HTA Conference, Stockholm.* September 2024.

Nils Gutacker Private health care provision. *European Health Policy Group meeting 2024, London.* September 2024.

Sebastian Hinde Improving the relevance and suitability of cost-effectiveness analyses to inform local commissioning decisions, a worked case-study of cardiac rehabilitation in England. *Invited presentation to the University of Bristol Health Economics team.* September 2024.

Sebastian Hinde What is Health Economics: Asthma Model Case Study. *Presentation ARC Lunch and Learn.* September 2024.

Tara Mangal The health impact of investments in vertical programs and healthcare system strengthening: An analysis using the TLO model. *HEPU TLM 14th Think Tank Meeting, Malawi.* September 2024.

Tara Mangal The Health Impact of Investments in Vertical Programs and Healthcare System Strengthening. *Presentation for FCDO.* September 2024.

OCTOBER:

Anastasia Arabadzhyan The Effect of Waiting Times on Health Outcomes for Coronary Bypass and Angioplasty. *Economics Research in Public Health, Social Care & Primary Care contexts: Three NIHR Schools, PRUs and ARCs.* October 2024.

Helen Weatherly Social Care Economics: Evolution or Revolution? *NIHR Three Schools' Programme, University of Manchester.* October 2024.

James Gaughan The impact of waiting time on patient outcomes: The case of joint replacement surgery. *Newcastle University Economics Department Seminar Series.* October 2024.

CHE talks and presentations 2024

Natalia Kunst Brief overview of MCED modeling studies. Bridging Evidence Gaps: Leveraging Mathematical Modeling for Estimating Mortality Benefits of [liquid biopsy] Cancer Screening Tests. *SMDM 2024*. October 2024.

Natalia Kunst Value of Information: Available tools. Decision-analytic and machine learning tools in healthcare decision making: A debate on their acceptability in clinical practice, treatment guidelines, and health technology assessment. *Moderator and Speaker on SMDM 2024*. October 2024.

Rowena Jacobs The economics of mental health. *Invited webinar presentation for the Health Economics Research Network (HERN) in Bangladesh*. October 2024.

Sebastian Hinde NIHR ARC and RSS: what are they and where do they fit? *Yorkshire and HUMBER ICB IRIS community of practice*. October 2024.

Shainur Premji A value-based framework for assessing the wider societal impacts and distributional effects of net production for patients. *Economics research in public health, social care and primary care contexts: Three NIHR Schools, PRUs and ARCs*. October 2024.

NOVEMBER:

Alexandra Nazeraï co authored with **Rowena Jacobs, Marc Suhrcke** and **Adrian Villaseñor-Lopez** Evaluating Economic Impacts of Depression-Diabetes Multimorbidity. *DiaDeM Dissemination Event, Istanbul, Turkey*. November 2024.

Amy Barker co authored with **Rowena Jacobs, Adriana Castelli, Jinyang Chen, Maria Goddard, Nils Gutacker, Anne Mason, Maria Ana Matias** and **Adrián Villaseñor** The marginal cost of improving the quality of children and young people's mental health services in England. *Yorkshire Youth Mental Health Research Forum (YYMHRF) hosted by the Institute of Mental Health Research at York (IMRY)*. November 2024.

Ana Duarte Making value accrual mechanisms explicit in the economic evaluation of tests: a framework to support reporting, critique and development of linked-evidence approaches for test evaluation. *Methods for the Economic Evaluation of Diagnostics, Digital and Devices Research Forum, University of Newcastle*. November 2024.

Ana Duarte Early economic modelling of circulating HPV DNA assay for detection of residual disease in oropharyngeal cancer. *Methods for the Economic Evaluation of Diagnostics, Digital and Devices Research Forum, University of Newcastle*. November 2024.

Helen Weatherly and **Rita Santos** Introduction to health economics for North Yorkshire Council. *Webinar as part of North Yorkshire Council's 'Lunch and Learn' series*. November 2024.

Natalia Kunst Consolidated Health Economic Evaluation Reporting Standards – Value of Information (CHEERS-VOI) statement recommendations and checklist. *SMDM 2024*. November 2024.

Natalia Kunst Tackling Health Inequalities: A perspective from the UK. Exploring the Broader Impact of Health Technologies on Health Inequalities: Perspectives, Measures, Tradeoffs, Barriers – Solutions. *ISPOR*. November 2024.

Natalia Kunst Cost-effectiveness of (Stratified) Implementation of Prostate Specific Membrane Antigen Positron Emission Tomography (PSMA-PET) for the Evaluation of Biochemical Recurrent Prostate Cancer into the United States Clinical Practice. *SMDM 2024*. November 2024.

Rowena Jacobs co authored with **Amy Barker, Adriana Castelli, Jinyang Chen, Maria Goddard, Nils Gutacker, Anne Mason, Maria Ana Matias** and **Adrián Villaseñor** The marginal cost of improving the quality of mental healthcare in England. *Oxford Mental Health Economics and Policy (OMHEP) Group, University of Oxford*. November 2024.

DECEMBER:

Nils Gutacker co authored with **Tim Doran, Luis Fernandes, Ni Gao, David Glynn, Anne Mason, Luigi Siciliani** and **Simon Walker** Redesigning payment systems to reduce health inequality. *University of Brisbane Centre for the Business and Economics of Health seminar series*. December 2024.

Nils Gutacker co authored with **Tim Doran, Luis Fernandes, Ni Gao, David Glynn, Anne Mason, Luigi Siciliani** and **Simon Walker** Redesigning payment systems to reduce health inequality. *Monash University seminar series*. December 2024.

Nils Gutacker co authored with **Tim Doran, Luis Fernandes, Ni Gao, David Glynn, Anne Mason, Luigi Siciliani** and **Simon Walker** Redesigning payment systems to reduce health inequality. *Seminar at Saw Swee Hock School of Public Health, National University of Singapore*. December 2024.

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Santiago Palacio Ciro

Topic: "Quality-efficiency trade-offs: does reducing hospital length of stay reduce quality of care?"

Supervisors: Luigi Siciliani and Peter Sivey



Zaheen Umar

Topic: "Tackling child health inequality. An interventional epidemiology platform to inform policy"

Supervisors: Richard Cookson and Ieva Skarda



Yunhao (Helios) Xu

Topic: "The effect of demand and supply-side factors on hospital emergency department performance in the UK NHS: evidence using econometric and machine-learning methods"

Supervisors: Peter Sivey, Rita Santos and Martin Chalkley



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