Priority setting in practice

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Views expressed here are the sole responsibility of the author.
Colombia: from an explicit to an implicit plan.

Dominican Republic: definition of a new health benefit package.

Concluding remarks.

Colombia: from an explicit to an implicit plan
Health care system in Colombia

- Universal health insurance. Via employment contributions or subsidized by the state.
- Administered by "health promoting organizations" ("EPS")
  - Capitated payment. Explicit list of health benefits covered with UPC, individual services reimbursed on a case-by-case basis, public health services and traffic accidents insurance.
- Spend: 7% GDP approx.

Priority setting in Colombia: recent experiences

2011
Priority for assessment

2013
Priority for inclusion

2017
Priority for exclusion

- From a list of technologies nominated by different stakeholders, ¿which should be assessed?

- Criteria were socialized and defined in a national process including more than 200 individuals.
- Which technologies should be listed in the POS?
- Criteria were socialized and defined in a national process.
- Different weights for the criteria.
- There was a voting process in several cities in Colombia.
Priority setting in Colombia: 2013-2014

**Definition of criteria**

- Literature review (60)
- Deliberation with experts (15)
- Public consultation
- Decision (5)

Weights

**Final list**
- ¿Which technologies should not be covered with public funds?
  
  - Criteria defined by *Ley Estatutaria en Salud*.
  
  - No formal weighting.
  
  - Technical assessment performed at IETS, followed by public deliberation and decision.

Dominican Republic: definition of a new health benefit package
Health system in Dominican Republic

- Universal Plan (pooled funds with multiple insurers).
- Several failed attempts due to lack of consensus.
- Proposal: new health benefit package, establishing priorities across health problems:
  - Increase services
  - Promote integral access
  - Improve financial protection

Total expenditure in health

% costs covered
Out-of-pocket payments

70% of population insured

Source: Public expenditure IADB (2014), population insured DR MH (2017)

Method for the definition of health priorities

- Formal MCDA.
- Criteria defined with relevant stakeholders: workshops roundtables, based on EVIDEM Core Model.
- Weights: conjoint analysis using PAPRIKA approach (Potentially all Pairwise Rankings of all possible Alternatives).
Criteria

- Burden of disease
- Severity
- Prevalence
- Availability of effective interventions (need)
- Availability of cost-effective interventions
- Equity – socioeconomic level
- Equity – geographic

Weights

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<th>Atributo</th>
<th>Puntaje</th>
<th>Utilidad Marginal (%)</th>
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### Aggregation

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<th>Utilidades Marginales según nivel</th>
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### Final list

[Additional text and diagrams related to the final list could be included here for context.]
- Experiences in Colombia and Dominican Republic are two examples of the application of MCDA methods to inform priorities.

- Methods should be transparent and facilitate accountability and consistency in decisions.

- Analytic evidence should usually be considered alongside other contextual evidence and constraints (opportunity cost).
Transparent processes for priority setting are essential to ensure legitimacy of decisions.

In Colombia, no single criteria is used.

Some elements of MCDA have been since 2011.

Challenges: intertemporal consistency, timing and efficiency.

Concluding remarks

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