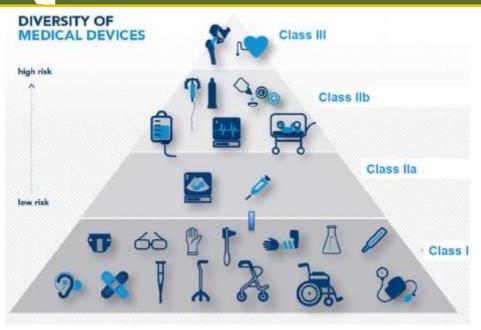
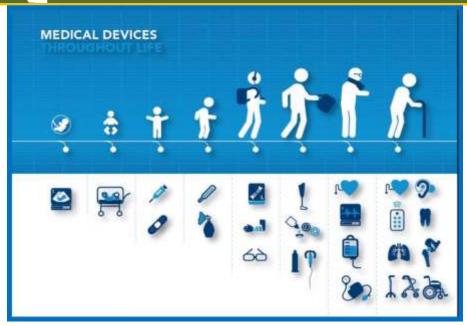


BACKGROUND



BACKGROUND



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- Manufacturers / vendors of new healthcare technology increasingly required to demonstrate value for money
- Early-stage decisions often performed under pressure
- Value to users and service providers often poorly established
- Medical devices typically brought to market at high risk, often by small companies
- Risk: Technical, Clinical, Commercial...

TOOLS ON TOPICOLE POVECES EN

National Center of Expertise of Drugs, Medical Devices and Medical Equipment

- Conducts assessment of safety and quality of devices (required for entry into the market)
- Sets reference pricing for devices that are purchased through public funds (state benefit package)
- Conducts assessment of marketing materials for devices
- Organizes the national nomenclature of devices harmonized with the Global Medical Device Nomenclature (in development) – currently includes 9689 devices

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Elements	Context	Kazakhstan
Health system	 More than 70% expenditure on devices comes from public health system in the EU Variations in Kazakhstan 	 Mixt state benefit package & statutory health insurance provided to all (17 million patients)
Hospital payment system	 Heavy investments on medical devices are concentrated in the hospitals 	 Public sector: Capital and national budget distributed amongst regional/municipal bodies
Mechanism to support innovative devices?	 Rather than routine HTA processes, additional routes are available for early access of innovative devices 	 No specific mechanisms available to support innovative high cost devices However, greater adaptability in private sector as hospital need to be competitive (i.e., market mechanisms); greater resistance in public sector on new/expensive device uptake

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Elements	Context	Kazakhstan			
Classification system	 Devices are classified from a regulatory level into different grades based on level of risk and invasiveness 	NCEDMDME registration (Class I, II, III)			
Process of assessment for low risk devices (Classes I-II)	 Not all devices are assessed by HTA; generic and low risk devices pass through simpler routes 	 Public sector: does not assess lower risk devices (i.e., Class I/II); however, some higher risk/ more novel Class I/II devices may still be subject to assessment Private sector: mainly price orientated (i.e., will assess lower risk/Class I and II devices based on comparative price) 			
Process of assessment for high risk devices (Classes II-III for EU)	 Devices are assessed by various HTA bodies only under given circumstances 	 Public sector: Higher risk devices (primarily Classes III and IV) are assessed Private sector: Novel/high risk devices assessed by individual hospitals 			

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Elements	Context	Kazakhstan		
Assessment bodies (HTA)	 Different bodies are involved in HTA assessment process of the devices 	Public: NCEDMDDE or RCHDPrivate: hospitals		
Data requirements	 Data requirements are not as transparent for medical devices as they are for pharmaceuticals Very basic guidance is provided by HTA bodies 	 Public: Technical, clinical, economic data; QoL data also considered; no QALY limits but there are standards and some health economic evidence is expected; Private: economic data, but less robust and rigid process; should provide technical and clinical data also 		
Length of assessment	 Assessment periods vary across different countries and sometimes may be much longer than given in the guidance 	Public: 2-3 monthsPrivate: as little as 1 months		
Final decision	 Final assessment decision may be made at the national/ regional level 	 MoH has 30 days to publish a final reimbursement deliberation; Public: Ministry of Health (MoH)/Health Insurance Fund Private: hospitals 		

BOY CLEMENTS OF WILLIET SIGGESS FOR MEDICUL DEVICES IN

Elements	Context	Kazakhstan	
Budget holders	 Budget holders are responsible for final uptake of medical devices in hospitals 	 Public: Government; MoH will decide who should pay for the device E.g., very expensive novel technologies may be funded from the national budget, while all others funded by the state or municipality budgets Private: hospitals 	
Pricing (inpatient devices only)	 Pricing covered by various bodies can be split into ambulatory and hospital sector 	 Government (MoH, regions, municipalities depending on who pays for it) Tendering/negotiating with manufacturer 	
Early scientific advice	 Similar to pharmaceutical sector, seeking early scientific advice is considered beneficial in countries where the possibility exists 	o Not available	
Templates	 Guidance templates are provided by national and regional bodies for submitting the required information for HTA assessment 	o Yes (guidance)	

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Elements	Context	Kazakhstan
Stakeholders	 Highly influential stakeholders in decision-making (i.e., scored 5 and 4) 	Public: HTA, government departmentsPrivate; hospitals
	 Less influential stakeholders in decision making (i.e., scored 1- 3) 	 Physicians in hospitals, ambulatory physicians, patients, nurses, and health economists Pharmacists Purchasing groups or national/regional procurement
Benefits	 Advantages of the current procedures for the device manufacturers 	 If you can demonstrate that the product is clinically and economically effective, chances of successful reimbursement are high Prices for medical devices are not controlled

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- Production of robust clinical and economic evidence;
- a good economic analysis needs local data whereas clinical data does not need to be local / foreign studies in reliable centers anywhere in the world are acceptable
- Economic evaluation is very new in Kazakhstan, local data is scarce;
- Public health system is very ambitious; budget constraints are very important

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- Private segment will grow substantially the population obtaining private insurance is growing, and with this the level of investment and access to new technologies willalso increase;
- MoH will introduce more medical devices for coverage; however, they will likely train medical societies and nurses to develop a network which will contribute to the decision making process;
- Continued investment in local production and incentives for Kazakh companies to produce locally;
- Robustness of technology evaluation will increase in private sector;
- · Increased patient power/importance of patient organisations