

HTAi Regional Meeting

Hosted by HTAi and the Azerbaijan Ministry of Health

Baku, Azerbaijan • October 17-20, 2022

Program Summary

Main Meeting and Policy Dialogue

TOPIC: **Integrating HTA into Health Care Reforms in Central Asia**



Conference Opening and Welcoming Remarks

Vice Minister Nadir Zeynalov of Azerbaijan opened the meeting and used the COVID experience to examine the potential for extending health care coverage in AZ to universal coverage, emphasizing the aspects of equity, accessibility, cost-effectiveness, and overall cost reduction, all toward improving quality. There is pressure for universal coverage arising from scientific and technical advances leading to rapid innovation as well as competition.

Wija Oortwijn, President of HTAi, called attention to the Society as a multidisciplinary community and global professional “home” for HTA. And, like the origin of the meaning of the word, Baku, suggested that HTA could bring a refreshing and vital wind to health care reform in central Asia.

Keynote One: Tomorrow is Today — HTA and the Promise of Accessible, Equitable, Impactful Healthcare for Everyone

Javier Guzman addressed the topic of “HTA and the Promise of Accessible, Equitable, Impactful Health Care for Everyone,” suggesting that HTA aligns well with universal health care coverage. But he also emphasized the great challenges ahead, using the famous Universal Health Care Coverage 3-dimensional cube to demonstrate this, including 1) % of population covered, 2) services offered, 3) and percentage of costs covered by the system. Among other things, he noted:

- Half of world population has little or no access to healthcare.
- Nearly 1 billion people spend at least 10% of their income on healthcare.
- OOP spending ranges from \$40/yr/person in low-income countries (including 41% OOP) to ... \$3,313/yr/person in high-income countries (including 21% OOP), and the relative economic burden of these costs is highest among people in the low-income countries.
- High-income countries' total health spending continues to increase.
- COVID has led to lost decade of public investment in health care

The first key takeaway message of the program is that the metaphorical size of the pie matters, and we must view health as an investment rather than an expenditure. At the same time, health spending continues to compete with security, education, other priorities. There is also a not insignificant difference between a country's list of covered services and what is provided to its people. Guzman cited 6 factors in priority setting for value:

- Mandate for HTA
- Process (explicit)
- Governance arrangements/principles (transparent, consistent, stakeholder participation)
- Methods and data (e.g., the iDSI Reference Case for Economic Evaluation)
- Entry point(s) for HTA (e.g., priority setting for coverage, purchasing, quality improvement)
- Implementation (e.g., WHO focus on what is essential first as in a minimum health benefits package)

Countries can learn from examples, expertise, and experiences of each other.

Plenary One: What are the Conditions That Need to be Present for HTA to Take Off?

In the first plenary panel, Kris Landa of Poland called attention to the relative roles and tradeoffs of legislative changes and capacity building. He also cited the big picture, using Maslow's "hierarchy of needs", including food and access to clean water, which remain challenges for much of the world. He asked for deeper understanding of relative health priorities among diverse populations and asked us to consider the appropriateness of the "light touch" vs. the "heavy touch" HTA functions for priority setting and other HTA functions – all in service of meeting the demands of different decision makers.

Oresta Piniashko of Ukraine summarized the most urgent needs for HTA development in the 2017 to 2023 time period. A key element of her presentation was an explanation of the journey undertaken by the HTA department in the State Expert Center of the Ministry of Health, highlighting the development of rapid assessments and the strategic use of outside experts, including an HTAi-hosted virtual meeting in Kiev in 2020.

Oresta showed how HTA became fully legalized and integrated into decision making in 2022, how it serves as a key priority-setting tool for the Ukraine health care system, and what impact it has had during its implementation, including informing a series of MoH decisions and developing an HTA Guideline on the national HTA of medicines.

She also highlighted the role of international cooperation with EUnetHTA in 5 joint projects that enabled "learning by doing." Remarkably, even during the war, the Ukraine HTA agency has generated HTA reports on anticoagulants, oncology, hepatitis & cirrhosis, diabetes, emergency care, and orphan diseases.

Plenary Two: The EU Regulation on HTA and Implications for Countries Outside the EU

The second plenary panel was animated by Wim Goettsch, who discussed the EU Regulation on HTA and its implications for Countries Outside the EU.

In reviewing the history of EUnetHTA, starting 2005, he acknowledged impressive progress, while also noting that this has been a slow, deliberate pace given multi-national involvement. He also challenged us with improving the uptake of EU HTA reports in Europe, which has been variable.

With respect to the potential transfer of the EU HTA model to other geographies, he indicated that joint clinical assessments reduce duplication, while cost and economic evaluation are best reserved for local decision makers. He concluded that EUnetHTA and future EU HTA products may be useful outside of Europe; more experience using EUnetHTA products to determine the extent to which information is transferable, and further research is needed to be more definitive on the efficacy of transferability.

In their reactions, Alima Almadijeva and Oresta included inquiries about how to make HTA fit in environments that are quite different from most EUnetHTA agencies, determining the right fit for capacity building, and more on generalizability and transferability to other settings.

Plenary Three: Towards Institutionalization of HTA: What a Roadmap Could Mean for Countries in Central Asia

In plenary panel three, Rabia Kahveci focused on practical aspects of institutionalizing HTA, including the utility of a roadmap, examples of available roadmaps, particularly as these could enable the integration of HTA into health care reform in support of universal health care coverage. In doing so, she used seven steps of effective decision-making and "roadmap basics."

Further, she described a current shift from only examining alternatives to deriving value-based decisions. Two instructive examples were:

- USAID MSH roadmap for systematic priority setting and HTA (2020) for LMICs with a framework for institutionalizing HTA, including: identifying the policy problem; agenda setting; policy formulation, adoption, implementation; impact evaluation, and feedback to policies and systematic priority setting.
- The WHO roadmap on “Institutionalizing HTA Mechanisms: A How to Guide,” which covered such steps as: establish mandate and legal framework, establish institutional and governance arrangements, the process and evidence required, monitor and feedback.
- Given her role in promoting HTA in Ukraine, Rabia offered that as a case study of a now fully functioning HTA agency in the broader health care decision making ecosystem, as well as the related experience in its legal framework training, capacity building, methodological guidelines, and communications.

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Plenary Four: How is HTA Related to Universal Health Coverage?

The fourth plenary panel took an extended look at the specifics of the relationship of HTA to universal coverage. Wija Oortwijn made clear that resource allocation is an issue everywhere, and that “UHC presents the most challenging goal of having all people receive the quality of health services they need, without being exposed to financial hardship.” She also made clear that this may not be fully attainable, but that we can (and should) continue to pursue and approach it.

She stressed such matters as stakeholder buy-in and the “evidence-deliberative process.” She focused in particular on the central role of the health benefits packages (HBP) in universal health care, and how HTA can be used to design them, reminding us that HBPs are complex and political. Noting how HTA is a tool to inform decision makers, she reminded us that UHC and HBPs involve many types of decisions and policies, such as planning, budgeting, CPGs, the particular details of HBPs, public health program protocols, public procurement of medicines, quality of care indicators, pricing, pay-for-performance, and more.

In response, Kanat Yermekbayev of Kazakhstan described how their experience came from a budget-based system in Soviet times in which funding was just decided by each regional leader. He reminded us that HTA has a large role in removing outmoded technologies as well as instituting new ones. He explained that agencies must deal with influential lobbying in drugs, devices, and diagnostics – and that this requires staff with high levels of expertise. He further discussed the challenges of coping with HTA committee members who are appointed based on social status. Further, Ministries of Health may continue to call for HTA agencies to demonstrate proof of how they have saved costs, in order to justify funding of HTA each year.

Against this challenging backdrop, Javier Guzman reminded us that resources are still insufficient. So, in trying to move toward UHC, we may have to go back to doing our best to guarantee the provision of the most basic services. Indeed, some countries have great difficulty coping with catastrophic events, increasing the probability of failure.

Synthesis: Working Together to Accelerate HTA in the Region

Plenary five was a leadership panel on Working Together to Accelerate HTA in the Region. The expert panelists, Sevil Serin, Nabil Seyidov, Hikmatulla Zainutdinov, and Aigul Telesheva provided views from Turkey, Azerbaijan, Uzbekistan, and Kazakhstan.

In answer to the question about the most important things they heard for enabling us to work together to enhance HTA in this region, they cited, as a group, the following:

- To address the rising challenges of health service demand and payment for health care technology, there is no good alternative to HTA.
- An explicit and strong legislative and regulatory base is needed to enable useful HTA.
- Multidisciplinary expertise is necessary for informing an evidence-based health care system.
- To remain effective, HTA cannot stop, it must keep pace with health technology and payment pressure.
- It must be understood that there is often lack of alignment between deliberative bodies and decision-making bodies.
- We must be realistic in recognizing that Ministries of Health and other political institutions show variable and changing support for HTA.
- The need to gain and maintain political support for HTA never goes away.
- Instead of making the case for reducing spending, continue to make the case for the return on investment in health care and HTA.
- We have seen real, practical examples of how cooperation among nations can enable HTA.
- Transparency is essential.
- Well-targeted financial support from the World Bank and other credible, authoritative funding organizations can make a significant contribution to capacity building.
- Given similarities across economic conditions, and certain political factors, the states represented here can benefit from harmonizing and coordinating efforts to develop and strengthen HTA.

Speakers

- **Nadir Zeynalov**, Deputy Minister of Health, Azerbaijan
- **Wija Oortwijn**, President of HTAi; Radboud University Medical Centre, Netherlands
- **Javier Guzman**, Director, Global Health Policy and Senior Policy Fellow, Centre for Global Development, USA
- **Krzysztof Landa**, President of Health Commission of the Business Centre Club; former Deputy Minister of Health in Poland 2015-2017, Poland
- **Oresta Piniashko**, Director of the HTA Department of State Expert Centre, Ministry of Health, Ukraine
- **Biröl Tibet**, Vice-President, Turkish Evidence Based Medicine Association, Turkey
- **Aida Zyrdinova**, Chief freelance clinical pharmacologist of Health Ministry, Kyrgyz Republic
- **Wim Goettsch**, HTAi Director; Associate Professor HTA, Utrecht University; Special Advisor HTA, National Health Care Institute (ZIN), Netherlands
- **Alima Almadijeva**, Deputy Chairperson, Salidat Kairbekobva National Research Center for Health Development, Kazakhsta
- **Rabia Kahveci**, Vice President of HTAi; Senior Technical Advisor for USAID's SAFEMed, Management Sciences for Health, Ukraine/Turkey
- **Hikmatulla Zainutdinov**, Laureate of the Academy of Sciences of Uzbekistan, Pharmaceutical Institute of Education and Research, Uzbekistan
- **Baktygul Kambaralieva**, Expert of the Department of the Decisions Examination of the President's Office and the Cabinet of Ministers of the Kyrgyz Republic
- **Kanat Yermekbayev**, Head of the HTA Committee of The Joint Commission on the Quality of Medical Services of the Ministry of Health, Kazakhstan
- **Sevil Serin**, Deputy General Director of Directorate of Health Services, Ministry of Health, Turkey
- **Nabil Seyidov**, Head of Health Policy And Planning Department, Public Health and Reforms Center of Ministry of Health, Azerbaijan
- **Aigul Telesheva**, Head of the Standardization Administration, Department of Standardization of Medical Services of the Ministry of Health, Kazakhstan