



HTAi Interest Sub-Group on Developing Countries Working Document

1	Developing countries	
1.1		Although there is no single definition that accurately covers the concept of developing countries, especially in the context of HTA, there is broad consensus among the various classification schemes (World bank, UNICEF etc). This ISG will use the World Bank classification and include Low Income Countries (LIC), Lower Middle Income Countries (LMIC) and Upper Middle Income Countries (UMIC) focusing on those where HTA is non-existent or deficient.
1.2		In principle this ISG is committed to furthering HTA in all developing countries. However taking into account the need for realistic goals, a targeted implementation plan is necessary. Therefore countries with existing HTAi membership and those where ISG members can provide a link (even if there are no HTAi members) would be the initial focus.
2	Scope of the ISG	
2.1		Membership is open to all HTAi members.
2.2		The DC ISG will act within HTAi, keeping in mind the overall goal, vision and mission of HTAi. It will not act as an independent body of individuals or institutions.
3	Goals of the ISG	
3.1		To facilitate the development of people and systems, to support evidence-informed health-care decision-making in developing countries. To facilitate the development of people and systems, to support the adaptation and development of HTA and its use in health-care decision-making in developing countries.

4 Role of the DC ISG	
4.1	<ul style="list-style-type: none"> • Providing a platform within HTAi for discussion of HTA needs, challenges and solutions pertaining to developing countries. • Promoting understanding of the concept of Health Technology Assessment in developing countries, among professionals, policy-makers, academia, industry, health insurance sector, patients, consumer organizations and people in general. • Facilitating the initiation of HTA activities in developing countries. • Helping to strengthen and refine existing HTA activities. • Promoting linkage and partnership between HTAi members (individuals and institutions) in developing and developed countries. • Promoting linkages between international organizations (including WHO, PAHO etc) and public and private sector national/ regional bodies in developing countries. <p>Each of the above is discussed in detail subsequently:</p>
4.2	<p>Providing a platform within HTAi for discussion of HTA needs, challenges and solutions pertaining to developing countries.</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Organize a pre or post-conference workshop at the HTAi Annual Meeting on a relevant theme. • Submit proposal(s) for panel session(s) during the Annual Meeting. • Submit articles to the Journal on this theme. • Request for space on the HTAi website where ideas and experiences can be shared. • Work with HTAi to conduct regional activities. • Explore the feasibility of a booth during HTAi Annual Meetings where experience in developing countries can be shared with HTAi members.

4.3	<p>Promoting understanding of the concept of Health Technology Assessment in developing countries, among professionals, policy-makers, academia, industry, health insurance sector, patients, consumer organizations and people in general.</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Liaise with HTAi members in individual developing countries, to understand the position of HTA there and the specific challenges towards HTA. • Liaise with HTAi members/ contacts identified through the ISG, in individual countries (HTAi members and non-members) to: <ul style="list-style-type: none"> – advocate HTA through joint contributions in scientific journals and lay press. – advocate HTA during national conferences of professional bodies through a slot (symposium/panel discussion/workshop). – advocate HTA to Government health-policy planners and implementers. – facilitate awareness/ sensitization workshops/ programmes on HTA for policy-makers, health-care providers/ professionals (public and private sector), local industry representatives and people. <p>Work with international organizations and relevant regional bodies to achieve all of the above.</p>
4.4	<p>Facilitating the initiation of HTA activities in developing countries.</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Facilitate the development of a ‘critical mass’ (professionals, policy-makers and people) who can advocate and promote the initiation of HTA in respective countries. • Identify and facilitate training of key people in individual countries who can initiate HTA. • Identify people interested in being trained to perform and appraise HTA. • Identify individuals/ institutions who/that can assist with imparting training. • Identify opportunities for twinning of developing countries with agencies/ institutions/ academic departments in developed countries for the initiation of HTA.

4.5	<p>Strengthening and refining existing HTA activities that are already in existence.</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Identify such activities and gain basic information about them; through linkages with organizations such as WHO, PAHO, etc. • Determine the ‘felt need’ of people working in/ with HTA in these countries. • Facilitate ongoing training to individuals/groups/organizations • Stimulate presentations/publications by collaborating with other HTA researchers/agencies • Work with local groups/ institutions to assist with specific requirements. • Share methodological, technical and policy issues/questions/ challenges raised, so that other members could respond/ assist based on their own experiences (like a trouble shooting forum).
4.6	<p>Promoting linkage and partnership between HTAi members (individuals and institutions) in developing and developed countries.</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Identify agencies/ institutions/ academic departments/ individuals in developed countries interested in twinning programmes with developing countries to assist in policy advice, training professionals, conducting HTA training, preparing sample HTA documents and mentoring HTA activities in specific countries. • Explore the feasibility of developing a collaborative program with INAHTA and WHO for promoting HTA in developing countries • Collaborate to facilitate presentations/publications/ workshops/ training (e.g. internships on HTA, PhD study) and undertake HTA studies together.
4.7	<p>Promoting linkages between international organizations (including WHO, PAHO etc) and public and private sector national/ regional bodies in developing countries.</p> <ul style="list-style-type: none"> • Request support for these initiatives (through endorsement of principles etc), from international organizations (WHO, INAHTA, INCLIN, World Bank) and regional bodies.

	<ul style="list-style-type: none">• Request similar support from the private sector and industry in developing countries.• Request for joint activities, projects, advocacy and fund-raising efforts, conceptual and technical support and advice, consultancy and capacity building, and financial and material support.
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5	Funding
5.1	<p>Generation of funds</p> <p>The proposed plan of action is to:</p> <ul style="list-style-type: none"> • Identify funding opportunities from third party funders (e.g. WHO, DFID, World Bank, Gates Foundation) to launch joint projects for collaboration, joint training, and secondments in developed HTA entities. • Explore the scope of receiving seed-money from HTAi to kick-start the activities of the ISG. • Identify and tap aid agencies in developed countries that could partner in this work • Explore the feasibility of funding from industry.
5.2	<ul style="list-style-type: none"> • The HTAi DC ISG will retain and maintain independence over its programme and actions, irrespective of the source of funding.
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6	Administration
6.1	<ul style="list-style-type: none"> • The DC ISG will be governed by the rules of HTAi; and report to the Board as decided, twice a year. • Please see attached HTAi document on Governance of ISG's