PMAC | PRINCE MAHIDOL AWARD CONFERENCE 2016

CALL FOR

ABSTRACTS

PRIORITY SETTING FOR

UHC

UNIVERSAL HEALTH COVERAGE

BACKGROUND

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues. The Prince Mahidol Award Conference 2016 is co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University, the World Health Organization, The World Bank, U.S Agency for International Development, Japan International Cooperation Agency, The Rockefeller Foundation, China Medical Board, Bill and Melinda Gates Foundation, National Evidence-based Healthcare Collaborating Agency, and NICE International, with support from other key related partners. The Conference will be held in Bangkok, Thailand, from 26 – 31 January 2016. The theme for PMAC 2016 is *"Priority Setting for Universal Health Coverage"*.

Universal health coverage (UHC) is high on the global agenda as a means to ensure population health, equity and social development. In most countries where current access to essential health care is limited, introducing UHC prompts serious concerns among government leaders on the growing expenditures and demands for public resources. As such, priority setting is indispensable and has been applied at various levels, to ensure that finite health resources can be used in the most cost-effective ways, to provide a high quality and appropriate package of healthcare for the population. At the macro level, priority setting can be used to set limits of the health budget and how much should be spent on health insurance; at the meso level, how much should be spent on infrastructure development and human resources; at the micro level, how much should be spent on particular drugs, technologies, intervention, and policies within a health problem.

Priority setting involves explicit and implicit approaches and the focus of the theme is explicit approaches, which encourages the use of evidence, transparency, and participation. Although priority setting cannot avoid politics, evidence should come first and politics are complementary to what evidence cannot address because evidence-based priority setting can make UHC acceptable and sustainable. It is noteworthy that since health-related decisions are driven by the Health in All Policy notion, priority setting is undertaken not only by policy makers in the Ministry of Health and Health Insurance Office, but also by stakeholders in non-health sectors such as the Ministry of Finance, development partners, and civil society organizations.

The role of health intervention and technology assessment (HITA), not only as a technical exercise but also as a deliberative process, is increasingly recognized as a tool for explicit priority setting, including in the development of the health benefits package, which is an integral part of UHC – what kind of services to provide and to whom. The concept of HITA and its contribution to UHC were endorsed in the resolutions of the WHO Regional Committees for the Americas in 2012 and Southeast Asia in 2013, the Executive Board in January 2014, and the World Health Assembly (WHA) resolution in May 2014. All these resolutions call for movements on capacity building for and introduction of HITA in all countries, especially in those resource-finite settings. It is anticipated that these movements will increase awareness and demand for HITA studies in the health sector. The WHA resolution also requests the WHO Director-General to report back to the WHA in May 2016. Thus the PMAC in January 2016 would be most timely to track the progresses and recommend further actions.

OBJECTIVES

- To advocate and build momentum on evidence-informed priority setting and policy decisions to achieve UHC goals;
- To advocate for the global movement and collaborations to strengthen the priority setting of health interventions and technology in the long-term;
- To share knowledge, experience, and viewpoints on health-related priority setting among organizations and countries; and
- To build capacity of policymakers and respective stakeholders for development and introduction of contextually-relevant priority setting mechanisms in support of UHC

ABSTRACTS

The abstract should contain **no more than 300 words** that illustrate original research, or experience from the field on the subjects which have never been presented at any international conference.

All submissions should fall under three main sub-themes as follows:

SUB-THEME 1
Organizing priority setting:
what evidence is needed?

SUB-THEME 2
Using priority setting evidence
in making UHC decisions

SUB-THEME 3
Priority setting in action:
learning and sharing country experiences

SUB-THEME 1

ORGANIZING PRIORITY SETTING

WHAT EVIDENCE IS NEEDED?

This sub-theme provides not only basic information to participants who are not familiar with priority setting and its technical terms, but also, in some sessions, offers in-depth dialogues on current challenges in order to call for collaborations to address these challenges in the future. Sessions under this sub-theme will discuss techniques and approaches available for priority setting including their advantages and disadvantages; what evidence is required in priority setting for the whole range of interventions from single technologies to complex interventions, health systems arrangements, and disinvestment of existing interventions/ technologies; capacity development in LMICs; and the governance of priority setting.

Issues to be discussed under this sub-theme include but are not limited to:

1.
EVIDENCE FOR PRIORITY SETTING

1.1 Simple approaches

- What conditions to address?
  e.g. mortality, morbidity, DALY lost ,
  economic impact of illnesses, political concerns
- Which interventions to apply?
  e.g. economic evaluation such as CEA, CUA, CBA
- Should cost effective interventions be covered?
  e.g. budget impact, long term fiscal capacity to sustain interventions
- What evidence is required in making coverage decisions?
  e.g. ethical, equity, social, legal dimensions
  of delivering new interventions
- What evidence is required for the political dimensions of disinvestment of existing interventions and technologies?
- Assessment for off-label uses of medications
  e.g. the case of the use of bevacizumab for macular diseases

1.2 Complex approaches

- What evidence is required for priority setting of complex health interventions, including public health programs, compared with a single health intervention/technology?
- What is the generalizability, transferability, and applicability of global/regional evidence on priority setting to different country contexts? What are the pros and cons and methodological challenges between local and global priority setting (e.g. DCP, WHO-CHOICE)? Did global evidence transcend to application by LMICs and how?
- Beyond conventional health outcome measurement: what are the development and potential contributions of other indexes such as capability or well-being indices?

1.3 Setting priorities for research and development investment

- What evidence is needed for setting priority of research and development of health technologies?

2.
CAPACITY DEVELOPMENT IN LMICS

- How to strengthen different data platforms, including the application of real world data for regular priority setting?
- How to strengthen and sustain human capital, standard operating procedure of organizing data for priority setting, and partnership and engagement of stakeholders?

3.
GOVERNANCE OF PRIORITY SETTING

What should be the governance mechanisms in ensuring transparency, accountability, reliability, and trustworthiness of generating and organizing evidence for priority setting?

SUB-THEME 2

USING PRIORITY SETTING EVIDENCE IN MAKING UHC DESIONS

The main objective of this sub-theme is to demonstrate political economy and options to link evidence to UHC policy. This sub-theme also addresses current challenges in this area, including the lack of integration of evidence in policy development, such as the revision of the benefits package, national formularies, standard practice guidelines, and designs of public health programs. How evidence is applied, transcendent across geographical boundaries, and communicated in UHC decisions in different country contexts will also be discussed.

Issues to be discussed under this sub-theme can be categorized into four groups:

1.

CONTEXTUALIZATION OF GLOBAL TO LOCAL PRIORITY SETTING

- How LMICs contextualize global evidence into country prioritization processes?
- What are the roles of development partners in supporting, encouraging and using evidence for priority setting?

2.

COMMUNICATIONS TO DECISION MAKERS AND OTHER STAKEHOLDERS AND IN SUPPORTING THE USE OF EVIDENCE IN DECISION MAKING

- Awareness, demand for, and acceptance to use evidence for decision making among different levels of decision makers
- Health priority setting and its relevance to others such as finance, national planning agencies, academia, and civil society

3.
DELIBERATIVE PROCESSES IN HEALTH PRIORITY SETTING

- Political economy (framework), including social, ethical and legal dimensions, of health priority setting and implementation issues
- Political dimensions of health priority setting in resource-poor countries
- Engagement of stakeholders, local and international, in health priority setting
- The role of social values in the benefits package development and coverage decisions
- Societal discourse among different actors, stakeholders on thresholds for public investment: what kind of health or economic indicators should or can be used to determine coverage decisions? For example, should per capita income per QALY be used as a value for money threshold in appraisal of economic evidence?
- Given a number of suggested deliberative approaches, which one works the best in a particular health system context?

4.

CAPACITY BUILDING AND INSTITUTIONALIZATION OF USING PRIORITY SETTING EVIDENCE FOR MAKING DECISIONS

- Good practice in knowledge transfer and exchanges on health priority setting
- Linking priority setting evidence with provider payment and other purchasing functions of UHC
- Institutional capacities on regular updates and reviews
  - UHC policies
  - Health interventions, and changes in courses of actions such as disinvestment

SUB-THEME 3

PRIORITY SETTING IN ACTION

LEARNING AND SHARING EXPERINCES

This sub-theme covers real world experiences by development partners and countries where priority setting mechanisms exist or HITA studies have been conducted, as well as countries without formal mechanisms. The sub-theme offers an opportunity for learning and sharing country experiences with different levels of development towards UHC and priority setting capacities, and the role of development partners in these countries. It will also discuss missed opportunities of countries without explicit health priority setting. The sub-theme will lead to policy and practical recommendations for the establishment or maintenance of priority setting mechanisms for the sustainability of UHC.

Issues to be discussed under this sub-theme can be categorized into four groups:

1. PRIORITY SETTING INSTITUTIONS

- What contributes to the establishment and sustainability of priority setting institutes in HICs, LMICs: leadership, human capital, champions, policy demands, legislation, financial resources
- Trajectory and historical development of priority setting institutions in developed and developing countries: what can we learn from?
- Building, sustaining, and institutionalizing capacities of priority setting in supporting UHC: what are good practices?
- Governance and managing the role and contributions of non-state actors, private sector, pharmaceutical and medical device industries, and patient groups in priority setting
- What contributed to the termination of the US Congress Office of Technology Assessment in November 19, 1995 and what further evolutions are there in Obama's Affordable Care Act?

2. PRIORITY SETTING INPUTS

- What is the applicability and transferability of international and regional priority setting resources/evidence for LMICs?
- The potential role and contributions of Health Intervention and Technology Assessment (HITA) and priority setting networks: if they are useful, how to further strengthen them?
- How the global health partnerships such as GAVI, Global Fund, and global priority setting evidence, such as Disease Control Priorities, align with country health needs?
- How to develop/strengthen data platforms on costs and outcomes of interventions for a formal and regular update of priority setting?

3. PRIORITY SETTING PROCESSES

- Due processes such as deliberative engagement, public hearings, and public communications to all stakeholders in organizing and generating evidence for priority setting
- Communication of HITA and priority setting outcomes to different stakeholders to gain majority support in coverage decisions
- Communication of HITA and priority setting outcomes to practitioners and patient groups to gain compliance and adherence, and minimize resistance
- Dealing with competing interests and values in health priority setting
- Capacity building for industry and patient involvement and concrete examples of participation of civil society, e.g. public hearings and public consultations

4. PRIORITY SETTING OUTPUTS

- What are the contributions of priority setting: national guidelines, standard operating procedure of priority setting, human resource training and capacity building, governance of priority setting
- Development of health benefits packages for effective and sustainable UHC
- Spill over effects and country experiences of using cost effectiveness ratio for negotiation of prices of medicines and medical technologies to reach threshold cost effectiveness ratio

5. IMPLEMENTATION MECHANISMS

- Linking priority setting with healthcare purchasing and other components, such as human resources development and health professional education
- Downstream implementation, M&E, and feedback loops
- Integrated approach from coverage decisions to implementation and monitoring and evaluation in order to complete a feedback loop
- How priority setting indicators (institutional and from impact of decisions) can both inform and be informed by the UHC indicators?

6. PRIORITY SETTING IMPACT

- Policy implications and impact of using HITA in the benefits package development
- Impact and potential use of the National List of Essential Medicines (NLEM) for supporting UHC
- Potential societal cost savings, equity outcome in terms of utilization, prevention of catastrophic health spending, impoverishment, improved access to cost effective technologies/interventions, and number of lives saved from coverage decisions in relation to investment
- Spill over effects of transcending and applying priority setting evidence from one context to another

ABSTRACT
GUIDELINES

All submitted abstracts will be reviewed by an independent International Scientific Committee. The authors of the accepted abstracts will be invited to participate in the 2016 Conference during 26 – 31 January 2016, either as presenters in sessions or poster display. If accepted to present in sessions, the author may be required to adjust the scope of their presentation to fit with the session objectives and format.

Successful abstracts for presentation in the session are required to submit a 2,000-word short paper of the selected abstract to be printed in the Conference Book. The deadline for the submission of the short paper is 1 December 2015.

Abstracts selected for poster display will be sent the guidelines for preparing the poster.

SUBMISSION INSTRUCTIONS

The closing date for submission of abstracts is
31 March 2015 at 4:00 pm Thailand local time (GMT+7).

All abstracts must be submitted electronically at the Conference **website: www.pmaconference.mahidol.ac.th.**

Please follow the instructions indicated in the online submission system.

FUNDING OPPORTUNITY

Funding support for travel and accommodation for presenters, whose abstract is accepted, is available in limited number based on criteria. Priority for funding is given to authors whose abstract has been selected for presentation in the sessions, especially those from government, academics and NGOs of developing countries. The authors who have been granted sponsorship must be able to stay for the whole period of the main conference, that is during 29 – 31 January 2016. Please indicate in your submission, if you would like to be considered for the available scholarships.

CONTACT

For further inquiries on abstract submission, please contact the Conference Secretariat at pmaconference@mahidol.ac.th.

www.pmaconference.mahidol.ac.th