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POSTER HPR32

Balancing Cost-Effectiveness With Societal Values: A Representative Survey of Norwegian Attitudes Toward Healthcare Resource Allocation

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BACKGROUND & OBJECTIVES

Public resources are scarce and public healthcare systems must prioritise. In Norway, an explicit set of prioritisation criteria has been established, in which **cost-effectiveness** and **disease severity** play a key role. However, few studies have been conducted to understand the general public's view on these, or other, prioritisation criteria. The aim of the study was thus to assess the attitudes, of the Norwegian general population, towards a range of priority setting criteria relevant to the Norwegian public health care system.

KEY FINDINGS

When making decisions about health budget allocation, people do take other factors into consideration besides maximizing health.

The productivity effects of healthcare treatments appear to be a priority for most Norwegians

METHODS

An electronic survey was conducted among a representative sample of Norwegian adults in April 2024 (N= 1,010). Respondents were asked to express agreement with prioritisation principles and to allocate hypothetical healthcare funds across treatment alternatives in specific trade-off scenarios. These scenarios varied by disease characteristics (rarity, severity) as well as treatment impacts (enabling patients or caregivers to return to work). Sampling weights were applied to further match the age and gender distribution of the Norwegian adult population..

CONCLUSION

Norwegian societal preferences favour a more comprehensive prioritisation framework than what is currently applied. Respondents were consistently willing to trade off efficiency for other ethical or societal considerations—most strongly in favour of productivity gains. These insights underscore the need for constant revision of prioritisation criteria used in healthcare decisions, to reflect public preferences. This stylized survey is among the first of its kind including multiple criteria conducted in Norway, and further research is needed.

RESULTS

When asked about how the healthcare budget should be allocated in the abstract, an overwhelming majority (93%) agreed that expenditures should be directed in ways that maximize the health of the population (**Figure 1**). On the other hand, 73% of respondents stated that treatments which enable patients to return to work should be given a higher priority than treatments that do not impact patients' ability to work. Smaller but still significant shares of respondents agreed, or strongly agreed, with prioritizing the most severe illnesses (42%), less common diseases (36%) or illnesses that impact relatives or caregivers (39%) This is despite other groups with less severe or more common illnesses, or illnesses with less impact on others, could achieve greater health benefits with the same resources.

Figure 1: The extent to which respondents agreed with various statements

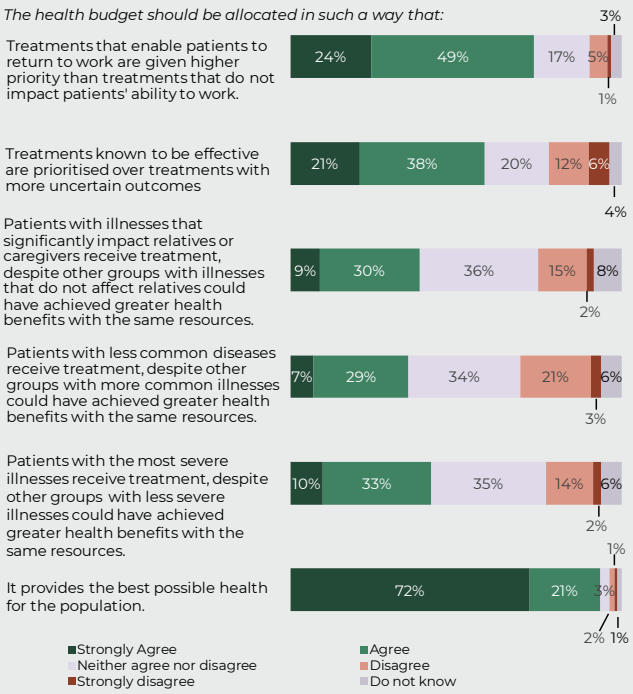
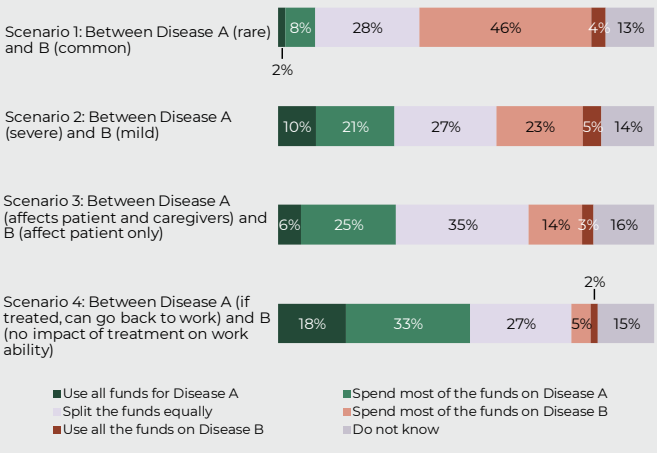


Figure 2: How should the healthcare sector allocate extra funds between two different treatments?



To further test the relative importance of these traits, we asked respondents a series of trade-off questions. In each case, they were asked how to allocate funds across treatments for two diseases, similar in every way except for two aspects. First, the treatment for disease A was four times as expensive as the treatment for disease B. Second, disease A was either rare, severe, affecting caregivers or affecting work ability. "Use all funds on disease B" was the health-maximizing alternative.

A substantial shares of respondents deviated from strict cost-effectiveness when faced with concrete trade-off scenarios. Notably, 78% of respondents opted to prioritise more costly treatment because it enabled patients to return to work., indicating that being able to work is worth paying for (**Figure 2**). Similarly, 38%, 58% and 66% percent prioritised more expensive treatments when these addressed a rare or severe disease, or benefited caregivers, respectively. A consistent share of around 30% of respondents chose to split funds equally across diseases, indicating a a deviation from health-maximization warranting further research.

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