



THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

LSE Health

Research Student Programme





Welcome

Our PhD students come from diverse national and academic backgrounds. At any given point, there are more than 25 full-time PhD students associated with LSE Health and a further few working part-time.

Our programme emphasizes interdisciplinary research that cuts across the sometimes arbitrary boundaries that exist between social science disciplines. LSE Health academics have developed strengths both in high calibre academic research and its application to problems relevant to academic audiences and policy makers. Both theoretical and empirical research is performed. The PhD programme is designed to equip students with an in-depth knowledge of the core fields of public policy, health policy and politics, and health and behavioural economics which can be applied to their chosen area of interest.

Each student is regarded as a fully-fledged member of our academic research unit. They are invited to participate in academic conferences, seminars and research related activities.

Our PhD students are also very active in research, publishing in leading academic journals as well as presenting at conferences in their area of speciality. The programme is designed to equip graduates for careers in academic institutions, international agencies or in the public and private sectors; and our graduates work in leading academic departments and national and international bodies in a variety of countries. LSE Health has close relationships with a large number of national and international research centres and universities, giving our students the opportunity to engage with health researchers in other countries and to conduct research abroad.

We are always looking for exceptional research students and we encourage you to apply.

Elias Mossialos

Brian Abel-Smith Professor of Health Policy and Director, LSE Health

Alistair McGuire

Professor of Health Economics and Head, Department of Social Policy

Julian Le Grand

Richard Titmuss Professor of Social Policy and Chair of the Steering Committee, LSE Health

About LSE Health

LSE Health is a research centre at the London School of Economics and Political Science. It is affiliated with the Departments of Social Policy, Management and Accounting

The mission of LSE Health is to advance, transmit and sustain knowledge and understanding through the conduct of research, teaching and scholarship at the highest international standards, for the benefit of the international and national health policy community. We aim to expand and improve conceptual frameworks, apply new methodologies, encourage debate about issues raised by research developments and introduce new questions or themes that will contribute to policy discussions. The Centre is committed to interdisciplinary research that benefits policy makers and health professionals. To support this mission the Centre's key priority is to recruit, develop and retain staff of the highest quality and provide a working environment that enables staff to optimise their contribution to the Centre.

The Centre's unique research base contributes to LSE's established world presence and reputation in health policy, health economics and demography. Bringing together a core team of researchers and academics, LSE Health promotes and draws upon the multidisciplinary expertise of 45 staff members, 10 associated academics and a number of PhD students.

LSE Health staff contribute to a number of taught courses within LSE, in addition to being responsible for delivering the MSc in International Health Policy and the MSc in Health, Population and Society. Substantial contributions are made to the MSc in Health Policy Planning and Financing. Staff have also run short courses on specific aspects of health economics and health policy.

Funding for research programs comes from a variety of sources, including public bodies, charitable trusts and private corporations. Currently, research is funded by, among others, the UK Economic and Social Research Council (ESRC), The Commonwealth Fund, the Department of Health for England, the World Bank, the World Health Organization, The OECD, the European Commission, the European Parliament, the Nuffield Trust, the Wellcome Trust, the Medical Research Council and the Office of Fair Trading.



Research Themes and Students

1. Health Economics and Policy: Zack Cooper, Mathias Loening, Sara Allin, Christina Novinsky, Victoria Serra, Tony Hockley, Harald Schmidt, Lucia Kossarova

Themes: Public sector reform and health system performance; Choice and competition; Decentralisation; Equity, access and regional variation in health services in Canada; Decentralisation and health system performance; Diffusion and adoption of medical technologies; Independent sector treatment centres; The politics of health sector reform; Personal responsibility for health.

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2. Pharmaceutical Economics and Policy: Liz Seeley, Jihyung Hong, Karine Chevreul, Nebibe Varol, Sotirios Vandonos, Marin Gemmill, Charatini Stravropoulou

Themes: Competition in generic drug markets, The generics paradox and market regulation; Price elasticity of demand for prescription drugs; Market entry dynamics and competition in in-patent pharmaceutical markets; Prescribing behaviour and health expenditure; Doctor-patient relationship.

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3. Developing Countries Health Policy: Divya Srivastava, Philipa Mladovsky, Corinna Sorenson, Azusa Sato, Chantal Morel

Themes: Access to medicines in India and Africa; Financing health care; Health system reform; Governance structures; Research and development for neglected diseases.

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4. Risk Perception and Behavioural Economics: Caroline Rudisill, Sherry Merkur

Themes: Risk perceptions; Behavioural economics; Individual decision-making under uncertainty; Risky behaviour.

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Zack Cooper (US)

Choice, competition and the political left: the role of market-based reforms in left-leaning domestic policy

Zack's current research focuses on the role of choice and competition in domestic policy. Using Britain's National Health Service (NHS) as a case study, he is interested in examining whether market forces can be used to promote traditional left-of-centre political objectives and simultaneously to spur on efficiency. More broadly, Zack is interested in health and social inequalities, public sector reform and the interplay of social policy and electoral politics.

Zack's current research quantitatively examines what happened to quality, equity and efficiency in the British NHS after the introduction of choice and competition in 2002. Zack's research takes advantage of a large dataset with over 40 million patient records and is one of the first empirical investigations of choice and competition in health care.

Zack's research is of interest to both the academic and policy communities. His methodology presents a new strategy for quantifying both choice and competition which is a step past the often used Herfindahl Index. At the same time, Zack's work is a step towards examining whether there is truly an equity/efficiency trade-off that results from the introduction of pro-market reforms.

Zack did his undergraduate work at the University of Chicago and received an MSc in International Health Policy from LSE. In 2002, Zack was a Visiting Scholar

at the Hastings Center, a bioethics think tank in Hastings New York. Since beginning his PhD, Zack has worked in the UK Government as a speechwriter and policy advisor. Zack has worked for Chief Medical Officer Sir Liam Donaldson; Minister of Health, Lord Ara Darzi; National Clinical Director Sheila Shribman; and most recently, Secretary of State, Alan Johnson.

Asked about what it has been like to combine his PhD studies with work in government, Zack said, 'I've been tremendously lucky to get some hands on experience in politics while I've been doing my PhD and I certainly think both my PhD and my government work have been the better for it. My academic work has certainly taken on a more practical twist than it otherwise would have and I'm genuinely interested in really making my academic work politically relevant. For me, the most rewarding academic work addresses real life problems and offers practical, academically rigorous policy responses'. Thinking about where he wants to go after his PhD he said, 'That's certainly a question I've been asking myself lately. We'll see. I see myself bouncing back and forth between the political world and academia'.



Matthias Loening (US)

Focused factories or cream-skimmers: an examination of the viability of Independent Sector Treatment Centres (ISTCs) in the English NHS

Matthias Loening has wide-ranging experience in hospital management and health care delivery, financing and policy-making in North America, Latin America, Western and Eastern Europe, the Middle-East and Africa. Matthias's current activities include acting as the Senior Health Advisor to the European Bank of Reconstruction and Development (EBRD) and as a consultant to the International Finance Corporation/World Bank. At the EBRD Matthias is assisting with the development of a health investment unit and providing support in the evaluation and structuring of investment projects. At the IFC/World Bank, Matthias focuses on advising on health system public-private partnerships (PPP). Within this capacity, he is presently transaction leader for the development of two hospitals via PPPs in Egypt.

Matthias's research interests include the role of the private sector in public health service financing and delivery in the UK. Matthias's research focuses on whether private sector speciality hospitals are more efficient because of their management structure, or because they simply select less resource intensive patients. His work

is both quantitative and qualitative; he is examining a large dataset of NHS patients in addition to conducting a number of on-site visits and in-depth interviews.

When asked why the private sector should play a role in publicly funded health care, Matthias answered that 'The private sector has a role because the changes in the structure of property rights are likely to have significant effects upon firms' behaviour. If we want efficiency, if we want innovation, and if we want lower prices, we really need to continue to take advantage of the role of private sector providers in publicly funded systems'.

Matthias received his BA in Political Science from the University of Iowa, with a minor in Economics, an MHA from the University of Iowa, and an MA from the Johns Hopkins University School of Advanced International Studies (SAIS).



Sara Allin (Canada)

Equity, access and regional variation in health services in Canada



After studying health policy in the Health Population and Society MSc in 2003, Sara began working at LSE with the European Observatory on Health Systems and Policies on comparative health policy and health economics. Her interest in access to health care, and the inequalities therein, arose throughout the two years working on reports, papers and presentations on health policy issues related to financing and delivery of health care and public health.

In 2005 Sara enrolled in the PhD programme to investigate equity in the use of health services in Canada. As a Canadian, she is interested in the health system and policy features in that context, and wants to draw from her experience studying health policy from a European perspective and apply it to the situation in Canada.

Her thesis so far has included empirical analyses of equity in health care use across the ten Canadian provinces, and further analyses of the impact of private insurance for prescription drugs on equity in the use of physician services which are entirely publicly funded. Sara strongly

believes her work will help address some of the important policy issues facing Canadians at this time, such as: to what extent is there inequity in the public health care system, and how does this vary across the Canadian provinces? What are some of the explanations of observed inequity, in the absence of financial barriers to access such as direct payments? How might we be able to better ensure that services are provided based on need and not ability to pay?

Throughout her PhD studies she has continued to work with LSE Health and the European Observatory and to think about links between the European and Canadian experiences. She hopes to continue working in the field of health policy in Canada after her PhD, while still keeping dialogues open with European and US researchers and decision-makers.

Christina Novinsky (US)

Decentralisation and performance: understanding the impact of decentralisation on the Spanish and Italian National Health Systems

The purpose behind Christina Novinsky's PhD research is to investigate the effects of decentralisation on the Spanish NHS in order to gain a greater understanding of health system change. The objective is to address the gap in the literature by providing an in-depth critical analysis of the Spanish NHS, and in particular, the major political actors, processes and context involved in the devolution reform over the past few decades. Her research attempts to identify and assess the impact and outcomes of government institutional arrangements and important stakeholders on efficiency and equity.

Asked if her PhD has been easy, Christina said, 'I would be lying if I wrote that studying a PhD at the LSE has been a blast. First, I'm not sure that anyone can really describe studying as a blast... However, I do have to say that my PhD experience at LSE has been about extraordinary – intelligent people, access to all the necessary resources on and off campus, a great reputation for excellence in education and, most importantly, flexibility and encouragement in my research. Most universities are not able to offer the former three of these, and even fewer can offer the latter two.'

During her PhD, Christina has spent a great deal of time abroad. Christina said, 'I spent a semester interning with international organisations in the health sector – essential training that I will never

forget. I absorbed the work culture and the real world application of health policies first hand. In particular, I gained important knowledge and contacts for my thesis research on the decentralisation reform of the Spanish NHS.

'The following year, I was fortunate to spend the spring term abroad at Harvard School of Public Health, auditing some public health courses and working closely with a world-renowned professor in health system decentralisation. Then, it was off to Spain to conduct my field research. There is nothing like getting to know a system from the inside – something I deem a definite must-do for qualitative research.'

In the final year of her PhD, Christina has had the exceptional opportunity to intern at the Italian Ministry of Health under the US Fulbright Scholarship. She will be investigating how the latest decentralisation reform (c. 2001) is affecting the Italian NHS and what the Ministry of Health may do to correct any adverse effects. Alongside this, of course, she'll be analysing her data and writing up the final chapters of her thesis.

After her PhD, Christina said she plans to return to consulting full-time.



Victoria Serra (Spain)

Forging a path towards easier diffusion and adoption of medical technology

Victoria's research centres on the adoption and diffusion of new medical technology. The US and the UK have experienced an increase in medical expenditures of about five per cent annually over the last few decades and economists have examined the possible factors leading to this increase. Factors such as population aging, expansion of insurance coverage or increased per capita income only account for a small proportion of the increase in the expenditure growth while technological change has been identified as the leading factor explaining increased costs in health care. This has generated a growing interest in the adoption and diffusion process of new technologies in the health care sector.

The aim of Victoria's research is to understand the nature of the diffusion patterns for different technologies and to identify the factors leading to this process. The diffusion process is examined at the micro level, taking into account the socio-economic and regulatory incentives as well as the demographic characteristics of the health care market in which potential technology adopters operate.

The existing literature offers limited insight into the diffusion process since the empirical evidence is restricted to a few technologies and is mainly concentrated in the US health care market. Hence, the research contributes to the existing body of literature on the diffusion of medical innovations, providing an insight

into aspects and technologies which have not been addressed previously. In particular, the research examines the adoption and diffusion of new pharmaceuticals and surgical procedures.

Victoria is carrying out a cross-country comparison to test how differences in the health care system influence the uptake of medical innovations. The analysis provides evidence on the degree of substitution and expansion of the innovation, and what the cost implications of the introduction of the innovation could be.

Victoria said that at LSE, 'the highlight has been working so closely with such a well-respected faculty – they take the time to work with you and really get involved in your research – PhD students are viewed as part of the research community'.



Tony Hockley (UK)

The politics of health: barriers and opportunities to change in health policy



Tony Hockley is studying the barriers and opportunities to change in health policy. Using case studies from the Conservative governments of 1979 to 1997 his research is based on interviews with policy makers, opinion leaders, and commentators from the period. The selection of interviewees stretches beyond the usual suspects to include others who have either been widely recognized to influence policy decisions or whose important behind the scenes roles have become evident in the course of the research.

Tony's study is focused on shifting boundaries between NHS coverage and individual responsibility for health care. The privatisation of care that would previously have been NHS funded has been gradual yet continuous. Dentistry, for example, is now largely funded by individuals' private contributions. Long-term care of the elderly is now also an established mixed market of funding. The same is true for ophthalmology and many other aspects of health care. Has there been a coherent strategy to create opportunities to shift boundaries, or have policymakers simply seized upon windows of opportunity for change when these have opened before them? Has public opinion hampered overt and sudden strategic reform yet endorsed 'crisis-driven change' or have the health 'institutions', particularly the medical unions, played an important role in leading the public in a particular direction?

Tony's research is intended to shed light on why boundaries actually shifted so little during 18 years of Conservative market-oriented government, and also indirectly on how the shifts that did occur have continued (or even accelerated) under subsequent administrations. It is also expected to improve understanding of politicians' fears and frustrations on NHS reform.

Asked about what advice he would give current policy-makers in the UK, Tony said 'Don't waste your time before an election. Develop a positive strategy for sharing the burden of funding future health needs: One that can be delivered systematically from day one after an election, rather than piecemeal and randomly at each headline crisis. The problem is that opposition politicians spend all their time coming up with NHS scare stories, and governments spend all their time coming up with excuses and inquiries!'

Prior to his academic work, Tony served as a political adviser in British politics throughout the 1990s, both to the Leader of the Social Democrats and subsequently to two Conservative health secretaries.

Harald Schmidt (Germany)

Just health responsibility: a comparative analysis of the role of personal responsibility for health in publicly funded health care systems



Harald's PhD project analyses the concept of personal responsibility for health in theory and practice.

Many publicly funded health care systems appeal to personal responsibility, whether directly or indirectly. Recent trends have intensified the focus, with measures ranging from benevolent encouragement to quasi-punitive initiatives. Harald's project compares law, policy and practice in the UK, Germany and the US. He seeks to distinguish different kinds of health responsibilities and to consider in particular equity and solidarity considerations. Harald's aim is to formulate a framework that can help decide which appeals to responsibility are reasonable within a public health care system, and which ones are not. An initial sketch of some of the issues he seeks to address can be found in: 'Personal responsibility for health – Developments under the German Health care Reform 2007', *European Journal of Health Law* 14, 2007, 241-250; and 'Patients' charters and health responsibilities'. *British Medical Journal* 2007; 335(7631):1187-1189.

Harald's academic background is an MA in Philosophy, History and Linguistics (Universities of Bremen, Oxford and Muenster, under a full-time scholarship from the National German Scholarship Foundation). After internships at STOA/European Parliament, the German Department of Health and

a bioethics study commission in the German Parliament he joined the Nuffield Council on Bioethics as Assistant Director in 2002. His main responsibilities relate to managing Working Parties, report writing, and representing the Council to the public, professional bodies and policy makers in the UK and internationally. Recent and current work concerns the ethics of public health, and health care rationing. During his PhD, Harald has continued working full time at the Council.

Asked about how he found the transition from abstract academic philosophy to the world of think-tanks and policy making he said: 'in one word: exciting! In my view, much of the best philosophy is done when you see it in the context of the real world. Applying philosophy in this sense can help you test particular concepts and principles. At the same time, it helps you see the limitations of a purely philosophical approach. There's a wealth of scientific, economic, political and sociological analysis that you also need to draw on to come up with robust and justifiable policy. Exploring the weight and scope of the different arguments is an integral part of both my professional work and my PhD project. It's an immensely rewarding process: both intellectually and because there's a chance it can help identify and implement policy that is fair and equitable.'

Lucia Kossarova (Slovakia)

Measuring health system performance in Slovakia

Lucia's main interests are in health system performance, quality and financing of health care. Her thesis examines health system performance, how it is measured and whether insurer type or other determinants explain differences in the quality of care delivered to patients. The changing and increasingly more important role of health insurance companies as purchasers of health care in Central and Eastern Europe reveals the importance of carrying out research in this area.

The focus of her thesis is the case of Slovakia, a country with a mandatory social health insurance system and multiple health service purchasers. In this context, a number of areas will be studied. First, Lucia will examine changes in avoidable deaths across the different regions of Slovakia and how these are related to resource allocation. Second,

she will study hospitalisations for ambulatory care sensitive conditions and the factors that may help to explain unnecessary hospital stays.

Third, Lucia will study the differences in post-hospitalisation follow up treatment and how it varies across private and public insurer. Finally, the thesis will study health outcomes for particular conditions taking into consideration risk adjustment.

The findings of Lucia's research should not only contribute to the existing body of evidence in this area but also provide useful answers to policy makers and health experts in Slovakia and the rest of the region where health systems are dealing with similar issues.



2. Pharmaceutical Economics and Policy:

Liz Seeley, Jihyung Hong, Karine Chevreul,
Nebibe Varol, Sotirios Vondoros, Marin Gemmill,
Charatini Stravropoulou

Themes: Competition in generic drug markets, The generics paradox and market regulation; Price elasticity of demand for prescription drugs; Market entry dynamics and competition in in-patent pharmaceutical markets; Prescribing behaviour and health expenditure; Doctor-patient relationship.

Liz Seeley (US)

Understanding the nature of price competition at the molecule level in the pharmaceutical market

Due to constrained health resources, governments have introduced policies aimed at containing pharmaceutical costs. However, in order to implement effective policies, it is important to first understand the market characteristics and regulatory factors that drive firms' price decisions. Liz's PhD therefore models angles of price competition that are not well understood, including competition amongst generics, competition in the OTC market, and the role of product differentiation. Through this modelling, her aim is to discover ways in which payers could more efficiently contain pharmaceutical expenditures.

If Liz could name one thing she would like to change in American pharmaceutical policy, she said 'transparency... we need to have far more information than we have now on prices and on where discounting is

occurring in the distribution chain. If we get better access to information, we're going to get much more real competition, which I believe will lead to more efficiency and lower prices'.

Liz holds a Masters of Science in Health Policy from Harvard and a BA in economics from Boston College. She has consulted on pharmaceutical affordability for the West Virginia Legislature and has worked at the Centre for Studying Health System Change and the Massachusetts Hospital Association.



Jihyung (Innie) Hong (Korea)

Calculating the determinants of medication and resource use for schizophrenia in EU health systems

Innie's PhD research aims to examine the determinants of medication and resource use in schizophrenia in various health care systems in Europe as well as in Asia.

In principle, a variation in the consumption of pharmaceuticals and resource utilisation should reflect inter-individual differences in severity of illness and needs, conditioned in part by pertinent features of local arrangements such as the availability of resources. Nonetheless, other factors that are not related to clinical uncertainty, such as patient or doctors' characteristics, culture and the health care funding system, may also play an important role. However, there is little international comparative research that examines the dynamics of inputs, process and outcomes in the treatment of schizophrenia.

Her study attempts (1) to assess the level of variation in resource use and costs in treatment of schizophrenia across 15 European countries (Western as well as Central and Eastern European countries) and three Asian countries (South Korea,

Taiwan and Malaysia), (2) to examine the factors that could explain such variation and (3) to look at the relationship between the level of resource use and patient outcomes such as quality of life.

When asked what she plans to do after finishing her PhD, Innie said 'After completing my PhD studies, I hope to embark on a research career doing stints in a few countries over a period of three to five years. Eventually, I would like to return to my home country and take on an academic career'.

Innie has an MSc in Health Economics from the University of York. After completing the MSc in 2003, she has been working with Eli Lilly & Company, mainly covering economic evaluations of drugs and health outcome research in the area of mental health.



Karine Chevreul (France)

Understanding the relationship between doctors' prescribing behaviour and health expenditure



Karine's current research focus is on understanding the decision-making process in doctors' prescribing. Drugs, especially recently released drugs, are the drivers of health care expenditure growth. In developed countries, many measures, mainly based on evidence based medicine, are implemented in order to influence doctor's prescribing practice with the aim of achieving higher quality of care and therefore more efficient use of resources. In France, a country where drug consumption is particularly high, these measures have mostly failed.

Karine's work is based on both quantitative and qualitative methods. She identifies medical and non-medical factors influencing drug choice through the modelling of determinants of the choice of proton pump inhibitors in the primary care sector in France. Results are enriched by qualitative work conducting focus groups to explain the mechanisms underlying these determinants of doctors' decisions and their relationship with policy success.

Karine qualified in medicine and specialized in public health. She received an MSc in Health Services Management from the London School of Hygiene and Tropical Medicine and an MPhil in public health in developing countries from the University of Paris for which she conducted research to build a policy for quality control of essential drugs in Madagascar.

Since beginning her PhD she has been a researcher in health policy at Irdes in Paris (Institute for Research and Information in Health Economics) and later was an advisor to the French Minister of Health, Xavier Bertrand, and to the Minister of Social Security, Philippe Bas. She is now the deputy head of a regional research unit in health economics: Urc éco Ile de France.

Nebibe Varol (Turkey)

An examination of market entry dynamics and competition in in-patent pharmaceutical markets

Nebibe is examining the dynamics of entry and competition in the in-patent pharmaceutical market and the impact of differing price and reimbursement regulations in Europe. In particular, she is attempting to identify factors that explain differentials in time lags from patent application to market authorisation and launch in the five main European markets and the US for statins and oral anti-diabetics.

The first part of her research analyses factors that affect the duration from first patent application to launch. It aims to identify the relative impacts of the stringency of the regulatory review process, market attractiveness, and firm and product characteristics on the time to authorisation from first patent application by using survival analysis methods. The second half of her research focuses on post-launch dynamics to identify the relative importance of price versus quality and to explore how different regulations affect firm strategies in building market share in the in-patent market.

Nabibe received an MPhil in Bioscience Enterprise from the University of Cambridge in 2004-05. Her Mphil thesis investigated investment opportunities in the cardiovascular medical device market for 3i plc Health Care. She holds an MSc in Operations Research from MIT (2002-04) where she worked on inventory deployment and market area segmentation on a two-echelon distribution network, and a BSc degree in Industrial Engineering from Bogazici University, Istanbul (2002). Prior to joining LSE in 2006, Nebibe worked as an R&D System Development engineer at Arcelik A.S, a leading household appliance maker in Turkey and BEKO LLC in Russia as an industrial engineer.



Sotirios Vadoros (Greece)

The generics paradox and market regulation: a quantitative examination of regulated competition in the generic drug market

Sotirios is currently a PhD student at LSE Health. He holds an MPhil degree in Economics from Tilburg University, an MSc degree in Business Mathematics from the University of Athens and a BSc degree in Economics from the Athens University of Economics and Business.

His research interests lie in the field of pharmaceutical economics, pharmaceutical policy, applied econometrics and the industrial organisation of pharmaceutical firms.

Sotirios has done research on demand and pricing of preventative health care and reference pricing. He is currently working on competition in pharmaceutical markets, studying the impact of generic entry on a switch in consumption towards a product with a different chemical substance within the same therapeutic category, pricing of originator pharmaceutical products after generic entry in regulated markets and competition in in-patent markets. The results of these studies will help policy

makers in their decisions on regulating pharmaceutical markets.

He is currently also working on access to medicines in developing and transitional countries and enabling access and evaluating policy outcomes in the Russian Federation.



Marin Gemmill (US)

The price elasticity of demand for prescription drugs: an exploration of demand in different settings



Marin has recently successfully defended her PhD dissertation which focuses on co-payments for prescription drugs in Canada and the United States – a timely line of research given the steadily rising costs of pharmaceuticals around the world.

Marin's primary interest has been quantifying the effect of co-payments on prescription drug utilisation. She has found that across the general population, the low-income population, and the elderly population, co-payments have the expected negative effect on drug consumption. Yet, the degree of responsiveness to price is relatively small, perhaps because the patient's medical need and the physician's approval are the driving forces of prescription purchases. Given concerns about access to prescription drugs, her research indicates that co-payments add an additional barrier to access, with the poorest and unhealthiest segments of the population being hit the hardest. She argues that it is thus important for policy makers to ensure that the poorest and most needy (medically) of the

population are at least partially exempt from user fees. Policy makers could go even further by promoting generic and cost-effective drugs. Given the burden that cost sharing imposes on consumers another more radical recommendation is to target those who manufacture and distribute pharmaceuticals.

Whatever the goals of health systems, though, a more of a transparent dialogue regarding user fees and other potential options for containing health expenditures is needed.

Some of Marin's research from the dissertation has already been published in *Health Economics*, and she hopes to publish other portions of the PhD in policy and economic journals. She hopes to extend this research on co-payments into other areas such as the quality of pharmaceutical care and the adoption of new technologies.

Now that she has finished her PhD, Marin's looking forward to expanding her research focus and joining LSE Health as a Post Doctoral Fellow.

Charatini Stravropoulou (Greece)

Understanding the implications of the doctor-patient relationship on adherence to medications

Charitini's thesis examines non-adherence to medication with a special focus on the impact that the doctor-patient relationship has on a patient's decision to follow recommendations. Non-adherence to medical advice is an issue of significant importance as it leads to reduced health outcomes, increased health care costs and bias in medical research. The traditional misconception that non-adherence is a patient-driven problem has changed and more emphasis is now placed on understanding the ways doctors affect patients to follow their advice.

The aim of Charatini's thesis is to understand which aspects of the doctor-patient relationship influence patients' decisions. It analyses data from the European Social Survey to examine the general population's beliefs and attitudes towards doctors and medicines. It then uses a questionnaire survey to test the hypotheses on a group of hypertensive patients, where non-adherence rates are particularly high. Finally, a game-theoretical approach is used to capture the conflicts that occur during the

consultation and can lead the patient not to adhere to recommendations. The three parts of the thesis converge with similar findings, confirming that the doctor-patient relationship is an important determinant of a patient's decision to non-adhere. They further support the notion that this relationship needs to be improved through interventions that ultimately promote patients' adherence to recommendations. Incentives which force doctors work towards this direction remains a key issue for policy makers.



3. Developing Countries Health Policy:

Divya Srivastava, Philipa Mladovsky, Corinna Sorenson, Azusa Sato, Chantal Morel

Themes: Access to medicines in India and Africa; Financing health care; Health system reform; Governance structures; Research and development for neglected diseases.

Divya Srivastava (Canada)

A quantitative investigation into the barriers to access to medications in developing countries

Divya Srivastava obtained her MSc in International Health Policy from LSE. She holds a BSc Honours in Statistics from the University of Manitoba and a MA in Economics from McMaster University (Canada). Recently, she worked on the Office of Fair Trading report on the UK system of pharmaceutical regulation, and prepared a policy review of the Finnish pharmaceutical system of regulation. Divya's thesis examines whether the poor have access to medicines in India using household data to assess equity in the utilisation of medicines.

Her research output will contribute to the analysis of access to medicines in three areas. First the research will contribute to methodological issues in measuring Ramsey pricing. Second it will provide new evidence on price discrimination and equally important, new evidence on equity in the utilisation of medicines. Third, the empirical findings will offer important policy implications on the issue

of Ramsey pricing, and the role of public intervention. This research is timely because it will fill in gaps in the current debate on access to medicines and inform an important area of health policy.

Lately, Divya has been working with Professor Julian Le Grand and Health England on coming up with a comprehensive plan to tackle obesity in England. Speaking about her recent work, Divya said, 'I had exposure to the political environment which shapes all our policy analysis. I've learned that as researchers, it is extremely important that we communicate our view in a way that resonates with policy officials. My thesis will be policy oriented and this experience reconfirmed the need for and relevance of a policy oriented PhD.'



Philipa Mladovsky (UK)

Financing health care in developing countries: the role of community health insurance



Philipa's research focuses on the role of community health insurance in developing countries. Community health insurance (CHI) is an increasingly popular health financing policy in low-income countries, though to date, its success has been limited. Underpinning much of the analysis and development of CHI policy by international organisations is an economic conceptual framework that may not be rock solid. Philipa's PhD will explore the repercussions of employing this model, arguing that it does not permit the systematic incorporation of social context, values, goals and power relations into policy analysis and development. Other complementary models will be sought and developed to explain successes and failures in CHI policy in the course of the PhD, with a particular focus on social capital theory.

Philipa's PhD will focus on a country which has a relatively long tradition of CHI – Senegal. CHI schemes in Senegal have thus far been unable to attract a significant proportion of the population to enrol, indicating problems in scheme design and implementation. It is hypothesised that key, under-explored factors in explaining this failure are socio-political in nature, entailing an imbalance of power between politicians, technocrats and the non-poor informal sector (the latter being a key target group for enrolment in the scheme) and a lack of relevance of CHI to the target communities' broader developmental concerns.

Potential policy conclusions include the need for: a more 'bottom-up' approach to health financing policy; greater attention paid to power structures, values, history and context in the process of policy development and implementation; a more flexible approach to policy transfer; and the participation of grass-roots organisations in policy design and development.

Speaking about the importance of field research, Philipa said, 'The main advantage of doing field work as I plan to do in Senegal, is that you get to speak to people on the ground and gain an understanding of the way people behave which is fascinating. It gives you a nuance that you can't get by looking at data alone'.

In addition to working on her PhD, Philipa is also a Technical Officer at the European Observatory on Health Systems and Policies. Prior to this, she worked for the WHO in Geneva in the Department of Health Policy, Development and Services. She obtained her MSc from LSE in Health, Population and Society in 2005. She previously completed an honours BA in Social Anthropology at Cambridge University (2001). Philipa's research interests include health sector reform, equity in access to health care, health care financing, and public health.

Corinna Sorenson (US)

Global institutional design: toward networked governance in global health



Corinna's thesis examines global institutional design, focusing on multi-sectoral policy networks in global health. This new mode of governance has emerged to address the increasingly transboundary nature of many health issues, such as HIV/AIDS, and the perceived failure of traditional institutions (eg, UN, WHO) to meet such complex challenges. In particular, networks traverse across established political and sectoral boundaries, bringing together the public sector, civil society, and private organisations to generate more effective collective action on the global level.

Using the Global Fund to Fight AIDS, TB and Malaria ('Global Fund') as a case study, this research explores the impact of 'networked governance' on norms, processes of governance, and politics in global health. A comprehensive array of issues, such as legitimacy, accountability, transparency, power, and participation in global governance, will be investigated, based upon a multidisciplinary, sociopolitical theoretical and empirical framework. In particular, Corinna is interested in drawing upon the works of Habermas, Foucault, and others to highlight and reflect the tensions that exist in modern governance and, thereby, account for and better explain the ever-evolving global health landscape. Such theoretical foundations will be complemented and strengthened by the use of critical discourse analysis.

Beyond advancing theory on networked governance, a number of key policy contributions will be derived from Corinna's research. The central policy aim is to provide key decision-makers and other relevant stakeholders with an improved understanding of global health governance actors, processes, and politics across both normative and empirical domains. By better capturing the actual dynamics of global governance in the present context, those involved in various levels of policy and research will be able to further investigate existing and proposed policy prescriptions and institutional settings in global health.

Asked about her post-PhD life, Corinna said, 'There are a range of interesting and exciting opportunities to pursue after the PhD! Drawing upon my experiences in the private sector, government, and academia, I am interested in furthering my career at a leading think tank or academic research centre, examining a range of global policy issues'.

Azusa Sato (Japan/UK)

Exploring access to medicines in developing countries



Azusa's PhD conducts research on pharmaceutical policy in developing countries, recognising problems of access to drugs and medicines for over a third of the world's population. Medicines account for a large proportion of overall health spending in developing countries, although such expenditures remain relatively low compared to richer nations. Issues of affordability, sustainable finance, health and supply systems, rational use, quality and investment in research and development are explored.

Medicines policy is a topical issue not just in health, but also in light of broader development goals, especially those outlined by the UN Millennium Development Goals. This is evident in WHO's medicines strategy for 2004-07, which prioritises expanding access, especially to those affected by HIV/AIDS, TB and malaria. Similarly, the 'Good governance for medicines' programme launched in 2004 promotes safeguarding medicines and resources for the poor, with estimates of up to 25 per cent of global public health being stolen or corrupted annually.

The Department for International Development is currently spearheading the 'medicines transparency alliance' (MeTA) which provides funding and technical support to 'build transparency and accountability around the selection,

procurement, sale and distribution of essential medicines to tackle excessive mark-ups, corruption and mismanagement'. This alliance brings together key stakeholders including national governments, non-governmental organisations, pharmaceuticals and the private sector, the World Bank, Health Action International and the World Health Organization.

Using key survey data from MeTA and fieldwork in one or two of the following countries – Ghana, Uganda and Zambia – Azusa's PhD thesis will examine to what extent government and regulatory frameworks impact on equitable access to medicines. Other key issues include the role of procurement, pricing and distribution channels and the way in which international organisations shape national health policies. The thesis aims to provide policy recommendations to the chosen countries.

In addition to working on her PhD, Azusa is a research assistant at LSE. She obtained her honours BA in Economics at Cambridge University (2006), before completing a Masters in Population and Development at LSE (2007), where she focused on the social sciences of disease, in particular, HIV/AIDS. She has undertaken projects for the Clingendael Institute, Netherlands, and the Department of Health, UK.

Chantal Morel (France)

Improving access to medicines: an exploration into market conditions and incentives to enhance discovery, development, and distribution of technology for neglected diseases



Chantal Morel has been involved in health economic research in developing countries for six years, both as an academic research fellow and as an impact assessment adviser for a large international NGO with health programmes throughout sub-Saharan Africa and South Asia. Her work has focused on the area of neglected diseases such as malaria and HIV. She has numerous publications regarding the economics and pharmaceutical policy considerations in this area. She is currently doing her PhD at LSE on mechanisms to stimulate innovation in the production and distribution of technologies to prevent and treat neglected diseases.

A key area of Chantal's doctoral work focuses on how to improve the chances that existing technologies reach patients who need them, especially in poor areas. Governments, economists and the pharmaceutical industry are increasingly looking to more socially optimal global pricing schemes to cross-subsidize between countries and groups of different economic status, to give poorer parts of the world access to desperately needed vaccines, diagnostics, and drugs, while maintaining incentives for innovation. This price differentiation by ability to pay is being explored at both the global level and within national boundaries in the case of some middle-income countries. However, price differentiation and the ensuing low procurement prices for

low-income markets do not necessarily translate to low prices for the patient. Limited past experience with such schemes suggests that the ability to reduce patient prices to affordable levels is more complex than lowering initial procurement prices. Part of Chantal's work looks at the structural, legal, and local economic conditions that can help protect against the distortion and dilution of cross-subsidies from equity-driven differential pricing in the medium to long term.

Another key area of Chantal's work concerns mechanisms to spur innovation in new prevention and treatment technologies for neglected diseases. This project examines how companies can be motivated to undergo expensive research and development for technologies from which little return is expected under normal market conditions. More specifically, it seeks to answer the question of how large purchasers can better use monopsony and push/pull incentives to drive innovation for key neglected diseases. This work uses basic principles of finance and its mathematical underpinnings to explore mechanisms that combine push and pull characteristics to mitigate risk and optimise product selection in order to maximize the likelihood of discovering appropriate, life-saving technologies for use in under-resourced parts of the world.

4. Risk Perception and Behavioural Economics:

Caroline Rudisill, Sherry Merkur

Themes: Risk perceptions; Behavioural economics; Individual decision-making under uncertainty; Risky behaviour.

Caroline Rudisill (US)

Risk-perceptions, behavioural economics and public health: understanding how reasoning failures and information uptake influence risky behaviour

Caroline's research focuses on the interplay of risk perceptions and behavioural economics.

Individuals make decisions that involve risk perceptions on a daily basis. An individual's setting, especially at the time of likely exposure to new information and risks proves consequential to their preference-setting. Therefore, in order to capture a group with incompletely developed preferences, this research specifically examines adolescents to uncover what kinds of information sources and actors play the most influential role in their risk perception formulation.

In spite of the popular identification of smoking's epidemiological risks, the behavioural preference to smoke clearly persists, and even appears to be on the rise among the young and especially among girls. This thesis examines adolescents' decisions about smoking. In this context, the decision-maker has limited information or simply faces uncertainty about the future because of limited personal experience with smoking. Therefore, this research particularly focuses on information acquisition in a situation of incompletely formed preferences. Although this thesis focuses on smoking, findings aim to speak beyond the realm of smoking and into risk perceptions research in general by bringing behavioural economics thinking into the public health realm.

Understanding how adolescents employ various information sources to create their perceptions of risks permits a richer picture of how best to align perceptions with reality and thereby aids the policy formulation process. Information sources assessed will include those both individual (medical professionals, parents) and collective (peers, tobacco package warning messages, school-setting) in nature.

Before commencing her PhD, Caroline received an MSc in International Health Policy (Health Economics) from LSE and a BA in Economics from Georgetown University in Washington, DC. Caroline has worked in economic consulting in Washington, DC and has worked in management consulting in the UK, serving public and private sector health care clients.

After finishing her PhD Caroline plans on expanding her academic portfolio and eventually working at the junction of international health, commerce and foreign affairs.



Sherry Merkur (Canada)

Risk perceptions and health

Why do people make lifestyle choices that they know could negatively affect their health? Sherry's PhD research aims to address this question by looking specifically at individuals' perceptions of health-related risks and how these relate to their behavioural choices.

Until recently, the field of risk and health has been thought of from an epidemiological and public health perspective. Sherry's research examines this area from a unique perspective which bridges several disciplines, namely behavioural economics, economic psychology and social policy. This is a new and exciting area of research that uses the methods initially developed in studying the risk perceptions of environmental hazards, such as nuclear power disasters and road traffic accidents, and applies them to health-related lifestyle behaviours, including smoking and using illicit drugs. Because individuals use their perception of a risk rather than the actual risk when making these decisions, Sherry's doctoral research aims to analyse the underlying factors that form these perceptions.

Sherry holds an MSc in Health, Population and Society from LSE and a BSc in Physiology and Management

from McGill University (Canada). She has worked for LSE Health on various projects of immediate relevance to health systems. These included projects with the Austrian Federation of Social Security Institutions concerning their incentive mechanisms for doctors, and the Ministry of Health and Social Affairs in Cyprus reforming the national pharmaceutical pricing and reimbursement system.

Sherry also has provided research and management on European Commission projects on the topics of health promotion, health research, and patient mobility. She is Deputy Editor of the health policy publication *Eurohealth* and continues to work for the European Observatory on Health Systems and Policies on comparative health policy issues.



The Department of Social Policy



The study of social policy began at the London School of Economics in 1912. From the start it combined research with a commitment to applied policy work. This tradition was continued by the path-breaking contributions of Richard Titmuss, Peter Townsend, Brian Abel-Smith and David Donnison in the building of the welfare state in Britain and, more generally, to the development of social policy both nationally and internationally.

The department is the largest and oldest Department of Social Policy in the country and has the broadest range of research and teaching of any social policy department. It has always received the highest possible grade in the Research Assessment Exercise – the only social policy department in the country to be consistently awarded a 5* rating. Its teaching has also achieved the highest rated in the country and it is the only LSE department to be ranked first in the national league tables. Student satisfaction scores for the department are above the School average.

The department offers a wide range of undergraduate and postgraduate degrees. It currently has around 500 students (part-time and full-time), of which about 80 per cent are postgraduate. It has around 100 teaching and research staff, drawn from a wide variety of disciplines. It is one of the largest departments in the School. The department's former students fill senior policy-related and academic positions in many countries throughout the world. Many staff of the department are actively engaged in policy development and debate, at local, national and international levels. The interests of staff in the department of Social Policy at LSE embrace virtually all major issues which confront individual countries and the world today.

The issues we cover include health, social services, education, social security, housing, crime and criminal justice, youth policy and problems posed by poverty, social exclusion and globalisation.

Major research interests of the department, besides those in the finance and management of health care are social care, population studies, the management of housing, crime and deviance, the economic impact of social security, de-institutionalisation and community care, the problems of population ageing, and poverty reduction, aid and human security in developing countries and emerging market economies. Special research centres have been established to study criminal justice policy, civil society, education and social exclusion. Staff's research output is frequently referred to in both the national and international media.

The departmental staff are much in demand for policy advice and development at local, regional and national levels of government. They are also regularly consulted by international agencies such as WHO, UNDP, the World Bank and the EU institutions. Members of staff regularly serve on key Government Commissions (such as the recent Turner Report on pensions), and have been seconded to senior positions in government agencies including the World Bank, the European Commission, the OECD and No 10 Downing Street. Four of its professors have been made Fellows of the British Academy since 1999.



LSE Health is a research centre at the London School of Economics and Political Science. It is affiliated with the Departments of Social Policy, Management and Accounting.

LSE Health
The London School of Economics and Political Science
Houghton Street
London WC2A 2AE

Tel: +44 (0)20 7852 3795

Email c.heidbrink@lse.ac.uk

www.lse.ac.uk/collections/LSEHealth/

This booklet is available in electronic format and, on request, in alternative formats.
Please contact Maria Lluch (m.lluch@lse.ac.uk).

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