Why this handbook?

Every country must make decisions about where and on what to spend their resources in the health sector. These prioritization decisions are typically harder in low- and middle-income countries (LMICs) where budget constraints are significant and growing as a result of the COVID-19 pandemic. Ensuring that decision-makers draw the most ‘value’ (whether cost-effectiveness or other benefit to populations such as equity) out of their health budget is a clear objective. As a result, priority setting decisions should be informed by data, tools and evidence; however there is little practical guidance on this topic in the public domain. In response to this challenge, the Efficiency Collaborative developed an easy-to-use resource book that puts together the best available tools, guidance and evidence in one place.

What is the focus of the handbook?

The handbook is written by practitioners for other practitioners, with an emphasis on doing more with existing data, evidence and tools. The handbook is organized into the following sections:

- **Chapter 1: Setting the scene** explores what types of decisions evidence-based priority setting can inform, who should be involved, the criteria on which health priorities are set, and the role of policy and budget cycles.

- **Chapter 2: Types of data and evidence** gives an overview of the types of data and evidence commonly used in priority setting and discusses some of the strengths and challenges associated with each type.

- **Chapter 3: Sourcing, analyzing and presenting data and evidence** provides guidance on data mapping and practical steps that can be used to identify relevant local and international sources of data. This includes different strategies to deal with limited availability or other constraints concerning data, and evidence in a given local context (see Figure).

- **Chapter 4: Data and evidence in action** presents a guide to the role of institutions and the political economy of evidence-informed priority setting. It explores how funding decisions are made, the people and skills needed for priority setting, the institutionalization of priority setting, and how to establish political support for evidence-informed processes.

How was it developed?

This handbook has been coproduced with inputs from 11 countries, namely, Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, Philippines, and Vietnam. It includes a number of references to relevant global and national data sources, tools, and evidence repositories that can inform health sector prioritization and resource allocation decisions. The handbook also features case studies and replicable initiatives piloted by countries: for example, how Vietnam prioritizes its portfolio of vaccines within the National Expanded Program on Immunization; or how MyHealthData Warehouse in Malaysia combines different sources of routine health information to support decision-making by the Ministry of Health. Finally, the handbook includes a number of practical support tools. For instance, we mapped out different strategies based on the data and evidence available to a local context (see our decision tree below).

Country application: Practical guidance on how to improve use of evidence, data and tools in decision-making processes. This could include coverage of a particular intervention or review of health benefits package or a particular drug procurement.

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Evidence to support resource allocation decision

- **No local data or evidence available**
  - 1. Primary research required
  - 2. Evidence from other countries
  - 3. International sources of data and evidence

- **Local evidence available**
  - 1. Good quality/comprehensive evidence
  - 2. Incomplete evidence e.g., not representative
  - 3. Outdated evidence

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