HTA Implementation Roadmap in the Middle East and North Africa

Zoltan Kalo, PhD
Institute of Economics, Faculty of Social Sciences, Eötvös Loránd University (ELTE)
Budapest, Hungary
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Mouna Jameleddine
PharmD, MSc
Health Technology Assessment
Department INEAS, Tunisia

Mohsen George, MD
Health Insurance Organization and Ministry of Health, Egypt

Abeer Al-Rabayah
BSc, MBA, MSc
Head, Center for Drug Policy & Technology Assessment (CDPTA), King Hussein Cancer Center, Jordan

Maryam Alowayesh
MSc, PhD
School of Pharmacy, Kuwait University, Kuwait

Rita Karam
PharmD, PhD
Quality Assurance of Pharmaceutical Products, Ministry of Health, Beirut, Lebanon
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Finn Børlum Kristensen, MD, PhD
University of Southern Denmark
Copenhagen, Denmark
Key Components of HTA Implementation

Finn Børlum Kristensen, MD, PhD

Chairman of ISPOR HTA Council
Professor of Health Services Research and HTA,
Faculty of Health Sciences,
University of Southern Denmark
Focus on a national HTA implementation strategy that meets the needs of decision-makers, respects the criteria of good practice in HTA, and involves stakeholders appropriately.
HANDBOOK ON HTA CAPACITY BUILDING

WORK PACKAGE 8

OCTOBER 2008

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EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT
Figure 5. Steps to achieve legal support in the establishment of HTA organisations

1. Analyse stakeholders involved in funding, planning, purchasing, and investing in healthcare and their position, commitment and relative power/influence in this policy issue and process
2. Raise awareness on HTA importance and sustain its value with key people close to/within health-related governmental bodies and government
3. Search potential sources of financing
4. Obtain a clear policy statement or law
5. Communicate and create relationships with the identified key groups
6. Build alliances with opinion leaders and key persons of each stakeholder group that might support you
7. Outline an HTA programme, analysing different type organisational profiles, pros and cons, resources, technologies to assess etc.
8. Clearly establish:
   - Who commissions HTA reports
   - Who prepares/writes HTA reports
   - Who disseminates HTA reports
   - How to manage implementation of HTA
   - The strength of the final recommendation
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ISPOR Dubai 2018
• Alice: Which way should I go?
• Cat: That depends on where you are going.
• Alice: I don’t know.
• Cat: Then it doesn’t matter which way you go.
• Alice: Which way should I develop my HTA system?
• Cat: That depends on how you want to use HTA.
• Alice: I don’t know.
• Cat: Then it doesn’t matter how you develop your HTA system.
HTA roadmap: major questions

1. Capacity building - human resources
2. HTA funding
3. HTA legislation (process and organisational structure)
4. Scope and depth of implementation
5. Decision criteria (categories and thresholds)
6. HTA quality, transparency and timeliness
7. Requirement and accessibility of local data
8. International collaboration

1. HTA capacity building Education (single choice)

- NO TRAINING: Current (30%) Preferred (6%)
- PROJECT BASED TRAINING: Current (38%) Preferred (18%)
- GRADUATE PROGRAM: Current (15%)
- POSTGRADUATE PROGRAM: Current (28%) Preferred (62%)

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2. HTA funding
Financing critical appraisal of HTA (single choice)

- NO FUNDING: 63% current, 3% preferred, 28% dom. private funding, 70% dom. public funding

2. HTA funding
Financing Health Technology Assessment (single choice)

- NO FUNDING: 43% current, 7% preferred, 40% marg. public funding, 52% suff. public funding, 12% dom. public funding
3. Legislation on HTA

Role of HTA in decision making (single choice)

- **NO FORMAL ROLE**: 46% current, 4% preferred
- **INTERNATIONAL EVIDENCE TAKEN INTO ACCOUNT**: 38% current, 11% preferred
- **ADDITIONAL ROLE OF LOCAL HTA EVIDENCE**: 41% current, 8% preferred
- **LOCAL HTA EVIDENCE IS MANDATORY**: 44% current, 8% preferred

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3. Legislation on HTA
Organizational structure (single choice)

- NO PUBLIC INSTITUTE: 50% current, 3% preferred
- APPOINTED COMMITTEE: 17% current, 10% preferred
- COMMITTEE WITH ACADEMIC SUPPORT: 12% current, 10% preferred
- PUBLIC HTA INSTITUTE: 5% current, 3% preferred
- PUBLIC HTA INSTITUTE WITH ACADEMIC SUPPORT: 7% current, 35% preferred
- SEVERAL PUBLIC HTA BODIES: 10% current, 0% preferred
- SEVERAL HTA BODIES WITH CENTRAL COORDINATION: 0% current, 39% preferred
4. Scope of HTA
Scope of technologies (multiple choice)

- Pharmaceutical: 62% current, 66% preferred
- Medical Device: 23% current, 69% preferred
- Prevention Program: 10% current, 72% preferred
- Surgical Interventions: 10% current, 66% preferred
- Other: 5% current, 16% preferred

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4. Scope of HTA
Depth of HTA use (single choice)

- HTA NOT APPLIED FOR ANY TECHNOLOGIES: 54% current, 3% preferred
- NEW TECHNOLOGIES WITH HIGH BUDGET IMPACT: 20% current, 13% preferred
- ALL NEW TECHNOLOGIES: 12% current, 10% preferred
- ALL NEW TECHNOLOGIES + REVISION: 15% current, 74% preferred

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5. Decision criteria
Decision categories (multiple choice)

- Unmet medical need: 34% current, 61% preferred
- Health care priority: 22% current, 77% preferred
- Therapeutic value: 37% current, 77% preferred
- Cost-effectiveness: 44% current, 77% preferred
- Budget impact: 41% current, 77% preferred
- Other: 0% current, 3% preferred
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5. Decision criteria
Decision thresholds (single choice)

- **Thresholds are not applied**:
  - Current: 7%
  - Preferred: 60%

- **Implicit thresholds**:
  - Current: 17%
  - Preferred: 23%

- **Explicit soft thresholds**:
  - Current: 13%
  - Preferred: 50%

- **Explicit hard thresholds**:
  - Current: 5%
  - Preferred: 27%

5. Decision criteria
MCDM framework is applied

- **Multi criteria decision making is applied**:
  - Current: 0%
  - Preferred: 82%
6. Quality and transparency
Quality elements (multiple choice)

- No quality element applied: 64% current, 3% preferred
- Published methodological guidelines: 23% current, 52% preferred
- Follow-up of recommendations: 10% current, 38% preferred
- Internal checklist for appraisal: 15% current, 28% preferred
- Published checklist for appraisal: 13% current, 66% preferred

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7. Use of local data

Requirement of using local data (single choice)

- No mandate to use local data (68% current, 4% preferred)
- Mandate to use local data, no transferability required (15% current, 11% preferred)
- Mandate to use local data, transferability required (18% current, 85% preferred)

Access and availability (single choice)

- Limited access or availability (79% current, 6% preferred)
- Up to date registers, no payers' database (11% current, 13% preferred)
- Payers' database, no up to date registers (9% current, 8% preferred)
- Up to date registers, with payers' database (3% current, 72% preferred)
8. International collaboration
Joint work and adaptation of documents (multiple choice)

- **NO INVOLVEMENT INTO JOINT WORK**: 70% current, 3% preferred
- **ACTIVE INVOLVEMENT IN JOINT WORK**: 48% current, 11% preferred
- **ADAPTATION OF JOINT HTA DOCUMENTS**: 45% current, 16% preferred
- **ADAPTATION OF WORK PERFORMED BY OTHER HTA BODIES**: 69% current, 8% preferred