

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

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Stakeholders participate in a follow-on workshop on HTA Topic Criteria and Selection, August 2022. Photo credit: Arry Putra, MTaPS

Strengthening the Health Care Priority Setting Process in Indonesia

Technical Brief | June 2023 | Indonesia

Fostering Stakeholder Engagement for Transparent and Evidence-Based Health Care Resource Allocation Decision Making

Background

Health technology assessment (HTA) is a systematic evaluation of health technologies and interventions to inform health care decision making, especially to help health service purchasers determine how to best allocate their limited health care resources.^{1,2} This type of decision making is crucial in Indonesia, where the National Social Health Insurance payer (Badan

Penyelenggara Jaminan Sosial Kesehatan [BPJS-K]), which provides health insurance (called Jaminan Kesehatan Nasional [JKN]) for 94% of the Indonesian population of over 274 million (2021), has, at times, run at a deficit.³ An anticipated decrease in donor funding for HIV and TB programs is expected to put further financial pressure on the national health insurance program.

¹ O'Rourke B et al. The new definition of health technology assessment: A milestone in international collaboration. *Int J Technol Assess Health Care* [Internet]. 2020 Jun;36(3):187–190. Available from: <https://pubmed.ncbi.nlm.nih.gov/32398176/>.

² Castro HE, Kumar R, Suharlim C, et al. 2020. A Roadmap for Systematic Priority Setting and Health Technology Assessment (HTA). Arlington, VA: USAID/MSH, 2020.

³ The Integrated Monitoring and Evaluation System of National Social Security Council, Indonesia; [accessed May 25, 2023]. Available from: <http://sismonev.djsn.go.id/>.

Recognizing the importance of HTA in helping the National Social Health Insurance Agency set policies that maximize access to quality health care while reining in costs, the Ministry of Health (MOH) established the Indonesian Health Technology Assessment Committee (InaHTAC) in 2014. InaHTAC brings together representatives from academia and relevant government units to assess health technologies. Since April 2021, the US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) has supported InaHTAC in strengthening its HTA infrastructure and processes. This effort is aligned with MTAps' overall goal of improving the country's pharmaceutical systems by strengthening its ability to institutionalize transparent and evidence-based decision making.

Problem Statement

As with many low- and middle-income countries, InaHTAC's productivity has been hampered by the country's limited research capacity for assessing health technologies and services (i.e., medicines, procedures, and medical devices).⁴ As compared with the HTA selection process in other countries in the region, in Indonesia, stakeholders had limited involvement in the process and the HTA topic selection process was largely opaque, making it challenging for stakeholders to understand the rationale behind selection decisions.⁵ The number of proposed HTA topics submitted to InaHTAC that meet the standard for a review has been relatively low. According to the MOH's topic nomination database for the 2021 cycle, only 29% of topics met the administrative requirements. The responsibility of collecting sufficient information to review a proposed topic fell to the InaHTAC technical team. These challenges have hampered HTAs in Indonesia; InaHTAC has conducted only 14 HTAs in its 9 years of operation. Those evaluations which InaHTAC did carry out focused primarily on expensive technologies—the use of which may drive up costs for the national health insurance program, especially for noncommunicable disease care—indicating that InaHTAC might not be soliciting topic submissions widely enough or that the selection process has not been appropriate. To address these issues and ensure

that HTAs are used as a valuable decision-making tool in Indonesia, in 2021, the MOH called for an improved topic selection process.

Technical Approach

MTaPS supported Indonesia in strengthening and systematizing the first step in HTA, the process of topic identification, selection, and prioritization (TISP). This step is crucial, as it shapes study outputs and policy directions for improvements in health coverage. Effective TISP requires technical knowledge, systematic and accountable decision making, and the active engagement of relevant multidisciplinary stakeholders.

Stakeholder Engagement

In taking steps to learn more about stakeholder engagement in the HTA process and to strengthen the TISP, MTAps engaged with the InaHTAC—which is tasked with evaluating health technologies and topics nominated by clinicians, professional organizations, government agencies, and the private sector—and the Center for Health Financing and Decentralization Policy (Pusat Kebijakan Pembiayaan dan Desentralisasi Kesehatan [Pusjak PDK]), which houses the MOH HTA unit. MTAps engaged other key HTA stakeholders in the surveys, focus group discussions (FGD), and interviews. These stakeholders included the National Agency of Drug and Food Control or Badan Pengawas Obat dan Makanan (NA-DFC/BPOM), the national procurement agency (Lembaga Kebijakan Pengadaan Barang/Jasa Pemerintah [LKPP]), the Social Security Agency of Health as the national health insurance payer (BPJS-K), the national formulary (Formularium Nasional [Fornas]), academia/researchers, patient groups, clinicians, and industries (i.e., pharmaceutical and medical device manufacturers).

⁴ <https://pubmed.ncbi.nlm.nih.gov/36317684/>.

⁵ <https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/article/abs/assessing-progression-of-health-technology-assessment-implementation-in-asia-a-balanced-scorecard-for-cross-comparison-of-selected-countries-in-asia/9F64F067CF80DCA826D8D4ECD5A1D090>.

Intervention

To improve stakeholder engagement for improved TISP, MTaPS worked with Pusjak PDK, a subdirectorate under the MOH, to undertake a collaborative process with stakeholders to collect information about the role of stakeholders in TISP, conduct an inquiry, synthesize the information, and develop recommendations for improvement, as follows:

1. Desk Review I (September 2021)

Objective: Develop a general understanding of the current TISP as prescribed in Indonesia's topic selection guidelines, the MOH regulations, and Pusjak PDK materials.

Process: Evaluated Indonesia's current topic selection process based on country priority setting frameworks, including general principles or frameworks on the HTA topic selection process, required conditions, and technical aspects and as compared with the topic selection process used by HTA agencies in other countries.

Findings: (1) HTA process frameworks emphasize rational deliberation, stakeholder engagement, and process transparency. (2) Best practice for TISP involves multistage, systematic topic shortlisting. (3) Selection criteria and criteria operational definitions vary by country, based on agencies' data points and stakeholder consensus.

2. Survey (October 2021)

Objective: Collect preliminary information from stakeholders to learn about their experience with the TISP and suggestions for improvement, in preparation for the FGDs.

Process: Sent an online survey to 71 stakeholders, of whom 39 completed the survey. Of the survey respondents, 44% represented the government, 28% represented professional organizations, 18% represented academia, and 10% represented hospitals. The survey consisted of multiple choice questions and five open-ended questions asking which topic selection aspects/processes should be improved and how.

Findings: (1) Participants emphasized the importance of publicity to improve transparency, broader dissemination, and clearer expectations. (2) The selection process requires clearer decision-making processes and rules, improved deliberation methods,

scoring methods, and agreement on the scoring criteria and definitions.

3. Focus Group Discussions (October 2021)

Objective: Gather more detailed stakeholder perspectives on the current TISP.

Process: MTaPS and Pusjak PDK co-facilitated the FGDs with 52 representatives of organizations/institutions who had submitted or could submit a topic or were otherwise relevant to the national insurance and HTA process. Based on the FGDs, MTaPS and Pusjak PDK were able to formulate several follow-up policy questions related to information management, suitable topic proposal format and procedure, application of the multi-criteria decision analysis (MCDA) in TISP, and institutional strengthening strategies.

Findings: (1) Outreach is needed to improve submitters' understanding of the process and improve the submission process itself, transparency on scoring methods and standards and the expertise of scorers need strengthening, and the TISP process requires publicity beyond the immediate circle of influence of key MOH/InaHTAC actors. (2) The scoring process needs to be better managed and a guideline or standard operating protocol for scoring is required.

4. Desk Review II (December 2021–March 2022)

Objective: Address follow-up questions which arose during the FGDs, particularly, to learn more about criteria selection and effective methods related to TISP.

Process: Conducted an advanced review of the procedures of HTA agencies in other countries in gathering topic proposals, including who may submit topic proposals, submission forms, how forms are submitted, and submission time frame. Reviewed the criteria used for topic selection, including the topics' operational definitions, indicators, scoring systems, and the agencies' deliberation methods.

Findings: (1) Most HTA agencies receive HTA topic proposals via a web form or PDF upload. (2) Agencies that gave the opportunity to patients and lay people to suggest HTA topics tended to focus questions on the importance of novelty, safety, or controversy of the technology and to avoid technical questions on

comparators and alternatives. (3) Topic selection criteria and mechanisms varied by agency, based on HTA purpose, data points/infrastructure, and stakeholder needs or consensus.

5. Interviews (December 2021–March 2022)

Objective: To follow up on information gathered during the focus groups, specifically, to collect more detailed general opinions on the current TISP and solicit feedback on proposed TISP revisions.

Process: MTaPS and Pusjak PDK staff conducted one-on-one semi-structured interviews with 17 targeted stakeholders (7 male, 10 female) representing InaHTAC, BPJS-K, the MOH, professional organizations, hospitals, and university-based HTA agencies.

Findings: The proposal format, scoring mechanism, and information dissemination process all need to be clearer and more systematic.

Results and Achievements

Through the series of inquiries involving surveys, FGDs, and interviews, MTaPS and Pusjak PDK captured key stakeholders’ perspectives and aspirations for an improved HTA process in Indonesia. Through the inquiry process, MTaPS and Pusjak PDK were also able to raise stakeholder understanding on the submission process, timeline, and rationale for priority topic selection. The direct involvement of InaHTAC members and Pusjak PDK staff in the inquiries, particularly during interviews and FGDs, further increased stakeholders’ understanding of the HTA process and augmented their sense of belonging in the HTA community. Each of the inquiries generated intermediary results (key findings and recommendations) that informed MTaPS’ approach to support Pusjak PDK and the HTA selection committee in improving the selection process.

MTaPS synthesized the results from the inquiries into recommendations to improve Indonesia’s HTA topic selection process and consulted Pusjak PDK and InaHTAC ahead of other key stakeholders. MTaPS presented the draft recommendations to key informants and remaining HTA stakeholders in April 2022 for further input and refinements. The discussion resulted in agreement on revised procedures for the upcoming 2023 topic selection cycle and beyond, as illustrated in figure 1.

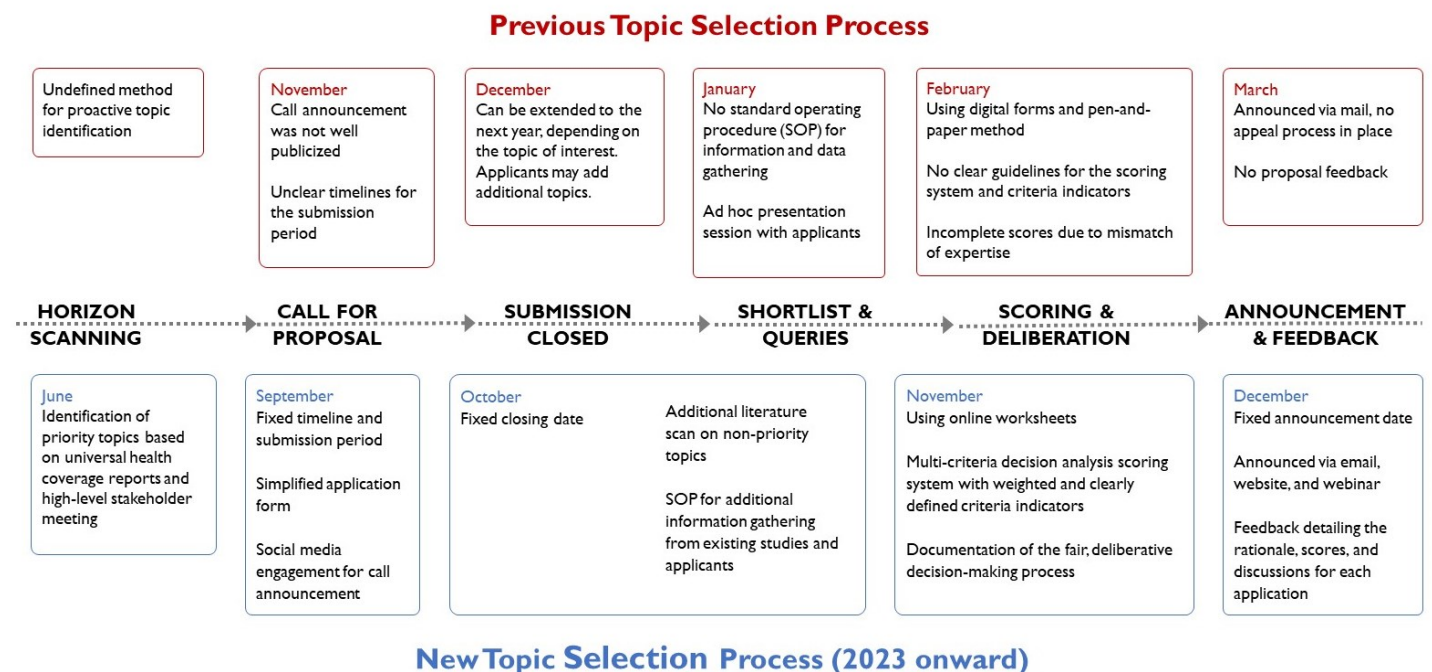


Figure 1. Comparison of new versus old topic selection process

Summary of key findings of the inquiry:

- Indonesia's guidelines on the HTA process lacked technical clarity on the topic nomination procedure, criteria for prioritizing topics, and decision mechanisms within InaHTAC.
- As compared with global best practice, the Indonesia process showed a need for improvement in three main areas:
 - Stakeholder engagement
 - Stakeholder understanding of the full HTA process
 - Multistage and systematic topic shortlisting as part of the TISP

Based on the inquiry findings, MTaPS and Pusjak PDK made the following recommendations:

- **Increase outreach for HTA topic solicitation.** The call for HTA topics and the HTA process should be better publicized, more broadly disseminated, and more transparent. This can be done through regular dissemination of information about the HTA process through websites and formal channels. Study results should also be shared with stakeholders.
- **Schedule "horizon scanning."** A scan for potential priority HTA topics that includes a literature review and a routine observation of health service utilization. Key government partners, such as BPJS-K and MOH units should be involved in horizon scanning. This is in line with the 2013 presidential decree on universal health coverage, which calls for the MOH and BPJS-K to conduct health care utilization reviews to identify which services receive the most JKN funding; HTA topics related to these services can then be considered.
- **Set up the call for HTA topics within the designated timeline and use the revised topic-nomination form.** TISP begins with an announcement of an open period for submission of proposed HTA topics. This allows prospective applicants to prepare and submit their proposed topics online through a revised topic-nomination form.
- **Make the review process more transparent.** TISP requires clearer rules, procedures, scoring methods, and consensus on scoring criteria and definitions. To increase transparency, a broad group

of stakeholders, including professional organizations, academia, and hospitals, were included as reviewers of the revised topic-nomination forms.

- **Engage BPJS-K throughout.** Key government partners, such as BPJS-K and MOH units, should be involved in horizon scanning. A 2013 presidential decree assigned BPJS-K and the MOH to conduct health care utilization reviews and to identify services that received the most JKN funding. HTA topics related to services with high utilization rate should be considered.
- **Establish a refined scoring method** using MCDA, which includes reformulation of criteria definitions, criteria weighing, and optimizing the deliberative processes in topic prioritization discussion.

Lessons Learned

- **Strategic engagement with key stakeholders revealed that every opinion and insight matters.** It emphasized the importance of deliberations to build consensus on issues. Consensus was achievable because there was a unified call for systematic and transparent decision-making procedures by diverse stakeholders.
- **Involvement of the central financing agency (Pusjak PDK) is crucial to the stakeholder engagement and inquiry process.** Pusjak PDK assigned staff as points of contact (POC) to identify key stakeholders and use tailored approaches to reach out to and engage individual stakeholders at each step of the process. The Pusjak PDK POCs are crucial in successful implementation of recommendations. Therefore, it is essential to keep these POCs engaged in current and future HTA activities.
- **Funding and institutional constraints may limit the performance of even a highly dedicated HTA committee, such as InaHTAC members and their technical support team.** These constraints may also dissuade potential applicants from submitting topic proposals. Further engagement is needed with key stakeholders to build stronger institutional regulations, optimize InaHTAC daily operations, and enforce existing procedures as mandated.

Pathway to Sustainability

Through joint implementation with the Pusjak PDK, MTaPS built capacity in the organization for this type of assessment process and ensured that Pusjak PDK owned the results and was prepared to make improvements to the HTA process. Based on the results of the stakeholder discussions and analysis, MTaPS began work with Pusjak PDK to co-develop a stakeholder-informed topic selection manual that will guide the HTA topic nomination process for the 2023 study cycle. By supporting Pusjak PDK in piloting the manual, MTaPS will build local sustainability for both Pusjak PDK and the HTA committee secretariat in every step of the HTA topic selection process, from the call for topics to verification, prioritization, deliberation, and dissemination.

Conclusions

The MTaPS-initiated engagement approach resulted in a stakeholder mapping as well as insights into the areas for improvement in the HTA process in Indonesia. Using this information, MTaPS and Pusjak PDK were able to make valuable recommendations to improve HTA practices. These included specific steps for bolstering stakeholder engagement throughout the TISP—from broadly publicizing the call for topics to making the process more transparent and involving multiple stakeholders in identifying potential HTA topics. Notably, the findings pointed to the need for an increased role for the national health insurance agency (BPJS-K), which previously played a role only as topic nominator. Increased stakeholder engagement as per these recommendations will allow for selection of HTA topics that will provide maximal value to the country in making key decisions on health care coverage. MTaPS has begun supporting Indonesia in using these revised HTA TISP approaches during the HTA topic selection process in 2023.

The stakeholder engagement exercise undertaken in Indonesia by MTaPS and Pusjak PDK has broader implications as well. The model presents a concrete approach to identifying gaps in stakeholder engagement in the HTA process and includes specific recommendations to strengthen this engagement to increase the overall value of the HTA process for Indonesia. Although strengthening participation

management and deliberation/consensus generation in the HTA process has been a topic of discussion in recent years, few real-life examples have been shared. Using the Indonesia example, other countries in the region can easily adapt the step-by-step process to fit their own context.

“HTA is still new. We need to continuously increase awareness of its importance and processes. It is our role to educate the public and the stakeholders: users, hospitals, BPJS, industry, and professional organizations. Also, the patient group. They are quite active!”
—InaHTAC member

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Authors

This publication was written by Rozar Prawiranegara, Arry Putra, Mutia A. Sayekti, and Christian Suharlim.

For more information, please contact memory@msh.org

About USAID MTaPS:

The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) enables low- and middle-income countries to strengthen their pharmaceutical systems, which is pivotal to better health outcomes and higher-performing health systems. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.



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