

# Value-Based Healthcare School

## Building Investment Cases for Respiratory Health Interventions

### Why this School?

Healthcare decision makers today face static or shrinking budgets, rising costs, and more demand due to the increase in non-communicable disease. Simply proving that an intervention works is not enough—leaders want to know: What is its value? Who benefits? At what cost? How do we maximise what is right for the individual with what is right for a population?

The Value-Based Healthcare School, led by the International Primary Care Respiratory Group (IPCRG), will help respiratory health researchers and practitioners move beyond data to build persuasive investment cases that influence funders, policymakers, and health system leaders.

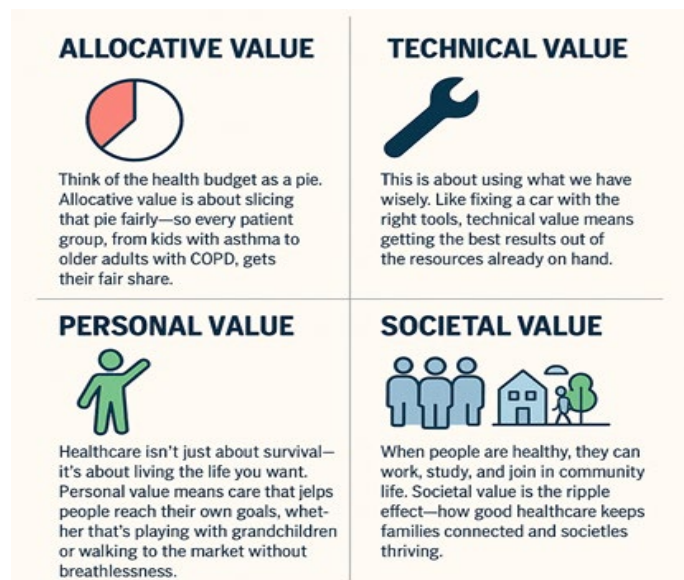
Participants will gain practical skills to frame the value of the interventions they have developed and/or studied to different stakeholders including civil society, patients, care providers, and decision-makers.

### What is Value-based Healthcare?

Value-based healthcare means getting the best possible health results for people with the resources we have. Instead of measuring success by how much care is delivered, it looks at whether care is fair, efficient, and meaningful and questions what is the best use of resources such as person - time, carbon, medicines, devices and facilities

Instead of only looking at costs, value-based healthcare questions how well resources are distributed (allocative value: doing the right things), how well they are used for those in greatest need; (technical value: doing things right); how they are tailored to help people reach their own goals (personal value), and how they strengthen communities and social connectedness (societal value) (see the image to the right).

This approach draws on the European Union Commission’s Expert Panel on effective ways of investing in health and defining value in ‘value-based healthcare’.



## What You Will Learn

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Over three days, participants will:

- **Understand value-based healthcare:** Learn how “value” goes beyond costs to include health outcomes, societal, allocative and technical value, and what matters most to patients and civil society.
- **Explore real-world decision-making:** Understand how decision makers balance competing priorities, limited budgets, and political realities.
- **Practise resource allocation:** Engage in simulation exercises using archetypal patient cases to weigh costs, outcomes, and trade-offs.
- **Develop investment cases:** Build and pitch a tailored investment case for a respiratory health intervention, showing its value and affordability
- **Strengthen advocacy skills:** Craft clear, evidence-informed messages that resonate with funders and users, even in times of financial constraint.

## Approach & frameworks

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- STAR Model (Socio-Technical Allocation of Resources)<sup>1</sup>: Combines data and stakeholder voices to make fair and transparent resource allocation decisions.
- Value-Based Healthcare Principles:<sup>2</sup> Four pillars (allocative, technical, societal, and personal value) guide participants to think broadly about what “value” means in health systems.
- Interactive Learning: Real-life case studies, group work, and peer-to-peer feedback.

## Faculty

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- **Ms. Siân Williams** – CEO, IPCRG (UK)  
*Co-founder and leads a global primary respiratory care network; former manager in UK NHS in operational and strategic roles and co-author of [IMPRESS Guide](#) to the relative value of COPD interventions for British Thoracic Society and Primary Care Respiratory Society UK with London School of Economics*
- **Professor Rumana Huque** – University of Dhaka & ARK Foundation (Bangladesh)  
*Health economist and policy leader focused on health financing and resource allocation; member of the interim government taskforce on re-strategising the economy.*
- **Dr. Genevieve Fernandes** – Senior Programme Manager, IPCRG (India)  
*Public Health Researcher, Manager and Stakeholder Engagement Specialist with experience in capacity building across South Asia.*

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<sup>1</sup> Airoidi M, Morton A, Smith JA, Bevan G. STAR--people-powered prioritization: a 21st-century solution to allocation headaches. *Med Decis Making*. 2014 Nov;34(8):965-75.

<sup>2</sup> [https://health.ec.europa.eu/system/files/2019-11/2019\\_defining-value-vbhc\\_factsheet\\_en\\_0.pdf](https://health.ec.europa.eu/system/files/2019-11/2019_defining-value-vbhc_factsheet_en_0.pdf)

**Special Session:** An international expert panel will join the workshop virtually for the advocacy pitch session on Day 3, representing patient, policy, and clinician perspectives to provide real-world feedback on participants' investment cases.

## Eligibility criteria

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To ensure the Value-Based Healthcare School is interactive, practical, and impactful, 15 participants will be selected through an open application process, based on the following attributes and experience:

### 1. Personal Attributes

- Collaborative and a good listener – able to engage constructively in group work and value diverse perspectives.
- Motivated and reflective – keen to learn, apply, and adapt concepts to their own setting.
- Networked – connected with peers, institutions, or stakeholders in their setting, with potential to find information and share learnings widely.

### 2. Professional Experience

- Direct engagement with the health system – experience delivering, managing, or supporting healthcare and services within their national or local context.
- Agency within their organisation – holds a role that allows them to influence, advocate, or contribute to decision-making, resource allocation, or programme design.
- Understanding of public health principles – awareness of equity, prevention, health systems, and respiratory healthcare.

### 3. Technical Competence

- Familiarity with health data in practice – able to access and use health statistics, service indicators, or evidence to inform daily work, clinical practice, or advocacy.
- Confidence in interpreting information – able to apply data and real-world insights to strengthen cases for change

## What you'll take away

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By the end of the school, participants will:

- be able to communicate the value of respiratory health interventions in simple, compelling terms;
- have a draft investment case for one intervention to refine and apply in their own context;
- have gained confidence to engage decision makers in constructive dialogue about resource allocation.

## Workshop details

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- **Where:** Kuala Lumpur, Malaysia
- **When:** Dates 28<sup>th</sup>-30<sup>th</sup> March 2026
- **Participants:** 15 RESPIRE members (selected through open application)
- **Pre-event:** An orientation webinar in October 2025 will explain objectives, curriculum, and application process.

## Appendix 1: Value-based Healthcare School Agenda

*Please note: This agenda is tentative and may be updated based on participant needs.*

DAY 1	DAY 2	DAY 3
<b>Session 1: Decision making for resource allocation for health care</b> <ul style="list-style-type: none"> <li>How do you make a decision? (activity)</li> <li>What are the thumb rules for healthcare decision-making? (talk)</li> </ul>	<b>Session 1: Resource Allocation Simulation Part 1</b> <ul style="list-style-type: none"> <li>Case study: Introduction to a fictional district and 3 archetypes (talk)</li> <li>Unwanted variations in respiratory care (talk)</li> <li>Exploring the available data (group work)</li> </ul>	<b>Session 1: Developing investment cases</b> <ul style="list-style-type: none"> <li>Highlighting lessons from Day 1 &amp; 2 (talk)</li> <li>Develop an investment case (group work)</li> </ul>
<b>Session 2: What is value-based healthcare?</b> <ul style="list-style-type: none"> <li>How do you define value? (activity)</li> <li>What is value-based healthcare? (talk)</li> <li>Intervention case study – Discuss the value, benefits, harms of this intervention at the individual and population level (group work)</li> </ul>	<b>Session 2: Resource Allocation Simulation Part 2</b> <ul style="list-style-type: none"> <li>Explore the value of interventions for 3 archetypes covering concepts such as value, relative value, population served, costs (group work)</li> <li>How are choices framed and made? (talk)</li> </ul>	<b>Session 2: Pitching investment cases</b> <ul style="list-style-type: none"> <li>Group 1 presents investment case pitch</li> <li>Feedback from virtual expert panel</li> <li>Group 2 presents investment case pitch</li> <li>Feedback from virtual expert panel</li> <li>Group 3 presents investment case pitch</li> <li>Feedback from virtual expert panel</li> </ul>
<b>Session 3: Developing common archetypes for respiratory healthcare</b> <ul style="list-style-type: none"> <li>Archetypes for respiratory healthcare (talk)</li> <li>Three archetypes (group work) <ul style="list-style-type: none"> <li>Child with asthma (mild)</li> <li>Adult smoker with TB (moderate)</li> <li>Adult with COPD (severe)</li> </ul> </li> <li>Identify relevant interventions (group work)</li> </ul>	<b>Session 3: Implementation considerations</b> <ul style="list-style-type: none"> <li>Enablers and barriers for the value based approach (talk)</li> <li>Visualising this approach in your setting (activity)</li> <li>Instructions for developing an 'investment case' (talk)</li> </ul>	<b>Session 3: Exploring action plans</b> <ul style="list-style-type: none"> <li>What next – how can value-based healthcare be applied to participants' home setting? (talk)</li> <li>Outlining next action steps (activity)</li> <li>Participant feedback (activity)</li> </ul>