Executive Update

Resources and activities around COVID-19

We hope this newsletter finds all our members healthy and coping with life in 'lockdown' or on the frontline. As noted by the editors of Health Economics in their introduction to the virtual issue on pandemics, "While this pandemic will affect individuals and communities in various ways, it is obvious that health and economic effects, as well as their intersection, are at the eye of the storm." Health economics research, policy advice and teaching is needed now more than ever. We hope that you will have a bit of time in your busier than usual schedules to read some of the articles in this virtual issue of Health Economics, and a similar collection of recent articles related to pandemics in the Journal of Health Economics and Health Policy and Planning. There are also iHEA webinars most weeks now, many relating to COVID-19, that we hope you will be able to participate in (see list of upcoming webinars below). If you are undertaking research on the economics of COVID-19, the Journal of Public Economics has issued a call for papers which will receive fast-track review.

2021 iHEA Congress will go ahead

We also wanted to provide an update on the 2021 Congress. The Congress will go ahead as scheduled; we will monitor the global situation continuously and are exploring a range of options for flexibility in participation according to delegates' different circumstances at the time of the congress. We are calling in this newsletter for additional Program Chairs to join the Scientific Committee and will be issuing the call for abstracts and for review panel members later this year. The abstract submission system will open as always at the beginning of September, and will close in December 2020. We encourage you to start thinking about what research you would like to submit to be considered for presentation at next year's congress.
Congress

Call for nominations to serve as Program Chair on the iHEA Scientific Committee

iHEA is currently seeking nominations of established health economists with a strong research publication track record to serve as Program Chairs on the Scientific Committee (SC) for the 2021 iHEA Congress to be held in Cape Town.

The SC comprises a Chair, a Co-Chair and a group of Program Chairs who oversee each of the broad fields of health economics. They are supported by a Review Panel who will evaluate abstract submissions for the iHEA Congress. Collectively the SC will have research expertise covering the full spectrum of fields within health economics. These broad fields and their respective sub-fields, which have recently been updated, are listed at the end of this announcement.

While some of the members from the 2019 Congress SC will be returning for the 2021 Congress, the plan is to have a mixture of members with varying SC tenures to ensure continuity in the operations of the SC while providing opportunities for all members to participate and contribute to the success of the iHEA Congress. While Program Chairs sometimes serve for up to a maximum of three congresses, they do not have to commit to serving beyond the 2021 Congress.

The main work of Program Chairs will take place in February and April 2021 (finalizing abstract acceptance and compiling individual abstracts into coherent sessions respectively). All nominees should be available during this period.

Final decisions on Program Chairs will need to accommodate gender and geographic diversity as well as providing adequate coverage of the broad fields. Self-nominations should be submitted online here. **Please note: If you served as a Program Chair on the Scientific Committee for the 2019 Congress in Basel, you should not complete this form; you will be contacted directly about your willingness to continue serving on the SC.**

Nominations for Program Chairs close on 20 May 2020.

**List of health economics fields**
<table>
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<th>Primary fields</th>
<th>Sub-fields</th>
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| 1. Health beyond health care services: non-medical production of health and the value of health | • Social determinants of health (e.g. education, income, wealth, employment, relative deprivation, the economy)  
 • Public health, prevention and information  
 • Behavioural economics and health production  
 • Health habits: determinants and consequences (substance use, nutrition, exercise, stress management, sleep)  
 • Family economics and social interaction  
 • Evaluation of non-medical health prevention and promotion interventions  
 • The value of health (including human capital|labour market outcomes, wellbeing) |
| 1. Demand and utilization of health services | • Demand for health insurance  
 • Demand for health & health care, including for specific services  
 • Influences on utilization (including out-of-pocket costs)  
 • Barriers to access (including informational, financial, behaviour biases, preferences) |
| 1. Supply of health services | • Health care labour markets (including education, agency relationships and provider reimbursement)  
 • Care setting (including primary care, hospitals, long-term care, integrated care, mental health services, hospice, dental services)  
 • Pharmaceutical products and medical devices  
 • Competition and market failure in health care supply  
 • System organisation (including private for-profit, not-for-profit, public, mixed, vertical integration)  
 • Regulation  
 • Quality of care  
 • Rationing and priority setting |
| 1. Health care financing and expenditures | • National health accounts  
 • Health care spending trends  
 • Voluntary health insurance, including competition, moral hazard, selection effects, risk variation and regulation  
 • Mandatory health insurance, including risk-equalization and pool integration  
 • Fiscal space for government funding of health care  
 • Financing for Universal Health Coverage, including financial risk protection and reducing pool fragmentation |
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<th>1. Economic evaluation of health and care interventions</th>
<th>• Strategic purchasing, including benefits design, contracting, provider payment mechanisms, drug pricing</th>
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|                                                     | • Cost effectiveness analysis  
|                                                     | • Cost benefit analysis  
|                                                     | • Health outcome measurement  
|                                                     | • Non-health outcome measurement (including capability, wellbeing, care)  
|                                                     | • Resource use and costing  
|                                                     | • Dealing with uncertainty  
|                                                     | • Modelling in economic evaluation  
|                                                     | • Equity in economic evaluation |
| 1. Evaluation of policy, programs and health system performance | • Health System Efficiency  
|                                                     | • Equity in financing, access and quality of care  
|                                                     | • Distributional aspects of health policy  
|                                                     | • Evaluation of innovative programs of system delivery  
|                                                     | • Integrating health & social services/long-term care  
|                                                     | • Fund holding & risk sharing |
| 1. Specific populations | • Maternal and infant health  
|                                                     | • Children and young people  
|                                                     | • Older people  
|                                                     | • End of life and palliative care  
|                                                     | • Mental health  
|                                                     | • Disability  
|                                                     | • Infectious diseases  
|                                                     | • Non-communicable illness |
| 1. Cross-cutting themes and other issues | • Theoretical developments  
|                                                     | • Political economy of health care  
|                                                     | • Teaching health economics  
|                                                     | • Cross-cutting issues: COVID-19 and pandemics  
|                                                     | • Cross-cutting issues: Digital health  
|                                                     | • Cross-cutting issues: innovation and research and development  
|                                                     | • Cross-cutting methods: Econometric developments  
|                                                     | • Cross-cutting methods: Microsimulation  
|                                                     | • Cross-cutting methods: Qualitative health economics research  
|                                                     | • Cross-cutting methods: Stated Preference |

**Free online access to Janet Currie article *Child Health as Human Capital***

Wiley has graciously provided free access for one year to the article by Janet Currie that was published following her plenary presentation at iHEA in Basel last year. The article can be accessed [online here](https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9775.00269).
Arrow Award

Arrow Award Honors Research on Mortality and Medical Costs of Air Pollution


The Arrow Award Committee is proud to acknowledge the authors of this innovative, timely and informative paper on the effect of pollution on health. In more detail, the study examines the causal effects of air pollution (exposure to acute fine particulate matter, PM 2.5) on mortality, health care use, and medical costs among the elderly population in the US. The authors make creative use of instrumental variables by instrumenting air pollution with changes in local wind direction, and develop a new approach based on machine learning to estimate the life-years lost due to pollution exposure. The authors find that higher air pollution, as measured by a 1 microgram per cubic meter (10 percent of the mean) increase in PM 2.5 exposure for one day, causes 0.69 additional deaths per million of elderly individuals over a three-day window, and causes the loss of about 3 life-years per million beneficiaries. The mortality effects are concentrated in about 25 percent of the elderly population. The same increase in air pollution also increases emergency room visits by 2.7 per million beneficiaries and inpatient emergency room spending by over $16,000 per million. The estimates on mortality are substantially higher than those reported in previous literature. The results are robust to extending the time window over which to measure mortality from 3 days to 5, 14, or 28 days, suggesting that the main results are not due to short-term mortality displacement. The findings have important implications for both environmental and health policy. We congratulate the authors on the publication of this important paper.

You can read more about each author online here.

Webinars

Wednesday, May 6th, 2020
9:00 AM ET - check your timezone online here
How are countries mobilizing and protecting the health workforce in response to COVID-19?
Speakers: Michelle McIsaac, Matteo Ruggeri, Bishnu Gautam, Joanne Spetz
Moderator: Bianca Frogner
Hosted by the Health Workforce SIG | REGISTER
Resources

iHEA COVID-19 Resources

The iHEA Teaching Health Economics Special Interest Group (THE SIG) has launched a blog, where any health economist can post information and ideas that may be helpful to colleagues. We particularly encourage the following types of postings:

- Tips on and resources for developing online teaching materials, whether this relates to conveying content (from lectures to annotated reading guides); free and paid software that...
can be used for delivery; arranging student activities such as collaborative group projects; or online assessments;

- URL/web addresses of useful health economics training materials - whether this a Youtube video or podcast that you have found particularly helpful in your teaching program or materials that you have developed and that are in the public domain;
- Questions and answers for your teaching challenges.

The blog can be accessed online here.

We have also created a "COVID-19 Research Group" that iHEA members can join by logging in to the iHEA website and navigating to the "groups" section. We hope that this group will provide a mechanism for those interested in responding to these urgent research needs to share ideas on the most important research questions and appropriate methodological approaches, exploring the potential for multi-country collaborative projects and many other issues.

**Wiley Online Library: The Economics of Pandemics**

Wiley has created a virtual issue that focuses entirely on pandemics titled *The Economics of Pandemics: International Evidence on their Determinants, Consequences and Policy Solutions*. There will be free access to all the articles in this virtual issue for at least three months. This can be accessed online here.

**Career Center**

The iHEA Career Center allows you to post your job openings and fellowships, find potential candidates and search new positions. It is open to members and non-members alike. You are able to search by Keyword, Country, Organization, Job category and more. We encourage everyone to click here to view this wonderful resource. We do hope that you utilize this tool and should you have any questions, please reach out to jobs@healtheconomics.org.

**Stay Connected**

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