Public Health Ethics

- The new global context

Kjell Arne Johansson, MD, PhD

Professor in Medical Ethics

Bergen Center for Ethics and Priority Setting in Health

Department of Global Public Health and Primary Care

University of Bergen, Norway

B·CEPS

UNIVERSITY OF BERGEN

T R U S T - science/truth

← ?

? →

B·CEPS

T R U S T

- efficiency

← ?

? →

B·CEPS

T R U S T

- priority setting

← ?

? →

B·CEPS

Old global context

Population

Urbanization

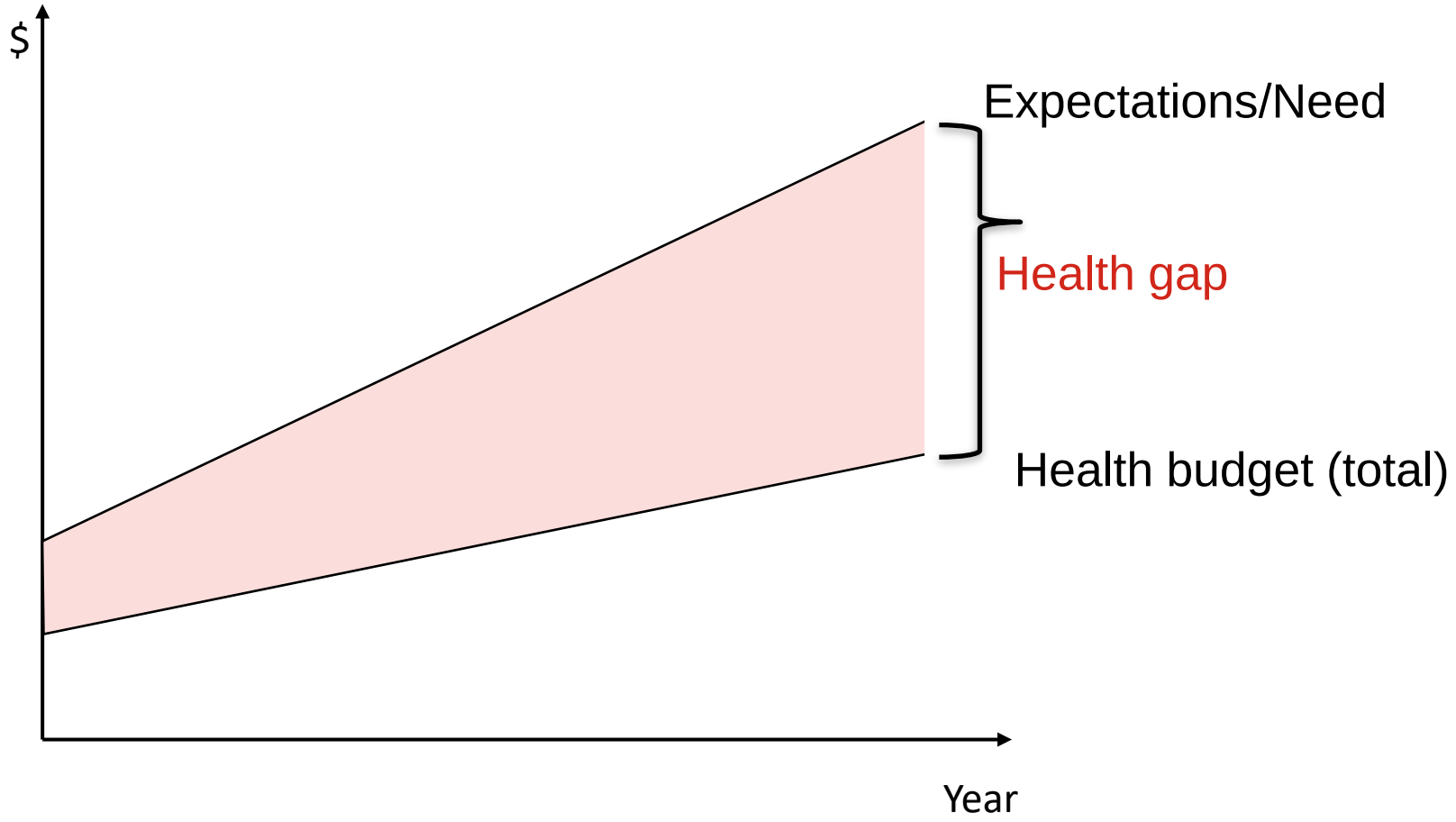
Technology

Globalization

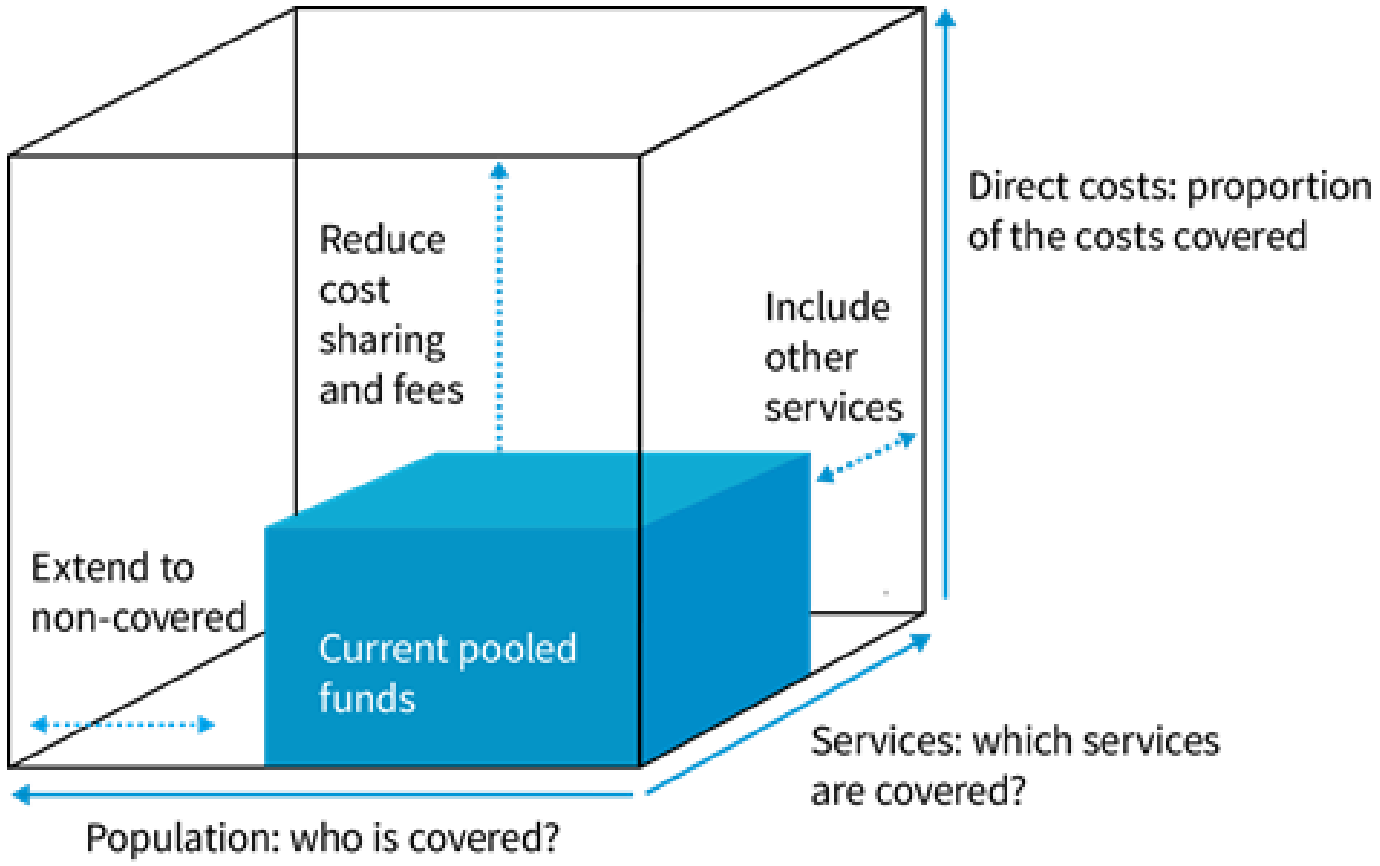
Climate Change

Resource constraints

Resource constraints



Priority setting in public health: the UHC Cube



Source: World Health Report 2010

Public health interventions – should we say YES to all?

Intersectoral public health policies

- Fiscal / regulatory measures
- Injuries: Transport
- Climate health impact
- Environmental and regulatory actions (air quality, food)
- …

Population-level prevention

- Vaccines
- Cancer-screening
- Health-promotion (diet, physical activity, mental health)
- School and community-based health programs
- …

Individual-level prevention

- Lifestyle counselling in primary care (smoking, alcohol, diet, exercise)
- Preventive follow-up for high-risk individuals
- Opportunistic prevention during health-service contacts
- Personalized support for sustained behaviour change

…

Ethics of priority setting

Procedural fairness

- Transparency, reasonableness (evidence & value based), and accountability in decision-making processes
- Inclusiveness: Ensuring stakeholders have a voice

Substantive fairness

- Fair outcomes
- Ensuring decisions are based on justifiable and equitable criteria
- Examples: benefit, cost-effectiveness, equity/distribution, autonomy, etc.

Accountability for Reasonableness

- Transparency (about decisions and reasons)
- Relevance
- Complaints
- Enforcement

Source: Daniels and Sabin, Setting limits fairly, 2002

Fair process

Source: World Bank, Fair Financing, 2023

The most common prioritization mechanisms

- Delay
- Dilution
- re-Direction
- Denial
- Deterrence

B·CEPS

UNIVERSITY OF BERGEN

Sources:
Parker D. Social administration and scarcity: the problem of rationing. Social Work. 1967;24(2 (April)):9-14.
Klein R, Day P, Redmayne S. Managing scarcity. Priority setting and rationing in the National Health Service. Ham C, editor. Buckingham: Open University Press; 1996

Substantive ethical principles for priority setting

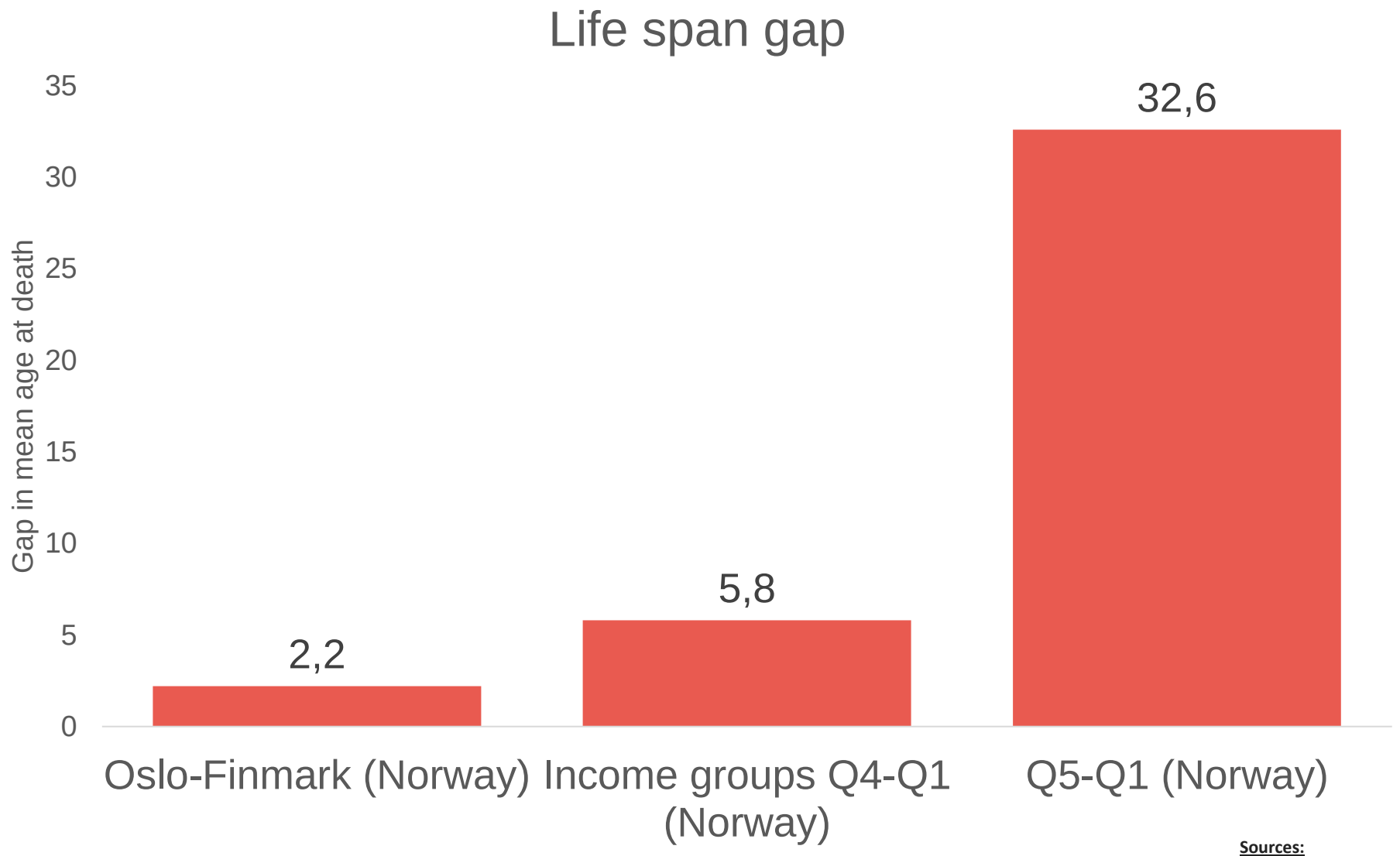
Maximize health

Priority to worse-off

Financial risk protection

Who are worse-off in public health?

Worse-off



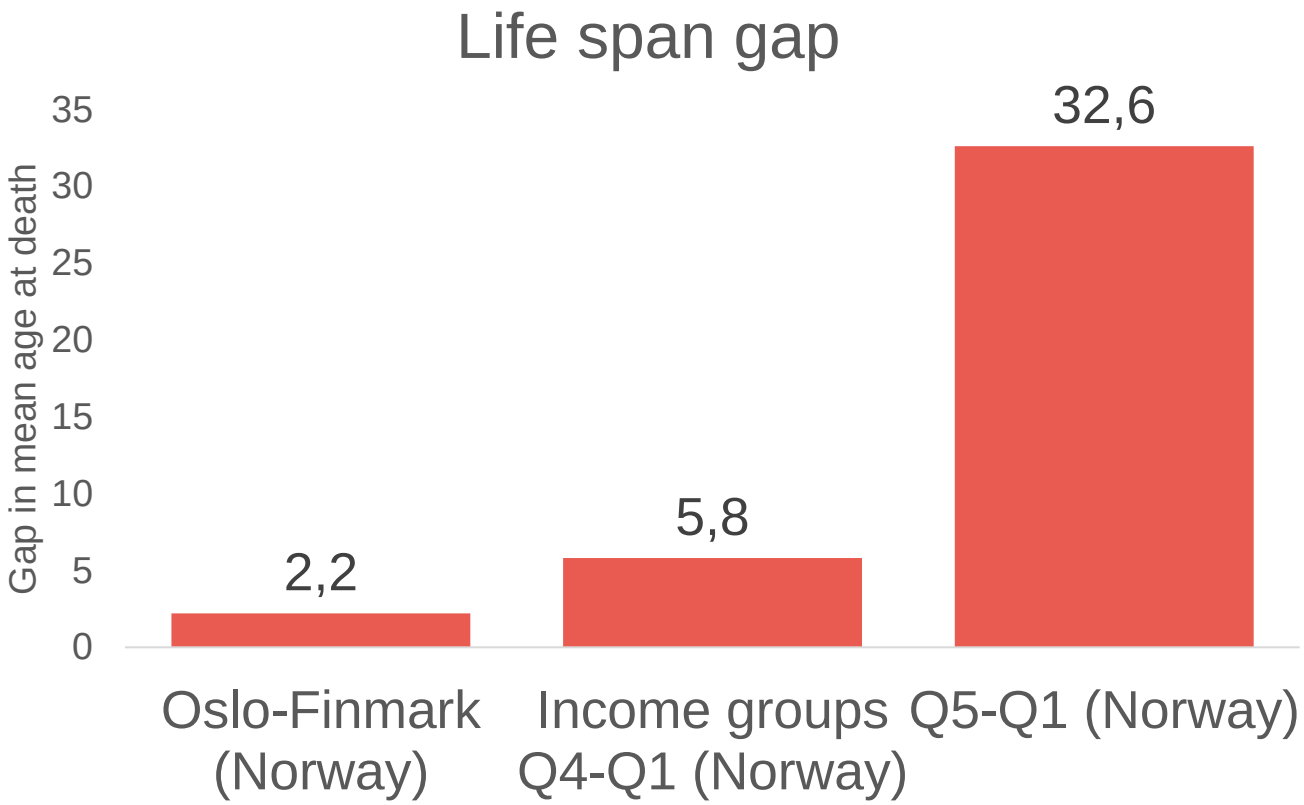
B·CEPS

Sources:
Brønnum-Hansen et al . BMJ Open. 2021
GBD 2021
Horn et al. Tidsskr for omsorgsforskning. 2024.

Worse-off

Bi-variate or univariate equity measures?

- What is worse:
  - To die early in remote area?
  - To die early and poor?
  - To die early?
- Trade-off equity vs. efficiency



Sources:
Brønnum-Hansen et al . BMJ Open. 2021
GBD 2021
Horn et al. Tidsskr for omsorgsforskning. 2024.

Closing reflections

- Priority setting has never been more important. The choices we make shape lives, trust, and the future of our health systems.
- Do it consciously — not in a black box. Fairness grows in openness and dialogue.
- Trust and legitimacy is earned through transparent and inclusive processes, where people feel heard and values are made explicit.
- Fair outcomes begin with asking: Who is worse off? And they are achieved when we have the courage to balance compassion with difficult trade-offs in collective choices.

Kjell Arne Johansson
Professor
kjell.johansson@uib.no

B:CEPS
BERGEN CENTRE FOR ETHICS AND PRIORITY SETTING IN HEALTH

www.uib.no/en/bceps

Norad

The Research Council of Norway

UNIVERSITY OF BERGEN