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iHEA 2020
Scope + Scientific Excellence Sub-group

Membership
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Purpose of Group
This sub-group was tasked with undertaking an assessment of ‘Scope and Scientific Excellence’. Scope refers to the degree to which iHEA focuses on theory and methods within the discipline of economics versus other related areas such as health services research, epidemiology, biostatistics, sociology, psychology etc. Scientific excellence refers to the level of rigor and also to advancing the field.

The remit of the sub-group was to: (i) undertake a brief SWOT analysis of iHEA Scope and Scientific excellence, both internal (e.g. quality of papers submitted and presented) and external (the value added to attendees of iHEA versus other meetings); (ii) outline the core issues and options facing the future development of iHEA in this area; (iii) provide concrete recommendations for action relating to these.

This discussion occurred over two teleconference meetings due to time zone differences between the participants. Handwritten notes from the meetings were taken and summarized in this report. This document was circulated for comment in advance of the Dublin meeting to the sub-group members and revised accordingly.

The key points:

1. SWOT of iHEA

Strengths

• Inclusive: international, open to all, wide membership provides great forum for communication and exchange of ideas and issues related to HE.
• Dedicated team focused on communications, substantial member profile system, integrated software that connects health economists internationally.
• Through its links with other organizations can bridge regional and sub-
disciplinary gaps to the benefit of the discipline of health economics as a whole.

- Showcases work of researchers internationally. This is important for policy developers because it is often the case that a policy which is being considered in one country has been tried in some form in other countries. In other words, iHEA provides a forum for not re-inventing the wheel.
- Regarded as the meeting for health economists

Weaknesses
The weaknesses can be broadly categorized under the headings of internal and external credibility. Internal credibility issues refer to the perception that quality has been sacrificed to networking, and external credibility refers to the reputation of health economists amongst the profession at large, as well as in the eyes of policy-makers & the general public. Are we developing innovative approaches to tackling real world problems? Is iHEA seen as the forum where the discipline is being advanced?

- Scientific Review: Quality of some papers is not high. Acceptance is based on a short abstract, and the pool of reviewers is very big but it’s not clear that papers are being optimally matched to reviewers.
- Cost-benefit: Conference participation has increased substantially but the filtering done by the review process has not kept up with the demands on it so that there is a risk that the average quality of the papers could decline reducing the benefit-cost ratio of attending.
- Institutional links: The fact that health economists are often sprinkled across a large number of universities and research institutes in any given country, meaning that there may only be one or two at any given institution, makes it hard to persuade universities to become institutional members.
- Journal: iHEA does sponsor ERN on SSRN but this is not refereed.
- Scope. Perception that the economics has been diluted with too many fairly mechanical rather than innovative cost-effectiveness papers, as well as papers that are more health services research rather than economics.

Opportunities

- Rise of economics in health, and health on public policy agendas, provides opportunity for knowledge exchange, translation of importance of careful economic analysis to decision makers etc.
- More academic programs training economists in health-related areas
- Globally more countries are devoting more resources to health and health care and more people need to understand what carefully done
health economics has to contribute.

• So many policy people have so much more access to data that it is even more important now than in the past that there be a place where they know that they will learn how to make the best use of the resources which are becoming available to them.

**Threats**

• Disciplinary boundaries in research are blurring and economists are feeling swamped by health services researchers at large-scale meetings. This makes smaller more specialized meetings more attractive.
• Proliferation of conferences with overlapping fields, and topics of research historically presented at iHEA (e.g. ISPOR, Society of Medical Decision-Making, Academy of Health, American Society for Health Economics (ASHE), regional health economics workshops) and likely emergence of an international health services research association meeting.
• The main journals are commercially owned and ASHE has recently announced the establishment of a journal of its own. If ASHE establishes submission fees for its journal and waives those for paid up ASHE members, this could tilt the budget allocation decision of at least US health economists in favor of ASHE.

2. Core issues and options facing the future development of iHEA

• Need to be clear about what the core business of iHEA is.
• Need to demonstrate value for money compared to other competing meetings.
• Raising the expected quality of papers.
• How to establish a reputation as the place where people are guaranteed to see high quality theory and econometrics as well as rigorous policy analysis.
• Need to retain a multi-disciplinary flavor while showcasing high quality work in all of the included fields.
3. Recommendations for Action

- Create specialty panels for reviewing (e.g. econometrics, economic evaluation, theory, etc.) and have authors indicate which panel they want their paper reviewed by. Each panel would have a designated Chair responsible for putting together a high quality review panel and would be told how many slots have been allocated to that panel at the conference.

- Ask potential reviewers to identify their areas of expertise.

- Accept only extended abstracts to provide a better indication of paper quality.

- Continue promoting the submission of organized sessions within the suggested specialty panels and to encourage using discussants or moderators to maximise the feedback to the authors and the discussion with the audience. The specialty panels could also take a proactive role in approaching leaders in the field as well as up and coming stars to organize sessions.

- Consider offering awards for best paper in each panel area. Authors could at time of abstract submission indicate if they want their paper considered and would have to upload their completed paper at that time. Reduce number of oral presentation slots and have very high quality poster sessions to keep people there. It would be important to ensure that an appropriate balance be struck to ensure that attendees could still be assured of attending a goo number of high quality oral presentations. Make these sessions overlap and be co-located with receptions etc. in designated areas. Make no show costly by displaying the name/poster number to poster audience.

- Give awards to best posters (awards don’t have to be large amount of money as the prestige is of value).

- Consider grouping topics into days so that people particularly interested in papers associated with a particular panel only have to come for a couple of days i.e. reduce their hotel costs while still giving them a program of papers that they want to attend. This has to be done carefully so as not to overly segment the meeting.

- It is important to retain the multi-disciplinary nature of iHEA and to ensure that it does not become too narrow an economics conference. The best way to do this is to create a buzz that says that when you go to a cost-effectiveness session at iHEA you will not simply be seeing mechanical applications but also something which advances either the theory or practice of cost-effectiveness. This would ensure that people working in related disciplines would come to iHEA precisely to get the insights from economics. It would be important then to inform
potential submitters (authors of papers) that this is the expectation and conditioning their selection on their ability to do so.

• To promote ongoing professional engagement (i.e. in off-years), iHEA may consider expanding the video seminar offerings and possibly hosting MOOCs (that would be quality certified by an iHEA MOOC committee) that would also reach out to economists working in policy and planning roles in government, para-public or private sectors. In return one could also ask those who come back after some time away from research to share their experience.

• Sponsoring a special issue in a leading journal that would feature the Arrow paper, student paper, talks by keynotes and the winning papers in each of the panel areas and/or feature best paper from a region (Asia, North America etc.) and including the poster prize(s).

• To promote student engagement and to cultivate the next generation of iHEA members, create student caucus that has space to meet and greet either before or during the meeting. Student societies and memberships.

• If iHEA decides it wants to play a role in international policy debate, it should be by being the place where you will hear well-reasoned arguments on all sides of a policy issue. Perhaps each meeting could feature a plenary panel on a hot policy topic and this could be included in a special journal issue or broadcast in a manner that would be more likely to reach policy makers.
iHEA 2020 Strategic Plan  
Regional Sub-Group  
One Page Summary

Membership  
Bruce Hollingsworth (Chair, UK), Indrani Gupta (India), Jane Chuma (Kenya), Hasbullah Thabrany (Indonesia), Hideki Hashimoto (Japan), Mehtap Tatar (Turkey), Toni Ashton (NZ), Meng Qingyue (China), Dominika Wranik (Canada), Anthony Lo Sasso (ASHEcon), Arturo Schweiger (Argentina), Pedro Pita Barros (EUHEA).¹

Purpose and process of Group  
This group was tasked with undertaking an assessment of ‘regional issues’. As one of the primary aims of iHEA is to facilitate growth in health economics in all regions of the world this group is clearly important to ensuring iHEA remains of value in the future.

The group: (i) undertook a brief SWOT analysis of iHEA and its regional involvement, including how this may relates to respondent’s specific region, and their views more generally; (ii) considered the core issues and options facing the future development of iHEA in this area; and (iii) made concrete recommendations for action relating to these.

The key points

1. **Strengths:** iHEA is seen as unique, credible, puts health economics on the map, provides a network, is inclusive.
2. **Weaknesses:** There is a language barrier, focus is on high income countries/USA, no regional conferences, no role as advocate, does not contribute to international debates, not enough economics, regions under represented, regional universities underrepresented, no intra regional communication, poor quality at conferences, attendance costs high.
3. **Opportunities:** Increasing demand for HE in regions, be more proactive in regional policy debates, build capacity – tutorials in methods, paper writing, for students etc., marketing in regions, improve quality at meetings, regional journal.
4. **Threats:** Lots more HE conferences/organisations, several regional organisations do not work with iHEA, administration of ihea depends on a few individuals, academic vs advocacy organisation.
5. **Core Issues:** What does iHEA offer regional groups? What do they stand to gain?, Quality vs quantity of papers, western centric, more regional conferences needed, costs are too high.
6. **Actions:** Approach key regional health economics leaders, make regional organisations more visible, create local networks of organisations, bring them together at iHEA meetings, more regional involvement in governance, capacity

¹ Note that those in italics have agreed to be members but have not as yet responded.
building exercises, bi-laterals and multilateral would help finance, jump start a regional journal, provision for other languages

Four questions for Dublin: What does iHEA offer regional groups? Academic vs regional advocacy? Developed versus less developed focus? Does iHEA have a role in regional capacity building?

Appendix – all responses

This information was collected by an email survey, a document was sent to each committee member to elicit their views. A copy of this is attached, as are all responses. Note that this document is the Chair’s summary; it has not been approved or commented upon by the members of the group. It has been copied to them and further comments invited between now and the Dublin meeting, which will be forwarded on, or an amended version of this document made available at that time for the Board’s consideration.

1: SWOT of iHEA in terms of issues affecting different geographic regions

Strengths
- Unique: the only organization in the field with academic focus,
- iHEA is regarded as a credible organization, members representing a wide variety of countries in the world,
- iHEA has a good influence in the region through its organization of the congress even though the influence could be bigger by organizing the congress or other events in Asia.
- Being able to bring together health economists regularly to discuss issues relevant for research and policy. Puts health economists on the ‘map’,
- Providing a platform to share ideas and resources,
- Providing an opportunity to network,
- Funding for developing country researchers to attend the conference,
- Many more members from India (and other countries in my region) now than say 5 years ago. Varied academic backgrounds of the members, which is a good thing,
- Credibility and respect: Recognised inside and outside of health economics as having integrity and credible ‘voice’. Recognized that very well-known researchers and academicians are associated with it,
- Core business of IHEA is in relation (or as a result of) growing concerns about health financing and cost containments leading to universal health coverage,
- Conference: Provides opportunity for global networking,
- Jobs: Jobs advertised on iHEA’s website are accessible to health economists throughout the world.
• iHEA has an established “brand” identity and is well-known to most health economists.
• Inclusive: international, open to all, wide membership provides great scope for growth of health economics. Very true & definitely a strength.
• Large conferences with multiple presentations that reflect the complexity of the discipline.
• Prestigious members and panellists.

Weaknesses
• Lack of project based initiatives. EU projects are an option to apply and bring different participants from different regions as partners,
• Language barrier, lack of publication tools in health economics in the region, health care policy-makers not aware of the potential contribution of health economics to decision-making, lack of health economists, strong emphasis on clinical aspect of medicine and considering health economics as a threat to clinical freedom,
• Language: only English used on website and at conferences. This is not an issue. Not a problem.
• Technical-oriented events that prevents many people including the policy makers from involvement,
• Sometimes there is a very high focus on high income countries in terms of the science but also the venues for conference. It would be good to see Afhea held in a LMIC,
• Fails to play active role in advocating for policy changes in matters that cross-cut across regions. For example, as much as UHC is very relevant for LMIC, it is also relevant to high income countries, but we have not seen ihea playing an active role in contributing towards this debate through perhaps working with other international teams to develop some technical tools to guide this process etc,
• Need more economists to join iHEA from India so that we remain focused on tools of economics for the analysis of the health sector,
• Lack of engagement: few universities are members, little current growth in membership, often ‘thought leaders’ not at meetings, lots of geographic regions very under represented,
• A journal would be a good idea but maybe it can be started regionally.
• Public face: Definitely link up with WHO and use the regional offices like SEARO, EMRO, PAHO etc,
• No large and sustainable source of funds. No large endowment fund?
• Methods of communications (conference, symposia, directs, or virtual debates) have not been developed to attract more people joining IHEA,
• Perceived to be driven from North America,
• Lack of regional visibility,
• Little intra-regional communication by members,
• Poor international collaboration, both in academic and political,
• Increasing number of HE articles use data derived from Asian setting, e.g. Taiwan
and China, though most of the articles published in major HE journals are of collaboration between Asian-US, Asian-UK, or Asian-Euro, very few Asian-Asian,

- Specifically, in Japan, there is less academic-policy sector communication. Academic HE tries to tap into universal/generalizable themes, while policy makers are oriented to context-specific conditions, results, and aftermath of policies, there is a missing gap in the role of HE to achieve "evidence-based policy making",

- Another deep gap that you find in Japan is that between economics-oriented HE researchers and health services research oriented researchers (who are often of MD /epidemiologist background). Currently JHEA attracts both parties, though their communication is still limited. We need a frame to make the communication smooth and complementary to help each other.

- iHEA has a persistent problem in that many of my colleagues lament the quality of many of the papers presented at the meeting.

- In addition, the cost of attending the meetings is often thought to be very high.

- Having attended the most recent meeting (Sydney) there is a tendency for different international groups not to comingle as much as one might hope for such a conference – the Americans tend to present to other Americans, etc.

- Health economics means different things in different parts of the world & balancing one person’s view of health economics with another person’s is tricky.

- It’s hard to speak with one voice when there are so many voices.

- Links are great, as long as one doesn’t lose sight of the mission – for example, why develop non-health economics links? What is the gain when the risk is losing one’s core?

- The cost of the registration is high.

- Few/materials sessions in local languages (e.g. Spanish for LAC).

- Few relevant sessions for regional (LAC) countries.

- Language is a strategic decision = either IHEA approves other languages at its International Congresses or promote regional congress and seminar in both languages (eg English and Spanish in LAC).

- No presence in LAC, so no voice.

- What are the benefits for University members?

- Linking employers at employees at congresses is very important. Wolrd Bank undertook interviews in Sydney.

- From the LAC, the regional organisation of the WHO = Panamerican Health Organization (PAHO) and representative of the Interamerican Development Bank (IADB), has not been participating in the board meetings or an special IHEA Committee “Multilateral Financing and Cooperating Organizations” where these organizations can express their interests subjects and IHEA can start to promote and include the discussion of this kind of issues in regional or international Congress.

Opportunities
• Increasing use of health economics tools in decision making leading public and private interest in the field,
• Health care reforms and increasing need to measure the outcomes of reforms, governments are keener to use health economics as a tool in decision-making, rise of HTA,
• Opportunities are many especially an increasing demand for health economics in the region,
• Being more proactive in informing highly relevance policy debates internationally, drawing on the wide range of expertise,
• India currently has two “health economics” associations. These can link up with iHEA and I believe some movements have happened. However, these associations remain a bit diluted in their rigour and approach. Real partnerships and collaboration with iHEA might improve the professionalism in these associations. There is a tendency in India for the serious researchers to stay away from such associations.
• Capacity building; where are the health economists in our region? Number remains too low. Why are more Master’s and PhD students of economics not getting interested in working in the health sector? While a lot of students from other social sciences and public health, very few from core economics. Can iHEA help?
• I see more opportunities rather than threat in Asian Countries. Few countries in Asia have health economics association and health economics has not yet been recognized in major policy developments in Asia. Low financing levels in many Asian countries create perceptions that the health sector has not contributed significantly to the country products. More promotions about the role of health economics, and then the health economics, are needed in major Asian countries. In Indonesia, for example, the health care expenditures contribute only about 3% GDP. Governments have not seen health sector as an important contributor to the Indonesian economy. Instead, it is often—still considered as the burden for the governments. The same is true for many middle and lower income countries in Asia,
• Large numbers of registrants over the last 15 years could be mobilized to promote health economics in various regions,
• Stronger marketing of iHEA through regional networks,
• Quality of presentation and comments in iHEA meeting. Management of some sessions was just left to speakers without chairperson, and discussion went nowhere. The quality of discussion with commentators and floor researchers is crucially important to get inspiration and tips to improve presented papers for publication. To make the discussion fruitful, we may want to share a list of researcher's interests and expertise so that we could invite comments from them,
• There may need a quality control of presentation papers, some are excellent, while others may be too preliminary for presentation. We understand there is a resource limitation for detailed abstract review, but we welcome high standard of abstract selection. Or, we could prepare two types of sessions, e.g. academic presentation of high standard and open seminar for presentation opportunities,
• To improve and control the quality, tutorials for study design, analysis, and paper
writing may be of great help,

- Health economists (with microeconomics and econometrics background) may need a real world information regarding healthcare systems of different countries and archival information on health-system related data (macro and micro data), their contents and accessibility, and so on. We could have, say biannually, update session for such information exchange at iHEA meetings and regional conference,

- I suspect that the obvious lack of Asian-Asian collaboration may be attributed to several reasons, including a lack of proper journal that accepts Asian HE topics which is often seen as "locally relevant" by US-UK-Euro researchers. Another is that many of Asian researchers are trained in UK and US, and they have a higher chance to get publication with former mentor groups. Cross-country comparison may be a unique niche of HE research, though lack of comparable data across countries, limited availability of suitable fund support for the purpose, and lack of routine communication among Asian researchers (except for iHEA meeting!) prevents the effort to do cross-country analysis. Policy makers in the regions also refer to policies adopted in the UK, US, and European countries, less interested in what happens in their neighbor countries, though comparison of Western countries vs. Asian countries sometimes looks meaningless like orange and apple to some HE researchers, including me,

- I can see IHEA playing a role in facilitating the networking between researchers, research collaborations, organization of events.

- If the meeting was in the fall much more job market activities could happen.

- ASHEcon has chosen to start a journal in order to help its identity, visibility to field, and provide more to its membership. The decision was not, however, reached easily, and future success is far from certain.

- Reform processes of the Health Sector in LAC due to election processes, that will need analysis and debates from the view point of Health Economics, where iHEA could contribute with panelists and compromise a comparative country analysis approach.

- Promote the use of Health Economics as policy tool for financing better Health for the population.

- Small development of Health Economics at the Universities of LAC and also missing an applied research approach.

- IHEA could promote more strongly the development of regional and country Health Economics Associations and the interchange of basic and applied knowledge among them and with IHEA.

- Pre and post congress regional seminars or topic seminars may be proposed and developed.

Threats

- There are many more conferences, large and small, in the health economics space these days.
• In some regions, concepts can quickly become fashionable and also can lose attractiveness with the same speed, payers may use health economics as an aid for themselves to be used to justify the current healthcare decisions and this may undermine the real value of the discipline,
• Other organizations are growing faster for example HSG to be more competitive,
• Several regional health economics associations do not necessarily work in collaboration with ihea
• There are no threats if there are other organisations. The field is big enough for many. We should not take a competitive view of this. Rather our focus should be on imparting knowledge, getting others interested and exchanging information and views. Other vehicles and forums welcome and can work in partnership with them. The effort should be to be on the cutting edge as far issues are concerned. We should promote those areas of research and activity that are of relevance in the rapidly changing world we are in, and regional priorities might differ and iHEA should take cognizance of that in its initiatives,
• Developments of other professionals or interests groups that cross-cut the IHEA interest such as ISPOR or managed care,
• Lack of sustainability of current administrative arrangements – very dependent upon commitment of a small number of individuals.
• Need to walk a fine line between being a professional society versus an advocacy organization.
• Lack of co-ordination and networking.
• The evolution of other Economics Associations (eg. Education Economics or Agriculture Economics) or the international and regional congress of ISPOR should be analysed.

2. Core issues and options facing the future development of iHEA

• Need to be clear what regional groups see iHEA as offering, and how iHEA can help health economics on a real international basis. This is a big deal and really needs to be better communicated. If as the Executive Director of ASHEcon I am the representative of “regional” group, a strong case needs to be made regarding what I stand to gain from such a relationship. And it needs to be more than better placement in iHEAWeek.
• There is an insufficient number of health economists,
• Better governance; better services to its members; and not high-income country focused,
• Hear-say has it that IHEA events are not regarded as sufficiently rigorous. A more rigorous review process might improve the reputation. Clearly this is challenging, as a better review would require more resources. On the other hand, I review for the conference. Even a set of guidelines of what to accept, what to reject, on what basis to assign these ratings would be useful. I understand that reducing the number of speakers would potentially decrease the size of the conference, thereby generating
less revenue. At the same time, increasing the quality of presentations might draw a bigger audience.

- iHEA must make a greater effort in our region to change its public face, which remains West-centric. Can think of regional/national conferences that are co-sponsored or co-hosted by iHEA and a local institute/university. The thing is to get the banner with iHEA printed on it up there which will also have the local hosts’ names. And any sponsors. It works.

- I think non-English language issue is a difficult one. English is an international language of communication and iHEA should take this up only after it has focused on other more immediate issues like regional partnership etc. This should not a priority right now. However, if countries/regions want to hold conferences in their local languages in partnership with iHEA, they should be able to do so. A challenge obviously if no one from iHEA understands what’s going on!

- Costs are going to be high if conferences are held in the West. More sponsorship opportunities should be made available beforehand by networking with donor organisations. Try and hold more conferences in developing countries. Also lower rung affairs like workshops and capacity building initiatives.

- Can have more panel discussion formats at conferences and make an effort to invite thought leaders.

- Link up with policymakers to try and bridge the disconnect that currently exists between them and academics.

- IHEA should have at least two different strategies. One is to promote health care financing to cover all population of the middle and low income countries. Economics and population/productivity gains should be promoted to governments and academicins in this regions. The second strategy to promote cost-control or prudent uses of health technologies to ensure efficient resource allocations. The best mix of public and private roles in health sectors, in term of financing and or deliveries of health care that yield optimum outcomes should be promoted by various regional seminars/conferences in this region.

- Providing or linking sponsors for education on health economics for students or professionals in developing countries.

- Who should drive regional groups? iHEA or some regional reps? Need to examine nature of leadership at regional level

- When travel and accommodation are included the conference costs are very high for developing nations (as is the case for all conferences).

Recommend as specific actions iHEA needs to take based on the above:

- Approach the key health economists in regions as key opinion leaders
- Support local health economics associations and provide opportunities to make them visible
- Act as a facilitator in connecting different NGOs
• Create a network of local associations and bring them together in different iHEA meetings to discuss points specific to that region
• Participate in regional projects and collaborate with regional iHEA members as partners (EU projects can be an option)
• Contact the public healthcare authorities through the local health economist groups and explore opportunities of collaboration. These can be the MoH or reimbursement organizations
• Promote iHEA in low and middle-income countries;
• To reorganize the governance by involving more scholars from developing countries
• To organize regional level events relying on regional organizers.
• Increase collaborations with regional organizations
• Create an inventory of institutions with health economics research across countries and create a forum for interactions between these institutions;
• Organize or support the organization of regional events,
• Create set of rigorous guidelines for the review of abstracts submitted for presentation at IHEA conferences
• Publish conference proceedings.
• I believe if iHEA could open a chapter in India afresh, it might be more useful and a real opportunity for iHEA to take advantage of the vibrancy and changes that are taking place in the Indian health sector. This can also work across countries in a particular region.
• The South East Asia Regional Office of the WHO, which covers 11 countries, has a lot of regional work going on – on health financing and equity for example. Might be a good opportunity for iHEA to co-host or co-sponsor some of the workshops and conferences.
• iHEA can also initiate some capacity building exercises in health economics. Funding is not a problem even if currently it does not have enough to do this. I believe many bi- and multi-laterals would lend a helping hand if the focus is genuine and helps countries.
• Can jump –start regional journals on health economics.
• While keeping its core focus on economics, move a bit beyond in practical terms to health policy. The action is in the developing countries. For ex. UHC is a big thing. iHEA should use this opportunity to contribute and to enrich its own texture.
• iHEA can collaborate with international agencies, such as the World Bank, Asian Development Banks, Islamic Development Banks, and probably large multinational companies of pharmacy and medical equipment or chain hospitals to conduct special workshops and or trainings in this region. Capacity building among academicians and policy makers is the key for future development of IHEA. It could be join programs with country or regional HEAs.
• iHEA and local HEA could jointly open a policy seminar to invite policy makers into HE discussion to show them the relevance of health economics as a policy making tool. Another is that some local joint meeting in Asian countries to enhance
comparative analysis and to draw region-specific wisdom, some joint paper publication (or Discussion Paper series open on the URL of HEA) can be a possibility.

• Develop new fund sources, in order to guarantee the survival of the IHEA organization.

• Identify interest groups from international organizations, the industry and the donors that may improve the funding of iHEA and by the same token help to broaden the scope of analysis and presentations at IHEA congresses.

• IHEA should help to introduce Health Economics as a key issue in strengthening the Public and Private Economics and Finance of the Health Sector in every country and region, focused in improving its levels of equity and efficiency.

• Develop activities in order to guarantee the preparation of the IHEA member that will guide IHEA in the future.

• IHEA should promote the relationship with regional sub groups of Health Economics Associations and hence promote the development of regional research seminars and congresses that will strengthen the papers to be presented at the IHEA conferences.

• IHEA can provide help in improving networking with International Organization, Cooperation Agencies (e.g. CIRD), Universities Networks and ONGS. And other hand, there is a lack of publications and internet materials translated in Spanish that have to be addressed.

3: Further Recommendations for action

• Turkey is in a region where health economics as a discipline is at its infancy. However, health care initiatives in these countries also create an environment where the need for health economists increases very quickly. As job opportunities for health economists in this region are limited, young people educated in economics or other health care professionals do not consider health economics as an option in their career development plans. The NGOs in these countries are either non-existent or very weak to pioneer the improvements in these countries. What the iHEA can do is to collaborate closely with these organizations and guide them in their scientific activities. Also, determining a pioneering organization in every region and motivating them to act as a local change agent can be another strategy.

• To decentralize iHEA organization to regional level by establishing more responsive regional organizers and organizing more iHEA events in the regions.

• To attract decision makers to the iHEA congress by extending scope of thematic topics in the congresses or academic events.

• To try to support participation from low and mid-income countries of iHEA events by setting reasonable financial policies.

• Actively engage with regional groups to identify areas of collaboration and support needed, particularly those from LMIC, where health economics as a discipline remains relatively under developed
• Where possible, make provision for abstracts and presentations in common languages like French and Spanish and ensure transition services are available at the conference.

• Maybe IHEA should try to offer special trainings in middle and low income countries on building economics analysis for policy decisions to governments and academicians. Some donor agencies could be mobilized to sponsor such trainings. Middle income countries like Indonesia, needs trainings for hospital managers/directors or event specialists hospitals in dealing with more competitive cost pressures due to more competition.

• Perhaps consider possibility of regional meetings during the iHEA congress.
  • The BRIC countries should be analysed more extensively, in order to improve their participation in terms of Universities and professionals in these countries in the IHEA Congress. It is also important that in these countries Health Economics Associations should be developed based on the participation of the professionals of their Universities (either public or private) and on their Public Health Ministries and on their Health Sector (Hospitals, Health Insurance Systems and Organizations, and Pharmaceutical Industries among others).

• The development of a **Health Economic Journal for Emerging Countries** in both language and regional language (for the LAC it should be in English and Spanish), that can be a translational instrument to produce to the transfer of “approaches and instruments of Health Economics” from Developed Countries to Emerging Countries. (eg lessons from the National Health System- UK). The funding may be asked for the first 3 years from the IADB and to some of the donors to be selected, to provide a first help to the continuity of the journal. Help may be required from the experts of already consolidated journals such as HEJ, etc. An alternative should be to develop some Health Economic Journal as an annex in the local language.

**Additional Information**

Please fell free to add any thoughts or views you have about iHEA.

• iHEA seems to distinct itself from the private sector with limited involvement from this sector as sponsors for specific meetings. This gives iHEA a specific position in the field and also supports the objective and scientific nature of the end product. However, in some regions, health economics develops only with the support of the private sector. For instance, the private sector has taken the leading role in attracting the attention to health economics as a discipline in Turkey. The public health care environment with intensive health care reforms both in the provision and financing of health care services has increased the need for health economists. The private sector in general, the pharmaceutical sector in particular, responded quickly to this changing climate by opening new health economics departments and organizing training programs and supporting their staff for career development initiatives. Currently there is a group of young dynamic and motivated professionals
seeking careers in health economics. I believe, if the iHEA becomes more visible in private sector by developing products supporting these developments will benefit both parties.

• I am currently unclear what area my region covers, what it is called, which countries are included, which regional associations are involved, etc. I suspect that the regional groups of iHEA are currently pretty invisible unless there is a single regional health economics association that covers that whole region and that has accepted responsibility for being the link between the central iHEA team and the regional network.
iHEA 2020

Communications and Publications Sub-Group

Membership
Richard Smith (Chair), Rachel Baker, Pilar Garcia-Gómez, Andrew Jones, Emily Lancsar, Paula Lorgelly, Craig Mitton¹, Jan Abel Olsen¹, Obinna Onwujekwe², Claudia Pereira, Inthira Yamabhai

Purpose and process of Group
This group was tasked with undertaking an assessment of ‘communications’. As one of the primary aims of iHEA is to facilitate communication between health economists globally this group is clearly important to ensuring iHEA remains of value in the future.

The group: (i) undertook a brief SWOT analysis of iHEA communications; (ii) considered the core issues and options facing the future development of iHEA in this area; and (iii) made some concrete recommendations for action relating to these.

This discussion occurred via email during April and a teleconference on 8th May. Below is a summary of the views expressed in the three areas outlined above. Email notes and notes from the teleconference have been appended as ‘raw material’. Note that this document is the Chair’s summary; it has not been approved or commented upon by the members of the group. It has been copied to them and further comments invited between now and the Dublin meeting, which will be forwarded on, or an amended version of this document made available at that time for the Board’s consideration.

1. SWOT of iHEA communications

Strengths
• Inclusive. This was felt to be the most significant strength. It is international, open to all, and a wide membership (should) provides great scope for communication of aspects of activity related to health economics.
• There were other possible strengths, but there was no universal or very strong opinion that these were significant. For instance, that there is an iHEA ‘staff’ should enable greater coordination in communications, and provision of a substantial member profile system, but it was felt that if these are current strengths then they are not recognised by members.
• There was mixed view on whether the links with regions are a strength at present, but certainly present a significant opportunity to strengthen both iHEA and the regional organizations.

Weaknesses
• As may be expected, there was more concentration on weaknesses. Here the most obvious was the clear gap between perception and reality, expressed especially in the view that costs of congress registration and operations are high.

² Note that these have agreed to be members but have not as yet responded with email or taken part in teleconference.
• Lack of engagement. View was expressed that members feel disconnected to iHEA and there is very passive interaction (via website and newsletters). It was noted that there is a webinar and this was seen as a good step. Beyond individuals, few universities or other institutions are members, and this was seen to link with lack of benefit. For instance, no role in jobs market, linking employers and employees, lack of representation or advocacy for discipline, lack of scope for promotion of institutions if they are members.

• Language: only English is used on the website and at conferences, which is rather damning for an international organization!

Opportunities

• Rise of economics in health, and health in other agendas, provides opportunity for knowledge exchange, translation to decision makers, public engagement. The increased ease of travel and ICT drawing people together also provides opportunity for increased learning and interaction between economists.

• Role in education (eg PhDs, ECRs) and jobs market – virtually and using meetings as venue for interaction. However, support for this more from North America than elsewhere – given the internet people know what is going on really with jobs.

• Greater involvement in regional meetings, as means to link in regions more, to support regional bodies, and also to provide scope for move to more frequent (ie annual) meetings rather than single large congress every 2 years.

• Large presence at Congress could be used for innovative communication rather than ‘just papers’

Threats

• People do not feel connected to iHEA in general, with passive communication, and for many iHEA IS the congress.

• Other vehicles and fora, such as blogs, Twitter etc. There was strong feeling that iHEA is very ‘behind the times’ here with other organizations using social media generally, and integrating in to conferences and meetings.

• Language – rise of non-English nations. See above weakness on use of English only.

• Proliferation of groups and associations – often with more innovation/dynamism in communication. Critical for iHEA to get its relationship with regional bodies sorted out, which will drive much of its strategy and development, including communications.

2. Core issues and options facing the future development of iHEA

• Need to be clear what we are communicating – jobs, methods, courses, etc internally, coordinating member communication between themselves, aspects of what health economics is externally??

• Gap between perception and reality (as above) needs to be closed

• Networking is the primary goal of congress attendance and need more thought on how to improve this virtually and at congress

• Need to consider methods for communication (Twitter etc) and especially non-English language

• Publications. It was felt that ‘the boat as sailed’ on this one. There are several
journals, and a new one by ASHE which is likely to be successful. iHEA should look at other forms of communications (as above). It was noted that there are informal links (eg with HE journal to publish student comp paper) which may be as much as is possible and/or desirable.

3. Recommendations for action

- First requirement is to communicate iHEAs role, and in this we cannot offer comment except that it flows from the survey of what does iHEA (or it’s members) want iHEA to be (just hosting a conference?)
- Website is critical and needs overhaul – unanimous that this is major priority. Needs thorough consideration, but some key suggestions are:
  - Need to be clear on what iHEA does for whom and benefits of membership
  - Need for prominent display of who does what (staff and other role holders), finance and governance
  - Need for website, and meetings, to be accessible in languages other than English (practical and symbolic for international organization)
  - Introduce ‘blog’ which ‘thought leaders’ are invited to write
  - Consider ‘chatrooms’
  - Establish video conferencing facilities through iHEA, ‘TED’ talks in HE, webinars, Twitter etc to expand communications offerings
  - Increase podcasts/webinars
  - Clearing house for major groups, regions, institutions (may also incentivise institutional membership)
  - Consider possibilities to become repository for courses, data, freeware, toolkits
  - Consider profiling significant projects/grants – would help collaboration and reduce duplication
- Congress:
  - Reduce cost (rather than use high registration to fund staff, think of other ways, such as increase membership fee (which is fine if can see more benefit), introduce more ‘pay-as-you-go’ features such as webinars etc)
    - and/or increase ‘quality’
      - make clear what will not get from attending other conferences
      - ensure there is attendance by and clear events linked to ‘thought leaders’, such as dinners and/or mentor sessions
      - encourage more debate sessions and different forms of presentation
      - more formal and organised networking settings.
- Clearer relationship and communication with regional organizations. Communications with members from iHEA and other organizations needs to be complementary and consistent. Especially important if can tie in with regional conferences so that there can be an annual event.
- Consider ‘subgroups’ (eg econometrics, behavioural economics, education and student body, translation and policy etc) and how this may be linked to ‘thought leaders’ taking lead to develop and organize – would appeal to members and could be vehicle for getting greater ‘thought leader’ buy in and possible institutional buy-in. There may be tension though between people wishing to volunteer when there is a
paid staff, which needs to be considered when it comes to finance and governance. These subgroups could form chatrooms on website for instance also.

• Consider wider role of social media outside and within congress.
• Board to consider whether/how and to whom iHEA can represent health economics more widely in external setting (eg funding organizations such as BMGF, RF, and to other international actors, such as WHO, WB etc). This will also need to be done in conjunction with regions as often they may or could play such a role. Has to be said that weak support for this, and certainly not a priority.

A final note: it was interesting that there seemed to be a common theme that iHEA should be ‘by academics for academics’, which might be worth reflecting on at the Board level in terms of remit and core structure of iHEA.
APPENDIX

Email responses

My perception is that the main challenge regarding communication is changing the perception that many academics have about iHEA, at least in Europe. In the document, it's mentioned that there is a gap between perception and reality regarding registration costs. I'm probably one of them, but I think that if one compares the registration costs of other regional health economics conferences, like ASHEcon or the Spanish health economics conference (the ones I've recently attended), these are high. One could maybe want to argue that there are differences in quality of the conference, but here my perception too is that it's not that the contents at iHEA conference are necessarily better or that you can meet there some relevant people in your field not attending any other meeting. In this respect, I think that decreasing conference registration costs, and making efforts to improve the quality of the iHEA conferences (or the perception about it) could help.

Related to the previous point, I was thinking what activities could be offered at iHEA conferences that would make people willing to come. These are some ideas, although I have to admit that I didn't think much about any of them:

- Many of the "big" names are usually not attending the iHEA conferences. I was wondering if it would make sense to have a more active scientific committee with a bit more say on the program. Then, some of these "big" names could be asked to be part of it, and I guess that iHEA should pay at least their registration into the conference.

- There could be some pre-conference courses taught by top people organized by iHEA included in the conference fee aimed at young researchers. They would allow young researchers to improve their skills and meet some colleagues with similar interests from around the world in a friendly atmosphere

- Organize job market interviews

One of the things that need to be improved is the communication with the regional and country associations. It would probably be nice to organize a meeting with all the presidents from all the regional and country associations to create some ties between associations and maybe organized some cross-country or cross-region events in between iHEA conferences. My feeling is that some associations do not feel part of iHEA, and therefore would not have an active role in encouraging their members to attend the conferences or even become members of iHEA.

Last, I'm not sure why "twitter and blogs" are included as "Threats". I'd rather see them as "Opportunities". These media can help iHEA to reach a larger audience. In fact, I would find very nice if iHEA would have a blog where top health economists write about their research and share their informed opinion about social and political relevant issues. If iHEA aims to be the "HE voice", this could be a good way to start reaching a large
First of all, I would like to declare that I have never joined iHEA conference but I got a feeling that the target is for European and American participants. At present, I do not know how iHEA is different from ISPOR or HTAi conference. It would be great iHEA can find the selling points or can differentiate from other academic conference. I saw its website saying that the target group are health economists and young researchers. I am not sure now it this is enough and sustainable. Therefore, I think it would be great and more benefit to society if iHEA can target international funders such as BMGF and RF to be more interested in using health economic to improve their investments. Also, the using health economic for decision making in the government sector is also interesting.

I have been a member (the free one) for four years. I am very satisfied with content provided. However, the content itself is a weakness since it is full of texts. I would like to see more figures, easy to digest or some excitement in the newsletter.

To improve their communication strategy both internal and external, I think we should start from learning from what has happened. It would be great if iHEA can provide us the current communication strategy such as what their target group are and how they approach them, obstacles, and limitations to implement the communication strategy. This information then can be used to discuss among working group and add up with the survey that I guess it ask about what they want to see (target).

My first thought was 'what publications?', but then I see it wasn't me being ignorant, but there aren't in fact any (unlike all those other journals which are 'the journal of the society of XXXX'. Another thought is the dissipation of health economics, the fact that it now seems to be epidemiology (but done by econometricians) through to behavioural economics, done by psychologists and non-health economists. I guess the wider the discipline gets the more problematic it will be to target communications, but then the same can be said across countries, given much of the research undertaken is health system specific. All in all anything has got to be better than the weekly email Paula Richardson sends, and the current (although apparently improved) webpage.

When jotting down some thoughts in response to your doc, I kept coming back to what does iHEA (or it’s members) want iHEA to be? Does it see its role as just hosting a conference or does it want to be/do more than that for the international HE community? Might be worth canvassing members views on this. In terms of a communication strategy, articulating iHEA’s role would be a good place to start.

I agree with your point re “thought leaders” not currently attending iHEA. Encouraging such folk to start (re-) attending the iHEA congress could act as a draw card for other folk
to attend - one way might be to add more plenaries to the program or mini plenaries where the latter might take the form of a session with only 1 or 2 papers by such leaders or 1 paper and a small panel of eminent folk to provide comment. iHEA could canvas ideas from members in relation to topics/big societal questions they would like to see addressed. iHEA could then target eminent folk to attend and present.

In terms of encouraging "thought" or HE leaders to be more involved in iHEA more generally, if iHEA wants to do more for its members internally and also to be an external voice for HE rather than just run conferences, then engaging some of the key folk in HE (at a variety of levels) seems a good way to help do that. New positions could be created in addition to the President role – e.g. Folk to chair various committees on e.g. Education, research translation, etc. which could both increase the value of iHEA to its members but also give HE leaders a good reason to get involved and to have a tangible and productive role in the society.

I think there’s the potential to learn a lot from other large academic societies who host large, well attended conferences but also serve a role for members beyond hosting a conference (in terms of websites, internal and external communication, etc.). AEA comes to minds asdoes the international environmental congress (exact name escapes me at the minute). AEA has a number of committees made up of members charged with different roles/activities (see earlier point). They also have a flourishing job market linked to their annual meeting.

On that, including a serious job market element to the conference would increase the attractiveness and usefulness of the conference for academics and others seeking to hire new staff but would also be a very tangible reason for grad students to attend and after being exposed to the conference, perhaps come back in future years.

I think a threat would be to not take seriously the perception that iHEA is expensive and doesn't offer value for money – in addition to outlining the costs involved to justify the conference rego fee(which I think iHEA already does?), better to also communicate what value/benefit folk can expect to receive in return for the fee. This would be a chance for iHEA to highlight what it thinks the strengths of the conference/membership are. Work to improve the quality and perceptions re quality of the conference are important. Trialing the addition of discussants to papers which I think is happening at the Dublin conference seems a good place to start. Lengthening time per paper but less papers (allowing for more posters or e-posters) might be another avenue worthy of consideration (although might impact profit).

I agree that there is an opportunity for iHEA, particularly the President but supported by other members (potentially in new roles as noted above), to take a more active role in external communications/debates etc. re health economics. In addition, worth considering if iHEA could play an advocacy role for the discipline more generally (e.g. over recent years AHES has started to do more of this).

iHEA might also have an opportunity to play a role in helping translate research to
policy/practice – e.g. via the conference but also by putting out media releases/tweets/webinars etc. about members' research targeted at policy makers. It could perhaps help to be a conduit on the way to impact?

Rather than a treat, I would see harnessing twitter etc. as an opportunity.

Publications – I wonder if that ship has sailed?

Meeting notes
Andrew, Rachel, Pilar, Paula, Claudia (Emily and Inthira email comments above)

There are informal links with HE journal. Eg publish student comp paper. But nothing formal. Quite likely that the publication boat has sailed, as also the new ASHE journal which will be successful. Also note HSSRN e-journals are not peer reviewed so first thing is they may be presented slightly disingenuously, and second it may be that publication there precludes later peer-reviewed publication so need to be careful.

Need to be clear on role of iHEA staff. Thus is more ‘US’ model which means paid staff, whereas many other organizations are run on volunteer basis by academics. This makes cost difference (why conf needs to be so expensive for instance) but also perhaps engagement difference – run by members for members. May be that needs to be greater role for members in structure, such as being responsible for sections or subgroups etc. This also relates to institutional buy in – lack jobs market, and if was timing conference does not work, and in fact for many countries would not work anyway as many jobs are on research contracts.

One real innovation would be the consider role of iHEA in external communication to promote HE as a discipline. But risks, and needs handling carefully. It cannot be commenting on policy as regional/national bodies do that, and more appropriate they do, and diversity of members means will offend or not represent some views. Therefore needs to be more generic advocacy role. Board should consider: (i) who iHEA would speak to (eg WHO, Davos?) and (ii) what would say.

Cost high for congress (not membership) and view cannot see why that is the case – sponsorship?

People – members or not – do not feel connected to iHEA. Conference every 2 years – and often people are only members so can get cheaper rate there – newsletter only scanned perhaps for jobs, and that is it (and bear in mind Bruce forwards newsletter widely so do not need be member to access). Not much interaction. Website only accessed in lead up to conference. Basically, iHEA IS the congress for most people.

Website is key area for action. Needs to:
 a. inform what iHEA does
 b. outline who does what
 c. finance, governance etc needs be clearly transparent
d. podcasts
e. clearing house for links to major groups/regions
f. repository for courses, data, freeware, toolkits
g. profile HE groups/organizations (may also incentivise institutional membership)
h. profile significant projects/grants – would help collaboration and reduce duplication

Congress. Big names missing. Also need to have debates – Karl Claxton and Steve Birch was classic for instance. Need debates and also this might be way of getting names there. Also would be good to have something annual – not the large congress, but perhaps more specific collaboration with regional meetings on rolling basis – key is collaborate not take over and run though. Some suggestion this was case at Dublin.

Social media critical at congress and between. iHEA has a twitter account for a few hundred followers and has made 2 tweets! Need more webinars for instance. Could also use more to encourage and facilitate networking at congress. People find it hard to network informally when new and/or young and/or non-English speaking researchers. There is too much rammed in to the congress so little time for good discussion and no facilitated networking. Would be good to have ‘dinner with experts’ for instance – SMDM do this for instance. Another idea is mentor sessions, where people can book time with ‘thought leader’ to discuss career, get tips etc.

Passive communication – website and newsletter.

Education/students. Idea of perhaps an iHEA ‘MOOC’ to get people interested in health economics. Perhaps provide educational materials. It is hard to get training in many LMIC so if there were courses online or at congress.