

## Commentary

# The Challenges of Prioritization

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As an economist, acceptance of the need for prioritization and of the value of systematic thinking about and analysis of priorities is fundamental to my thinking about resource allocation to health and within the health system. However, this does not mean that I believe that economic tools for evaluating priorities should necessarily dictate policy decisions. Prioritization is a political and ethical process as well as a technical one.

In addition, economic tools such as cost-effectiveness and cost-benefit analysis have their limitations when it comes to encompassing the range of types of decisions needing to be evaluated to guide resource allocation. A particular concern of mine is that the analytical method should not excessively drive the nature of the issues being prioritized for resources. Cost-effectiveness analysis has traditionally been applied primarily to very specific interventions, such as drugs and diagnostics; in addition, the evidence base drawn on for evaluating such interventions is relatively good, given the medical research industry surrounding their testing. However, with increasing success in controlling infectious diseases, many of the health challenges facing countries concern broad threats to health with multiple causes, such as obesity, where the relationship between policy action and health benefit is not well researched or understood. In addition, benefits of policy action are not necessarily confined to health, with broader effects both on general well-being and across different sectors. Both the evidence base of the link between inputs and outputs and the conceptualization of relevant costs and benefits present far more challenges to analysts.

Health decision makers need to prioritize not just a benefits package of specific interventions but also broader public health packages and public health systems—such as surveillance—that cannot easily be evaluated within standard priority-setting approaches. Greater attention needs to be paid to how best to do this, in order to avoid further accentuating the medicalization of our health systems.

## DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

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