Global HTA movement: the battle for sustainable UHC

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Health spending is too often insufficient, inefficient and inequitable.
More money does not always buy you more health...
...and UHC can end up subsidising providers and neglecting the neediest: the case of Indonesia

BPJS is collecting premiums in some of the **poorest** parts of Indonesia

Percent of district population registered with BPJS in district. Indonesia 2014

...and spending them in the **richest** parts of Indonesia

Average BPJS claims paid for inpatient services, per registered BPJS participant. Indonesia 2014

Where health **needs** are the greatest, but...

Health status index, by district. Indonesia 2013

Hospitals non existent...

Port of villages in district with no easy access to a hospital

Reproduced from Elizabeth Pisano analysis, 2018
Without strong government, industry can get greedy... even when the value added is unproven...
Without strong evidence-informed demand, healthcare can make people poor.

40 million Indian people fall into poverty every year due to medical costs, mostly drugs

China moving in the right direction

Selvaraj et al, BMJ Open, Volume 8, Issue 5

HTA and pooled negotiations can help keep prices down: in the USA payers incl the government, are not allowed to use HTA to negotiate a better deal

Average foreign-to-Canadian price ratios, 2005, 2016

Does the USA need a national health technology assessor?

Danzon, Pharmacoeconomics, 2019
The Need for Priority Setting: Health systems everywhere are under pressure...

- Burden of chronic disease and ageing populations
- Finite budgets and financial pressures
- Growth in technologies – expanding marketplace
- Users’ expectations and promise of universal coverage

Policy and Practice

Status quo, unfair and unsustainable: Between 20-40% of the ~$8 trillion spent annually on healthcare is wasted

About 1/5 of healthcare resources is wasted
Health Technology Assessment

Taking off as a means of assessing value from the payer’s and the population’s perspective
The WHA urges member states: “to integrate health intervention and technology assessment concepts and principles into relevant strategies and areas...including, but not limited to, universal health coverage, health financing, access to and rational use of quality-assured medicines, vaccines and other health technologies, the prevention and management of non-communicable and communicable diseases, mother and child care, and the formulation of evidence-based health policy”
"Evidence helps when negotiating price and rules on reimbursement, which in turn affect access. Health technology assessment is a routine part of the decision-making process for adding medicines to the national benefit package in Thailand, and other countries such as Indonesia and India are introducing this approach."
5 Step-HTA process

What is the Decision problem?
Topic identification and Prioritisation

Defining decision space

Analysis

How do we decide if the evidence is strong enough to support a decision? What are our recommendations?

Appraisal

Decision making

How is the decision implemented and monitored?

Implementation

What is the required analysis needed to help answer the decision problem?

What is the decision to be taken?
HTA is becoming a major tool for priority setting and price negotiations for national governments in committed to UHC...

National Health Insurance Act of 2013, Section 11- Excluded Personal Health Services

**Philippines**: “The Corporation shall not cover expenses for health services which the Corporation and the DOH consider cost-ineffective through health technology assessment...”

**Indonesia**: Minister of Health’s Decree No. 71/2013 Article 34

(5) Health Technology Assessment Committee provide policy recommendation to the Minister on the feasibility of the health service as referred to in paragraph (4) to be included as benefit package of National Health Insurance

“the India Medical Technology Assessment Board for evaluation and appropriateness: standards interventions that will reduce the cost and variations in care, expenditure on medical equipment...overall cost of treatment, reduction in out of pocket expenditure of patients...’. Ref: MTAB, Ministry of Health & Family Welfare, Government of India

(4) Treatment must not be funded if a health care service provider demonstrates that — (a) no medical necessity exists for the health care service in question; (b) no cost-effective intervention exists for the health care service as determined by a health technology assessment; or (c) the health care product or treatment is not included in the Formulary, except in circumstances where a complementary list has been approved by the Minister

**HTA unit budgeted @R368m in 2018 budget by country’s Treasury**
The benefit packages for Phacoemulsification with foldable lens and small incision cataract surgery with rigid PMMA lenses may cost as 9606 INR and 7405 INR respectively.
Making HTA the Law of the Land: The India HTA Board Act (draft)

THE HEALTH TECHNOLOGY ASSESSMENT BOARD ACT 2019

AN

ACT

to provide for the constitution of a Board for providing evidences related to cost-effectiveness, clinical-effectiveness and safety of medicines, devices, vaccines and health programmes by means of Health Technology Assessment (HTA) studies for decision making. It will evaluate affordability, appropriateness and cost effectiveness of the available and new health technologies in India. It will work on the objectives of maximizing health, reducing out of pocket expenditure and reducing inequality so that maximum people can have access to quality healthcare at minimum cost in the country.

Be it enacted by Parliament in the Seventieth Year of the Republic of India as follows:-

CHAPTER I PRELIMINARY

1. (1) This Act may be called the Health Technology Assessment Board Act, 2019

(2) It extends to the whole of India

7(1) The Board will be a National Advisory Body for providing robust evidence for decision making on

(i) Health Technologies and Interventions

(ii) Clinical, public health, social care guidelines

(iii) Quality evaluation in health and Social sector

for implementation in public health and social care sectors in Central and State Governments
Welcome To The HTAIn

To facilitate the process of transparent and evidence informed decision making related to Health Technology Assessment in India (HTAIn), under the Department of Health Research, the process of HTA will focus on economic aspects of healthcare, the evaluation of cost-effectiveness, and safety of medical devices, services and health programs using the Health Technology Assessment.
HTA in Thailand: $768 Million Dollars Saved within 5 Years

From 2010-2014

Using Purchasing price in 2009 as basic price

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<tr>
<th>Item</th>
<th>Saving (Bht)</th>
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<tr>
<td>ARV Non CL</td>
<td>5328.59 million Bht (177.61 million USD)</td>
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<td>ARV CL</td>
<td>10165.19 million Bht (353.84 million USD)</td>
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<td>J2 and Clopidogrel</td>
<td>6830.37 million Bht (227.68 million USD)</td>
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<td>Flu vaccine</td>
<td>266.47 million Bht (8.88 million USD)</td>
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With in 5 years implementation:
Saving 768 million USD
HTA in Vietnam with iDSI: Health benefit package reform

- Almost 80% of the Vietnam Social Security reimbursement budget were on ineffective or cost-ineffective medicines.

- iDSI supported rapid review of HBP to identify potential savings of VND 3,335bn (US$147m) each year without reducing health outcomes.

- Study led to specification of indications for use of medicines in health facilities.

- Anonymised results reported as a book chapter in *What’s In, What’s Out* for reference of other countries that may wish to apply approach.

Source: Policy brief “Reaching the low-hanging fruits of Vietnam’s Health Benefit Package reform”, March, 2017
iDSI History

NICE
National Institute for Health and Care Excellence

Priority-Setting in Health
Building institutions for smarter public spending

A report of the Center for Global Development's Priority-Setting Institutions for Global Health Working Group

Amanda Glassman and Kalipso Chalkidou, Co-chairs
IDS has worked intensively with seven countries and accelerated HTA in a further four.

IDS has helped 7 countries (South Africa, Ghana, India, China, Philippines, Indonesia and Vietnam) make tangible institutional progress towards embedding HTA into national health priority-setting, UHC health benefits package (HBP) design and listing, and commodity procurement.

4 countries (Kenya, Tanzania, Zambia, Bhutan) have made early progress in laying institutional foundations for HTA.
iDSI empowers governments to provide accessible, cost-effective PHC

Uniquely building HTA and health economics applied capacity for the long term

In Ghana, an iDSI cost-effectiveness review of hypertension drugs has equipped the government with greater negotiating powers.

A 10% price reduction, to be in line with UK generics pricing, could save over US$5.6m – enough to treat untreated patients 4x over.

The government has now endorsed an HTA strategy to ensure long-term sustainability of the insurance fund.
iDSI has supported the institutionalisation of HTA in China

The China National Health Development Research Center (CNHDRC), thinktank of the National Health Commission and iDSI core partner, is a key agent for strengthening evidence-based decision making in China.

With iDSI’s ongoing support, CNHDRC has established a National HTA Center to serve the newly formed National Health Commission.

CNHDRC is developing HTA methods for the Essential Drugs List (EDL), including the evaluation of drug procurement, clinical usage, pricing and reimbursement.

Given the huge pharmaceuticals market worth $108bn (2015) – 40% more than all other LMICs combined – the potential for efficiency gains translating into health outcomes is enormous.

“The long-term collaboration between CNHDRC and iDSI… is highly valued by CNHDRC… One senior member described the relationship as ‘growing up together’, and mutual learning over time… a mutually beneficial and supportive partnership.”

iDSI Country Learning Review, China (2018)
Knowledge Products and influencing global health policy
iDSI today
iDSI: Delivering value and impact for health systems

We work in partnership with countries to build long-term institutional capacity for evidence-informed priority-setting and sustainable universal health coverage (UHC).

• **Diverse global delivery network** with access to health, economics, health technology assessment (HTA), policy, and capacity-building expertise

• **Strong government backing** from UK, Thailand, and China for North-South and South-South partnerships

• **Extensive and practical policy experience** of priority setting in UHC systems
iDSI - Who we are: Core Partners
Plus global & regional collaborators including:

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<tr>
<th>World Bank (WB) &amp; Joint Learning Network (JLN)</th>
<th>Health Technology Assessment International (HTAI)</th>
<th>International Association of National Public Health Institutes</th>
<th>Strategic Purchasing Africa Resource Centre (SPARC)</th>
<th>University of Bergen</th>
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<td>Collaborative Africa Budget Reform Initiative (CABRI)</td>
<td>HTAsiaLink</td>
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<td>Institute for Health Metrics and Evaluation (IHME)</td>
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What do we do?

Develop institutional capacities and transparent governance processes, enabling maximum health gains and transition from aid.

Empower countries to spend their own budgets smarter and implement more efficient and equitable HBPs and delivery platforms, making UHC and SDGs a reality.

Generate, integrate and deploy policy-relevant data and knowledge to support better decisions at global and national levels.

Co-create global public goods to support countries and funders in standardizing, contextualizing and applying approaches to improve value-for-money in health.
Our approach

We ensure policies are **EVIDENCE INFORMED** and fair

We encourage **LOCAL OWNERSHIP** and capacity

We strive for **LONG-LASTING SOLUTIONS** and in-country capabilities
Advisory Board Members

- **Dr Solange Hakiba** – Deputy Director, Rwanda Social Security Board
- **Dr Martha Gyansa-Lutterodt** - Director of Pharmaceutical Services and Chief Pharmacist, Ministry of Health, Ghana
- **Dr Bruno Meessen** – Project Director, The Collectivity
- **Dr Somil Nagpal** - Senior Health Specialist, Health, Nutrition and Population Global Practice, World Bank
- **Dr Damian Walker** - Deputy Director of Data and Analytics, Bill and Melinda Gates Foundation
- **Dr Nicole Spieker** – Director of East Africa, PharmAccess
- **Dr Suwit Wibulpolprasert** – Senior Health Advisor, Ministry of Health Thailand, Vice Chair HiTAP/National Health Foundation
- **Dr Ole Frithjof** – Professor, Department of Global Public Health and Primary Care, University of Bergen
5.14.3. Policy Statements
“The government will improve adequate knowledge in health technology assessment (HTA) for evidence-based selection of quality and safe technology as well as realizing value for money.”
National Health Policy 2017

- “Define an evidence-based benefit package for Kenyans under Universal Health Coverage: (A list of services that should be prioritized and made available taking into account the cost effectiveness, impact on financial protection, and equity in access across the population).

- Define a framework for institutionalization of Health Technology Assessment (HTA).”
Cabinet Secretary, Government Gazette, July 2018

TANZANIA HEALTH TECHNOLOGY ASSESSMENT COMMITTEE (THTAC)
The aim of the Tanzanian Health Technology Assessment Committee (THTAC) is to make evidence-informed recommendations to the MOHCDGEC based on the internationally recognized HTA framework. The committee will make recommendations about the public provision of health technologies that will contribute to maintaining and improving the health and well-being of Tanzanians, provide value for money and lead to the ultimate goal of Universal Health Care.”
Committee Chaired by CMO and reports to Secretary, ToRs, 2018

- “MOH should develop a transition plan to ensure sustainable financing and operational management of the supply chain to transition to a government led supply chain system

- MOH should establish a National Pricing Committee for Medicines

- MOH should institutionalise Health Technology Assessment to provide technical advice to the NPC”

National Health Summit 2018 - plan

2018 Aide Memoire
The outcome of HTA is used to inform decisions concerning the allocation of budgetary resources in the field of health, for example, in relation to establishing the pricing or reimbursement levels of health technologies. HTA can therefore assist Member States in creating and maintaining sustainable healthcare systems and to stimulate innovation that delivers better outcomes for patients.”

While some countries systematically apply HTA for all new medicines (such as Denmark, France and Poland), others only assess those causing certain concerns due to, for instance, uncertain effectiveness, high prices or high budget impact (such as United Kingdom). Of the 45 countries surveyed, 34 have at least one HTA agency in place, primarily in the public sector.

http://www.euro.who.int/__data/assets/pdf_file/0011/376625/pharmaceutical-reimbursement-eng.pdf?ua=1
Systematic assessment of value can make private markets work better

• “Standards of care, evidence-based treatment protocols and processes for conducting [HTA] to assess the impact, efficacy and costs of medical technology, medicines and devices relative to clinical outcomes must be developed. Findings... should be published to stimulate competition in the market, to mitigate information asymmetry, and to inform decisions about strategic purchasing by the public and private sectors.”

“The current government system of JKN does not link the clinical and economic assessment of drugs for price negotiation and tariff setting, which can lead to cost-effective drugs not being available to providers at an affordable rate (or conversely, the reimbursement rate not accounting for the market price of this drug)... The price-quantity negotiation process should... reflect the HTAs/Economic Assessment results more broadly beyond certain high-price but low-volume top-up drugs, reflecting the affordability and cost-effectiveness thresholds that Indonesia wants to set...”
And even in the USA private insurers and pharmaceutical benefits managers adopt HTA...

CVS adopting VBP based on ICER estimates

- "CVS Caremark is initiating a program that allows clients to exclude any drug launched at a price of greater than $100,000 per QALY from their plan. The QALY ratio is determined based on publicly available analyses from the Institute for Clinical and Economic Review (ICER), an organization skilled in the development of comparative effectiveness analyses.

- Medications deemed “breakthrough” therapies by the U.S. Food and Drug Administration will be excluded from this program, which will focus on expensive, “me-too” medications that are not cost effective, helping put pressure on manufacturers to reduce launch prices to a reasonable level.”

October 2018: China launches HTA and launches National Centre of Medicine and Health Technology Assessment

4. Knowledge translation and Decision Making

➢ Pricing Negotiation for 18 Generic Cancer Drug
➢ Updating National Essential Drug List
➢ Comprehensive Drug Assessment
➢ Reviewing Public Health Service Package
➢ Setting Up the List of Appropriate Technologies in County Level Hospitals

“We have fully utilized HTA...to balance financially sustainability and access to new cancer drugs...up to 30% price reductions compared to nearby countries”

Director of Chinese Medical Insurance Bureau, Beijing, October 2018
China 4+7 cities procurement reforms

Since 2016, investment in China's medical and pharmaceutical sector has reached US$103 billion. File photo.

China's pharma sector maturing at rapid pace

Industry being driven by an aging society, higher healthcare demands, regulation reforms and increased investment

By DM CHAN
Japan: using HTA for pricing adjustments...

- The new HTA process will include medical drugs and devices, and will exclude products used solely for rare diseases (where there are no current treatments), or used solely for paediatric diseases.
- The standard assessment route will use a QALY threshold of JPY5million, after which price premiums will be progressively reduced (by up to 90%) until the threshold of JPY10million.
- The special assessment route, for products with rare disease, paediatric or anti-cancer indications, will use QALY thresholds that are 50% higher.
JICA: Japan's HTA helping the world achieve UHC!
“We facilitate international partnerships that bring Japanese innovation, investment, and leadership to the global fight against infectious diseases and poverty in the developing world.”

“Our vision is one in which the crushing burden of infectious disease no longer prevents billions of people in the developing world from seeking the level of prosperity and longevity now common in the industrialized world.”
Uniting Efforts for Innovation, Access and Delivery is a new global platform – launched in 2019 by the core partners the Government of Japan, the UNDP-led Access and Delivery Partnership (ADP) and the GHIT Fund – that aims to bring together and promote dialogue among key stakeholders to accelerate and improve the innovation, access and delivery of medicines, vaccines, diagnostics and other health technologies for unmet health needs in low- and middle-income countries.
HTA in Japan: maximising the potential!

Anchor price for procurement/pricing of single source products

Align with professional STGs, Clinical Pathways and provider reimbursement

Inform listing/pricing in insurance schemes

Pre-emptively manage supply side/industry in a controlled and regulated setting

Defend tough decisions to the people and the professional community.

Boost domestic R&D through rigorous evaluation culture showing value added.

Generate global public goods in the form of analyses for other payers to use.

Strengthen Japanese academe raising global profile.
“Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage. Nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently.”

10 World Health Report on financing for universal coverage

Thank you!

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