

TARGETED LITERATURE REVIEW AND STAKEHOLDERS' PERSPECTIVES ON THE CURRENT PROGRESS OF HTA SYSTEM IMPLEMENTATION IN THE MIDDLE EAST AND NORTH AFRICA (MENA) REGION



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BACKGROUND

In the Middle East and North Africa (MENA) region, the application of Health Technology Assessment (HTA) for access, pricing and reimbursement decisions is less prominent compared to other countries where there is an established link between decisions and evidence.

OBJECTIVE

The objective of this research was to explore the progress made by countries in the MENA region regarding the implementation of an HTA agency since the ISPOR conference in Dubai in September 2018, and to gather stakeholder’s perceptions on progress of establishing an agency in their country. The countries in scope were Egypt, Jordan, Lebanon, Saudi Arabia (KSA), Tunisia, United Arab Emirates (UAE).

METHODOLOGY

An open internet search using keywords (HTA, cost-effectiveness, budget impact, clinical effectiveness, comparative effectiveness) was used to review publications in the scope markets from Sept. 2018 to May 2019. Furthermore, 12 payers / KOLs* from Ipsos’ internal stakeholder database, were asked via Ipsos Dimensions survey software about the main decision criteria for assessment, value and expected challenges from implementing or having implemented an HTA system, timelines for implementation and HTA impact on access for drugs / medical devices. The online survey took place from 05-Jul-2019 to 01-Sept-2019.

RESULTS

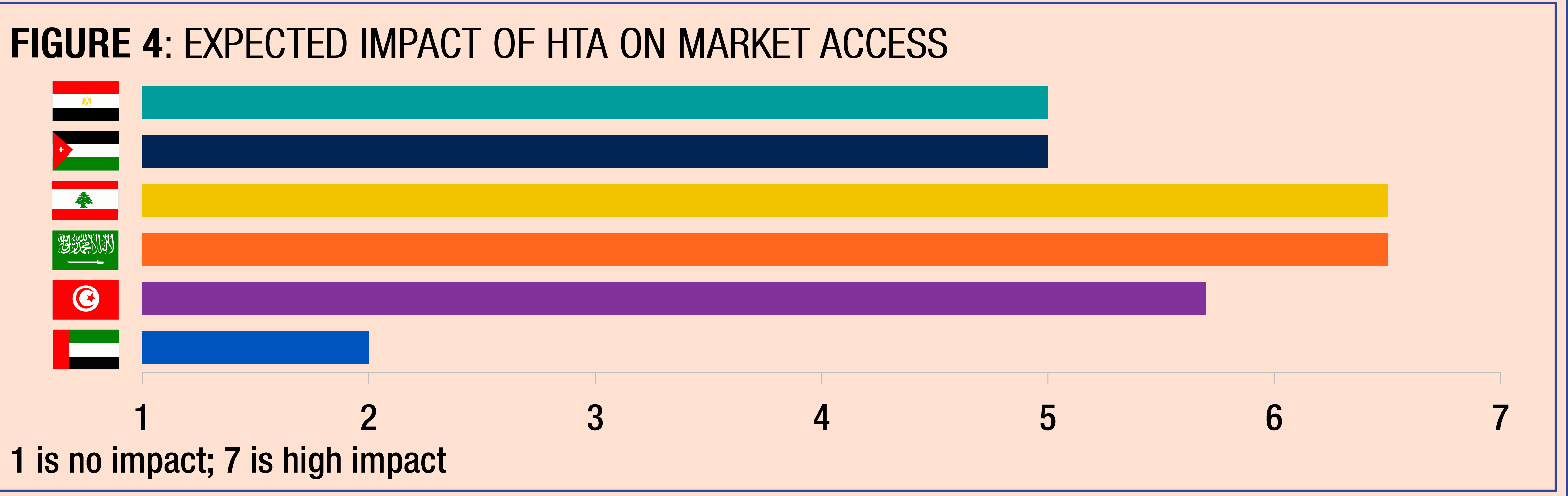
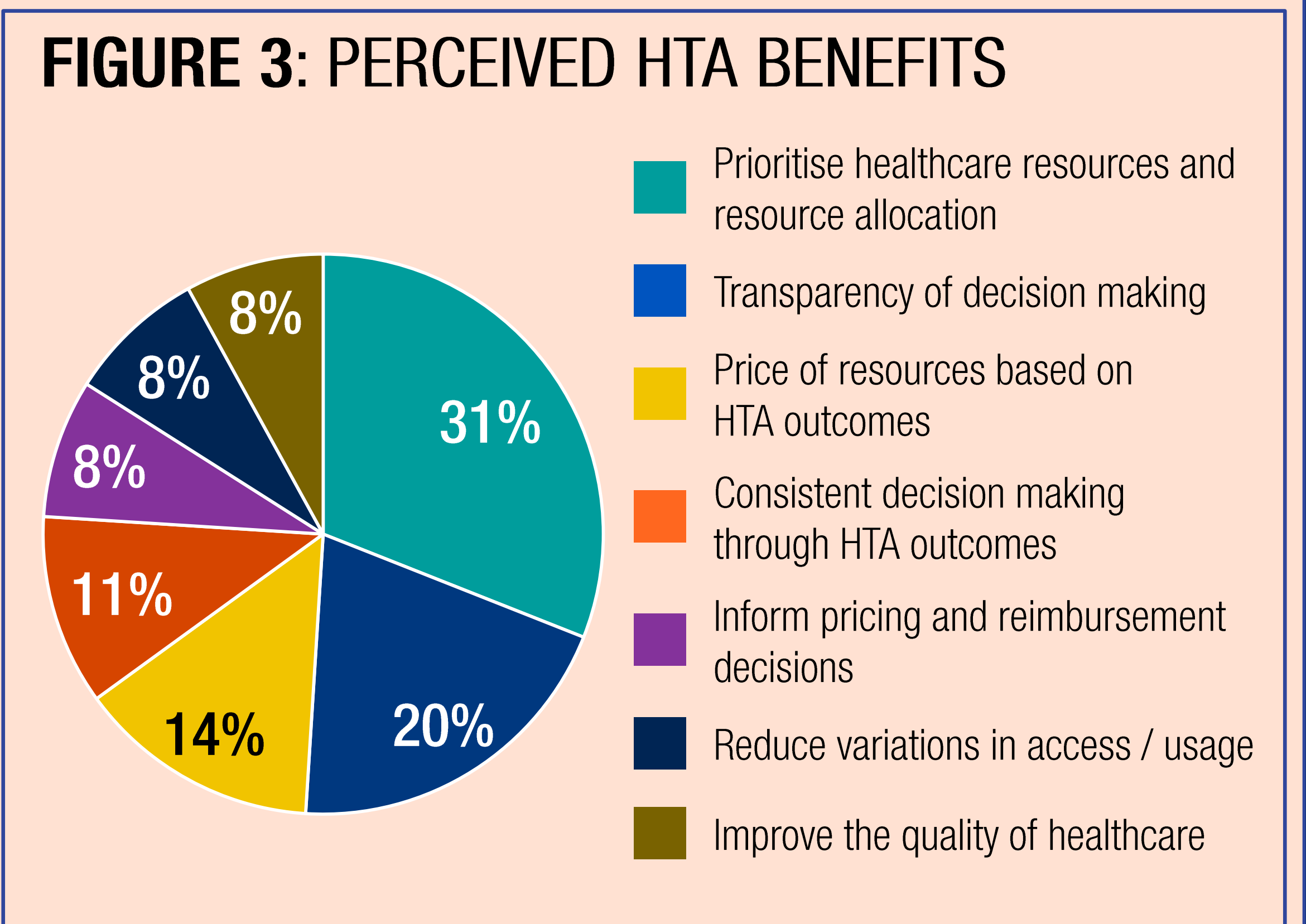
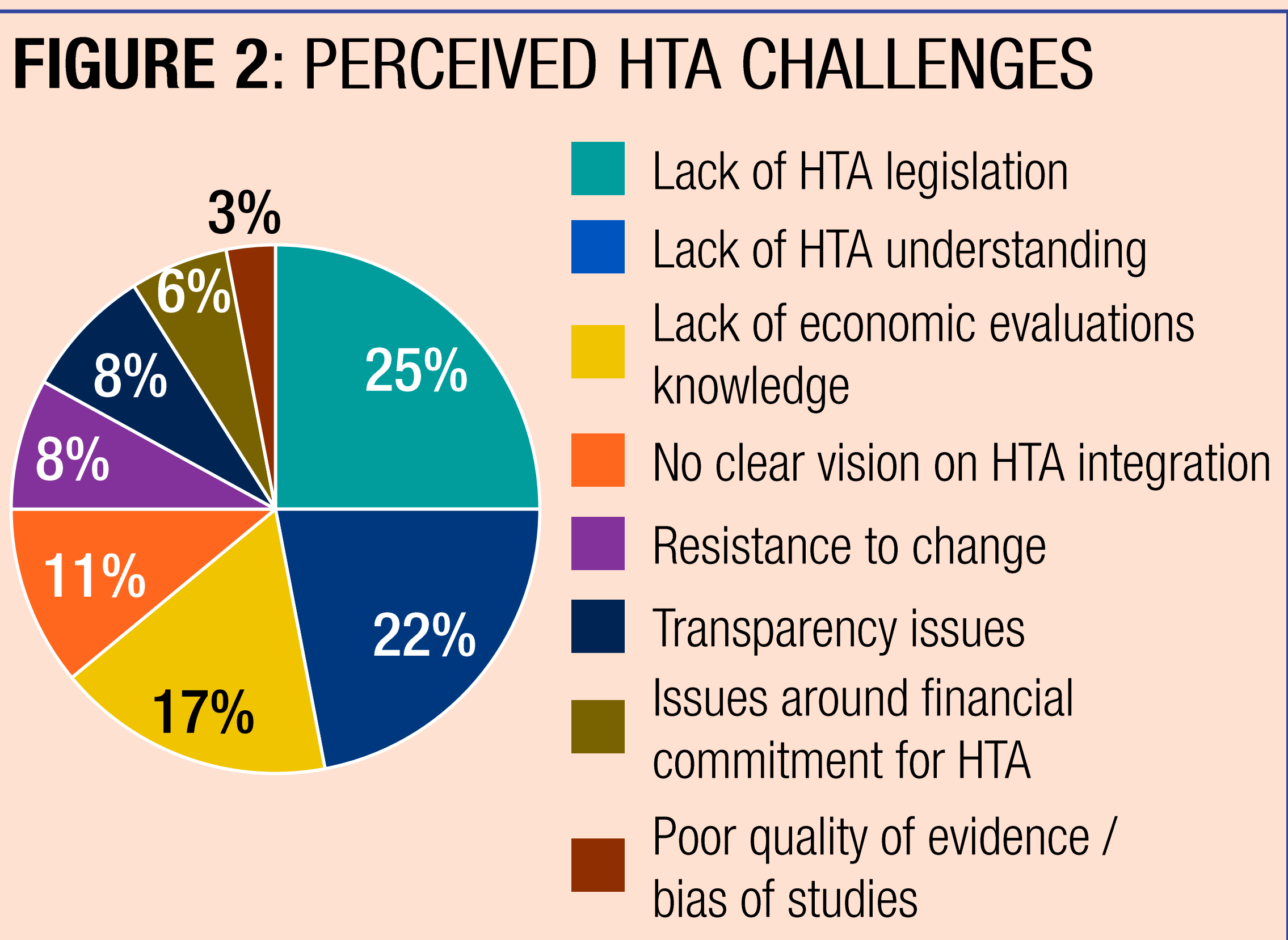
An HTA agency has been established in Tunisia at the national level¹. HTA has also been in use at the King Hussein Cancer Centre in Jordan for specifically high-cost cancer treatments². The remaining scope countries have not yet established an agency; however, Lebanon and the UAE have started making use of HTA in decision-making ^{3,4}. Egypt and KSA have included the development of an HTA agency in their 2030 healthcare vision goals ^{3,5}.

Stakeholders expected Jordan and the UAE to implement an HTA system in 4-6 years with the main decision criteria being unclear in Jordan, and focused on cost-effectiveness in UAE. In Lebanon and KSA, an HTA system is expected to be implemented in the long-term (+6 years), while in Egypt timelines and decision criteria remain unclear to stakeholders (Figure 1). According to stakeholders, the top three challenges facing HTA implementation include: a lack of legislation, poor local understanding of HTAs and low economic evaluation knowledge; collectively representing 64% of stated challenges (Figure 2). Stakeholders expected HTAs to provide their country with a tool for optimising healthcare resource allocation through transparent decision making. This was thought to support the provision of optimal healthcare outcomes as limited resources are available (Figure 3).

Stakeholders predicted in all scope markets, except in the UAE, the impact of an HTA agency on market access for drugs and medical devices to be significant as they will likely support local access, pricing and reimbursement processes (Figure 4).

FIGURE 1: EXPECTED HTA DECISION CRITERIA AND IMPLEMENTATION TIMELINES

Country	Main Decision Criteria	Implementation Timeline
	Unclear	Unclear
	Unclear	4-6 years
	Comparative clinical effectiveness	≤6 years
	Budget impact	6+ years
	Comparative clinical effectiveness & cost- effectiveness	HTA agency in place
	Cost-effectiveness	4-6 years



CONCLUSIONS

The scope markets are moving towards utilising HTAs for access, pricing and reimbursement decisions; however, progress is at different stages across markets. Once implemented, HTA was expected to have a significant impact on market access.

DISCUSSION

Interviewees’ lack of HTA understanding prevented them from translating the perceived benefit of introducing an agency. To facilitate implementation, legislation and training on health economics is needed in each country. Further research on the causes of progress and decision criteria would be valuable.