

## **LACEA's Health Economics network**

### **1<sup>st</sup> Annual Workshop**

Universidad del Rosario, Bogotá (Colombia)

October 4 and 5, 2018

LACEA's health economics network will hold its first annual workshop in Bogotá (Colombia) on the premises of the Faculty of Economics, Universidad del Rosario, on the 4th and 5th of October 2018. We will have around 10 presentations and discussions of high quality papers in health economics, selected by a scientific committee, and two keynote talks: Jere Behrman (University of Pennsylvania) and Marcos Vera-Hernandez (University College London).

We will finish with a discussion panel on pharmaceutical regulation policies in Latin America, with the participation of the International Development Bank (IDB), the Colombian Institute of Technology Assessment in Health (IETS), the Colombian High Cost Disease Fund (Cuenta de Alto Costo - CAC) and Bayer.

#### **Free entry upon registration at:**

<http://www.urosario.edu.co/Primer-encuentro-de-la-Red-de-Economistas-de-la-Salud/>

#### **About the LACEA's Health Economics network**

The LACEA's Health Economics network will bring together economists and other social scientists from Latin America and the Caribbean and other parts of the world working on health issues in order to build a community of practice to promote quality research in health economics in LAC and contribute towards stronger health systems.

#### **Organising committee**

- Ana Balsa (Universidad de Montevideo)
- Dolores de la Mata (CAF)
- Juan M. Gallego ( Universidad del Rosario)
- Paul Rodríguez-Lesmes ( Universidad del Rosario)

#### **Scientific Committee**

- Juan Pablo Atal (Universidad de Pensilvania)
- Adriana Camacho (Universidad de los Andes)
- Guillermo Paraje (Universidad Adolfo Ibáñez)
- Marcos Vera-Hernandez (UCL)
- Patricia Triunfo (Universidad de la República, Uruguay)

#### **Congreso Economía de la Salud de América Latina y el Caribe**

From October 1st to 3rd, the 8<sup>th</sup> Latin American and the Caribbean congress of health economics will be held at Medellín (Colombia). Authors willing to participate in both meetings will be benefited by the short and frequent flights between both cities. More details:

<https://goo.gl/vfDQcQ>

## Program

	<b>Start</b>	<b>End</b>	<b>Presents</b>	<b>Discuss</b>
<b>Day 1 (Oct 4)</b>				
Registration	08:45	09:15		
Welcome	09:15	09:30		
<b>Externalities and health</b>	09:30	10:15	Kensuke Teshima	Santiago Saavedra
	10:15	11:00	Michael Pesko	Juan Miguel Gallego
Coffee break	11:00	11:30		
<b>Gender and health systems</b>	11:30	12:15	Damian Clarke	Dolores De la Mata
	12:15	13:00	Ramiro de Elejalde	Olga Namen
Lunch	13:00	13:45		
<b>Gender/gender violence</b>	13:45	14:30	Victor Saldarriaga	Paul Rodríguez- Lesmes
	14:30	15:15	Lucy Hackett	Darwin Cortés
Coffee break	15:15	15:45		
	15:45	16:30	Nuria Rodriguez- Planas	Ana Balsa
Keynote speaker	16:30	17:15	Marcos Vera- Hernández	
<b>Dinner</b>	19:00	20:00		
<b>Day 2 (Oct 5)</b>				
<b>Links between health/health insurance and labor supply</b>	09:00	09:45	Diether Beuermann	Yadira Díaz
	09:45	10:30	Pablo Celhay	Norman Maldonado
Coffee break	10:30	11:00		
	11:00	11:45	Inés Berniell	Sergio Prada
<b>Closing</b>	11:45	12:15	Closing remarks	
<b>Lunch</b>	12:15	13:30	Lunch	
<b>Keynote speaker</b>	13:30	14:30	Jere Behrman	
<b>Panel on pharmaceutical regulation in Latin America</b>	14:30	17:00	Introduction: Tatiana Andia (BID) Participants: BID, IETS, CAC, Bayer Moderated by Claudia Vacca and Alejandro Bryon	

## Practical Information

Universidad del Rosario, located in Bogotá's historical city center. Bogotá, the capital of Colombia, is a modern city with historical roots that date back to the 16th century. It stands at 2,600 meters above sea level, and offers a temperate climate all year around. Its wonderful combination of colonial roots and modern cosmopolitan trends highlights Bogotá's rich in cultural offerings, with dozens of museums, fine dining and lively nightlife.

You can also find additional information about tourism in Bogotá [here](#) and [here](#)

### Key locations for the workshop



1. Hotel BH Bicentenario, located in the west side of *Los Periodistas* park  
Carrera 4 #16-3



4. Claustro: Universidad del Rosario's main quad.  
Calle 12C # 6-25



2. Jockey Club (conference venue), located in front of the central bank of Colombia  
Carrera 6 # 15-18



5. Casa Pedro Fermín: Economics Department, Universidad del Rosario.  
Calle 12C # 4-69



3. Gold museum, located on the east side of *Santander* square  
Carrera 6 #15-88



## Getting to Bogotá<sup>1</sup>



Taxis' queue at El Dorado



Transmilenio Bus at El Dorado

Bogotá is the capital of Colombia, located in the center of the country on a plain 2,600 meters above sea level with an average temperature. It's a city as diverse as the whole country, the most important cultural center in Colombia, and a place with hundreds of sites to see and activities to do. Bogotá offers a variety of attractions ranging from museums, historical centers, parks, theaters, etc.

Arrival to Bogotá is done through the El Dorado International Airport, the most important in Colombia. This terminal is where boarding, connections, arrivals, flight transit and all procedures related to entering and exiting the country take place. [Website](#)

As in several Latin-American cities, be especially careful with taxi-services once you leave the airport. There is only one authorized taxi firm in the airport known as "Taxi Imperial", and a luxury or van system, and it is clear as there is usually a queue just in-front the international arrivals zone. Some people might approach you offering alternative taxi services, which might be or not legal. An alternative is to request a taxi using an app like [EASY](#), [Taxis Libres](#), or [Digi+](#). Uber and Cabify operate in Bogota, though these ride-sharing apps provide an illegal service.

An alternative is to use public transport; Transmilenio route K86 connects with a large station called *Portal el Dorado*, and from it route number 1 connects with the city center (Estación Universidades). However, it is not a suitable option if you have bulky items, or if you arrive late to the city center (9 PM – 6 AM).

<sup>1</sup> Information taken and adapted from: [www.colombia.travel](http://www.colombia.travel)

## Accommodations in Bogotá



Bogotá offers accommodations that cater to all tastes and budgets. Since Universidad del Rosario is located in the city center, many options are available. You may find sites such as Booking.com and Expedia.com useful for this. Although we suggest the following hotels.

Hotel	Zone	Address	Phone number	Web
Hotel La Opera	City center	Calle 10 #5-72	+571 336 2066	<a href="#">More information</a>
BH Bicentenario	City center	Cra. 4 #16-3	+571 7470744	<a href="#">More information</a>
Hotel Augusta	City center	Av. Jiménez #4 - 77	+571 7563177	<a href="#">More information</a>
Celebrities Suites	North	Cl. 74 #10-33	+571 6011414	<a href="#">More information</a>
Hotel Jazz Apartments	North	Cl. 87 #15 - 35	+571 4089253	<a href="#">More information</a>
Hotel B3 Virrey	North	Ak. 15 #88-36	+571 5934490	<a href="#">More information</a>

Hotels located in zone "city center" are walking distance (5 min) to the Conference venue, while those in zone "north" are around 25-30 min by cab. For further questions, please contact us.

## Transportation within Bogotá

### Transmilenio and SITP



Transmilenio is the mass transit system that connects the main areas of Bogotá. The jointed vehicles traverse most of the city through 12 mainlines and a system of feeder buses in auxiliary stations and portals. You would require a card called *tullave* for accessing it (you can get it for \$5000 COP in the airport, in the bus stations, or in some of these locations). However, please bear in mind that it can get extremely packed during rush hours (5 AM – 8 AM; 4 PM – 7 PM). Trips can be planned using google maps. [Website \(Spanish\)](#)

### Taxis service

In Bogotá there are about 45,000 taxis. The cost of the service within the city is affordable and depends on the number of units indicated by the meter. Payment is cash-only unless you have requested it using an app and introduced your card details in it. Transfers to and from the airport, the services rendered during the night and holidays and those requested by phone or apps have a surcharge.

While it is possible, it is not advisable to take taxis in the street, especially at the exit of night-live venues. You should ask commercial establishments like hotels and restaurants to request a taxi for you, or use applications like [EASY](#), [Taxis Libres](#), or [Digi+](#). Uber and Cabify operate in Bogota as they do elsewhere, though these ride-sharing apps provide an illegal service (as it is in other countries).

### Security and discovering the city

Pickpocketing is a serious issue in Bogota, so you are advised to be on guard with mobile phones, cameras, passports, etc. Stay away from deserted streets, especially close to the center of the city, and during night (7 PM onwards) use taxis for (even short) commuting. Avoid ATM machines in the street, and stick to those in shopping malls or near a bank office. If you want to visit non-touristic areas a safe and convenient alternative is to be part of one of the many tours offered by touristic agencies (Free Walking Tour Bogotá, Bogota Graffiti Tour, Bogota Foodie Food Safari Tours). [The web](#) provides some useful tips for those willing to explore the city on their own.

## Detailed presentations

Speaker / Discussant	Paper
<p><b>Speaker:</b> <a href="#">Kensuke Teshima</a> Assistant Professor ITAM (Mexico)</p>  <p><b>Discussant:</b> Santiago Saavedra Assistant professor Universidad del Rosario (COL)</p>	<p><i>Shinsuke Tanaka, Kensuke Teshima and Eric Verhoogen.</i> Pollution Offshoring and Infant Health: The Case of Battery Recycling</p> <p>This study examines the effect of tightening the U.S. environmental standard on lead in 2009 on the relocation of battery recycling to Mexico and on health outcomes in Mexico. We find that airborne ambient lead in the U.S. halved near plants recycling used lead-acid batteries, one of the most lead-emission-intensive industrial activities; that such improvements were accompanied by increased exports of used batteries to Mexico; and that birth outcomes in Mexico deteriorated near battery recycling plants. The findings provide direct evidence that environmental policies in developed countries can cause negative health spillover effects to developing countries with weaker regulations by inducing offshoring of the most pollution-intensive production processes.</p>
<p><b>Speaker:</b> <a href="#">Michael Pesko</a> Assistant Professor Georgia State University</p>  <p><b>Discussant:</b> Juan Miguel Gallego Professor Universidad del Rosario (COL)</p>	<p>Michael Cooper and Michael Pesko. <i>The Effect of E-cigarette Indoor Vaping Restrictions on Infant Mortality</i></p> <p>We estimate the effect of county-level e-cigarette indoor vaping restrictions on infant mortality (e.g. first year of life) using United States birth certificates for 7 million live births linked with infant death certificates from 2010 to 2015 occurring in places already comprehensively banning the indoor use of traditional cigarettes. While e-cigarette indoor vaping restrictions were adopted intending to protect public health, possible unintended negative effects of these policies could be less smoking cessation and more secondhand smoke exposure. We estimate differences-in-differences models and find that e-cigarette indoor vaping restrictions increased infant mortality by 0.3 infants per 1,000 live births (7.2%), and these effects were disproportionately higher for infants born to women that smoked prior to pregnancy. Gestational length, birth weight, and respiratory diseases/distress were all contributing causes to this higher infant mortality.</p>

<p><b>Speaker:</b>  <a href="#">Damian Clarke</a>                  Associate Professor                  Universidad de Santiago de Chile</p>  <p><b>Discussant:</b>                  Dolores De la Mata                  Economista Principal                  CAF</p>	<p>Damian Clarke and Hanna Mühlrad. <i>The Impact of Abortion Legalization on Fertility and Female Empowerment: New Evidence from Mexico</i></p> <p>We examine the effect of a large-scale, free, elective abortion program implemented in Mexico City in 2007. This reform resulted in a sharp increase in the request and use of early term elective abortions. We document that this localized reform resulted in a legislative backlash in 18 other Mexican states which constitutionally altered penal codes to increase sanctions on abortions. We take advantage of this dual policy environment to estimate the effect of progressive and regressive abortion reform on fertility and women’s empowerment. Using administrative birth data we find that progressive abortion laws reduce rates of child-bearing, particularly among young women. Additionally, the reform is found to increase women’s role in household decision making—an empowerment result in line with economic theory and empirical results from a developed-country setting. We however find little evidence to suggest that the resulting regressive changes to penal codes have had an inverse result over the time period studied. In turning to mechanisms, evidence from a panel of women suggests that results are directly driven by increased access to abortion, rather than changes in sexual behavior, contraceptive use or contraceptive knowledge.</p>
<p><b>Speaker:</b>  <a href="#">Ramiro de Elejalde</a>                  Assistant Professor                  Universidad Alberto Hurtado (CHL)</p>  <p><b>Discussant:</b>                  Olga Namen                  Postdoctoral fellow                  Universidad del Rosario (COL)</p>	<p>Ramiro de Elejalde and Eugenio Giolito. <i>More hospital choices, more C-sections: Evidence from Chile</i></p> <p>In this paper, we study the effect of an increase in the hospital choice set on cesarean rates in Chile. Using data on births and hospital discharges, we exploit a policy that decreased the cost of delivery in a private hospital for women with public health insurance. The identification strategy relies on DID approach based on the the eligibility conditions to access this benefit: eligible women must expect a single child and have a pregnancy of 37 weeks or more. We show, first, that the policy had effects on several proxies for C-section: being born on a weekend or holiday, gestational age, whether a doctor delivers the baby, and birth weight and height. Then, we use the policy to instrument the use of a private hospital for delivery, finding that going to a private hospital has a positive effect on the probability of having a C-section.</p>

<p><b>Speaker:</b>  <a href="#">Victor Saldarriaga</a>                  Research associate                  Paris School of Economics                  J-PAL Europe</p>  <p><b>Discussant:</b>                  Paul Rodriguez-Lesmes                  Assistant Professor                  Universidad del Rosario (COL)</p>	<p>Victor Saldarriaga. <i>A Drop of Love? Rainfall Shocks and Spousal Abuse: Evidence from Rural Peru</i></p> <p>Does household income affect violence against women? I address this inquiry by investigating whether and how rainfall shocks impact physical violence against women in rural Peru where agriculture largely depends on weather realizations and, to a large extent, constitutes the only source of household income. Exploiting variation in rainfall levels within localities over time I find that rainfall shocks in the form of droughts increase women's experience of physical violence inflicted by their partners. This effect is sizable, representing a 45 percent increase in the prevalence of physical violence against women. Furthermore, women are more likely to suffer physical sequelae from the abuse as a result of the experience of more frequent violent acts. Additional explorations show that violence exercised by male partners may be a response to an increased willingness to control household finances/resources by women during times of economic hardship. Thus, day-to-day conflict over the use of money that is further exacerbated by the stress caused by limited financial means can escalate into violence against women.</p>
<p><b>Speaker:</b>                  Lucy Hackett                  Graduate student                  CIDE (México)</p>  <p><b>Discussant:</b>                  Darwin Cortés                  Associate Professor                  Universidad del Rosario (Col)</p>	<p>Fernanda Marquez-Padilla and Lucy Hackett. <i>Working for Change: The Effect of Female Labor Force Participation on Fertility and Gendered Violence</i></p> <p>We exploit the dramatic fall in washing machine prices post trade reforms in the 1990's in Mexico to estimate the causal effect of female labor force participation (FLFP) on fertility and gendered violence. We construct a panel of municipalities in Mexico and instrument FLFP with relative washing machine price, as these appliances have been found to increase FLFP by liberating women from domestic work, to study the effects of FLFP on overall fertility, age-specific fertility, fertility timing, and marital status at the time of birth as well as instances of fatal gendered violence. We find large effects of FLFP on both raising the average age of mothers, especially in the year of their first birth, and on lowering fertility rates. These effects are larger for women of lower socioeconomic status. We find no evidence of an effect on gendered violence, though we do find some evidence of increased violence against women of low socioeconomic status, as is consistent with a male backlash effect.</p>

<p><b>Speaker:</b>  <a href="#">Nuria Rodríguez-Planas</a>                  Associate Professor                  City University of New York                  Queens College</p>  <p><b>Discussant:</b>                  Ana Balsa                  Professor                  Universidad de Montevideo                  (UY)</p>	<p>Nuria Rodríguez-Planas, Anna Sanz-De-Galdeano and Anastasia Terskaya. <i>Independent Thinking and Hard Working, or Caring and Well Behaved? Short- and Long-Term Impacts of Gender Identity Norms</i></p> <p>Using the National Longitudinal Study of Adolescent to Adult Health, we explore the causal effect of gender-identity norms on female teenagers' engagement in risky behaviors relative to boys in the US. To do so, we exploit idiosyncratic variation across adjacent grades within schools in the proportion of high-school peers' mothers who think that important skills for both boys and girls to possess are traditionally masculine ones, such as to think for him or herself or work hard, as opposed to traditionally feminine ones, namely to be well-behaved, popular or help others. We find that a higher proportion of mothers who believe that independent thinking and working hard matters for either gender reduces the gender gap in risky behaviors, traditionally more prevalent among males, both in the short and medium run. We also find evidence of convergence in the labor market in early adulthood. Short- and medium-run results are driven by a reduction in males' engagement in risky behaviors; long-run results are driven by females' higher annual earnings and lower welfare dependency.</p>
<p><b>Speaker:</b>  <a href="#">Diether Beuermann</a>                  Economics Senior Specialist                  Inter-American Development                  Bank (IDB)</p>  <p><b>Discussant:</b>                  Yadira Díaz                  Adjunct instructor                  Universidad del Rosario (Col)</p>	<p>Diether Beuermann and Camilo Pecha. <i>Universal Public Health Insurance, Adult Health Status, and Labor Supply in Jamaica</i></p> <p>We estimate the effects of Jamaica's no-user-fee healthcare policy on health status and labor supply of adult individuals. Using a difference-in-difference design based on health insurance coverage status, we find that the program reduced the number of lost days due to illnesses by 36 percent. We find no effects on employment or labor formality at the extensive margin. However, consistent with a reduced number of days lost due to illnesses, we find a positive effect on labor supply equivalent to 2.15 weekly hours. These benefits are concentrated among the relatively older individuals within the 40-64 age range. (JEL H51, I1, J22)</p>

<p><b>Speaker:</b>  <a href="#">Pablo Celhay</a>                  Assistant Professor                  Pontificia Universidad Católica de Chile</p>  <p><b>Discussant:</b>                  Norman Maldonado                  Professor                  Universidad Jorge Tadeo Lozano (Col)</p>	<p>Matias Muñoz, Pablo Celhay and Sebastian Martinez. <i>The Effect of Children's Health Insurance on Mother's Labor Supply: Evidence from Mexico</i></p> <p>This paper analyzes the impact of offering public health insurance on individual labor supply outcomes in Mexico. Our reduced form estimates show that access to a public insurance program, Seguro Popular (SP), increases women's participation in informal sector by 10-11 percentage points. We find that this increase in the informality rate is mainly driven by women entering the labor force, and less so by workers switching from the formal to the informal sector. We use a novel identification strategy relying on an exogenous increase in take-up caused by the sudden announcement and introduction of a complementary children's insurance program, Seguro Médico Siglo XXI (SMSXXI), which is available for children born after December 1st, 2006. We implement a Regression Discontinuity Design based on the children's eligibility rule to provide a causal estimate of the effect of affiliation to public insurance on parent's labor supply.</p>
<p><b>Speaker:</b>  <a href="#">Inés Berniell</a>                  Assistant Professor                  Universidad Nacional de la Plata (Argentina)</p>  <p><b>Discussant:</b>                  Sergio Prada                  Professor                  PROESA                  Universidad ICESI (Col)</p>	<p>Inés Berniell and Jan Bietenbeck. <i>The Effect of Working Hours on Health</i></p> <p>Does working time affect workers' health? We study this question in the context of a French reform which reduced the standard workweek from 39 to 35 hours, at constant earnings. Our empirical analysis exploits variation in the reduction of working time across employers, which was driven by the institutional features of the reform and thus exogenous to workers' health. We find that longer working hours increase smoking and decrease self-reported health, and that these impacts are concentrated among blue-collar workers. In contrast, white-collar workers' body mass index increases with hours worked.</p>