IMESS DISSERTATION



Note: Please email the completed mark sheet to Year 2 coordinator (cc Allan Sikk a.sikk@ucl.ac.uk and Louise Wassell l.wassell@ucl.ac.uk)

Please note that IMESS students are not required to use a particular set of methods (e.g. qualitative, quantitative, or comparative) in their dissertation.

Student:	Ioana-Raluca Iordache	
Dissertation title:	rtation title: Health care: necessity or luxury good?	
	A meta-regression analysis	

	Excellent		Satisfactory		Poor
Knowledge					
Knowledge of problems involved, e.g. historical and social context, specialist literature on the topic. Evidence of capacity to gather information through a wide and appropriate range of reading, and to digest and process knowledge.	х				
Analysis & Interpretation					
Demonstrates a clear grasp of concepts. Application of appropriate methodology and understanding; willingness to apply an independent approach or interpretation recognition of alternative interpretations; Use of precise terminology and avoidance of ambiguity; avoidance of excessive generalisations or gross oversimplifications.		х			
Structure & Argument					
Demonstrates ability to structure work with clarity, relevance and coherence. Ability to argue a case; clear evidence of analysis and logical thought; recognition of an arguments limitation or alternative views; Ability to use other evidence to support arguments and structure appropriately.	х				
Presentation & Documentation					
Accurate and consistently presented footnotes and bibliographic references; accuracy of grammar and spelling; correct and clear presentation of charts/graphs/tables or other data. Appropriate and correct referencing throughout. Correct and contextually correct handling of quotations.	х				

ECTS Mark:	А	UCL Mark:	78	Marker:	Chris Gerry
Deducted for late submission:				Signed:	C J Gerry
Deducted for inadequate referencing:				Date:	20 th June 2014

MARKING GUIDELINES

A (UCL mark 70+): Note: marks of over 80 are given rarely and only for truly exceptional pieces of work.

Distinctively sophisticated and focused analysis, critical use of sources and insightful interpretation. Comprehensive understanding of techniques applicable to the chosen field of research, showing an ability to engage in sustained independent research.

B/C (UCL mark 60-69):

A high level of analysis, critical use of sources and insightful interpretation. Good understanding of techniques applicable to the chosen field of research, showing an ability to engage in sustained independent research. 65 or over equates to a B grade.

D/E (UCL mark 50-59):

Demonstration of a critical use of sources and ability to engage in systematic inquiry. An ability to engage in sustained research work, demonstrating methodological awareness. 55 or over equates to a D grade.

F (UCL mark less than 50):

Demonstrates failure to use sources and an inadequate ability to engage in systematic inquiry. Inadequate evidence of ability to engage in sustained research work and poor understanding of appropriate research techniques.

CONTINUES OVERLEAF

PLEASE PROVIDE SUBSTANTIVE AND

DETAILED FEEDBACK!

Constructive comments, explaining strengths and weaknesses (at least 300 words):

The relationship between income and health spending has been a widely studied one at both aggregate and individual levels. The results of these studies are mixed as are the methodologies on which they draw. This is the point of departure for this dissertation and this offers up a nice research question: whether and how study design is to 'blame' for the wide heterogeneity observed in the explanations of and level of health expenditure income elasticity?

The author addresses this question through the use of meta-regression analysis. This is not an easy task and one that requires a very disciplined and scholarly approach. The end findings are that a) whether or not health is a luxury good or a necessity is not clear; b) there is weak evidence of a publication bias; and c) consistent with that perhaps, there is evidence of some sort of cyclical effect in publishing – what the author calls the "economic research cycle".

This is an **exceptionally** well written, original and ambitious dissertation, offering up a sophisticated scholarly analysis of a very clear research question: The literature review, as one would hope for a meta-analysis, is extensive, comprehensive but clear and concise in its writing and its summation – and the author uses it well to argue the case for a regression based meta-analysis. In conducting the meta-analysis, the author is very clear and careful in her explanation of the methodology and has seemingly carried out the analysis in an extremely systematic way – admirable for a piece of work at the Masters level.

I consider this work to be **excellent**, but of course, not without fault or room for improvement and with this in mind, and in no particular order, I note the following:

- a) I would have liked more time devoted to discussion and actual interpretation of the results. There is a tendency to present the results as though this methodology provides the 'final' answer. The claims made for the objectivity and robustness of the method are too strong it is just one way of trying to understand the reasons for variation in published results, rather than a means to necessarily investigate the underlying research question. I don't think this approach can really shed much light on whether health spending is a luxury or necessity. With this in mind, I would have liked more focus on what and why certain factors affect the findings in published studies.
- b) I would have liked a more critical approach to thinking about the actual underlying question and the approach that has been taken to exploring it: why does it matter whether, at the aggregated cross-country level, some unspecified combination of public and private spending on health responds in a certain (average) way to income changes?
- c) How is the obvious problem of endogeneity dealt with in the various studies and why don't you control for that in the MRA?
- d) In the end there are a lot of studies eliminate from the analysis how confident are you that the sample you end up using is representative of the findings and claims made in the full set of studies?
- e) Some of the studies and the regressors they use are fundamentally flawed (e.g. misinterpretation of variables like beds per 1000, number of physicians etc etc), how about having a dummy identifying the studies that are flawed in this way?
- f) I am confused as to whether or not the cross-sectional control was included or not in the MRA? If not, what happens when it is included and the other variables about which you have correlation concerns, are left out clearly 'cross' is a key variable here.
- g) I am dubious about your interpretation of the 'cycle': isn't this just good science a finding enters the literature and then its claims and robustness are tested. This is not "sceptical", on the contrary, it is consistent with a Popperian approach to scientific research.

Specific questions you would like addressing at the oral defence (at least 3 questions):

- 1) Why does it matter whether, at the aggregated cross-country level, some unspecified combination of public and private spending on health responds in a certain (average) way to income changes?
- 2) How is the obvious problem of endogeneity dealt with in the various studies and why don't you control for that in the MRA?
- 3) One would expect the relationship to be non-linear between health and income (indeed, this is an empirical stylised fact): how does the research that you have reviewed account for this fact in its work and how does this relate to estimates of the income elasticity and the underlying question about necessity vs. luxury?
- 4) If you are right that there is a bias towards publishing work that claims to show that health care is a necessity how would you account for such bias and what does this say about the scientific publication process?