

Health Benefits Packages: What's In, What's Out

Practical and Ethical Considerations for Priority Setting

Carleigh Krubiner, PhD

*Setting Priorities Fairly - Sustainable policies for
effective resource allocation in Africa*

Accra, Ghana

The Challenge: What's In, What's Out

Many competing claims for resources to cover vast health needs

With limited resources, not everything can be covered

- Which specific health services and goods?
- For which populations (e.g., vulnerable or high-risk?)
- With what kinds of cost-sharing arrangements?

Priority-setting is unavoidable

*“If you guarantee everything,
you guarantee nothing.”*



*“All roads lead to universal health coverage ... For me, the key question of universal health coverage is an **ethical one**...”*

-Tedros Adhanom Ghebreyesus
WHO Director General
July 17, 2017

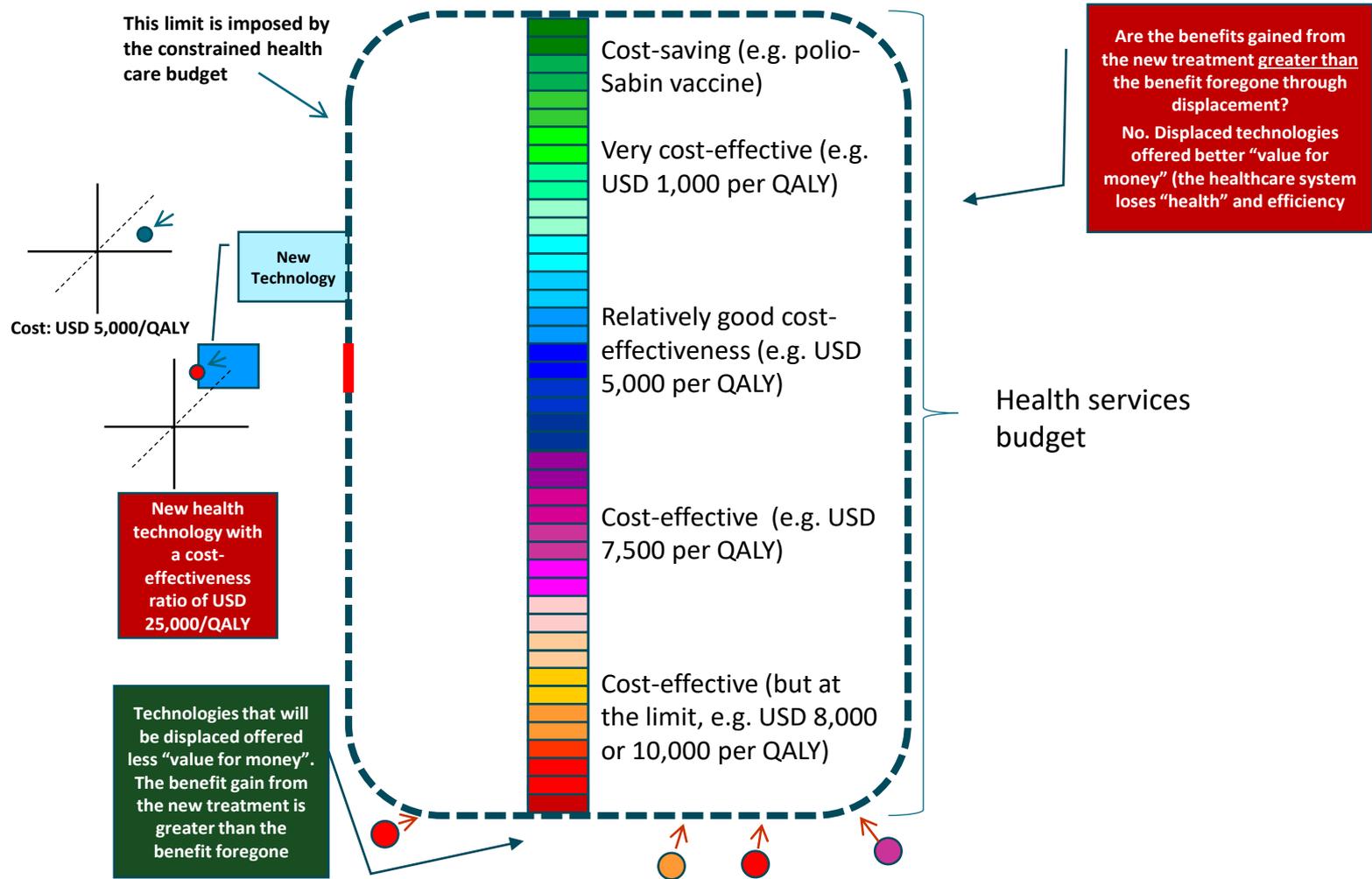
Why institutionalised, explicit priority-setting?

The harms of implicit rationing:

- Wasted resources, unrealized health gains – **opportunity costs**
- Reinforced **health inequities**
- **Lack of transparency** - public distrust and dissatisfaction
- **Unsustainable** expenditures on health that can erode the HBP

These are all ethically relevant and important!

Opportunity costs: An Illustration



Opportunity costs not just for health gains but equity gains!

Cost-Effectiveness: HIV Example (VLM vs CD4)

2013 WHO Treatment Guidelines recommend use of viral load monitoring (VLM) instead of CD4 counts

- Rationale was that VLM could improve adherence, could avoid unnecessary switches to 2nd line ART, may reduce transmission
- BUT VLM is significantly more expensive (US\$ 45 vs. US\$ 9)

What are the opportunity costs of adopting the VLM guideline???

- The same resources needed to cover VLM for existing patients could instead expand population coverage of testing & treatment – resulting in **3X** the health benefits and **more equitable access to tx!**

Table 3: Alternative ways of spending ART programme resources

(a) Invest in viral load monitoring

	Illustrative per patient total costs	Illustrative per patient total health attainment (QALYs)	Incremental cost-effectiveness ratio (ICER)	ART coverage	Health attainment (QALYs)	Illustrative total costs
No treatment	\$2,000	5	-	49%	0.59m	\$235m
ART with clinical/CD4 monitoring	\$22,000	25	\$1000 per QALY	0%	-	-
ART with VL monitoring	\$28,000	27	\$3000 per QALY	51%	3.30m	\$3,425m
Total					3.89m	\$3,660m

(b) Invest in ART scale-up

	Illustrative per patient total costs	Illustrative per patient total health attainment (QALYs)	Incremental cost-effectiveness ratio (ICER)	ART coverage	Health attainment (QALYs)	Illustrative total costs
No treatment	\$2,000	5	-	34%	0.41m	\$162m
ART with clinical/CD4 monitoring	\$22,000	25	\$1000 per QALY	66%	3.98m	\$3,498m
ART with VL monitoring	\$28,000	27	\$3000 per QALY	0%	-	-
Total					4.38	\$3,660m

Note: Approx. ART eligible (CD4<350) adult population of Cameroon, 2013, is 240,000.⁹

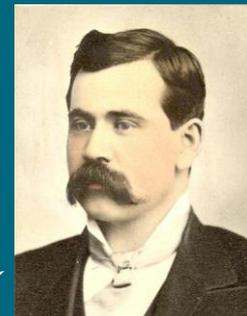
Beyond Cost-Effectiveness: Additional Ethics Considerations

Efficiency (as measured by CEA) is *a* key ethics consideration ...

But there are *other* ethics considerations to account for:

- Equity
 - *Various dimensions: age, gender, ethnicity, geography, etc.*
 - *Equity in access, outcomes, financial protection*
- Respect, Dignity, & Stigma
- Compassion
- Impacts on social relationships
- Financial impacts/impoverishment due to ill health

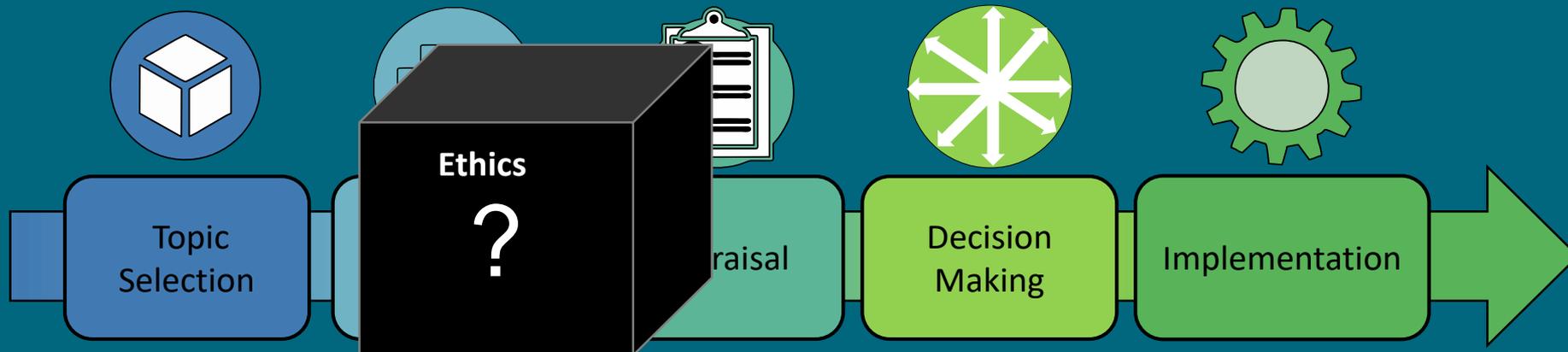
***“Not everything that
counts can be counted...”***



William Bruce Cameron

The Black Box of Ethics in HTA

In theory: HTA includes not just economic evaluation (cost-effectiveness) – but also ethics and social values



In practice: HTA is mostly about *economic evaluation* of new drugs and rarely reflects on ethical implications, local values and context in a systematic way

Existing Resources: Ethics and Priority-setting

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FRAMEWORK FOR SYSTEMATIC IDENTIFICATION OF ETHICAL ASPECTS OF HEALTHCARE TECHNOLOGIES: THE SBU APPROACH

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Objective: Assessments in HTA to systematically identify ethical aspects of health technologies.

Methods: The framework adopted by the Swedish ethics working group in HTA.

Results: The framework effects of the intervention. Conclusions: The framework will hopefully inspire other HTA systems.

Keywords: Ethics, HTA

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Toward a procedure for integrating moral issues in health technology assessment

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Objectives: Although ethics has been on the agenda in HTA since its inception, the integration of moral issues performed in a vast variety of ways. Therefore, there is a need to integrate moral issues in HTA.

Methods: Literature review of existing approaches together with philosophical and sociological analysis.

Results: The article develops a set of questions that address issues related to the assessment and implementation of include general moral issues and moral issues related to characteristics of technology, and to the HTA process itself for use in HTA.

Conclusions: The presented approach for integrating moral issues in HTA has shown to be useful in practice and can be of great importance with respect to the development of health policy making.

Keywords: Ethics, Procedure, Moral, Science and technology

Health technology assessment (HTA) has been defined as a systematic study of the consequences of the (introductions or removals) use of technology in a particular context and is viewed as a way to handle some of the major challenges in modern health-care: outcome and cost. Although HTA has been on the HTA agenda since the 1970s, many attempts have focused exclusively on “systematic reviews,” it is worth noticing that moral issues have been more recently treated in general technology assessments (TA) in HTA (16).

Although moral aspects have not become common parts of HTA, it soon became urgent to include such issues in the HTA process. One reason for this finding can be related to characteristics of the technologies in question: that they are morally controversial, such as in vitro fertilization (IVF) preimplantation genetic diagnosis (PGD), but they were

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CENTER FOR GLOBAL DEVELOPMENT

WHAT'S IN WHAT'S OUT

Designing a Health Benefits Plan for Universal Health Coverage



EDITED BY
AMANDA GLASSMAN,
URSULA GIEDION AND PETER SMITH

Nahatain et al. Cost Effectiveness and Resource Allocation 2014, 12:18
<http://www.resource-allocation.com/content/12/1/18>

METHODLOGY **Open Access**

Guidance on priority setting in health care (GPS-Health): the inclusion of equity criteria not captured by cost-effectiveness analysis

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Abstract
This Guidance for Priority Setting in Health Care (GPS-Health), initiated by the World Health Organization, offers a comprehensive map of equity criteria that are relevant to health care priority setting and should be considered in addition to cost-effectiveness analysis. The guidance, in the form of a checklist, is especially targeted at decision makers who set priorities at national and sub-national levels, and those who interpret findings from cost-effectiveness analysis. It is also targeted at researchers conducting cost-effectiveness analysis to improve reporting of their results in the light of these other criteria.

The guidance was developed through a series of expert consultation meetings and involved three steps: 1) methods and normative concepts were identified through a systematic review; 2) the review findings were critically assessed in the expert consultation meetings which resulted in a draft checklist of normative criteria; 3) the checklist was validated through an extensive hearing process with input from a range of relevant stakeholders.

The GPS-Health incorporates criteria related to the disease an intervention targets (severity of disease, capacity to benefit and past health loss); characteristics of social groups an intervention targets (socioeconomic status, area of living, gender, race, ethnicity, religion, and sexual orientation); and non-health consequences of an intervention (financial protection, economic productivity, and care for others).

Keywords: Priority setting, Resource allocation, Cost-effectiveness, Equity, Population health

Introduction
Priority setting of health interventions should seek to achieve health system goals, broadly defined as maximization of health, reduction of inequalities in health, and financial protection against the costs of ill health [1,2]. Present methods for priority setting are poorly adapted to address the full range of health system objectives. The main approach to establishing health priority setting, cost-effectiveness analysis, addresses only the first objective of maximizing health [3-12]. How governments and other responsible authorities balance health maximization with equity and financial protection has far-reaching implications for what health priorities are agreed and pursued [13]. There is

therefore urgent need for a more explicit recognition of these additional concerns.

The present Guidance for Priority Setting in Health Care (GPS-Health) offers a checklist of equity criteria that are relevant to health care priority setting and are not adequately considered by cost-effectiveness analysis. Decision-makers should carefully consider these criteria alongside results of cost-effectiveness analyses when making decisions on the funding of one intervention and the refusal to fund another.

Process of guidance development
GPS-Health was developed through a series of expert consultation meetings and involved three steps: 1) Methods and equity considerations were identified through a systematic review [14]. This review concluded that several viable techniques to integrate equity concerns within

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CONTEXT-SPECIFIED FRAMEWORK

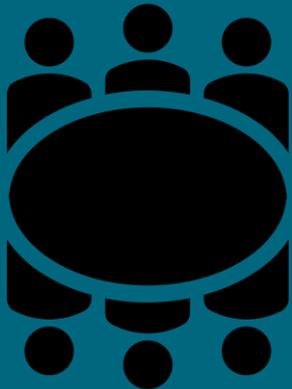


South African Values and Ethics for UHC

The SAVE-UHC Project

Developing the Framework

Convene Stakeholder Working Group



- Policymakers
- NGOs/CSOs
- Physicians
- Public Health Practitioners
- Academics
- Private Sector

Document Review



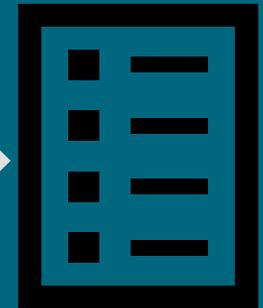
- Existing Ethics Frameworks – “menu” of considerations
- Legislative Docs
- Constitutional Court Cases

Hypothetical Case Application



- HPV Vaccine
- Rubella Vaccine

Refinement of Pilot Ethics Framework



Pilot Testing
CEA +
**Broader Ethics
Analysis**

Some Key Takeaways

- **Cost-effectiveness analysis** can help you figure out where to start to get the biggest impact for your health spend
- **Explicit ethics analysis** to address other important aspects like equity impacts & non-health impacts on wellbeing also critical
- Designated processes and institutions **for explicit & systematic approaches to priority setting** can lead to better decisions, more health gains, more trust in the system, and more **fair, ethical, and sustainable HBPs**
- The **HBP can't do everything** – must be combined with other policy reforms and investments in the supply side to realize health gains
- Define a set of services that are affordable, implementable, and sustainable (*okay to **start small with something doable** rather than have a vast list of undeliverable services*)

More info and resources:

Available at:

<https://www.cgdev.org/publication/whats-in-whats-out-designing-benefits-universal-health-coverage>

