

## Prioritising Health Services or Muddling Through

Solvency and the endurance of public health systems in developed countries is not guaranteed in its current incarnation.

Aging, chronic diseases with epidemics (e.g. obesity, mental illness, all types of addictions), chronic unemployment, a reduction in the percentage of the active population due to the introduction of labour-substitute technologies, dizzying biomedical innovation, wrong public expectations regarding the capacity of the system – and a long etcetera – cause an excess of demand, unapproachable for the supply of services, and costs that are difficult to assume with current and possibly future economic growth. In this context, the establishment of priorities becomes an imperative for those responsible for health policy and management.

In this book we pursue some answers for the following questions: What procedures are used to determine whether new technologies should be publicly funded? What is the role of each stakeholder in the prioritisation process? What type of evidence is necessary to decide priorities? When setting priorities, are trade-offs between the different objectives, plans and values of the system taken into account? Does debate and transparency exist in the process? What can be learned from worthwhile international experiences? How does the architecture of our system influence the prioritisation of the publicly funded basic benefits package? And finally, how does health technology assessment help in all of this?



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