Jose Luis Pinto Prades is Professor of Economics at the University of Navarra (Spain). He has a PhD from the University of Murcia and a Master's degree in Health Economics from the University of York (England).

He has been Lecturer at the University of Murcia, Reader at the Pompeu Fabra University (Barcelona) and Professor in Economics at the Pablo de Olavide University (Seville). He was Chair of Health Economics at the Andalucian Agency of Health Technology Evaluation (2008-2011).

He was also Chair in Health Economics at the Yunus Center for Social Business & Health and Glasgow School for Business & Society, Glasgow Caledonian University (2012-2018). His research has been funded by institutions such as the Ministries of Health and Education of the Government of Spain, Regional Health Technology Assessment Agencies, Carlos III Health Institute, Chief Scientist Office (Scotland) and the European Commission. He was associated editor of the international journal Health Economics (2006-2017) and of the journal Medical Decision Making (2018-2022).

His publications have received several **awards**:

- **Decision Analysis Publication Award (2003)** by the Decision Analysis Society: the paper "Making descriptive use of prospect theory to improve the prescriptive use of expected utility, Management Science, 2001, 47:1498-1514" was considered the Best paper published in 2001.

- **Best paper of a member of the Spanish Health Economics Association in 2007** ("Priorización de pacientes en lista de espera para cirugía de cataratas: diferencias en las preferencias entre ciudadanos. Gaceta Sanitaria. 2006;20:342-351") **and 2009** ("Trying to estimate a monetary value for the QALY. J Health Econ. 2009;28:553-562").

Given the policy implications of his research, he has conducted policy work for the Catalan Government about priorities and management of waiting lists, for the Andalucian Health Service about the monetary value of health technologies and for the Spanish General Directorate of Traffic about the Value of a Statistical Life. He has been the representative of the Government of Spain at the OECD in the Working Group about New and Emerging Technologies (2001-2003).

The academic impact of my research can be measured by the traditional factors used in the academic field (data available at http://www.researcherid.com/rid/B-7069-2008). To date (22/01/2024) I have published **61** articles in journals referenced in the Journal of Citation Reports (JCR).

The total number of citations received to date has been **2210**. This impact is quite significant in the field of Social Sciences. My h-index is **25**. In Google Scholar the total number of citations is **6254** and the h-index of **40**.

This research has always been motivated and related, with social problems and has had an impact on public policies. We can make the following blocks of research:

1. EQUITY AND ESTABLISHMENT OF PRIORITIES IN THE ALLOCATION OF HEALTH RESOURCES

My first publications are related to the problem of how to allocate health resources, that is, how to establish priorities. The traditional method, based on the maximization of health (for example, prioritizing treatments with a lower cost per year of life gained) was questioned in the 90s given the important problems of equity that represented. More specifically, it gave no

weight to the most severely ill patients. This topic centered my first publications and led me to be part of a research group formed by professors Erik Nord (University of Oslo), Peter Ubel (Duke University), Jeff Richardson (Monash University), Paul Menzel (Washington University) and Martha Gold (US Department of Health and Human Services). This group received funding from the Rockefeller Foundation, which allowed us to publish three articles in which we questioned the utilitarian criteria for resource allocation and suggested various ways to include equity within the standard methods used in health economics. These three articles have had a considerable academic impact. Nowadays, they accumulate more than 300 citations in JCR journals.

If we add the rest of articles (6 more), published between 1997 and 2002 on equity and allocation of health resources, the total number of citations on this issue is around 460. Within this topic of allocation of health resources and equity, I have also important research in the field of management of waiting lists. This has been one of the works with more social projection than I have done. It originated in explicit mandate of the Catalan Department of Health to change the management of waiting lists. We developed a point system based on the weighting of social (having or not people in charge, having or not a caregiver, limitation to work) and clinical attributes (dependency in activities of daily life, probability of recovery). The weights came from surveys to clinical staff, patients and members of the general population. It was the first waiting list management model in Spain, with explicit criteria, not based on waiting time. This work led to the publication of three articles in JCR journals and had a great social impact (La Vanguardia titled, on April 19, 2001, page 27 as follows: Revolution in the waiting lists).

2. MEASUREMENT TECHNIQUES AND THE SOCIAL VALUE OF HEALTH

The second block of research is related to health measurement techniques. It has a more academic content, although it has been, in my opinion, the one that has given rise to the best academic publications (Economic Journal, Management Science, Journal of Health Economics).

This block is a consequence of the previous one as follows. I initially thought that health priorities had to reflect social preferences. However, it was immediately obvious to me that subjects preferences did not seem to conform with those predicted by the theory economic (especially expected utility). This led me to enter the field of Behavioral Economics (relationship between Economics and Psychology).

Within this block it is the article that I co-authored with Professor Peter Wakker and with Han Bleichrodt, winner of the Decision Analysis Publication Award in 2003.

3. MONETARY VALUE OF HEALTH: THE PROBLEM OF TREATMENTS FOR CANCER AND THE VALUE OF STATISTICAL LIFE

The last block of my publications derives from the desire to contribute to solving health policy problems that became prominent about 10 years ago. On the one hand, the publication by the Office of Fair Trading in 2007 suggesting a reform of the system to establish prices for medicines in the United Kingdom. They suggested moving to a system based on value, that is, the price had to reflect the social value of a medicine. Obviously, this raised the question of what was meant by "value" when talking about a medicine. The second problem was caused by the high price (and not very high effectiveness) of drugs that appeared in the mid-2000s for cancer patients. Many of these drugs did not pass the cost-effectiveness threshold established by the NICE (National Institute for Health and Care Excellence) given their high cost and the small increase in life expectancy that they generated. This generates the problem of how much society should pay for small increases in life expectancy.

My research tried to contribute to the solution of these problems and resulted in some publications about the Monetary Value of Health and about the value of health for terminal patients. In relation to the first topic I led a paper, coauthored by Graham Loomes and Raul Brey, published in the Journal of Health Economics in 2009, about the monetary value of Quality-Adjusted Life Years. This study tried to respond to the question of how much society should pay for a health gain. In relation to the value of health gains for terminally ill patients, I led a study in Spain, published in 2014 in Social Science and Medicine. This resulted in a project, recently completed, funded by the Chief Scientist Office of Scotland where we applied similar methods of the original study conducted in Spain. Finally, within this block of the monetary value of health, another important project was the project commissioned by the General Directorate of Traffic in order to have an official figure of the Value of Statistical Life (VSL) in Spain. We not only estimated the monetary value of preventing road fatalities but also of preventing non-fatal injuries of traffic accidents. The study was based on a broad survey of some (4000 people) representative of the Spanish population. The monetary value of preventing a death in a traffic accident was estimated at €1.4 million. The study can be consulted in http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Lesiones/JornadaDecenioAccionSeguridadVial/docs/InformeVVEJorgeMartinez.pdf. It had a large impact in the media (http://www.europapress.es/sociedad/noticia-vida-cada-persona-fallece-accidente-trafico-vale-14-millones-euros-estudio-dgt-20110428150343.html, http://www.abc.es/20110429/espana/abci-trafico-muerto-accidente-201104291553.html) and it is now used as the official VSL value in Spain. International agencies, such as the OECD (see their Road Safety Annual Report from 2011) use regularly our values in international comparisons.

In summary, my research work has been reflected in the publication of multiple articles in scientific journals, widely cited, which have always been related to social problems and having impact on public policies.