USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

Photo Credit: Fabrice Duhal

Systematic Priority Setting and Health Technology Assessment (HTA) in Sub-Saharan Africa

Meeting Report

November 17, 2021

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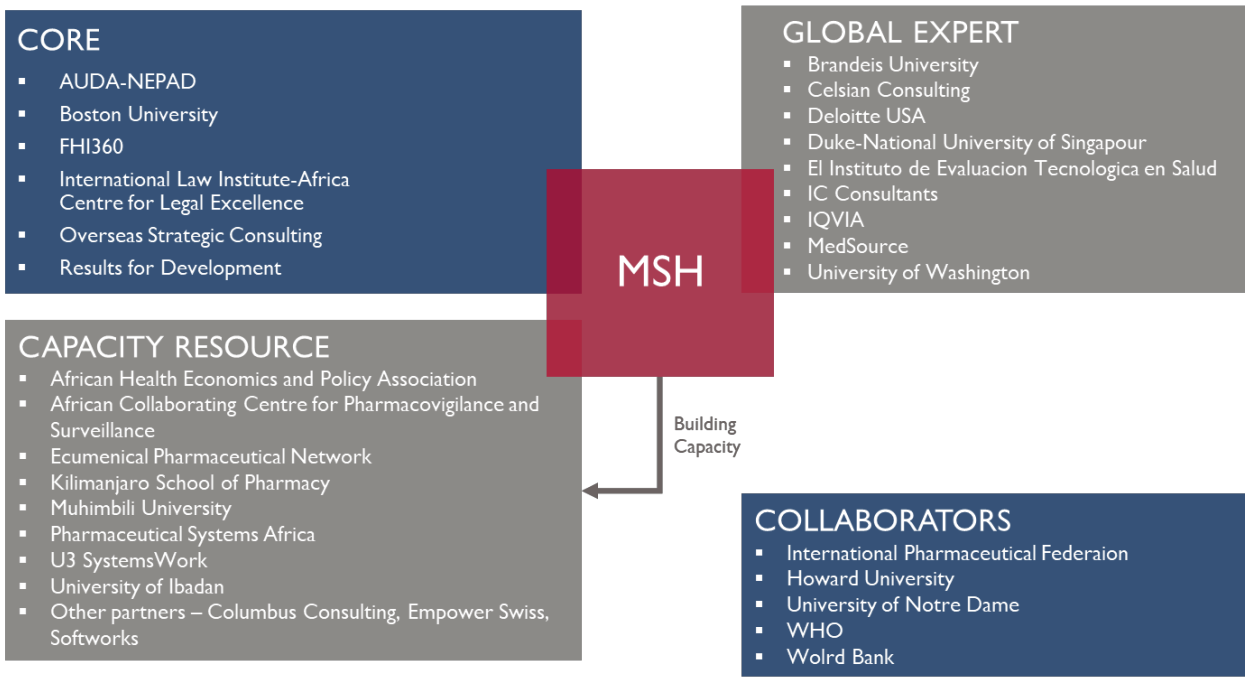
About the USAID MTaPS Program

The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program enables low- and middle-income countries to strengthen their pharmaceutical systems, which is pivotal to higher-performing health systems. MTaPS focuses on improving access to essential medical products and related services and on the appropriate use of medicines to ensure better health outcomes for all populations. The program brings expertise honed over decades of seminal pharmaceutical systems experience across more than 40 countries. The MTaPS approach builds sustainable gains in countries by including all actors in health care—government, civil society, the private sector, and academia. The program is implemented by a consortium of global and local partners and led by Management Sciences for Health (MSH), a global health nonprofit.

The MTaPS Consortium



This report/document is submitted by:

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Senior Principal Technical Advisor
MTaPS Program
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Date	October 20, 2021
Time	8 :00 – 9 :30 am (US EDT) 3 :00 – 4 :30 pm (Nairobi)
Location	Virtual Workshop
Facilitators	Francis Aboagye-Nyame, Program Director, MTaPS Program Damian Walker, Senior Principal Technical Advisor, MSH Ana Amaris Caruso, Technical Advisor, MSH Daniel Erku, Health Economics Research Fellow, Centre for Applied Health Economics, Ethiopia João Carapinha, Director, Syenza, South Africa
Participants	Yared Belete Belay – ISPOR, Ethiopia Girma Tekle – ISPOR, Ethiopia Atalay Mulu Fentie – ISPOR, Ethiopia Semayawit Bahiru – ISPOR, Ethiopia Daniel Achala – AfHEA, Ghana Yaya Togo – AfHEA, Mali Oluwatosin Kuti – AfHEA, Nigeria Macaire Bakeu – AfHEA, Senegal Miloud Kaddar – AfHEA, Algeria Desalegn Ararso - Ethiopian Public Health Institute at the Knowledge Translation Directorate, Ethiopia Warren Simangolwa - Health Economics and HIV/ AIDS Research Division, Zambia Yumiko Yoshi – JICA, Kenya
Funding	USAID-MTaPS
Main objectives	The main objective of the workshop was to gather experts from at least 2 countries in Sub-Saharan Africa to select one to identify the country of focus for country-level dissemination and application of the HTA roadmap guidance document
Specific objectives	Specific objectives of this workshop were: • To gather feedback on the HTA roadmap document developed by the MTaPS team • Assess the best approach to implementing the roadmap to support countries in advancing HTA • Use the roadmap's framework to support participating countries in advancing their own HTA roadmaps.

Meeting agenda

Session	Speaker / Facilitator
1. Participant welcome, about this meeting, introduce MSH opener	Francis Aboagye-Nyame
2. MTaPS work on HTA and development of roadmap // About stepwise approach of Roadmap	Damian Walker
3. Balanced Scorecard Framework - HTA status in African countries	Ana Amaris Caruso
4. Country presentations on HTA status	Dr. Daniel Erku - Ethiopia Dr. João Carapinha - South Africa
5. Group discussions after presentations	Colin Gilmartin
6. Thank you, closing remarks	Colin Gilmartin

Meeting process and recommendations

Process

A regional workshop on the MTaPS HTA roadmap's stepwise approach for advancing HTA was conducted for Sub-Saharan Africa. The process of organizing this regional event started early in PY3. The workshop was intended to be in-person and aimed to include participants from at least two countries with a target of 10-15 attendees. The objective of the workshop was to gather feedback on the roadmap, assess the best approach to implementing the roadmap to support countries in advancing HTA, and use the roadmap's framework to support participating countries in advancing their own HTA roadmaps. This workshop was intended to be held during the first quarter of Y3, however due to COVID-19 restrictions, it was postponed so it could be modified for a virtual format.

As mentioned previously, the meeting was held on October 20th and it had a duration of 90 min. Opening remarks from Mr. Francis Aboagye-Nyame, Program Director at the MTaPS program highlighted the importance of HTA in supporting in health systems to allocate their available resources towards the increasing demand for healthcare services and how there has been increased global momentum to leverage HTA as a tool to inform healthcare decision-making over the last few decades, particularly among several low and middle-income countries (LMICs) in Asia and Sub-Saharan Africa. Mr. Aboagye-Nyame also provided participants with a quick overview of the meeting agenda.

Following Mr. Aboagye-Nyame's remarks, the first session in the agenda was called "MTaPS work on HTA and development of roadmap // About stepwise approach of Roadmap", which was led by Dr. Damian Walker, Senior Principal Technical Advisor at MSH. In his presentation, Dr. Walker provided participants with key definitions around HTA, discussed the growth of HTA

	over time and space and provided examples of countries that have created HTA agencies to highlight the growing pattern of HTA adoption, not only in LMICs in Africa and Asia, but also around the world. Dr. Walker also discussed the relevance of the work commissioned by USAID to the MTaPS program in the development of a guidance document on HTA institutionalization, *the "Roadmap for Systematic Priority Setting and Health Technology Assessment (HTA): A Practical Guide for Policy Action in Low-And Middle-Income Countries*", in order to support LMICs in their HTA activities. As part of this presentation, participants had the opportunity to explore in more detail the various components and chapters of the HTA roadmap, as well as its development process, methodological considerations and all the experts involved in it. At the end of this first session, participants were able to see why the HTA Roadmap can serve as a tool to advance priority setting and HTA in LMICs. The second session of this meeting was led by Dr. Ana Amaris Caruso. During her presentation, Dr. Caruso shared the results from additional research conducted after the development of the HTA Roadmap, that aimed to assess the progression of HTA implementation in selected countries in Africa. At the end of this session, participants had the opportunity to learn in more detail the barriers and facilitators that the MTaPS team found for the progression in HTA in the region during this research study. The MTaPS team contacted 2 guest speakers with extensive experience on HTA in selected countries of the region and they were asked to present case studies on the status of HTA in their respective countries. A case study on Ethiopia was presented by Dr. Daniel Erku, a health economist and health policy analyst with a professional background in pharmacy who developed the Ethiopian Chapter of the International Society of Pharmacoeconomics and Outcomes Research (ISPOR-Ethiopia Chapter) and served as President from 2017-2020. During his presentation, Dr. Erku discussed Ethiopia's road to universal health coverage and current priority setting approaches, specifically the around the problem, policy, and politics approach and the challenges faced by the country in implementing HTA. Dr. Erku also talked about the need for a sustainable HTA structure and raised the importance of the academic and research institutions in this process. Lastly, he provided an overview about how the ISPOR Ethiopia Chapter works and the work they are conducting to reduce the fragmentation that the country currently faces in implementing HTA. In addition to the case study presented by Dr. Erku in Ethiopia, a case study from South Africa was presented by Dr. João Carapinha, a market access professional with extensive expertise in strengthening pharmaceutical markets and who serves as Director at Syenza and Affiliate Assistant Professor of Pharmacy at Northeastern University School of Pharmacy (Boston, USA) and

	is the Co-Founder of the ISPOR South Africa Chapter. During his presentation, Dr. Carapinha, provided participants with an overview of the health system structure in South Africa to explain how HTA works in the country, as well as their top health policy priorities, the Essential Drugs Programme (EDP) HTA Process and the importance of building local institutional capacity in South Africa given the supply and demand for technical skills. A slide deck with all the presentations from this meeting, except for Dr. Carapinha's presentation, can be found in Annex I. After the presentations participants had the opportunity to ask questions, share thoughts around HTA in their countries and provide feedback to presenters. Major themes that emerged during the presentation were around barrier and facilitators for expanding HTA, HTA and Covid-19 and the possibility of implementing a limited excellence center in a Sub-Saharan setting, potentially serving the region. At the end of the sessions, participants were invited to continue the conversation on the LeaderNet group page that was created for this event. Key takeaways from this meeting included the importance of continue working to implement HTA across the region, the willingness across different countries in a potential collaboration for a regional hub implementation, as well as the great level of engagement from participants to continue the conversation around HTA in Sub-Saharan Africa, which has led to internal discussions around a second session among the MTaPS HTA team. Once the event concluded, a follow up email was sent to facilitators thanking them for their presentations and to participants to gauge interest in continuing the conversation around advancing HTA in the region. As of November 2021, a few participants have expressed interest in a subsequent session of this workshop to discuss other potential topics around HTA with a special focus on COVID-19 and the development of a regional HTA hub. **Recommendations** ■ There were several challenges in the execution of this webinar. This event had to be postponed due to the COVID-19 pandemic and low expression of interest by potential participants, given that they were involved in pandemic response in their respective countries. Being flexible with the execution dates and requesting support from other partners such as the World Bank and the JLN were instrumental in the success of this workshop. Hence, this is a practice that is strongly recommended as we consider the development of subsequent events. ■ There was a meaningful conversation among participants and speakers being held at the end of the event that had to be cut short

	due to time limitations. For this reason, it is recommended holding longer events to allow for more interaction among participants. ■ Based on the interest expressed by participants, it is recommended to hold a second session to continue the conversation about HTA status in Africa. ■ Lastly, given the great interest expressed by this country during and after the workshop, we recommend considering the possibility of providing support to Ethiopia as the country selected for activity 3B.
Conclusion	There is great interest in the Health Technology Assessment area in Sub Saharan Africa. Some countries are more advanced than others in adopting HTA processes, but they are all at nascent stages and there is appetite to continue advancing HTA in the region. The HTA roadmap document is perceived as a useful tool to help guide countries that want to embark in the adoption of HTA. Interest has been expressed by Ethiopia, whose representatives have contacted the MTaPS team to discuss ways of potential collaboration to support the country as they implement the HTA roadmap developed by this team. Given the interest expressed by participants during the workshop, the MTaPS team is exploring the possibility of conducting an additional workshop later.
Next steps	One of the objectives of this workshop was to identify a country of interest to conduct a deeper dive or pilot test the HTA roadmap to understand the appropriate entry points for HTA policy change and advancement (activity 3B). Given the interest from Ethiopia, the HTA activity leads are tentatively planning to conduct a deeper dive or pilot testing there. As of November 2021, the HTA activity leads have had a couple of meetings with members from the ISPOR chapter in the country to discuss potential ways of collaboration in advancing HTA in Ethiopia. Internal team meetings as well as meetings with other organizations are currently being held to assess the feasibility of conducting work in collaboration with in-country agencies in Ethiopia given the current political situation in the country. The MTaPS team is also considering other countries as alternatives in case work is not possible in Ethiopia and it is also exploring other options to conduct work at a regional level.
Date of the report	11/15/2021
Name of the rapporteur	Ana Amaris Caruso Damian Walker

Annex 1. Presentation Slides

@MTaPS_Program

Systematic Priority Setting *and* Health Technology Assessment (HTA) *in* Sub-Saharan Africa

20 OCT.

8:00 – 9:30 am EDT
3:00 – 4:30 pm Nairobi

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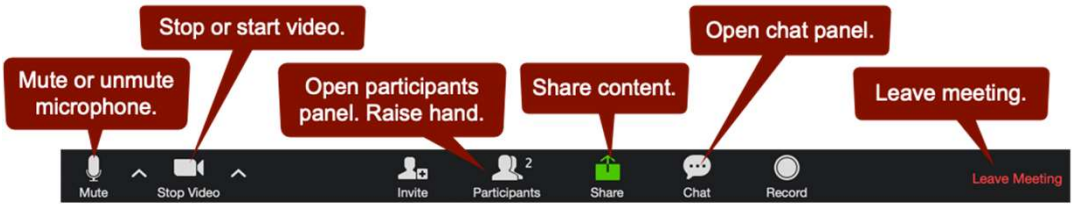
Using Zoom



Questions: For questions, please use the chat function.
All questions submitted in the chat will be recorded, and questions requiring more in-depth answers will be addressed during designated discussion time.

Please keep yourself muted when you are not speaking.

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Introduction and Opening Remarks

Francis Aboagye-Nyame, B.Pharm (Hons) MSc MBA MPSGh FGCPharm FPCPharm
Program Director, MTaPS Program

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Speakers

Colin Gilmartin

Damian Walker

Ana Amaris Caruso

Daniel Erku

João Carapinha

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HTA Roadmap: A Stepwise Approach

Presented by:
Damian Walker, PhD

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Health Technology Assessment (HTA)

A multidisciplinary process that uses explicit methods to determine the value of a health technology at different points in its lifecycle. The purpose is to inform decision making to promote an equitable, efficient, and high-quality health system. (INAHTA, 2020)

Source: O'Rourke B, Oortwijn W, Schuller T. International Joint Task Group. The new definition of health technology assessment: A milestone in international collaboration. Int J Technol Assess Health Care. 2020 Jun;36(3):187-190. doi: 10.1017/S0266462320000215

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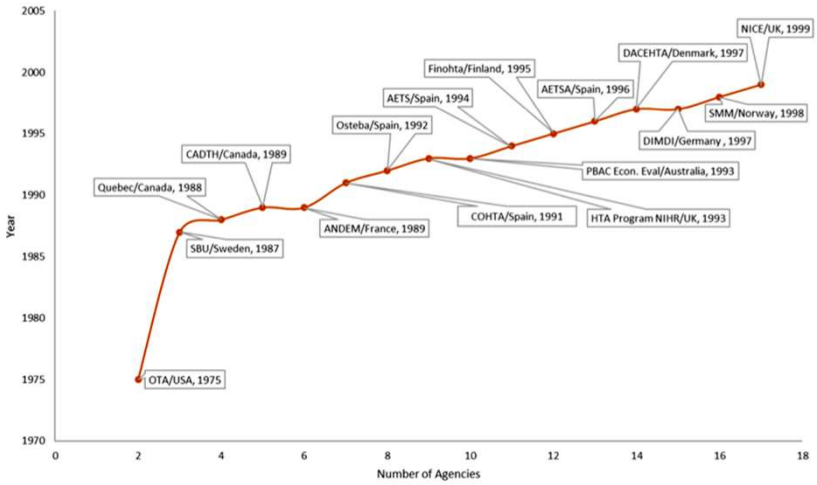
The growth of HTA over time and space



More than 54 agencies in 33 countries and growing

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Location of INAHTA members

- International Network of Agencies for Health Technology Assessment
- Founded in 1993 as a network of publicly-funded HTA agencies
- 54 HTA agencies that support health system decision making that affects over 1 billion people in 33 countries around the globe

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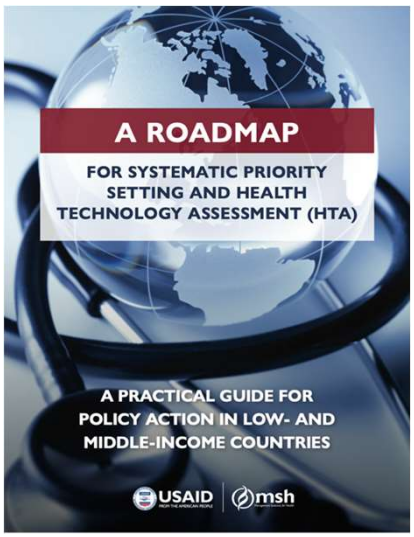
The Need for a Roadmap

- As countries move toward achieving UHC, there is an increasing need to ensure the effective management and allocation of finite resources as the demand for health care services grows.
- Hence, an opportunity for leveraging existing concepts, tools, and approaches to advance priority setting and HTA in LMICs.



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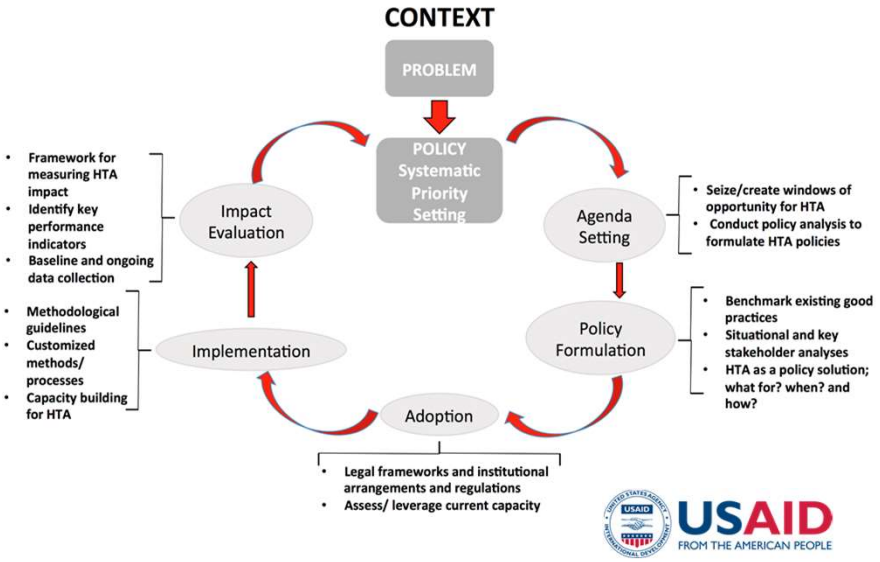
A Roadmap for Priority Setting and Health Technology Assessment



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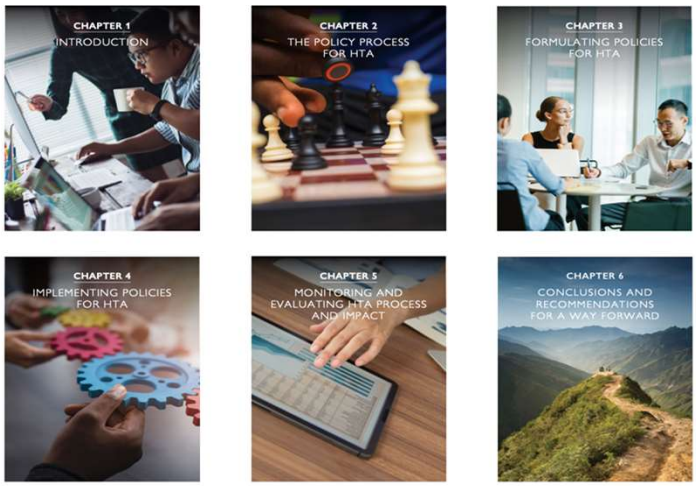
A Roadmap for Priority Setting and Health Technology Assessment



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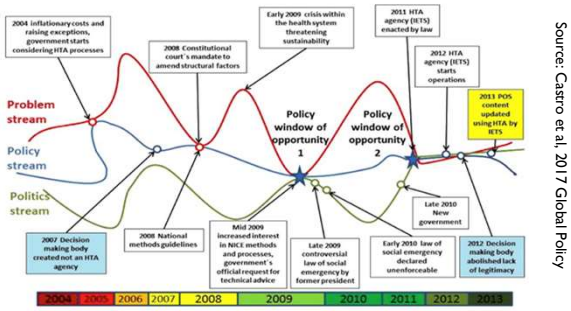
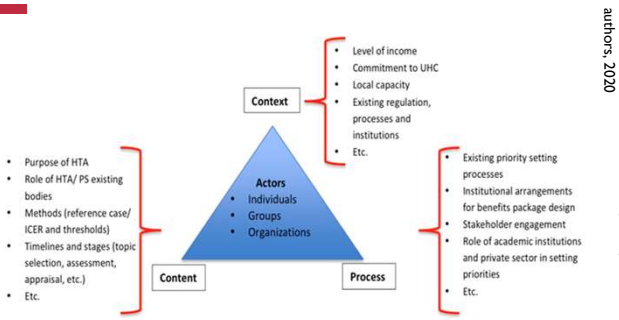
A Roadmap for Priority Setting and Health Technology Assessment



Source: Castro et al, 2017 Global Policy

Actor	Interest	Power	Position	Total Score
Health Care Providers: Pharmaceutical companies	Be profitable and well reputed	5	-5	-25
Health Care Providers: Clinics & Hospitals	Be sustainable, profitable, well reputed, and invest new technology	5	-3	-15
Pressure Groups: Patients association, CSOs	Defend interest of patients with chronic conditions and advocate for access to new health technologies	1	-5	-5
Academics: Universities, Think tanks	Produce and disseminate knowledge, support translation into practice, achieve academic reputation	1	5	5
Sectional Groups: Medical Associations & Professional Groups	Defend their members' interests, competitive salaries, fair policies, autonomy	3	3	9
Health Care Purchasers: Insurers	Be sustainable and well reputed	3	5	15
Government: President, MoH, MoF, CRES	Achieve UHC, financial sustainability of an equitable and fair health system, invest in public health/care to increase productivity	5	3	15

Source: Castro et al 2011



Source: Wyatt & Gilson, 1994, adapted by the authors, 2020

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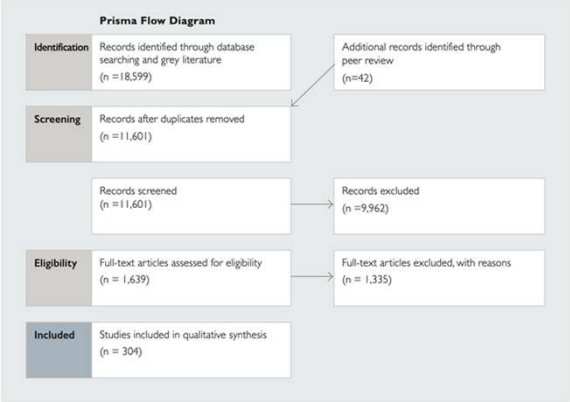
Roadmap Development Process

1. Robust Systematic Review
   - Up to December 2019 in English, French, and Spanish
2. Feedback and Contributions from Global Experts
   - ISPOR - the International Society for Pharmacoeconomics and Outcomes Research
   - INAHTA - the International Network of Agencies for Health Technology Assessment
   - HTAi - Health Technology Assessment international
   - OSTEBA - Basque Office for HTA
   - The Center for the Evaluation of Value and Risk in Health at Tufts Medical Center
   - Radboud University Medical Centre
   - Fudan University
   - University of Washington
   - York University
   - The Center for Global Development
   - Imperial College London



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Methodological Considerations (1)

Modeling results rely on the assumptions. Having standardized methodological guidelines and reference cases is critical.

Impact on ICERs of assumptions and parameters

Author	Year	Type of study	Perspective	ICER Result	ICER Interpretation
Miners	2002	Cost-Utility Analysis	Health system	£46,500	Prophylaxis not cost-effective
Risebrough	2008	Cost-Utility Analysis	Societal	CAN$542,938	Prophylaxis not cost-effective
Miners	2009	Cost-Utility Analysis	Health system	£38,000	Prophylaxis not cost-effective
Colombo	2011	Cost-Utility Analysis	Health system	£40,236	Prophylaxis cost-effective
Farrugia	2013	Cost-Utility Analysis	Health system	USD$68,000	Prophylaxis dominant
Castro	2016	Cost-Utility Analysis	Health system	USD$91,494	Prophylaxis not cost-effective

Source: Miners, 2013 [9] and Castro, 2014 [10], adapted by the authors

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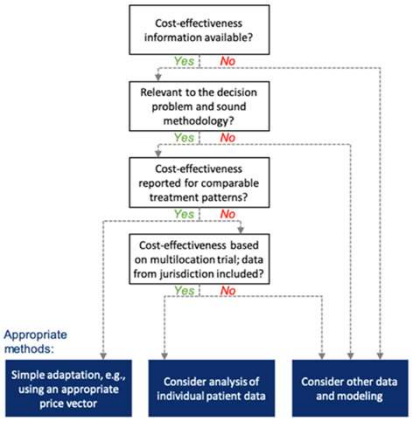
Methodological Considerations (2)

Certain economic analyses take a significant amount of data and human resources. Can we leverage the existing body of evidence?

	A Peer referencing	B Cost analysis Cost minimization Budget impact	C Cost consequences Cost effectiveness	D Cost utility
Information requirements	*	*	**	***
Level of effort	**	**	***	***
Note	Author assumption	"fairly straightforward" "generally, not an expensive endeavor."	"significant time commitment" "need to compile costs, outcomes" for your intervention and alternatives "A CEA is an investment. The costs are high in terms of personnel and study activities and management." "A CBA requires more staff time than a CA or CMA, but likely less staff time than a CEA or CUA."	"Regardless of how a CUA is conducted, it is a complicated analysis." "Contracting someone with economic expertise and a thorough understanding of QALYs or partnering with another experienced organization is recommended."

Source: Developed by the authors, as adapted from Duke Global Health Institute [98]



Source: Drummond et al., 2009 [90]

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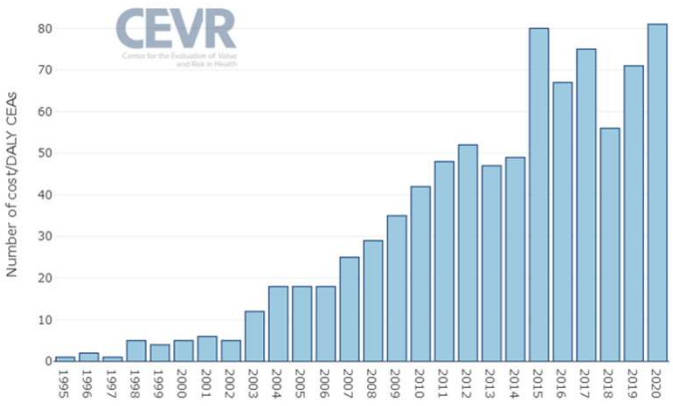
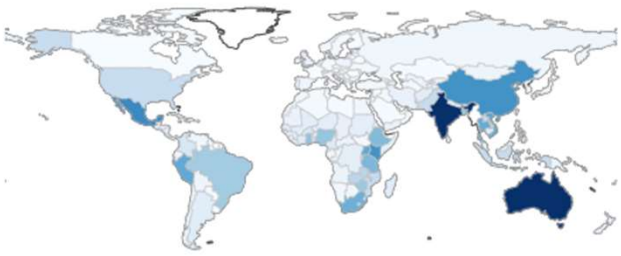
Existing evidence-base





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HTA Roadmap – Incremental Path for LMICs

- Establish strong links with policy-makers and involve stakeholders to unveil relevant values
- Start small, with clear audience and scope, and address important questions (priorities)
- Establish explicit processes and criteria (e.g., legal framework)
- Share expertise and experiences among countries with similar structures and of comparable size to improve the quality and efficiency of evidence generation and support further capacity building in HTA (e.g., via www.htai.org, HTAsiaLink)
- Create a local minimum data set for priority health problems/health technologies
- Be attentive to implementation considerations
- Develop tools for measuring the impact of HTA!

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HTA in Africa - A Balanced Scorecard Exercise

Presented by:
Ana Amaris Caruso, MD, MPH

Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program

Management Sciences for Health

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Background

- Research conducted for the HTA Roadmap led to the development of a Balanced Scorecard for Cross Comparison of Selected Countries in Africa
- Assessing Progression of HTA Implementation in Africa

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Methods

- A literature and public sources review, articles published until Sep 2020
- "*Factors conducive to the development of HTA in Asia*" research by HITAP
- 10 factors used to create a balanced scorecard to assess HTA progress in:
  - Ethiopia
  - Ghana
  - Kenya
  - South Africa
  - Tanzania
- Online surveys with regional HTA experts: policy makers, academia, health economists, and members of HTA networks (HTAi)

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Factors

S.No.	Indicator
1	Formal mechanism to link HTA unit and policy makers
2	Full-time group of researchers
3	Use of HTA in policy
4	HTA process guidelines
5	HTA method guidelines
6	Appointment of focal point agency for HTA
7	Collaboration of domestic experts in HTA research
8	Domestic HTA training
9	Allocation of annual budget for HTA by government
10	Policy statement on willingness to use HTA in decision making

Source: Adapted by Authors from Chootipongchaivat S, Tritasavit, Luz A, Teerawattananon, Tantivess S. Factors conducive to the development of health technology assessment in Asia: Impacts and Policy Options. Manila: World Health Organization Regional Office for the Western Pacific, 2015.

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Methods

- Progress of HTA was measured using a 1 to 5 scale scoring system:
  1. No progress on milestone, milestone not initiated, or limited information
  2. Milestone at early stages or ad hoc use of HTA
  3. Progress in milestone for use of HTA but impact on decision making is variable/unclear
  4. Significant progress and high-quality use of HTA but limited remit in types of decisions informed
  5. Significant progress on milestone and high-quality use HTA with close connection to decision making
- Countries could score up to 50 points if they had a score of 5 on each milestone

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Results

- HTA is at early stages in most countries of SSA
- 4 out of 5 countries scored below 20 out of 50 on the BSC
- Ethiopia, Ghana, Kenya, and Tanzania have initiated HTA related activities in the last 5 – 10 years with limited progress
- South Africa scored the highest of 21, with its strong academic network of HTA researchers, but progress towards a national HTA mechanism has been slow since it was first recommended in 1994

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Results

Milestone	Countries				
	Ethiopia	Ghana	Kenya	South Africa	Tanzania
Formal mechanism to link HTA unit and policy makers	1.5	1	1	1	1.5
Full-time group of researchers	2	2	1.5	3	1.5
Use of HTA in policy	1.5	1.5	1.5	3	1.5
HTA process guidelines	2	1	1	1	1
HTA method guidelines	2	1	1	2	1
Appointment of focal point agency for HTA	2	1	1	1	1.5
Collaboration of domestic experts in HTA research	2	1.5	1.5	3.5	1.5
Domestic HTA training	1.5	2	2	3.5	1
Allocation of annual budget for HTA by government	1.5	1	1	1	1
Policy statement on willingness to use HTA in decision making	2	2	2	2	1.5
Total Score (out of 50)	**18**	**14**	**13.5**	**21**	**13**

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Conclusions

- Barriers for advancing HTA in the region:
  - Need for additional political will
  - Significant gaps in technical capacity
  - Lack of funding
  - Consensus for establishing a national HTA program remains a challenge

- Facilitators for scaling up of HTA:
  - Growing interest in HTA
  - Donor funding
  - Health reforms targeting UHC

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Country presentation - Ethiopia

Presented by:
Dr. Daniel Erku

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ISPOR Ethiopia Chapter
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MENZIES HEALTH INSTITUTE QUEENSLAND
UNIVERSITY OF GONDAR
CREATE
Better decisions, Better health for all

HTA and priority setting for UHC in Ethiopia: Progress, setbacks, and prospects

Daniel Erku, PhD
President, ISPOR Ethiopia Chapter
Chair, Centre for Research and Engagement in Assessment of Health Technology

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Overview of session

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- Ethiopia's road to UHC and current priority setting approaches
- HTA in Ethiopia: problem, policy and politics
- The need for a sustainable HTA structure, and the role of academic / research institution
- ISPOR Ethiopia Chapter works

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SECTION

1

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Ethiopia's road to UHC and current decision-making approaches

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Ethiopia's road to UHC and current decision-making approaches

Health policy in Ethiopia is in transition from MDGs to the more ambitious SDGs

- ✔ UHC is at the centre of the policy change

Revised Essential Health Services Packages (EHSP) 2019 for UHC

- Overarching goal: adequate, innovative and sustainable healthcare financing via
  - ✔ Resource mobilisation and reducing OOP expenditure
  - ✔ Capacity development, and strengthening public private partnership
- Revised based on i) value for money; ii) equity and fairness and iii) FRP

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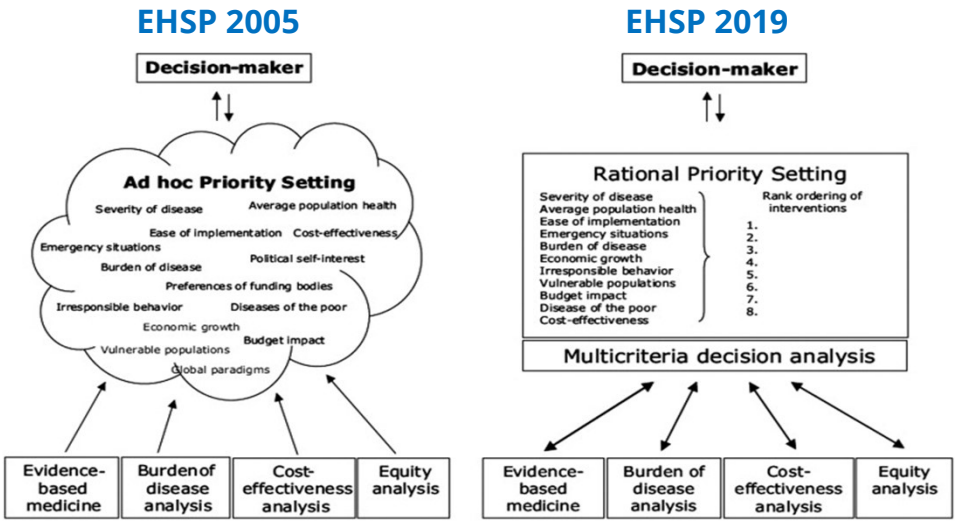
Use of MCDA in revising EHSP



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SECTION

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Establishing HTA in Ethiopia: problem, policy and politics

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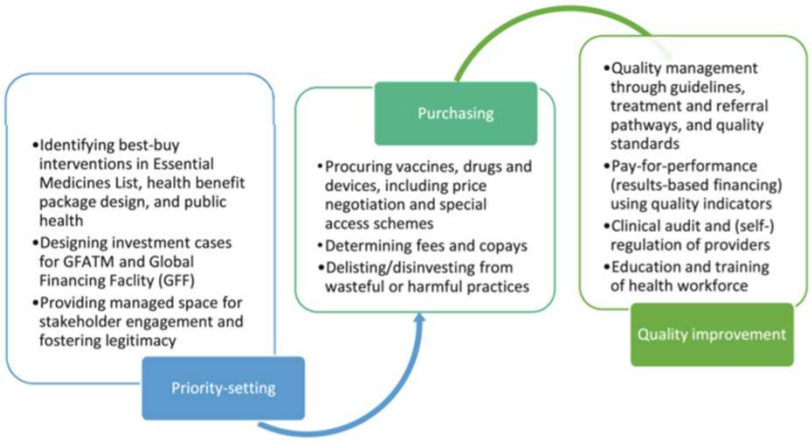
Why do we need Health Technology Assessment?



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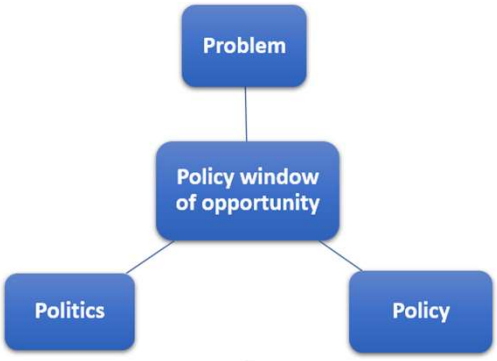
Establishing HTA in Ethiopia: problem, policy and politics

Problem stream

- ✔ Need for adequate, innovative and sustainable healthcare financing to achieve UHC and reduce mounting OOP expenditure
- ✔ Economic contraction due to COVID-19, and uncertainty in donor programming necessitates a policy tool to allocate resources
- ✔ National Health Insurance Agency's need for explicit criteria for reimbursement and coverage
- ✔ Role of issue framing is v important here



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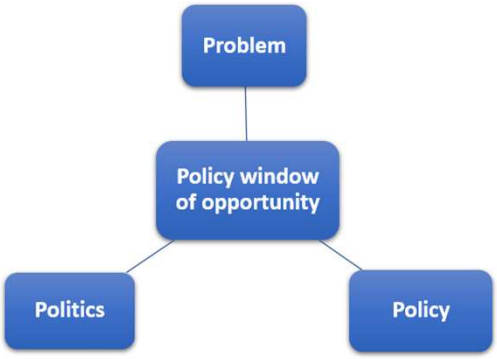
Establishing HTA in Ethiopia: problem, policy and politics

Policy stream

- ✔ Policy option often brought forward by policy entrepreneurs
- ✔ Need for "Proof of concept" HTA projects to test the proposed policy/initiative

Politics stream

- ✔ Political commitment to UHC
- ✔ Usefulness perception among policymakers and the public
- ✔ Low involvement of policy advocates for supporting an HTA related policy



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HTA in Ethiopia: opportunities and strengths

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➢ **Political and policy commitment**

- HTA as one of the eight main implementation strategies of the five-year Health Sector Transformation Plan

"Health technology innovation and assessment is critical to adopting and diffusing new, cost-effective health technologies to improve health sector performance" HSTP II (MoH, 2021)

➢ **Establishment of HEFA within MoH and use of MCDA in the recent EHSP revision.**

➢ **Need for explicit set of criteria to inform Health Insurance Agency's reimbursement decisions. >>> high demand of HTA**

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Challenges

- Current HTA-related activities are uncoordinated with little tendency for institutionalization
  - Need for sustainable, collaborative, multi-stakeholder network of researchers (i.e., HTA producers) and policymakers (i.e., HTA users).
- Lack of 'endorsed' methodological guide for evaluation of health technologies in Ethiopia
- Need to scale up individual, and institutional capacity to undertake HTA

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Ethiopian Health Insurance Agenc

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HiTAP
Health Intervention and Technology Assessment Program

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HTA implementation plan: SWOT analysis

Strengths
- Move from ad-hoc decision making to MCDA
- Establishment of Health Economics and Financing Analysis (HEFA) team
- National Health Insurance Agency's need for explicit criteria for reimbursement and coverage

Weaknesses
- No legal provision or institutional arrangement for HTA agency
- Existing capacity needs scale up
- Multi-location/fragmented HTA activity needs synergy
- Willingness to pay not set and arbitrary measure utilized

Opportunities
- Political will/commitment to achieve UHC via adequate, innovative, and sustainable healthcare financing
- Economic contraction due to COVID-19, and uncertainty in donor programming necessitates a policy tool to allocate resources

Threats
- Post-COVID financial recession
- Lack of trained human resources
- Potential industry opposition

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SECTION

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ISPOR Ethiopia Chapter's current and proposed works

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Unifying the fragmented HTA related efforts in Ethiopia

- One of the main challenge identified from SWOT analysis was the fact that HTA related efforts have been uncoordinated and fragmented with little tendency for institutionalization to inform health care decisions in a sustainable manner.
- This points to the need for sustainable, collaborative, multi-stakeholder network of researchers (i.e., HTA producers) and policymakers (i.e., HTA users) to facilitate the use of HTA in health decision making in Ethiopia.
- The ISPOR Ethiopia Chapter initiated and successfully led the establishment of an independent research network – Centre for Research and Engagement in Assessment of Health Technology (CREATE).

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CREATE– research, capacity building and advocacy

CREATE is a non-for-profit, collaborative, multi-stakeholder network of researchers established to:

- Promote awareness, understanding, and adoption of HTA by policymakers to achieve UHC in Ethiopia and other sub-Saharan Africa countries,
- Foster, support, and coordinate various forms of high quality HTA research, with a major emphasis on informing health policy and enabling timely translation into clinical practice, and
- Promote academic development in the field of HTA via research, capacity building and evidence-based advocacy.

Major emphasis given to the fact that:

1) HTA practice and institutionalization needs to be customized to each country's context, and
2) Working with government bodies such as EPHI, NHIA and Ministry of Health are vital to ensure the usability of HTA evidence and sustainability of the practice.

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CREATE – strategic focus

Stakeholder Engagement, Communication and Advocacy

- HTA landscape assessment (policy document analysis and key informant interview)
- Situational analysis and stakeholder engagement – to assess the needs, demands and supply for HTA; and identify / define the roles of different stakeholders within the HTA process.

Data and Methodology

- Develop methodological guide for evaluation of health technologies in Ethiopia
- Conduct health state valuations for common multi attribute utility instruments
- HTA on hypertension management in Ethiopia

Capacity Building

- Assessment of skills to conduct HTA: skill and knowledge gap analysis

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CREATE – resources

Dedicated expert group in HTA and decision science

- Optimal mix of disciplines, content knowledge, methodological expertise, bringing best practice experience from Canada, Australia, Sweden and LMICs – Ensuring that the latest international developments in HTA and experience from LMICs are incorporated into our practice.

International Advisory Board (IAB)

- CREATE has an IAB consisting of strong network of leading academic experts and clinicians, appointed for their expertise in a relevant field for HTA and availability for consultation when required by the Centre.
- Some of IAB members include Professor Paul Scuffham (leading health economists in Australia); Dr. Yibeltal Assefa Alemu (Senior Health Systems expert within depth knowledge of Ethiopia's health system).

Partnership with international HTA agencies, professional bodies and NGOs

- ISPOR; iDSI; NPHI; MSH; CAHE etc

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Developing and fostering 'Evidence-to-Policy' partnerships: Some areas for collaboration with EPHI

Data, evidence and analytics

- Embedding a HTA data repository within the existing infrastructure (National Data Management Centre for Health)
- Supporting system-wide functions along the evidence continuum (effectiveness, cost-effectiveness, budget impact, ethics, feasibility etc) – e.g., developing a national HTA guideline and other methodology briefs.
- Co-creating research projects – e.g., convening expert group and stakeholder engagement to develop action plans for conducting various HTAs.

Stakeholder engagement and capacity Building

- Identify and define the roles of different stakeholders within the HTA process. E.g, stakeholder engagement for data contextualization and improved use in policymaking.
- Identify the need for and deliver capacity building for a sustainable impact, taking into account the individual, organizational, and institutional implications.

• On-demand basis

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Country presentation – South Africa

Presented by:
Dr. João Carapinha

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Question & Answer

Moderated by:

Colin Gilmartin

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Purpose

- Discuss your thoughts on the HTA Roadmap and how you may apply the information in your country.
- Identify a top priority for implementing HTA in your country and elaborate on technical assistance needs.

Discussion Questions

1. Of the three stages of HTA (nonexisting, emerging and growing, fully developed), which is the most appropriate for your country? What are your thoughts on the recommendations shared in the HTA Roadmap? (12 mins)
2. Reflecting on today's session, what do you think is the one action your country should focus on in the next year? Do you think your country would benefit from technical assistance to implement/execute that action? What kind? (12 mins)
3. Summary of discussion (6 mins)

Closing Remarks

Colin Gilmartin

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