



HTA and priority setting for UHC in Ethiopia: Progress, setbacks, and prospects

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Overview of session

- Ethiopia's road to UHC and current priority setting approaches
- HTA in Ethiopia: problem, policy and politics
- The need for a sustainable HTA structure, and the role of academic / research institution
- ISPOR Ethiopia Chapter works

SECTION

1

Ethiopia's road to UHC and current decision-making approaches



Ethiopia's road to UHC and current decision-making approaches

Health policy in Ethiopia is in transition from MDGs to the more ambitious SDGs

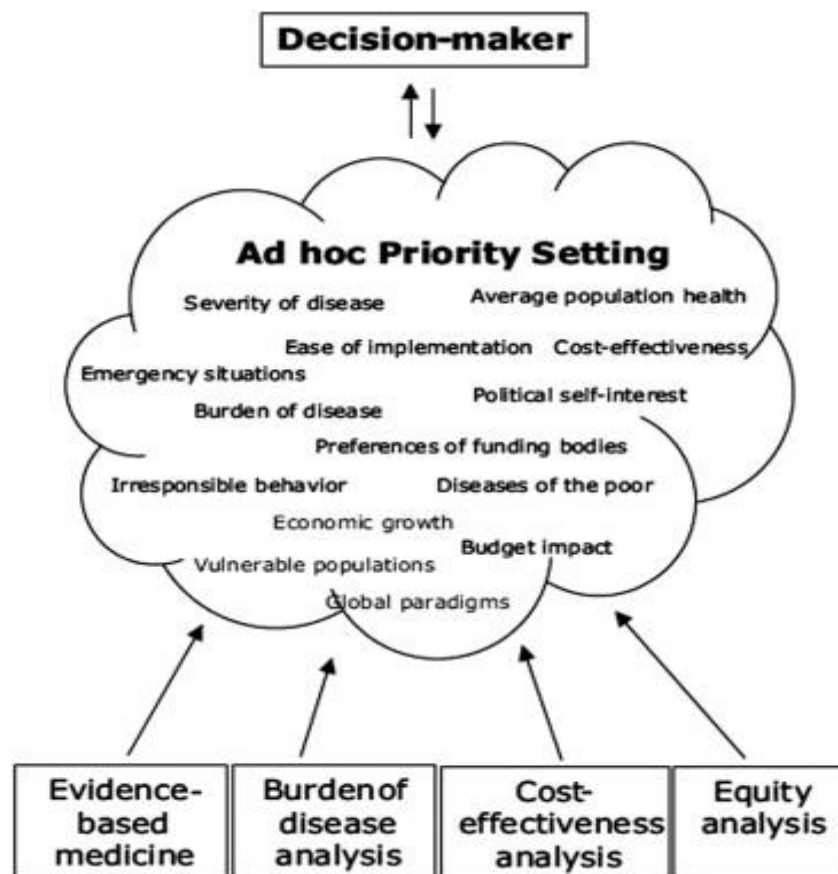
- ✓ UHC is at the centre of the policy change

Revised Essential Health Services Packages (EHSP) 2019 for UHC

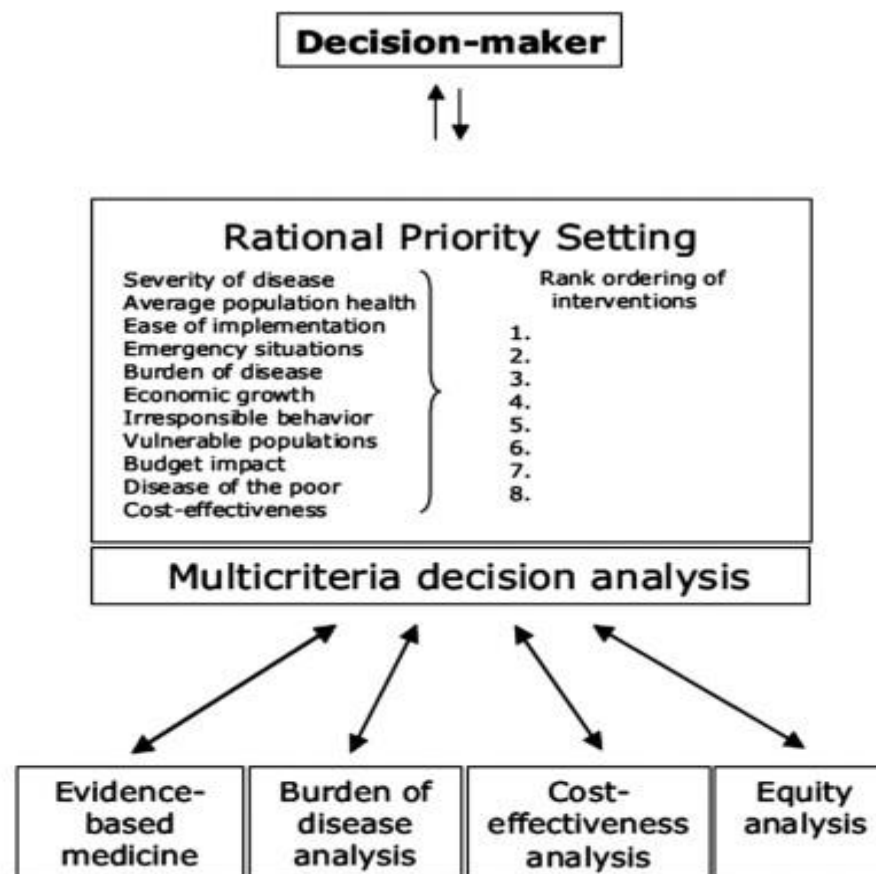
- Overarching goal: adequate, innovative and sustainable healthcare financing via
 - ✓ Resource mobilisation and reducing OOP expenditure
 - ✓ Capacity development, and strengthening public private partnership
- Revised based on i) value for money; ii) equity and fairness and iii) FRP

Use of MCDA in revising EHSP

EHSP 2005



EHSP 2019

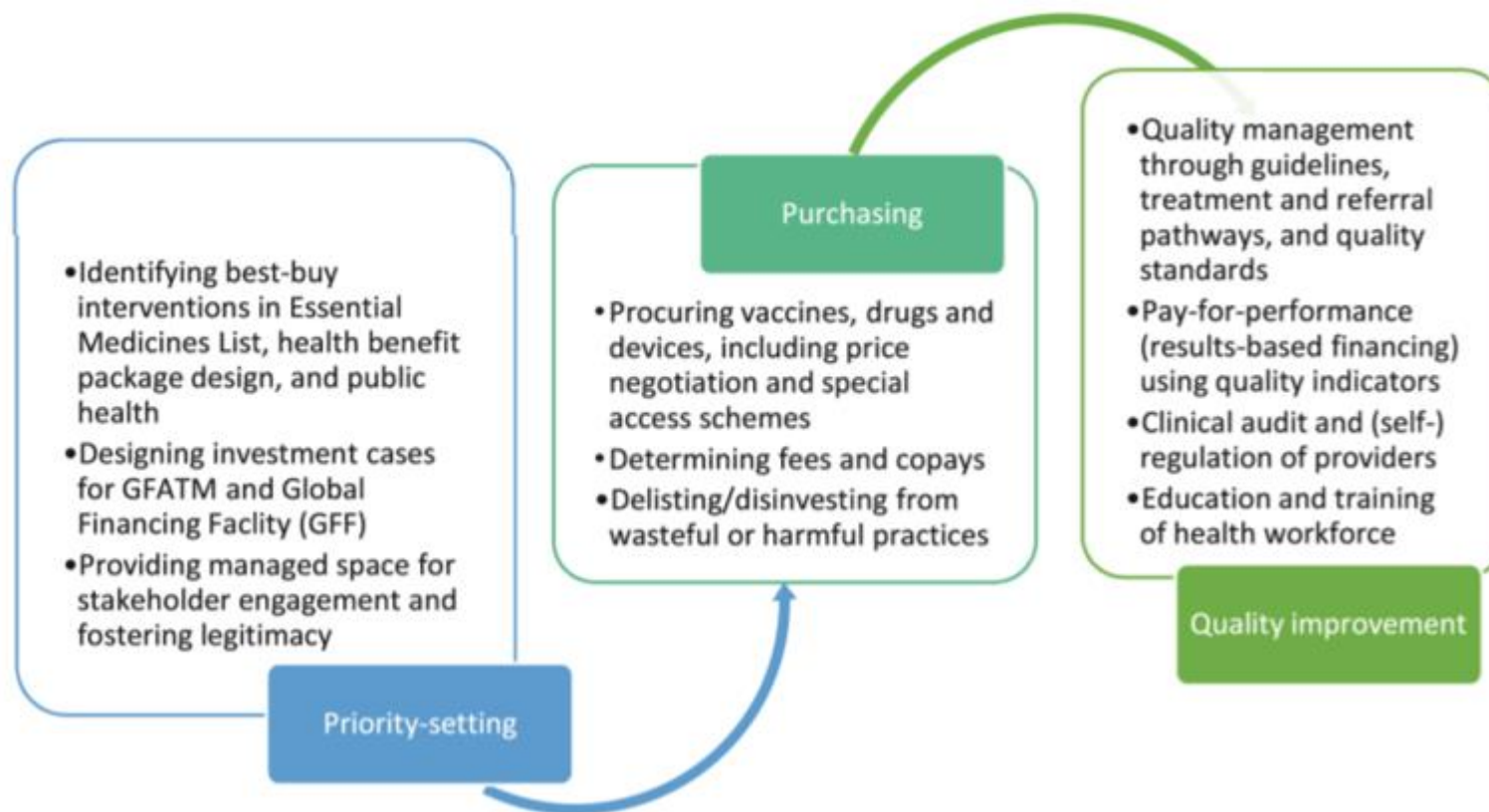


SECTION

2

Establishing HTA in Ethiopia: problem, policy and politics

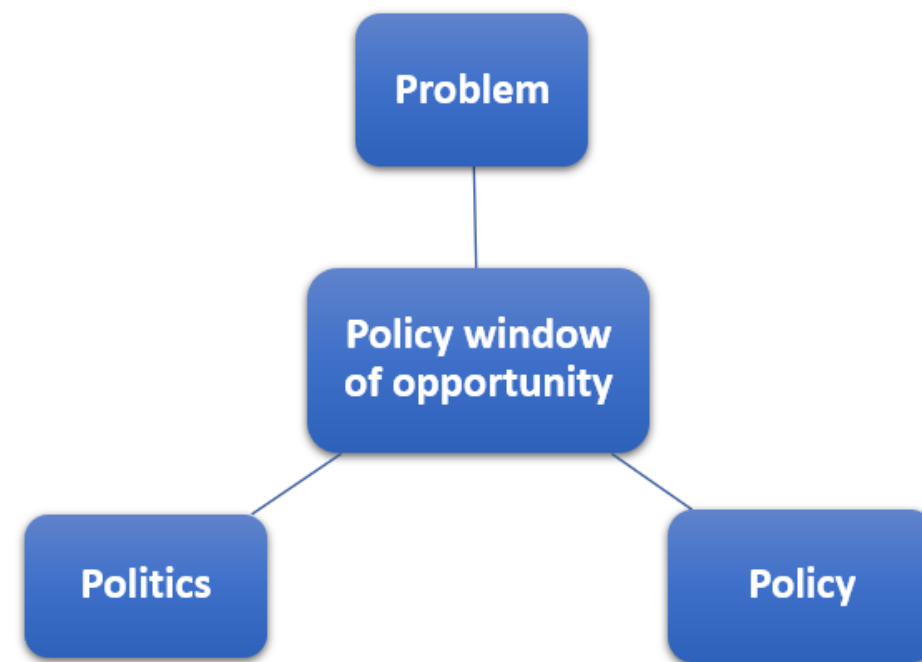
Why do we need Health Technology Assessment?



Establishing HTA in Ethiopia: problem, policy and politics

Problem stream

- ✓ Need for adequate, innovative and sustainable healthcare financing to achieve UHC and reduce mounting OOP expenditure
- ✓ Economic contraction due to COVID-19, and uncertainty in donor programming necessitates a policy tool to allocate resources
- ✓ National Health Insurance Agency's need for explicit criteria for reimbursement and coverage
- ✓ Role of issue framing is v important here



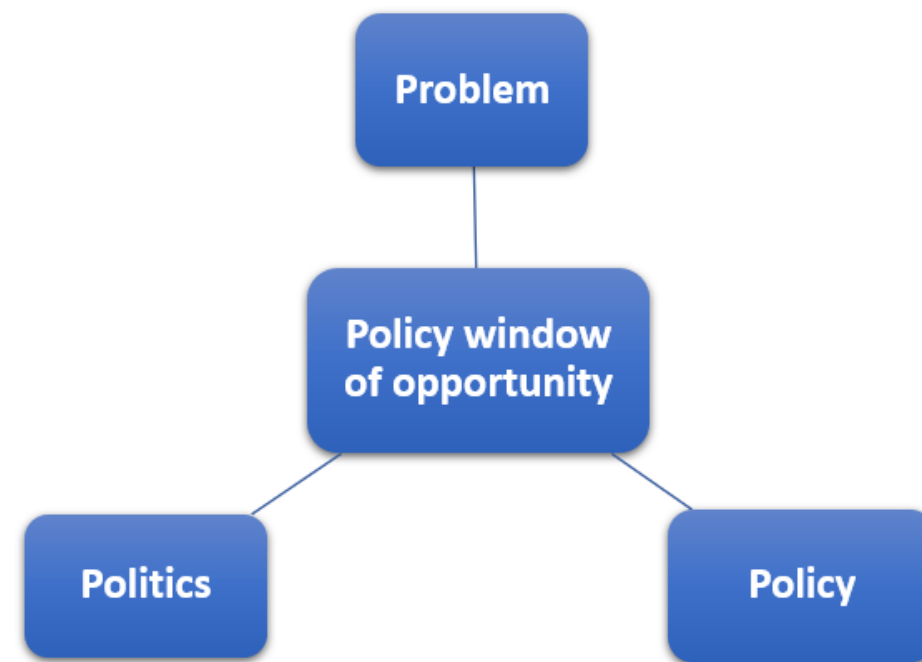
Establishing HTA in Ethiopia: problem, policy and politics

Policy stream

- ✓ Policy option often brought forward by policy entrepreneurs
- ✓ Need for “Proof of concept” HTA projects to test the proposed policy/initiative

Politics stream

- ✓ Political commitment to UHC
- ✓ Usefulness perception among policymakers and the public
- ✓ Low involvement of policy advocates for supporting an HTA related policy



HTA in Ethiopia: opportunities and strengths

➤ Political and policy commitment

- HTA as one of the eight main implementation strategies of the five-year Health Sector Transformation Plan

“Health technology innovation and assessment is critical to adopting and diffusing new, cost-effective health technologies to improve health sector performance” HSTP II (MoH, 2021)

- Establishment of HEFA within MoH and use of MCDA in the recent EHSP revision.
- Need for explicit set of criteria to inform Health Insurance Agency’s reimbursement decisions. >>> high demand of HTA



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MINISTRY OF HEALTH-ETHIOPIA

Health Sector Transformation Plan II
HSTP II

2020/21-2024/25
(2013 EFY - 2017 EFY)

February 2021

Challenges

- Current HTA-related activities are uncoordinated with little tendency for institutionalization
 - Need for sustainable, collaborative, multi-stakeholder network of researchers (i.e., HTA producers) and policymakers (i.e., HTA users).
- Lack of ‘endorsed’ methodological guide for evaluation of health technologies in Ethiopia
- Need to scale up individual, and institutional capacity to undertake HTA



Ethiopian Public Health Institute
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MINISTRY OF HEALTH-ETHIOPIA



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Ethiopian Health Insurance Agency



Disease Control Priorities-Ethiopia
The DCP-E project intends to bring evidence and methods of priority setting and health economics closer to policy decision-making in Ethiopia.



HTA implementation plan: SWOT analysis

Strengths

- Move from ad-hoc decision making to MCDA
- Establishment of Health Economics and Financing Analysis (HEFA) team
- National Health Insurance Agency's need for explicit criteria for reimbursement and coverage

Weaknesses

- No legal provision or institutional arrangement for HTA agency
- Existing capacity needs scale up
- Multi-location/fragmented HTA activity needs synergy
- Willingness to pay not set and arbitrary measure utilized

Opportunities

- Political will/commitment to achieve UHC via adequate, innovative, and sustainable healthcare financing
- Economic contraction due to COVID-19, and uncertainty in donor programming necessitates a policy tool to allocate resources

Threats

- Post-COVID financial recession
- Lack of trained human resources
- Potential industry opposition

SECTION

3

ISPOR Ethiopia Chapter's current and proposed works

Unifying the fragmented HTA related efforts in Ethiopia

- One of the main challenge identified from SWOT analysis was the fact that HTA related efforts have been uncoordinated and fragmented with little tendency for institutionalization to inform health care decisions in a sustainable manner.
- This points to the need for sustainable, collaborative, multi-stakeholder network of researchers (i.e., HTA producers) and policymakers (i.e., HTA users) to facilitate the use of HTA in health decision making in Ethiopia.
- The ISPOR Ethiopia Chapter initiated and successfully led the establishment of an independent research network – Centre for Research and Engagement in Assessment of Health Technology (CREATE).

CREATE– research, capacity building and advocacy

CREATE is a non-for-profit, collaborative, multi-stakeholder network of researchers established to:

- Promote awareness, understanding, and adoption of HTA by policymakers to achieve UHC in Ethiopia and other sub-Saharan Africa countries,
- Foster, support, and coordinate various forms of high quality HTA research, with a major emphasis on informing health policy and enabling timely translation into clinical practice, and
- Promote academic development in the field of HTA via research, capacity building and evidence-based advocacy.

Major emphasis given to the fact that:

- 1) HTA practice and institutionalization needs to be customized to each country's context, and
- 2) Working with government bodies such as EPHI, NHIA and Ministry of Health are vital to ensure the usability of HTA evidence and sustainability of the practice.

CREATE – strategic focus

Stakeholder Engagement, Communication and Advocacy

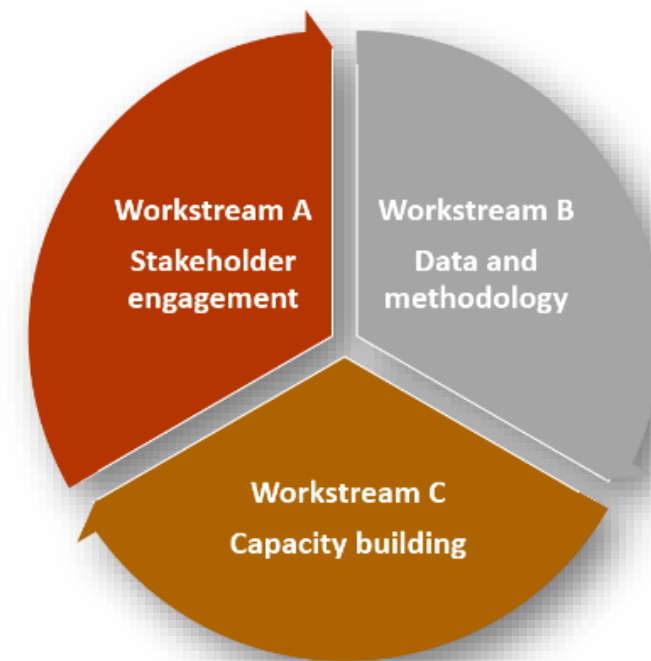
- ❖ HTA landscape assessment (policy document analysis and key informant interview)
- ❖ Situational analysis and stakeholder engagement – to assess the needs, demands and supply for HTA; and identify / define the roles of different stakeholders within the HTA process.

Data and Methodology

- ❖ Develop methodological guide for evaluation of health technologies in Ethiopia
- ❖ Conduct health state valuations for common multi attribute utility instruments
- ❖ HTA on hypertension management in Ethiopia

Capacity Building

- ❖ Assessment of skills to conduct HTA: skill and knowledge gap analysis



CREATE – resources

Dedicated expert group in HTA and decision science

- ❖ Optimal mix of disciplines, content knowledge, methodological expertise, bringing best practice experience from Canada, Australia, Sweden and LMICs – Ensuring that the latest international developments in HTA and experience from LMICs are incorporated into our practice.

International Advisory Board (IAB)

- ❖ CREATE has an IAB consisting of strong network of leading academic experts and clinicians, appointed for their expertise in a relevant field for HTA and availability for consultation when required by the Centre.
- ❖ Some of IAB members include Professor Paul Scuffham (leading health economists in Australia); Dr. Yibeltal Assefa Alemu (Senior Health Systems expert within depth knowledge of Ethiopia's health system).

Partnership with international HTA agencies, professional bodies and NGOs

- ❖ ISPOR; iDSI; NPHI; MSH; CAHE etc

Developing and fostering 'Evidence-to-Policy' partnerships:

Some areas for collaboration with EPHI

Data, evidence and analytics

- ❖ Embedding a HTA data repository within the existing infrastructure (National Data Management Centre for Health)
- ❖ Supporting system-wide functions along the evidence continuum (effectiveness, cost-effectiveness, budget impact, ethics, feasibility etc) – e.g., developing a national HTA guideline and other methodology briefs.
- ❖ Co-creating research projects – e.g., convening expert group and stakeholder engagement to develop action plans for conducting various HTAs.

Stakeholder engagement and capacity Building

- ❖ Identify and define the roles of different stakeholders within the HTA process. E.g, stakeholder engagement for data contextualization and improved use in policymaking.
- ❖ Identify the need for and deliver capacity building for a sustainable impact, taking into account the individual, organizational, and institutional implications.

• On-demand basis