

**Annual meeting  
Section Public Health  
Economics  
2011  
Copenhagen**



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## Introduction

Dear Health Economics network members. A new year has just started and it is a great time to re-launch the network's newsletter with new content and layout aimed at creating a new opportunity to exchange knowledge among members and strengthening the visibility of the network as an important part of the EUPHA community.

From now on, the newsletter is planned to be sent every second month with contribution of content from all the members. Gloria Córdoba MD-MPH and researcher at the University of Copenhagen will be in charge of gathering and organizing the whole information sent by the network's members.

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The newsletter will comprise the following sections:

**a. Breaking news** (members are welcome to send their latest publications or summary of workshops, so we will be able to know what is going on in each country. In case the publication or summaries are available only in the language of the country, members are encouraged to make a brief abstract of the content or main conclusions).

**b. The section's objectives in perspective** (in each issue of the newsletter, one of the objectives set at the meeting in November will be discussed in relation to a relevant and actual document. Members are encouraged to send material (e.g. technical documents, articles, books) which relate to the objective.

**c. Calendar of events** (members are encouraged to send the advertisement of courses, congresses and workshops relevant for the other members)

**d. What to read?** (Members are encouraged to send interesting scientific and technical literature that could be relevant for the other members)

**e. Job adds** (members are encouraged to send the advertisement of job vacancies relevant for the other members).

## The section's objectives in perspective

In the middle of a worldwide economic crisis, The World Health Organization-regional office for Europe has prepared the linked technical document:

- Impact of economic crises on mental health.  
[www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/.../e94837.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/.../e94837.pdf)

Briefly, they outline the current and most relevant evidence about the most effective strategies to reduce the impact of unemployment and the stress-related consequences of economic downturns on mental health (e.g. depression, substance abuse). It is of paramount importance from a public health perspective, as the burden of disability-adjusted life years is too high, thus impacting on the social capital and health expenditure of the society.

The document shows evidence of successful policies on five key areas:

- Active labour market programmes
- Family support programmes
- Control of alcohol prices and availability
- Primary care for the people at high risk of mental health problems
- Debt relief programmes

Then, considering that one of the core objectives of the network is "*To collaborate with other sections to assess the impact of socioeconomic and other factors on health, particularly economic factors like youth unemployment, or economic crisis*", how could we accomplish this objective?

It is clear that there is enough evidence that deprivation, poverty and socio-economic inequity have a negative impact on mental health; therefore, the main role of the network is to translate into policies such evidence; advocating for the implementation of the good practices highlighted in the document and designing a systematic evaluation of the new policies according to the specific needs within each country.

To sum up, the network should focus on knowledge translation rather than knowledge generation if we are to assess the impact of socioeconomic factors on health.

**Note:** for the next issue the objective is: *Economic impact assessments of public health interventions.*

## Calendar of events

**What:** INTERNATIONAL CONFERENCE ON SUSTAINING AND IMPLEMENTING UNIVERSAL HEALTH COVERAGE.

**When-Where:** 10th February 2012 - Bocconi University Grafton Building.

**Objective and topics:** The Conference will examine the most up-to-date and state of the art initiatives addressing Universal Access to Health Care for all countries: high-, medium- and low-income. The conference will highlight the four different perspectives of Management, Economics, Global and Public Health thanks to the involvement of prominent academics worldwide, including: Timothy Evans (James P. Grant School of Public Health at BRAC University, Bangladesh), Gerard de Pouvourville (ESSEC, France), Mike Drummond (York University, UK), Nancy Kane (Harvard School of Public Health, US), Martin McKee (LSHTM, UK), Peter Spurgeon (Warwick University, UK), Guido Tabellini (Universita Bocconi, Italy), and key global policymakers such as the European Commission, OECD, WHO, World Bank and members of the private sector.

**Further information:** <http://www.sdabocconi.it/universalhealth>

**What:** HEALTHCARE IN EUROPE: INTEGRATION, TRANSFORMATION, SUSTAINABILITY: TIME TO DELIVER.

**When-Where:** March 22, 2012 - Starling Hotel , Geneva.

**Objective and topics:** Confront the major health challenges facing the continent. You'll be able to engage in genuine dialogue and discover practical solutions with a high-level group of influential healthcare stakeholders.

**Further information:** <http://www.economistconferences.com/europehealth>

**What:** 6TH CONFERENCE THE INTERNATIONAL SOCIETY FOR RESEARCH ON INNOVATION AND CHANGE IN HEALTH CARE SYSTEMS (ISRICH).

**When-Where:** April 26 & 27th 2012 - Paris, France.

**Objective and topics:** What are the consequences of the new world order when it comes to health?; What are the consequences of the specialization of territories or regions in each health care sector?; What are the new material and symbolic boundaries of care, and what is their impact on patients, health professionals, and the practice of health care itself?.

Further information: <http://www.isrich.eu>.

**What:** 13th European Health Economics Workshop

**When-Where:** May 25 & 26, 2012 – Universidad Pablo de Olavide, Seville, Spain.

**Objective and topics:** The aim is to provide a forum that encourages the development, critical appraisal and dissemination of methodological research in health economics. The Workshop focuses mainly on microeconomic models in health economics with an emphasis on industrial organization, but empirical applications are also welcome.

Further information: <http://www.upo.es/econ/EHEW2012>

**What:** HEALTH. DEVELOPMENT. INEQUALITY.: ECONOMIC MODELLING OF HOW HEALTH AND INEQUALITIES SHAPE DEVELOPMENT.

**When-Where:** June 1-3, 2012 - Darmstadt, Germany.

**Objective and topics:** The goal of this conference is to bring together international scholars working on aspects of the health and development nexus for exchange of ideas and discussion of recent results within theoretical and applied economic research.

The role of market failures for health outcomes in developing countries; The interdependence between poverty and health; Mortality differences across time and space; The political economy of health and underdevelopment; The relationship between health, economic growth, and globalization; Health inequalities and their consequences for impoverishment and income inequality; The role of knowledge and education in the production of health

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**What:** ECHE 2012 PROGRESS IN HEALTH ECONOMICS.

**When-Where:** July 18-21, 2012 – University Zurich Zentrum.

**Objective and topics:** The economics of health insurance; Health care markets for health care products: competition versus regulation?; The economics of prevention and addiction; Equity and health; Pharmaceutical economics; Economics in public health; Health econometrics and methodological issues; Analysis of the health care provider; Health assessment; Economics of public health; Health and economic development; Experimental health economics.

Further information: <http://www.eche2012.ch/>

**What:** 2<sup>ND</sup> GLOBAL SYMPOSIUM ON HEALTH SERVICES RESEARCH.

**When-Where:** 31 October - 3 November, 2012- Beijing, People's Republic of China.

**Objective and topics:** the aim is to share new state-of-the art evidence on universal health coverage; to review the progress and challenges towards implementation of the global agenda of priority research on accelerating progress towards universal health coverage, including progress since the World Health Report of 2010; to facilitate greater research collaboration and learning communities across disciplines, sectors, initiatives and countries; to identify and discuss the approaches to strengthen the scientific rigor of health systems research including concepts, frameworks, measures and methods; to identify mechanisms for strengthening capacities – individual, institutional and infrastructural – for research on health systems, particularly in low- and middle-income countries. It will cover three main themes: knowledge Translation, state-of-the-Art Health Systems Research, Health Systems Research Methodologies; and three cross-cutting themes: innovations in Health Systems Research, neglected Priorities or Populations in Health Systems Research and financing and Capacity Building for Health Systems Research.

Further information: <http://www.hsr-symposium.org>

## What to read?

**Title:** meeting the Challenge of Ageing and Multiple Morbidities. OECD.

**Publication Date :**10 Nov 2011

**Abstract:** when the OECD was founded in 1961, health systems were gearing themselves up to deliver acute care interventions. Sick people were to be cured in hospitals, then sent on their way again. Medical training was focused on hospitals; innovation was to develop new interventions; payment systems were centered around single episodes of care. Health systems have delivered big improvements in health since then, but they can be slow to adapt to new challenges. In particular, these days, the overwhelming burden of disease is chronic, for which 'cure' is out of our reach. Health policies have changed to some extent in response, though perhaps not enough. But the challenge of the future is that the typical recipient of health care will be aged and will have multiple morbidities. This book examines how payment systems, innovation policies and human resource policies need to be modernized so that OECD health systems will continue to generate improved health outcomes in the

future at a sustainable cost.

**Available at:** [http://www.oecd-ilibrary.org/social-issues-migration-health/health-reform\\_9789264122314-en](http://www.oecd-ilibrary.org/social-issues-migration-health/health-reform_9789264122314-en)

**Title:** Diagnosis-related groups in Europe

**Abstract:** diagnosis-related group systems were introduced throughout Europe for similar reasons: to increase transparency, and to improve efficiency and assure quality in hospitals. After more than a decade of experience with using diagnosis-related groups in Europe, it's time to consider whether their extensive use has contributed towards achieving these aims. This book summarizes the experiences with and developments in the diagnosis-related group systems in the 12 countries in the EuroDRG project (Austria, England, Estonia, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Spain and Sweden). Part One looks at the key issues of efficiency, quality, unintended effects and technological innovation, and Part Two provides clearly structured and detailed information about the most important system characteristics in each of the 12 participating countries.

**Available at:** <http://www.euro.who.int/en/what-we-publish/abstracts/diagnosis-related-groups-in-europe>

**Title:** Progress in Health around the World

**Abstract:** Health is a key component of human development. This paper looks at how health is measured, and the convergence of health across countries. We argue that health measures should account for illness as well as mortality, but in practice life expectancy as a reasonably proxy for population health. While health is improving we see two distinct groups of countries in the data, clustering around different long run steady states. Many countries have experienced large health gains without prior income gains and in countries not affected by HIV/AIDS the last 40 years have been a success story in terms of health.

**Available at:** <http://d.repec.org/n?u=RePEc:ghm:wpaper:8011&r=hea>

**Title:** Growth Monitoring for Short Stature: Update of a Systematic Review and Economic Model. Dawn Craig.2011.

**Abstract:** the aim was to compare different screening rules and/or referral cut-offs for identifying children with disorders of short stature. We updated a previous systematic review and economic model that addressed the same question. Systematic review, our search covered a range of databases from January 2005 to November 2009 with no language or publication restrictions.

As part of our search strategy, we aimed to identify new studies containing quality-of-life/utilities data to use in the economic model. Two reviewers examined full papers for relevance. One reviewer extracted data and one checked the data, and authors were contacted for supplementary information where required. We summarized the results narratively. We developed a probabilistic decision analytic model to estimate the costs and quality-adjusted life-year (QALY) gains. The model adopted the perspective of the UK NHS and personal social services. The price year was 2009. We compared 2 alternative monitoring strategies – one based on the study identified in our systematic review (Grote strategy) and the other based on UK consensus (UK strategy). We identified that the UK strategy was the least effective and least costly, with a mean gain of 0.001 QALYs at a mean cost of 21 pounds sterling (GBP). The Grote strategy was both more expensive and more effective, with a mean cost of GBP 68 and a mean QALY gain of 0.042. The incremental cost-effectiveness ratio was GBP 1144 per QALY gained. This assessment contributes further knowledge, but does not provide definitive answers on how to monitor growth. Considerable variation and uncertainty remains around current growth screening practices in the UK. We were unable to evaluate (through the use of identified studies and modeling) an optimal referral cut-off and age at which to screen. We identified several research questions that would further inform referral strategies, which would involve further primary and secondary data collection.

**Available at:** <http://www.hta.ac.uk/2230>