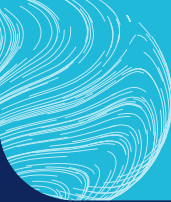


ANNUAL REPORT

Using economic analysis to inform
policy and practice internationally

2025



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Acknowledgements: many thanks to Loren Arteaga Reed, Vanessa King, Maria Goddard and Ruth Helstrip for their work in developing this annual report.



2025 was a busy year for CHE researchers and support colleagues, but one with some important achievements which are presented in our 2025 annual report.

With more than 100 researchers and PhD students, there's a lot going on in the Centre, as shown, for example, by our grant income (page 9), publications (pages 24-31) and presentations (pages 32-35). CHE's research is organised under seven themes, which are also summarised on pages 4-7. An important lever for successful research impact can be demonstrated in terms of citations (see page 9). In 2024-25, CHE's research was cited over 250 times in policy documents globally, including over 160 citations by international organisations. The research theme highlights also show policy impact over the year. For example, the Equity theme summary reports that CHE's long-term childhood policy modelling was used by the Treasury to inform the 2025 Spending Review. The Economic Evaluation theme summary includes six reports for the National Institute for Health and Care Excellence (NICE) to support its guidance to the NHS about the use of new medicines and other medical technologies. The Global Health summary highlights how research under the Thanzi programme showed the value of investment in health systems alongside diseases like HIV, which was used to support further funding of the Global Fund.

A major aim for CHE is to achieve impact through research relating to the biggest challenges in health and care in the UK and internationally. On page 16, Dina Jankovic summarises work on methods to assess the value of new antibiotics in the context of the growing threat of antibiotic resistance and the dearth of new treatments. The research highlighted the major sources of evidential uncertainty around which the funding decisions are taken for these products. On page 18, Rita Santos describes research to inform policy seeking to reduce the burden on emergency departments in the NHS. The work indicated that supporting primary care – for example, by increasing same-day appointments – can reduce the pressure on hospital emergency services. On page 17, Finn McGuire highlights research on how to reduce the prevalence of low value health care in low- and middle-income countries. In often financially constrained health care systems, the work showed that low-cost policies such as peer benchmarking can have important impacts.

Impact can also be generated by developing new ways of doing research which facilitate informative analysis to support policymakers. Our Methods theme (page 7) describes work to integrate machine learning with established econometric methods, including the release of a new software package. On page 15, Julia Hatamyar summarises the development of a new multidimensional index to represent household financial vulnerability with respect to health care, which is used to assess the financial burden of health care in conflict zones globally.

Sustaining high quality and impactful research requires the right organisational culture, and CHE has worked hard over

many years to ensure it offers an inclusive and equitable working environment. On page 21 we provide a Spotlight on the work of CHE's Equality and Diversity Action Team (EDAT), which has been the focus of CHE's drive over the last 10 years to make CHE a community that welcomes everyone. One important role for the team over this period has been to lead our implementation of the Athena Swan Charter, which strives for gender equality in the academic sector. In 2025, we received the wonderful news that CHE's application for the renewal of our Athena Swan Silver Award had been successful. This level of award recognises the Centre's good practice in supporting the careers of women and our more general commitment to an inclusive environment. In addition, reflecting CHE's commitment to equitable partnerships, we were delighted to receive the Weaver Award for the Thanzi Programme's exceptional cross-boundary collaboration with partners across Africa (page 11).

This will be the last time that I will introduce CHE's annual report, as I am stepping down as Head of Department in September 2026, a role which I have thoroughly enjoyed now for five years. Although leading a research-only university department has its challenges, managing CHE has been made considerably easier given my excellent colleagues and the supportive working environment that has been developed over many years. I give my successor, Karen Bloor, my best wishes. Under her guidance, I know CHE will continue to produce high-quality and impactful research, and will also remain a fun and rewarding place to work!

Mark Sculpher
Head of Department
Centre for Health Economics

The health and social care sectors are a major part of society, touching everybody's lives at some time, employing thousands of people and consuming considerable resources. Investigating the factors that determine our health and wellbeing is key to ensuring the appropriate provision of care.

Difficult decisions have to be made on a daily basis, including: the choice of treatments provided; the way the health and social care system should be organised, paid for and monitored; how to reward the workforce; the role of patients and the public in the health and social care system.

CHE's research provides analytical frameworks and evidence to guide these decisions, organised across several key themes.

1

ECONOMIC EVALUATION

Our research encompasses applied and methodological work within health technology assessment (HTA), public health, and policy. Working with national decision-makers and global health partners, our expertise includes decision analytic modelling, evidence synthesis, and policy analysis for healthcare technologies. We support national bodies like NICE, ensuring that national healthcare guidance is underpinned by independent assessments of clinical effectiveness and value for money.

 The Economic Evaluation theme engaged in a range of policy and methods events over the year, including co-hosting the Methods for Economic Evaluation of Diagnostics, Digital, Data and Devices (MEED) Research Forum. This forum was established to address the unique challenges in evaluating medical technologies beyond traditional pharmaceuticals. The team also led on a number of knowledge exchange activities, in the form of our short courses. These included the popular DCEA course, a topic with which multiple members of the team engaged with over the year, informing the documentation produced by NICE, to support its technology assessment processes. Significant activity over the year included six reports for NICE, over 90 journals, and continued work in the NIHR Policy Research Unit in Economic Methods of Evaluation of Health and Care Interventions (EEPRU). The team continues to take key roles in policy making and funding panels, these include NICE appraisal committees and several NIHR funding panels.

2

HEALTH AND SOCIAL CARE POLICY

Our research under this theme evaluates the design of policies that dictate how people seek, access, and supply care. We analyse the efficiency and productivity of the NHS and social care systems, evaluate how financial and non-financial incentives influence the volume and quality of care provided, and study market dynamics such as competition and waiting times in healthcare supply.



In 2025, the Policy theme continued its work on a range of major research initiatives, including the Economics of Health and Social Care Policy Research Unit (ESHCRU), the Mental Health Policy Research Unit (MHPRU), the Productivity research programme, and wider efforts to evaluate system-level initiatives such as the Surgical Hub programme in England. Our researchers provided input to a review of general practice funding in England, thereby supporting the government in delivering its manifesto pledge. We started a project aimed at evaluating innovations in emergency care provision in rural and coastal areas. Finally, the REAL Supply Research Unit successfully completed its first funding phase, laying the groundwork for a series of ambitious research projects over the next five years.

3

GLOBAL HEALTH

This theme aims to improve health and healthcare decision-making in countries across the world through robust evidence. Spanning all areas of health, the research utilises economic evaluation and health policy evaluation. A core element of this theme is working in partnership with local academics and policymakers to strengthen local capabilities for research and decision-making in our partner countries.



In 2025, colleagues in the Global Health theme started the Health Economics for Policy Impact (HEPI) project, funded by the European Commission (2025-27), within which CHE is working with seven leading public universities and intergovernmental health policy organisations across Africa to strengthen the use and uptake of health economics evidence into policy. Additionally, research using the Thanzi la Onse model of Malawi's health system provided evidence for the Global Fund's 8th Replenishment Investment Case. The study demonstrated that investing in health systems alongside HIV, TB and malaria programmes would deliver three times the reduction in disease burden compared to vertical programme scale-up alone. The findings make a direct case for integrating health system strengthening into the funding priorities for the Global Fund's 8th grant cycle (2027-2029).

4 EQUITY

This research helps decision-makers improve equity and reduce inequalities in health and healthcare. Key areas of focus include Distributional Cost-Effectiveness Analysis (DCEA) to assess equity in the distribution of costs and effects, the development of methods for monitoring healthcare equity in local planning areas, and investigating public preferences regarding the trade-off between reducing social inequality and improving average health.

“ In 2025, CHE’s Equity theme achieved two major research impact milestones in advancing the use of economic evidence to reduce health inequality. First, our methods for distributional cost-effectiveness analysis (DCEA) were adopted by NICE to inform NHS health technology evaluation and were also incorporated into China’s 2025 pharmacoeconomic guidelines. This marks a significant step towards routine consideration of health inequality in healthcare decision-making, both in the UK and internationally. Second, our methods for long-term childhood policy modelling were adapted by His Majesty’s Treasury (HMT) to inform the 2025 Spending Review. In partnership with researchers at CHE, LSE and UCL, an HMT analytical team adapted CHE’s methods to develop a new analytical model to forecast the preventative benefits of government programmes. This was used as part of a holistic package of evidence to inform spending decisions.

5 MENTAL HEALTH

Operating as a cross-cutting theme, this theme addresses the profound economic impacts of the global burden of ill-health and disability caused by mental health problems. Researchers evaluate the complex interplay between physical and mental health, and analyse both the supply and demand for mental healthcare services across a wide array of conditions, from common mental disorders to severe and enduring mental illnesses.

“ In 2025, work began to tackle unmet needs in relation to mental ill-health in the north-east of England as part of a prestigious Mental Health Research Group that includes CHE and partners from the University of York, the University of Hull and King’s College London. The Mental Health Research Group is supported by a five-year infrastructure award from the NIHR to help address inequalities in mental health provision and reach population groups with a high burden of mental ill-health. Furthermore, 2025 also saw the launch of Support2Work, a large NIHR Work and Health award, focused on evaluating the impact of Employment Advisers within NHS Talking Therapies. Support2Work aims to assess whether seeing an Employment Adviser improves people’s mental health and work-related outcomes, how these outcomes are brought about and whether the service offers value for money.

6

PUBLIC HEALTH

This theme focuses on the economics of collective action to prevent ill-health and promote good health within a community or population. Our research portfolio covers evaluation of socioeconomic determinants of health, the financing and commissioning of public health activities, and the evaluation of the impact of public health programmes on population health and health inequality.

“ In 2025, we were pleased to be awarded funding to continue our work in public health from a second round of the NIHR Applied Research Collaborations where themes include healthy families and healthy ageing. CHE also published research on the unequal burden of disease across socioeconomic groups in England. This highlighted that people living in more deprived areas are more likely to suffer from disease, in particular, mental ill health and respiratory conditions.

7

METHODS

Methodological research is a core component underpinning all of CHE's work and this theme focuses on advancing the underlying techniques used in health economics. Our research develops and evaluates advanced methods for economic evaluation and health technology assessment, evidence synthesis, causal inference, policy evaluation, decision modelling and the analysis of uncertainty. Our methodological advances are often translated into practical tools and frameworks that support decisions by the NHS, NICE and health systems nationally and internationally.

“ This year, research across all our research themes has utilised and developed a wide range of methods. These included the integration of machine learning methods with more established econometric approaches, both in the UK and global contexts, and the release of a new software package that helps identify the best treatment allocation rules more efficiently, as well as the use of machine learning to select the right variables for causal analysis. Research on methods for distributional cost-effectiveness analysis demonstrated how to explore equity in the distribution of the costs and benefits of many policies and treatments, including a variant to model appropriate prices for health systems with equity concerns. Research also included modelling approaches for multi-cancer early detection tests and multi-indication evidence synthesis.

Our year at a glance

Our work at CHE continues to shape conversations and decisions across health policy, research and practice, both in the UK and internationally. In 2024/25, our research reached audiences far beyond academia, informing policy discussions, supporting evidence-based decision-making and contributing to building better health systems around the world.

This year, CHE research was cited in policy documents globally, including by international organisations such as the World Health Organization, UNAIDS, OECD and the World Bank, as well as a wide range of organisations within the UK, Europe and further afield. Examples include government documents from New Zealand, South Africa, USA, Australia, the Netherlands, Canada, Spain, Germany, Norway, France, Sweden and many more. Within the UK, our research has been cited by bodies such as NICE, NHS England, DHSC, Parliamentary Select Committees, as well as

in numerous reports by think-tanks and third sector bodies such as the Office for Health Economics, Health Foundation, IFS, Demos, Mental Health Foundation, King's Fund and the Nuffield Trust.

Alongside this reach, we continued to grow our research portfolio, expand our global reach and invest in knowledge exchange through new grants, publications, short courses and engagement activities. The numbers reflect the scale of CHE's activity over the past year and the breadth of our contribution to shape the way society thinks about resource allocation in health and healthcare.



250+

citations of
CHE research
in policy
documents
worldwide in
2024/25

CHE research
cited

160+

times by
international
organisations

CHE research
cited

150+

times by UK
organisations

CHE research
referenced
in policy
documents
across

30+

countries

27

new grants awarded,
totalling approximately

£14.4m

20

new research summaries published,
with the series read in

70+ countries

275

participants
attended CHE
short courses

130+

presentations
delivered by
CHE academics
across the
UK and
internationally

160+

publications
produced

Approximately

£6.1m

in income

2025 was marked by significant milestones, impactful policy developments, and international recognition for CHE.

In **MAY**, CHE announced the successful renewal of its Athena Swan Silver Award, which will remain effective until May 2030. This award recognises CHE's ongoing commitment to gender equality and to fostering an inclusive workplace. It reflects CHE's efforts to ensure that our processes are fair, flexible, and accessible, promoting a positive culture for both staff and students.

In **JUNE**, the University of York celebrated Professors Laura Bojke, Rowena Jacobs, and Andrea Manca, who each received a long service award for their 26 years at CHE. At the ceremony, Mark Sculpher highlighted their extensive contributions since joining in 1999. He praised Laura's research on climate change, which led to her appointment as Inaugural Chair for a World Health Organization advisory group, as well as Andrea's ISPOR-awarded methodological advancements in clinical data synthesis, and Rowena's major research impacts in the field of mental health.

NICE National Institute for Health and Care Excellence

In **JULY** the National Institute for Health and Care Excellence (NICE) announced the use of health inequality methods developed by CHE for NHS funding recommendations. NICE updated its technical methods to permit the use of distributional cost-effectiveness analysis (DCEA), allowing committees to adjust cost-effectiveness thresholds if new medicines or technologies demonstrate a substantial impact on social health inequalities.

DURING THE SUMMER, members of CHE staff supervised seven students from the York MSc in Health Economics for their placements. The



MAY: Laura Bojke (Chair of CHE's Equality and Diversity Action Team) and Anna Payne (CHE's Coordinator and Manager) receiving CHE's Athena Swan Silver Award during the Advance HE Equality, Diversity and Inclusion Conference in Manchester.

students undertook projects on a wide range of topics, including inequalities in child health, the use of surrogate outcomes in economic evaluation, interventions for eye care in South Africa and methods for measuring intangible assets in healthcare. CHE's supervision of the MSc students each year is part of our contribution to training the next generation of health economists.

LATER IN THE YEAR, CHE hosted its annual Policy Forum. Chaired by Rowena Jacobs, the event featured Nils Gutacker, who presented research on how equity



JUNE: University of York Vice-Chancellor and President Charlie Jeffery and CHE Head of Department Mark Sculpher with Laura Bojke and Andrea Manca at the Long Service Awards Ceremony 2025.





NOVEMBER: CHE Policy Forum discussant John Ford and presenter Nils Gutacker.

weighting could be applied within GP payment systems. This approach would provide greater resources to practices that deliver interventions with the most benefit for disadvantaged patients, helping to ensure that funding more effectively supports the NHS's duty to reduce inequality. The ensuing discussion was led by Dr John Ford from Queen Mary University of London, who emphasised the importance of using robust evidence to identify and scale approaches that can narrow health gaps in primary care.

Finally, in **DECEMBER**, CHE's Thanzi Programme won the Weaver Award at the 2025 University of York Inclusive Impact Awards. The programme was recognised for its exceptional cross-boundary collaboration with partners across Africa. By collaborating with the Kamuzu University of Health Sciences and the Ministry of Health Malawi, the programme helped establish the Health Economics & Policy Unit (HEPU), successfully bridging the gap between research evidence and national health policy. The Thanzi network has since expanded its support and shared its learnings with partners in Eswatini, Uganda, Gambia, Senegal, Zambia, and Zimbabwe.

THROUGHOUT THE YEAR, CHE academics also presented their research at a wide variety of conferences both nationally and internationally. Within the UK, we co-hosted the Methods for Economic Evaluation of Diagnostics, Digital, Data and Devices (MEED) Research Forum 2025, which was held in York for the first time since its inception in 2018. Colleagues also contributed to multiple conferences across the country, including in Brighton, Leeds, London, and Manchester. Internationally, their geographic reach extended across Europe, notably delivering a keynote address at the Portuguese Health Economics Conference in Porto, Portugal, and presenting research in various countries including Norway, Spain, Italy, and Denmark. Further abroad, a group of

CHE academics travelled to the Asia-Pacific region to contribute to the International Health Economics Association (IHEA) Conference in Bali, Indonesia, alongside making research visits across the Atlantic to the USA and Canada. Workshops, seminars and presentations were also delivered in South Africa, Delhi, Malawi, USA and Australia.



DECEMBER: Kiran Trehan (Pro-Vice-Chancellor for Enterprise, Partnerships and Engagement), Tara Mangal (Researcher in the Thanzi Programme), University of York Vice-Chancellor and President Charlie Jeffery and Alex Rollinger (Thanzi Programme Project Manager) receiving the Weaver Award at the University of York Inclusive Impact Awards.

PhD successes

Kristina Aluzaitė

'Economic evaluation of antimicrobial resistance (AMR) interventions'

Newton Chagoma

'Pathways to universal health coverage: the role of development assistance for health in low- and middle-income countries'

Xiaotong Li

'Understanding physician behaviours in China: exploring the impact of patient violence, medical litigation, and multi-site practice legalization'

Fei Liu

'The market failure of social care: using England as a case study to explore unmet need'

Wei Song

'The aftershock: examining the mental health impact of acute physical health events'

Tailored for professionals and researchers across 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. This year, participants from 44 different nationalities took part in our short courses.



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

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, our live online courses were attended by **56 participants**: **23** undertook the Foundations course only, **18** attended the Advanced course only, and **15** completed both the Foundations and Advanced courses.

An 'On Demand' version of

these courses was also available, enabling participants to self-study at any time. Overall, **86 participants** undertook the on-demand courses: **48** focused on the Foundations course only, **26** chose the Advanced course only, and **12** completed both courses.

“Completing this programme deepened my technical expertise in health economic evaluation and reinforced the importance of linking modelling to evidence-based policy decisions.”

Foundations Participant

“Excellent course, absolutely knowledgeable facilitators! Best course I have done in a couple of years.”

Advanced Participant

Online Advanced Methods of Economic Evaluation for Health Technology Assessment (AMEEHTA)

Aimed at health technology assessment (HTA) analysts, managers, policymakers, and those wishing to understand the key challenges for economic evaluation to inform HTA, this course offers insights into state-of-the-art analytical techniques and criteria for selecting appropriate methods. The curriculum focuses on an understanding of the principles of more cutting-edge methods used to inform cost-effectiveness models to support HTA, given the particular constraints and challenges of an application.

This year **34 participants** attended this intensive, live online workshop.

Courses and workshops 2025

“ I really enjoyed learning about different approaches to HTA internationally and the different approaches to measuring value. This is useful as in my job I focus a lot on England .” Participant

Distributional Cost-Effectiveness Analysis (DCEA)

This advanced course focuses on methods for analysing equity in the distribution of health programme costs and effects, as well as the trade-offs between equity and cost-effectiveness. Designed for participants who are already familiar with standard methods of cost-effectiveness analysis, it is tailored for those wishing to learn more specialised methods for analysing distributional equity impacts.

The course continued to attract interest across both formats in 2025:

- **15 participants** attended the live online course.
- **24 participants** undertook the flexible, self-paced on-demand version.

“ I enjoyed the format, and I really appreciated that the authors of the book and the course were present during the synchronous class. It was very interesting and enriching to listen to them. As for the material, it was very well designed and the topics were explained clearly.” Participant

Analysing Patient Data using NHS England Data (APD)

This intensive, in-person workshop introduces participants to the practicalities of managing and analysing NHS England data.

Led by experienced academics with extensive expertise in working with NHS England datasets, the course combines lectures, hands-on exercises, and real-world examples to build confidence in handling complex healthcare data.

Designed for researchers and analysts working with routine healthcare data, participants develop a solid understanding of how to manage and analyse Hospital Episode Statistics (HES), Emergency Care Data Set (ECDS), and Patient Reported Outcome Measures (PROMs). The course also covers key analytical skills, including linking datasets, analysing patient records, examining waiting times and length of stay, and working with NHS cost data.

This year, the course was attended by **21 participants**.

“ The course material was presented in a logical manner and at a suitable pace. It was beneficial to update my knowledge of HES data analysis and to catch up with the latest changes in the database.” Participant

Statistical Methods in Economic Evaluation for HTA – Advanced

This in-person, three-day advanced course focuses on

statistical methods for analysing individual patient-level costs, health outcomes (including survival and health-related quality of life), and other data used in cost-effectiveness analysis for health technology assessment (HTA). Combining taught modules with practical exercises, the course equips participants with advanced techniques for analysing data from both experimental and observational studies, supporting robust economic evaluations for HTA.

Designed for health economists, analysts, researchers, and decision-makers working across academia, the health service, consultancy, and the pharmaceutical and medical device industries, the course helps participants apply and interpret advanced analytical methods used in health economics and outcomes research (HEOR).

This year, the course was attended by **30 participants**.

“ This course has boosted my confidence, and I have improved my skills, providing me with practical tools and clear strategies that I can apply immediately in my work.” Participant



CHE funders for 2025 included:

Bill & Melinda Gates Foundation

Fondazione Penta ETS

Global Institute for Disease
Elimination (GLIDE)

Medical Research Council (MRC)

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)

Financial risk, conflict and vulnerability: healthcare costs in Palestine

Julia Hatamyar



In conflict zones, the financial burden of healthcare can push already vulnerable households into even deeper hardship. This is apparent in the Occupied Palestinian Territory where ongoing conflict, political instability and movement restrictions create a fragile health system and worsen financial insecurity.

Our study introduced a multidimensional vulnerability index, which is a new way to measure how financially vulnerable people are when it comes to healthcare in places affected by long-term conflict. Applying this index to Palestinian households using survey data from 2018, we found that the most vulnerable people are much more likely to face catastrophic health expenditures – health costs so high that they threaten basic living standards.

Our study showed a striking pattern: despite Gaza experiencing more intense conflict and economic collapse, households in the West Bank are more likely to face crippling medical costs. This is

largely because healthcare access is limited in Gaza, which prevents many people from seeking care, reducing recorded spending but increasing unmet health needs. A similar pattern appears when we compared urban areas, rural communities and refugee camps. In cities, where healthcare is more accessible, people are more likely to seek treatment which means they face high costs of care. On the other hand, families in refugee camps and other underserved areas, despite their extreme vulnerability, often spend less on healthcare – not necessarily because they can't afford it, but because care is difficult to access in the first place.

These findings illustrate that lower spending is not always a signal of financial security, but can be due to a lack of access to necessary care in humanitarian crisis settings. We also found shortcomings and gaps in the way the government insurance system in Palestine worked, meaning that it did not provide adequate protection against financial vulnerability.

Our research provides insights for policymakers, both in Palestine and in other conflict-affected regions. Effective post-conflict reconstruction must go beyond rebuilding hospitals and health care infrastructure. It is critical to also address gaps in health financing, ensure equitable access to care, and develop insurance mechanisms that can protect vulnerable populations. Humanitarian responses often focus on delivering emergency medical aid, but our findings underscore the need for long-term, sustainable financial risk protection strategies to guard against excessive health costs. As policymakers and aid organisations work to rebuild health systems in the wake of conflict, our research offers suggestions for designing financial risk protections that prevent the most vulnerable from being left behind.

Read more about this research:
<https://tinyurl.com/CHEAR25-Financial-Risk>

How can we assess the value of new antibiotics?

Dina Jankovic

Antimicrobial resistance is making infections harder to treat with existing antibiotics. To encourage the development of new antibiotics, governments internationally are exploring ways to reward manufacturers who produce them.

A pilot of a new payment system for two new antibiotics (cefiderocol and ceftazidime-avibactam) was undertaken in the NHS in England. Instead of the usual approach where manufacturers' revenue depends on how many medicines they sell, in the new system they are paid a fixed annual sum. The size of the payment is based on the long-term health benefits of the new medicine across current and future populations. The aim is to encourage careful prescribing of antibiotics while still guaranteeing financial returns to manufacturers of new medicines.

Our research investigated how to assess the value of the two new antibiotics to the NHS and calculate the right annual payment for manufacturers. Value assessment involved estimating the health benefits to all patients treated with the antibiotics as well as the wider health benefits and costs if, for example, the antibiotics were expected to change patterns of infections in the future. We used data from research reviews, national sources and expert opinion to model their impact. Our research highlighted several challenges to value assessment:

- It was difficult to pinpoint what types of patients would be likely to receive the new antibiotics and how much they would benefit from treatment, especially as they would be prescribed to patients with many different types of infections.



- The number of patients who would benefit was hard to assess because of a lack of data about the current numbers of drug-resistant infections or how drug resistance may change over time.
- There was a lack of information on how well the antibiotics work in practice, so we had to make predictions based on laboratory data.

Our study found that while both antibiotics have the potential to treat highly drug-resistant infections, the benefits were limited. This is because infections with complete drug resistance – where none of the antibiotics currently on the market work – are rare, so the added benefits of the new antibiotics were modest. Even when they prevented immediate infection-related deaths, the age and other health conditions of the patients meant that many were not expected to live very long.

The NHS used the estimates of value to calculate the level of

payment for the antibiotics, but the evidential challenges made this exercise very uncertain. The analysis was very complex and intensive, and we concluded that it was unlikely to be feasible to repeat such an exercise for all new antibiotics.

Our research identified steps to improve and streamline future evaluations, including building better national data systems to provide key information on how antibiotics are likely to be used, the number of patients who could benefit, and how effective they are compared to other treatments. Less complex approaches could then be used to provide policymakers with the evidence they need to devise payment systems that encourage manufacturers to develop new medicines to target currently untreatable infections.

Read more about this research: <https://tinyurl.com/CHEAR25-Value-Antibiotics>



Improving healthcare quality without financial incentives: peer effects in South Africa

Finn McGuire

Low quality health care remains a significant issue in many low- and middle-income countries (LMICs) where health systems often lack incentives to improve. Many countries have experimented with results-based financing and pay-for-performance schemes, where healthcare providers receive financial rewards for better quality. But high costs and mixed effectiveness have limited the widespread use of these schemes. In high-income countries, provider competition for patients has been used to improve quality but this relies on having financial incentives for providers to attract more patients, on patients having access to information about quality, and on the costs of switching to be low – conditions that are rarely met in most LMICs.

However, evidence increasingly suggests that ‘social incentives’, including reputational concerns, can influence provider behaviour. Our research investigated whether healthcare facilities respond to

changes in the quality of ‘peer’ facilities, even when there are no direct financial rewards for doing so.

With data from over 2,300 primary health care (PHC) facilities in South Africa and using the phased implementation of a quality improvement programme, we examined whether facilities responded to quality improvements of ‘peer’ facilities i.e., those located nearby or within the same administrative district. We measured quality using indicators covering management practises, staffing, infrastructure, and service delivery processes. We found that PHC facilities do respond to the performance of their peers. On average, a 10-point increase in the quality score of peer facilities was associated with a 3.6-point improvement in a facility’s own score.

So why do facilities improve if there’s no money on the line? The quality scores were not publicly available but were visible to facilities and health authorities,

allowing facilities to compare themselves against peers. Social incentives – such as intrinsic motivation to do a good job, or reputational concerns about how they are perceived by others – may be driving this behaviour.

These findings have important policy implications. They suggest that simply measuring and sharing performance information between providers could improve health care quality. Where financial resources are constrained, low-cost interventions such as public reporting of quality scores or peer benchmarking may offer a promising alternative to more complex and costly payment reforms. Additionally, if peer effects spread improvements, then traditional policy evaluations may underestimate the total benefit of quality improvement programmes.

Read more about this research:
<https://tinyurl.com/CHEAR25-Financial-Incentives>

Can primary care reduce emergency hospital attendances?

Rita Santos

Many people who go to emergency departments (EDs) could have been treated by a GP instead. These avoidable visits increase pressure on already busy EDs, leading to longer waits, higher costs, and possibly lower quality of care. To help reduce this pressure, since 2016, GP practices in England have been encouraged to offer extended opening hours, such as early mornings, evenings or weekends.

Our research looked at the reasons why people made unnecessary ED visits and whether extended opening hours helped to reduce them. A key part of our research involved exploring two definitions of what counts as an “avoidable”

ED attendance. The first is an official NHS definition, which includes cases where the person did not need tests or treatment that required emergency care and was sent home. The second definition is broader and based on clinical judgment, encompassing cases where the person may have undergone tests but could still have reasonably received care in a GP surgery or similar setting. We used data on ED attendances and combined this with information about the GP practices (e.g., opening hours, staffing, patient satisfaction scores) as well as information on those attending the ED (e.g., age, gender, socioeconomic deprivation).

According to the first definition, we found that around

9% of ED visits were avoidable. Using the second definition, we found about 22% of visits were avoidable. We also discovered that avoidable attendances were more likely among younger people, those living in less deprived or more urban areas, and people who lived closer to the hospital than to their GP. Older people, frequent ED users, and those living in rural or more deprived areas were less likely to use EDs when they could have seen their GP instead.

Extended hours at GP practices only seemed to reduce avoidable visits if the practice was actually open at the specific time when a person went to the ED. Simply having generally extended hours at other times did not make a difference. Other factors, like GP practice quality or patient satisfaction with their care, were not clearly linked to avoidable attendances.

Our findings suggest that far more ED visits could potentially be avoided. Helping people to get same-day GP appointments and making sure extended hours match the times when people are most likely to need care, could reduce pressure on hospital emergency services which are facing ever increasing demands. Primary Care Networks are now responsible for improving access to GP services, which may include the extension of opening hours, so our research can help to inform future policy decisions.

Read more about this research:
<https://tinyurl.com/CHEAR25-Emergency-Hospital>



Can decision making be improved by sharing information?

Marta O. Soares

Making decisions about which healthcare interventions to make available or to fund from limited budgets requires an assessment of their costs and effectiveness. This in turn relies on the availability of good evidence. However, there is often only limited direct evidence on the effects of new treatments on specific patient groups, due to a lack of data or to the limitations of existing studies.

Our research explored potential ways of addressing these gaps by incorporating indirectly-related evidence into health technology assessments (HTAs). For instance, a sparse evidence base in children could “borrow strength” from studies undertaken in adults.

Traditionally in HTA, indirect evidence has either been disregarded (‘splitting’ – no information sharing) or been incorporated without accounting for differences (‘lumping’ – full information sharing). However, advanced evidence synthesis methods allow for moderate degrees of information sharing.

First, we identified and classified information sharing methods. We reviewed 89 publications and identified four main types of relationships used for sharing information: functional, exchangeability-based, prior-based and multivariate. These technical methods for combining information rely on different assumptions about the relationships between the direct and indirect evidence. While more than one relationship may be relevant, the degree of information sharing will differ between methods.

Next, we applied the alternative information sharing methods to

a real case study of intravenous immunoglobulin (IVIG) treatment for sepsis. In this case, we added data from studies of the intervention undertaken in the paediatric population to evidence arising from adults. We showed that the method used to combine the information significantly affected estimates of treatment effectiveness, cost-effectiveness and the estimated value of future clinical trials. Cost-effectiveness estimates ranged widely, from £16,000 to £52,000 per quality-adjusted life year gained, depending on the method used.

Our research concludes that when direct evidence on the costs and effectiveness of an intervention is limited, incorporating indirect information

can be valuable, but that how it is done influences the results significantly. Researchers and decision-makers should therefore explore the full range of information sharing methods and carefully evaluate their underlying assumptions before incorporating them into HTAs.

We have shown that decision making can indeed potentially be improved and made more robust by information sharing, but this requires a thorough understanding and thoughtful selection of appropriate methods for doing so.



Read more about this research: <https://tinyurl.com/CHEAR25-Sharing-Info>

Do you stay in hospital longer if you live alone?

James Gaughan

A surgical procedure, such as a hip replacement, is followed by a period of recovery. Once clinically safe, patients are discharged home to avoid unnecessary risk of hospital-acquired infections and to free up the bed for other patients.

Hospitals are under pressure to increase the number of procedures performed to reduce waiting times. This has become even more important post-pandemic, because waiting times have increased.

How long a patient stays in hospital is largely a medical decision. However, non-medical factors such as personal circumstances might also play a role. One important factor is whether or not the patient lives alone, because if so, they may not receive the required support that would allow them to be discharged quickly to their home. An increasing proportion of older people live alone, so this is potentially an important factor in determining how hospitals make discharge decisions. Our research investigated differences in how long patients stayed in hospital when receiving a hip replacement procedure. We compared patients living alone with patients living with other people who were treated in the same hospital and reside in the same neighbourhood. By adjusting for other medical

and non-medical factors that may influence length of stay, we were able to isolate the impact of living alone.

We found that stays in hospital were 11% longer (0.36 days) if a person lived alone. The difference was larger, by 0.11 days, for patients treated in an NHS hospital than for those staying in private hospitals that treat NHS patients. This suggests decisions made about discharge in private hospitals are less strongly influenced by non-medical circumstances. The impact of living alone was also higher for older patients. Length of stay for this set of patients was similar before and after the COVID-19 pandemic, after accounting for a general downward trend over time.

Our results have implications for policy as they suggest that improving support at home, especially for older people living alone, could help shorten stays in hospital. This can free up beds to treat other patients and reduce waiting times. Although the effect per patient may appear modest, the overall impact could be significant across all types of surgery and all sectors. Knowing more about the kind of support that would help those living alone the most would provide useful information for decision makers.

Read more about this research:
<https://tinyurl.com/CHEAR25-Living-Alone>



Spotlight on CHE's Equality and Diversity Action Team (EDAT)

CHE is committed to fostering an inclusive and equitable community that is welcoming to everyone.

At the heart of this mission is CHE's Equality and Diversity Action Team (EDAT). Set up in 2015, the EDAT works diligently to examine departmental data, scrutinise policies, and ensure that our processes are equitable across all protected characteristics. The EDAT is highly visible within the department and has played a central role in driving positive cultural shifts and raising general awareness of equality, diversity, and inclusion (EDI) issues.

As part of this commitment, we have implemented the Athena Swan Charter, a globally recognised framework used to support and transform gender equality within higher education and research. Originally established in 2005 to encourage and recognise the commitment to advancing the careers of women in STEMM (science, technology, engineering, maths, and medicine), the charter is now used to address gender equality more broadly across all academic and professional disciplines. The framework helps institutions identify areas for positive action, meet equality legislation requirements, and promote inclusive working practices for all gender identities.

In May 2025, CHE was incredibly proud to announce the successful renewal of our Athena Swan Silver Award, which will remain effective until May 2030. A silver level award recognises our ongoing commitment to good practice in recruiting, retaining, and supporting the careers of women, as well as our broader commitment to an inclusive environment.



The renewal of the Athena Swan Silver Award is backed by tangible results achieved through the implementation of our previous action plans. Some of these milestones include:

- **Increase in female professors:** We have increased the number of female professors from 2 in 2019 to 8 in 2024, now representing 40% of professors in CHE, a threefold increase.
- **Transforming culture:** Thanks to EDAT's visibility and efforts, departmental awareness of EDI initiatives has increased by almost 30% since 2018.
- **Supporting career growth and promotion:** We have strengthened our support for promotions, with many staff members reporting positive changes in CHE's promotion practices.
- **Mentoring and recruitment success:** We have exceeded our targets for mentoring, with 18 female staff actively participating in mentoring schemes. We also surpassed our target of ensuring that at least

50% of new appointees across all staff grades are female.

- **Parity in MSc student supervision:** We have successfully achieved gender parity, with women now accounting for half of all MSc placement lead supervisors.

EDAT has also proposed a Future Action plan which will guide our work through to 2027. This new action plan focuses on seven core areas that build on our previous achievements and include strengthening support for career development and promotion, embedding training into workload planning for professional support staff, improving support for those returning from parental leave, increasing balanced participation in committees, fostering a more inclusive EDI culture, and enhancing support for international staff.

Progress will be monitored by the EDAT and reported to the Departmental Management Team, ensuring continued accountability and a shared commitment to delivering these priorities by 2027.

Cameron Feil

PhD Student

I am a third-year doctoral candidate within the CHE Global Health theme, researching how political and institutional factors influence health financing outcomes globally. Prior to CHE, I completed an MSc in Global Health Policy from the London School of Economics. I also worked for the World Bank Group assessing the performance of health systems across a range of countries, with a particular focus on India. These experiences motivated my pursuit of a PhD.



My doctoral research examines several dimensions of state capacity and their relationship to health financing policies and outcomes. State capacity encompasses the states ability to enforce laws, raise revenue, and provide public services. In the political economy literature, state capacity is commonly categorised across three dimensions: coercive, financial, and administrative capacity.

In my first chapter, I examined administrative capacity, conducting a scoping review on public financial management and health system performance. In my second chapter, I use global data to assess how these three dimensions of state capacity influence health financing transitions. I apply a more granular analysis in my third chapter, examining how these three dimensions influence health financing outcomes across Brazilian municipalities.

Thus far, I've thoroughly enjoyed working at CHE, particularly the breadth of experiences and expertise across the department.

Ni Gao

Research Fellow

Time does fly – I have now been at CHE for three years as a research fellow. My research focuses on health equality, social determinants of health and preference elicitation using discrete choice experiments.



Looking back over the past three years, I have been involved in several interesting projects. I applied a discrete choice experiment to elicit public preferences for climate change messaging. Through this cross-disciplinary collaboration with the Department of Health Sciences here at the University, I had the chance to reflect on how to communicate ideas when colleagues are from different research traditions – an experience that is both challenging and valuable.

Working with CHE colleagues, I examined how expanded diagnostic testing is associated with inpatient and outpatient cancer care. This project gave me hands-on experience with Hospital Episode Data and allowed me to explore various econometric methods. Perhaps more importantly, the conversations with colleagues from both academia and the NHS helped sharpen our research questions, making them more relevant to real world health system contexts.

In collaboration with North Yorkshire Council and CHE colleagues, I am working on projects about the social determinants of health and developing strategies to reduce health inequalities at the local level. This experience deepens my understanding of Michael Marmot's book *The Health Gap*. Additionally, I am glad to have published all my PhD papers as well as papers co-authored with former colleagues – a great relief and something I am truly proud of!

Moving forward, I will think about how to best use my multidisciplinary background in clinical medicine and health economics. I do not yet have a clear roadmap, but I will follow my PhD supervisor's advice: things will slowly fall into place. Being independent, being creative, and doing research that I find genuinely interesting – that is the way forward!

Ruth Helstrip

Project Coordinator



As a child, my love of animals meant I was certain I wanted to become a vet. However, that ambition was soon derailed for two key reasons: I faint at the sight of blood, and science was not my strongest subject. It was time to rethink my plans.

I went on to study Sociology and History at the University of Stirling before moving south to work for a management consultancy in Chipping Norton. There, I was involved in designing and delivering employee attitude surveys and 360-degree feedback tools for a wide range of corporate clients. Although I really enjoyed the role, I missed York and eventually made the move back.

Upon returning, I continued working remotely for the consultancy before taking on a project support role with a cloud-based video provider on York Science Park. When an opportunity arose at a nearby secondary school to support a SEND pupil transitioning from primary education, my path took a different direction. I spent a rewarding year in the role before stepping away from work to start a family and support my husband's business. For the next decade, I was a stay-at-home mum, while also contributing to our family business and supporting his career.

After pursuing some freelance research assistance work, my career at CHE began in 2013 when I became CHE's first official Project Coordinator, supporting Richard Cookson on research investigating public concern for reducing health inequalities. The role required experience with survey software, skills I had developed earlier in my career.

Since then, I have worked across a range of projects: supporting Rowena Jacobs on mental health research, Mark Sculpher on the Policy Research Unit in Economic Methods of Evaluation of Health and Care Interventions (EEPRU), and contributing to various ad hoc projects. More recently, my work has come full circle, and I have once again joined Richard Cookson's team, supporting the TeenSim project (Long-Term Modelling Tools for Adolescent Mental Health and Wellbeing Research) alongside my ongoing role with EEPRU. As TeenSim draws to a close in April 2026, I will continue with the Policy Research Unit while also beginning a new project with Richard: Healthier Wealthier Families.

I feel incredibly fortunate to work at CHE, surrounded by wonderful, supportive colleagues, who are not only passionate about their work, but are also there to support each other as friends during challenging times.

Christiern Rose, University of Queensland, Australia

CHE Research Fellowship 2024/25



In 2024 I was happy to be awarded the CHE Research Fellowship. During my visit, I worked closely with Rita Santos on a project entitled "The impact of Primary Care Networks on Patient Outcomes in England". We have made good progress both during the fellowship and afterwards, and now we have some promising preliminary results and have submitted a grant proposal to take the work further. In addition to the project with Rita, I had the chance to get involved in academic life at CHE. I gave a seminar on peer effects in recovery from substance use disorder, and a three-hour lecture to researchers and PhD students on the topic of "Network Econometrics with Applications in Healthcare". Both were great opportunities to share ideas and get useful feedback. Outside of work, I really enjoyed my time in York. It is a beautiful, historic city, and I made the most of exploring it (including trying out quite a few of its pubs). Everyone at CHE was incredibly welcoming, which made the visit both productive and enjoyable.

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Woods B, Kearns B, Schmitt L, **Jankovic D**, et al. (includes **Rothery C**, **Bojke L**, and **Sculpher M**). Correction to: Assessing the value of new antimicrobials: Evaluations of cefiderocol and ceftazidime-avibactam to inform delinked payments by the NHS in England. *Appl Health Econ Health Policy* 2025;23:753–4. <https://doi.org/10.1007/s40258-025-00979-4>

Woods B, ten Ham RMT, **Claxton KP**. Equitable access to costly new drugs. *BMJ (Clinical research ed.)* 2025;391:r2292. <https://doi.org/10.1136/bmj.r2292>

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Zavala GA, Asim M, Ayub A, Ahmad AMR, (includes **Suhrcke M** and **Walker S**). PROTOCOL: Effectiveness of interventions for the prevention and treatment of obesity in children and adolescents from low- and middle-income countries: a systematic review and meta-analysis. *Campbell Syst Rev* 2025;21:e70081. <https://doi.org/10.1002/cl2.70081>

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Corbett M, **Kunst N**, Perry M, **Zhou A**, et al. (includes **Rothery C**). *Fezolinetant for treating vasomotor symptoms associated with the menopause: A Single Technology Appraisal*. External Assessment Group report for the National Institute for Health and Care Excellence. York: York Technology Assessment Group, University of York; 2025.

Corbett M, **Layne, R**, Umemneku-Chikere C, Harden M, et al. (includes **Kunst N** and **Rothery C**). *Vorasidenib for treating astrocytoma or oligodendroglioma with IDH1 or IDH2 mutations after surgery in people 12 years and over: A Single Technology Appraisal*. External Assessment Group report for the National Institute for Health and Care Excellence. York: York Technology Assessment Group, University of York; 2025.

Duarte AI, Corbett MS, **Zhou A**, Umemneku-Chikere C, et al. (includes **Kunst N**). *Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2 (review of HST12): A Highly Specialised Technology Evaluation*. National Institute for Health and Care Excellence 2025. <https://www.nice.org.uk/guidance/indevelopment/gid-hst10061>

Llewellyn A, **Layne R**, Umemneku-Chikere C, **Chivardi C**, et al. (includes **Rothery C** and **Duarte A**). *Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer [ID6339]: A Single Technology Appraisal*. External Assessment Group report for the National Institute for Health and Care Excellence. York: York Technology Assessment Group; 2025.

Longo F, **Salas-Ortiz A**, **Claxton KP**, Lomas J. What is the impact of fiscal devolution on adult social care in England? Evidence from a quasi-natural experiment. Sheffield: University of York and University of Sheffield; 2025. Available from: <https://doi.org/10.1513/shef.data.29948849>

Phung TH, Uphoff E, **Gc V**, Llewellyn A, et al. (includes **Chen J**, **Kunst N**, and **Rothery C**). *Durvalumab with gemcitabine and cisplatin before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating muscle-invasive bladder cancer: A Single Technology Appraisal*. An External Assessment Group Report for the National Institute for Health and Care Excellence, York Technology Assessment Group, August 2025.

Uphoff N, **Layne RJL**, **Gibbs NK**, Anwer S, et al. (includes **Rothery C**, and **Duarte AI**). *Belantamab mafodotin with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma after 1 or more treatments: A Single Technology Appraisal*. National Institute for Health and Care Excellence 2025. www.nice.org.uk/guidance/gid-ta11203/documents/committee-papers

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CHE RESEARCH PAPERS

Anaya-Montes M, Grašič K, Lomas J, Anselmi L, et al. (includes **Cookson R**). *Do the poor gain more? The impact on health inequality of changes in public expenditure on secondary care*. CHE Research Paper 197. York: University of York.

Arabadzhyan A, **Castelli A**, **Gaughan J**, **Nazerai A**, **Song W**. *Productivity of the English National Health Service 2022/23*. CHE Research Paper 198. York: University of York.

Cowan B, **Spearing J**. *Loneliness, Mental Health and the Work-From-Home Revolution*. CHE Research Paper 199. York: University of York.

Chalkley M, **Jacobs R**, **Castelli A**, **Kasteridis P**, Sanchez I, Aragón MJ. *Do hospitals exhibit efficiency differences justifying local price variation? A retrospective study of lengths of stay for renal transplant in NHS England*. CHE Research Paper 200. York: University of York.

BOOKS

Thom H, **Saramago Goncalves PR**, **Soares MO**, Krijkamp EM, et al. *Cohort Markov Models in Discrete Time*. In: Baio G, Thom H, Pechlivanoglou P, editors. *R for Health Technology Assessment*. New York: Routledge Taylor & Francis Group; 2025. <https://doi.org/10.1201/9781003031819>

OTHER PUBLICATIONS

Drake T, **Ochalek JM**, Więcek W, Yakhelef N, et al. *A new compact for health financing: donor priority setting*. CGD Note 386. Washington, DC: Center for Global Development; 2025. Available from: <https://www.cgdev.org/publication/new-compact-health-financing-donor-priority-setting>

German Expert Council for Health and Care (includes **Gutacker N**). *Pricing of innovative medicines in a learning health system*. Berlin: German Expert Council for Health and Care 2025. <https://doi.org/10.4126/FRL01-006510673>.

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Patel A, Jofre Bonet M, Hauck K, Miraldo M, et al. (includes **Premji S**). Corrigendum to 'Broadening the lens: a commentary on Sheard and Cauana-Finkel's account of women's progress in UK academic health economics' [Soc. Sci. Med. 382, October 2025, 118411]. *Soc Sci Med* 2026;118692. <https://doi.org/10.1016/j.socscimed.2025.118692>

Vallejo-Torres L, Vanness DJ, Paulden M, **Claxton K**. The opportunity cost of funding new medicines: an attempt to measure the invisible. *Gac Sanit* 2025;39:102460. <https://doi.org/10.1016/j.gaceta.2025.102460>

Woods B, **Palacios A**, **Sculpher M**. Correction to: A framework for using cost-effectiveness analysis to support pricing and reimbursement decisions for new pharmaceuticals in a context of evolving treatments, prices, and evidence. *PharmacoEconomics* 2025;43:1161. <https://doi.org/10.1007/s40273-025-01513-z>

Woods B. World View: For better health worldwide, develop fewer new drugs. *Nature* 2025 Oct 21;646. [D41586-025-03397-7.pdf](https://doi.org/10.1038/d41586-025-03397-7.pdf)

Zhang Y, **Hinde S**, Marshall C, Hancock N, et al. The cost of lung cancer screening and uptake maximisation: findings from the Yorkshire Lung Screening Trial. In: *Unit Costs of Health and Social Care 2024 Manual*. Kent: Personal Social Services Research Unit (University of Kent) and Centre for Health Economics (University of York); 2025. p. 4-9.

JANUARY

Adriana Castelli, Jinyang Chen, Maria Goddard, Nils Gutacker, Anne Mason, Maria Ana Matias, Adrián Villaseñor-Lopez and Rowena Jacobs Can we improve quality of care for Child and Adolescent Mental Health Services in the English NHS within a resource constrained environment? *HESG Winter 2025, Bristol, UK.*

Dina Jankovic Modelling capacity constraints in cost-effectiveness analyses: a dynamic queues model of breast screening. *AUHE webinars series.*

Julia Hatamyar Learning Control Variables and Instruments for Causal Analysis in Observational Data. *Statistical Science Seminar, University College London, UK.*

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. *Hamburg Centre for Health Economics seminar series, Hamburg, Germany.*

Nils Gutacker Elasticity of substitution between private and public sector activity for dual-practice hospital consultants in England. *HESG Winter 2025, Bristol, UK.*

Nils Gutacker Exploring differences between NHS and private hospital patient complexity: Analyses of NHS funded elective activity in England, 2017-2023. *HESG Winter 2025, Bristol, UK.*

Susan Griffin Quantifying Health Inequalities: Can NICE Integrate DCEA into its Framework? *HESG Winter 2025, Bristol, UK.*

FEBRUARY

Alastair Bennett An introduction to target trial emulation for estimating the average treatment effect from real-world data in the presence of time-varying confounding. *Economic Evaluation Seminar, CHE, University of York, UK.*

Alex Rollinger and Sarah Dwyer Theory of Change and MEL Frameworks. *Workshop for UK PRISM Network (Professional Research Investment Strategy Managers) (online).*

Jessica Ochalek Global Developments in Supply and Demand-Side Cost-Effectiveness Thresholds (CET) and Its Implementation. *Ministry of Health, Indonesia.*

Peter Sivey The effect of surgical hubs on volume of surgeries, length of stay and waiting times for joint replacement surgery. *Seminar CHEPI, Imperial College London, UK.*

Tara Mangal HIV modelling prioritisation. *Department of HIV/AIDS, Malawi and University College London.*

Wiktorja Tafesse What doesn't kill you, makes you more anxious: The effect of civil conflict on mental health in Nepal. *Institute of Economic Growth, University of Delhi, India.*

Wiktorja Tafesse What doesn't kill you, makes you more anxious: The effect of civil conflict on mental health in Nepal. *Roots, Routes and Resilience: Looking at vulnerable populations Global Health Conference Students for Global Health, Hull York Medical School, UK.*

Wiktorja Tafesse Relationship between nutrition, economic growth, and productivity. *Parliamentary round table discussion, Hunger stunts economic growth: How malnutrition blights economies and what we can do to fix it, UK Parliament.*

MARCH

Peter Sivey The effect of surgical hubs on volume of surgeries, length of stay and waiting times for joint replacement surgery. *Seminar HOPE, University of Manchester, UK.*

Rita Santos The impact of formal networks on GP practice's funding, workforce, and adoption of technology. *Bicocca Research Centre in Health Sciences seminar series, Dipartimento di Statistica e Metodi Quantitativi, Università degli Studi di Milano-Bicocca, Italy.*

Rowena Jacobs Estimating the marginal cost of improving mental healthcare quality in the English NHS. *Seventeenth Workshop on Costs and Assessment in Psychiatry, Venice, Italy.*

Tara Mangal HIV sustainability and Programme Simplification. *16th Think Tank meeting, Lilongwe, Malawi.*

APRIL

Julia Hatamyar Learning Control Variables and Instruments for Causal Analysis in Observational Data. *Economics Department invited seminar, University of Southern Denmark, Denmark.*

Richard Cookson Advancing Global Evidence on Health Inequality Aversion. *iHEA Special Interest Group webinar on equity-informative health economic evaluation (online).*

Rowena Jacobs The economics of mental health. *Invited lecture at the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa.*

MAY

Ana Duarte Modelling to Inform NICE Decision Making. *Lecture on Decision Analysis for Health Technology Assessment module of the MSc in Health Economics, University of York, UK.*

Ana Duarte Decision making in Health Technology Assessment. Session included in the Health Economics Distance Learning (PGDip) Combined Module Residential Workshop, *University of York, UK.*

Dina Jankovic Modelling capacity constraints in cost-effectiveness analyses: a dynamic queues model of breast screening. *Cancer Early Detection Economics Research (CEDER) Network Seminar, Edinburgh, UK.*

Helen Weatherly An overview of the unit costs of health and social care services programme. *Unit costs of health and social care programme webinar (online).*

Marta Soares co-authored with **David Glynn, Roje Layne** and **Stephen Palmer** et al. A Policy Framework for Multi-Indication Evidence Synthesis in Oncology Health Technology Assessment (HTA). *ISPOR Conference, Montreal, Canada.*

Rita Santos co-authored with **James Gaughan** Identifying bottlenecks in the patient pathway from primary care to surgery: The case of hip and knee replacement. *ROMHEW II, Rome Health Economics Workshop, Sapienza Università di Roma, Italy.*

Susan Griffin Incorporating equity concerns in economic evaluation with distributional cost effectiveness analysis. *Centre for Health Economics and Medicines Evaluation Online Learning Set, Bangor University, UK.*

CHE conference papers and presentations 2025

Wiktoría Tafesse What doesn't kill you, makes you more anxious: The effect of civil conflict on mental health in Nepal. *IFS-ADBI-GHE Workshop on Health Economics in LMICs 2025, London, UK.*

JUNE

Alexandra Nazeraí The impact of mental health on economic outcomes: evidence from South Asia. *HESG Conference, Brighton, UK.*

Anastasia Arabadzhyán co-authored with **Nikita Jacob**, **Panos Kasteridis**, **Anne Mason** and **Nigel Rice** COVID-19 and domiciliary care utilisation: evidence from the English Longitudinal Study of Ageing. *ASCRU PRU Showcase (online).*

Anastasia Arabadzhyán The effect of advancements in medical technology and clinical practice on hospital activity and health care expenditure. *HESG Conference, Brighton, UK.*

Amy Barker Economic evaluation of a brief psychological intervention for depression in patients with type 2 diabetes in Pakistan and Bangladesh (DiaDeM): Do different perspectives make a difference? *HESG Conference, Brighton, UK.*

Helen Weatherly An Introduction to the new Unit Cost Adjuster. *Unit cost programme webinar series.*

James Gaughan Identifying bottlenecks in the patient pathway from primary care to surgery: the case of hip and knee replacement. *HESG Conference, Brighton, UK.*

James Gaughan The impact of hospital discharge funding on health and social care outcomes. *Better Care Fund mini-conference, London, UK.*

Jessica Ochalek Cost-Effectiveness Thresholds, Health Opportunity Cost, and the Role of Out-of-Pocket Spending in Resource Allocation. *H-FACT Seminar Series (online).*

Jinyang Chen The impact of current mental healthcare costs on future physical and mental healthcare costs: evidence from the English NHS. *HESG Conference, Brighton, UK.*

Joe Spearing The Effect of Disability Benefit Reform on the Mental Health of Older People in England. *ASHEcon, Nashville, USA.*

Joe Spearing Altruism, wages, and Health and Social Care Careers. *ASHEcon, Nashville, USA.*

Joe Spearing Disability benefits without means-testing or work restrictions. *Invited seminar, Tennessee Tech, USA.*

Ni Gao From tests to treatments: how is increased diagnostic testing related to inpatient and outpatient care? *HESG Conference, Brighton, UK.*

Panagiotis Kasteridis Endogeneity in the determinants of relational continuity of care: evidence from English general practice. *HESG Conference, Brighton, UK.*

Pandell Damun Methods for reflecting the impact of health system capacity constraints in economic evaluations of health interventions: a comparison of static, dynamic and non-queueing approaches. *HESG Conference, Brighton, UK.*

Rita Santos Spatial Health Econometrics short course, *Spanish Health Economics Association (AES), Madrid, Spain.*

Rita Santos The impact of formal primary care networks on GP practice's workforce attraction and retention. *Spanish Health Economics Association (AES), Mesa de ponencias IV Healthcare workforce: challenges and policies to improve wellbeing and retention, Madrid, Spain.*

Rita Santos The impact of formal networks on GP practice adoption of health technology. *CES ifo Venice Summer Institute – Digital Healthcare workshop, Venice, Italy.*

Roje Layne Early cost-effectiveness and value of information analysis of a polymeric heart valve. *HESG Conference, Brighton, UK.*

Shainur Premji Assessing the average causal effect of maternal postpartum depression diagnosis on subsequent child development at age five years: an analysis using the All Our Families cohort and administrative data in Alberta, Canada. *21st International Congress of the European Society for Child and Adolescent Psychiatry, Strasbourg, France.*

Shainur Premji Assessing the cost-effectiveness of the emergency department violence intervention programmes in Wales, United Kingdom [Best Lightning Talk Award]. *HESG Conference, Brighton, UK.*

Tara Mangal HIV sustainability modelling in Malawi. *Meeting of the Department of HIV/AIDS, Ministry of Health, Malawi.*

Tara Mangal Schistosomiasis modelling in the Thanzi la Onse programme. *Convened meeting of the Programme Managers, District Coordinators and Data Managers of the SCH Programme, Malawi.*

Tara Mangal Workshop on infectious disease modelling and health economics. *University of Addis Ababa, Ethiopia.*

JULY

Amy Barker Does improving the quality of Child and Adolescent Mental Health Services in the English NHS have the potential for cost savings? *IHEA World Congress, Indonesia.*

Adrián Villaseñor Costs and utilisation in mental health care: a lifespan perspective. *IHEA World Congress, Indonesia.*

Adrián Villaseñor The Marginal Cost of Improving Mental Healthcare Quality for Adults in the English NHS. *IHEA World Congress, Indonesia.*

Alexandra Nazeraí co authored with **Adrián Villaseñor**, **Marc Suhrcke** and **Rowena Jacobs** The impact of mental health on economic outcomes: Evidence from South Asia. *Poster presentation. Health Economists' Study Group Summer 2025 Meeting, London, UK.*

Carlos Chivardi Healthcare resource use, costs and health-related quality of life in patients receiving systemic treatments in the UK-Irish Atopic eczema Systemic Therapy Register (A-STAR): A pilot study. *British Association of Dermatologists Conference, Manchester, UK.*

Carlos Chivardi Decoding health disparities: gender, ethnicity, and chronic diseases in three countries of Latin Americans with individual data and machine learning. *IHEA World Congress, Indonesia.*

Carlos Rojas Roque Alternative pricing policies for multi-indication products: a quantitative analysis. *IHEA World Congress, Indonesia.*

Dina Jankovic Structured expert elicitation of cancer sojourn times to inform natural history of disease models of Multi-Cancer Early Detection tests. *UK National Screening Club (NSC) Journal Club.*

Iván Ochoa-Moreno Combining satellite data and causal machine learning to evaluate Brazil's family health programme in slums. *IHEA World Congress, Indonesia.*

Jinglin Wen Living Alone? The Effect of Living Alone on Patient Length of Stay in Public and Private Hospitals. *IHEA World Congress, Indonesia.*

Joe Spearing Disability benefits without means-testing or work restrictions. *Invited seminar, University of Derby, Derby, UK.*

Joe Spearing Outcomes of and impediments to substance abuse treatment. *IHEA World Congress, Indonesia.*

Joe Spearing The Effect of Disability Benefit Reform on the Mental Health of Older People in England. *IHEA World Congress, Indonesia.*

Joe Spearing The effect of welfare reform in England on the mental health of elderly disability benefit claimants. *IHEA World Congress, Indonesia.*

Joe Spearing The long-run effects of alcohol on heart health. *IHEA World Congress, Indonesia.*

Joe Spearing Using bunching at zero to estimate the causal effect of alcohol usage on long-run health outcomes. *IHEA World Congress, Indonesia.*

Maria Ana Matias and **Jinyang Chen** The impact of current mental healthcare costs on future physical and mental healthcare costs: Evidence from the English NHS. *HESG Conference, Brighton, UK.*

Maria Ana Matias Discussant on "Decomposing the costs of early intervention in psychosis services in England using linked administrative data". *HESG Conference, Brighton, UK.*

Megha Rao Redesigning National Health Service Delivery: The Case for Community-Based Providers in Uganda. *ECSA Health Community Health Economics Community of Practice webinar series in collaboration with WHO Regional Office for Africa.*

Peter Murphy Economic evaluation of multiple demand-side health financing subsidies in Indonesia. *IHEA World Congress, Indonesia.*

Peter Murphy Evaluating task shifting and the role of economic evaluation. *IHEA World Congress, Indonesia.*

Rita Santos Spatial Health Econometrics short course. *Portuguese Health Economics Association (APES), Lisbon, Portugal (online).*

Shainur Premji Assessing the cost-effectiveness of the Emergency Department Violence Intervention Programmes in Wales, United Kingdom. *HESG Conference, Brighton, UK.*

Simon Walker Economic evaluation of the DIADEM study. *The DiaDeM Celebration, Islamabad, Pakistan (online).*

Susan Griffin Economic evaluation of multiple demand-side health financing subsidies in Indonesia. *IHEA World Congress, Indonesia.*

Rowena Jacobs Mental health economics at a crossroads: tackling key challenges in the field. *IHEA World Congress, Indonesia.*

Tara Mangal System-wide investments in health. *Foreign Commonwealth and Development Office, UK.*

Zecharias Anteneh Do Surgical Hubs Improve NHS Hospitals Productivity? Evidence from a Difference-in-Differences Analysis. *HESG Conference, Brighton, UK.*

AUGUST

Mark Sculpher Ensuring Value for Money from AI-Empowered Personalised Medicine: the Principles of Decision Making in the Face of Heterogeneity. *HTAsiaLink, Singapore.*

Neelam Kalita Global Evidence of the Urban-Rural Health Divide. *NHESG Conference, Oslo, Norway.*

Santiago Palacio Ciro Differences in length of stay between public and private hospitals in England. *Economics Department Seminar, Universidad de Antioquia, Colombia.*

Susan Griffin Equality, equity and efficiency in accessing healthcare. *Keynote lecture, NHESG Conference, Oslo, Norway.*

SEPTEMBER

Alexandra Rollinger Bringing health economics into policy in Africa: Thanzi Programme. *University of Oxford, Global Surgery Course.*

Maria Ana Matias Building a Career in Economics Research. *Invited talk, NovaSBE Market Session, (online).*

Maria Ana Matias The impact of current mental healthcare costs on future physical and mental healthcare costs: Evidence from the English NHS. *Economics of Mental Health Workshop, Charlottesville, Virginia, USA.*

Rita Santos The impact of waiting time on patient outcomes: The case of joint replacement surgery. *4th APHEC Workshop, Genova, Italy.*

Rowena Jacobs Mental health as a determinant of work: Evaluating the impact of the national NHS Talking Therapies Employment Advisers Programme on mental health, work, inequalities, costs, and the economy (Support2Work). *NIHR Work and Health Research Award Round 1 Showcase Event, Leeds, UK.*

Sebastian Hinde Wherefore Art Thou... Health Economics? *Society for Social Medicine & Population Health Annual Scientific Meeting's ECR training day.*

Shainur Premji Breaking the Cycle. *Mothercraft, Toronto, Canada.*

Susan Griffin Evidence to support efficient and effective reduction of health inequality. *NIHR Health Inequalities Research Initiative Event, London, UK.*

OCTOBER

Helen Weatherly Social Care Economics Network (SCENE). *Invited workshop. NIHR Economics launch event, University of Manchester, UK.*

Maria Ana Matias The impact of current mental healthcare costs on future physical and mental healthcare costs: Evidence from the English NHS. *19th Portuguese National Conference on Health Economics, Porto, Portugal.*

Mark Sculpher Regulatory and Payer Evaluation of Real-World Evidence. *Harvard Medical School workshop, USA.*

Nils Gutacker Primary care payment systems to reduce health inequality. *CHE Policy Forum, University of York, UK.*

Richard Cookson Rethinking health inequality. *Westminster Health Forum policy conference on tackling health inequalities in England, London, UK.*

Rowena Jacobs Mental healthcare economics: Using data to inform policy. *Invited Keynote plenary, 19th Portuguese Health Economics Conference, Portuguese Health Economics Association, Porto, Portugal.*

Rowena Jacobs Mental health economics: challenges and opportunities. *NIHR Economics Group Launch event, University of Manchester, UK.*

Santiago Palacio Ciro Differences in length of stay between public and private providers in England. *HEDG Seminar, Department of Economics and Related Studies, University of York, UK.*

Shainur Premji Evidence-informed decision making: The pearls and perils of using routine data for cost-effectiveness analysis. *King's Health Economics Seminar Series, King's College London, UK.*

Tara Mangal 4 day Infectious disease modelling workshop. *Health Economics and Policy Unit, Kamuzu University of Health Sciences, Malawi.*

Tara Mangal Return on investment for horizontal versus vertical programme funding. *Global Fund, Switzerland.*

Xiaotong Li Does Patient Violence Translate to Reduced Care in Online Health Consultations. *19th Portuguese National Conference on Health Economics, Porto, Portugal.*

NOVEMBER

Francesco Longo Is caring productive? The effect of Adult Social Care on paid production in England. *Presentation to Care England representatives.*

Julia Hatamyar Policy Learning In Practice. *Causal Data Science Meeting (online).*

Mark Sculpher Beyond the Health Sector: Embedding Labour Market Effects and Productivity in HTA. *ISPOR Glasgow, UK.*

Naomi Gibbs Modelling the distributional health and economic impacts of tobacco tax changes in Pakistan. *Centre for IMPACT Annual Meeting, Abbottabad, Pakistan (online).*

Simon Walker Beyond the Health Sector: Embedding Labour Market Effects and Productivity in HTA. *ISPOR Glasgow, UK.*

Ni Gao, Rita Santos and Helen Weatherly Health Determinants Research Collaboration North Yorkshire 2025: Growing a Research Culture Together. *HDRC NYC annual conference.*

Roje Layne Quantification Of Lifecycle Value using Early Modelling to Support R&D & Strategy Decisions: A Case Study of a Polymeric Heart Valve (poster presentation). *ISPOR Glasgow, UK.*

Rowena Jacobs Mental healthcare economics: Using data to inform policy. *Invited talk to the National Coordination for Mental Health Policy (Ministry of Health) in Portugal.*

Susan Griffin Long Term Modelling, Uncertainty and the Distribution of Risk Workshop. *REAL Supply workshop, York, UK.*

Xiaotong Li Defensive Medicine in China: Impacts of Medical Malpractice Litigation on Imaging Examination. *AME Seminar, Department of Economics and Related Studies, University of York, UK.*

Zecharias Anteneh Do Surgical hubs improve English NHS hospitals productivity? Evidence from a Difference in Difference Analysis. *EuHEA Seminar (online).*

DECEMBER

Ana Duarte and Helen Weatherly Economic modelling to support decision-making in social care. *Webinar as part of the ESSENCE project.*

Mark Sculpher How can we make economic evaluation patient-centred? *Joint ISPOR-ISOQOL meeting on 'Advancing Patient-Centred Research Down Under'. Sydney, Australia.*

Nils Gutacker Redesigning payment systems to reduce health inequality. *Danish Centre for Health Economics, University of Southern Denmark, Denmark.*

Naomi Gibbs Estimating the health and economic impact of tobacco taxation in Pakistan: Stakeholder workshop two (online).

Naomi Gibbs Headroom analysis of a community pharmacy based intervention to support patients with hypertension in Bangladesh and Pakistan. *COPE:BP annual meeting, Istanbul, Turkey.*

Naomi Gibbs The contribution of health economics to randomised controlled trials. *Community Pharmacies for Blood Pressure Control 2025 Annual Meeting, Istanbul, Turkey.*

Susan Griffin Health workforce modelling workshop. *REAL Supply workshop, University of York, UK.*

Paul Revill, Finn McGuire and Alex Rollinger Expanded Health Economics Community of Practice. *Kigali, Rwanda.*

Rowena Jacobs What does higher mental healthcare expenditure achieve? *Invited seminar to Monash University, Melbourne, Australia.*

Rowena Jacobs Research on the economics of mental healthcare. *Workshop to Macquarie University Centre for the Health Economy (MUCHE) postgraduate students, Sydney, Australia.*

Rowena Jacobs What does higher mental healthcare expenditure achieve? *Invited seminar Macquarie University Centre for the Health Economy (MUCHE), Sydney, Australia.*

Rowena Jacobs Mental health economics: Using data to help inform policy. *Invited seminar, Macquarie University, Sydney, Australia.*

Tara Mangal The application of multi-disease modelling frameworks to guide policy decisions in infection-related cancers in Europe. *University of Copenhagen, Denmark.*

Research staff

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Research Fellow

Tao Chen

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Carlos Chivardi

Research Fellow

Karl Claxton

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Professor

Pandell Damun

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Research Fellow

Ni Gao

Research Fellow

James Gaughan

Research Fellow

Naomi Gibbs

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Alexandra Quiñones Nunura

Research Trainee

Megha Rao

Research Fellow

Paul Revill

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Senior Research Fellow

Pedro Saramago Goncalves

Senior Research Fellow

Peter Sivey

Reader

Ieva Skarda

Research Fellow

Marta Soares

Professor

Wei Song

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Joe Spearing

Research Fellow

Wiktoría Tafesse

Research Fellow

Shrathinth Venkatesh

Research Fellow

Adrián Villaseñor-Lopez

Research Fellow

Simon Walker

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Chris Warmington

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