



Ankara University
SCHOOL OF MEDICINE

The First Medical School In The Republic of Turkey (1945)

Priority settings, social values and Public Health

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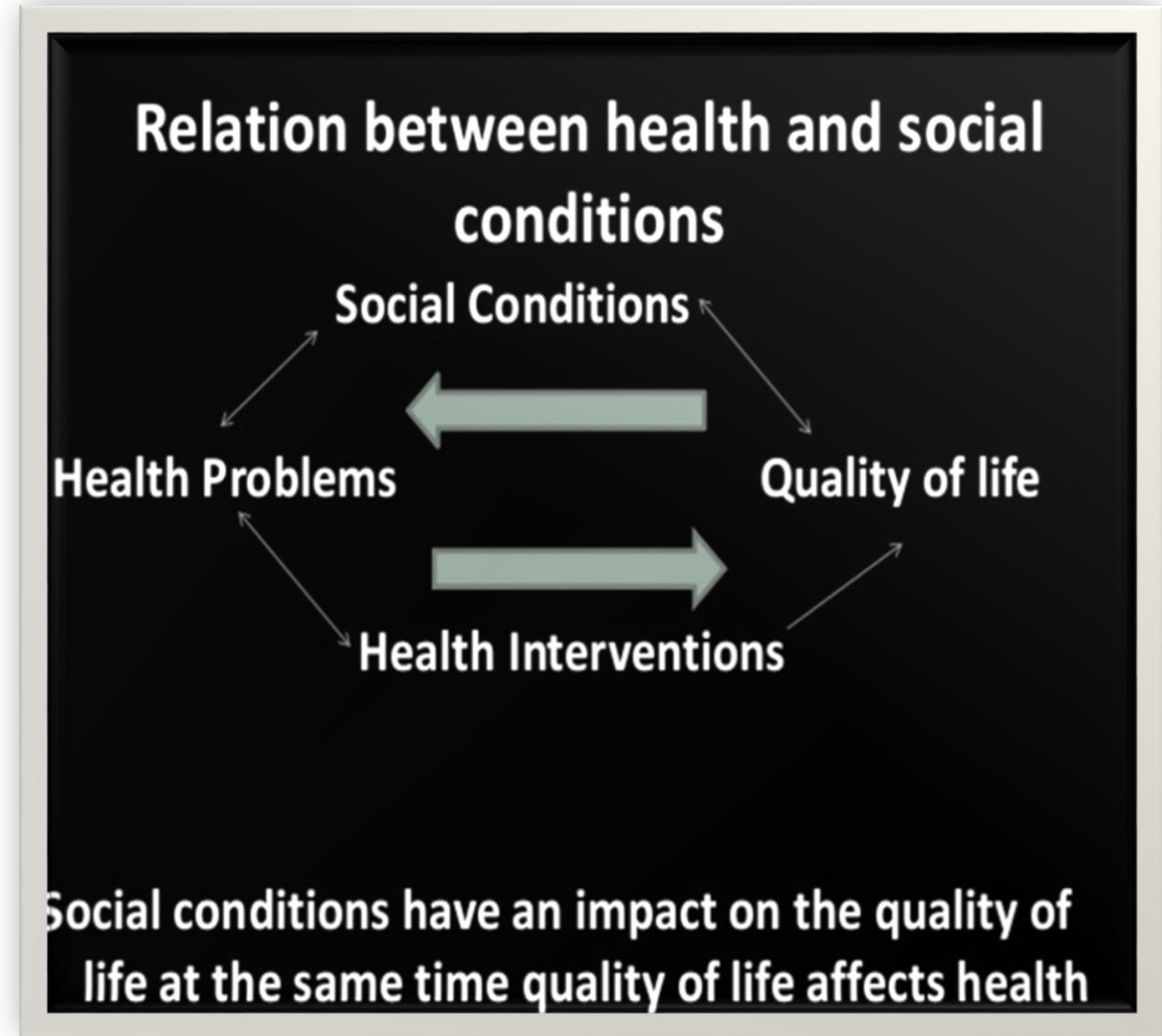
Box 1: Definitions of key terms

- Priority setting (also known as resource allocation or rationing): The distribution of limited resources among competing programs or people.
- Public engagement: The practice of involving members of the public in the agenda-setting, decision-making and policy-forming activities of priority setting.
- Public: In this commentary, public means citizens other than those affiliated with government and health care providers, employees of pharmaceutical and device companies, employees of disease-focused groups and elected officials.

Cost pressures on healthcare resources arise from a number of causes that are well understood in general terms, although the relative contribution of each is subject to dispute.

People are living longer, not only increasing population size but also creating populations that are older. Citizens have rising expectations of health services and the quality of life that those services should deliver. Innovation in healthcare technology means that some very expensive pharmaceutical interventions, like NovoSeven..

(Oxford Textbook of Public Health, 6th ed., p. 303)



Social valuation of ecosystem services and public policy alternatives is one of the greatest challenges facing ecological economists today.

Frameworks for valuing nature increasingly include shared/**social values** as a distinct category of values. However, the nature of shared/**social values**, as well as their relationship to other values, has not yet been clearly established and empirical evidence about the importance of shared/ social values for valuation of **ecosystem services** is lacking.

Cost-effectiveness

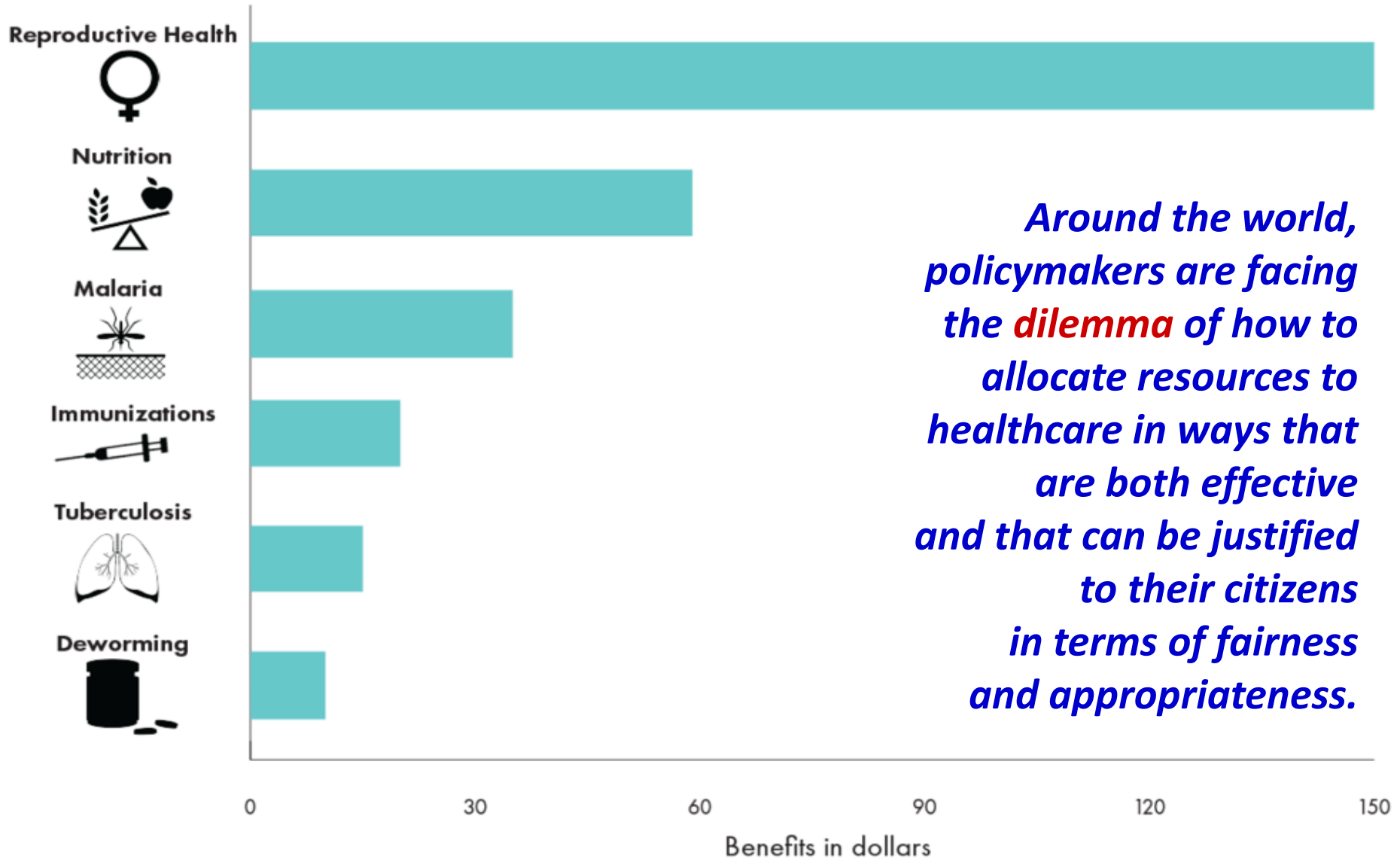
*The aim of cost-effectiveness analysis is to ensure that the **most health benefits** are obtained from limited resources.*

Cost-effectiveness seeks to establish whether differences in costs between alternative interventions can be justified in terms of the health benefits they respectively produce.

*As such, **opportunity costs** are the central concern: comparison between health gained and health forgone is at the heart of the rationale for cost-effectiveness analysis, such that the benefits provided by a treatment for one set of patients must be more than the benefits.*

(Oxford Textbook of Public Health, 6th ed. p. 308)

Cost-Effectiveness of Health Investments (per dollar)



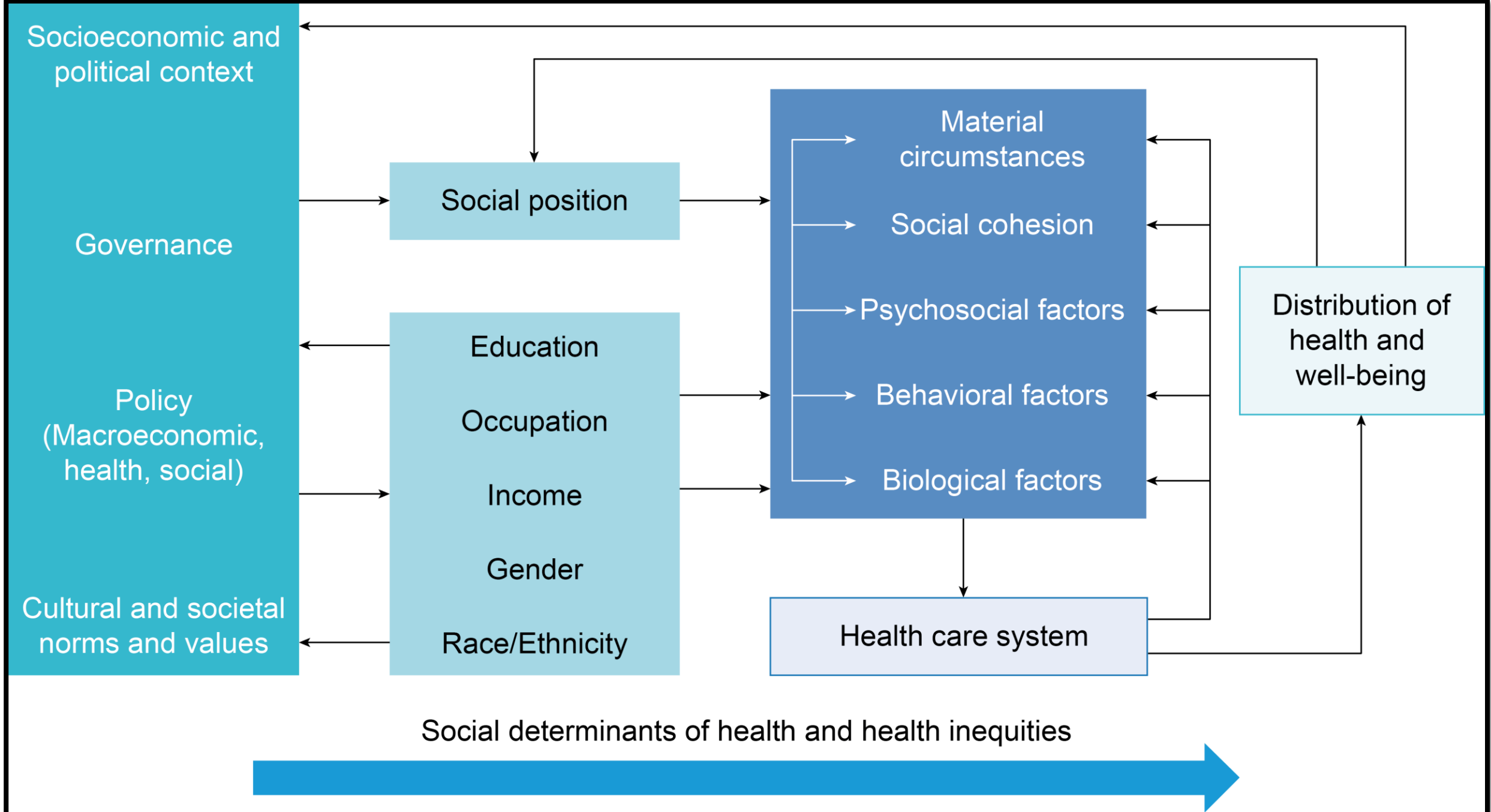
*Around the world, policymakers are facing the **dilemma** of how to allocate resources to healthcare in ways that are both effective and that can be justified to their citizens in terms of fairness and appropriateness.*

Source: Matt Ridley, "Smart Aid for the World's Poor," Wall Street Journal, July 26, 2014

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



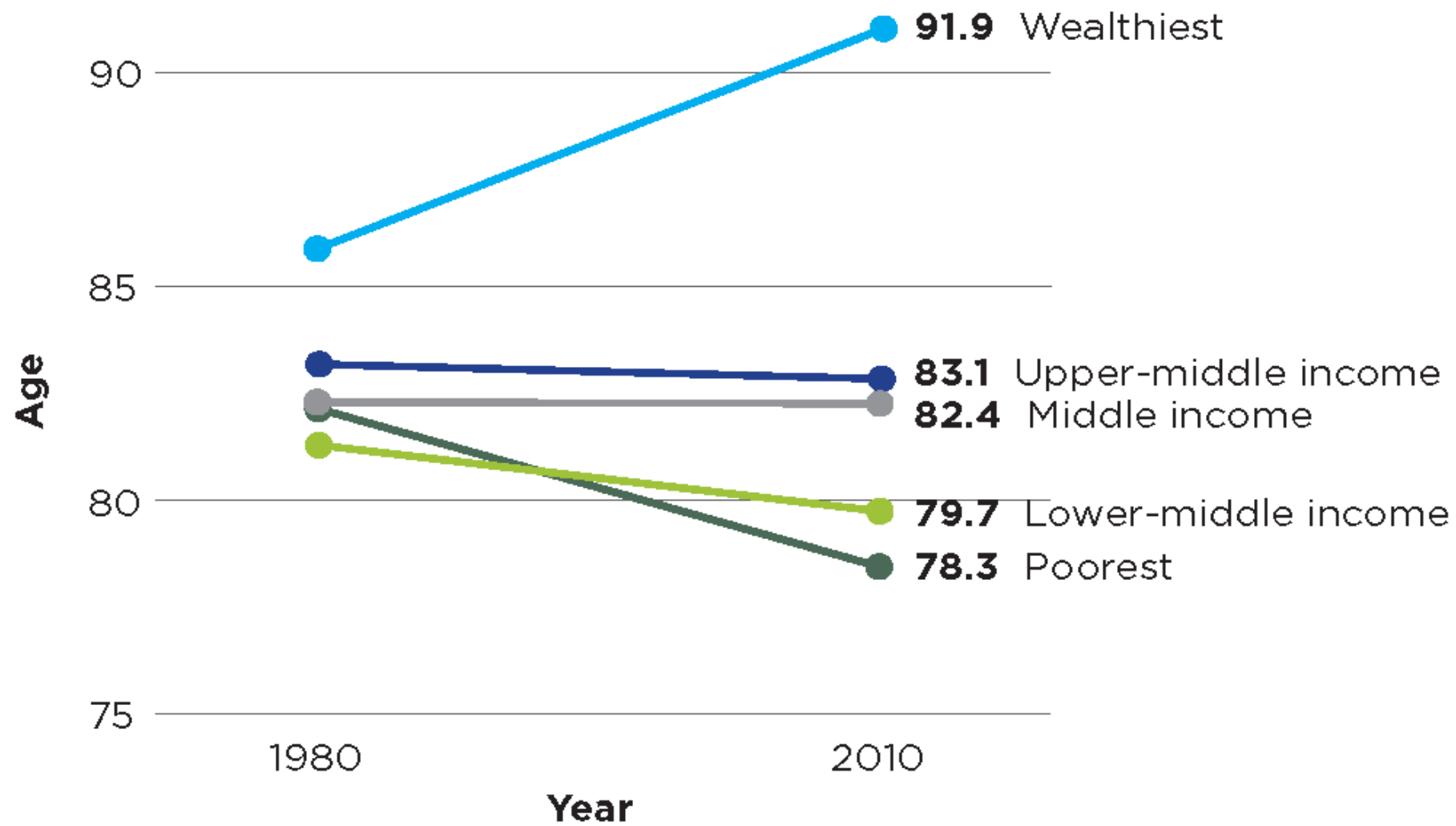
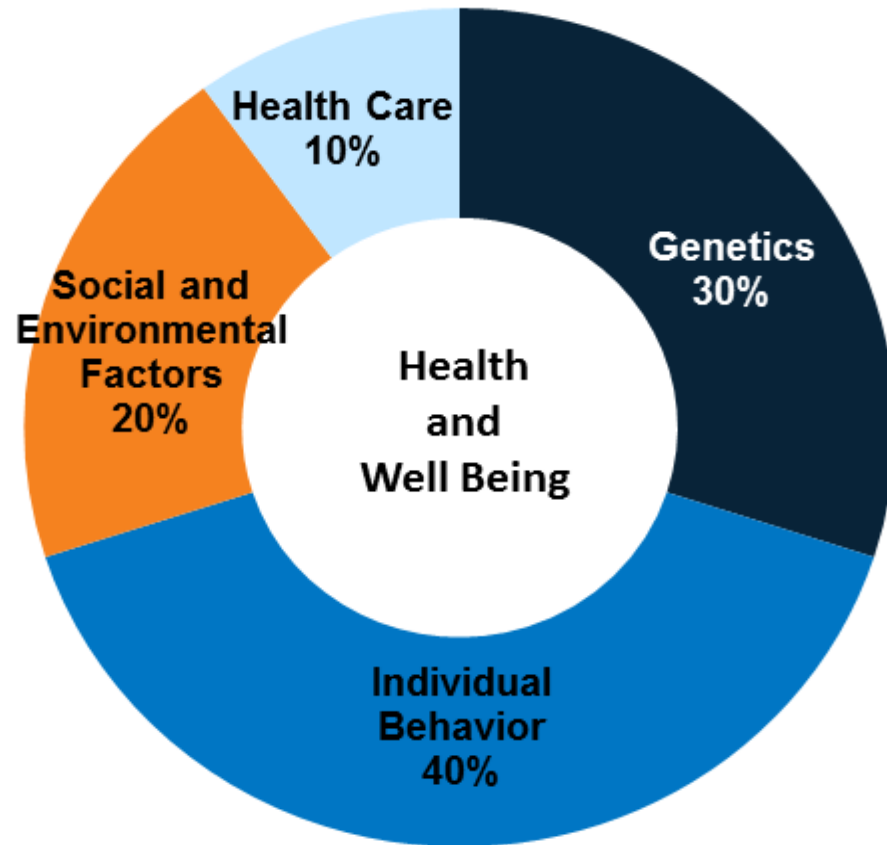


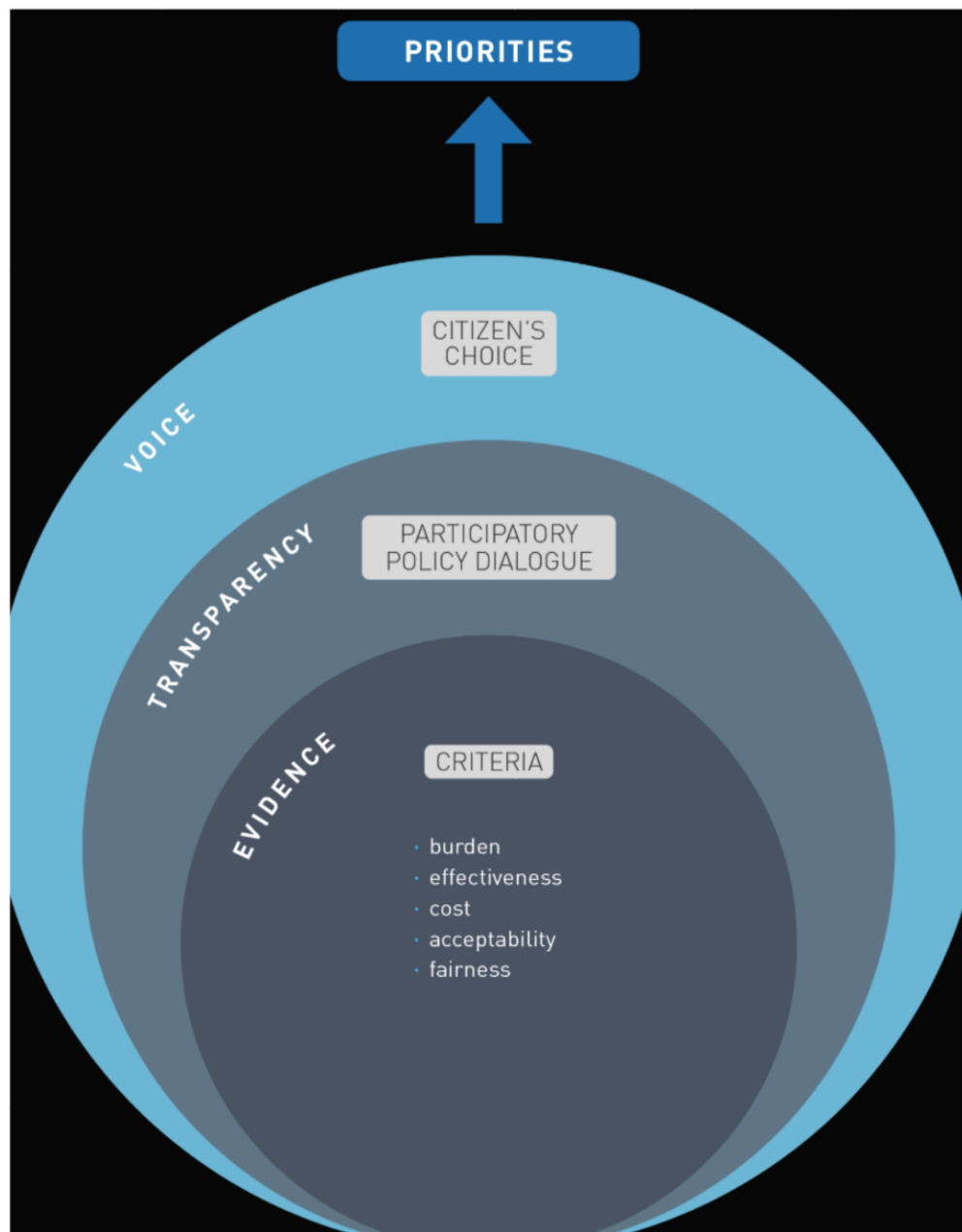
Figure 2 | Widening inequality in life expectancy for women in the United States.

SOURCE: Data from NASEM, 2015.

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.



THE VISION

A health system that performs optimally in promoting, protecting, and restoring the health of individuals and populations, and helps each person reach their full potential for health and well-being.

CORE GOALS

Better Health
& Well-being

High-Value
Health Care

Strong Science
& Technology

ACTION PRIORITIES

- Pay for value
- Empower people
- Activate communities
- Connect care

ESSENTIAL INFRASTRUCTURE NEEDS

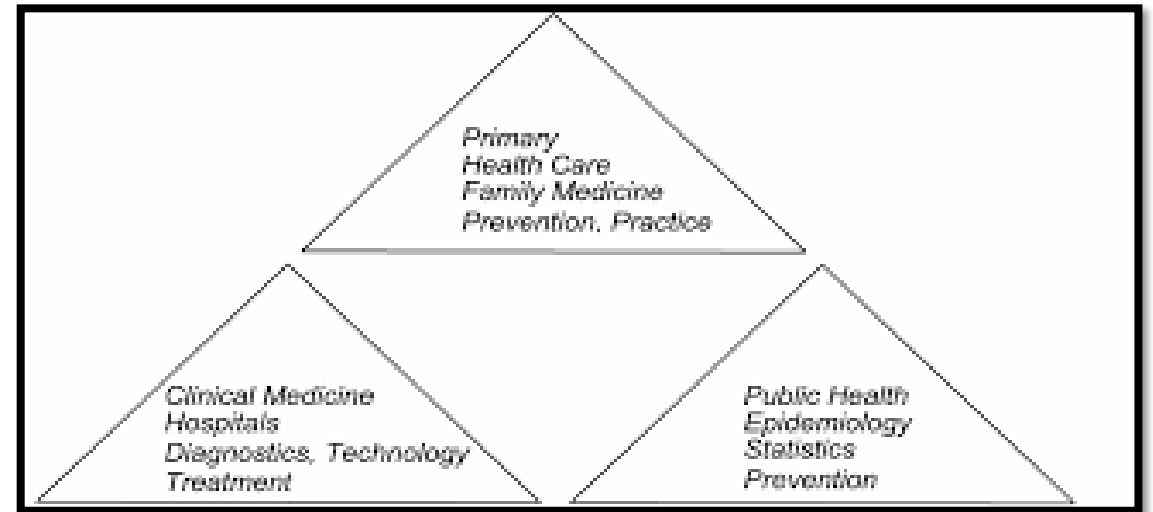
- Measure what matters most
- Accelerate real-world evidence
- Modernize skills
- Advance science

Virchow and the birth of Social Medicine

He advocated that medicine be reformed on the basis of four principles:

1. That the health of the people is a matter of direct social concern
2. That social and economic conditions have an important effect on health and disease and that these relations must be subjected to scientific investigation
3. That the measures taken to promote health and to combat disease must be social as well as medical

(The Medical Reform, 1848)



Virchow's contemporaries

- Max von Pettenkofer – dogged resistance to the theories of Pasteur and Koch that bacterium was necessary and sufficient
- Alfred Grotjahn – rescued insistence on social factors other than hygiene from developing into solely a movement for sanitary reform, as it had in UK
- Social Medicine spread throughout continental Europe in late 1880s, social medicine incorporated into medical education and practice in Czechoslovakia, USSR, France, Belgium



CRITERIA FOR PRIORITY-SETTING

1. BURDEN OF THE HEALTH ISSUE

What is the population perception of the burden?

2. EFFECTIVENESS OF THE INTERVENTION

How applicable, feasible, deliverable, or sustainable is the intervention?

3. COST OF THE INTERVENTION

Is the intervention affordable and cost-effective?

4. ACCEPTABILITY OF THE INTERVENTION

How acceptable is the chosen intervention to the community or target population?

5. FAIRNESS

Is the intervention free from bias or injustice?

MONITORING, EVALUATION & REVIEWS

MONITORING means collecting, tracking and analysing data to determine what is happening, where and to whom using a set of core indicators and targets to provide timely and accurate information.

EVALUATION builds upon the monitoring data by taking the analysis deeper to account for contextual changes and determine if change is attributable to services.

REVIEWS gather evidence through monitoring and evaluation processes to assess progress and performance.

Stage 1: Problem identification

- Identify current and emerging problems
- Identify problems for each planning level
- 'Cast the net wide' to identify the full range of economic, social and environmental factors

- At the end of this stage, practitioners will have developed a clear statement of the problems that prevent the achievement of the stated goals and objectives



Stage 2: Problem assessment

- Provide data-rich evidence of the scale and extent of the problem
- Identify the causes of the problem
- Assess the implications of current and emerging problems
- Demonstrate that problems are a constraint on achieving defined goals and objectives

- At the end of this stage, practitioners will have evidence of the scale, costs, causes and effects of the problem



Stage 3: Problem prioritisation

- ➔ Compare quantitative and qualitative information to identify the most urgent or biggest problem

- At the end of this stage, practitioners will have identified the problems to which priority should be given (based on data and evidence)



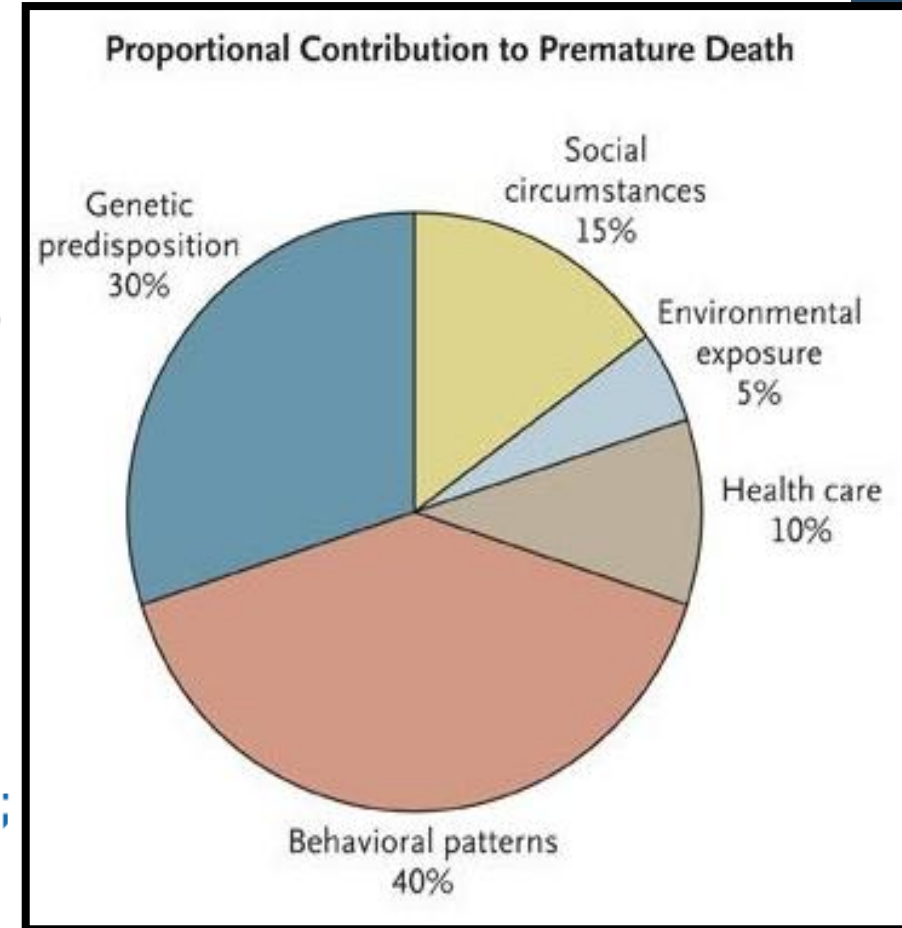
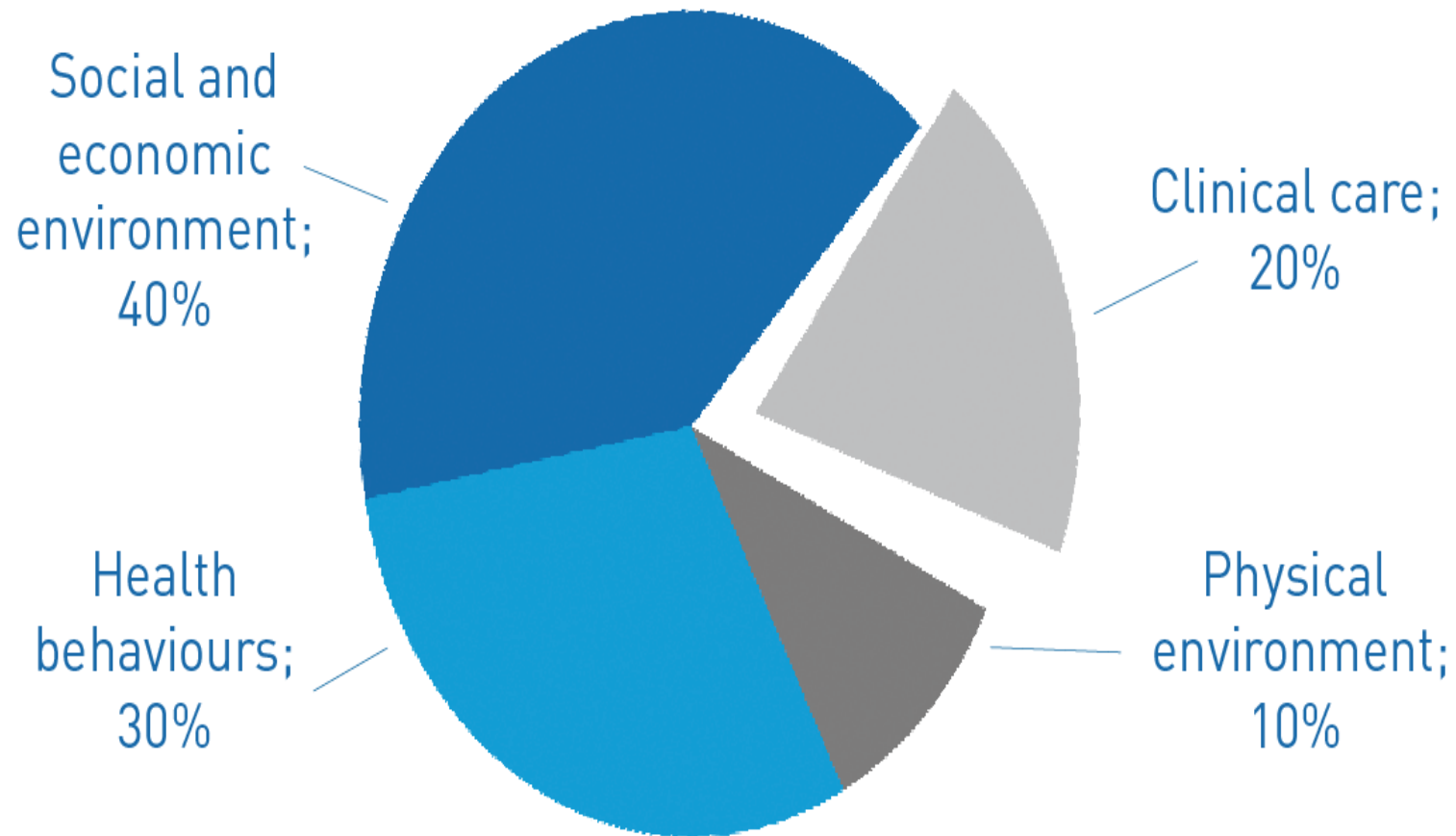


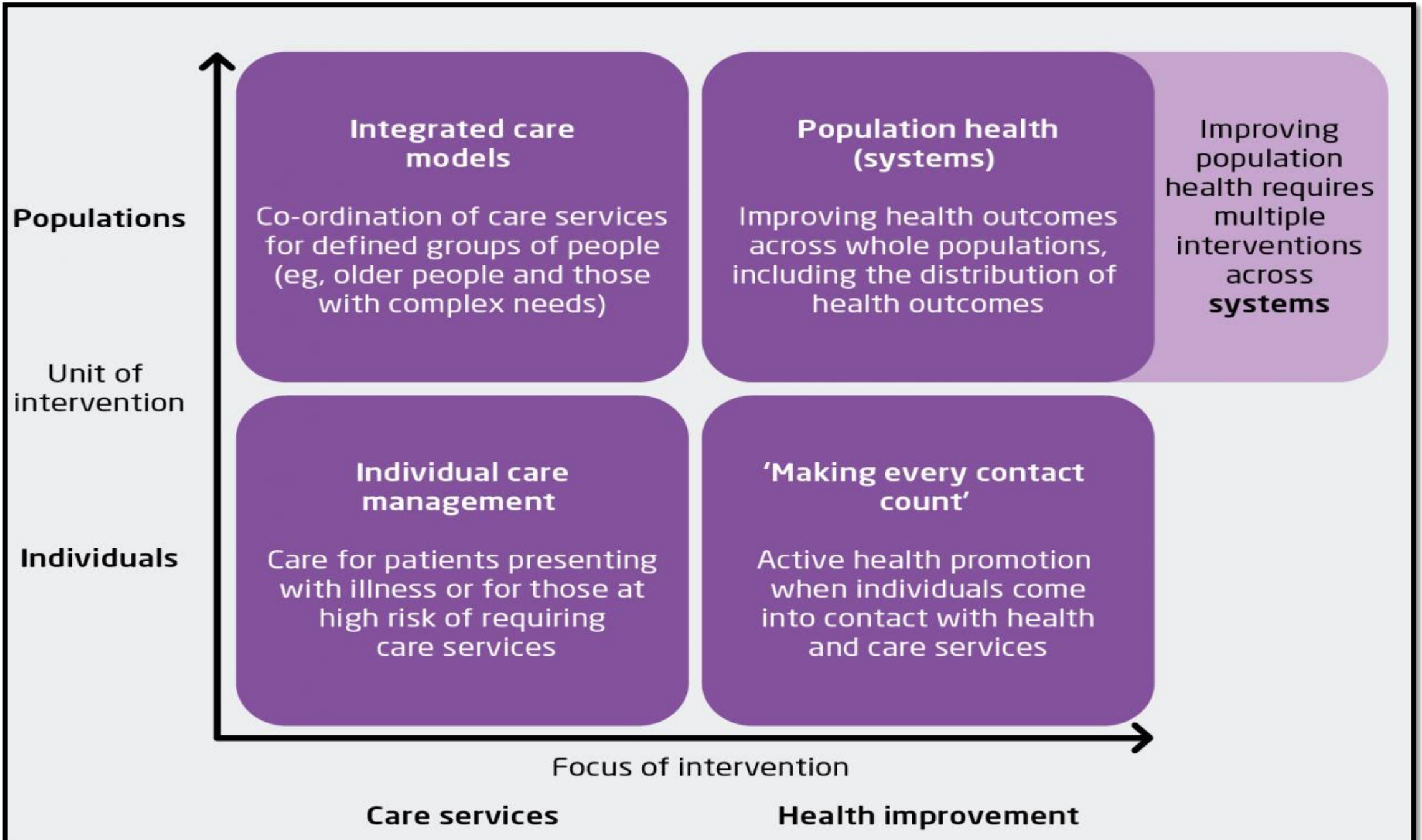
The World Development Report was also important in encouraging a more explicit approach to rationing of services and ***priority setting for health investment***, justified by the extent of health gains that could be achieved through this approach. For example, it is estimated that for a cost of US \$1 million the loss of 50,000–500,000 DALYs could be averted through ***extended vaccine coverage***, the loss of 50,000–125,000 DALYs could be averted through improved **malaria** treatment programmes.

Estimates such as these encouraged governments to promote the notion of ***universal access to essential services***.

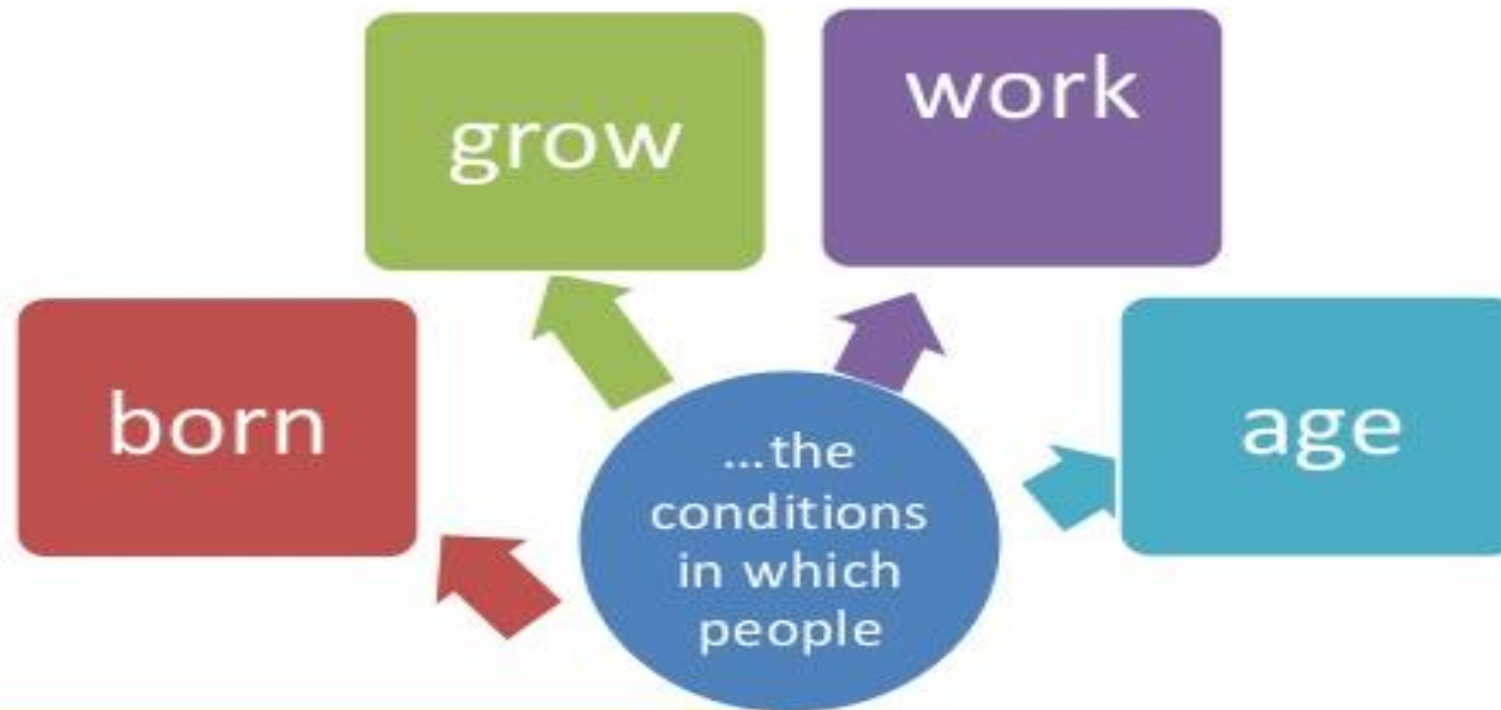
(Oxford textbook of Public Health, 6th ed., p. 240)

Factors affecting populations' health in the USA





The Social Determinants of Health are...

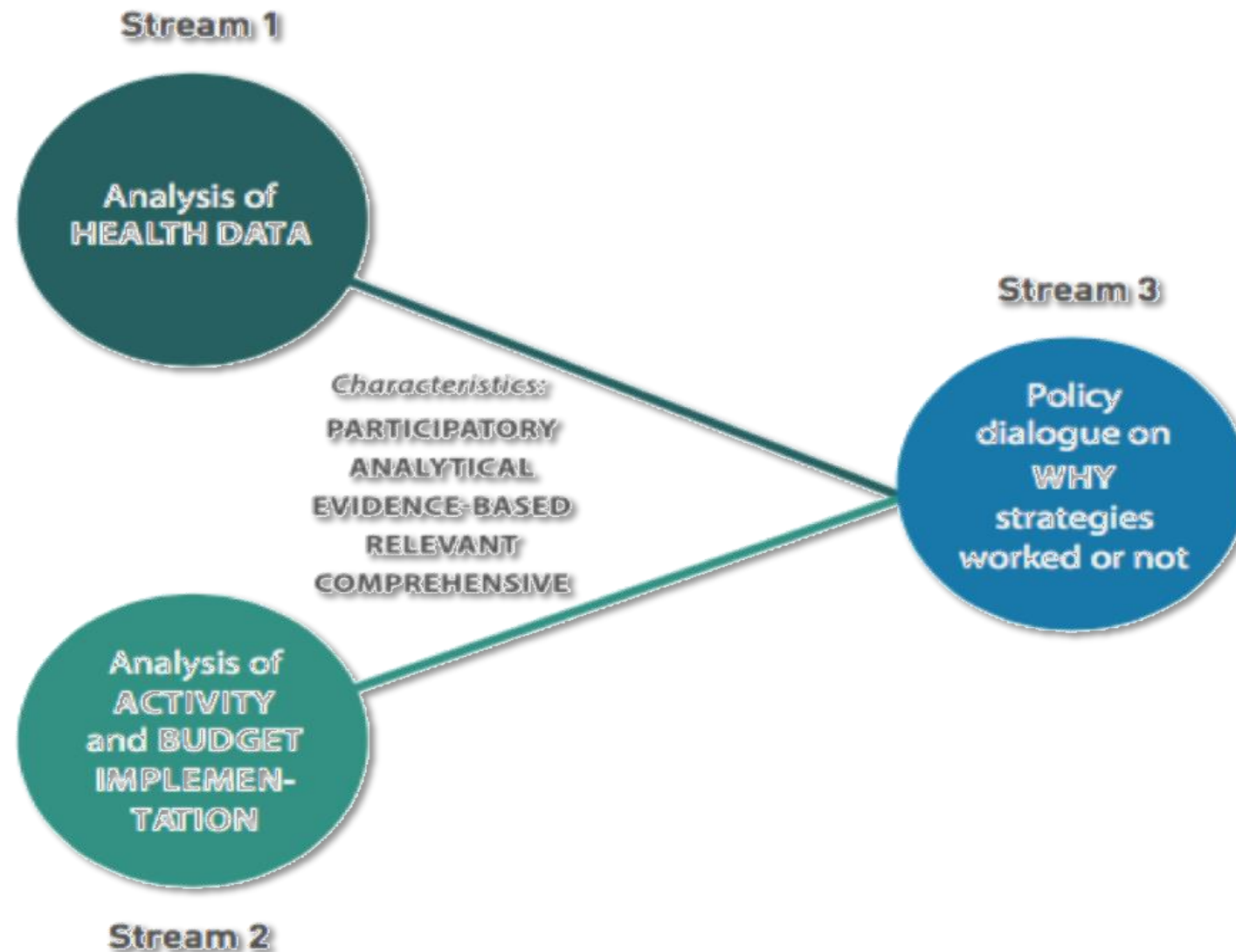


Structural determinants:
Governance, economic, social and public policies, culture and societal Values, social class, gender ethnicity, education, occupation, income and place of living

Intermediary determinants of health:
Material circumstances (*living and working conditions, food availability, etc.*), exposure to risks, risk-behaviors, biological factors and psychosocial factors

big idea/idea for the future: modernization

Three streams of work in a health sector situation analysis



**YOUR
PRIORITIES SAY
A LOT ABOUT
YOU.**

SLICKWORDS.COM

Perfect health 1,0

Health-related quality of life

With intervention

B

Without intervention

A

Dead 0,0

Time (years)

Death

Death

Principals of priority setting in public health services

Health, a basic human right

Meaningfull participation

Transparency

Accountability

Autonomy - Solidarity

Social Justice

Cost-effectiveness

Clinical effectiveness

Values-based

Community oriented

Focused with

preventive medicine

vulnerable groups

Public – tax financing

(Oxford Textbook of Public Health, 6th ed. section 3.5)

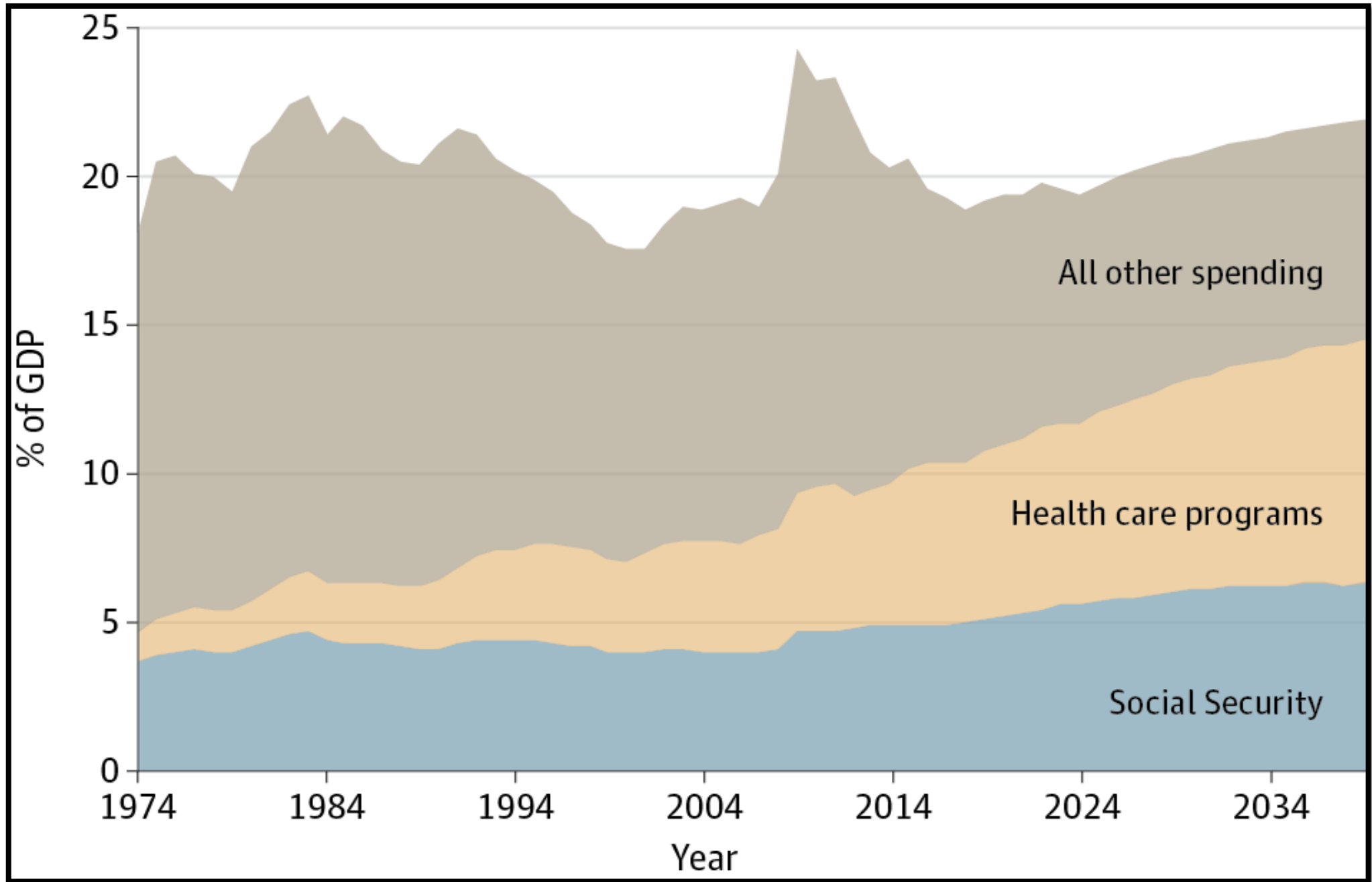
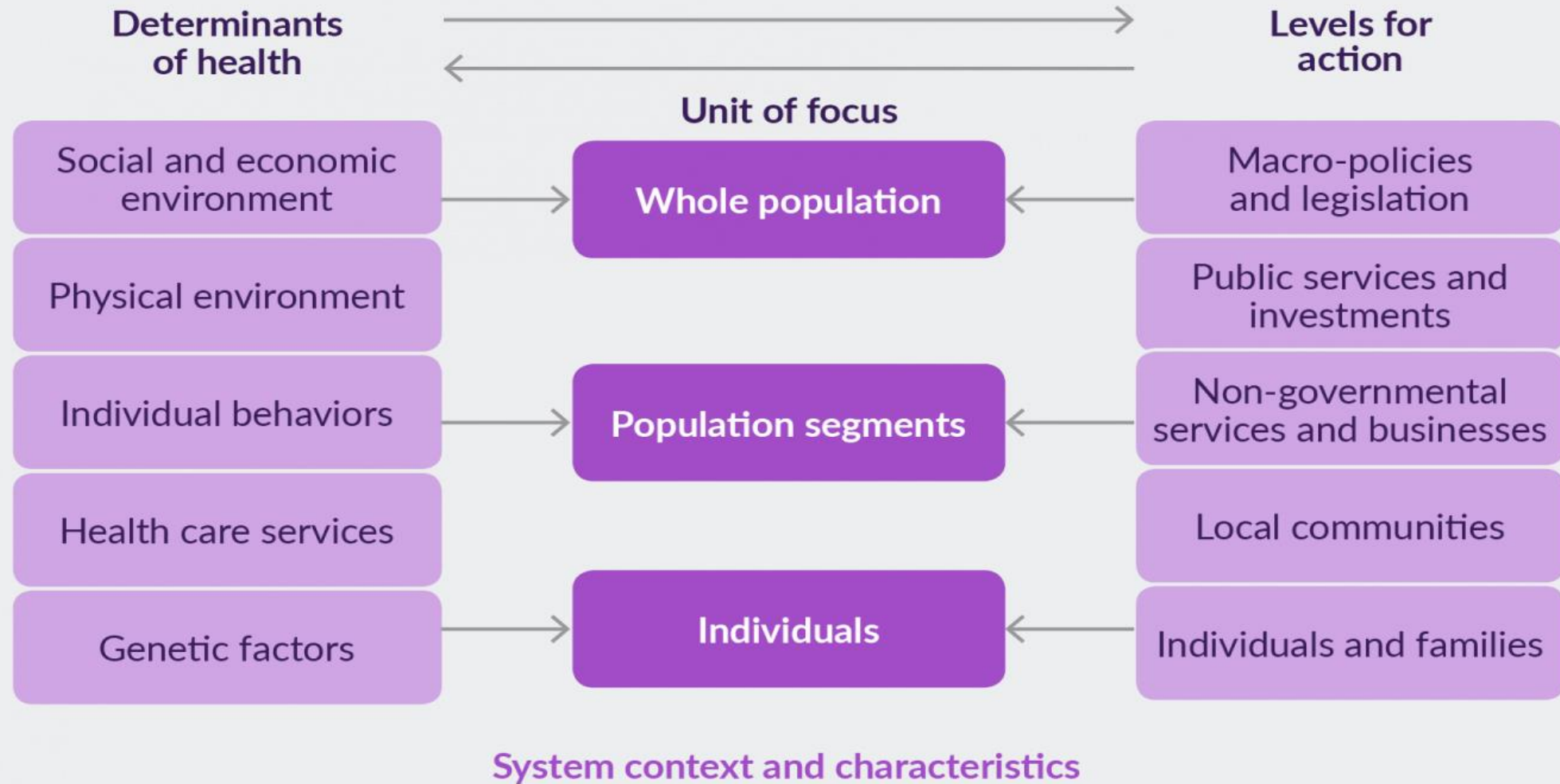


Figure 2 A framework for designing strategies to improve population health

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Source: Siegel *et al* 2016

LAW AND REGULATION

LAWS are rules that govern behaviour, backed by coercive force and made by a legitimately constituted nation state. Laws can be made by a legislature, resulting in primary legislation, by executive or local government through the issue of secondary legislation, or by judges through the making of binding legal precedent.

REGULATION is:

- (a) the promulgation of rules by government accompanied by mechanisms for monitoring and enforcement;
- (b) any form of direct state intervention in the economy, whatever form that intervention might take; or
- (c) all mechanisms of social control or influence affecting all aspects of behaviour, from whatever source.



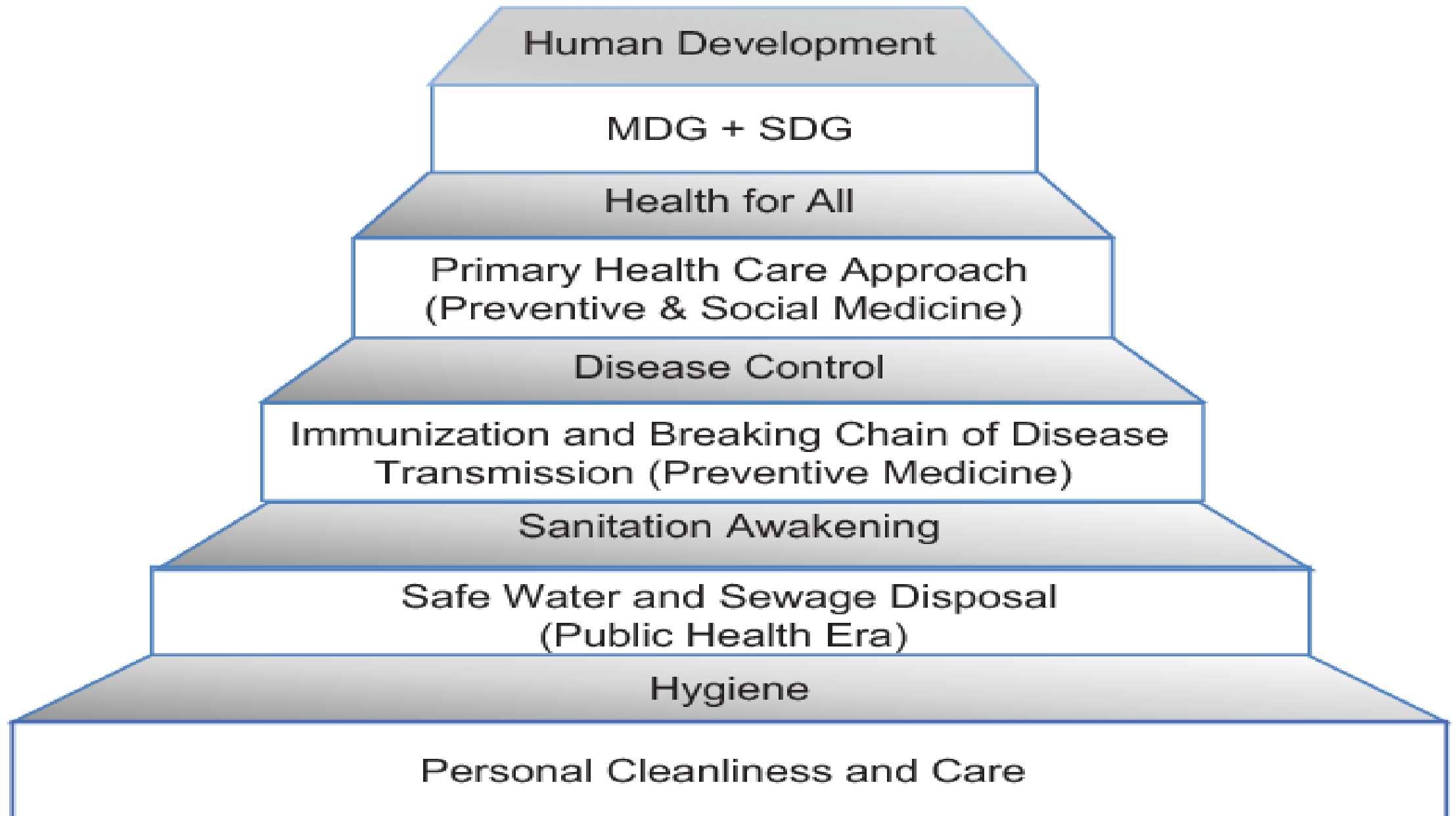
Priority-setting

- Entire decision-making process and context, including the legislative, regulatory, policy, payment, and reimbursement framework within which evidence is developed and used to inform public spending decisions.
- Reflects that priority setting
 - ...involves multiple actors and processes, and is based on inputs provided by health systems, the legal framework, and social values prevailing in each society...
 - ...leading to different types of outputs such as coverage decisions, guidelines, protocols, or other evidence-based recommendations that will be reflected in public budgets and spending for health.
- The specific system emerges from a country's priority-setting starting point.
- Includes but does not refer only to the narrow technical and analytic function of assessing an individual technology or intervention (narrow HTA)



Outcomes of public health investments

- Population health improvements
- Reduction in inequalities
 - Population shift
 - Working with disadvantaged communities
 - Strengthened and supportive environments
- Ecological development, support and advancement
- Supported communities and people
- Effective and equitable health care care systems
- Healthy public policies
- Effective surveillance and monitoring programs
- Context: fixed, if not reducing budgets



Priorities

- ① Please write your
- ② top 3 priorities
- ③ in terms of health services



Health is not a commodity but a fundamental human right. This principal is the #1 tool in priority setting for public health services.



Thanks for cooperation..

