



**Università  
Bocconi**

**CERGAS**  
Centre for Research on Health  
and Social Care Management

## **Italian Health Economics Association (AIES) 26th Annual Conference**

### ***Sailing Through the Storm: Healthcare Systems in Transition from Emergency to New Normal***

**Milan, December 2<sup>nd</sup> – 3<sup>rd</sup> 2021**

#### **CALL FOR ABSTRACTS**

The Italian Health Economics Association invites scholars to submit contributions investigating the current global health emergency and its impact on health and well-being of the population, as well as the impacts on healthcare organizations and health systems.

The worldwide crisis due to COVID-19 pandemic is having an impact on almost every aspect of our society. From early 2020, COVID-19 was curbed in many countries by imposing combinations of non-pharmaceutical interventions such as isolation, quarantine, travel restrictions, the closure of schools, universities, workplaces and public spaces and the adoption of other measures characterized by high degree of stringency. Even though social distancing has reduced the rate at which sick individuals may infect others, this has naturally come at the cost of an economic crisis and forgone the benefits of close social contacts.

Even though the full effects of COVID-19 and the associated economic crisis are yet to be fully evaluated, it is expected that they will not affect all people in the same way. Social isolation may have created a new set of challenges for people with pre-existing health concerns, including mental health consequences. In general, vulnerable and disadvantaged groups are likely to be impacted more severely; for instance, older adults, especially those with cognitive decline or dementia, need emotional support through informal networks and health professionals.

Younger generations too suffer because of the lockdown: education has been disrupted, young people, who have lost their jobs or were entering the job market when COVID-19 related recession occurred, might carry the impact of this shock for years. The adverse

effects of such a countrywide crisis have extended beyond the income shocks, changing people's overall wellbeing as well as their attitudes due to higher perceived risk.

As far as healthcare organizations are concerned, the pandemic has exacerbated the negative side effects of the austere health policies in the last ten years, especially the radical cuts in resources (professionals, beds, equipment, technologies for ventilation, etc.) available to tackle this emergency. Moreover, the characteristics of the pandemic have placed most healthcare organizations in a critical situation due to the necessity to simultaneously deliver emergency services to extremely high numbers of patients affected by the Coronavirus and to maintain the provision of adequate levels health services for non-Covid patients. As a consequence, healthcare organizations have had to rapidly reassess their governance, capacity, operations, information and communication systems, and, even more critical, the way they provide services, in order to deal with the pandemic.

The efforts for containing the COVID-19 have profoundly reshaped usual care: health care has been often provided in remote mode. On the one hand, the use of telemedicine and telemonitoring has been and will be crucial in order to ensure the delivering of health services; on the other, this might have a negative impact on equity in healthcare access, especially among elderly patients and among those with low health literacy skills and/or digital skills.

Moreover, the healthcare policies at regional, national, and supra-national levels have had different impacts on the effective and timely response to the Coronavirus Emergency (e.g., policies on provision of personal protection equipment and, above all, vaccines; hospitals and laboratories networks; implementation of primary care and transitional care solutions; protection of long-term care structures; telemedicine, and so forth).

***As a lesson for future epidemics, the theme of the 26th annual conference is focused on the impacts that the COVID-19 has had (or might have had) on individuals' health and well-being, on healthcare organizations and systems, and on what we could have gained or lost because of the pandemic.***

However, it is possible to send contributions on issues not related to the main theme of the conference and which will be discussed in one or more dedicated sessions.

The annual conference of the Italian Health Economics Associations is a unique opportunity to bring together scholars, healthcare practitioners and policy makers to discuss the lessons learnt.

Contributions can be theoretical, empirical or policy oriented and in the areas of the health economics, policy and management.

2 December, ***Keynote Speaker*** Prof. **Eddy Van Doorslaer**, Professor of Health Economics, Erasmus University Rotterdam.

3 December, ***Round Table*** with professionals and policy makers from the national healthcare system.

## *ABSTRACT SUBMISSION*

Contributions can be presented in two forms:

- **Individual abstracts**
- **Organised Sessions/Panel:** panel sessions usually involve up to three/four papers on a specific topic moderated by a session chair.

All submissions should be sent by e-mail to [aies2021@sdabocconi.it](mailto:aies2021@sdabocconi.it) by **September 15<sup>th</sup> 2021 (extended deadline September 30<sup>th</sup> 2021)**. Submissions can be either in English or in Italian, according to the guidelines below:

### 1) **Abstracts**

- max 5000 characters
- name(s) of author(s) and affiliation (author presenting the study should be marked with an asterisk); corresponding author's e-mail address and phone number;
- title, background, objectives, methodology, main results.
- indication if the paper applies for the Young AIES Research Award

### 2) **Organised Sessions/Panel:**

- max 8000 characters (including spaces)
- title of the Panel (Organised) Session;
- name, e-mail address, telephone number and affiliation of the Session's Chair;
- name(s) of author(s) presenting in the Panel Session and affiliation (no more than 4 Oral presentations per Panel);
- title, background, objectives, methodology, main results.

## **AIES Young Researcher Award**

Authors who want to compete for the "**AIES Young Researcher Award**", dedicated to the papers presented in the in the Ph.D students / Young research fellows session, must explicitly state it in their submissions and must present ***an original and unpublished paper*** at the conference. **All authors** must be less than 35 years old to be eligible for the award. The authors of the accepted abstracts are required to send the complete paper and the discussants of the accepted articles will be chosen by the Scientific Committee.

## *ABSTRACT SELECTION*

All abstracts will be reviewed by the Scientific Committee and acceptance/rejection will be communicated by **October 30<sup>th</sup> 2021**. The review will consider consistency, methodological rigour, and policy relevance. Abstract rejected for oral presentations cannot be presented in the Poster Session.

The Scientific Committee will allocate contributions to appropriate sessions, according to the subject discussed and methodology.

## *CONFERENCE FEES*

Participation fee to the Conference is **200 Euros** for AIES members, including the annual Association Fee.

The amount due for AIES members having already paid the annual membership fee is **150€**.

The participation fee for non-members is **250 Euros**. An additional fee will be required for Social Dinner.

Participation fee is not reimbursable.

All information regarding the Conference will be published on the AIES website: <http://www.aiesweb.it>.

## *SCIENTIFIC COMMITTEE*

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