

Implementation of Health Technology Assessment in Egypt: Comparison between the Current and Preferred Status

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INTRODUCTION

HTA has been a decisive component in Egypt geared towards enhancing service delivery in the health sector. First workshop about HTA in Egypt was kicked in 2010 followed by some significant movement in the establishment of HTA from the healthcare professionals.

In 2018, the universal health care coverage law was published, which contains a clause for the establishment of an HTA unit within payer body. In 2019, the unified procurement law was published. It contains another clause for the establishment of a full department for HTA. Introduction of both laws created a need to build up capacity, to fill in the required positions within both authorities. In the last quarter of 2019, and for the first time in Egypt a professional diploma was created to help building up capacity in both authorities.

OBJECTIVES

Our objective was to assess the current status of HTA implementation in Egypt, and to map the preferred HTA direction based on the preferences of multiple stakeholders.

METHODS

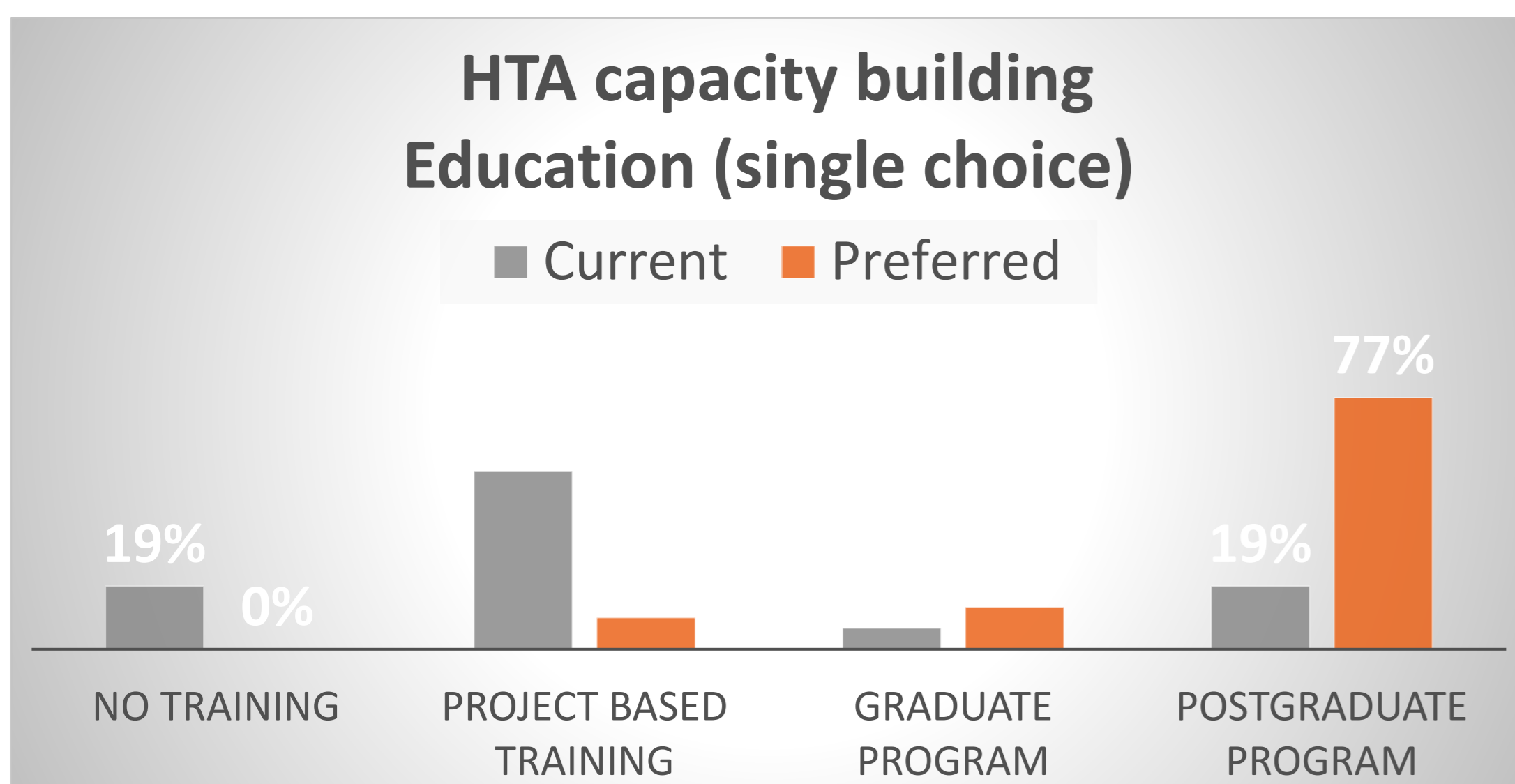
A survey was conducted in a paper format on the 11th of July 2018 within a two-day workshop, that was held for Egyptian health care decision makers to discuss HTA implementation. The survey was conducted to define the current and preferred status of HTA in Egypt in the long run, by using the HTA implementation scorecard, that was designed to support the formulation of HTA roadmaps in developing countries in 8 areas, including capacity building, HTA financing, process and organizational structure, scope of HTA, decision criteria, standardization of methodology, use of local data and international collaboration; (Kalo, et al., 2016)

RESULTS

31 local stakeholders filled in the survey of which 17 work as decision-maker, policymaker, public payer, potential HTA user in the Ministry of Health). Most of the respondents were employed in the public sector (83.9%), and the majority of their age groups ranged from 30 to 50 years old (74.8%).

HTA capacity building programs

Project-based HTA workshops or short courses are the most common form of HTA education in the Egypt (55%), which may not be sufficient to induce hands-on training experience. While 77% of the participants support the establishment of post graduate HTA training programs in 10 years.



HTA funding

Experts reported limited funding. The majority of respondents would like to see an increase in funding for critical appraisal. Regarding funding for HTA research, the majority (94%) of the respondents would prefer to see at least sufficient public funding, of which 23% opted for dominant public funding.

Legislation on HTA

Eighty percent of respondents indicated that currently, HTA results have no formal role in policy decisions, and 10%

reported that only international evidence is taken into account.

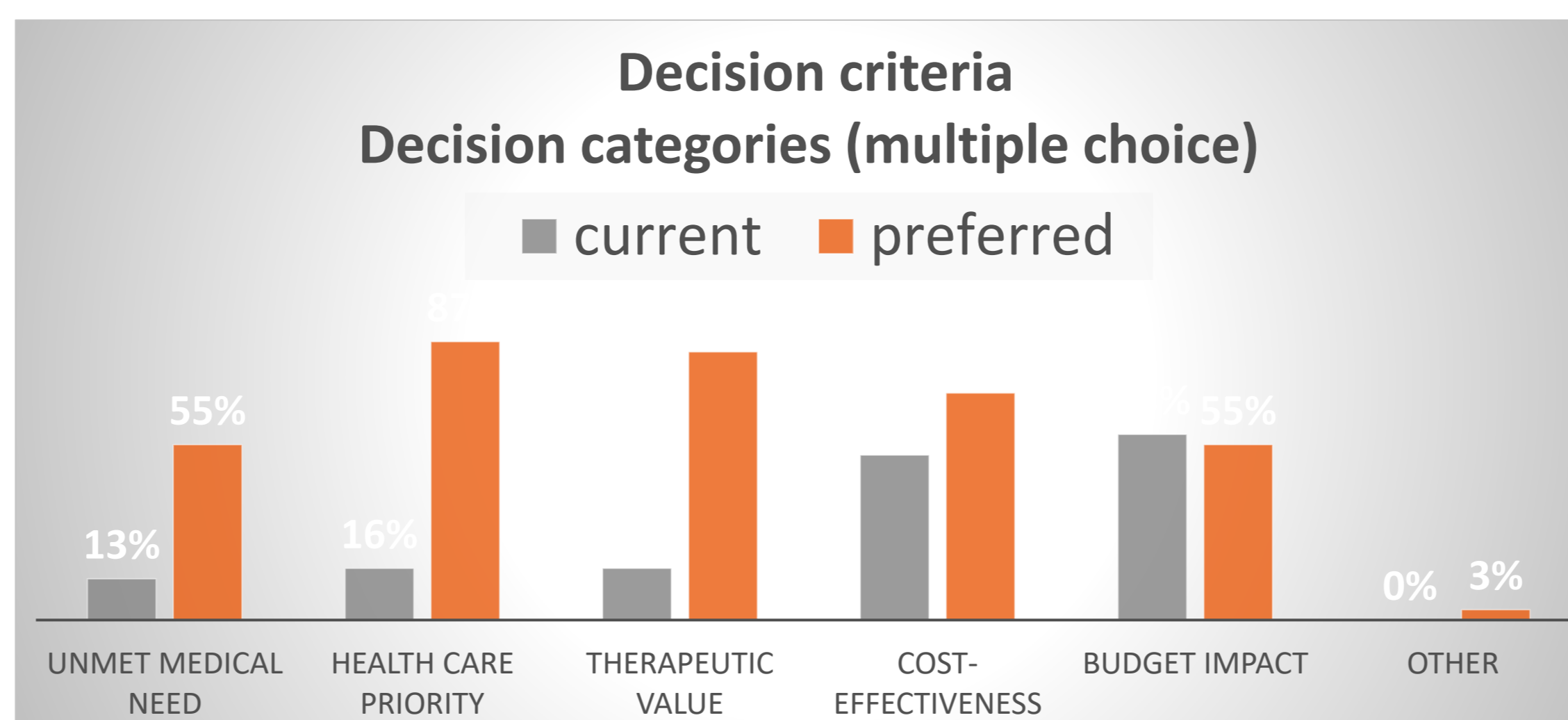
All respondents highlighted the need of local HTA evidence in the future. Regarding the organizational structure, the most preferred option was establishing a public HTA institute with academic support (47%) or several HTA bodies with central coordination.

Scope of HTA

Forty-eight percent of the respondents reported that currently HTA is mainly applied to pharmaceuticals. The majority of respondents would increase the utilization of HTA in assessing pharmaceuticals (84%) and extending the scope of HTA to medical devices (87%), prevention program (84%), and surgical interventions (74%). 74% of respondents stated that in the future HTA should not only focus on evaluation of new health technology, but also the revision of previous decisions should be an essential part of the HTA system.

Decision criteria

According to respondents' opinion, the current most common decision criteria in Egypt is budget impact (58%), followed by cost-effectiveness (52%). The role of other criteria should also be increased, such as therapeutic value (from 16% to 84%), health care priority (from 16% to 87%) and unmet medical need (from 13% to 55%).

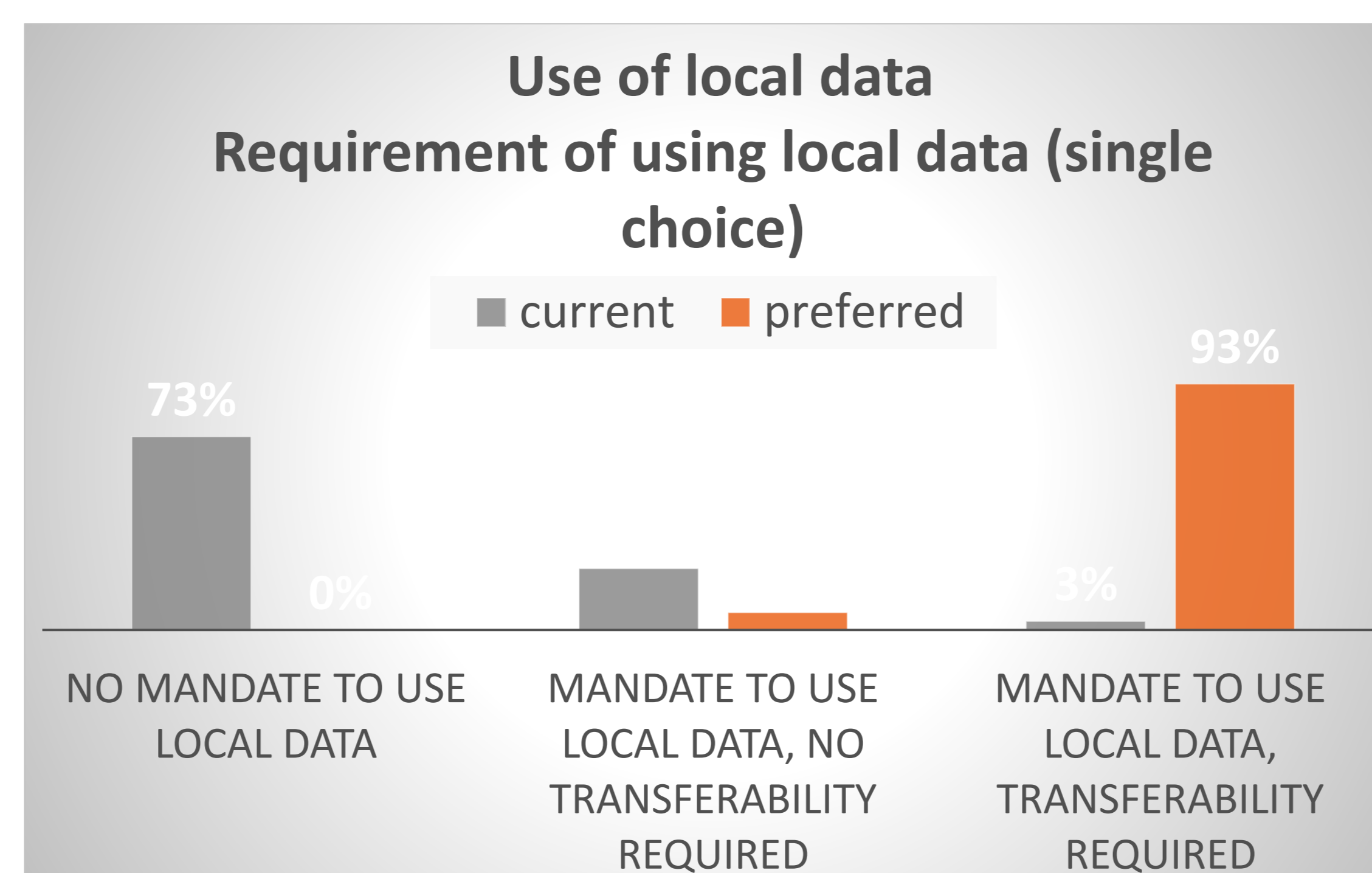


The majority (77%) of the respondents indicated that currently there is no clear threshold for decision making. All respondents are looking for some sort of a threshold in the future. 20% would prefer an implicit threshold, while most of them (67%) preferred explicit soft thresholds. Almost all the respondents (93%) indicated that multi-criteria decision analysis (MCDA) would be a preferred method in the future HTA framework.

Quality and transparency

Seventy one percent indicated that currently no quality elements are applied. In the future, 74% of respondents prefer having a publicly available critical appraisal checklist, 65% prefer published methodological guidelines for HTA documents, and 61% prefer a practice of regular follow-up research on previous HTA recommendations. 68% of the respondents preferred having full transparency by making the HTA body's recommendations and the related appraisal reports publicly available.

Local data



All respondents preferred relying on local data, 93% would mandate using local data in certain categories with need for assessing the transferability of international evidence, while the

remaining 7% prefer mandating the use of local data, but they do not require assessing the transferability of international evidence. Based on the responses there was lack of local registries and limited accessibility to payers' databases.

International collaboration

The majority of respondents preferred some sort of international collaboration, either by active involvement in joint work initiatives or by adaptation of joint HTA documents or by appropriate reuse of HTA materials prepared by distinguished international HTA bodies. 87% of the participants had high interest in developing and participating in international HTA courses.

CONCLUSIONS

- We can see there are several hurdles for HTA implementation currently in Egypt, but at the same time we can see initiatives and some steps are taken, which indicates the belief of different stakeholders in the potentiality of HTA in enhancing the health care system in Egypt, this is hauled by the relatively more developed capacity building programs.
- Our results indicate the continuous need to strengthen the educational and methodological basis of current activities in Egypt, which should lead to a more effective HTA system. Findings also point out that the locally collected evidence should receive higher priority in policy decisions
- Our roadmap sets up long-term objectives based on a multi-stakeholder dialogue.
- Overall, health policy experts in Egypt would like to facilitate HTA implementation and expect significant changes in 10 years compared to the current status.

The most important generalizable conclusions are presented in the below.

Element	Recommendation
HTA capacity building	More postgraduate HTA programs are recommended on the basis of country specific needs.
HTA funding	Public funding should be increased for both HTA research and critical appraisal in addition to increasing private budget through submission fees to reach balanced funding for critical appraisals.
Legislation on HTA	Additional role of local HTA evidence in decision making is needed There are two main options for institutionalization of HTA <ul style="list-style-type: none"> • A central HTA agency with the support of academic networks • Establishment of multiple HTA bodies within a country preferably with central co-ordination.
Scope of HTA implementation	Extending the scope of HTA from pharmaceuticals to non-pharmaceuticals is recommended in addition to revising previous policy decisions on top of evaluating new health care technologies.
Decision criteria	For cost effectiveness, explicit soft thresholds should be used. Several other criteria other than cost effectiveness and budget impact have to be considered, by applying MCDA.
Quality and transparency of HTA implementation	Applying multiple methods such as published methodological guidelines and checklists for appraisal are recommended to improve the quality of HTA work. Publication of HTA deliverables and timeliness of HTA processes have to be ensured.
Use of local data	Developing more registries and utilizing local data is recommended with the availability of payer's database.
International collaboration	Developing and participating at international HTA courses is highly recommended as well as working on and adapting joint HTA documents on top of work performed by other HTA bodies.