**Presentation 2: Making the case for priority setting to ensure efficiency in health system spending on the path to Universal Health Coverage**

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In order to achieve the Sustainable Development Goals, two main health-financing challenges are how to raise more resources to support delivery of health interventions within an overall move towards Universal Health Coverage, and how to prioritize and get the best value for money for current AND future resources. Estimates indicate that achieving the health-related SDGs would require significant additional financing, thus careful priority setting is needed for both new and existing resources. This requires analysis of the efficiency of the current benefit package (allocative efficiency) and of the delivery of that benefit package (technical efficiency) in order to avoid the 20-40% waste seen in many health systems.

One quantitative method which can help to assess allocative efficiency of resource use is generalised cost-effectiveness analysis. The WHO-CHOICE programme, based at WHO since 1998, promotes a form of cost-effectiveness analysis that serves the needs of *priority setting* in the health system. WHO-CHOICE asks the question *What is the best that can be done in the long term and in the absence of constraints?* WHO-CHOICE has undertaken a major update of global-level analyses and country contextualisation tools in order to facilitate global and country level dialogue on priority interventions to achieve the SDGs.

Preliminary results for the Eastern Sub-Saharan African region indicate the health benefit packages need to maintain focus on the MDG conditions to address the unfinished agendas of HIV, TB, Malaria and Maternal and child health. At the same time, highly cost-effective preventive interventions for the non-communicable diseases must be rapidly implemented in order to prevent the growing rise in NCDs as a leading cause of disease burden.