LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

GLOBAL HEALTH ECONOMICS CENTRE

Global Health Economics Centre



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Letter from the Co-Directors

In December 2025, the UK government agreed to raise the cost-effectiveness threshold that NICE uses to decide which treatments the NHS will fund, as part of a bilateral arrangement with the US on pharmaceutical pricing. It was a decision about the value of health, taken on grounds that had little to do with the evidence on what health is worth.

In February 2026, we convened a symposium at LSHTM asking how health should be valued in UK policy evaluation; nearly four hundred people joined us in person and online. What the day established was not an answer but the shape of the disagreement – that the UK applies at least three different monetary valuations of health across its own departments, and that the guidance underpinning the health-specific ones was last revised in 2004. That is a problem for the country, and it is exactly the kind of problem this Centre exists to work on.

It was also a year of recognition and of range. Two of our members were elected Fellows of the Academy of Medical Sciences. More than thirty of us went to the IHEA Congress in Bali. Our researchers published on the economic burden of extreme heat on pregnant women in South Africa and Zimbabwe, on the macroeconomic returns to the soft drinks levy, on how rural food markets in India shape what households can afford to eat, on the pricing of next-generation influenza vaccines, and on whether calorie labels change what anyone orders. This breadth is part of what makes Health Economics at the School unique. A 'global' centre of over a hundred health economists is only worth the name if its methods travel between the NHS and Malawi, between dementia care and climate adaptation, and this year they did.

What we are for is easier to state than to achieve: an active health economics community at LSHTM that supports its early career researchers, builds capacity with collaborators rather than for them, and puts rigorous evidence in front of the people making decisions. Our Away Day on inequality, our monthly seminars, the summer project showcase for MSc students, and our alumni events in Bali and Nairobi are all part of our attempt to achieve these objectives.

The year ahead is the first of our 2026–2029 strategy. It commits us to new cross-Centre initiatives: an annual lecture by a distinguished external speaker, a writing workshop series for early career researchers, and a Focus Fortnight bringing external collaborators into the School for sustained work rather than a seminar.

Our thanks to everyone who contributed to this report, and to the Centre's work behind it. We hope that this report will inspire health economists, and our valued collaborators, to get involved in the work of GHECO in the future.



Andrew Briggs



Giulia Greco



Helen Harris-Fry



Timothy Powell-Jackson

Who we are

The Global Health Economics (GHECO) Centre is a world-leading group of over 100 academics working on a diverse portfolio of health economics research.

Centre members' expertise places them at the forefront of building the capacity of health economists and their policy communities – and embracing equitable and reciprocal collaborations worldwide. We have strong national and international partnerships, and a wealth of experience in advising UK and other governments, multilateral agencies, and non-governmental organisations.

Vision

The Centre's vision is forward-looking and emphasises cutting-edge methodological development, rigorous empirical research that addresses both emerging health issues and endemic disease, excellence in health economics education, and working alongside policy and decision-makers to achieve policy impact.

Aim

The GHECO Centre aims to create an active health economics community that supports early career researchers, builds mutual capacity with collaborators, showcases health economics-related activities at LSHTM, and connects with the global health economics community.



Structure

Management Group

Directors


Andrew Briggs


Giulia Greco


Helen Harris-Fry


Timothy Powell-Jackson

Centre Support


Patrycja Reyes Galvez

Early Career Research Representatives


Andres Madriz Montero


Maninder Singh


Martin Harker

GHECO Centre Administrator


John Correa

Research Degree Representative


Omran Musa

Research Degree Leads


John Cairns


Lorna Guinness

Communication Leads


Matthew Dale


Simon Procter

Events and Themes Leads


Fiammetta Bozzani


Giulia Greco

Teaching Leads


Catherine Pitt


Luke Vale

Themes

Economic Evaluation and Priority Setting



Fiammetta Bozzani



Sedona Sweeney

Policy Evaluation



David Lugo Palacios



Laura Cornelsen

Financing and Organisation of Health Systems



Ryota Nakamura

Preferences, Behaviour and Outcomes



Ian Ross



Pitchaya Indravudh

Macroeconomics of Health



Henning Jensen



Marcus Keogh-Brown

Special Interest Groups

Economics of Infectious Disease



Martin Harker



Simon Proctor

Climate and Environment



Hugh Sharma Waddington

Statistics and Computing



Alex Hill

In the News

GHECO health economists elected as Fellows of the Academy of Medical Sciences

Two leading GHECO members, Professor Kara Hanson and Professor Richard Grieve, have been elected as new Fellows of the Academy of Medical Sciences, in recognition recognised for their outstanding contributions to medical science.



Kara Hanson, Professor of Health System Economics at LSHTM, was elected for her health financing research and its use in global health policy. For more than 30 years, she has developed and used the ideas and methods of health economics to contribute new insights and evidence to global health policy.



Richard Grieve, Professor of Health Economics Methodology, was elected for his work on methods of health economic evaluation, which have generated evidence informing which medical advances are used in practice. He has identified major analytical problems that threaten the accuracy of applied studies, and then developed, deployed and translated better methods so that subsequent evaluations are fit for purpose.

Andrew Briggs awarded 2024 OHE Innovation Policy Prize

Professor Andrew Briggs, co-director of GHECO, was awarded by the Office of Health Economics (OHE) for his proposal to incentivise environmentally sustainable innovation in the life sciences.

Professor Briggs received a prize of £40,000 (split between the two winners) for his submission *'From Delaware to California: A Road Map for Incentivising Environmentally Sustainable Innovation'.*

The prize was announced in 2025 and was presented at an event held at the St Mary's Marylebone conference centre.



> I am delighted with this award, as it's more important than ever to intersect healthcare economics with environmental economics and sustainability.

Andrew Briggs
Professor of Health Economics
LSHTM



Vegan dishes made from produce grown at Plantation urban rooftop farm in Paris are served at an event.



Chef Murad Arafat creates vegan dishes using vegetables, herbs and other produce.

Calorie labels rarely influence consumer choice

New research featured on the BBC News reveals that calorie labels on takeaway menus are unlikely to encourage people to eat healthier.

GHECO member, Laura Cornelsen, together with researchers from University of Reading and University of Exeter, showed that taste and price were the most important factors when deciding which takeaway to order.

Around 7 in 10 did not notice the calorie labels listed on online menus. Even when people noticed labels, most said it didn't affect their food choices. Alternative interventions, such as traffic-light labels and more healthy alternatives on the menus, may encourage people to make healthier choices.



> The focus should be on taking systemic issues, like making it simpler and more affordable to purchase healthier options.

Laura Cornelsen
Associate Professor
LSHTM

New NICE thresholds could crowd out cost-effective NHS treatments

In a press release on 1 December 2025, the UK Government announced a US-UK trade deal covering pharmaceutical prices. The terms will see NICE increase the reimbursement threshold it uses to make decisions about the relative value for money of new treatments.

Published in the BMJ, GHECO members Francis Ruiz and Andrew Briggs highlighted the risks of higher pharmaceutical spending, saying:

> **"If the Government is committing extra funding to increase the pharmaceutical spend from 0.3 to 0.6% GDP this could be a good deal for the UK. But if this is coming out of existing NHS budgets it could lead to lives lost as more cost-effective treatments are crowded out to make way for expensive new drugs."**

They propose an alternative policy: a ringfenced fund for pharmaceuticals, separate to core NHS funds, that makes these choices linked to industrial policy explicit.



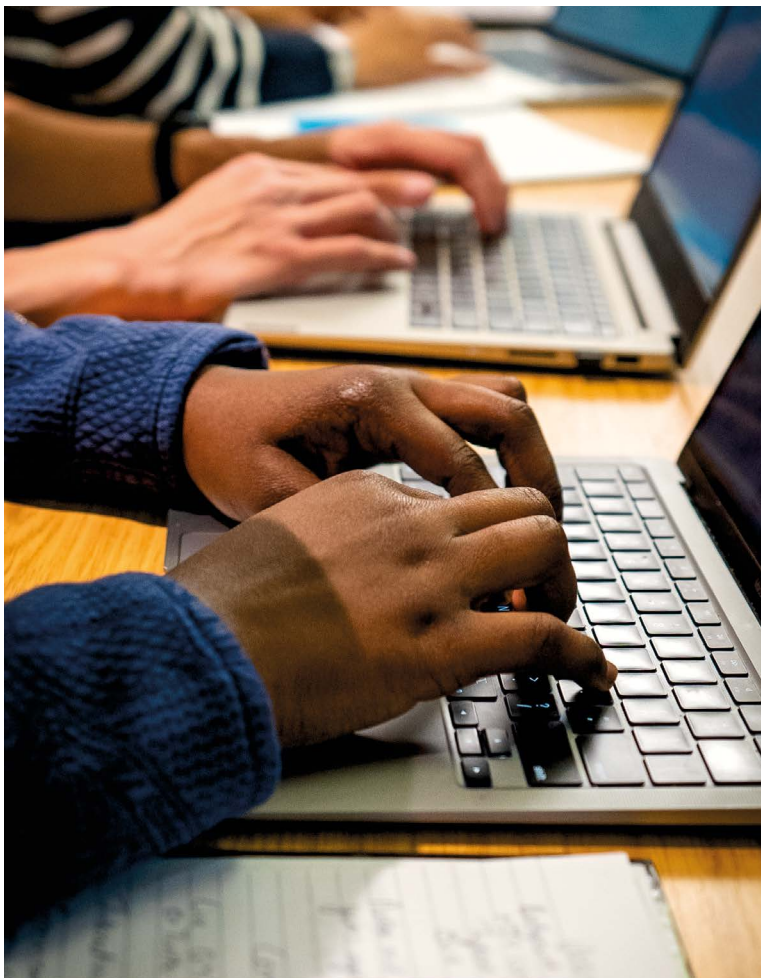
> Using the threshold to support wider economic policy muddies NICE's role as the arbiter of value for individual health technologies.

Francis Ruiz
Senior Policy Advisor
LSHTM

First Prize for work on water treatment and child mortality

GHECO member Hugh Sharma Waddington, together with Edoardo Masset (NIESR, formerly LSHTM) were awarded First Prize in the Unjournal Evaluator Awards for their public peer review of Michael Kremer, Brandon Tan, Stephen Luby and colleagues' meta-analysis on water treatment and child mortality.

Sharma Waddington and Masset applauded the authors for obtaining unpublished participant flow data, enabling a more complete meta-analysis to be conducted, but expressed major concerns about the interpretation of the findings for policy and research. They also noted an urgent need to improve participant flow reporting for trials in economics and other disciplines, which is crucial for Global Burden of Disease calculations.



Students collaborating together in study space.

Spotlight:
Economic evaluation and priority setting

Surgery Or Radio Therapy (SORT) for early-stage cancer

NIHR | 2023 - 2026 | £906,003

SORT is assessing inequalities in receipt of cancer treatments and the relative effectiveness and cost-effectiveness of curative surgery versus radiotherapy for three types of cancer (lung, oesophageal and bladder) in the UK. The key objectives of SORT are being addressed using large scale linked routine cancer data and target trial emulation studies, combined with qualitative research methods to enrich understanding of the results. Drawing on patient and public involvement and engagement throughout, the project will ultimately help to improve service provision, patient choice and outcomes for these three major cancers.

Guidance on the ECOnomiC evaluation of the Health Impacts of Climate Action/inaction (ECO-CHICA)

Wellcome Trust | 2024 - 2026 | £422,838

The ECO-CHICA project is bringing together environmental and health economics to help identify appropriate methods for economic evaluations, and valuing health co-benefits when assessing the impact of climate action or inaction. The project is led by LSHTM, in collaboration with the Office of Health Economics (OHE) in London, and the Euro-Mediterranean Centre on Climate Change.



A woman uses a water pump provided by the government in a 'formal' slum in Mirpur, Dhaka. (Credit: Louis Leeson/LSHTM).

HIGH Horizons

EU / UKRI | 2022 - 2026 | €10m

HIGH Horizons is a research consortium studying how extreme heat affects pregnant and postpartum women, and the health workers who serve them, in South Africa and Zimbabwe. As part of this project, GHECO members have estimated the economic burden of heat, affecting pregnancy and postnatal care. They revealed the substantial economic costs of extreme heat, amounting to USD 52 average per person per month in South Africa and Zimbabwe. For some households, these costs are "catastrophic", meaning that they comprise ≥40% of monthly household expenditure. Catastrophic costs affect 12% and 39% of participants in South Africa and Zimbabwe, respectively. These findings quantify the cost of climate inaction for vulnerable populations, and highlight the importance of efforts to reduce emission reductions and develop targeted adaptation measures.

Spotlight:
Policy evaluation

Exploring Mental Health Support Teams in schools and colleges

NIHR | 2023 - 2027 | £2.4m

This project explores how mental health support is being implemented in schools and colleges, and what the impacts are for children, young people and their families. The project team is a collaboration between LSHTM and the Universities of Birmingham and Cambridge. The first package of research showed how the programme is being implemented nationally, including successes and challenges, as well as impacts for children and young people, their parents or carers, education settings, and local systems of mental health provision.

Tiered pricing of next-generation influenza vaccines

Task Force for Global Health & WHO | 2022 - 2025 | £590k

Research has examined the economic case for next-generation influenza vaccines, finding that pricing will be a decisive factor in whether their benefits reach lower-income countries. Undertaken to inform the WHO Full Value of Improved Influenza Vaccine Assessment (FVIVA), the study modelled the global health and economic impact of improved vaccines, and estimated the prices at which they would be cost-effective in different settings. Published in PLOS Medicine, the study found that, while these vaccines could significantly reduce cases and death from flu and are likely to be cost-effective in high-income countries even at relatively high prices, they would need to be considerably cheaper to represent good value in low-income settings. Substantial tiered pricing, alongside support for vaccine delivery, will be required to make improved influenza vaccines affordable and accessible in lower income countries.



A doctor prepares a dose of measles vaccine for a young child in a medical centre inside the Rohingya refugee camp in Kutupalong, Cox's Bazar, Bangladesh. (Credit: Louis Leeson/LSHTM).

Calorie labelling on menus – what does the evidence show?

NIHR | 2023 - 2027 | £40.6m

This project involving GHECO members, and led by University of Newcastle upon Tyne, evaluated the impact of England's mandatory calorie labelling policy in restaurants and food outlets. Using a mixed-methods approach, researchers analysed online menu and purchasing data, modelled the long-term health and economic outcomes, and explored young people's perspectives. Findings showed limited coverage of calorie labelling, particularly in deprived areas, and little evidence of changes in consumer purchasing behaviour. However, researchers did observe small reductions in menu calorie content. Population modelling suggested that the policy may be cost-effective and deliver modest health benefits, but qualitative research with young people suggested that the calorie information is only marginally useful in its current form. The project, alongside two other evaluation studies, have called for improved approaches to labelling, more visibility and stronger enforcement to optimise the health benefits of mandatory calorie labelling in England.

Spotlight:
Financing and organisation of health systems

Strengthening hospital management practices in Malawi

NIHR | 2020 - 2025 | £ 2.3m

IMPRESS (Innovative Management PRactices to Enhance hoSpital quality and Save lives in Malawi) was a five-year research collaboration between LSHTM, the Kumuzu University of Health Sciences and the Ministry of Health, exploring how hospital management can improve quality of care. As part of the project, researchers conducted a nationwide cluster randomised controlled trial with district hospitals to examine if a co-designed management intervention providing structured, externally facilitated support could strengthen hospital management practices, and in turn reduce mortality for small and sick newborns. Findings demonstrate that the intervention was feasible to deliver at scale and effectively improved management practices. However, translation into clinical impacts was uncertain, as it would likely depend on how well hospitals engaged with the intervention.

Building climate resilience in the maternal and child health system in Brazil and Zambia (REACH)

ESRC and AHRC | 2023 - 2027 | £2.4m

The REACH project focuses on understanding and strengthening the systems that deliver routine care to mothers and children in Brazil and Zambia, in the face of floods and extreme heat. By identifying what makes health systems vulnerable or resilient, we aim to guide policy makers on adaptation strategies that ensure continued access to routine care in climate-affected regions. We are generating evidence on how extreme heat and flooding affect the use, and affordability of maternal and child health care. Through a realist-informed systematic review and analysis of health data from Zambia and Brazil, we aim to uncover how climate events disrupt service access and financial protection. This work will inform resilient health system responses in climate-vulnerable settings.

Shaping Health Packages and Researching Priorities (SHARP)

NIHR | 2024 - 2028 | £3.8m

Achieving universal health coverage requires countries to set priorities and define the services that populations are entitled to. Our NIHR-funded SHARP project will support evidence-informed priority setting in Rwanda and Kenya, while these countries revise their packages of health benefits that will be publicly funded. The development of these packages has challenges, including lack of data on cost-effectiveness, and the resources required to engage with stakeholders and ensure the resulting package is realistic. The research will be embedded in the processes of health benefit package revision in Rwanda and Kenya, and inform the wider African region on best practice.



Spotlight:
Preferences, behaviour, and outcomes

Understanding the UK's food environment

NIHR | 2026 - 2031 | £4m

GHECO researchers are among a team of experts who have secured ~£4m from NIHR for a five-year project to better understand the UK's food environment, defined as the combination of physical, economic and social conditions that affect what and how much the public eat. In the UK, unhealthy food products are widely promoted, cheap to buy, and available in lots of different places. This makes it far more likely that people consume unhealthy diets, leading to diseases including obesity, heart disease, and diabetes. GHECO researchers will focus on out-of-home food consumption and how price promotions are shaping this landscape.

Menstrual health and quality of life for adolescent girls

FCDO, MRC, NIHR, Wellcome | 2020-2024 | £3.3m

Adolescent girls face numerous challenges related to menstruation and there is still limited evidence on how menstrual health influences broader aspects of adolescent girls' subjective wellbeing and quality of life. As part of the MENISCUS project, GHECO members are developing and validating methods for measuring quality of life among adolescents in Uganda, and examining the association between menstrual health factors and wellbeing of adolescent girls in Uganda.



Indian Food Systems for Improved Nutrition (INFUSION)

Gates Foundation and FCDO | 2022 - 2027 | £6.3m

INFUSION seeks to improve our understanding of how rural food markets function from a nutrition perspective. It will establish, test and deliver evidence for market interventions that improve the availability and affordability of nutrient-dense foods (especially fruits, vegetables and animal-sourced foods) in rural Indian communities in Bihar and Odisha. Recent findings from researchers at GHECO, Indian School of Business, and Development Corner Ltd. show that, contrary to common assumptions, men in Odisha are more willing to pay for nutritious foods than women. Food preferences differ substantially within households: spouses' preferences correlate by only 0.16 to 0.57, depending on the food. An ongoing trial is testing ways to engage spouses in joint decision-making to improve nutrition.



Spotlight:
Macroeconomics of health

Evaluating the Economic Impact of the UK Soft Drinks Industry Levy (SDIL)

NIHR | 2017 - 2023 | £1.5m

GHECO members have been evaluating how improvements in population health resulting from the soft drinks levy would affect labour supply, productivity, government revenues, household welfare, and economic output over the period of 2018 to 2040. This represents one of the first applications of economy-wide modelling to assess the long-term impacts of a sugar-sweetened beverage tax.

The analysis demonstrated that the soft drinks levy generates substantial health benefits, with a predicted 86,951 disability-adjusted life years (DALYs) saved between 2018 and 2040. These health improvements translate into macroeconomic gains of approximately £2.49 billion through increased productivity and reduced health-related economic losses. Costs associated with taxation are very small, estimated at a cumulative reduction of 0.004% over the study period. The resulting cost-effectiveness ratio of £23,116 per DALY saved indicates that the soft drinks levy is a cost-effective public health intervention, and shows how population health policies can deliver substantial health benefits with negligible costs to the wider economy.



Cornershop in Central London. (Credit: Christian Sinibaldi).

The CAREMODE project: modelling the health, social care and macroeconomic impacts of dementia policies in the UK

NIHR | 2025 - 2026 | £248,855

The CAREMODE project is developing a novel analytical framework for estimating the health, social care, and economy-wide impacts of dementia, and evaluating the potential returns to investment in social care interventions.

The project combines two complementary modelling approaches. First, a population model of dementia has been developed to estimate prevalence, disease progression and care needs over time in the UK.
Secondly, these outputs are linked to a macroeconomic model of the UK economy, that can estimate the wider effects on labour supply, care provision, public expenditure and economic activity. By linking epidemiological and economic modelling, the framework aims to capture impacts that are often omitted from conventional economic evaluations, including productivity losses associated with dementia and unpaid care giving.

A key feature of the project has been its strong emphasis on co-production and stakeholder engagement. This has ensured that both model development and policy scenarios reflect lived experience alongside real-world considerations of service delivery, scalability and implementation.

The project will provide a new platform for evaluating dementia and social care policies, supporting evidence-informed decision making and helping policymakers better understand the wider health and macroeconomic implications of dementia in the UK.

Celebrating the career of Anne Mills



Since joining LSHTM as a lecturer in 1979, Professor Dame Anne Mills has been a pioneering force in the fields of health economics and health systems research, particularly in low- and middle-income countries. Through her extensive research, capacity strengthening and advisory roles with multilateral, bilateral, and government agencies her work has shaped policy and practice globally.

In 1990, Anne was awarded a programme grant from the (then) UK Overseas Development Administration to establish the Health Economics and Financing Programme, which continued in various forms until 2018. This research group expanded to be one of the largest, and most influential, groups of health economists working on low- and middle-income countries, contributing new evidence in the fields of health financing, economic evaluation, health workforce and the economics of the private health sector. She was elected President of the International Health Economics Association in 2012.

In recognition of her contributions to global health, Anne was awarded a CBE in 2006 and the Prince Mahidol Prize in 2009, elected as a Fellow of the Academy of Medical Sciences in 2009 and a Fellow of the Royal Society in 2013, and appointed Dame Commander of the Order of St Michael and St George in 2015.

Anne has spent most of her career at LSHTM. Alongside her achievements, she has advised and mentored generations of researchers, developed a thriving group of health economists in the years leading up to the creation of GHECO, and played several leadership roles, overseeing significant improvements in academic processes.



In December 2025, GHECO organised Anne's retirement celebration. In her valedictory lecture, *"Nothing ventured, nothing gained: a life in health economics",* she reflected on the different stages of her career, from working as a young economist advising the Malawian Ministry of Health to her involvement in various landmark studies and her long-standing engagement with Thailand. A vote of thanks from Kara Hanson (Professor, LSHTM), David Evans (former Director of Department of Health Systems Financing, WHO), Lucy Gilson (Emeritus Professor, University of Cape Town), Viroj Tangcharoensathien (Secretary General, International Health Policy Program Foundation), and past students highlighted the breadth of her impact.

In October 2025, Anne was honoured for her contributions to Thailand, with an event hosted by Mahidol University. Her contributions include collaborative research which fed into decision-making on the design of Thailand's world-renowned universal health coverage scheme.

Anne has also been extensively involved in providing PhD training, as well as directing a short course attended by students from Thailand who would become influential in health policy and economics in Thailand. One example was Dr Sanguan Nitayarumphong who was a key figure in establishing universal health coverage.

Anne continues as Emeritus Professor while reigniting her passion – and immense talent – for music.

Events

Inaugural Anne Mills Annual Lecture

To honour Anne's contribution and legacy, GHECO launched the Anne Mills Annual Lecture in 2025. In the first annual lecture, the Centre was delighted to host Professor Martin Hensher, the Henry Baldwin Professorial Research Fellow in Health Systems Sustainability at the Menzies Institute for Medical Research of the University of Tasmania. Martin spoke passionately about ecological economics, and what the ecological crisis will mean for the economics of health and health care in the years ahead.

Alumni events



We hosted two Alumni & Friends events, one in Bali (July 2025), during the IHEA Congress, and one in Nairobi (October 2025). More than 100 people attended the events, and we loved to hear everyone's stories. The energy we all felt said it all! It was great to meet alumni who completed their MSc studies more than 20 or 30 years ago and still feel such a strong connection to the School.

Symposium on NICE thresholds

In February 2026 GHECO convened a one-day symposium at LSHTM on how health is valued across UK policy appraisal. It drew 146 people to the John Snow Lecture Theatre and a further 246 online, and was held under the Chatham House Rule. The occasion was the December 2025 UK Government decision to raise NICE's cost-effectiveness threshold from £20,000–£30,000 to £25,000–£35,000 per QALY, agreed as part of the UK–US trade deal on pharmaceutical pricing rather than on the basis of any new analysis of the opportunity cost threshold for the NHS.

The day's central finding was that the UK does not operate one value of health but at least three, applied side by side and never reconciled: a consumption value of around £70,000 per QALY in transport appraisal, a health opportunity cost of around £15,000 per QALY in departmental impact assessment, and the NICE threshold itself. The Treasury's Green Book was itself reissued in February 2026, but its health supplementary guidance still rests on departmental advice last revised in 2004.

Four sessions examined who sets the value of health, what a QALY is worth on the supply and the demand side, what the threshold change means for NHS decision-making, and how threshold practice travels to devolved and international settings. The symposium did not seek consensus on the normative questions. Its purpose was to establish which parts of the disagreement are empirical, and therefore reducible by research, and which are not.



GHECO Away Day

We had our biannual Research away day at Goodenough College (London) on 5 February 2026. The topic of the day was "inequality"—a topic that has long been important to health economists. Staff and research degree students shared research updates, discussed common challenges, and asked series of questions related to GHECO and health economics research. We had a series of lightning talks on current research among GHECO members, discussed future plans for health economics teaching, and held breakout groups to discuss a range of methodological challenges related to research on inequalities in health and health economics. Over fifty people attended the event, with guest speakers Profs James Hargreaves, Gabriella Conti, and Susan Griffin closing the day with a thoughtful and multidisciplinary panel discussion on future directions and opportunities for research on inequalities in health economics.

Water and Sanitation Economics conference

LSHTM co-organised the fourth edition of the WASH Economics Conference in April 2026, which was hosted by CEPT University in Ahmedabad, India. It brought together over 100 participants including academics and practitioners doing research on the economics of water supply, sanitation, and hygiene (WASH). Two GHECO researchers presented papers. PhD student Omran Musa presented "the role of benefit-cost analysis in water supply and sanitation project decisions: A qualitative study of three multilateral development banks". Ian Ross presented "Is menstrual health under-represented in the Global Burden of Disease? An exploration of weights for disability-adjusted life years".



IHEA Congress 2025 in Bali

Over 30 members of the GHECO Centre went to the International Health Economics Association Congress 2025 in Bali, Indonesia, to present their cutting-edge research and organise sessions on a range of health economics topics.

As the leading international organisation supporting the health economics profession, IHEA promotes excellence in research and teaching, and facilitates inclusive collaboration. GHECO has long had a close connection with IHEA, and continues to do so with Prof Virginia Wiseman currently serving as President and Prof Kara Hanson serving as Past-President.

Some highlights from the Congress:

Rym Ghouma awarded the Adam Wagstaff Prize for outstanding research in low- and middle-income countries.

Rym Ghouma, a PhD graduate from LSHTM in 2024, was awarded the prestigious Adam Wagstaff Prize for her paper "Do Providers Contribute to Socioeconomic Inequalities in Health Care? An Audit Experiment in Tunisia" at the Congress. The paper has been published in the Journal of Health Economics.



Kenneth Katumba led a 90-minute organised session titled "HIV Prevention Through Behavioural Change."

The panel featured Henry Cust (Sanford School of Public Policy, Duke University), Aurelia Lepine (University College London), and Paul Dourgnon (Institut de Recherche et Documentation en Économie de la Santé, Paris). Together, they presented studies applying behavioural economics theories to understand populations at the highest risk of HIV and other sexually transmitted infections in both sub-Saharan Africa and high-income countries.

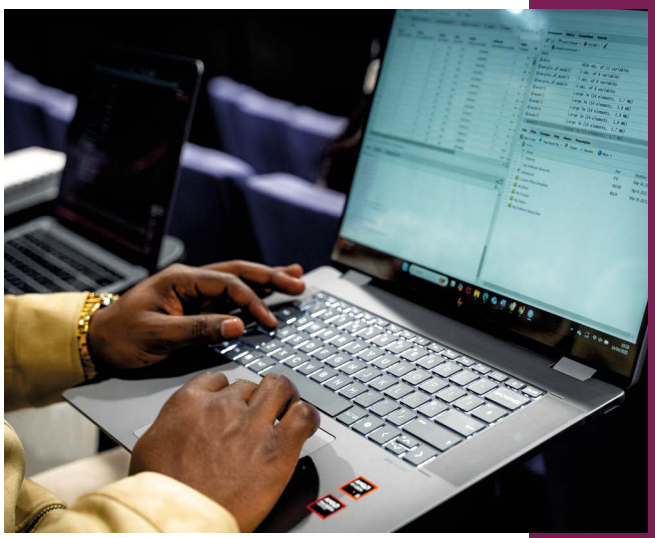
The HIGH Horizons Consortium participated in the IHEA session, "Climate Change and Health Outcomes: Economic Evidence," moderated by GHECO member Giulia Greco.

This session featured a range of thought-provoking presentations, including LSHTM researchers' work on:

- The Economic Burden of Extreme Heat on Pregnant and Postnatal Women in Zimbabwe and South Africa (Olimpia Lamberti)
- The Burden of Climate-Related Diseases in Children Under Five: Disability-Adjusted Life Years in Kenya and South Africa Across Climate Scenarios (Ziyi Lin)
- The Economic Burden of High Temperatures on Brazil's Health Systems (Huiqi Chen).

Seminars





Students attending class in a lecture theatre.

We host monthly seminars, open to all LSHTM staff and students, and a range of guest speakers who present on topics spanning our GHECO themes.

Seminar topics this year included:

- RCTs in health economics – hospital management in Malawi and healthy markets in India: Timothy Powell-Jackson and Helen Harris-Fry
- Keeping thresholds up to date – implications for health and other sectors: Andrew Briggs and Francis Ruiz
- The role of health economic analyses in planning HIV programs in LMICs: Geoff Garnett
- Setting standards and bridging divides: measuring and valuing the health co-benefits of climate action in economic studies: Andrew Briggs and Francis Ruiz
- A Fully Integrated Health and Macroeconomic Assessment of Alternative Food Tax and Subsidy Scenarios in the UK: Marcus Keogh-Brown
- Adolescents' utility values for the Child Health Utility 9 Dimension tool in Uganda: Rebecca Prah
- Do extended periods of low-paid maternity leave improve mental health and wellbeing for parents? A quasi-experimental study: Emily Humphrey
- The impact of COVID-19 vaccine distribution on health inequality across IMD quintiles in England: a distributional cost-effectiveness analysis: Ciara McCarthy
- Delaying Cancer: The Effect of Education on the Age at Cancer Diagnosis: Yuliya Kulikova, guest speaker from Okinawa Institute of Science and Technology
- Effect of nurse practitioners' full practice authority on long-term care services: Brenda Gannon, guest speaker from University of Queensland, Australia.

Researcher Spotlights



Rebecca Prah

Rebecca Prah holds a BA in Economics and an MPH in Health Economics and is currently completing her PhD in Health Economics. Her research uses preference elicitation methods to generate locally relevant utility values for child and adolescent health in Uganda, and examines associations between menstrual health, quality of life, and subjective wellbeing among adolescent girls. Her research supports priority setting for adolescent health interventions in Uganda and other African settings. Before joining LSHTM, Rebecca worked for eight years as a Research Fellow at the Kintampo Health Research Centre in Ghana, where her research focused on economic evaluation, health effects of household air pollution, adoption of clean cooking fuels, and adolescent sexual and reproductive health.



Luis Felipe Aceves Arias

Luis Felipe Aceves Arias is a physician and health economist with a keen interest in economic evaluations of health interventions. He holds an MSc in Health Policy, Planning and Financing from LSHTM and LSE, and currently works as a Research Fellow in Health Economics at LSHTM. Luis uses AI-assisted evidence synthesis methods and decision-analytic modelling to support efficient resource allocation for health interventions delivery. His research focuses on estimating the cost-effectiveness of new treatment strategies for bladder cancer using mathematical models and trial data, and synthesising the global evidence on the costs, cost-effectiveness and equity implications of self-care interventions. He is also interested in exploring the potential of using AI tools to improve econometric and systematic review methodologies.



Alex Hill

Alex Hill is a Research Fellow in health economics with a background in philosophy, mathematics, and research software engineering. She holds a PhD in Bayesian epistemology, and her research interests include the application of Bayesian methods in health economics, and decision making under uncertainty. Before moving into health economics, Alex worked for 8 years as a research software engineer in epidemiology, developing open-source tools and reproducible research workflows, primarily in R. Her current research is focused on developing methods for costing scale-up of TB and HIV interventions in low- and middle-income countries, with the aim of improving the evidence available for economic evaluation and health policy decision-making. More broadly, she is interested in methodological questions in health economic modelling, reproducibility and open science. Alex is also one of the UK Reproducibility Network (UKRN) Local Network Leads for LSHTM, supporting efforts to strengthen transparent and reproducible research across the School.

Doctoral Student Spotlights



Omran Musa

Omran Musa is a final-year GHECO PhD student. His research examines how multilateral development banks produce and use economic analysis to inform investment decisions in water, sanitation and hygiene (WASH). Originally from Gadarif, a water-insecure city in eastern Sudan, he witnessed first-hand the effects of inadequate access to safe water on people's health and wellbeing. This experience shaped his interest in applying economic principles to improve resource allocation and maximise social welfare. Omran has interdisciplinary training in epidemiology, economics and evidence synthesis. His previous research contributed to clinical guidelines for the management and treatment of gestational diabetes in Qatar and internationally. He holds an MA in Development Economics from the Doha Institute for Graduate Studies and a BSc in Econometrics from the University of Khartoum. His research interests centre on using economic evaluation and evidence-based policy analysis to guide more efficient and equitable investment decisions.



Stefanie Weiland

Stefanie Weiland is a GHECO PhD student investigating multi-sectoral approaches to improving nutrition. Her work involves exploring economic evaluation methods for multisector costs and benefits and applying those learnings to an evaluation of a biofortified maize trial in Malawi. Originally from the US, Stefanie spent 15 years implementing health systems improvement programs—leading a startup in Africa transforming the quality and sustainability of primary care and then a portfolio of global research and programs creating solutions for people with severe, stigmatizing diseases like leprosy. Her past few years consulting for organizations aiming to improve their evidence base crystallised her interest in multi-sectoral, integrated perspectives on human health and wellbeing. Stefanie has a MSc in Public Health from LSHTM, a MSc in Development Studies from LSE, and a BS in Science, Technology, and International Affairs from Georgetown University.



Katherine Snyman

Katie Snyman is a final-year PhD candidate in Health Economics in GHECO. After completing her MSc in Global Health and Development at the University of California, Berkeley, she moved to Uganda, where she spent 13 years working with the Infectious Diseases Research Collaboration. During this time, she led and supported large-scale trials and implementation research focused primarily on HIV and malaria prevention and control. Through her PhD, Katie's research shifted towards health economics, building on her experience in Uganda to explore how equity can be incorporated into economic evaluation. Using malaria prevention in Uganda as a case study, her thesis applies and compares multiple equity-informative economic evaluation methods to understand how they can support more equitable resource allocation in low-resource settings. Alongside her PhD, Katie works as a health economics consultant supporting economic evaluations of global health interventions.

Teaching Highlights

Short courses

Foundation Course

Decision Modelling for Health Economics Evaluation Foundations Course.

This is a "live"/supervised online course providing an introduction to the principles and practice of decision modelling for economic evaluation in health. The course is aimed at health economists and those health professionals with experience of health economics who wish to develop skills and knowledge in decision analysis for purposes of cost effectiveness analysis. It is designed for participants who are familiar with the basic principles of economic evaluation who wish to build, interpret and appraise decision models. It is envisaged that participants will currently be undertaking economic evaluation within the pharmaceutical and medical device industries, consultancy, academia or the health service.

Advanced Course

Decision Modelling for Health Economics Evaluation Advanced Course.

A "live"/supervised online course consisting of four modules and focusing on advanced methods of decision analytic modelling for economic evaluation. The course is aimed at health economists and those health professionals with experience of health economics who wish to learn about recent methods developments in cost-effectiveness analysis. It is designed for participants who are familiar with basic decision modelling who wish to learn how to use more advanced modelling methods. It is particularly suitable for those who have attended our Foundation Course in Modelling Methods for Health Economic Evaluation. It is envisaged that participants will currently be undertaking modelling for health economic evaluation.

MSc modules

Our teaching on MSc modules starts by introducing key economic concepts. These concepts include how we can make choices within scarce resources to maximise the benefits we obtain. When thinking about the allocation of resources we consider how resources are conventionally allocated in markets, and then go on to consider how markets work and why they may fail in health care. Modules available in our MSc programmes are under re-development for 2027, but currently cover:

- Introduction to Health Economics (to be replaced with Health Economics, Systems, and Policy in 2027)
- Economic Evaluation
- Economic Analysis for Health Policy
- Evaluation of Public Health Interventions
- Health Decision Science
- The Economics of Global Health Policy

GHECO Summer project showcase

On 24 October 2025, the GHECO Centre hosted its first ever summer project showcase. With over 80 MSc students in attendance, the showcase was a fun and social opportunity for aspiring health economists to connect with others, learn more about the research projects they could undertake during their studies, and feel inspired about health economics research in their studies and beyond.

We hosted four excellent alumni from the 2024-25 MSc student cohort: Matthew Gilchrist, Conghui Lin, Safia Abdulla, and Catherine Khanoba. Our guest speakers shared their experiences of doing a summer project on health economics, covering topics of ultra-processed foods, mental health, human papillomavirus, and immunisation. They also shared advice and "recipes for success". The showcase was followed by a social event at the Pumphandle Bar, with drinks, snacks, and networking opportunities for staff and students.



Matthew Gilchrist



Safia Abdulla



Conghui Lin



Catherine Khanoba



GHECO Careers event

On 15 May 2025, we hosted our annual careers event, open to all early career researchers embarking on the next step in their health economics career. With over 50 attendees from our MSc programmes, doctoral students, and other early career researchers at LSHTM and beyond, students had the opportunity to hear from an excellent panel of experts from diverse backgrounds.

Our panellists were: D'Arcy Williams (CEO of Biteback), Varthani Kirupanandan (Public Health Speciality Registrar), Stephen Dorgan (Independent advisor, previously Senior Partner at McKinsey & Company) and Lorna Guinness (LSHTM). Panellists shared advice on getting the first foot on the career ladder, interview advice, hard-learnt lessons, and balancing personal and professional lives. The event was followed by a social event and networking at the Pumphandle Bar.



D'Arcy Williams



Varthani Kirupanandan



Stephen Dorgan



Lorna Guinness



Congratulating our Doctoral Graduates

We are delighted to congratulate our graduates who were awarded doctoral degrees between 2024 – 2026.

Palwasha Anwari	Rotavirus vaccine safety after introduction – self-case control
Seungman Cha	Evaluation of a community-led total sanitation intervention in a rural area of the Southern nations, nationalities, and peoples' region, Ethiopia
Rachel Clark	The effect of food reformulation and portion size interventions in reducing the availability and consumption of sugar
Kaat De Corte	An investigation of the external validity of stated preferences harnessing a large observational dataset to improve the policy relevance of cost-effectiveness analysis: the case study of blood donation
Stephen Dorgan	Does payor management matter? Healthcare payor management practice, health system performance, and population health
Frederik Federspiel	Development assistance, debt & loan conditionalities and domestic health financing in low- and middle-income countries: Case study in Senegal and panel data analysis
Silke Fernandes	Cost-effectiveness of interventions preventing malaria during pregnancy
Emily Fivian	Addressing intersectional inequalities in nutrition-sensitive agriculture to improve women's nutrition in rural India
Miguel Pugliese Garcia	Exploring the influence of context in complex health system strengthening interventions: a mixed methods study of performance-based financing in Zambia
Kenneth Katumba	Considerations for HIV prevention among women at high risk of HIV acquisition in Kampala in the context of new biomedical prevention methods
Olimpia Lamberti	A two-pronged approach to address the neglect of female genital schistosomiasis: an analysis of the association with sexual and reproductive health conditions and evaluation of the cost effectiveness of screening strategies
Jennifer Ljungqvist	Impact evaluation of methods to implement a performance management system in Liberia's public health system
Cassandra Nemzoff	Developing and testing novel and bespoke methods to adaptive health technology assessment in low- and middle-income countries
Sarah Tougher	An economic analysis of the affordable medicines facility – malaria (AMFm)
Hiroaki Tomoi	Exploration of a novel emptying service approach for onsite sanitation in urban informal settlements
Muntaqa Umar-Sadiq	Can quality improvement be sustained? Understanding the sustained effects of the Nigeria healthcare quality initiative in public and private facilities
Toby Watt	The impact of price promotions on consumer behaviour and public health in the UK
Xia Wei	Decision analysis and economic modelling for ovarian cancer prevention
Lea Wiedmann	Making decisions based on uncertain evidence: an examination of health technology assessments for rare disease treatments in England and Germany
Woranan Witthayapipopsakul	Practice variations and inefficiency in the Thai health system
Takuya Yamanaka	Mitigating the economic impact of TB and diabetes in the Philippines

Connect with GHECO

Learn with us

We strive for research excellence through a range of teaching programmes, including doctoral research degrees and Masters-level courses taught in London and through distance learning. Find out more about our teaching programmes.

Collaborate with us

We aim to strengthen collaborations among economists, researchers in other disciplines, and policymakers in the UK and around the world. We are always seeking new opportunities to collaborate on exciting projects. Please fill out a form online if you would like to collaborate with us.

Become a member

Membership is open to all staff and research students at the London School of Hygiene & Tropical Medicine (LSHTM) who are working in health economics research and who wish to actively participate in the Centre.

If you are external to LSHTM but are interested in finding out more about our work, you can keep up to date with our activity by signing up to our mailing list.

Keep in touch

https://lshtm.ac.uk/ghec

globalhealtheconomics@lshtm.ac.uk

@lshtm-gheco.bsky.social



The entrance of LSHTM at Keppel Street.

Selected GHECO Publications

1. Davies K et al. How much are households willing to invest in hand hygiene enabling technologies? A randomised pricing experiment in Lusaka, Zambia. *PLOS Water.* 2026.

2. Briggs A et al. The Chronic Kidney Disease Care Model: Quantifying Management Strategies for Improving Patient Outcomes in the USA. *PharmacoEconomics – Open.* 2026.

3. Reynolds T et al. The GHEMMS checklist: design, conduct, and reporting guidance for studies modelling climate mitigation actions and their health cobenefits. *The Lancet Planetary Health.* 2026.

4. Bolt H et al. Health and economic impact of introducing norovirus vaccination in England accounting for acute kidney injury: Model-based cost-effectiveness analysis. *Epidemics.* 2026.

5. Li W et al. Assessing spatial transmission risk of respiratory infectious diseases across cities of different socioeconomic tiers in China: A modelling study. *PLOS Medicine.* 2026.

6. Jeong K et al. Systematic review of economic evaluation of early-life nutrition interventions to promote healthy eating during the first 1000 days. *Public Health Nutrition.* 2026.

7. Federspiel F et al. Influence of public external debt on government health expenditure: A mixed-methods case study of Senegal. *PLOS Global Public Health.* 2026.

8. Aktas-Vincent P et al. Accountability displacement in health systems integration: A study of the English National Health Service. *Social Science & Medicine.* 2026.

9. Kalbus A et al. How have restaurant menus changed after implementation of mandatory calorie labelling and who is likely to benefit? A longitudinal analysis of online menu data in Great Britain. *BMJ Nutrition, Prevention & Health.* 2026.

10. Brunn A et al. Estimating the health impacts of climate change for policy decision-support: a systematic review of spatial microsimulation methods. *Environmental Research: Climate.* 2026.

11. Whyle E et al. Developments in the field of Health Policy Analysis in low- and middle-income countries: A review of published literature 2008-2023. *Health Policy and Planning.* 2026.

12. Sutton M et al. Guide to recent advances in difference-in-differences methodology for population health studies. *Journal of Epidemiology and Community Health.* 2026.

13. Bwire C et al. Real-time impacts of air pollution on the health, well-being, and daily life of children and young people in Delhi and Dhaka. *PLOS Global Public Health.* 2026.

14. Adams J et al. Maximising the benefits of mandatory calorie menu labelling in England. *BMJ (Clinical research ed.).* 2026.

15. Hardman J et al. The impact of interventions to modify antibiotic use in children with suspected infections in ambulatory healthcare settings in LMICs: a systematic review. *JAC-Antimicrobial Resistance.* 2026.

16. Kagenaar E et al. Surgery or radiotherapy for early-stage cancer study protocol for an emulated target trial of radical radiotherapy versus radical cystectomy, with either following neoadjuvant chemotherapy, for organ-confined muscle-invasive bladder cancer. *BMJ Open.* 2026.

17. Foos V et al. Cardiovascular-Kidney-Metabolic Syndrome: Conceptualising an Approach to Health Economic Modelling. *Diabetes, Obesity & Metabolism.* 2026.

18. Lai X et al. Global, regional, and national impact of the Expanded Programme on Immunization against 14 pathogens from 1974 to 2024: an economic evaluation. *The Lancet Global Health.* 2026.

19. Lugo-Palacios D et al. PERsonalised Medicine for Intensification of Treatment (PERMIT) in type 2 diabetes mellitus: a target trial emulation from routine data. *Health Technology Assessment (Winchester, England).* 2026.

20. Rathod S et al. Peer advocacy for people experiencing homelessness in London: a comprehensive synopsis of a mixed-method study including economic and process evaluation. *Public Health Research (Southampton, England).* 2026.

21. Young G et al. Public health impact, cost-effectiveness, and budget impact of HPV vaccination in Kazakhstan: a stakeholder engagement and modelling study. *Vaccine: X.* 2026.

22. Rahman M et al. Socioeconomic and regional inequalities in health-related quality of life in Bhutan: a nationally representative cross-sectional study. *Journal of Global Health.* 2026.

23. Federspiel F et al. Aid, Debt, IMF Conditionalities and Domestic Health Financing in Low- and Middle-Income Countries. *Health Policy and Planning.* 2026.

24. Tarus A et al. Cost of health systems strengthening for small and sick newborn care in four sub-Saharan African countries implemented with NEST360: incremental cost analyses. *The Lancet Global Health.* 2026.

25. Gaythorpe K et al. Quantifying relative health impact across Gavi, the Vaccine Alliance's portfolio in 117 countries at the subregional level: a modelling study. *The Lancet.* 2026.

26. Loha E et al. Does dosage matter? Effects of results-based financing layered on top of less comprehensive direct facility financing in Tanzania. *Health Policy and Planning.* 2026.

27. Vansteelandt S et al. IV-learner: learning conditional average treatment effects using instrumental variables. *Biostatistics (Oxford, England).* 2026.

28. Timberlake T et al. Pollinators support the nutrition and income of vulnerable communities. *Nature.* 2026.

29. Dedios-Sanguineti M et al. Assessing the psychometric properties of the WHO-5 Well-being Index in conflict-affected humanitarian contexts. *Journal of Child and Adolescent Mental Health.* 2026.

30. Ranganathan M et al. Evaluating the impact and cost-benefit of CAMFED's livelihoods support on young women's economic activity, health and well-being in Tanzania and Zimbabwe: protocol for a multi-method, longitudinal study. *BMJ Open.* 2026.

31. Sorensen C et al. From Crisis To Strategy: Mainstreaming Climate Risk In Health Systems Planning. *Health Affairs (Project Hope).* 2026.

32. Gilson L et al. Strengthening system leadership for the District Health System. *South African Medical Journal.* 2026.

33. Shaaban F et al. Impact and cost-effectiveness of two interventions to prevent paediatric respiratory syncytial virus disease in Cameroon: a modelling approach. *Journal of Global Health.* 2026.

34. Kalbus A et al. Changes in out-of-home food purchasing following the introduction of England's calorie labelling regulations: a population-level controlled interrupted time series analysis. *BMJ Public Health.* 2026.

35. Lee Y et al. Differential impact of South Korea's 2019 E-cigarette advisory on adult tobacco product use: an interrupted time series analysis by product type and subgroup. *BMC Public Health.* 2026.

36. Ruiz F et al. A budget apart: the case for ringfencing medicines in the UK. *BMJ Editorial.* 2026.

37. Sharma Waddington H et al. Risk of Bias in Experiments, Quasi-Experiments and Natural Experiments Across Disciplines: Discussion Paper and Assessment Framework. *Campbell Systematic Reviews.* 2026.

38. Katana P et al. Economic burden of depressive disorders and HIV for people living with HIV in Uganda. *Health Policy and Planning.* 2026.

39. Buckell J et al. Characterising public opinion for food-based fiscal policies in the UK. *Social Science & Medicine.* 2026.

40. Wiedmann L et al. Approaches used to model patient and carer health-related quality of life in economic models of rare disease treatments in NICE appraisals. *Health and Quality of Life Outcomes.* 2026.

41. Su J et al. The benefits of investments to combat HIV, tuberculosis, and malaria for primary healthcare from 2000 to 2023: An economic modeling analysis. *PLOS Medicine.* 2026.

42. Ross I et al. Cost-effectiveness and benefit-cost analyses of promoting handwashing with soap: A systematic review. *PLOS Medicine.* 2026.

43. Nemzoff C et al. Using secondary costing data to inform priority setting: a survey of current approaches for TB. *International Journal of Tuberculosis and Lung Disease.* 2026.

44. Cars T et al. Methodological Challenges of Emulating a Target Trial to Assess Effectiveness of Timing of PCSK9 Inhibitor Treatment Initiation Post Myocardial Infarction. *Pharmacoepidemiology and Drug Safety.* 2026.

45. Mogasale V et al. Economic burden of typhoid fever by antimicrobial resistance in India: a modelling study 2023. *The Lancet Regional Health – Southeast Asia.* 2026.

46. Ward C et al. Are hospital management practices associated with enhanced quality of care for small and sick newborns? A nationwide cross-sectional study using linked inpatient admission records in Malawi. *Journal of Global Health.* 2026.

47. Goodfellow L et al. The potential global health impact and net monetary benefit of programmatic use of improved influenza vaccines: a mathematical modelling study. *Vaccine.* 2026.

48. Kitamura N et al. Impact and cost-effectiveness of maternal vaccine and short and long-acting monoclonal antibodies against respiratory syncytial virus among children in Japan: A modeling study. *Vaccine: X.* 2026.

49. Nemzoff C et al. Cost-effectiveness of cancer interventions in Rwanda: literature review and expert elicitation for health benefits package design. *BMJ Public Health.* 2026.

50. Kalbus A et al. How did labelling provision on menus for online food delivery change after implementation of England's calorie labelling regulations? *Health & Place.* 2026.

51. Okello E et al. Acceptability, Cost, and Uptake of a Multicomponent Menstrual, Sexual, and Reproductive Health Intervention in Secondary Schools in Northwest Tanzania: Lessons From the PASS MHW Pilot Study. *Evaluation Review.* 2026.

52. Mayhew S et al. Aiming for transformation: Moving beyond adaptation to enabling environments for climate resilient health systems. *Public Health.* 2026.

53. Soble A et al. Evaluating the broader impact of improved influenza vaccines: A full value of vaccine assessment approach. *Vaccine.* 2026.

54. Amboko B et al. Level and determinants of district primary healthcare system technical efficiency in Ghana: two-stage stochastic frontier analysis. *BMJ Global Health.* 2026.

55. Carvalho N et al. Evaluation of rotavirus, pneumococcal conjugate and human papillomavirus vaccination in four Pacific island countries: A cost-effectiveness modelling study. *PLOS Medicine.* 2026.

56. Briggs A et al. Understanding the Humanistic Burden of Metabolic Dysfunction-Associated Steatohepatitis Liver Disease in the US Population: Age/Sex Stratified Analysis of Morbidity and Mortality. *PharmacoEconomics – Open.* 2026.

57. Lubajo R et al. Informing policy through evidence: A scoping review of factors that influence enrolment in community-based health insurance in East Africa. *Global Health Research and Policy.* 2026.

58. Devamani C et al. Cost of illness of scrub typhus in South India – a population-based, mixed-methods study. *PLOS Neglected Tropical Diseases.* 2026.

59. Doyle A et al. Implementation and evaluation of the Y-Check comprehensive adolescent health check-up intervention in Zimbabwe: a pre-post mixed-methods study. *Nature Medicine.* 2026.

60. Gould D et al. Conservative versus liberal oxygenation targets in critically ill children: the Oxy-PICU RCT. *Health Technology Assessment.* 2026.

61. Watts M et al. The interplay between the market food environment and barriers to healthy diets for women in rural Bihar, India. *Health & Place.* 2026.

62. Whitehurst D et al. An Overdue Denunciation of the Minimal Important Difference When Applied to Health State Values. *Value in Health.* 2026.

63. Federspiel F et al. International Monetary Fund and World Bank influence on domestic health financing sources: A mixed-methods case study of Senegal. *SSM – Health Systems.* 2026.

64. Kinyanda E et al. Assessing the effectiveness of a depression-integrated model in adult HIV care in Uganda (the HIV+D trial): a cluster-randomised controlled trial. *The Lancet. HIV.* 2026.

65. Ullian K et al. Beyond diet and health: scoping umbrella review of the wider impact and influence of ultra-processed foods. *BMC Public Health.* 2026.

66. Carroll O et al. A cost-consequence analysis of the children's administration oxygenation strategies trial (COAST) in severe pneumonia. *PLOS Global Public Health.* 2026.

67. Hartmann-Boyce J et al. Using and distinguishing evidence from non-randomised studies of interventions. *BMJ Evidence-Based Medicine.* 2026.

68. Mills A et al. Celebrating the 40th anniversary of Health Policy and Planning. *Health Policy and Planning.* 2026.

69. Almari M et al. The economic burden of COVID-19 premature mortality in Kuwait. *BMC Public Health.* 2025.

70. Malhotra S et al. Effectiveness and Cost-Effectiveness of Ecosystem-Based Disaster Risk Reduction Interventions in Low- and Middle-Income Countries: A Rapid Systematic Review. *Campbell Systematic Reviews*. 2025.

71. Snyman K et al. Housing modification to prevent malaria in Uganda: an analysis of costs, willingness to pay, and equity. *Malaria Journal.* 2025.

72. Parkin D et al. Uncertainty around Health State Values Used in Cost-Effectiveness Analysis: How It Arises and How to Deal with It. *Medical Decision Making.* 2025.

73. Tompsett D et al. Two stage least squares with time-varying instruments: An application to an evaluation of treatment intensification for type-2 diabetes. *Statistical Methods in Medical Research.* 2025.

74. Ibbetson A et al. Cost-benefit analysis of interventions to protect care home residents in England against heat risks. *Environmental Research, Health : ERH.* 2025.

75. Greco G et al. Happiness and life satisfaction: understanding the effects of question order on subjective wellbeing measures in India. *Journal of Happiness Studies.* 2025.

76. Cobiac L et al. Population health and health sector cost impacts of the UK Soft Drinks Industry Levy: a modelling study. *Public Health Research.* 2025.

77. Chama-Chiliba C et al. Using causal loop diagrams to explore the maternal and child health system response to payment for performance in Zambia, and its generalisability across settings. *SSM – Health Systems.* 2025.

78. Almari M et al. MSR80 Economic Valuation of Premature COVID-19 Mortality in Kuwait: A Comparative Analysis of Three Methodological Approaches. *Value in Health.* 2025.

79. Lin Z et al. Beyond the States: Developing a Discrete Event Simulation Model Using R. PharmacoEconomics. 2025.

80. Shaheen M et al. An impact and cost-effectiveness analysis of rotavirus vaccine introduction in Egypt. *Vaccine.* 2025.

81. Ward C et al. Development and testing of the IMPRESS hospital management survey (IHMS) to measure hospital management practices in a low-income country setting. *BMC Health Services Research.* 2025.

82. Goff M et al. Shifting care into the community: Using Ostrom to explore collaborative care delivery with shared resources in English NHS Integrated Care Systems. *SSM – Health Systems.* 2025.

83. Almari M et al. Estimating the direct medical cost of illness of COVID-19 hospitalisations in Kuwait: efficiency trade-offs from real-world data analysis. *Health Economics Review.* 2025.

84. Binyaruka P et al. Time to fully account for cost in monitoring financial protection and universal health coverage in low- and middle-income settings. *Health Policy and Planning.* 2025.

85. Motshweneng O et al. Responsibility without autonomy: exploring the emergence of distributed leadership in a district hospital of the Western Cape province, South Africa. *Health Policy and Planning.* 2025.

86. Rave N et al. Cost-effectiveness of introducing a maternal vaccine or long-acting monoclonal antibody to prevent infant respiratory syncytial virus disease in Nepal. *Journal of Global Health.* 2025.

87. Chhatwal J et al. The impact of multicancer early detection tests on cancer stage shift: A 10-year microsimulation model. *Cancer.* 2025.

88. Kagenaar E et al. Inequalities in the utilisation of curative-intent treatments for early-stage non-small cell lung cancer across urban and rural areas: A population-based study in England. *Journal of Cancer Policy.* 2025.

89. Meyer-Rath G et al. Who pays and what pays off in sexual and reproductive health? A review of the cost and cost-effectiveness of interventions and implications for future funding and markets. *Lancet.* 2025.

90. Briggs A et al. Clinical and cost-effectiveness of diverse posthospitalisation pathways for COVID-19: a UK evaluation using the PHOSP-COVID cohort. *BMJ Open Respiratory Research.* 2025.

91. Giallongo E et al. Non-invasive respiratory support in paediatric critical care: protocol for a cohort study emulating the FIRST-line support for Assistance in Breathing in Children (FIRST-ABC) step-up randomised clinical trial using routinely collected data from the Paediatric Intensive Care Audit Network (PICANet) database. *BMJ Open.* 2025.

92. Kim C et al. Impact of fluoroquinolone resistance on the cost-effectiveness of empiric treatment for multidrug- or rifampicin-resistant tuberculosis. *PLOS Global Public Health.* 2025.

93. van der Boor C et al. Effectiveness and cost-effectiveness of a transdiagnostic intervention targeting alcohol misuse and psychological distress for men in Ukraine: study protocol for a randomised controlled trial. *Trials.* 2025.

94. Susilo D et al. Can Indonesia achieve universal health coverage? Organisational and financing challenges in implementing the national health insurance system. *SSM – Health Systems.* 2025.

95. Mays N et al. Reforming financing of the NHS. *BMJ (Clinical research editorial).* 2025.

96. Masset E et al. Effectiveness of stand-alone and multi-component water, sanitation and hygiene interventions to reduce mortality in childhood: a network meta-analysis. *Nature Water.* 2025.

97. Ghouma R et al. Do doctors contribute to socioeconomic inequalities in health care provision? An audit experiment in Tunisia. *Journal of Health Economics.* 2025.

98. Bolbocean C et al. The impact of very preterm vs very low birth weight on early and mid-adulthood preference-based HRQoL outcomes: findings from the Dutch study on preterm and small for gestational age infants. *Quality of Life Research.* 2025.

99. Paintain L et al. Protocol for an economic evaluation of perennial malaria chemoprevention delivered at scale in Benin, Cameroon, and Côte d'Ivoire. *F1000Research.* 2025.

100. Fardousi N et al. Understanding the financial hardships faced by TB and HIV patients during the COVID-19 pandemic: a mixed-method study in Bandung and Yogyakarta, Indonesia. *Health Policy and Planning.* 2025.

101. Briggs A et al. Composite endpoints in health technology assessment: Part 2 – expanding the evidence base with a framework for best modeling practice. *Journal of Comparative Effectiveness Research.* 2025.

102. Briggs A et al. Composite endpoints in health technology assessment: Part 1 – an illustration of best modeling practice. *Journal of Comparative Effectiveness Research.* 2025.

103. Laraj O et al. Potential health impact and cost-effectiveness of human papillomavirus vaccination in Tunisia: A comparative modeling study. *Vaccine: X.* 2025.

104. Sharma Waddington H et al. No Time to Waste: A Synthesis of Evidence on Time Reallocation Following Water, Sanitation and Hygiene Interventions. *Journal of International Development.* 2025.

105. Dewidar O et al. Improving the reporting on health equity in observational research (STROBE-Equity): extension checklist and elaboration. *BMJ (Clinical research editorial).* 2025.

106. Tompsett D et al. Instrumental variable approaches for estimating time-varying treatment effects in comparative effectiveness research. *BMC Medical Research Methodology.* 2025.

107. Yao Y et al. Valuing health across groups: a cross-sectional population-based willingness-to-pay survey in Bhutan. *BMJ Global Health.* 2025.

108. Witthayapipopsakul W et al. Variation in coronary revascularisation and mortality after myocardial infarction across three public health insurance schemes in Thailand: an observational analysis from nationwide claims data. *BMJ Public Health.* 2025.

109. Rahman M et al. Unmet healthcare needs, out-of-pocket payments and catastrophic health expenditures among hypertensive adults in Bangladesh. *BMC Health Services Research.* 2025.

110. 0 Lu W et al. The impacts of removing pharmaceutical co-payments for chronic conditions at primary care level: a pilot study in rural China. *Health Policy and Planning.* 2025.

111. Moshina N et al. Long-term quality of life and quality adjusted life years after breast cancer: Impact of detection mode, tumor characteristics and treatment. *Journal of Cancer Policy.* 2025.

112. Moshina N et al. Correction: Quality of life among women with symptomatic, screen-detected, and interval breast cancer, and for women without breast cancer: a retrospective cross-sectional study from Norway. *Quality of Life Research.* 2025.

113. Witthayapipopsakul W et al. Use of total knee arthroplasty by type of public insurance scheme: a cross-sectional study based on claims data in Thailand. *BMJ Open.* 2025.

LSHTM Global Health Economics Centre

Centre Report

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https://lshtm.ac.uk/ghec

globalhealtheconomics@lshtm.ac.uk

@lshtm-gheco.bsky.social