Universitetet i Bergen
Det medisinsk-odontologiske fakultet

Styresak: 31/12

Sak nr.: 2011/11630

Møte: 11.04.2012

OPPRYKK TIL PROFESSOR ETTER KOMPETANSE - SØKNADSRUNDEN 2011 - I FAGOMRÅDET MEDISIN (HELSEØKONOMI) VED SENTER FOR INTERNASJONAL HELSE - GODKJENNING AV VURDERING FRÅ SAKKUNNIG NEMND

Ved handsaming av St. meld. nr. 40 1990/91, vedtok Stortinget at det skulle innførast eit generelt høve for opprykk til professor etter kompetanse.
Kunnskapsdepartementet har fastsett reglar for opprykk i Forskrift om ansettelse og opprykk i undervisnings- og forskerstillinger, av 09.02.2006 nr. 129, kapittel 2.

Innan fristen 15.09.2011 søkte førsteamanuensis **Bjarne Robberstad** ved Senter for internasjonal helse om opprykk til professor etter kompetanse i fagområdet helseøkonomi.

Følgjande sakkunnige nemnd vart oppnemnd av fakultetsstyret for å vurdere søkjarens kompetanse:

Forskningsdirektør Jan Erik Askildsen, Uni Rokkansenteret (leiar)
Professor Ivar Sønbø Kristiansen, Universitetet i Oslo
Professor Mickael Bech, Syddansk Universitet

Den sakkunnige nemnda si vurdering dagsett 24.02.2012 vart i samsvar med gjeldande reglement sendt til søkjar med merknadsfrist 23.03.2012. Det kom ingen merknad frå søkjar. Vurderinga konkluderte med at førsteamanuensis **Bjarne Robberstad** fyller krava for opprykk til professor etter kompetanse i fagområdet helseøkonomi i samsvar med Forskrift av 09.02.2006 nr. 129 § 2-1, nr. 1.

FORSLAG TIL VEDTAK:

1. Styret ved Det medisinsk-odontologiske fakultet, Universitetet i Bergen, godkjenn at førsteamanuensis **Bjarne Robberstad** fyller krava for opprykk til professor etter kompetanse i fagområdet helseøkonomi i samsvar med Forskrift av 09.02.2006 nr. 129 § 2-1, nr. 1 og på bakgrunn av vurdering frå sakkunnig nemnd og tildeler han tittel og løn som professor med verknad frå 15.09.2011.

22.03.2012 /IVØI

Vedlegg: Vurdering frå sakkunnig nemnd dagsett 24.02.2012
Søknad om opprykk til professor etter kompetanse frå Bjarne Robberstad

Bjarne Robberstad - Assessment of competence

Bjarne Robberstad, borne 1965, earned a master degree from the Department of Economics and Social Sciences at the Norwegian University of Life Sciences, and a PhD from Department of Economics, University of Bergen. He has been a post.doc. at the Department of Public Health, University of Bergen, and is presently an associate professor in health economics at the Centre for International Health, University of Bergen. His main field of research is economic evaluation within the health care sector, mainly globally and applied to health interventions in African countries. He has participated in policy oriented work nationally within the Norwegian Board for Reimbursement of Pharmaceutical drugs ('Blåreseptnemnda'), since 2010 as the chairperson, and in other committees for developing guidelines for the economic evaluation of medical procedures and interventions.

Evaluation criteria

The evaluation committee consists of two members with background in social sciences/economics, and one member with background from medicine. A decision had to be made concerning which faculty norms to be used for evaluation. This is because the norms may differ between the faculty of social science and faculty of medicine. Since the application is for a professor in health economics at Centre for International Health, the committee has decided to evaluate according to norms applicable to the medical faculty, not considering those that might be relevant at a social science faculty.

Thus, the committee has considered Bjarne Robberstad's competence to be at the level of a full professor in health economics at Centre for International Health, University of Bergen, based on 'Rutiner for bedømmelse ved tilsetting i vitenskapelige stillinger ved de medisinske fakultetene in Norge'. These guidelines state requirements concerning scientific competence, pedagogical qualification, dissemination activities and administrative qualifications. The main emphasis is on scientific qualifications, as evidenced from publications in international peer reviewed journals, and by tutoring junior students and recruits. Below we give an assessment of the qualifying contributions, and then a conclusion.

Scientific qualification based on publications

Bjarne Robberstad has performed studies in a number of areas with main focus on economic evaluation. However, he has also addressed research issues of inequality, epidemiological studies and time preferences. Robberstad has published together with a wide range of other researchers demonstrating his international network. When evaluating quality at a general level, the committee finds that 2 papers are published in what is considered among top-ranking journals within the field of health economics, papers no 3 and 14, and two papers in good health economics journal, papers

no 12 and 17. These are considered contributions to the health economics literature whereas most of the other papers are considered applications of established methods to specific issues.

A short consideration of the specific papers:

Paper no 1 analyses the introduction of pneumococcal conjugate vaccine programmes in Norway applying a standard Markov model. The paper is performed in collaboration with the pharmaceutical industry. The study is well-performed, well-written and has a good critical discussion section, but issues about the QALY weights which rely on weak evidence, the principles of discounting and future costs (as suggested by David Meltzer) are not addressed.

Paper no 2 is a costing study of a peer supported breastfeeding project in Uganda. The main scientific contribution is the allocation and determination of magnitude of relevant costs. Although not a trivial issue, it follows a standard economics procedure. Topic is interesting, and important, even though methods and application are not very novel.

Paper no 3 presents methods to combine concerns for efficiency and equity through a method that captures health outcome, costs and distribution at the same time. The method is applied to a situation with two competing programs. The authors conclude that a decision based on efficiency alone will favour one program while the opposite is the case when distribution is taken into account. Even though the methods are adopted from Wagstaff, the application is of general interest.

Paper no 4 is a thorough study of equity with an interesting dataset from a prospective cohort study. The paper applies standard methods from the literature with no methodological contributions.

Paper no 5 addresses alternative strategies for preventing mother to child transmission of HIV. Data are from a region in Tanzania. Analyses are based on a decision tree model to calculate costs and outcomes, and incremental cost-effectiveness ratios are derived, giving support to the recommendation given from recent guidelines, as opposed to well-established technology in use. The procedures used are not novel, but the setting in a rural low-income country setting means provision of new information about treatment strategies.

Paper no 6 has two parts. In the first, the authors review the literature on health related quality of life (HRQOL) among people with HIV/AIDS in sub-Saharan Africa. The study is clearly presented and easy to understand. The second part is based on expert panels that assessed HRQOL by means of EQ-5D for different disease/treatment stages. It is unclear how the disease groups were chosen, or how much disagreement there was in the consensus process. While the study addresses HRQOL, the authors conclude that weights assigned to QALYs are more or less arbitrary. This conclusion seems to go beyond the data at hand.

Paper no 7 models survival from treatment policies for HIV in a simple Markov simulation. This is a useful illustration of modelling in the absence of RC trials. The ethical dilemmas introduced in the introduction of the paper and the policy implications could have been discussed in more details in the discussion section.

Paper no 8 investigates and measures health care costs for treatment of pneumonia and diarrhoea in Zambia. Results are informative. They are based on standard procedures, which are suitable for the purpose.

Paper no 9 describes a simple Markov model of anti-retroviral therapy for HIV/AIDS. The transition probabilities were taken from a local hospital from the period before and after introduction of anti-retroviral therapy. The methods used to estimate transition probabilities are a bit unclear, and the data may be subject to confounding. The prognosis was better after new therapy was introduced, but the causal link can be questioned.

Paper no 10 reports a cost analysis of anti-retroviral therapy using data from one Ethiopian hospital. This budget impact analysis could have been much more interesting if a societal perspective had been applied. The data applied are not perfect considered that a major general policy change seems to happen in the period for the "after" cohort. This paper is of marginal scientific merit.

Paper no 11 is a cost-effectiveness analysis of different medical interventions to prevent cardiovascular diseases in Tanzania. The analyses are competently performed, and interesting results are critically discussed. However, one is left wondering why these particular diagnoses are analysed, since as it is pointed out, quite obviously the treatment of other diseases and patient groups will fare considerably better in terms of cost effectiveness – and probably also for equity reasons. The set-up and analyses, which are standard, might for example have been used for an interesting discussion of prioritisation and equity considerations in a low-income country setting. Furthermore, in relative terms, do the results deviate from what is found from analyses in richer countries?

Paper no 12 first explores part of the literature on discounting for economic evaluation, secondly suggests alternatives to common practice and finally tests empirically which discounting model fits the data best. The authors conclude that the mainstream method in economic evaluation has limited support in empirical data. The paper is nicely developed with an excellent link between theory and empirical data.

Paper no 13 reports a CE analysis performed along RCT study applying a social perspective including both direct and indirect costs. The study includes thorough data collection and well-performed analyses using standard methods.

In paper no 14 discount rates for health conditions are derived based on data from Tanzania. The research design is good, and analyses well performed. Results are of interest, and quite unique in the chosen developing country setting. RB is single author of the paper.

Paper no 15 is the eldest of the papers submitted to this committee for review. The model is simple, and the authors use triangular distributions for the parameter values which it is now recommended against. The study has averted child death as one of the outcomes. For economic evaluation, life years gained is much to prefer.

Robberstad has according to his CV further paper published, though not considered here but taken in consideration here when making a total evaluation.

Overall evaluation of scientific contributions

As laid out, the main emphasis of this evaluation is on scientific contributions as documented through publications. Robberstad has 17 articles published in peer reviewed journals, though, as mentioned above, few in top ranking journals. 12 of the articles are first authored, and 1 is single authored. He is the last author of more than two articles. Thus, Robberstad satisfies the norms for qualification. As to the articles, they are for the most part applied, and they do at a very limited degree reflect on theoretical basis, or make critical assessments concerning their methodological and scientific relevance for the development of the field. On the other hand, this reflects to a large degree the publication requirements in the journals of relevance for these types of studies. It must be emphasised that Robberstad has been working and making his publications in an interdisciplinary field, which is demanding. Furthermore, he has been actively participating in networks, working with several co-authors. Thus, as opposed to a social science perspective, where emphasis is on placing contributions in a theoretical or methodological context, Robberstad has adjusted to the publication traditions in more medically oriented outlets, which deserves due appreciation.

The publications cover the period 2003 to 2011, with an increasing trend of publication activities over the years.

Overall we consider Robberstad's scientific contribution as fulfilling norms for professor at a medical faculty.

Other qualifications

Information about *tutoring of students* is given in his review. Activities include students at master and PhD level. The number of students is not high but considered satisfactory.

Robberstad has lectured at different levels and various institutions, and his experience as a teacher is satisfactory although he has apparently not taught at the PhD level.

Dissemination of research is important in an applied field as health economics. Robberstad has been very active in this respect, by being a member and chair of 'Blåreseptnemnda', and participating in developing guidelines for economic evaluation of health interventions. We consider this as important work, since it demonstrates ability to bring science further to policy makers.

Administrative work has taken place at department council, and through peer reviewing and PhD oppositions, in addition to external contributions (above). We consider this satisfactory.

Overall assessment of other qualifications

We consider that Robberstad's pedagogical qualifications, dissemination contributions and administrative qualification are sufficient for competence as a professor.

Conclusion

Given norms for a professor at medical faculties in Norway, and our assessment for scientific and other qualifications based on these, we consider Bjarne Robberstad as competent for professor in health economics at Centre for International Health, University of Bergen.

Odense/Oslo/Bergen, 8.2.2012

Mickael Bech

Ivar Sønbø Kristiansen

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Odense/Oslo/Bergen, 8.2.2012

Mickael Bech

Ivar Sønbø Kristiansen

Jan Erik Askildsen

OVERSENDELSE AV SØKNAD OM OPPRYKK TIL PROFESSOR ETTER KOMPETANSE
Jf. forskrift fastsatt av Kunnskapsdepartementet 9. februar 2006

Fylles ut av søkers institusjon:

Institusjonens navn:	SENTER FOR INTERNASJONAL HELSE
Institusjonens postadresse, kontaktperson og telefonnr.:	Aletta Myhrelhø 41120404
Søkers fagområde iflg. tilsetting:	HELSEØKONOMI
Når ble det ev. sist utlyst professorstilling ved institusjonen innen søkers fagområde / spesialitet?	2.10.2010

Opplysninger om søker (fylles ut av søker selv):

Søkers etternavn, fornavn: Fødselsdato:	Robberstad, Bjarne 27. august 1965
Søkers stilling:	1. amanuensis, Senter for Internasjonal Helse
Søkers høgeste utdanning/grad/institusjon:	PhD
Søkers spesialitet mht. fordypning:	Helseøkonomi / økonomisk evaluering / internasjonal helse

Har søker pt. til vurdering søknad på utlyst professorstilling? NEI
Hvis ja, oppgi ved hvilke(n) institusjon(er):

Har søker sendt inn søknad om opprykk til professor eller vært vurdert for professorkompetanse i løpet av de siste to år før søknadsfristen? JA / NEI
Hvis ja, oppgi institusjon og fagområde: UIB, professorat i Internasjonal Helse

Skjemaet sendes til Universitets- og høgskolerådet innen 1. oktober sammen med kopi av søknaden.
NB: ikke vitenskapelige / kunstneriske arbeider.

Fylles ut av Universitets- og høgskolerådet:

Fagområde / nasjonal komité:
Bedømmende institusjon:

Skjemaet returneres til søkerens institusjon og sendes derfra sammen med søknad og vitenskapelige / kunstneriske arbeider til bedømmende institusjon.

Bedømmende institusjon oppnevner nasjonal bedømmingskomité:

Komitémedlemmer:	Institusjon / adresse:
1.	
2.	
3.	
Komitéens administrator eller leder:	

ERKLÆRING FRA DEN NASJONALE BEDØMMINGSKOMITÉ

	Sett kryss her
Komitéen avgir enstemmig kompetanseerklæring - søker bedømt kompetent for opprykk	

Annet utfall av bedømmingen – søker ikke erklært kompetent for opprykk

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sted og dato

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underskrift av komitéens administrator eller leder

Skjemaet følger saken tilbake til søkers institusjon sammen med innstilling og de vitenskapelige / kunstneriske arbeider.
NB! Kopi av skjemaet sendes til Universitets- og høgskolerådet

Curriculum Vitae - Bjarne Robberstad

Born 27.08.1965

Married, three children

Education

PhD (2005) University of Bergen

Thesis: *Economic evaluation of health interventions in sub-Saharan Africa. Applied economic evaluations and studies on time preferences for health in Tanzania.*

Cand. agric (Masters degree). (1997) Department of Economics and Social Sciences, The Norwegian University of Life Sciences.

Work experience

2009 - present	Associate Professor in Health Economics, University of Bergen
2007 – present	Co-ordinator and module responsible for the NOMA supported "Master of Arts in Health Policy and Management", in co-operation with Muhimbili University of Health and Allied Sciences (Dar es Salaam).
2005 – 2008	Post doctor, Department of Public Health, UiB
2000 – 2005	PhD research fellow, Department of economics and Centre for International Health, UiB
1997 – 2000	Manager, Nordhordland Forsøksring (agricultural research trial and extension organization)
1995 – 1996	Group teacher in introductory macroeconomics Agricultural University of Norway (NLH)
1988 - 1990	Volunteer, agricultural extension project in northern Tanzania, NORAD
1986-1988 and 1990-1991	Agricultural extension worker, "Rogalandsmeieriet"