

Wednesday, 7 October 2026

Time	H24	H25
11.00 – 12.30	Organized Session 1 Big Bold Ideas for Priority Setting 2.0 Chair: Rob Baltussen, RadboudUMC • Edwine Barasa, KEMRI Wellcome Trust • Krishna Aryal, Bergen Center for Ethics and Priority Setting • Cassandra Nemzoff, RadboudUMC • Altea Sitruk, World Health Organization Come with your ideas! The aim of this session is to convene leading experts in the field of priority setting alongside the audience to discuss the successes and failures of past decades of priority setting efforts, and to discuss new, bold ideas for priority setting. This session is planned to be interactive with panelists and the audience. The discussion will be based on the following premise: You're not affiliated with any institution. You cannot promote the activities or tools developed by your current or former institution(s). You're an independent expert in the field of priority setting for health in LMICs.	Organized Session 2 When Crisis becomes the Setting for Health Priorities: Governance, Deliberation, and Resilience under Structural Constraints Chair: Reza Majdzadeh, University of Essex • Mojtaba Nouhi, Shahed University, Tehran • Maryam Rahbari Bonab, Ministry of Health and Medical Education, Iran • Musa Mohamed, United Nations Children's Fund (UNICEF) • Sajadi Haniye Sadat, Tehran University of Medical Sciences Health systems are increasingly asked to set priorities in a world where crisis is no longer rare or temporary. Armed conflict, forced migration, pandemics, climate disruption, fiscal shocks, sanctions, and geopolitical instability are reshaping how priorities are chosen, financed, implemented, and sustained. This session brings together conceptual, participatory, institutional, and country-level perspectives on priority setting in crisis-affected and structurally constrained health systems. Presenters bring first-hand research and policy experience from settings where priority setting is a difficult practice shaped by sanctions, interstate conflict, civil war, institutional fragility, and prolonged disruption. The session moves from context and decision-making to participation, deliberation, and the institutional conditions that keep priority setting credible and implementable.

Time	H24	H25
14.00 – 15.30	Parallel session 1 Setting Fair Priorities Mathias Barra, University of Oslo: <i>Calibration Implies Boundedness – Reassessing Calibration Arguments for Prioritarian Social Welfare Functions</i> Joseph Millum, St. Andrews University: <i>Should governments pay more for treatments of rare diseases?</i> Abhijith Jose, Marche Polytechnic University: <i>Should Age Count? Ethical, Economic and Policy Perspectives on Age-Based Health Rationing</i> Ann-Charlotte Nedlund, Linköping University: <i>The Bricolage of Priority Setting: A theoretical framework on how to understand the ambiguity of governance and practices of resource allocation and priorities in healthcare – an example from Swedish palliative care</i> Ritha Willilo, University of Bergen <i>Fair Processes, Uneven Practice: Institutionalising Procedural Fairness in Tanzania's Health Priority-Setting</i>	Organized Session 3 Expert Elicitation for Health Prioritisation: Methods, Applications, and Future Directions • Abigail Colson, University of Strathclyde • Nemzoff Cassandra, Radboud University Medical Center • Tina Nane, TU Delft • Andrew Mirelman, WHO Health prioritisation decisions frequently require action in the face of incomplete, uncertain, or context-dependent evidence. Decisions about which interventions to fund or which technologies to adopt often depend on evidence that is poorly measured, difficult to transfer across settings, or not yet available from empirical studies. Expert elicitation offers a structured approach for using expert judgement to fill evidence gaps, characterise uncertainty, and support transparent decision-making. This panel will examine how expert elicitation can contribute to health prioritisation, with particular attention to methodological choice, applied implementation, and institutional use.

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	Parallel session 3 Perspectives on Prioritisation Abubakar Alhassan, Bayero University Kano: <i>Global News Media and Global Health Priorities: BBC News and Universal Health Coverage</i> Wafa Aftab, University of Bergen <i>How Intersectoral Priority Setting Can Support Action on Social Determinants of Health: A Qualitative Case Study from Pakistan's Federal Health Ministry</i> 16.00 – 17.30 Eva Arvidsson, Linköping University: <i>Priority Setting, Patient Safety and De-implementation: A Qualitative Study of Health-Care Professionals' and Patients' Perspectives</i> Yasin Adil, Akerhus University <i>When Macro-Level Priority Policies Meet Bedside Reality: A Qualitative Study in a Universal Healthcare System</i> Ritha Willilo, University of Bergen <i>Setting Criteria for Prioritising Health Interventions in Tanzania: A Stakeholder-Participatory Approach</i>	Organized Session 4 From Country Experience to Global Guidance: FairChoices, Evidence-Informed Deliberative Processes and WHO PRIORITI Rob Baltussen, RadboudUMC Kjell Arne Johannsson, University of Bergen Sitruk Altea, WHO Countries setting health priorities must make technically sound choices under severe resource constraints and incomplete evidence, while ensuring that decisions are considered legitimate. This requires technical analysis to be combined with stakeholder participation and deliberation, and decisions to be connected to financing and implementation. The Bergen Centre for Ethics and Priority Setting in Health has developed FairChoices, while Radboudumc has developed evidence-informed deliberative processes (EDPs). Both approaches combine evidence, explicit criteria, stakeholder involvement and deliberation, but differ in their methods and practical organization. Building on these and other priority-setting approaches and extensive country experience, WHO has recently developed PRIORITI: an eight-step process for designing and revising universal health benefit packages. This session compares FairChoices in Zanzibar and EDPs in Rwanda and examines how these experiences relate to the emerging WHO guidance.

Thursday, 8 October 2026

Time	S57	S58	H24
11.00 – 12.30	Parallel session 5	Organized Workshop	Organized Session 5
	Health System	Using Fair Choices for Value Informed Priority Setting	From Country Application to a Global Public Good: Costing Health Benefit Packages with the WHO UHC Compendium
	Ravi Kanta Mishra, University of Bergen: <i>Doing More with Less: Health System Efficiency of Local Governments in Nepal</i>	Krishna Aryal, University of Bergen Kjell Arne Johnsson, University of Bergen	Chair: Rob Baltussen, RadboudUMC
	Caleb Mulongo, Tunu Consulting Hub: <i>Trust as a Priority-Setting Outcome: Scheme Performance, Constitutional Failure, and Reform Correction in Kenya's Social Health Authority</i>	FairChoices is an innovative analytics platform designed to help countries conduct rapid, policy-relevant cost-effectiveness analyses across long lists of health interventions, while incorporating equity and distributive outcomes into the decision process.	- Gerard Abou Jaoude, University College London - Gavin Surgey, RadboudUMC - Charlie Nederpelt, RadboudUMC - Wajeeha Raza, WHO - Mizan Kiros Mirutse, University of Bergen - Filip Meheus, WHO
	Lelissa Assebe, MSH: <i>Prioritizing and Costing RMNCH Innovations for Scalable Impact: A Combined MCDA and Costing Approach from Ethiopia</i>	Attendees will work directly with the tool, explore its analytic framework, and learn how equity, financial risk protection, and population subgroups can be explicitly evaluated alongside traditional cost-effectiveness metrics.	Countries developing health benefit packages must determine not only which services should be prioritized, but also whether these services are affordable and implementable.
	Sanaa Said, SUZA: <i>Closing the NCD Gap: Prioritization of Rheumatoid Arthritis Care in Zanzibar's Essential Health Care Package</i>	This workshop is ideal for researchers, modelers, HTA practitioners, policymakers, and students interested in practical, data-driven approaches to equitable priority setting.	The WHO UHC Compendium provides standardized service definitions and structured information on the resources required for service delivery.
			This session will examine how UHC Compendium-based costing can support broader priority-setting processes, what was learned from its application in Kyrgyzstan, and what is required to develop the model into an adaptable global public good.

Time	H24	H25
13.30 – 15.00	Organized Session 6 Just pricing pharmaceuticals • Martin Henriksson, Linköping University • Anton Klockhoff, Linköping University • Lars Sandmann, Linköping University • Niklas Juth, Uppsala University Several European healthcare systems that apply value-based drug pricing have been criticized for not paying enough. It has been argued that low prices can delay market entry, that existing pricing frameworks fail to capture important elements of value, and that current pricing levels may undermine incentives for innovation and timely access to new treatments. This session focuses on three closely related questions. • First, which types of value should be considered relevant when setting pharmaceutical prices? • Second, to what extent should these values be reflected in prices? • Third, what constitutes an acceptable and sustainable distribution of value between patients, healthcare systems, and the pharmaceutical industry?	Organized Session 7 Difficult choices, rapid decisions: adapting priority setting to time and resource constraint <i>Altea Sitruk, WHO</i> <i>Cassandra Nemzoff, RadboudUMC</i> <i>Tom Sesay, MOH Sierra Leone</i> <i>Andrew Mirelman, WHO</i> <i>Anna Vassall, WHO</i> <i>Shufang Zhang, World Bank</i> <i>Rob Baltussen, RadboudUMC</i> Health systems are increasingly under pressure due to shrinking external funding, geopolitical instability, rising debt, and emerging health threats. As a result, there is an unprecedented need for rapid, evidence-informed, and country-led priority setting. Traditional health technology assessment (HTA) processes are not typically designed to produce timely recommendations under such conditions This session draws on complementary frameworks: the WHO PRIORITI framework for evidence-informed deliberative priority-setting; adaptive HTA methodology; and emerging applications of rapid processes and artificial intelligence to accelerate evidence-informed decision-making.

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	Parallel session 4 Assessing Outcomes Maartje Tromm, Erasmus University Rotterdam: <i>What is normal health? Reflecting on the equity consequences of using an age- and sex adjusted population reference group in absolute and proportional shortfall estimations</i> 15.30 Lelissa Assebe, MSH: – <i>Scoping review of extended cost-effectiveness analysis in health policy assessment</i> 17.00 Annapoorna Prakash, Radboud University Medical Center: <i>Patient-Related Evidence For the Assessment Of Digital Health Technologies to Inform Priority Setting</i> Hassan Thabit, State University of Zanzibar: <i>Association of Body Mass Index, Sedentary Lifestyle, and HbA1c with Cardiac Autonomic Neuropathy in Type 2 Diabetes in Zanzibar</i>	Parallel session 5 Aligning Health Priorities My Eklund Saksberg, Linköping University: <i>Policy integration under pressure: Priority-setting in potential times of crises and war in Municipal Health Care and Social Care in Sweden</i> Achyut Raj Pandey, University of Bergen: <i>Temporal Trends and Inequities in the Continuum of Care for Maternal and Newborn Health Services in Nepal, 2006-2022</i> Habtmu Wollebo, Clinton Health Access Initiative: <i>Prioritizing Provider Payment for Primary Health Care: Lessons from Ethiopia's Capitation Payment Reform under Community-Based Health Insurance</i> Srijana Khatiwada, University of Bergen: <i>Health Investment Package for Low-Income Countries: A Cost-Effectiveness Analysis Using FairChoices for Global Development Aid Donors</i>

Friday, 9 October 2026

Time	S57	H24
11.00 – 12.30	Parallel Session 6 Evidence-Informed Priority Setting Krishna Aryal, University of Bergen <i>Evidence Informed Priority Setting: Design and application of priority setting criteria in Nepal's health benefit package revision</i> Gavin Surgey, UCL <i>Reducing the Complexity of Health Benefits Package Revision: A Practical Application of the WHO UHC Compendium</i> Wudalew Tesfaye, Clinton Health Access Initiative <i>Social Health Insurance in Ethiopia: A Synthesis of Evidence on Willingness to Enroll, Institutional Preparedness, Fiscal Space, and Service Readiness as a Platform for Policy Action</i> Deepshikha Sharma, Post Graduate Institute of Medical Education and Research <i>Lessons for Priority Setting through Publicly-funded Health Insurance Schemes: Evidence from a Systematic Review and Meta-analysis in India</i> Shiva Adhikari, Nepal Health Economics Association <i>Creating Fiscal Space for health care services through Strategic Reprioritization: Evidence from Nepal</i>	Organized Session 8 What Implementation Teaches Priority-Setting Processes for Essential Packages of Health Services Chair: Reza Majdzadeh, University of Essex Rob Baltussen, Radboud University Medical Center Maryam Huda, Aga Khan University, Karachi Lyazzat Kosherbayeva, Ministry of Health, Astana, Kazakhstan Ahmed Esawi, University of Toronto The Essential Package of Health Services (EPHS) translates health priorities into explicit, defensible, financially accountable commitments. In many countries, EPHS design is informed by priority-setting processes that combine evidence, criteria, stakeholder engagement, institutional judgement, and social values. Good design does not secure success. An EPHS succeeds when implementation expands effective coverage, reduces inequalities, and strengthens financial protection. This session treats EPHS priority setting not as a linear process for selecting services, but as a learning mechanism for defining, testing, and revising an EPHS.