

编号: YY002-20190902001

标题: Planned Parenthood rejects restrictive US government funding and “gag rule”

简介: Planned Parenthood, the largest provider of reproductive healthcare to low income women in the US, pulled out of the government funded Title X program on 19 August because new rules from the Trump administration prohibited it from referring for abortions or providing them—the so called “gag rule.”

全文链接: <https://www.bmj.com/content/366/bmj.15227>

编号: YY002-20190902002

标题: Assessing determinants of health care prepayment in China: Economic growth or government willingness? New evidence from the continuous wavelet analysis

简介: Summary Significant prepayment of health care is a crucial factor to ensure that all individuals have access to effective health services at affordable prices. The research questions we address here are as follows: What role does economic growth play in changing the level of health care prepayment? Does government's willingness to spend more on health mean higher prepayment rates in the health financing system? What are their dynamic relationships? These questions are addressed in China over the 1978 to 2014 period by employing the continuous wavelet analysis. We focus in particular on their correlations and lead-lag relationships across different frequency bands. Our findings clearly show that overall government willingness has a positive effect on health care prepayment level, while the impact of economic growth varies in the time-frequency domain. This variation could be demonstrated in 1980 to 1998, when the positive correlation between economic growth and health care prepayment level in the short term turned negative in the medium and long term, which indicated that China could not achieve mutual development of economic growth and social welfare within the market-oriented health system. Notably, the time-varying analysis indicates that China's new round of medical system reform since 2006 plays an important role in changing the correlations and lead-lag relationships. In particular, health care prepayment tended to lead government willingness during the 2006 to 2012 period since the increase of health subsidies and expenditures strengthened government responsibility over the health sector, and there existed a persistent mutual stimulation between economic growth and health care prepayment level across all frequency bands along with the reform.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43590

编号: YY002-20190902003

标题: The predictors of treatment pathways to mental health services among consumers in Ghana

简介: Abstract Purpose To explore factors influencing treatment pathways to

mental health services among consumers in Ghana. Design and Methods Cross-sectional design using quantitative method. Findings Treatment pathways for mental illness were general hospitals/clinics, psychiatric hospitals, and faith-based practices. The predisposing (age, household size, primary occupation, ethnicity, marital status, religion, and geographic location, as well as attitudes and beliefs), enabling (affordability), and need factors (severity of mental illness) were significant predictors of treatment pathways. Practice Implications Current advocacy and awareness for mental health services in Ghana should consider the predisposing, enabling, and need factors of consumers. Policy initiatives on mental health services should ensure adequate financing mechanisms and further establish collaboration between biomedical and faith-based services. Though there are many inconsistencies in the literature, in market economies periods of economic growth, i.e., expansions, have been generally found associated with better mental health than economic contractions, i.e., recessions. This study investigates the association of economic conditions and mental health in China using three consecutive surveys of a cohort of over 17,000 adults aged 45 or older interviewed in 2011-12, 2013, and 2015 for the CHARLS study, totaling over 42,000 observations. Mental health was assessed by indicators of depression symptoms, cognition impairment, and life dissatisfaction. We found higher rates of GDP growth per capita associated with a deterioration of mental health, manifested by higher scores of depression symptoms, cognitive impairment, and life dissatisfaction. The effects were small in size, quite similar in men and women and were modified by level of income, with the population of lower income being the most harmed by economic growth.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43598

编号: **YY002-20190902004**

标题: **Cognitive biases in public health and how economics and sociology can help overcome them**

简介: Objectives: The objective of this study was to identify important gaps in the public health evidence base and consider the implications of these for public health and public health economics.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43592

编号: **YY002-20190902005**

标题: **Evaluating the cost-effectiveness of existing needle and syringe programmes in preventing hepatitis C transmission in people who inject drugs**

简介: Aim To evaluate the cost-effectiveness of needle and syringe programmes (NSPs) compared with no NSPs on hepatitis C virus (HCV) transmission in the United Kingdom. Design Cost-effectiveness analysis from a National Health

Service (NHS)/health-provider perspective, utilizing a dynamic transmission model of HCV infection and disease progression, calibrated using city-specific surveillance and survey data, and primary data collection on NSP costs. The effectiveness of NSPs preventing HCV acquisition was based on empirical evidence. Setting and participants UK settings with different chronic HCV prevalence among people who inject drugs (PWID): Dundee (26%), Walsall (18%) and Bristol (45%) Interventions Current NSP provision is compared with a counterfactual scenario where NSPs are removed for 10 years and then returned to existing levels with effects collected for 40 years. Measurements HCV infections and cost per quality-adjusted life year (QALY) gained through NSPs over 50 years. Findings Compared with a willingness-to-pay threshold of 20 pound 000 per QALY gained, NSPs were highly cost-effective over a time-horizon of 50 years and decreased the number of HCV incident infections. The mean incremental cost-effectiveness ratio was cost-saving in Dundee and Bristol, and 596 pound per QALY gained in Walsall, with 78, 46 and 40% of simulations being cost-saving in each city, respectively, with differences driven by coverage of NSP and HCV prevalence (lowest in Walsall). More than 90% of simulations were cost-effective at the willingness-to-pay threshold. Results were robust to sensitivity analyses, including varying the time-horizon, HCV treatment cost and numbers of HCV treatments per year. Conclusions Needle and syringe programmes are a highly effective low-cost intervention to reduce hepatitis C virus transmission, and in some settings they are cost-saving. Needle and syringe programmes are likely to remain cost-effective irrespective of changes in hepatitis C virus treatment cost and scale-up.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43591