

Supplement 2. Menu of Principles and Considerations for Working Group Meeting 1

Worksheet: Toward an Ethics Framework for SA Health Priority-Setting

The NHI White Paper articulates a commitment to 8 high-level principles – provided below with their stated definitions. All of them are important when thinking about NHI implementation more broadly, and at least 5 of these high-level principles have specific relevance for assessing whether and when to cover specific health interventions. These principles provide a good starting place for an ethics framework. However, questions remain about how these high-level principles should be translated into more specific ethics considerations when evaluating interventions.

The NHI White Paper High-Level Principles and Definitions:

Right to access health care*

Ensure access to health care as enshrined in the Bill of Rights, Section 27 of the Constitution

Health care as a public good*

Health care shall not be treated like any other commodity of trade, but as a social investment.

Social solidarity*

Provide financial risk pooling to enable cross-subsidisation between the young and old, rich and poor as well as the healthy and the sick.

Equity

NHI will ensure a fair and just health care system for all; those with the greatest health needs will be provided with timely access to health services.

Effectiveness

The healthcare interventions covered under NHI will result in desired and expected outcomes in every day settings. NHI will ensure that the health system meets acceptable standards of quality and achieves positive health outcomes.

Efficiency

Health care resources will be allocated and utilised in a manner that optimizes value for money that combines allocative and productive efficiency by maximising health outcome for a given cost whilst using the given resources to maximum advantage, and by maximising the welfare of the community by achieving the right mixture of healthcare programmes for the entire population.

Affordability

Health services will be procured at reasonable cost taking into account the need for sustainability within the context of the country's resources.

Appropriateness

Health care services will be delivered at appropriate levels of care through innovative service delivery models and will be tailored to local needs.

Beyond specific ethics considerations stemming from the NHI principles, there are additional principles and ethics considerations that have been included in other priority-setting frameworks. These may be relevant when evaluating whether and for whom health interventions should be covered in the South African context.

During this session, we will explore the following together:

- I. What specific ethics considerations should be taken into account under the existing NHI principles and in what ways might we further define these principles for the priority-setting task?
- II. What if any additional high-level principles should be added to the framework?
- III. What specific ethics considerations should be included under the added principles?

In the following pages, you will see some examples of how each high-level principle may be further defined and specified when thinking about setting priorities and deciding what will get covered under NHI. The worksheet begins with the NHI principles, then provides some additional principles for your consideration.

For each, we'll ask you to identify which ones you think belong in the framework. These are all suggestions, which you can decide to include or exclude from the framework. Feel free to suggest other considerations under each, as well as any amendments to the sample language provided.

After we have gone through all of these, we'll take some time for you to note which among the selected ethics considerations you think are the most important when thinking about covering a health service or intervention under NHI.

In future meetings, we will explore what should happen when there are tensions and trade-offs between the ethics considerations chosen.

NHI PRINCIPLES

Equity

Below are some sample considerations for equity. Think about which considerations matter the most for health coverage decisions: (more than one can be selected)

- ☐ Some basic set of health services should be provided to all people, regardless of socioeconomic status, geographic location, race, religion, gender, sexual orientation, employment status, or citizenship (Other characteristics: _____)
- ☐ Special consideration should be given to individuals who are comparatively “worse off” or have “greater health needs”. This might include attention to:
 - ☐ The severity of the health condition
 - ☐ Whether the intervention will help groups who may be particularly vulnerable. Such as:
 - Children
 - Women and girls
 - The elderly
 - The disabled
 - The mentally ill
 - The poor
 - Those living in rural areas
 - Migrants (refugees, asylum seekers, etc.)
 - Others: _____
 - ☐ Whether the intervention addresses a health need that has been historically overlooked. Such as:
 - People with rare conditions
 - Members of marginalised population groups
 - People suffering from diseases for which there was previously no or poor treatment – for which there are now new, effective treatments
- ☐ Special priority should be given for people with health conditions that, if unaddressed or untreated, could contribute to future health inequities. (e.g., type 2 diabetes)

Are there additional considerations related to Equity we might want to include in the framework?

Effectiveness

Below are some sample considerations for effectiveness. Think about which considerations matter the most for health coverage decisions: (more than one can be selected)

- ☐ Should the type of intervention influence how it is prioritised? Examples include:
 - Prevention/health promotion
 - Disease or symptom management
 - Cure
 - Rehabilitation
 - Palliation/pain management
- ☐ How likely is it that the intervention will produce the expected health benefits?
 - Based on pharmaceutical industry research
 - Based on real-world implementation and the delivery context
- ☐ The magnitude of the health benefits for the target population:
 - Should there be special considerations for how to think about smaller improvements in health for patients who might not be able to realise a full return to health? (e.g., cerebral palsy)
- ☐ Are there any known sub-groups for whom the intervention is unlikely to be effective or for whom it will be substantially less effective? (e.g., based on their disease sub-type or their biological characteristics)
 - Are there alternatives being considered for coverage for those not likely to realise the benefits from the intervention?
 - Does the distribution of associated benefits narrow or widen existing health inequities? [*link to Equity*]
- ☐ What if any harmful side-effects are associated with the intervention?
 - What are the nature of these side-effects? How bad are the associated harms? How temporary, long-lasting or permanent might they be?
 - How frequently are they associated with the intervention?
 - How does the risk /benefit profile of this intervention compare with alternative interventions to address this health issue?
 - Are there any approaches to reduce the harmful side-effects that should be implemented alongside the intervention?
 - Do associated harms disproportionately affect certain people? [*link to Equity*]
- ☐ All else being equal, special consideration should be given to services/interventions with fewer adverse consequences and side effects

What if any additional considerations related to Effectiveness might we want to include?

Efficiency

The economic evaluation component of the priority-setting process will inform which investments are efficient. During the ethics analysis, there may be additional considerations for how to assess efficiency, such as those below. Think about which considerations matter the most for health coverage decisions:

- ☐ Prioritise inclusion of affordable, high-value services (good value-for-money interventions) across various health needs. These may include:
 - High value-for-money interventions that broadly improve population health (e.g., preventive services, containing the spread of epidemics, early childhood health services with long-lasting impacts on future health, services with large positive health externalities)
- ☐ All else being equal, *for a particular health condition* favour lower-cost interventions when the benefits are similar to higher-cost options.
- ☐ Exclude most, if not all, low value-for-money services. Such as:
 - Costly drugs with insufficient evidence of health benefits
 - High-cost diagnostics or screening services for which lower-cost, effective alternatives exist
- ☐ If considering inclusion of a low-value service, what kinds of ethical considerations could or should be used to justify their inclusion in the package?
 - There may be certain kinds of health interventions that, despite low probability of health impact and relatively high cost, should still be considered as part of a basic package of services. What kinds of ethics considerations do you think justify including services that might otherwise be considered inefficient?
 - *For example, what should be done for people with conditions like schizophrenia, neurological or degenerative diseases that cannot be treated*
- ☐ Efficiently allocating non-monetary resources, such as human resources for health
 - Can the intervention be delivered in a way that efficiently uses health workers and health facilities?
 - Are there more efficient ways to deliver this intervention? (e.g., task-shifting from doctors to other types of providers such as community health workers, delivery of services outside health facilities through targeted campaigns, in schools, mobile health clinics)

What if any additional considerations related to Efficiency might we want to include in the framework?

Affordability

Some interventions may be very expensive, but because they are only needed by a small number of people they are still affordable. Other interventions may be relatively cheap and cost-effective, but because they are needed by most of the population, would have a large impact on the overall budget. Below are some sample considerations for affordability. Think about which considerations matter the most for health coverage decisions.

- ☐ All else being equal, interventions that are affordable should be given greater consideration for coverage
- ☐ If covering an intervention will not be affordable, and will mean forgoing other important interventions, there should be special justification (based on other ethics considerations)
- ☐ If it is not affordable to cover the intervention for everyone who could benefit, two options could be considered:
 - Covering the intervention only for certain subgroups of the population
 - Not covering the intervention for anyone until it is affordable for everyone

What if any additional considerations related to Affordability might we want to include?

Appropriateness

Below are some sample considerations for appropriateness. Think about which considerations matter the most for health coverage decisions:

- ☐ The extent to which the health system, facilities, and health care workers are able to deliver the intervention with high quality
- ☐ How well the health system, facilities, and health care workers can provide the intervention in a timely manner
- ☐ How accessible the intervention will be
- ☐ How suitable the intervention will be based on important values, religious beliefs, and other cultural factors

What if any additional considerations related to Appropriateness might we want to include?

Social Solidarity*

As currently stated in the White Paper, this principle relates to the financing of NHI. Are there any considerations related to Solidarity that should apply when making health coverage decisions?

ADDITIONAL PRINCIPLES TO CONSIDER

Respect and Dignity

These principles include: respecting the autonomous choices of individuals, eliminating forms of disrespectful treatment and discrimination, reducing forms of stigma, and preserving human dignity. Below are some sample considerations for Respect and Dignity. Think about which considerations matter the most for health coverage decisions:

- ☐ Whether the intervention gives people options to make meaningful choices in what types of services they use to address their health needs
- ☐ Does the intervention improve or preserve people's experience of dignity and respect by others?
- ☐ Is it possible that the intervention could make people vulnerable to stigma or discrimination, or exacerbate existing stigma?
- ☐ Does the intervention impact people's experience of self-respect or their personal identity?

What if any additional considerations related to Respect & Dignity might we want to include?

Impacts on Important Social Relationships

People's health status and the health care they receive can affect their relationships with partners, family, friends, and other social groups. Below are some sample considerations for Impacts on Important Social Relationships. Think about which considerations matter the most for health coverage decisions:

- ☐ The impact on people's ability to form and maintain close personal relationships
- ☐ How the intervention impacts the caregiver's role
- ☐ Impacts on people's ability to participate in social groups

What if any additional considerations related Impact on Relationships might we want to include?

Impacts on Personal Security

Certain interventions can affect people's experience of safety and security. For instance, being screened or treated for particular health conditions may make people vulnerable to violence by their partner. Below are some sample considerations for Impacts on Personal Security. Think about which considerations matter the most for health coverage decisions:

- ☐ Whether the intervention pose any threats to people's safety or security
- ☐ Whether the intervention enhances people's safety or security (e.g., home testing kits)

What if any additional considerations related to Personal Security might we want to include?

Impacts on Financial Situation

Financial protection is a core principle for many universal health coverage programs. Below are some sample considerations for Impacts on Financial Situation. Think about which considerations matter the most for health coverage decisions:

- ☐ Whether covering the intervention safeguards people from extreme out-of-pocket expenditures
- ☐ Whether covering the intervention impacts people's ability to earn a living

What if any additional considerations related to Financial Impact might we want to include?

Extreme Circumstances (Rescue)

Some people believe that, in an emergency there is a moral obligation to save individuals, even if there is a low probability of survival and potentially a high cost. Should there be any special considerations in the framework related to such Extreme Circumstances, such as:

- ☐ Some services related to emergency transport and trauma care (regardless of costs or probability of success)
- ☐ Health services that address unpredictable population-level events, for example from natural disasters, epidemics, civil unrest or armed conflict

What if any additional considerations related to Rescue might we want to include?

Respect for Clinician Judgment

Recognizing the value of providers in promoting the best interests of individual patients, NHI coverage decisions may impact clinicians' ability to exercise their best judgment in delivering care to patients. Below are some sample considerations for Respect for Clinician Judgment. Think about which considerations matter the most for health coverage decisions

- ☐ Whether covering the intervention would impact health providers' best judgment in meeting their patients' needs
- ☐ Whether covering the intervention might impact aspects of provider-patient relationships, such as trust and mutual respect
- ☐ Whether covering the intervention might impact clinicians' choice to practice in the public sector

What if any additional considerations related to Clinician Judgment might we want to include?

Compassion and Hope

Sometimes there are circumstances in which patients have few options available to them. In these cases, some people think it is worth offering services that would otherwise be low value-for-money as an expression of compassion or as a means of giving hope to the desperately ill. Should the ethics framework include any considerations, such as:

- ☐ Special consideration of “last-hope” drugs for serious or terminal illnesses in cases where all other treatment options have been exhausted
- ☐ Special consideration of high-cost interventions for rare diseases

What if any additional considerations related to Compassion and Hope might we want to include?