Summary of Health Economics:

Health economics is a branch of economics concerned with issues related to efficiency, effectiveness, value and behaviour in the production of health and health care. Economics is said to be the science of scarcity. The application of health economics reflects a universal desire to obtain maximum value for money by providing not just the clinical effectiveness, but also the cost effectiveness of health care provision. Health economists study the functioning of health care systems and health-affecting behaviours

Health economists assess multiple types of financial information: costs, charges and expenditures as externalities arise frequently when considering health and health care, particularly in the context of infectious disease.Europe's largest health market Germany is the Institute for Quality and Economy in Health Services; it is the National Institute for Health and Care Excellence NICE in UK

Health economics conference 2016 is devoted to

a) **The advancement of Health Economics**.

b) **Formulating effective ways of delivering and receiving care in Health**

c) **Utility and Access to Health from Policies to Practices**

d) **Economic Health reforms to revolutionize the world for Research, Policy and Action**

e) **Economic Reforms for Better access to Health from Polices to Action**

f) **Addressing the future issues of Economics in Health care**

g) **Economic reforms in Health from Policies to Practices**

h) **Cataloguing Issues and Implications for Research, Policy and Action**

Scope and importance of Health Economics:

- Influences on health care
- Cost-effectiveness of healthcare provision
- Increased demand for health care
- To obtain maximum value for money by ensuring cost-effective treatment
- Micro economic evaluation at treatment level
- Market equilibrium
- Evaluation at whole system level

- Planning, budgeting and monitoring mechanisms.

The broader market is catching up with decades of health economics and outcomes research (HEOR) experience broadcasting the value of real-world insights in healthcare decision making. HEOR is critical in taking inventive treatments from the lab to the marketplace. Combining scientific methodologies, deep therapy area knowledge and a pragmatic understanding of the market.

Why it is in Berlin, Germany:

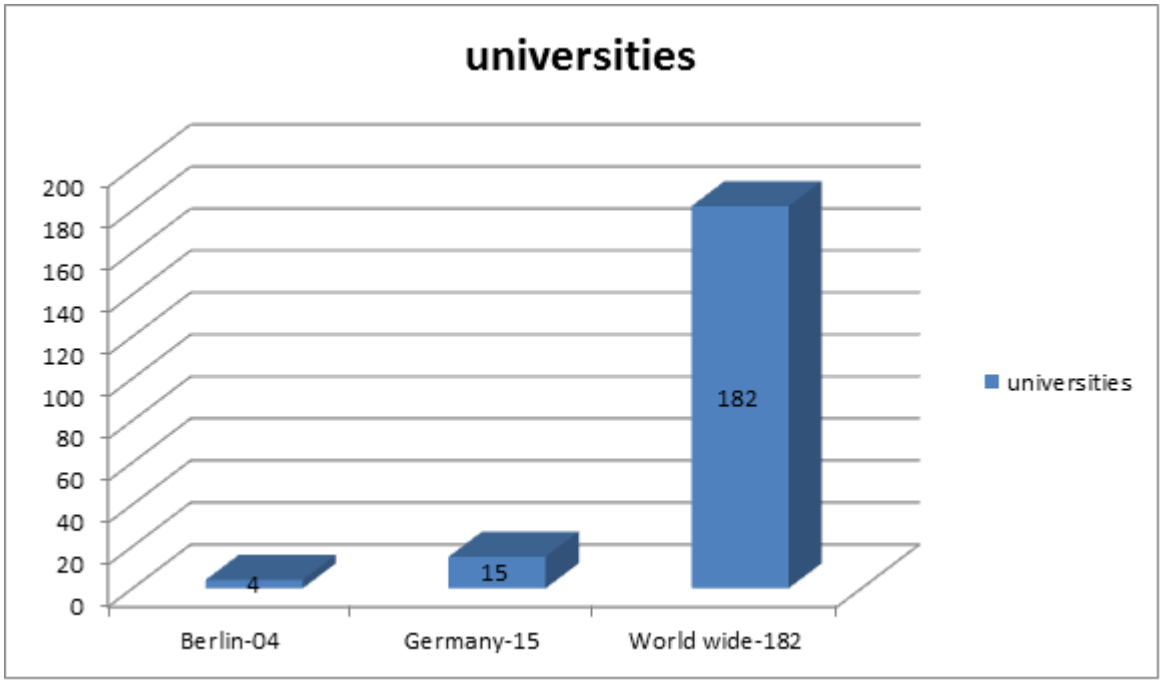
Germany's strong position in key global technologies, its excellent infrastructure and good value for money speak for them, putting the world's fourth largest economy in second place among international conference destinations. Germany is a global centre for technology and innovation and for research and development – and it is also the most accessible country in Europe. Yet another advantage is the fact that any decision to hold a conference in Germany is also backed by the outstanding value for money it offers in international terms.

Top conferences in top locations such as Berlin, Munich, Hamburg, Dresden and Leipzig. In these places and throughout Germany you will find everything you need for the ideal conference that will be remembered fondly.

Berlin is one of the largest scientific locations in Europe. the networking between science and research is supported by around 300 universities, universities of science, research institutions and technology parks. It is a city of contrasts – history, modernity, bustling urbanity and sheer relaxation, skyscrapers and spreading watches of green. Berlin offers city convenience along the banks of the river spree, which provides the perfect base for exploring this dynamic city, served by many regional and international airports.

Berlin can be reached via an airport express train and offers multiple transport options for an easy travel in the city

Universities associated with health economics:



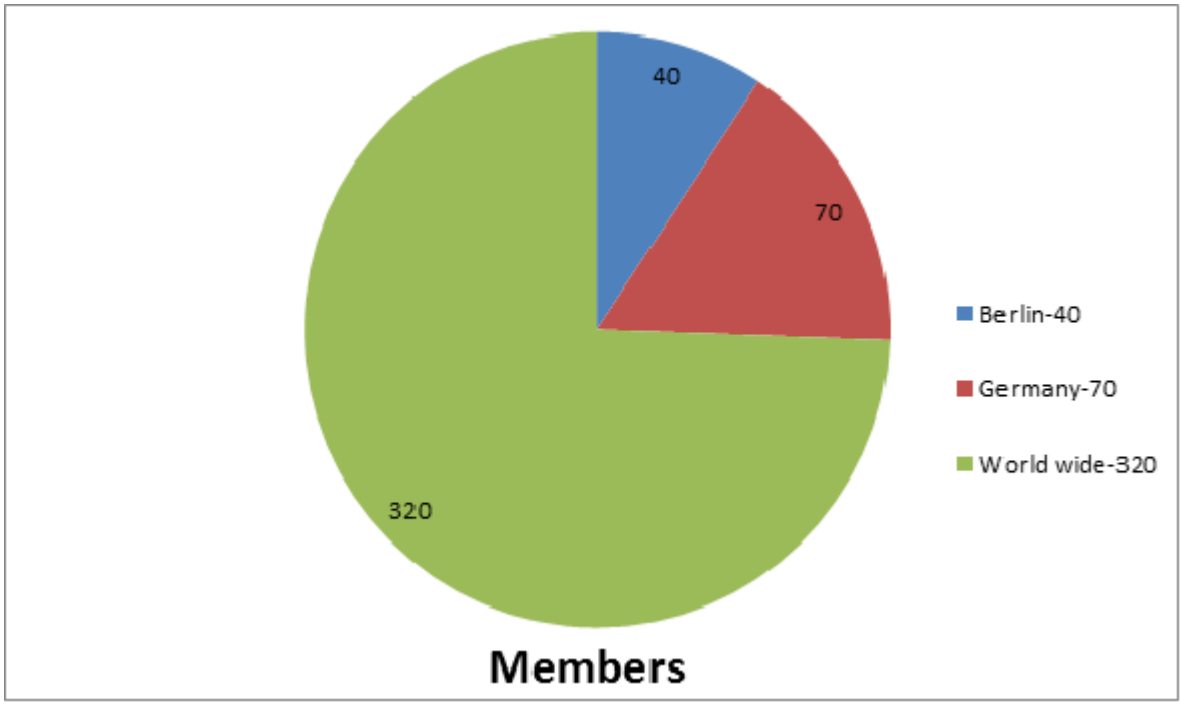
Universities in Germany offer plenty of choice, including some of the most prestigious institutions in Western Europe. Some of the Germany's highest ranked universities are

- Ruprecht-Karls-Universität Heidelberg
- Ludwig-Maximilians-Universität
- München Technische Universität München

Beyond that, every major German city you think of has at least one university ranked among the world's best. There are about 17 German universities which make the world's top 250, and more than 40 are added within the world's top 650. This initiates Germany well within the world's higher education elite.

Germany also offers high quality of life, low tuition fees, great support and scholarship schemes for international students, and decent post-graduation employment prospects.

Members associated with health economics:



The field of health economics in Europe is dynamic and growing. It attracts a great deal of interest and attention from Universities, Governments, public and private funders and providers of services, it also has a key role in contributing to health policy and evidence based practice in the health system. Health economics researchers and practitioners in Australia have a wide range of disciplinary backgrounds and this diversity is reflected in the European Health Economics Society.

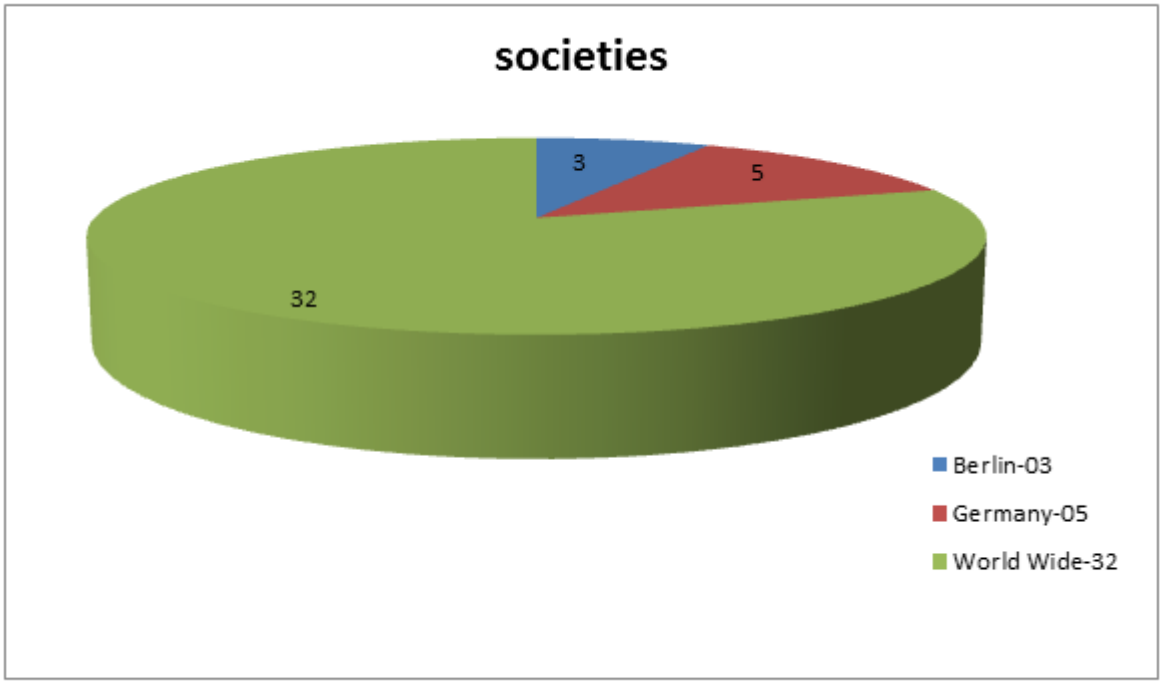
The field of health economics has also become much broader over the past few decades. As a fundamental component of an efficient and effective health care system, health economics research and analysis now makes important contributions to policy, planning and cost effective care by:

- Providing valuable information about factors that contribute to and explain health behaviours, health care choices and the health and wellbeing outcomes of the population.
- Improving the quality of other health research in understanding the factors of that drive individual decisions in health, on the best ways to fund and provide new services, and on understanding the health system architecture, including funding and delivery arrangements and incentives for efficient and equitable provision of services.

Health economics draws on economic theory, applied micro-econometrics, applied welfare economics, behavioural economics, epidemiology and pharmacoeconomics. Practitioners of health economics include theoretical and

applied economists, econometricians as well as researchers and clinicians who undertake health services research

Societies associated with health economics:



Market value on Health Economics:

Now more than ever, pricing pressure and regulatory restrictions are generating increased demand for this market value evidence. Stakeholders are increasingly depending on Health Economics and Outcomes Research (HEOR) information to fully understand the product value in healthcare and its potential in real-world clinical practice. HEOR assists manufacturers of pharmaceuticals and devices communicate the value of their innovations to stakeholders. HEOR can now produce useful information for licensing and R&D, as well as pricing and market access strategies, and will assist to dictate research, planning and sales strategies.

Market Growth of Health Economics:

There is no common metric to measure the growth of a research field. Two alternative measures are those that can be used to measure the immense expansion of the field of health economics in the past several decades.

- First, the number of PhDs awarded yearly in health economics has increased promptly over time. A pattern is evident from lists of doctoral thesis in economics published in the Journal of Economic Literature, which disclose a high rate of growth of health economics in terms of the number of dissertations completed during 1991 – 2008
- Second, by a number of metrics, the supply of health economists and of health economics, measured in terms of books and papers published, public testimony, editorials, and other media reports, has increased. Growth in the supply of PhDs in health economics has enabled many professional schools, government agencies, and research institutes to add health economists to their staffs, which in turn has increased the capacity for health economics research and policy development.
- The share of National Bureau of Economic Research (NBER) working papers devoted to health economics has grown from 1.2% in 1986 to 12% in 2008
- The number of professional journals devoted to health economics has also increased. The first professional journal in the field, the Journal of Health Economics, began in 1982. By 2006 there were seven journals specializing in health economics

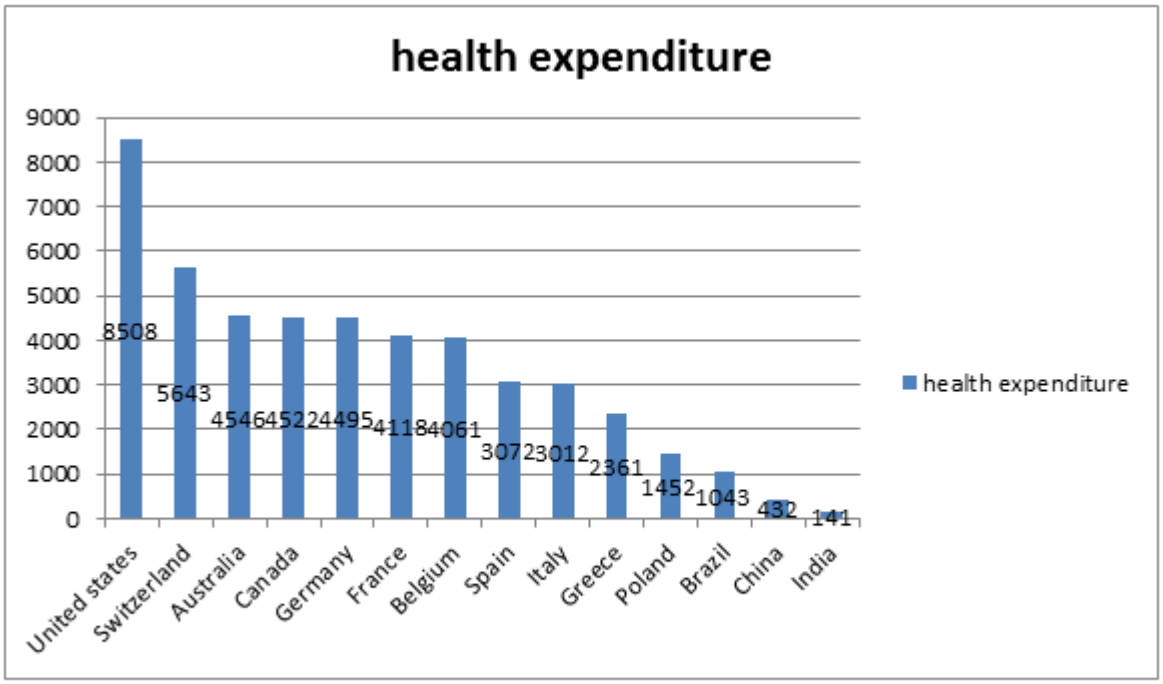
The Organization for Economic Co-operation and Development (OECD) an international forum committed to global development brings together 34 member countries to compare and discuss government policy in order to "promote policies that will improve the economic and social well-being of people around the world.

The OECD countries are generally advanced or emerging economies.

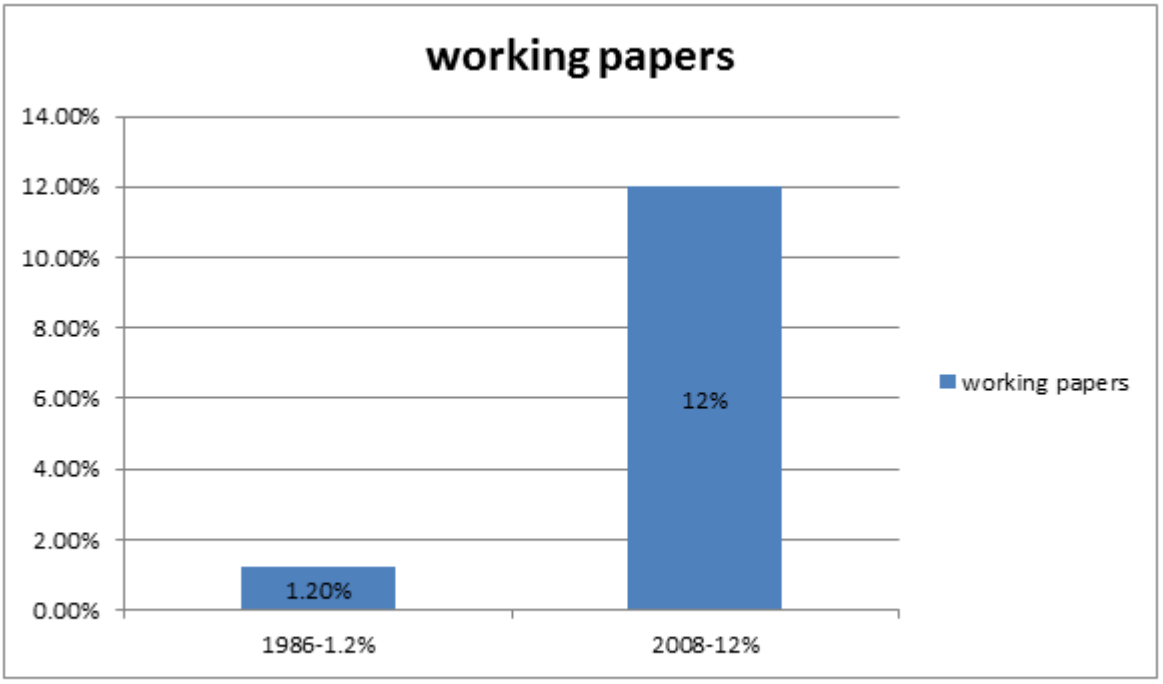
U.S. and Mexican governments play the smallest role in overall financing of health care. Government spending on health care per capita in the U.S. is greater than all other OECD countries, except Norway and the Netherlands.

- The OECD found that in 2011, the U.S. spent $8,508 per person or 17.7 percent of its GDP on health care which is far higher than the OECD average of 9.3% per person following the U.S. were the Netherlands, which allocated 11.9% of its GDP, and then France at 11.6% and Germany allocated 11.3 % of its GDP to health care in 2011. North America, Canada and Mexico spent respectively 11.4% and 6.2% of their GDP on health care.

On a per capita basis, the U.S. spends more than double the $3,322 average of all OECD countries



Statistical representation of increase in working papers:



Funds allotted to Health Economics:

WHO supports member states in assessing and financing in their health systems and works with them to design reforms, develop policy and monitor progress. Their activities include direct technical assistance to countries through policy dialogue and analytical work, facilitating meetings and country-to-country links to exchange evidence and experience and working closely with other partners. This work seeks the ultimate goals of health systems and the more specific objectives detailed in the document "Health financing policy: a guide for decision makers"

Germany has one of the most successful health care systems in the world in terms of quality and cost. Some 240 insurance providers collectively make up its public option. Together, these non-profit **"sickness funds"** cover 90 percent of Germans, with the majority of the remaining 10 percent, generally higher income Germans, opting to pay for private health insurance. The average per-capita health care costs for this system are less than half of the cost in the U.S. The details of the system are instructive, as Germany does not depend on a centralized, Medicare-like health insurance plan, but rather relies on private, non-profit, or for-profit insurers which are tightly regulated to work toward socially desired ends an option that have more grip in the U.S. political environment.

- The average insurance contributions to German sickness funds are based on an employee's gross income, around 15.5 percent with an income cap at $62,781, and employers and employees each pay about half of the premium. Generally, an individual employee's contribution is 8.2 percent and the employer pays the remaining 7.3 percent.
- Premiums are not based on risk and are not affected by a person's marital status, family size, or health. Germans have no deductibles and low co-pays.
- Doctors are private entrepreneurs and get a fee from insurers for every visit and procedure they perform. However, they are tightly regulated. Groups of office-based physicians in every region negotiate with insurers to arrive at collective annual budgets. Doctors must remain in these budgets, as they do not receive additional funding if they go over. This helps keep health care costs in check and discourages unnecessarily expensive procedures. The average German doctor also makes about one-third less per year than in the U.S., around $123,000.
- Government general revenues cover premiums for children, on the premise that the next generation should be the entire nation's fiscal responsibility, instead of just the responsibility of the parents.
- Germany reformed its coverage for prescription drugs in 2010 after costs for prescription drugs continued to rise. Prior to reforms, drug companies set the price for new drugs and were not required to show that the new drug was an improvement over previously available prescription drugs. Pursuant to the reforms effective in 2011, manufacturers could set the

price for the first 12 months a new drug is on the market. “As soon as the drug enters the market, a new process of benefit assessment begins.” Manufacturers must establish, through comparative effective research that the new drug has an “added benefit to the patient, compared to the previously existing standard treatment.” Drugs without added benefit will be reimbursed according to a government pricing list. New drugs without added benefits are available to patients, but the patient has to pay the price difference. For drugs with added benefit, a price will be negotiated between health insurers and the manufacturer.

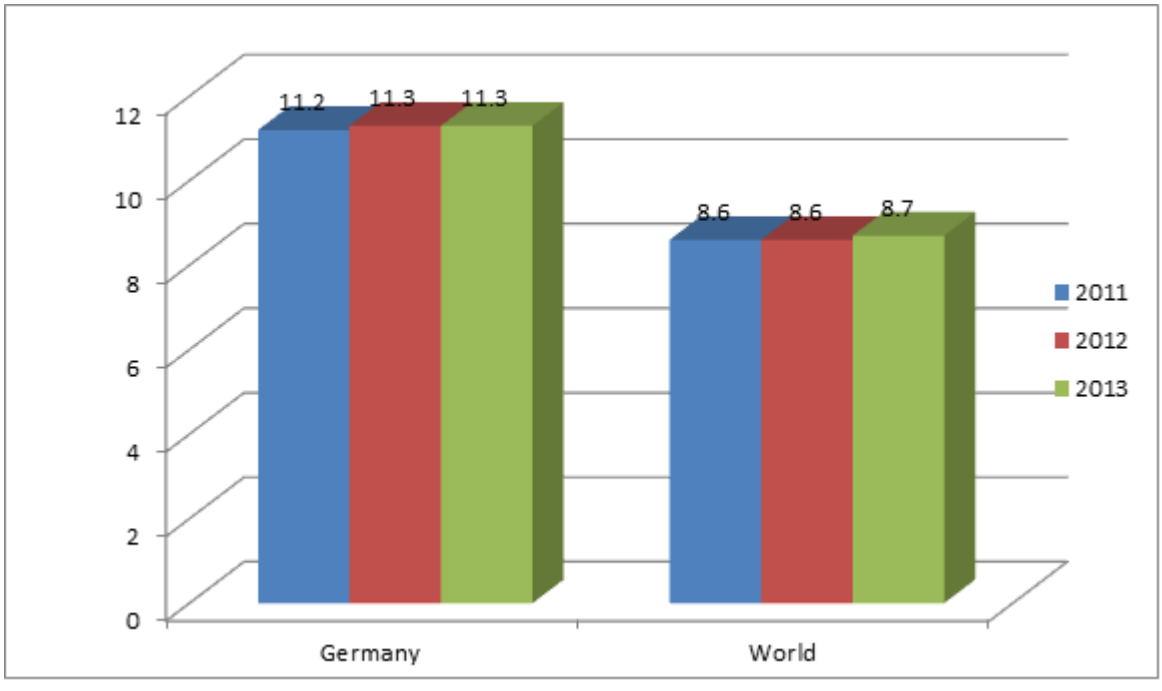
Total expenditure on health as a percentage of gross domestic products

Germany 2013	11.3
Germany 2012	11.3
Germany 2011	11.2
Germany 2010	11.6
Germany 2009	11.8
Germany 2008	10.7

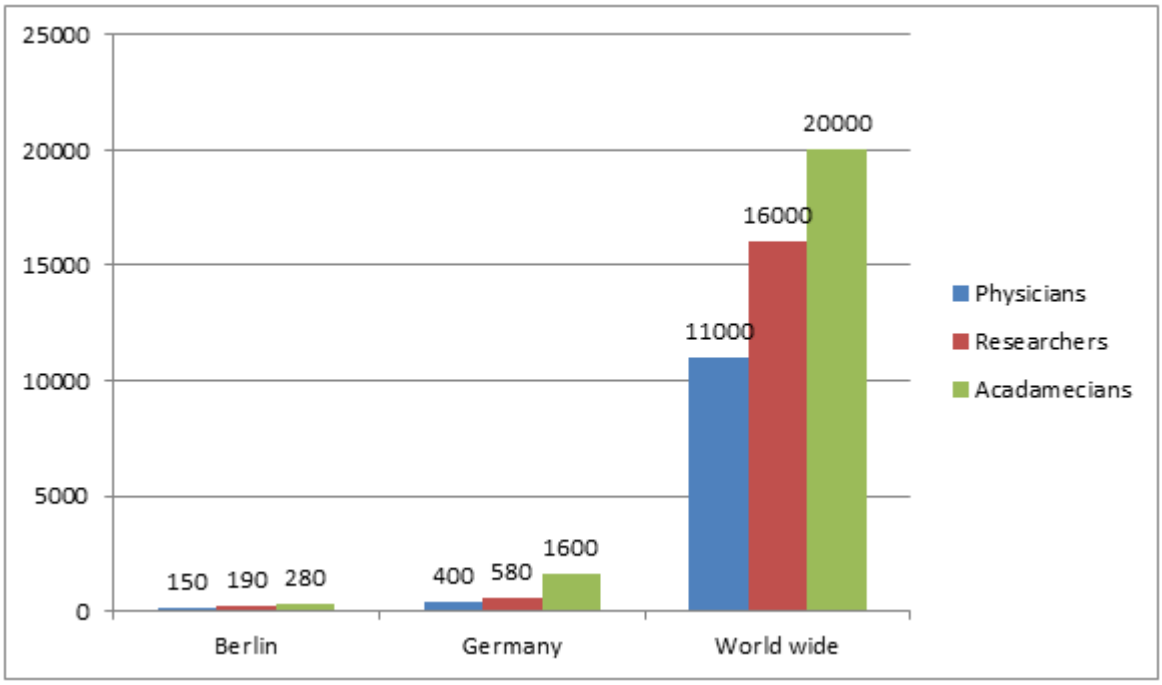
Total expenditure on health as a percentage of gross domestic products

Global 2013	8.7
Global 2012	8.6
Global 2011	8.6
Global 2010	8.7
Global 2009	8.9
Global 2008	8.4

Total expenditure on health



Statistics of Physicians, Researchers and Academicians working on Health Economics: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Berlin
Germany
World wide
Physicians
Researchers
Acadamecians