The Ethics of Priority Setting in Global Health

Global health: Ethics, Economics and Culture
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Key Concerns

The research group *Global Health: Ethics, Economic and Culture* focuses on ethically challenging dimensions of global and national health:

- **Justice and priority setting in health**, including questions about **how to allocate scarce resources for health and health care efficiently and fairly** (Ole F. Norheim)

- **The dynamics in the encounter between local health systems, patients and large scale health initiatives** (Astrid Blystad)
Background

• Limited resources for health in resource constrained settings

• Distribution of scarce health care resources should satisfy two goals:
  1. Allocative efficiency
  2. Fairness

• Limited evidence on how efficiency should be incorporated with fairness
Projects

Previous project:

The ethics of priority setting in global health

– NRC: Young Investigators Award 2005-2010
– PI: Ole F. Norheim
2 new projects

1. Checklist for priority setting in low and middle-income countries
   - **Aim:** To develop guidance and a checklist that will facilitate consideration of equity and other relevant concerns in relation to cost-effectiveness results and priority-setting processes
   - **Partners:**
     - WHO: Costs, Effectiveness, Expenditure and Priority-setting (CEP) unit
     - International Society for Priority Setting in Healthcare
     - University of Bergen
2. The ethics of priority setting in global health 2020

- **Aim:** Develop tools to incorporate equity concerns alongside cost-effectiveness information to aid priority setting across interventions and health service delivery platforms relevant for Global Health

- **Partners:**
  - Disease Control Priorities Project (Dean Jamison, IHME)
  - NIH, Department of Bioethics
  - The Norwegian Knowledge Centre
  - WHO
  - Collaborating partners in Ethiopia (Addis Ababa, Arba Minch)
  - Public Health Foundation India
  - Advisory group: International experts and policy makers
Balancing efficiency and equity concerns

• Efficiency:
  – Maximization of health
  – Measured by:
    • Cost-effectiveness analysis

• Equity:
  – Distribution of health in an equitable way
  – Measured by
    • No generally accepted methodology
      – $\text{Gini}_{\text{health}}$
      – Concentration Index

Brock DW and Wickler D, Chapter 14 in Disease Control Priorities in Developing Countries, 2006
Gini\textsubscript{health}

- Quantitative inequality indicator used to measure overall inequality in health
  - 0: perfect equality
  - 1: inequality
- Derived from economical inequality analysis
- Can be used to
  - Describe inequality in age of death
  - Evaluate whether health interventions increase or reduce inequality in age of death

Le Grand (1987)
Smits and Monden (2009)
Robberstad and Norheim (2011)
Example: Use of $G_{\text{health}}$ in research

- We analyse potential impacts of scaling-up 14 child health interventions in Ethiopia by use of the Lives Saved Tool (LiST).
- We explore the impact on life expectancy and inequality in the age of death ($G_{\text{health}}$).

Work in progress, Onarheim et al. 2011
Impact on $Gini_{health}$ and Life expectancy - when scaling-up child health interventions in Ethiopia

Work in progress, Onarheim et al. 2011

Figure 2: Scenario 1 (blue) shows the estimated impacts of scaling-up all interventions to HSDP IV levels. Scenario 2 (red) shows the estimated impacts of scaling-up 14 health care interventions* to 90% coverage. Scenario 3 (green) shows the estimated impacts of scaling-up the five most effective health care interventions** to 90% coverage.

* Institutional delivery; Use of water connection in the home; Case management of pneumonia (oral antibiotics); Breastfeeding; Oral Rehydration Solution (ORS); Antimalarials; Pneumococcal vaccine; Preventive postnatal care; Case management of severe neonatal infection; Insecticide treated materials or indoor residual spraying; Prevention of Mother To Child Transmission (PMTCT); Zinc for treatment; Kangaroo mother care; Measles vaccine.

** Institutional delivery; Use of water connection in the home; Case management of pneumonia (oral antibiotics); Breastfeeding; Oral Rehydration Solution (ORS)
Findings from \( \text{Gini}_{\text{health}} \) analysis

- Investments in child health reduce overall inequality in age at death and improve population health

- \( \text{Gini}_{\text{health}} \) adds quantitative information on distribution of health
  - Could be useful when linking efficiency and equity
Summary

• The distribution of health and health care is important from the perspective of ethics and justice
  – Must be considered in global health research, capacity building and governance

• Further exploration on how to incorporate efficiency and equity is needed
  – Gini_{health}, concentration index, cost-effectiveness and other concerns should be looked at when priorities are set
Thank you!

Questions?

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