



# Priority-Setting in Health

## Building institutions for smarter public spending

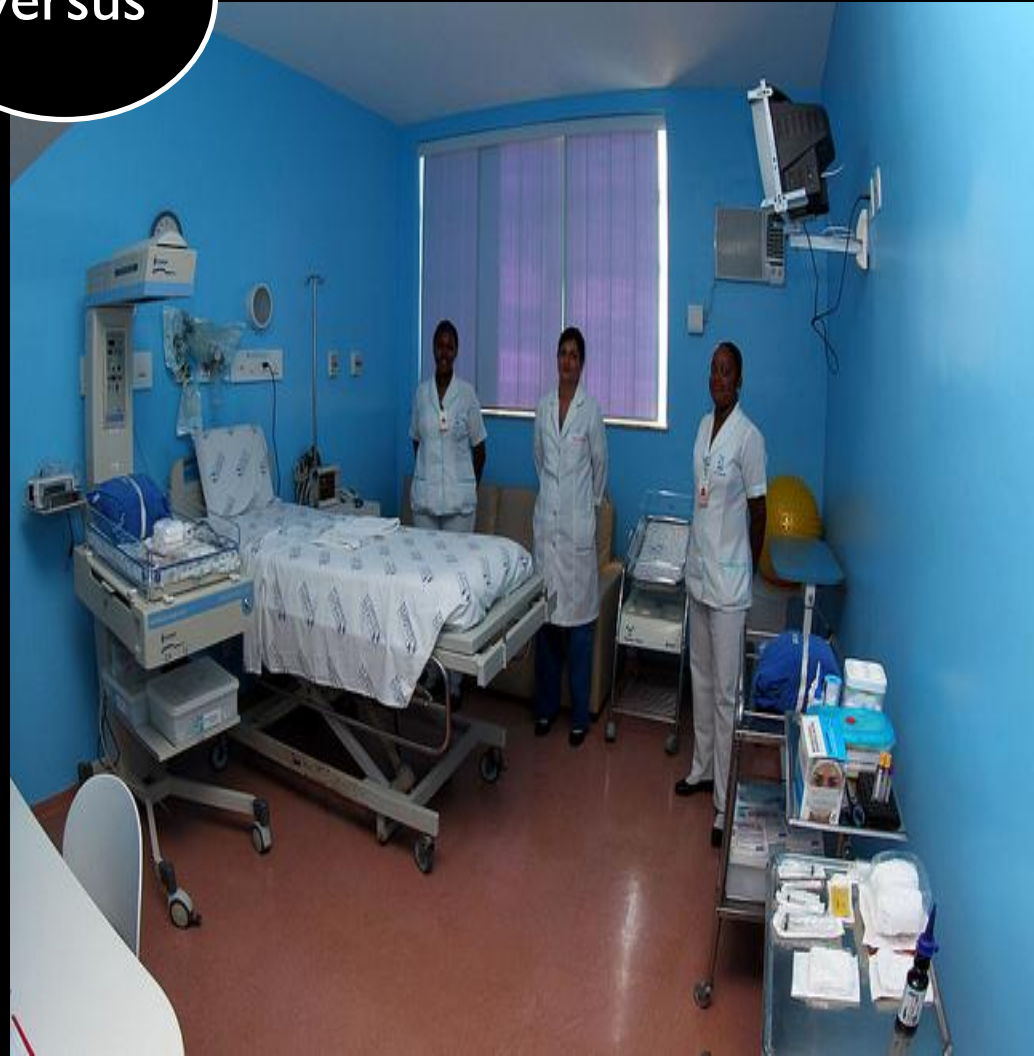
**A report of the Center for Global Development's Priority-Setting Institutions for Global Health Working Group**

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versus

Inertial, implicit and  
ad hoc resource  
allocation can  
result in low value  
and inequity



# Competing interests in an ad hoc process drive these perverse choices

Review

Journal of INTERNAL MEDICINE

doi: 10.1111/j.1365-2796.2010.02269.x

**Chronic kidney disease: a public health priority and harbinger of premature cardiovascular disease**

Reducing tobacco use top priority says Lancet

**Cáncer de mama en México: una prioridad apremiante<sup>1</sup>**

Breast cancer in Mexico: an urgent priority



**Asthma management in general practice**

A chronic disease health priority

**Palliative Care: A Public Health Priority in Developing Countries**

**Blood-pressure-related disease is a global health priority**

Mental health problems will be the number one health priority for the world in the near future and workplaces must play their part in tackling it, a conference has heard.



Image: DFID - UK Department for International Development/ CC

Explicit priority-setting can help achieve global health goals

versus

Goal is universal coverage of highly c/e, pro-equity health benefits, not cost control and denial of care.



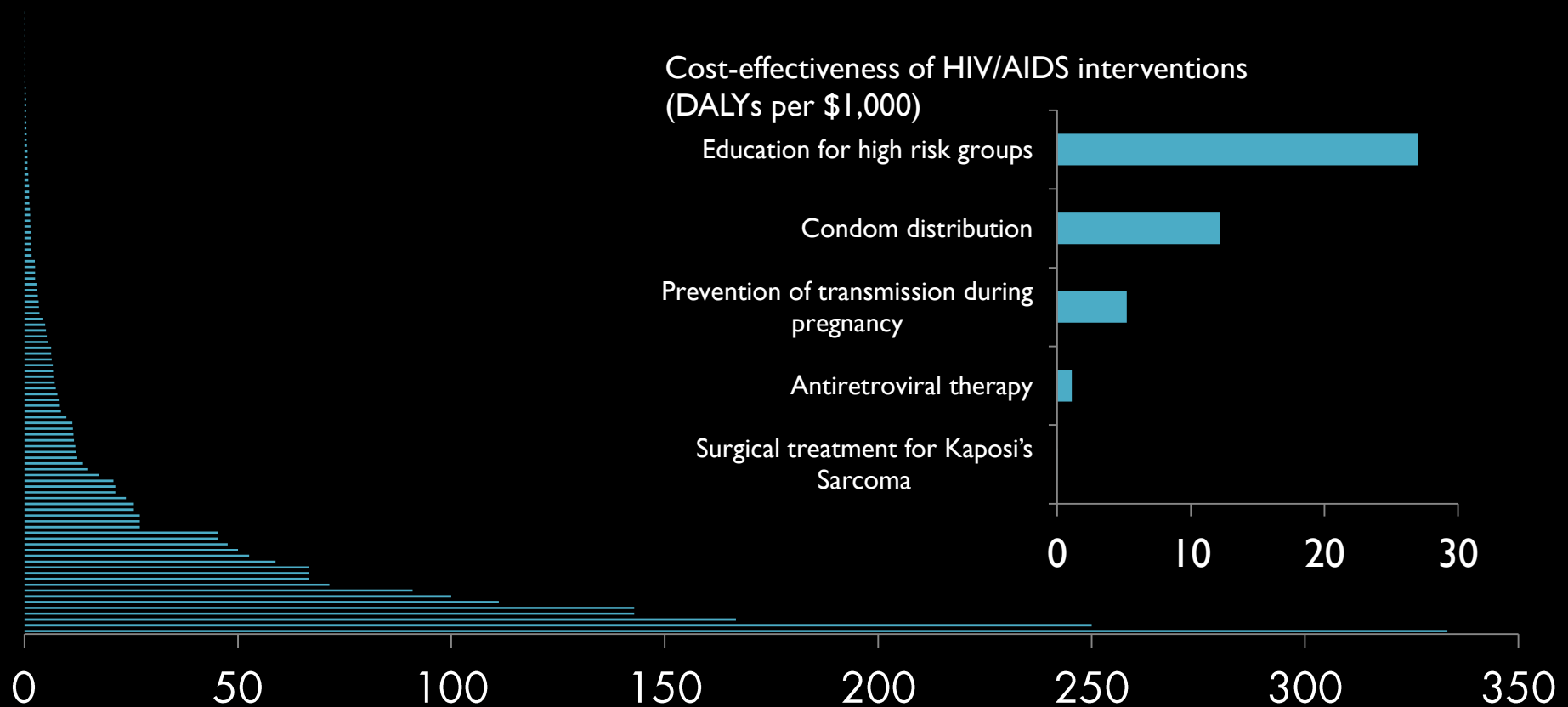
Image: Canadian Press) / CC

# Forces converging to make explicit priority-setting necessary and possible

- Huge health gains are possible
- Health spending growing, markets too
- Legal actions more common

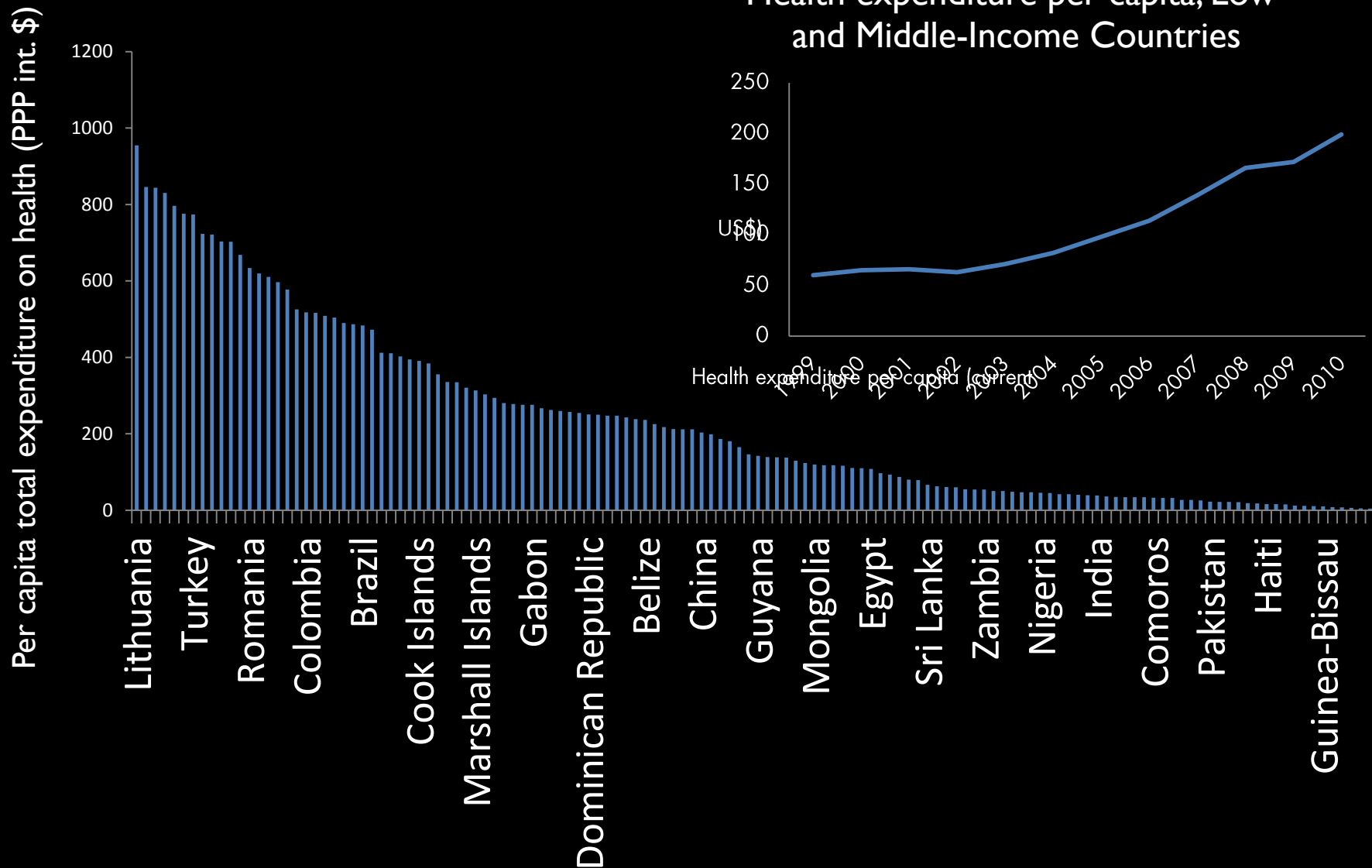
# For a given budget, there are large differences in obtainable health impact

Cost-effectiveness of 108 health interventions evaluated in DCP2





# Public spending on health is low but growing



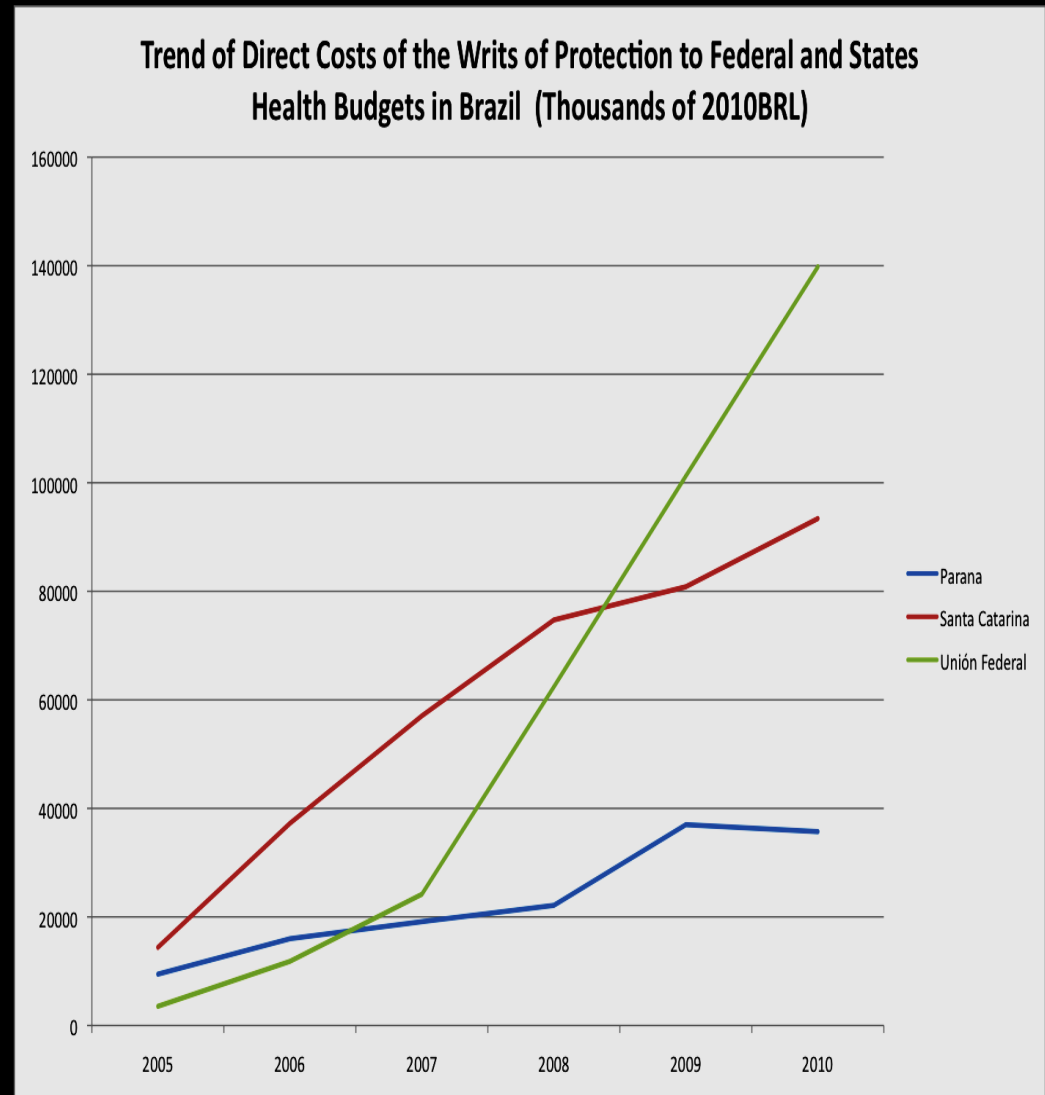
# Markets are growing too





# Legal actions are increasingly common

- Brazil: 240,000 federal cases in 2010 for a total of \$550 million, only medicines
- Colombia: 40,000 cases a year; in 2009 litigation cost the public sector \$300 million



Source: Cubillos et al (2012)

# Current policy tools:

- Essential medicines lists
- Health benefits plans
- HTA agencies

☒ Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, Calculated LDL-C & Cholesterol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)  
☒ Albumin  
☒ Vitamin B12  
☒ Fasting Glucose Ratio: Urine  
☒ Urinalysis (Chemical)  
☒ Albumin / Creatinine Ratio  
☒ Neutrophil Band  
☒ Child's Age  
☒ Clinician/Practitioner's tel. no. ( ) days  
☒ Patient's 24 hr telephone no. ( )  
☒ Therapeutic Drug Monitoring

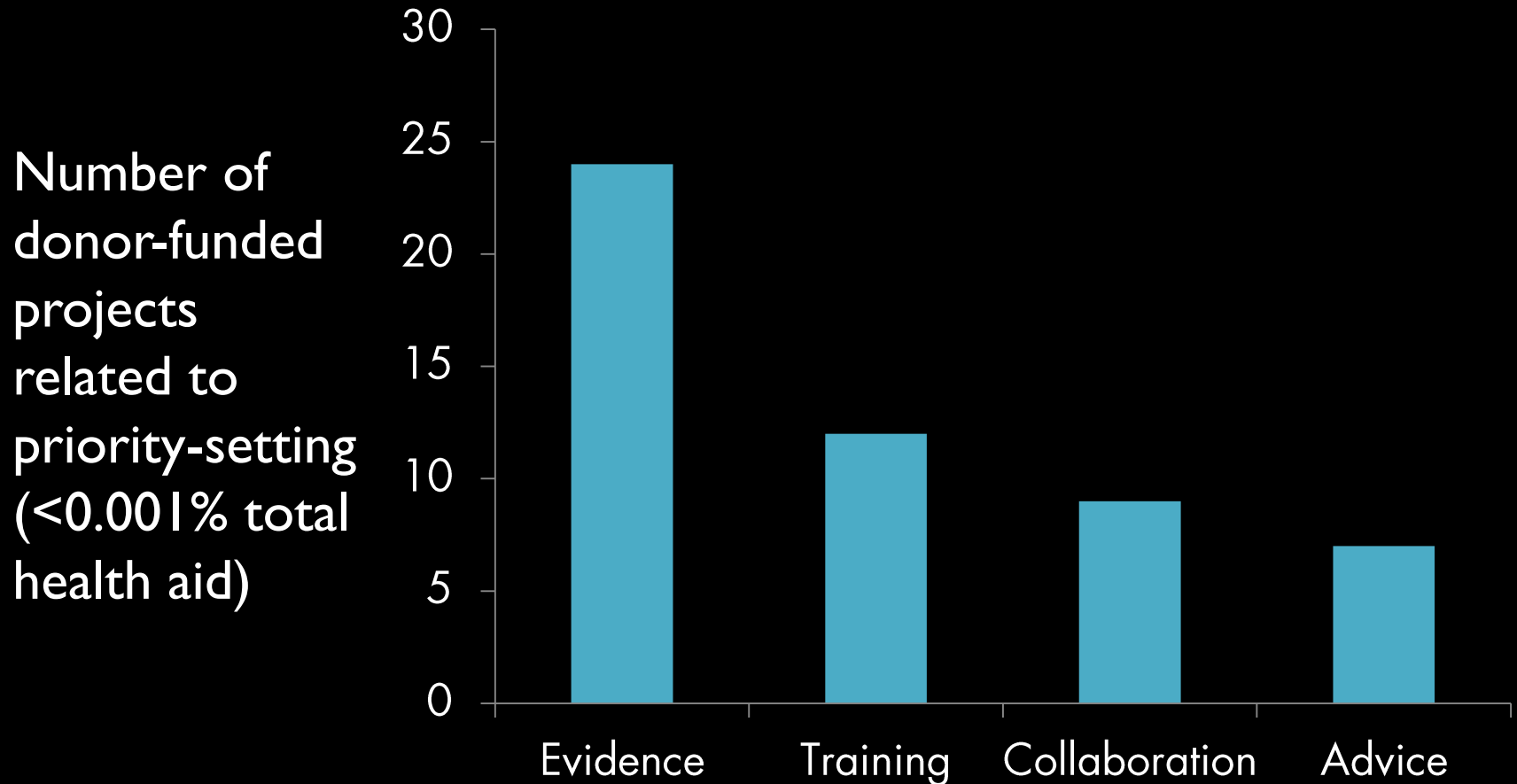
Name of Drug #1	hr.	#2	hr.	#2	hr.	#2
Name of Drug #2	hr.	#2	hr.	#2	hr.	#2
Time of Last Dose #1	hr.	#2	hr.	#2	hr.	#2
Time of Next Dose #1	hr.	#2	hr.	#2	hr.	#2

The tests ordered are not for registered in or out of hospital.

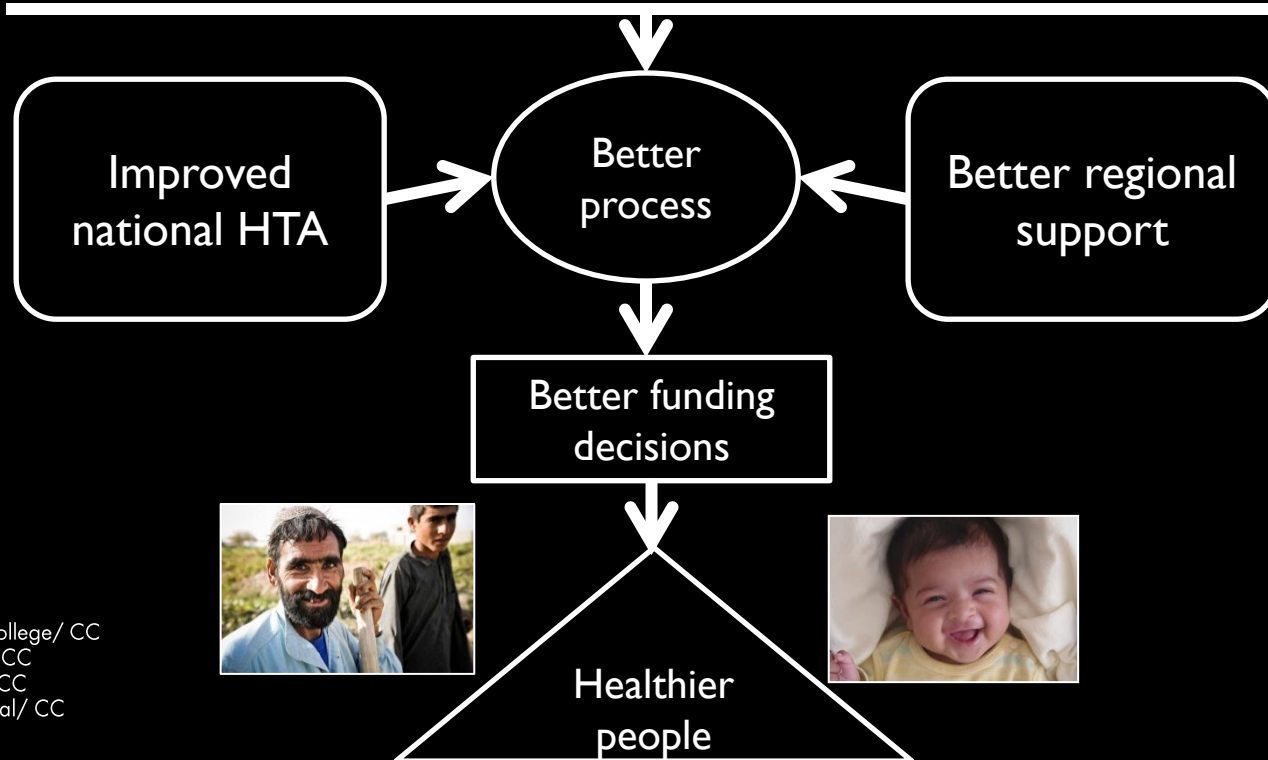
2/10/12

☐ Fecal Occult Blood Test (FOBT) (check Laboratory Use Only)  
☐ ColonCa  
☐ Specimen Collection Time  
☐ Urine  
☐ Stool Culture  
☐ Stool Ova & Parasites  
☐ Other Swabs / Pus (specify source):  
☐ Sputum  
☐ Throat  
☐ Wound (specify source):  
☐ Chlamydia (specify source):  
☐ Vaginal / Rectal  
☐ Cervical

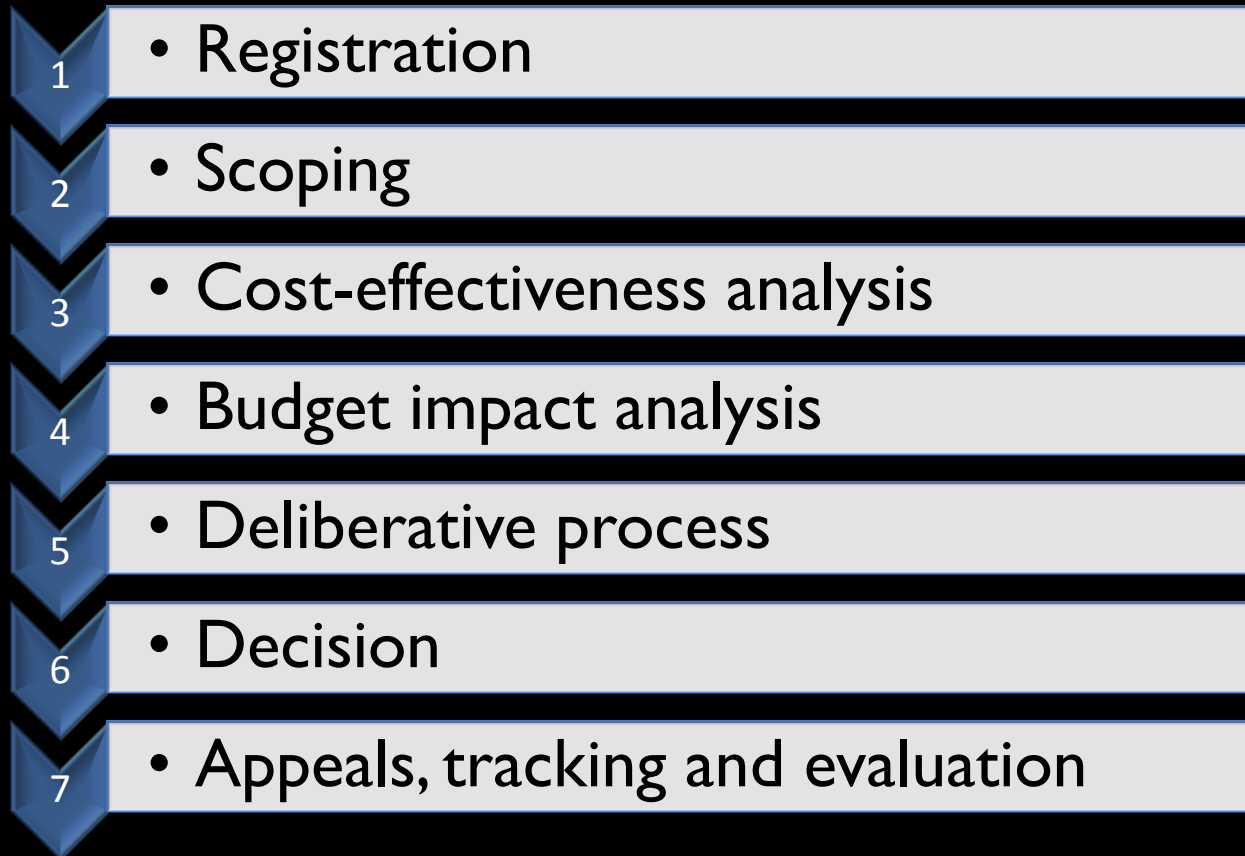
# International support has focused on evidence, not advice



# Strengthen national HTA systems, supported by HTA hub



# Seven core processes of priority-setting: “HTA System”



# HTA Hub or Network

- Share know-how, TA, knowledge
- Generate economies of scale in evidence dossiers
- Accredite national HTA systems
- Benchmark and compare coverage decisions on high-cost products
- Coaching on ethical and transparent deliberative process



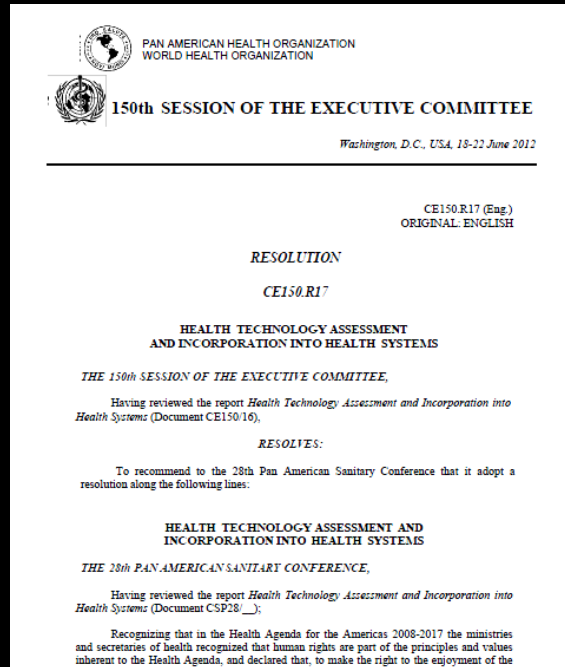
# Challenges

- Capacity shortfalls
- Weak governance
- Data constraints
- Connections with payers





# Moving forward:



**SUCCESS**  
The first steps are the hardest.

