PRINCE MAHIDOL
AWARD CONFERENCE 2016
Priority Setting for Universal Health Coverage

Background
The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and other global partners. It is an international policy forum that Global Health Institutes, both public and private, can co-own and use for advocacy and for seeking international perspectives on important global health issues. The Conference in 2016 will be co-hosted by the Prince Mahidol Award Foundation, the World Health Organization, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Japan International Cooperation Agency, the U.S. Agency for International Development, the China Medical Board, the Rockefeller Foundation, NICE International, the Bill & Melinda Gates Foundation, and the National Evidence-based Healthcare Collaborating Agency, South Korea with the support from other key related partners. The Conference will be held in Bangkok, Thailand, from 26 - 31 January 2016.

Rationale
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**

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

**Audiences**

The target audience includes policymakers, senior officers, and staff of national bodies that are responsible for the decisions of resource allocation in UHC, including the Ministry of Finance, Ministry of Health and other relevant agencies, HTA agencies, civil society organizations, international organizations and development partners, academic institutes, and industry.

**Conceptual Framework**

The PMAC 2016 sessions were developed on the conceptual framework illustrating essential elements of health priority setting that addresses the need for evidence-informed decision making in support of universal health coverage (UHC) (figure). In this sense, priority setting of health problems and solutions involves two major steps of evidence generation (Subtheme 1) and use of evidence in resource allocation, program management and quality assurance in health delivery (Subtheme 2). Priority setting in particular health systems is implicated by a wide range of political, economic and sociocultural factors, through the following building blocks:

- Governing structure, functions and regulation of respective institutes and their interrelationship;
- Resource availability and mobilization to support priority setting activities;
- Capacity building programs for well understanding and knowledge concerning health priority setting among policymakers, researchers and other stakeholders including general public; and
- Collaboration and networks of local, international and global organizations those aim to strengthen UHC policy decisions.

Evidence generation, either from research studies or from relatively simpler analysis of information, requires not only capable human resources, but also reliable and up-to-date data/information, rigorous methods and practical approaches. Health technology assessment has been recognized as a useful tool for priority setting of biomedical interventions and public health measures. Other approaches for determining priority health interventions also exist. Meanwhile, connection between evidence, priority setting processes and policy decisions is politically-oriented, as it is shaped by social values (such as efficiency, equity, morality, and solidarity) and variety of interests, all of which are usually competing with each other.
In practice, health priority setting (Subtheme 3) in most low- and middle-income countries is imperfect, owing to constraints in the four building blocks. Importantly, the absence of good governance can result in inadequate resources, system capacity and support from different organizations. These allow powerful interests, with certain values, to dominate both the technical and political aspects of priority setting, and subsequently undermine quality of evidence as well as political commitment to using evidence to inform coverage decisions, disinvestment, program designs and guidelines formulation in the UHC context.

Figure:

Sub-themes
Topics to be discussed fall under three main sub-themes, with a focus on organizing priority setting, using priority setting in UHC decisions, and practical experiences of priority setting. The three sub-themes are interrelated and may somewhat overlap, thus, the issues in each sub-theme may be similar, but with different perspectives depending on the sub-theme.

Sub-theme 1: Organizing priority setting: what evidence is needed?
Various tools are available to support priority setting; some are well established and widely used, others are emerging and under development. Moreover, some analytical methods, such as economic evaluation, comprise different approaches, e.g. generalized cost-effectiveness analysis, extended cost-effectiveness analysis, etc. Notably, there is not a single tool that addresses all priority setting concerns among decision makers and stakeholders. The effectiveness of a tool depends on the objective and context of use. 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 in order to address these challenges in the future.
Objectives
1. To overview techniques and approaches available for priority setting including their advantages and disadvantages
2. To discuss 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
3. To discuss the governance of priority setting

Sub-theme 2: Using priority setting evidence in making UHC decisions
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.

Objectives
1. To discuss political economy of priority setting for UHC, including why decision makers do or do not use evidence in decision making
2. To address how evidence is applied, transcendent across geographical boundaries, and communicated in UHC decisions in different country contexts

Sub-theme 3: Priority setting in action: learning and sharing country experiences
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.

Objectives
1. To learn and share experiences on priority setting for UHC in different country contexts
2. To develop policy recommendations for establishing or maintaining priority setting mechanisms for UHC

Venue and Dates of the Conference
Centara Grand at Central World Hotel, Bangkok, at the end of January 2016

<table>
<thead>
<tr>
<th>Day</th>
<th>Events</th>
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<tbody>
<tr>
<td>Tuesday 26 – Wednesday 27 January 2016</td>
<td>Side Meetings</td>
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<tr>
<td>Thursday 28 January 2016</td>
<td>Field Trip</td>
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<tr>
<td>Friday 29 – Sunday 31 January 2016</td>
<td>Main Conference</td>
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Structure of the Conference
This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. Pre-conference
   a. Side meetings
   b. Field trip
2. **Main conference**
   a. Keynote speeches
   b. Plenaries
   c. Interactive parallel sessions
   d. Conclusion and recommendations
   e. Poster or VDO presentation about case success stories

**Pre-Conference Program**

**Tuesday 26 January 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>09:00-17:30</td>
<td>Side Meetings</td>
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**Wednesday 27 January 2016**

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<tr>
<td>09:00-17:30</td>
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**Thursday 28 January 2016**

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<th>Activity</th>
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<td>06:30–18:00</td>
<td>Field Trip</td>
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**Main Conference Program**

**Friday 29 January 2016**

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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>09:00-10:30</td>
<td>Opening Session &amp; Keynote Address</td>
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<tr>
<td></td>
<td>Opening Session by Her Royal Highness Princess Maha Chakri Sirindhorn</td>
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<tr>
<td></td>
<td>Keynote Address</td>
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<td></td>
<td>• <strong>Morton M. Mower</strong>, Prince Mahidol Award Laureate 2015, Professor of Medicine, Johns Hopkins University School of Medicine (Baltimore), Professor of Physiology and Biophysics, Howard University College of Medicine (Washington, D.C.), USA</td>
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<td></td>
<td>• <strong>Sir Michael Gideon Marmot</strong>, Prince Mahidol Award Laureate 2015, Director, UCL Institute of Health Equity, Professor of Epidemiology and Public Health, University College London, London University, United Kingdom</td>
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<td>• <strong>Michel Sidibé</strong>, Executive Director, The Joint United Nations Programme on HIV/AIDS, Switzerland</td>
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<td>• <strong>Mirai Chatterjee</strong>, Director, SEWA Social Security, Self-Employed Women's Association, India</td>
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<td>10:30-11:00</td>
<td>Break</td>
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<tr>
<td>11:00-12:30</td>
<td>Opening Plenary: The Primacy of Priority Setting: Global Advocates and Country Realities</td>
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<tr>
<td>12:30-14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00-15:00</td>
<td>Plenary 1: Using Priority Setting Evidence in Making UHC Decisions</td>
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<td>15:00-15:30</td>
<td>Break</td>
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<tr>
<td>15:30-17:30</td>
<td><strong>PS1.1:</strong> Evidence for Health Benefits Package Choices: Is Cost-Effectiveness Analysis the Answer? <strong>PS1.2:</strong> Accountability, Fairness and Good Governance in Priority-Setting for UHC</td>
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<td>09:00-10:00</td>
<td>Plenary 2: Is the Current Evidence Fit-for-Purpose? What Evidence Do Decision Makers Need to Set Priorities in the Future?</td>
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<td>10:00-10:30</td>
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| 10:30-12:30| PS2.1: Demonstrating the Relevance of Economic Evaluation to Multiple Objectives of UHC: What Are the Key Challenges?  
|           | PS2.2: Missed Opportunities and Opportunity Costs: Reprioritizing UHC Decisions in Light of Emergence of New Technologies, Continued Budget Constraints, and Incentives for Innovation  
|           | PS2.3: Can You Handle the Truth? Accounting for Politics and Ethics in UHC Is Very Challenging  
|           | PS2.4: Stakeholder Dynamics in UHC Priority Setting  
|           | PS2.5: Enabling Better Decisions for Better Health: Embedding Fair and Systematic Processes into Priority-Setting for UHC |
| 12:30-14:00| Lunch                                                               |
| 14:00-16:00| PS3.1: Defining the “What”, “How” and “for Whom” of UHC: Country Experiences of Developing and Implementing Benefits Plans and Other Tools for Priority-Setting  
|           | PS3.2: Prioritising Research to Deliver Evidence for UHC: How Can Policy Makers Shape the Research Agenda to What They and Their Populations Need  
|           | PS3.3: Aligning Local and Global Priorities for Health: The Roles of Governments, CSOs and Development Partners in Setting and Funding for The Priorities  
|           | PS3.4: Coping with Budget Reductions & Economic Austerity: Implications for UHC Priority Setting  
|           | PS3.5: Translating Priorities into Action                          |
| 16:00-16:30| Break                                                               |
| 16:30-17:45| Plenary 3: Action Express Priorities: Progressing towards Sustainable UHC / Bangkok Statement |
| 18:00-20:30| Welcome Dinner                                                     |

**Sunday 31 January 2016**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00-10:00</td>
<td>Plenary 4: Better Decisions for Better Health: from Rhetoric to Reality</td>
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<tr>
<td>10:00-11:00</td>
<td>Synthesis: Summary, Conclusion &amp; Recommendations</td>
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<td>11:00-12:00</td>
<td>Closing Session</td>
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<tr>
<td>12:00-13:30</td>
<td>Lunch</td>
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<tr>
<td>14:00-16:30</td>
<td>International Organizing Committee (IOC) Meeting for PMAC 2016/2017</td>
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OPENING SESSION
AND KEYNOTE ADDRESS

Opening Session
by Her Royal Highness Princess Maha Chakri Sirindhorn

Keynote Address
- **Morton M. Mower**, Prince Mahidol Award Laureate 2015, Professor of Medicine, Johns Hopkins University School of Medicine (Baltimore), Professor of Physiology and Biophysics, Howard University College of Medicine (Washington, D.C.), USA
- **Sir Michael Gideon Marmot**, Prince Mahidol Award Laureate 2015, Director, UCL Institute of Health Equity, Professor of Epidemiology and Public Health, University College London, London University, United Kingdom
- **Michel Sidibé**, Executive Director, The Joint United Nations Programme on HIV/AIDS, Switzerland
- **Mirai Chatterjee**, Director, SEWA Social Security, Self-Employed Women's Association, India

Note: All speakers to be confirmed
OPENING PLENARY (OPL)
The Primacy of Priority Setting: Global Advocates and Country Realities

Background
Priority setting is an important mechanism for evidence-informed policy especially in supporting of the Universal Health Coverage for efficient use of resources. The World Health Report 2010 indicated that 20-40% of health resources are wasted and improving in efficiency will greatly increase the resources for health services. Many factors related to inefficient use of resources including lack of awareness of countries to do the assessment for efficient use of resources and inadequate capacity especially in resource-limited countries leading to limited information to make rational policy. World Health Assembly resolution WHA67.23 in 2014 has called for the countries to establish national systems of health intervention and technology assessment and for capacity building to promote evidence-based policy decision. This resolution is one of the important global policies emphasizing the important of priority setting for universal health coverage.

This session will stress the importance of priority setting and tools to be used for technology assessment and necessity for countries to build capacity in order to conduct assessment at the national level. This session will also highlight the global policy movement and how regional and countries implement the policy.

Objectives
- To stress the important of evidence-informed priority setting and policy decisions to achieve UHC goals;
- To discuss on policy movement at the global level and implementation at regional and national level on priority setting and health intervention and technology assessment;
- To set the important questions for further discussion in sessions that follow

Moderator
- Amanda Glassman, VP for Programs, Director of Global Health Policy and Senior Fellow, Center for Global Development, USA

Panelists
- Tim Evans, Senior Director for Health, Nutrition and Population, The World Bank, USA
- Lincoln Chen, President, China Medical Board, USA
- Michael Rawlins, Prince Mahidol Award Laureate 2012, Former Chair, NICE, United Kingdom
- Soonman Kwon, Professor and Dean of the School of Public Health, Seoul National University, Republic of Korea
- Nila F. Moeloek, Minister of Health, Republic of Indonesia
- Alejandro Gaviria, Minister of Health and Social Protection, Colombia

Note: All speakers to be confirmed
PLENARY 1 (PL1)
Using Priority Setting Evidence in Making UHC Decisions

Background
Governments are responsible for making policy decisions to improve the quality of life for individuals and the population. Using a scientific approach to investigate all available evidence can lead to health policy decisions that are more effective, efficient, equitable and feasible in achieving desired outcomes as decisions are based on accurate and meaningful information. Other aspects that are important to consider include affordability, acceptability, equity and ethical components. To this end, evidence based decision making requires a systematic and rational approach to researching and analysing available evidence to inform the policy making process and can produce more effective policy decisions and as a result better health for the community.

The conditions causing ill-health, and the financial capacity to protect people from ill-health, vary among countries. Consequently, given limited resources, each nation must determine its own priorities for public spending to improve health and move toward universal health coverage, the services that are needed and the appropriate mechanisms for financial risk protection.

While data, methods and evidence on the costs, effectiveness and equity of health interventions and technologies are becoming increasingly available, there is a persistent gap between this evidence and the decision making process to determine the uses of limited public resources for health in all countries. This is illustrated by low coverage of highly cost-effective health care interventions, dependency on donor finance for the most basic health care essentials, and even public subsidies for care sometimes considered ineffective in the world’s wealthiest countries.

All too often countries lack the fair and robust processes needed to link evidence to decisions on public spending and to articulate the opportunity costs of one decision versus another, while managing the myriad of interest groups and ethical conundrums that revolve around new technologies and limited budgets. As countries increase their spending on health and population demands grow, there is a risk that public spending and prioritization will respond even more to interest groups and wealthy populations – those most vocal and influential rather than those most vulnerable. Cost-effective health interventions are often the opportunity cost of such a response when priorities are not explicitly set. In India, for example, only 44 percent of children 1-2 years old are fully vaccinated, but in 2011 the legal system ordered the use of public funds to subsidize treating breast cancer with a specific brand name medicine considered ineffective and unsafe for that purpose in the United States.¹

People with the responsibility to decide on how to spend public health budgets hold the lives and livelihoods of countless other people in their hands, and they must literally make life-or-death decisions whether they fully understand that at the time or not. This is heightened in today’s climate of economic crisis and periods of austerity and such decisions become dangerous when the decision maker takes little account of public need, equity, solid evidence and the cost-effectiveness of the interventions they choose to finance. Equally essential is the need for decision makers to consider the costs to humans and trade-offs implied by choosing to fund interventions that are more costly and less effective or appropriate.

A clear mandate for evidence-based decision making at all levels is needed. However, given that each country must conduct their own prioritizing analysis to determine what is best for them, how can countries, particularly those with limited resources, develop mechanisms to ensure that before prioritization decisions for UHC are taken, appropriate and sufficient evidence is considered? There is no easy solution or one-size-fits-all approach.

**Objectives**
- To discuss the political economy of priority setting for UHC, including why decision makers do or do not use evidence in decision making.
- To address how evidence is applied, reaches across political boundaries and is communicated in UHC decisions in different country contexts.

**Moderator**
- Daniel Miller, Associate Director, PATH, Switzerland

**Panelists**
- Sebastian Garcia Saiso, Director General, Quality and Education, Ministry of Health, Mexico
- Karla Soares-Weiser, Deputy Editor-in-Chief, Cochrane Collaboration, United Kingdom
- Robinah Kaitiritimba, Executive Director, Uganda National Health Consumers’ Organization, Uganda
- Brendan Shaw, Assistant Director General, The International Federation of Pharmaceutical Manufacturers & Associations, Switzerland
- David Haslam, Chair, NICE, United Kingdom
- Alex Ross, Director WHO Kobe Centre, World Health Organization, Japan

Note: All speakers to be confirmed
PLENARY 2 (PL2)
Is the Current Evidence Fit-for-Purpose? What Evidence Do Decision Makers Need to Set Priorities in the Future?

Background
The focus of this session will be on what types of evidence policymakers want and need in order to make the investment case for health in general, for setting priorities, and for monitoring how investment choices affect efficiency and equity of health service delivery. It will seek to better understand how the approaches and methods that we currently use for generating evidence can best be adapted to their needs. The session should elicit both evidence that Ministries of Finance seek in making decisions about investing in health (and the role that priority setting plays, if any); and that Ministries of Health and donor agencies need to set priorities and monitor their implementation. It will be a forward-looking session, in which the speakers will be challenged to propose areas of strengthening given their analysis of the shortcomings of the evidence that is currently available to them (e.g. DCP, WHO CHOICE, evidence from national and regional bodies). Examples of areas for methods development that might emerge from this session could include better guidance on thresholds, methods which incorporate health system constraints, better approaches for evaluating the costs and effects of public health interventions; and could also touch on approaches to improve capacity at the national level to generate, appraise and use evidence.

Objectives
To capture decisionmaker perspectives on:
- What type of evidence influences them
  o From MOF perspective – to invest in health
  o From MOH perspective – what areas of health to prioritise
- Whether the current methods and approaches are appropriate and sufficient, what gaps exist and areas where new methods are needed
- Approaches to developing capacity to generate, appraise and use evidence

Moderator
- Kara Hanson, Professor of Health System Economics, London School of Hygiene and Tropical Medicine, United Kingdom

Speakers
- Jeanette Vega, Director, Fondo Nacional de Salud, Chile

Panelists
- Mark Blecher, Senior Health Advisor, South Africa Treasury Department, South Africa
- Kanuru Sujatha Rao, Former Secretary, Ministry of Health & Family Welfare, Government of India, India
- Agnes Binagwaho (TBC), Minister, Ministry of Health, Rwanda

Note: All speakers to be confirmed
PLENARY 3 (PL3)
Action Express Priorities: Progressing towards Sustainable UHC

Background
This plenary will present and launch the Bangkok Statement (Call to Action), to drive global strategic directions on priority-setting for UHC, emphasising the importance of institutionalising or embedding of priority-setting processes for UHC. Senior leaders from national finance and health sectors, development agencies, multi-lateral finance institutions and industry outlining their commitment and intended actions to put better priority-setting into practice. In their interventions, each global leader will announce a significant and actionable pledge that they or their organisation/country will be implementing in support of the Call to Action; specify likely timescale, steps and impact; and identify constraints, obstacles and sources of pushback they could foresee, and how these various challenges might be managed and overcome by countries and/or global development partners.

Objectives
- To present and launch the Bangkok Statement (Call to Action), emphasising the importance of institutionalising or embedding of priority-setting processes for UHC, potentially including:
  o How ministries of health and finance can work together to maximise value for money in the public healthcare budget
  o What are the lessons from countries that have been successful in embedding evidence-informed priority-setting into UHC decisions; and what are the challenges and directions for emerging countries
  o What is the role of global agencies (including department partners) in supporting local institutional and technical capacity building, especially for countries undergoing transition from HIC aid
  o How academia can support governments in the translation of evidence into better policy decisions
  o What is the role of patients and the general public in influencing priority-setting
- To generate high-level buy-in towards embedding of priority-setting processes for UHC from national finance and health sectors, development agencies, multi-lateral finance institutions and industry, through expressed commitment of actionable pledges from senior leaders of these institutions/countries

Keynote Speaker
- Keizo Takemi, Former Senior Vice Minister of Health, Labour and Welfare; Former Member, House of Councillors; Former State Secretary for Foreign Affairs, Japan

Moderator
- Sarah Boseley, Health Editor, The Guardian, United Kingdom

Speakers
- David Haslam, Chair, NICE, United Kingdom
- Amy Khor, Senior Minister of State for Health, Ministry of the Environment and Water Resources & Ministry of Health, Singapore
- **Untung Suseno Sutarjo**, Secretary General, Minister of Health, Indonesia
- **Soumya Swaminathan**, Secretary, Ministry of Health and Family Welfare; Director General, Indian Council of Medical Research, India
- **Sinead Andersen**, Senior Manager, Advocacy and Public Policy, Gavi, USA
- **Damian Walker**, Deputy Director, Data & Analytics, Global Development, Bill and Melinda Gates Foundation, USA
- **Kae Yanagisawa**, Vice President, Japan International Cooperation Agency, Japan

Note: All speakers to be confirmed
PLENARY 4 (PL4)
Better Decisions for Better Health: from Rhetoric to Reality

Background
This fourth and final high-level plenary will bring together national policy-makers, leading academics and civil society to discuss the moral imperative of making the “right” decisions for better population health. It will highlight some of the practical and political challenges of priority-setting in the health sectors and across sectors. The panelists will reflect on previous efforts to make better decisions such as the Commission on Macroeconomics and Health, and look forward to the future.

Moderator
- Rajesh Mirchandani, Senior Director of Communications and Policy Outreach, Center for Global Development, USA

Speaker
- Dean Jamison, Principal Investigator and Series Editor, Disease Control Priorities Network, University of Washington Department of Global Health, USA

Panelists
- Piyasakol Sakolsatayador, Minister, Ministry of Public Health, Thailand
- Jagat Prakash Nadda, Minister, Ministry of Health and Family Welfare, India
- Awa Marie Coll Seck, Minister, Ministry of Health, Republic of Senegal
- Maria Guevara, Regional Humanitarian Representative (ASEAN), Médecins Sans Frontières, Hong Kong
- Ala Alwan, Regional Director for the Eastern Mediterranean, World Health Organization, Egypt

Note: All speakers to be confirmed
PARALLEL SESSION 1.1 (PS1.1)
Evidence for Health Benefits Package Choices: Is Cost-Effectiveness Analysis the Answer?

Background
In the transition towards Universal Coverage, one of the most fundamental policy challenges is the choice of interventions to be included in the funded health benefits package. With the limited budget available, policymakers will usually want to specify the benefits package so as to maximize some concept of social benefit, often in the form of health gain. This principle has led to the widespread use and development of cost-effectiveness analysis as a tool for assessing medical technologies. CEA has proved immensely useful as a practical tool for technology assessment and determining the contents of the health benefits package. However its use has also demonstrated limitations that suggest a need for continuing development of methods, data resources and applications.

Objectives
This session will consider the types of evidence needed for governments and programmes to make decisions about the contents of a health benefits package:

- To share examples of country experiences of using economic evaluation evidence to establish a benefits package
- To identify some of the key analytical challenges that have arisen in this process, and potential extensions to CEA that could address its limitations

Moderator
- John Cairns, Professor of Health Economics, London School of Hygiene and Tropical Medicine, United Kingdom

Speakers
- Peter Smith, Emeritus Professor of Health Policy, Imperial College Business School, United Kingdom
- John Wong (A134), Lecturer, Ateneo School of Medicine and Public Health and School of Science and Engineering, Philippines
- Li Lingui (A231), Dean, School of Management, Ningxia Medical University, China
- Rabson Kachala (A058), Head of Sector Wide Approach Secretariat, Ministry of Health, Malawi
- Cheryl Cashin, Senior Program Director, Results for Development Institute, USA
- Ranjeeta Thomas, Research Associate in Health Economics, Imperial College, United Kingdom
- Karl Klaxton, Professor, University of York, United Kingdom

Note: All speakers to be confirmed
PARALLEL SESSION 1.2 (PS1.2)
Accountability, Fairness and Good Governance in Priority-Setting for UHC

Background
Evidence based policy decision making requires a systematic and rational approach to researching and analysing available evidence to inform the policy making process. However while data, methods and evidence on the costs, effectiveness and equity of health interventions and technologies are becoming increasingly available, there remains a persistent gap between the availability and the use of evidence in prioritisation decision making. Evidence on its own is never sufficient for a justifiable policy decision. It needs to be interpreted and made sense of in a local (social, ethical, legal and political) context. Key to this approach is understanding relevant social values eg. the balance between prolonging life and maintaining the quality of life will vary from one social setting to another. Systems capable of combining scientific and social values are emerging but have received much less attention than those geared to acquiring evidence. Developing ways of incorporating social values in the public deliberation on priorities is therefore an urgent task. This session will explore a number of dimensions of this problem, seeking to highlight some practical ways in which social values and evidence of cost-effectiveness can be brought together.

Objectives
- How can evidence be routinely used to inform priority setting in a transparent and accountable manner? With respect to deliberative processes, which one works best in a particular health system context?
- What systems can be put in place to ensure that media and public opinion inform and not distort priority setting for UHC.

Moderator
- Peter Neumann, Director, Tufts Medical Center, USA

Speakers
- Ole Norheim, Professor of Global Public Health, University of Bergen, Norway
- Katharina Kieslich, Research Associate, King’s College London, United Kingdom
- Thomas Wilkinson, Health Economics Lead, iDSI Sub-Saharan Africa, PRICELESS SA, South Africa

Panelists
- Marianela Castillo-Riquelme, Health Economic Advisor, Coordinator, National Commission on Health Technology Assessment, Chile
- Supamit Chunsuttiwat, Senior Expert in Preventive Medicine, Department of Disease Control of Ministry of Public Health, Thailand

Note: All speakers to be confirmed
PARALLEL SESSION 1.3 (PS1.3)
Strengthening Capacity to Produce and Appraise HTA Evidence

Background
Capacity to conduct economic evaluation is unevenly distributed across countries, and making better decisions will require investments in strengthening capacity.

Objectives
- The objectives of this session will focus on approaches to strengthening capacity what types of capacity are needed? (drawing on broader frameworks for capacity development
- Where is capacity to undertake economic evaluation best located – universities, research units, government agencies

In different LMICs booth on economic evaluation and priority setting as well as networks for other purposes, how these have been applied, with what results? How can capacity be developed in a sustainable way

Moderators
- Richard Cookson, Reader, Center for Health Economics, University of York, United Kingdom
- Tessa Tan-Torres Edejer, Coordinator, World Health Organization, Switzerland

Speakers
- Catherine Pitt, Lecturer, Department of Global Health and Development, London School of Hygiene & Tropical Medicine, United Kingdom
- Sripen Tantivess, Senior Researcher, Health Intervention and Technology Assessment Program, Thailand
- Andres Pichon-Riviere, Executive Director, Health Technology Assessment and Economic Evaluations, Department of the Institute for Clinical Effectiveness and Health Policy, Argentina
- Jasmine Pwu, National Taiwan University, Taiwan
- Lelio Marmora, Executive Director, UNITAID, Switzerland
- Madeleine Valera (A320), Director, Health and Wellness cluster, TAO Corporation, Philippines
- Emily Carnahan (A255), Monitoring and Evaluation Associate, PATH, USA

Panelist
- Karen Hofman, Director / Associate Professor, Priority Cost Effective Lessons for Systems Strengthening (PRICELESS SA) / School of Public Health, University of Witwatersrand, South Africa

Note: All speakers to be confirmed
PARALLEL SESSION 1.4 (PS1.4)
Human Rights - Entitlement to Health: What Does It Mean in Practice and How Can It Affect Priority Setting for UHC?

Background
The “right to health” is enshrined in the WHO Constitution. It is required under international law, notably in the International Covenant of Social, Economic, and Cultural Rights (ICSECR). And the right to health is found in the constitutions of many states, notably in India, Asia, Africa and Latin America, where it is also justiciable (subject to protection by the judiciary). As a result, in a growing number of cases, individual patients denied access to high-cost medicines and technologies under UHC have challenged this through courts of law, which have often, but not always, ruled in favor of those patients. In many other situations, citizens resort to courts to request access for medicines, services, technologies already included in the benefit basket of their country. The former cases speak to challenges to priority setting processes whereas the latter to shortfalls on the service delivery mechanisms.

Objectives
The session will aim to discuss country experiences and examples of litigation over access to treatments in countries like India, Brazil, Mexico, Colombia, Uganda, South Africa, and the United Kingdom, with a view to reflecting on potential implications for emerging economies looking to introduce entitlements to services such as the Indian National Health Assurance Mission.

Moderator
- Siri Gloppen, Research Director, CMR Michelsen Institute, Norway

Speakers
- Leonardo Cubillos, Physician and Researcher, Dartmouth College, USA
- Kola Odeku, Ford Foundation Scholar, University of Limpopo, South Africa
- Mulumba Moses, Executive Director, Center for Health, Human Rights and Development (CEHURD), Uganda Christian University, Uganda
- Bhawna Sirohi, Consultant Medical Oncologist - GI and Breast Cancers, Mazumdar Shaw Cancer Centre, India

Panelists
- Ruth Faden, Executive Director, Johns Hopkins Berman Institute, USA
- Lawrence Gostin, Founding O’Neill Chair in Global Health Law, Georgetown University, USA

Note: All speakers to be confirmed
Background
While there are multiple benefits from an ever interconnected world, there are also public health risks that are associated with demographic and economic pressures on ecosystems that facilitate the transmission of new pathogens from animals to humans. These zoonotic diseases account for 70% of emerging infectious diseases. As we have seen recently with Ebola, an infectious disease of animal origin, and before with SARS and Avian Influenza, viruses jump and spread across borders without passports, wreaking havoc in their wake among unsuspecting populations, countries, and continents. This situation is becoming more challenging as the increased movement of goods, services, and people across the world facilitates the rapid spread of infectious diseases.

At the same time, countries across the world – high, middle and low income – are all moving towards Universal Health Coverage (UHC) through multiple health system reform processes. This is well-articulated within the wider global development agenda setting forth in 2016. As these moves towards UHC gain momentum it is critical that the interface between health systems priority setting and public health security is strengthened. Indeed, in order to have strong surveillance and laboratory systems, and solid epidemiological intelligence with well trained human resources, that can detect and respond to emerging and re-emerging pathogens effectively there is an urgent need to examine and strengthen health system underpinnings at the national and sub-national levels.

Further, there is an increasing recognition that quality of service delivery is a key component of successful efforts at realizing UHC and at the same time enhancing health protection for populations vulnerable to multiple risks.

The Ebola epidemic in West Africa has made evident at a very high human, social, and economic cost the imperative of investing on and sustaining core public health systems (e.g., disease surveillance, laboratories, field epidemiologists) and essential health services as a priority “global public health good.” Indeed, countries like the Ebola affected countries will not be able to manage an Ebola-like crisis for years to come, hence the case for global investment both internationally and in country. Also, in country investment completed by international assistance is required to build, strengthen and sustaining national institutions, including processes for making decisions and enacting those, and putting in place required infrastructure and developing, managing and retaining core human resources.

Perhaps the only good outcome of the Ebola epidemic that made the whole world “jittery” is that it may serve as a wake-up call to the world to invest in better disease surveillance, laboratory-testing capacity, and epidemiological intelligence capacity, for normal situations and for epidemics, as an overarching priority for country, regional and global level health investments in addition to priority setting based on clinical and cost-effectiveness of individual interventions and also public health/policy programs. The relative high importance of these investments is justified by the fact that the world needs to be prepared for future epidemics of disease that may spread more effectively than Ebola as occurred in the 20th century, including the Spanish influenza epidemic of 1918-1919, the ongoing pandemic of HIV/AIDS, and the most recent MERS outbreak in South Korea.
Objectives
This panel session will focus on how effective strong linkages between priority setting and public health security can be achieved with a specific focus on UHC driven processes. Key lessons emerging from Ebola affected countries, as well as from the SARS and Avian Influenza, and Bird Flu experience in China, as well as the different elements of the global health security agenda, are examined in detail. Multiple entry points to the subject are examined at the national, regional and global levels.

Health services must strive to be resilient. This means being prepared to promptly and effectively deal with a surge of patients in a way that contributes to control of an outbreak. Having response plans that are periodically exercised in simulations is a high-value investment. Veterinary workers, community health workers, and other health services are key to the early warning and vigilance on which prompt disease control and sustainability of UHC depend. Evidence and prioritization are just as relevant in emergencies and even more so—the amount of random no evidence action taken during Ebola was the cause of lots of wasted resources and risk to health workers and patients.

At the national level the focus of the panel discussion is on how communicable disease “shocks” to essential health services are seen within the context of a health system that is moving towards UHC. The emphasis here is to better link health services with the health security agenda in terms of prevention, preparedness, response and early recovery. The significant experience secured during the work in Ebola affected countries is examined. The convergence between strengthening surveillance, preparedness, disaster risk management and delivery of health services is explored within the context of UHC. Policy makers must not knowingly expose UHC gains to the risk of setbacks caused by lack of preparedness for outbreaks and neglect of core public health functions of early detection, correct diagnosis, and effective disease control. Such neglect reflects poor governance and will wipe out years of health investments when the inevitable next outbreak occurs. The price that an underprepared health sector will pay then is simply much too high. In addition, an underprepared health sector will increase human, economic, and social costs instead of helping to reduce them. Without prompt and effective control of epidemics, progress toward UHC cannot be sustained. It will certainly slowdown in the most optimistic scenario, but more likely be reversed.

At the regional level the focus is on effective regional disease surveillance systems linked to national public health laboratories. Their main components and operational arrangements are explored alongside discussion on how these systems can be a critical element that contribute to the strength and resilience of health systems across the world by helping to detect early signs of an outbreak beyond their sentinel sites and be quickly scaled up during epidemics to enable robust monitoring and response. More specifically, the panel will focus on how a network of countries working collaboratively together on disease surveillance, health security and health systems strengthening can support effective preparedness to identify and address public emerging public health threats.

At the global level the focus is on how best to synergize regional efforts for the global public health good. The panel session will provide some examples of effective regional surveillance efforts, including core functions, core structures, and network components, and how the information derived from these systems has been used for maximal public health impact in preventing and controlling important public health threats around the world.

Chair
- Ariel Pablos-Mendez, Assistant Administrator, Bureau for Global Health, United States Agency for International Development, USA

Moderator
- Patricio Marquez, Lead Health Specialist, The World Bank, USA
Panelists

- **Kalipso Chalkidou**, Director, NICE International, United Kingdom
- **Abdulsalami Y Nasidi**, Director, Nigeria Center of Disease Control, Nigeria
- **Xiaopeng Qi**, Deputy Director, National Center for Public Health Surveillance and Information Services, Chinese Center for Disease Control and Prevention, China
- **Rebecca Martin**, Acting Director, Center for Global Health, US Centers for Disease Control and Prevention, USA
- **Shams Syed**, Strategic Advisor, UHC & Quality, Service Delivery and Safety Department, World Health Organization, Switzerland
- **Olga Jonas**, Economic Adviser, HNP Global Practice, The World Bank, USA
- **Yasuhide Yamada**, Cabinet Counsellor, Cabinet Secretariat, Government of Japan, Japan

Note: All speakers to be confirmed
PARALLEL SESSION 2.1 (PS2.1)
Demonstrating the Relevance of Economic Evaluation to Multiple Objectives of UHC: What Are the Key Challenges?

Background
This session will look at how economic evaluation can address considerations for outcomes beyond cost-effectiveness, such as equity, affordability, and multiple objectives of health systems. While these issues are frequently highlighted in economic evaluation frameworks, in practice, producing analyses with these outcomes can be a challenge in LMICs. We will focus on intervention cost-effectiveness and take a broad approach to economic evaluation, understanding that multiple criteria and perspectives should be considered in both valuation and costing, and a broad range of types and sources of data should also be incorporated into analyses. The session will expose the audience to some important methodological issues and gaps in applying economic analysis to support health priority-setting.

Objectives
- Advance knowledge about economic evaluation tools that address neglected dimensions of health decision-making
- Place the discussion in context of UHC priority-setting needs, specifically how to inform decisions with quantitative measures of multiple outcomes.
- Assess economic methods and tools in light of specific country examples of needs and uses.

Moderator
- Rachel Nugent, Professor, University of Washington, USA

Speakers
- Solomon Memirie, Assistant Professor, Addis Ababa University, Ethiopia
- Eliot Marseille, Consultant Economist, Health Strategies Intl, USA
- Manuel Espinoza, Professor, Pontificia Universidad Católica de Chile, Chile

Panelists
- Stéphane Verguet (A264), Assistant Professor, Harvard University, USA
- Melanie Bertram, World Health Organization, Switzerland
- Anna Vassal, Professor, London School of Hygiene and Tropical Medicine, United Kingdom

Note: All speakers to be confirmed
PARALLEL SESSION 2.2 (PS2.2)
Missed Opportunities and Opportunity Costs: Reprioritizing UHC Decisions in Light of Emergence of New Technologies, Continued Budget Constraints, and Incentives for Innovation

Background
The pace of technological growth in health care is quick; each year large numbers of new medicines and devices enter global markets. Some new technologies can be cost-saving or help patients live healthier lives; others may be effective but extremely costly; still others are just costly without being transformational for UHC goals. Further, many “old” cost-effective technologies may be “new” to a given LMIC health system, and represent missed opportunities to enhance value for money. Whatever the characteristics of new technologies, public resources available for health do not increase at the same pace as the availability of new technologies and, as a result, adoption of a new technology may imply disinvestment and reallocation away from other uses of public monies or crowding out of more cost-effective uses of spending for UHC goals.

How should UHC payers assess if the opportunity costs of new technology introduction are worth it for health system goals? Should UHC payers be concerned with keeping up with technological innovations? Since market access is generally achieved ahead of being considered for coverage or reimbursement with public monies, how should UHC payers manage pressures to adopt or not, or under what conditions? How should UHC payers consider the dynamic aspects of price and scale for cost-effectiveness? How does limited capacity to assess new technologies affect value for money and spending? What are challenges associated with reallocation or disinvestment in favor of new technology adoption? What incentives for innovation are created by priority-setting? This session will examine the role of priority-setting processes and methods using health intervention and technology assessment (HTA/HITA) – as well as horizon scanning and related evidence – to inform decisions on new technology adoption and its opportunity costs in LMIC health systems. The session will not focus on methods as this is covered under sub-theme 1, but instead on how to use certain methods and evidence to inform decision-making on new technologies.

Objectives
The objective of the session is to: (i) understand the scope of challenge in terms of the number and diversity of attributes of new medical technologies, and potential opportunity costs; (ii) briefly describe policies, processes and methods of new technology assessment and horizon scanning in a couple of high- and middle-income countries; (iii) set out challenges and opportunities related to reallocation and disinvestment as a consequence of new technology adoption; (iv) discuss the challenges and opportunities related to new technology assessment and adoption in general in LMIC; and (v) discuss potential unintended consequences of priority-setting.
Moderator
- Amanda Glassman, VP for Programs, Director of Global Health Policy and Senior Fellow, Center for Global Development, USA

Panelists
- Karl Claxton, Professor, University of York, United Kingdom
- Amie Batson, Chief Strategy Officer, PATH, USA
- Andreas Seiter, Senior Health Specialist – Pharmaceuticals, The World Bank, Germany
- Rachel Melrose, Manager, Policy, PHARMAC, New Zealand
- Alexandre Barna, Head of Unit, Scientific Secretariat, CEDIT, France
- Kun Zhao, Director of HTA, CNHDRC, China
- Sang Moo Lee, Senior Research Fellow, National Evidence-based Healthcare Collaborating Agency, South Korea

Note: All speakers to be confirmed
PARALLEL SESSION 2.3 (PS2.3)
Can You Handle the Truth? Accounting for Politics and Ethics in UHC Is Very Challenging

Background
The pursuit of Universal Health Coverage (UHC) has highlighted the importance of politics in health processes and its centrality in priority setting because these are fundamentally about the distribution of resources. Unlike vertical programs where objectives are narrow, UHC raises broad issues of what to do, how to do it, and how to adjudicate between nearly unlimited options and needs. These issues also raise difficult rationing questions with deep ethical implications.

Nonetheless, most attention by researchers and policymakers has focused on technical approaches that typically do not reflect adequate attention to ethical issues or account for the complex political, economic, cultural, and societal environment in which priorities are defined, policies are adopted, and programs are implemented.

This session brings to light both the importance of these ethical, cultural, and political-economic processes and some of the methods for understanding and managing them to promote more health services with equity for more people. It also addresses the challenges of including ethical considerations in priority setting.

Objectives
- Demonstrate the importance of political-economic forces to the priority setting process and illuminate some of the hurdles and underlying ethical and cultural issues.
  - What is the role of politicians in priority-setting?
  - At what level should politicians be engaged?
  - How do we balance expert opinion with popular or political preferences?
  - What are the roles for and problems with corporate actors?
  - What are the roles for and problems with patient advocacy groups?
- Provide frameworks for understanding and analyzing political economy forces and suggest ways to better integrate ethical considerations in decision making
- Discuss case studies from a mix of levels and settings together with strategies for better managing the politics and ethics of priority setting

Moderator
- Jesse Bump, Lecturer on Global Health Policy, Harvard School of Public Health, USA
  Will provide synthetic discussion and reflection on the low prominence of ethical considerations in priority setting

Speakers
- Jesse Bump, Lecturer on Global Health Policy, Harvard School of Public Health, USA
  Discuss priority setting at the global level through a case study of the political economy of the UHC movement and an analysis of how it triumphed over other possibilities
- YLing Chi, Oxford University, United Kingdom
  Examine priority setting by international institutions through a nine-agency comparison of allocation processes
- **Jan Liliemark**, Program Manager, Swedish Council on Health Technology Assessment, Sweden
  Discuss the ethical framework for priority setting in Sweden

- **Angela Chang (A244)**, Harvard School of Public Health, USA
  Present a framework for analyzing the political economy of health benefit packages

- **Karen Grepin**, Assistant Professor, New York University, USA
  Discuss the politics of priority setting for health aid allocation

- **Hilti Sillo**, Director-General, Food and Drugs Authority, Tanzania
  Reflections on the challenges of implementing technical ideas in the political and ethical context of Tanzania

Note: All speakers to be confirmed
PARALLEL SESSION 2.4 (PS2.4)
Stakeholder Dynamics in UHC Priority Setting

Background
Country level health systems are a product of epidemiology, culture and politics. It is important to consider UHC as a direction rather than a final destination and every country can choose to tackle any of the UHC range of choices at any stage of development. However, financial resources are finite, while demands for health service coverage are constantly expanding. As such, all health systems face a trade-off among the competing needs of increasing population coverage, expanding the breadth and/or depth of services to be covered by social health insurance, and improving financial protection for individuals. UHC is a condition of citizenship and the challenge will be for countries to overcome the fragmentation of health schemes and resources in the public and private sectors.

The debate on how to achieve UHC extends far beyond the health sector and requires meaningful, multi-sectoral engagement if success and sustainability are to be achieved. UHC is a complex, multi-faceted issue that needs to be addressed from a multi-disciplinary perspective, with equity at the core. This requires the commitment of all stakeholders to providing equal access to available care, addressing equal needs, ensuring equal utilization for the equal need, and equal quality of care for all. There is a fundamental tension between the ethical ideal of paying for all medically necessary treatment and the economic constraints of a limited public budget to pay for health services. Determining who will be covered for what medical conditions involves making difficult decisions among multiple competing objectives. This decision-making process can be made more effective and inclusive if a variety of perspectives is taken into consideration in a transparent and objective manner.

To manage the many competing objectives, policies and programs need to target populations, settings and intervention selection; be continually adapted; and undergo routine monitoring and periodic evaluation. This requires efficient data systems and human capacity to generate and analyze information. Stakeholders have a wide variety of roles and responsibilities at various points along the path towards UHC and also in discussions related to priority setting for UHC. Key stakeholders in these discussions include professional associations, patients, citizens, industry, civil society, and others. While stakeholder groups will have different priorities and agenda, common topics of discussion include access to essential medicines and interventions, the Millennium Development Goals and the Post-2015 agenda, non-communicable diseases, pricing, appropriate use of medical commodities and treatment protocols, and innovation for new products and affordable pricing, among others. Relationships between stakeholders must also be considered, as well as actual and potential conflicts of interest. As an example, there are complex inter-linkages and potential tensions between pharmaceutical and national health insurance systems which need to be better understood and considered. Governments may be concerned that industry’s commercial interests could distort their efforts to set healthcare priorities. Conversely, the pharmaceutical industry may fear that priority-setting will be used to restrict access to its innovative products on national formularies, favor local industry, and that decision-making processes are not sufficiently transparent.²

This parallel session is intended to foster discussion around the stakeholder dynamics in UHC priority setting. In practical terms, countries consider a broad range of stakeholder perspectives when

² Information adapted from the draft Groundwork Framework, facilitated by Meteos Ltd.
conducting their UHC prioritization and making UHC decisions including government priorities, industry, patients, patient groups, insurance providers, civil society, health care providers, and others. This session will bring together a variety of perspectives and consider how they interact.

Objectives
- Consider the wide variety of stakeholders relevant to UHC priority setting and decision making, and the degree of participation and voice across different groups in priority setting processes;
- Understand better the role that evidence plays in decision making and stakeholder interaction – in particular, how do decision makers use evidence, and who / what evidence do they trust?
- Consider potential, perceived and actual conflicts of interest and how to manage them;
- Consider how various stakeholders see themselves and others in the UHC priority setting and decision making process.
- Suggest ways to improve the working relationship among various stakeholders in the priority setting space, in particular drawing from experience from selected countries or groups.

Moderator
- Daniel Miller, Associate Director, PATH, Switzerland

Panelists
- Eric Low, Chief Executive, Myeloma UK, United Kingdom
- Brendan Shaw, Assistant Director General, The International Federation of Pharmaceutical Manufacturers & Associations, Switzerland
- Tessa Tan-Torres Edejer, Coordinator, World Health Organization, Switzerland
- Amanda Howe, President, World Organization of Family Doctors, Thailand
- Sheila Sabune, Programme Manager, International Development Studies, St Augustine International University, Kampala, Uganda
- Lawrence Sherman, CEO & Medical Director, Jackson Fiah Doe Memorial Hospital, Liberia

Note: All speakers to be confirmed
PARALLEL SESSION 2.5 (PS2.5)
Enabling Better Decisions for Better Health: Embedding Fair and Systematic Processes into Priority-Setting for UHC

Background
Institutions like NICE, PBAC, PHARMAC and CADTH did not happen overnight. They are the culmination of decades of initial academic interest on cost-effectiveness and priority-setting, political commitment from respective governments, and ongoing engagement with stakeholders over a number of years. In much less time, HITAP in Thailand developed as a successful priority-setting institution embedded within a most successful universal coverage scheme in Thailand. What were their key ingredients to success? How were early challenges overcome, and what are the relevant generalisable lessons for other countries developing priority-setting mechanisms or institutions to achieve and sustain UHC; from LICs that are beginning this journey, to MICs that are transitioning from aid with increasing need to set their own health spending priorities? How could countries more quickly reach the goals of embedding fair and systematic processes into priority-setting for UHC, under considerable resource constraints?

Objectives
To provide:
- Practical lessons for countries looking to embed more fair and systematic processes into their priority-setting for UHC (including those looking to develop NICE or HITAP-like agencies), through sharing of experiences by countries with different health financing and delivery systems, and at different stages of development in establishing such priority-setting mechanisms
- Lessons on investment needs (HR and funding), legal frameworks, governance, and other institutional pre-requisites for priority-setting
- Lessons on key principles for good priority-setting processes, including managing conflicts of interest and engaging positively with stakeholders
- Possible short- and long-term solutions for MICs and LICs, and recommendations for donors and development partners looking to support capacity building towards better priority-setting for UHC

Chair
- Jaime Sepulveda, Executive Director, Global Health Sciences, University of California, San Francisco, USA

Moderator
- Nick Timmins, Senior Fellow, The Kings Fund, United Kingdom

Speakers
- Ioana Vlad (A219), London School of Hygiene and Tropical Medicine, United Kingdom
- Dale Huntington (A070), Director, WHO Asia Pacific Observatory on Health Policy and Systems, Philippines
- Abou Bakarr Kamara, Ex-Director of Planning, Ministry of Health and Sanitation, International Growth Centre, Sierra Leone
- **Rakesh K Srivastava (A072)**, Senior Policy Analyst, Indian Council for Medical Research, Department for Health Research, India
- **Jeanette Vega**, Director, Fondo Nacional de Salud, Chile
- **Kawaldip Sehmi**, Chief Executive Officer, International Alliance of Patients’ Organizations, United Kingdom

**Panelists**
- **Michael Rawlins**, Prince Mahidol Award Laureate 2012, Former Chair, NICE, United Kingdom
- **Somsak Chunharas**, Thailand
- **Raman Kataria**, Rural Surgeon and Paediatric Surgeon, Jan Swasthya Sahayog, India
- **Anindita Gabriella**, Lecturer, Atma Jaya Catholic University of Indonesia, Indonesia

Note: All speakers to be confirmed
PARALLEL SESSION 3.1 (PS3.1)
Defining the “What”, “How” and “for Whom” of UHC:
Country Experiences of Developing and Implementing
Benefits Plans and Other Tools for Priority-Setting

Background
Health benefits plans (HBP) are policy instruments used to set priorities for public spending on health. HBP are those services, activities and goods reimbursed or directly provided by publicly funded statutory/mandatory insurance schemes or by national health services. At core, benefits plans describe not only “what” is to be provided but also “to whom” and “in what circumstances”, and is therefore at the core of all publicly funded health care, and ultimately progress towards universal health coverage (UHC). A number of LMIC have demonstrated considerable progress in applying the principles, processes and mechanisms for pro-active and systematic priority-setting using a HBP and related tools such as essential medicines lists, evidence based guidelines and quality standards, among others. This session will showcase real-life experiences and lessons learned in the establishment, design, adjustment and evaluation of HBP, and the extent to which more rigorous economic evaluation is applied in practice and connected to policies and purchasing.

Key issues to be covered:
- Use of health intervention and technology assessment (HTA/HITA) in the development and adjustment of HBP and related tools
- Experience, progress and challenges in the implementation and day-to-day management of EML and HBP
- Linking HITA-informed HBP and related tools to other health system functions such as procurement and payment
- Signaling EML and HBP from a list to implementation (guidelines, purchasing, oversight), including the topic of appropriateness (quality, payment, performance)
- Assessing opportunities and constraints with regard to incorporating prevention interventions into HBP using HITA

Objectives
The objective of the session is to showcase country government experiences, lessons learned and unanswered questions in the motivation for and use of health benefits plans and health intervention and technology assessment as a means to set priorities for public spending under UHC.

Moderator
- Amanda Glassman, VP for Programs, Director of Global Health Policy and Senior Fellow, Center for Global Development, USA

Panelists
- Daniel Cotlear, Lead Economist and Manager, Universal Health Coverage Studies Series, The World Bank, USA
- Samrit Srithamrongswat, Deputy Secretary General, National Health Security Office, Thailand
- Manuel Espinoza, Assistant Professor, Pontificia Universidad Catolica de Chile, Chile
- Pham Le Tuan, Vice Minister, Ministry of Health, Vietnam
- Ali Ghufron Mukti, Former Vice Minister, Ministry of Health, Indonesia
- Ruben John Basa, Vice President, Philippine Health Insurance Corporation, Philippines
- Fola Laoye, Chairman, Hygeia Nigeria Limited, Nigeria

Note: All speakers to be confirmed
PARALLEL SESSION 3.2 (PS3.2)
Prioritising Research to Deliver Evidence for UHC: How Can Policy Makers Shape the Research Agenda to What They and Their Populations Need

Background
Priority setting in healthcare requires the evaluation of good evidence: but what is the evidence? Some of it exists in systematic reviews, but these depend on good primary evidence: this may be lacking – e.g. in the natural history of a disease, on the best current options for therapy, of the patient utilities associated a disease and its treatment, or on clinical trial conducted in optimized conditions rather than pragmatic. Are we to depend on what industry offer us, based on its own agenda for new drugs, or on what academic groups and research funders have found scientifically interesting? Or can the agendas of these bodies be influenced to deliver the kind of evidence essential to inform, not just clinical practice, but the independent evaluation of interventions (e.g. pragmatic clinical trials, or other rigorous study designs, with cost effectiveness).

Objectives
To give participants an insight into what engagement with primary research can offer to support their work and how they can directly influence the research agenda

Moderator
- **Suzanne Hill**, Senior Advisor, Essential Medicines and Health Products, World Health Organization, Switzerland

Speakers
- **Thomas Walley**, Director NIHR Evaluations Trials and Studies, University of Liverpool, United Kingdom
- **Siddhi Aryal**, Asia Technical Director, Malaria Consortium, Thailand
- **Jitrakul Leartsakulpanitch**, AP Market Access lead, Johnson & Johnson
- **Kanchan Mukherjee**, Health Economist, Tata Institute for Social Sciences, India

Panelists
- **Hasbullah Thabrany**, Chair, Centre for Health Economics and Policy Studies, Indonesian National University, Jakarta, Indonesia
- **Tran Thi Mai Oanh**, Director, Health Strategy and Policy Institute, Vietnam
- **Nelson Sewankambo**, Former dean of the medical school and principal of the school of health sciences, Makerere University, Uganda
- **Beibei Yuan**, Lecturer, Peking University China Center for Health Development Studies, China
- **Goran Tomson**, Professor of International Health Systems Research, Karolinska Institute, Sweden

Note: All speakers to be confirmed
PARALLEL SESSION 3.3 (PS3.3)
Aligning Local and Global Priorities for Health: The Roles of Governments, CSOs and Development Partners in Setting and Funding for the Priorities

Background
Priority setting for health at the global level was instrumental in uplifting lives of people across the world in the past 15 years. Focus on infectious diseases in G8 Okinawa Summit in 2000 paved the way for the establishment of the Global Fund, creating substantial financial flow to control AIDS, TB and malaria. Global commitment on MDGs was followed by an increase in targeted funding for maternal, neonatal and child health, as well as for infectious diseases control. More recently, universal health coverage (UHC) is high on global health agenda as reflected in UN General Assembly resolution in 2012 and many other agreements and statements, and increasing number of countries are making efforts in that direction. Those priorities have guided global resource mobilization for health resulting in significant improvement in health status particularly of the people in LMICs, described as great convergence.

However, priority setting at the global level, despite the best intentions, has its shortcomings and may have negatively affected priority setting at the country level particularly by LMICs. In some cases, priority setting at the global level has led to the creation of targeted funding mechanisms for specific health issues and diseases, such as GAVI, the Global Fund (followed recently by GFF). But in many cases priorities were set without clear financial commitment. Even though each country is responsible for ensuring best attainable health to its population based on global commitment with available resources, this fragmentation of resource allocation at the global level seriously affects the decision making of many LMICs and their efforts toward achievement of UHC.

At one level, there is an issue of alignment. It is an issue of balancing targeted funding with broader health systems strengthening toward UHC. The alignment issue can be particularly pertinent in low income settings where external resources could contribute a larger proportion of the country’s health budget. If left uncoordinated and unmanaged, such targeted funding may result in fragmentation of the health systems, concentration of health systems capacity in narrow programs; and crowding out of domestic investment and balanced capacity building efforts.

At another level, there is an issue of adjustment. It is an issue of transitioning from dependence on external resources to domestic resources. With the economic growth of many of LMICs, the tide of the momentum in global health and development is now shifting toward domestic resource mobilization and capacity building rather than external financing and execution of vertical programs. The adjustment issue can be more relevant to upper-middle income settings, as lower income countries are being more prioritized in terms of access to concessional funding and low cost commodities. These are the countries more pressed to achieve UHC, amidst reducing external resources, growing inequality and NCD burden.

Many governments of LMICs are now beginning to uphold UHC as a national goal on their part, and yet they face fiscal and institutional sustainability challenges, such as reprioritizing while integrating vertical programs, creating additional fiscal space, and building stronger health systems. This session is aiming first at highlighting the issues associated with alignment and adjustment, by looking at actual experiences of the countries going through those challenges. Secondly, it will explore the roles of governments, CSOs and development partners in priority setting for health both at the global and
country levels, and their roles in funding for those priorities, as an effort to identify desirable interactions among diverse stakeholders to bring UHC forward in countries with different settings and challenges.

Key issues to be covered:
- What actors are involved in priority setting for health at the global level today? Are there actors who are under-represented? What are the desirable mechanisms for global health priority setting, e.g., WHA, UNGA, G8 and others?
- Are the global health priorities adequately funded, at global and country levels? Where are the priority-funding gaps? Who should be the ones to fill the gap?
- What are the positive and negative influences of priority setting for health at the global level to priority setting at the country level? Are there better ways and mechanisms to strengthen the link between them?
- What are the issues associated with alignment? How the governments, development partners and other stakeholders interact better to remedy the problems?
- What are the issues associated with adjustment? How the governments, development partners and other stakeholders interact better to remedy the problems?
- What kinds of capacities are needed on the part of LMICs to set priorities right toward UHC? How best can the development partners support sustainable capacity development of LMICs?

Objectives
To identify ways to best ensure links between priority setting for health at the global and country levels, and links between priority setting and resource mobilization at both levels, toward the achievement of UHC in LMICs. Expectation is to draw out key actions and interactions needed by various stakeholders (governments, CSOs, development partners) in priority setting.

Chair
- Takao Toda, Director General, Human Development Department, Japan International Cooperation Agency, Japan

Moderator
- Walaiporn Patcharanarumol, Senior Researcher, International Health Policy Program, Thailand

Speakers
- Toomas Palu, Sector Manager for Health, Nutrition and Population, East Asia and Pacific Region, The World Bank, Thailand
  Overview of the issues
- Ashadul Islam, Director General, Health Economics Unit, Ministry of Health and Family Welfare, Bangladesh
  Bangladesh’s experience in aligning local and global health priorities toward UHC
- Peter Kimuu, Director, Policy and Planning, Ministry of Health, Kenya
  Kenya’s experience in aligning local and global health priorities toward UHC
- Ebenezer Appiah-Denkyira, Director General, Ghana Health Service, Ghana
  Ghana’s experience in adjustment in shifting from external to domestic resource mobilization toward UHC

Panelists
- Amit Sengupta, Associate Global Co-ordinator, People’s Health Movement, India (CSO)
- **Osamu Kunii**, Head of Strategy and Impact Division, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland (Multilateral, targeted)
- **Damian Walker**, Deputy Director, Data & Analytics, Global Development, Bill and Melinda Gates Foundation, Switzerland (Private Foundation)
- **Ikuo Takizawa**, Deputy Director General, Human Development Department, Japan International Cooperation Agency, Japan (Bilateral, systems-oriented)

Note: All speakers to be confirmed
PARALLEL SESSION 3.4 (PS3.4)
Coping with Budget Reductions & Economic Austerity: Implications for UHC Priority Setting

Background
Macroeconomic volatility -- a key facet of the global economic landscape -- can often significantly impact health system performance. Across countries, longer-term growth trends are often punctuated by downturns that can range in severity from slow-downs to recessions or longer-term sustained depressions in economic activity. These economic downturns can be country-specific, regional, and sometimes even global in scope. Both public and private expenditures on health are closely linked to the overall macro-fiscal country context; however, countries vary in the nature and extent of the responsiveness of health expenditures to economic downturns. And there are variation in what gets prioritized in light of tightening resources for health: one can cut back on volume and extend waiting lists for electives, for example; countries can cut supply of health services (as in Latvia); review and re prioritize the basic benefits package, in particular with regard to coverage of pharmaceuticals; renegotiate some costs of inputs such as for labor or drugs; countries can establish reserves during good times to cushion the impact of economic downturn (such as Estonia); or reexamine relative allocations decisions such as financing of primary health care versus hospitals, or prioritizing financial protection versus public health.

Objectives
The objectives of this session will be to discuss UHC priority setting in times of budget reductions and economic austerity. The session will: (i) provide a global overview of health expenditure trends, including a summary of empirical evidence on the links between economic growth and health spending; (ii) outline recent instances of countries facing reductions in health resources and other financial sustainability constraints; (iii) provide an overview of country policy responses to tightening of health resources; and (iv) outline key principles and assess “good practices” to help inform UHC policy priorities in light of budget reductions and economic austerity.

Moderators
- Christoph Kurowski, Global Solutions Lead for Health Financing, The World Bank, USA
- Ajay Tandon, Senior Economist, The World Bank, USA

Speakers
- Triin Habicht, Department of Health System Development, Ministry of Social Affairs, Estonia
- Youngseok Shin, Senior Research Fellow and the former vice president of the Korea Institute for Health and Social Affairs, Korea

Panelists
- Untung Suseno Sutarjo, Secretary General, Minister of Health, Indonesia

Note: All speakers to be confirmed
PARALLEL SESSION 3.5 (PS3.5)
Translating Priorities into Action

Background
Ultimately, it is the decisions of healthcare providers and their patients that determine resource use and influence how priorities are translated into action. Priority setting guidance will be aimed at encouraging providers to do more of certain things (eg. adopt effective and cost-effective interventions to prevent and manage ill-health; locate in underserved areas to improve equity) and less of others (such as using ineffective procedures or interventions for which more cost-effective alternatives exist). A range of financial and non-financial policy tools can be used to communicate priorities to providers and influence their choices. These include incentives (conveyed through provider payment mechanisms, including various forms of pay-for-performance, potentially combined with utilization review); information and accountability (eg. provision of information on drug costs to prescribers; standard treatment protocols; performance benchmarking; or patient information to alter demand for services); and compulsion (eg. through certificate of need regulation for costly diagnostic equipment). This session will present a framework for classifying different types of policy tool for influencing provider behavior, and showcase country experiences of using these tools to illustrate how they operate in practice.

Objectives
- To provide participants with a framework for considering what health system interventions can be used to translate priorities into action.
- To share country experience with using different approaches and draw out lessons about health system requirements for successful implementation.

Moderator
- Anne Mills, Deputy Director and Provost, London School of Hygiene & Tropical Medicine, United Kingdom
- Kara Hanson, Professor of Health System Economics, London School of Hygiene and Tropical Medicine, United Kingdom

Speakers
- Kun Zhao, Director, Center for Health Policy and Technology Assessment, China: Financial incentives
- Damien de Walque, Senior Economist – DECRG, The World Bank, USA: Information to patients / communities
- John Appleby, Chief Economist, The King’s Fund, United Kingdom: Commissioning and shared decision making using patient reported outcome data
- Tamar Gabunia, Chief of Party, USAID Georgia Tuberculosis Prevention Project, University Research, Georgia: Clinical guidelines
- Boshoff Steenkamp, Head of Strategic Projects, Metropolitan Health Risk Management, South Africa: Regulation

Note: All speakers to be confirmed