# **Information required to submit an organized session**

The organizer of an organized session proposal is required to submit all information for the session, including the abstracts for each presentation. This document provides an overview of all information required to assist you in collecting this information from session participants before entering the abstract submission system.

**Session details**

* Title of session (please use ‘title case’ format, i.e. ensure that all words of more than three letters or more begin with a capital, e.g. “The Economics of Obesity in Latin America”)
* Description of session, including how participant discussion will be promoted (750 words maximum) – Please note that to ensure blinded review, the names of presenters and discussants should not be included in this description
* Primary field (select one field that is most appropriate to this session – see end of document)
* Sub-field (select up to three health economics sub-fields in order of preference – see end of document)
* Please indicate whether the session was developed by members of one of the IHEA Special Interest Groups (see end of document)
* Organizer details
	+ First/given name
	+ Last name
	+ Affiliation (University or institution)
	+ Country
	+ Email address **(if you are an IHEA member, please use the email address linked to your membership)**
* Session moderator (*can be the same as the organizer*)
	+ First/given name
	+ Last name
	+ Affiliation (University or institution)
	+ Country
	+ Email address **(if the moderator is an IHEA member, please use the email address linked to their membership)**
* Details of any discussants **(we strongly encourage all organized sessions with paper presentations to include one or more discussants - please provide full details for all discussants)**
	+ First/given name
	+ Last name
	+ Affiliation (University or institution)
	+ Country
	+ Email address **(if the discussant is an IHEA member, please use the email address linked to their membership)**

**Details of the papers to be presented in the session** (the information below will be required for each paper)

* Presenter
	+ First/given name
	+ Last name
	+ Affiliation (University or institution)
	+ Country in which you live and work/study
	+ Country of which you are a citizen if different to that in which you live and work/study
	+ Email address **(if you are an IHEA member, please use the email address linked to your membership)**
	+ In what year did you graduate with your highest academic degree? (give year or indicate “currently studying”)
* Title of paper (please use ‘title case’ format, i.e. ensure that all words of more than three letters begin with a capital, e.g. “The Economics of Obesity in Latin America” **and please do not list ANY authors in this section to ensure blinded peer review**)
* Abstract (500 word maximum) **Please do not include the names of presenters or co-authors in the abstract text to allow for blinded peer reviews. Also, please do NOT include any tables or figures; only text.**
* Do you want your paper to be considered for the Adam Wagstaff Award? Yes No

(**Please note:** Only papers on the economics of healthcare financing or delivery in low- and middle-income countries (LMIC) that are written and presented by a LMIC researcher who has completed their doctorate within the last seven years will be considered. A full paper must be submitted in mid-April 2023.)

* Conflicts of interest
* Funding sources (Please indicate any significant funding sources for this submission or related research project)
* Research involving primary data collection from human participants requires ethics approval in almost all academic institutions and countries. Has the research being presented followed your institution and country’s ethics procedures? Yes No
* Name, affiliation, country, and email address of **all authors (please include the presenter as the first author)**
* Is this abstract based on research involving primary data collection? Yes No
	+ If yes, is the presenter from one of the countries which is the subject of the research, or did the presenter invest considerable time working in the country (or at least one of the countries if a multi-country study) where primary data collection took place and developing a substantial relationship with colleagues in the country during the research? Yes No
		- If no, please explain the circumstances under which this research was undertaken and your role relative to that of researchers based in the country where the primary data was collected. *(free form text box)*
* Do you require financial assistance to participate in the congress? **Please note** that only residents of low- and middle-income countries, and sometimes full-time students, who do not have access to other funding sources will be considered for financial support, and that **very limited resources are available** for such support.

**Yes No**

If yes:

* Are you currently a full-time student? **Yes No**
* Please select one of these options:
	+ My institution does not provide **any** financial support to attend scientific conferences
	+ My institution only provides partial financial support to attend scientific conferences

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| **Primary fields (select most appropriate one)** | **Sub-fields (select up to three;** **do not have to be in the same field)** |
| 1. Health, its distribution and its valuation
 | * The burden of disease
* Distribution of health
* Valuation of health (including human capital, labour market outcomes, wellbeing)
* Values (preferences, market values)
* Health outcome measurement
* Non-health outcome measurement (including capability, wellbeing)
* Equity in health outcomes
 |
| 1. Health beyond health care services: social and related determinants
 | * Social determinants of health (e.g. gender, education, income, wealth, employment, relative deprivation, financial crises, cultural shocks)
* Environmental determinants of health (e.g. pollution, natural disasters)
* Family economics and social interaction
* Non-medical health promotion interventions and policies
 |
| 1. Health beyond health care services: health behaviors
 | * Risky health behaviors (alcohol, tobacco, illegal drugs, opioids, risky sexual behaviors, poor nutrition, etc.)
* Health enhancing behaviors (exercise, sleep, stress managements, etc.)
* Behavioral economics and health production
* Interventions and policies targeting health behaviors
 |
| 1. Demand & utilization of health care services
 | * Demand for health insurance
* Demand for insurance for disability and long-term care
* Demand for health & health care, including for specific services
* Influences on utilization (including gender, insurance coverage, out-of-pocket payments)
* Barriers to access (including informational, financial, gender issues, behaviour biases, preferences)
 |
| 1. Supply and regulation of health care services and products
 | * Health care labour markets (including education, agency relationships)
* Care setting (including community-based and other primary care, hospitals, long-term care, integrated care, mental health services, hospice, dental services)
* Public health services
* Pharmaceutical products and medical devices
* Digital health (ehealth / mhealth / telehealth)
* Genomics and precision medicine
* Efficient provision of health services
* 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 (including waiting lists) and priority setting
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| 1. Health care financing & expenditures
 | * 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
* Strategic purchasing, including benefits design, contracting, provider payment mechanisms (including pay-for performance), drug pricing
* National health accounts
* Health care spending trends
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| 1. Economic evaluation of health and care interventions
 | * Cost effectiveness analysis
* Cost benefit analysis
* Resource use and costing
* Dealing with uncertainty
* Decision thresholds
* Value frameworks
* Modelling in economic evaluation
* Equity in economic evaluation
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| 1. Health system performance
 | * Efficiency at the health system level
* Equity in financing, access and quality of care
* Distributional aspects of health policy (socio-economic, gender, geographic, etc.)
* Impact assessment of system wide policy change
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| 1. Cross-cutting themes and other issues
 | * Theoretical developments
* Political economy of health care
* Inclusivity and diversity: decolonization, all forms of discrimination, lived experience
* Teaching health economics
* Cross-cutting methods: Econometric developments
* Cross-cutting methods: Microsimulation
* Cross-cutting methods: Qualitative health economics research
* Cross-cutting methods: Stated Preference
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| In addition to selecting a primary field from the options above, can select one of these if relevant:Specific populations and conditions | * Maternal and infant health
* Children and young people
* Older people
* Indigenous populations
* End of life and palliative care
* Mental health
* Disability
* Infectious diseases
* Non-communicable illness
* Pandemics
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| **Special interest groups (SIG) (only if session was organized by members of one of these groups)** |
| Economics or Children’s Health and Wellbeing |
| Economics of Genomics and Precision Medicine |
| Economics of Obesity |
| Economics of Palliative & End-of-Life Care |
| Equity Informative Economic Evaluation |
| Financing for Universal Health Coverage |
| Health Preference Research |
| Health Systems' Efficiency |
| Health Workforce |
| Immunization Economics  |
| Mental Health Economics |
| Teaching Health Economics (THE) |
| Not developed by a SIG |