Health Technology Assessment for Universal Health Coverage
First Regional Policy Forum
September 27-28, 2017
Cairo, Egypt

Introduction

In recent years, the global universal health coverage (UHC) movement has gained momentum, with the UN General Assembly calling on countries to "urgently and significantly scale up efforts to accelerate the transition towards universal access to and availability of affordable and quality healthcare services" in line with the Sustainable Development Goals (SDGs). SDG 3 itself includes a target to "achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all."

Universal health coverage will require fundamental changes in the way health systems work; they must become more effective and efficient, specifically in terms of expanding benefits and managing limited resources through utilization of evidence-based decision-making.

With the ongoing efforts made by governments to move towards universal health coverage, health care technology, with all its components (innovation, regulation, assessment and management) remains a major challenge. Deciding which health technologies and interventions to invest in, responding to the health needs of populations, ensuring quality and efficacy of used technologies, and achieving fairness and efficiency at the same time, are the ultimate objectives of any policy-maker. This requires a multidisciplinary approach that incorporates the social, economic, organizational and ethical aspects of a health intervention or health technology. [1]

The WHO 2015 Global Survey on HTA was undertaken in response to World Health Assembly Resolution WHA67.23 on "Health intervention and technology assessment in support of universal health coverage" which called on the WHO Secretariat to assess the status of HTA globally. The report revealed that in the Middle East and North Africa (MENA) region, half the countries have some type of formal process of health care decision-making regarding investments made in the area of health technology. However, only 3% of countries have transparent guidelines, and almost all of them lacked qualified human resources, information and knowledge for producing HTA and utilizing findings in decision-making. This indicates a technical and policy gap in MENA countries that will need to be filled if these countries want to advance the topic of Universal Health Coverage.

Recognizing this policy gap --, MENA HPF has initiated a HTA health policy forum in the region that builds on the regional need and on global, regional and national experiences.

[1] The World Health Organization (WHO) defines health technologies as the application of organized knowledge and skills in the form of medicines, devices, vaccines, diagnostics or clinical procedures that solve health problems and improve quality of lives.

Conference Themes

To kick-off the MENA HTA policy network platform, a two day Conference was organized in Cairo, Egypt. The objective of the meeting was for international HTA experts, senior policy makers and other relevant stakeholders to share …Two days of experience exchange between international experts, senior policy-makers and other relevant stake-holders. The aim was that by the end of the conference with the aim that at the end of the forum there is a level of consensus among the participants on the roadmap to institute HTA as a tool to be adopted by MENA policy-makers in order to make rational investments in health technologies in their own settings. The role of the MENA HTA platform forum should be to identify prerequisites, legal frameworks, structures, and resources required to institute HTA within existing national health systems.

The conference aimed at covering the following topics:

1. Role of HTA in UHC
2. Prerequisites for successful HTA programs
3. Integrating HTA into public policies
4. Networking and collaboration
5. The way forward

Sessions

1. Role of HTA in selecting appropriate technology. Session raised awareness of participants on importance of HTA in decision-making process at global, regional, and country levels. Presenters will address HTA and decision-making; current status of HTA in MENA region; then present country case study of Tunisia.

2. The relationship of HTA and UHC. In this session, presentations will move towards more technical issues regarding the role of HTA in achieving UHC and its impact on its dimensions, with key highlights on multi-criteria analysis for decision-making; the role of HTA in priority setting and strategic purchasing; utilization of technology in patient medical records. This will be highlighted in the discussion of KSA’s experience.

3. Integrating and mainstreaming HTA into public policies. A panel discussion to unpack issues related to the importance of and the need for HTA for UHC and health system strengthening; prerequisites of integrating HTA into public policies and effect of HTA on the advancement of needed research and development in the health sector.

4. HTA models and possible structures and organizations. The session addresses the models and needed structures and capacities for utilization of HTA as a tool by presenting the Catalan experience in pharmaceutical assessment and reimbursement decisions. This will then be followed by highlighting asset integrity management and the case of Egypt, stressing pricing and reimbursement.

5. HTA international networking. What can be offered by networks to promote HTA in MENA region? How can they support joint research and horizon scanning given prior experiences?

6. Consensus built around a regional HTA policy. Participants will be divided into three groups to identify political and financial requirements and how to plan for integration of

HTA into public policy; possible structures and needed relationships and regulatory frameworks; and finally how to initiate this integration, and the needed resources.
7. The way forward. Final discussion of next steps to support HTA in the region and for setting up a platform for experience exchange and establishing a regional network.

Objective

The ultimate objective is that countries in the region embrace and develop an appropriate HTA policy as part of their progress towards UHC and as a basis for decision-making, to improve the efficiency of their systems and the health outcomes of their population.

The proposed participatory approach of the forum will allow participants to network and engage in discussions about HTA and its applicability in their respective countries. To introduce country experiences and existing networks (such as HTAi, INAHTA, Euroscan, etc.) as centers of excellence and clearing houses that countries can benefit from.

A MENA HTA network should be formed, including all country focal points, WHO staff, international HTA experts, national champions, etc.

Approach

The conference will examine the approaches, successes and challenges, and lessons learned via experiences in Middle Eastern countries and internationally, through presentations and discussions.

Sponsors

MENA HPF is grateful to WHO EMRO for the valuable technical support and to Roche for providing grant funding in the spirit of the public interest. This conference would not have been possible without their contributions.

Participants

MENA HPF aimed to gather key stakeholders and policy-makers from all countries in the MENA region to network and engage in discussions about HTA and its applicability in their respective countries. The policy forum was well attended with over 100 participants, including senior members of the Egyptian government such as former ministers of health and a former minister of international cooperation.

The attendees included government officials, academics, representatives of civil organizations, public health insurers, and international agencies such as WHO and the World Bank.

DAY 1: WEDNESDAY, 27 SEPTEMBER 2017

Setting the Stage
Chairperson: Raeda Alqutob (MENA HPF)
Panelists: Maha El Rabbat (MENA HPF), Aly Hegazi (HIO/Egypt), Mohamed Maeet (MOF/Egypt), Adham Ismail (WHO/EMRO)

The forum was inaugurated by Dr. Raeda Alqutob (MENA HPF), who welcomed participants and panelists. Dr. Alqutob explained that the forum is an innovative initiative from MENA HPF to enable countries in the region to work towards achieving universal health coverage (UHC). She also raised questions which she hoped would be dealt with in the forum, such as: “We as health professionals deal with different types of technologies every day…but are we using these technologies efficiently and effectively, are they used appropriately and safely?” She thanked the World Health Organization’s Regional Office for the Eastern Mediterranean (WHO EMRO) for their technical support, Roche for their grant funding, MENA HPF for coordinating the forum in Egypt, and all speakers and participants for attending the event. She stated her hope that the forum would result in a network that takes HTA further within the different countries, towards HTA implementation and management.

In the inaugural session, Dr. Rabbat (Executive Director of MENA HPF) also welcomed all participants and briefly outlined the forum’s objectives, such as to discuss how HTA policy can provide equity and efficiency in the context of UHC, to identify optimal methodologies and tools for HTA implementation, to introduce country experiences, and to suggest the establishment of a MENA HTA policy forum/think tank /network. In her introduction, she emphasized that MENA HPF is committed to working closely with partners to strengthen the health system and achieve UHC. “We need to close the gap between evidence and policy, and enhance networking and capacity building, which are the mandates of MENA HPF,” she said. Dr Rabbat argued that now is the time to urgently and significantly scale up efforts to accelerate the transition towards universal

access to and availability of affordable and quality health care services in line with the SDGs. "Commitment is crucial to achieve UHC," she told attendees. She also highlighted the main challenges facing health care in the region, including HTA. Finally she thanked WHO EMRO, Roche, the forum speakers, moderators and participants.

"Now is the time to urgently and significantly scale up efforts to accelerate the transition towards universal access to and availability of affordable and quality health care services in line with the SDGs."

Dr. Maha El Rabbat,

Executive Director of MENA HPF

Dr. Aly Hegazy (Head of the Health Insurance Organization in Egypt and Assistant Minister of Health for Health Insurance Affairs) thanked Dr. Rabbat for inviting him to this first HTA forum. He provided an overview of the health care system and Health Insurance Organization (HIO) in Egypt and cited health system fragmentation as a key challenge to UHC in Egypt. He noted that only 58% of Egyptians are covered by the current social health insurance (SHI) system and shared the main features of the new comprehensive SHI, and illustrated how this new law will address health system challenges, including health system fragmentation. He added that the new law and the actuarial studies have been finalized and will be submitted to the parliament for final endorsement. He pointed out that one prerequisite for effective implementation of the new SHI law is to an integrated health information system. He concluded by saying that the new SHI law will be implemented over a period of 15 years, starting in mid-2018 with the implementation of the law in five governorates (Ismailia, Port Said, Suez, North and South Sinai).

"The new social health insurance law and the actuarial studies have been finalized and will be submitted to the Egyptian parliament for final endorsement. One prerequisite for effective implementation of the new law is to have an integrated health information system."

Dr. Ali Hegazy,
Head of Egypt's Health Insurance Organization

Dr. Mohamed Maeet (Vice Minister of Finance for Public Treasury Affairs) in his introductory speech reiterated the importance of HTA to achieve UHC. He added that the new SHI law is a kind of health system reform that will help Egypt to achieve UHC. The readiness of the health system in terms of infrastructure and technologies is crucial to enable effective implementation of the new SHI, he said. He spoke about the Egyptian government's efforts to integrate health information systems from the different national programs, linking them all to the national identity card. "Currently the data of 70 million Egyptians has been gathered, verified and unified as a result of integrating different databases," he said. He added that integration of the different databases will enable the Egyptian government to ensure that different subsidies, social and health programs reach those in real need. He explained that a national council for payments has been established, headed by the president, to support the digital transformation nationally, while a national committee for digital transformation of the community has also been established and is headed by the prime minister. He outlined the key steps under the national initiative "Digital Transformation of the Egyptian Government in Financial Affairs." This includes digitalization of salaries and pensions, unifying all government bank accounts by using a single treasury account, and digitization of the public treasury. He added that these efforts will support the implementation of the new SHI by providing a database of all beneficiaries, the creation of the electronic medical file, and identification of those whom the country will financially support.

"The Egyptian government has taken important steps to integrate, verify and unify an electronic database for all Egyptians. The digital transformation of the community and the government initiatives will pave the way for the implementation of the new SHI."

Dr. Mohamed Maeet,
Vice Minister of Finance for Public Treasury Affairs, Egypt

The last speaker in the inaugural session was Dr. Adham Ismail (Regional Advisor, Health Technology and Biomedical Devices at WHO EMRO). He further confirmed the importance of political commitment as a prerequisite for HTA during his presentation on HTA as a tool for evidence-informed decision-making in health. He introduced the audience to the basics of HTA, gave examples of how it worked, its impact, the situation in the Eastern Mediterranean Region, how to implement HTA, and finally, his key recommendations. He emphasized that HTA doesn't only involve assessment of costs, but also technical aspects such as safety and efficacy, as well as legal and ethical issues. HTA should be preceded by health technology regulations and followed by health technology management, Dr. Ismail said. Like other speakers, he highlighted the importance of HTA in achieving UHC, and illustrated the role of HTA in selecting the basic benefit package. He also presented the EMR's Regional Network on HTA, which provides members with a forum to pose queries, request consultancies, and exchange news and resources. The network also contains a library of relevant references, technical documents, presentations, and videos.

HTA in the EMR:

- 52% perform HTA or HTA-like activities:
  - Most activities were related to clinical effectiveness and economic evaluations (67% and 62% respectively);
  - Performed on devices and medicines (79% and 68% respectively);
  - HTA reports were on health care costs and selection of appropriate technologies (60% and 50% respectively).
- Remaining 48% (not performing HTA-like activities):
  - Over 50% do not know if there are future plans to develop HTA programs in their national entities;
  - Almost 75% indicated that using HTA in the decision-making process will be their biggest obstacle.

Dr. Adham Ismail,
Regional Advisor, Health Technology and Biomedical Devices at WHO EMRO

HTA status in the Eastern Mediterranean Region

Medicines, vaccines and other health technologies consume approximately 20-60% of the health budget in low and middle-income countries.
Over 50% of expenditure on medicines, vaccines and other health technologies is wasted due to one reason or another.

Session 1: Role of HTA in Selecting Appropriate Technology
Chairperson: Ali Alzahrani (Gulf Centre for Cancer Control/KSA)
Panelists: Sophie Werkö (Swedish Agency for HTA Assessment/ Sweden), Adham Ismail (WHO/EMRO), Mouna Jamaluddin (INASanté/Tunisia), Abdulaziz Al-Saggabi (ISPOR/KSA)

Sophie Werkö (SBU/ Sweden):

Dr .Werkö, vice-chair of the board of International Network of Agencies for Health Technology Assessment (INAHTA), Sweden, presented the role of HTA in decision-making. She highlighted the key principles of HTA in terms of structure, methods, processes and usage, and the key principles related to using HTA in decision-making. These included that HTA should be timely, HTA findings need to be communicated appropriately to decision-makers, and that the link between HTA and decision-making processes should be transparent. Dr. Werkö also provided an overview of health care in Sweden and the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU), where she is the International Relations Manager and Project Director. She shared that the SBU, although funded by the government, works independently and provides data for improved health care.

She emphasized that SBU's task is to assess, not to make decisions. SBU produces HTA reports that evaluate four perspectives: clinical effectiveness, cost effectiveness, social and ethical considerations. She added that the subjects assessed by SBU are of great importance to people's health and quality of life. They often include common health issues, and therefore can have important economic consequences. In the discussions, she drew attention to the EU's POP (Planned and Ongoing Projects) database, which allows HTA agencies to share information with each other on planned, ongoing or recently published projects conducted at the individual agency. The aim of the database is to reduce duplication and facilitate collaboration among HTA agencies.

"We believe that knowledge-making should be separated from decision-making."

"SBU produces HTA reports that fulfill four perspectives: clinical effectiveness, cost effectiveness, and social and ethical considerations."

Dr Sophie Werkö,
Swedish Agency for HTA Assessment, SBU

Adham Ismail (WHO/EMRO):

Dr Ismail looked at the role of HTA in selecting appropriate technologies within the MENA region. His presentation covered HTA selection criteria, and the impact of HTA selection. He introduced the value-based priority-setting framework for decision-making, which is used to ensure that the full range of benefits is considered. It uses multiple-criteria decision analysis (MCDA) techniques to select appropriate health technologies based on severity and burden of disease, impact on public health and vulnerable populations, urgency of condition, ease of implementation, economic and budget impact analysis, equity/equal opportunity, and the 5 As (Appropriateness, Accessibility, Affordability, Accountability and Availability). He added that HTA reports can influence decision-making at two levels: policy implementation level (pricing and reimbursement), and individual technology decision level (hospital and patient). He also explained the influence of HTA decisions on inclusion/exclusion of clinical interventions, which affect the 3 UHC dimensions. He finally highlighted the impact of using HTA in selection of appropriate technologies (and decision-making) according to stakeholders, usage, market access, reimbursement decisions, pricing, health care expenditures, and others (e.g. development of clinical practice guidelines, innovation, society, etc.).

Mouna Jamaluddin (INASanté, Tunisia):

Dr. Jamaluddin shared the Tunisian experience in establishing INASanté, the country's national HTA organization. She first provided the audiences with a background on the health care system in Tunisia and emphasized that a sustainable health care system relies on appropriate allocation of resources, and that priority setting requires an evidence-based process for investment and disinvestment (including analysis of the current benefit package). She described INASanté as a public authority that is scientifically independent. It was created in 2012 by ministerial decree and is considered the first national HTA agency in Africa. Highlighting the agency's key achievements, and its role within the larger health system, she reported that INASanté is considered a powerful tool for good governance and also an agency for accreditation of both public and private health facilities.

"Must-have" skills for HTA:

- Knowledge of drug and medical devices
- Clinical epidemiology
- Evidence-based medicine, meta-analysis, health economics
- Knowledge of the health system
- Legal, social and ethical aspects
- Perform critical appraisal of literature
- Synthesize the evidence
- Tailor the evidence to the context.

Dr Mouna Jamaluddin,
INASanté, Tunisia

Abdulaziz Al-Saggabi (ISPOR/KSA):

Dr. Abdulaziz Al-Saggabi, director of the Drug Policy and Economic Center at the Ministry of National Guard in Saudi Arabia, and the president of International Society For Pharmacoeconomics and Outcomes Research (ISPOR)'s Saudi Arabian chapter, discussed the use of HTA in decision-making in Saudi Arabia. He first briefed participants on general Saudi health care system indicators, the Saudi Arabia 2020 transformational program, the Saudi reimbursement drug submission/HTA guidelines project, and risk-sharing agreements. He explained the difference between HTA and evidence-based medicine (EBM). He underscored that HTA is a process which examines multiple aspects of the value of a new or existing technology with the purpose of informing decisions that have to be made about the adoption of that technology. On the other hand, EBM does not address resource use. He added that the two concepts have much in common but HTA often goes further in trying to incorporate many different sources of evidence other than data about efficacy alone. He pointed to the partnership between ISPOR Arab network and Quintiles IMS, which aims to increase awareness and adoption of real world evidence (RWE) in the Middle East region. He concluded that HTA in Saudi Arabia is moving in the right direction, and that the finalization and endorsement of national HTA guidelines will be an important step in establishing a national Saudi HTA agency.

Whywe need HTA?

- To promote best care;
- To depoliticize "rationing" decisions;
- To make the process behind such decisions fairer, more transparent and robust, and evenly applied across the country;
- To ensure best value for money.

Dr Abdulaziz Al-Saggabi, do
Director of Drug Policy and Economic Center,
Vice President of ISPOR Saudi Arabia

Session 2: The Relationship between HTA and UHC
Chairperson: Seif Al Nabhani (MOH/Oman)
Panelists: Axel Mühlbacher (Institute of HE and HCM/Germany)
Alaa Hamed (World Bank)
Rehab Alwatayan (MOH/Kuwait)

Axel Mühlbacher (Institute for Health Economics and Health Care Management/Germany):

Dr. Mühlbacher (Institute for Health Economics and Health Care Management in Germany) provided an overview of multi-criteria decision-making (MCDA). He illustrated that using structured, explicit approaches to decisions involving multiple criteria can improve the quality of decisions. MCDA has set of techniques that provide clarity on which criteria are relevant, the importance attached to each, and how to use this information via a framework to assess the available options. MCDA can therefore increase the consistency, transparency, and legitimacy of decisions. However, Dr. Mühlbacher warned that MCDA does not provide the “right” answer, does not provide an objective analysis and does not relieve decision-makers of the responsibility for making difficult judgments.

MCDA *does not*:

- provide the “right” answer;
- provide an objective analysis;
- relieve decision-makers of the responsibility for making difficult judgments.

Dr Axel Mühlbacher,
Head of Institute of Health Economics and Health Care Management, Germany

Alaa Hamed (World Bank):

Dr Alaa Hamed, Senior Operations Officer at the World Bank, looked at the role of HTA in setting priorities for UHC, focusing on population health and fairness, and how these elements are affected by HTA. He stressed that HTA is an essential foundation to secure UHC through efficient and equitable allocation of health care and other resources. He introduced OPTIMA, which is a new approach for evidence generation and an allocative efficiency analysis for use in informing public health investment choices, as well as for academic research.

He also spoke of HTA as a framework for evidence-informed priority setting. He concluded that priority setting is a value-laden political process, multiple criteria beyond cost-effectiveness are important, and that priority setting takes time and has other costs.

HTA and UHC:

- UHC is the ultimate expression of fairness;
- HTA is an essential foundation to secure UHC through the efficient and equitable allocation of health care and other resources;
- HTA as a tool for priority setting should not only involve data/evidence but also values and the population's interests;
- HTA is not only about technology, but also about policies and delivery platforms.

Dr Alaa Hamed,
Senior Operations Officer, World Bank

Rehab Alwatayan (Ministry of Health/Kuwait):

Dr Alwatayan, the Director of the primary health care (PHC) sector in Kuwait, presented the Kuwaiti experience in introducing health information systems (HIS) at primary health care centers. She stated that the health ministry started using the Primary Care Information System (PCIS) developed by the Department of Information Systems in 2005. Since then, the program has been updated several times. She gave a detailed description of the operation and functions of the system and cited examples, e.g. well-baby care clinics and diabetic patient care clinics.

"The introduction of HIS at PHC in Kuwait provided a wealth of information that can be used to assess the performance of the health system. However, we are not using the maximum of it and need to use it more to support decision-making."

Dr Rehab Alwatayan,
Director of PHC sector, Ministry of Health, Kuwait

Session 3: Integrating HTA into Public Policies
Chairperson: Mostafa Nabli (Tunisia)
Panelists: Salah Mawajdeh (MOH/Jordan), Gamal Essmat (Cairo University/Egypt), Mohamed Farghaly (Health Insurance/UAE)

Salah Mawajdeh (Ministry of Health/Jordan):

Dr Mawajdeh, a former Minister of Health and former Director of FDA, Jordan, discussed HTA at the global level and what institutional frameworks need to be adopted to bring it in at the national level. Discussing the issue of timing, he argued that HTA should be brought in as soon as possible, saying that once technologies are approved by the regulatory body in a country, then lobbying by different groups begins and pressure mounts on health authorities.

The dilemma then is how to take a decision when there is no data. In his speech, he also addressed what countries can do in the absence of a HTA agency. He proposed many options, including accessing the evidence available globally, using the reliance process by studying what countries are doing, and mirroring countries of origin. This requires adaptability, to come up with the best option to suit the country's context.

"Countries with no HTA agency can access the evidence available globally, use the reliance process by studying what countries are doing, or mirror countries of origin."

Dr Salah Mawajdeh,
Former Minister of Health, Jordan

Gamal Essmat (Cairo University/Egypt):

Dr Essmat is the former Vice President of Cairo University in Scientific Research, and a Professor of Tropical Medicine. He discussed the issue of the hepatitis C virus (HCV) in Egypt, outlining the condition's epidemiology and national efforts to combat the problem, which started in the mid-1990s. He shared the national success story whereby HCV treatment prices have been brought down to less than 1% of their international prices. He added that Egypt has treated 1.5 million HCV patients, nearly twice the number treated around the world, and underscored that political will was key to the success in prevention and control of the disease in Egypt.

> "Egypt has treated 1.5 million hepatitis C virus patients, which is nearly twofold the number treated all over the world. Political will was key to the success of HCV prevention and control in Egypt."
>
> ***Dr Gamal Essmat,***
> ***Professor of Tropical Medicine, Egypt***

Mohamed Farghaly (Health insurance/UAE):

Dr Farghaly, the Head of Insurance at Dubai's medical regulatory body, presented insights from the health insurance experience in Dubai. The health insurance program was begun in 2013 and implemented in 2014. He described the two pillars of insurance as access to care and the quality of care. Quality of care involves evidence-based practices in the management of care for chronic diseases. He stated that regulators have initiated the Dubai Standards of Care and developed best practice guidelines which have been distributed to all physicians. They also developed key performance indicators (KPIs) to monitor physicians' progress, and provided physicians with a three months' grace period to improve performance based on the guidelines. He explained, citing examples, how the application of the guidelines has saved a lot of public money. He also outlined the Dubai Standard of Care Payers Club, which provides a forum to communicate guidelines with payers. Dr Farghaly also highlighted key initiatives in Dubai including enhancing cancer coverage, both prevention and treatment, as well as the efforts to make Dubai hepatitis C virus-free by 2020 through improved treatment coverage.

> "The use of the best practice guidelines has reduced health care expenditure on irrational uses of medical procedures and medication. For example, there was a 66% reduction in the expenditure on the HbA1C test for diabetics due to rational use of the test according to the guidelines."
>
> ***Dr Mohamed Farghaly,***
> ***Head of Insurance at Dubai's medical regulatory body, UAE***

DAY 2: Thu

Session 4: HTA Models and Analysis Framework / Possible Structures and Organizations of HTA
Chairperson: Saif Al Nabhani (MOH/Oman)
Panelists: Mercè Obach (Pharmacotherapeutic Harmonization Programme/Spain), Mostafa Hunter (HeGTA/Egypt), Mohsen George (HIO/Egypt)

Mercè Obach, (Pharmacotherapeutic Harmonization Programme/Spain):

Dr Obach, who works on the Pharmacotherapeutic Harmonization Programme, in Catalonia, Spain, presented the Catalan experience in pharmaceutical assessment and reimbursement decisions. The presentation highlighted key figures related to the Catalan health care system, the Catalan model for pharmaceutical innovation, and the Catalan pharmacotherapeutic harmonization program. Dr Obach clarified that the Catalan health service developed the program to determine the added clinical value of innovative medicines and to harmonize the use of medicines in Catalonia. She explained that the program functions through the work of a technical committee and decision-making committee, and deploys multi-criteria decision analysis (MCDA), namely EVIDEM, which is an international and standardized MCDA framework, specifically developed for use in health care decision-making. She reported that this program has become a cornerstone for guaranteeing equity in access to treatments.

- A multi-criteria approach is one of our main priorities;
- Pricing, purchasing and financing models must resolve the balance between access to innovation and sustainability, through minimizing uncertainty;
- Anticipate disruptive pharmacological innovation in order to plan access.

Dr Mercè Obach, Pharmacotherapeutic Harmonization Programme, Spain

Mostafa Hunter (Healthcare Governance and Transparency Association/Egypt):

Dr Hunter, the Head of Egypt's Healthcare Governance and Transparency Association (HeGTA), presented on public asset integrity management in public hospitals. He discussed what is meant by assets, including physical assets and hospital assets. He stressed that an Integrity Management System should

address the quality at every stage of the asset life cycle, from the design of new facilities, to maintenance management, to decommissioning. He described tools such as inspections, auditing/assurance and overall quality processes which can make integrity management systems effective, and underscored current challenges facing public hospitals, including rapid changes in the market dynamics, increasing rates of noncommunicable diseases, the challenges of specialization and innovation, and inadequate resources to respond to increasing demands of patients. He pointed out that the management of physical assets (including processes such as selection, maintenance, inspection and renewal) plays a key role in determining the operational performance, safety and profitability of the organization, and described how asset management enhances hospital life. He concluded that asset integrity management and HTA are two interrelated concepts that need to be fully incorporated within public hospitals immediately.

- Assets play a major role in delivering high quality health care services at a lower cost;
- Free of charge does not mean cost-free; wasted assets could be put to better use;
- The representatives of owners of public hospitals are responsible for the utilization of assets to serve beneficiaries at the highest quality and lowest cost;
- Asset integrity management and HTA are interrelated concepts that need to be incorporated immediately within public hospitals.

Dr Mostafa Hunter,
Head of Healthcare Governance and Transparency Association (HeGTA), Egypt

Mohsen George (Health Insurance Organization/Egypt):

Dr George, from Egypt's Health Insurance Organization, discussed the challenges facing Egypt on the road towards UHC. He briefly described the social health insurance system (SHI) in Egypt, which began in 1964, and outlined

the current coverage situation and financing policy, and the reforms to the health system that are currently underway. He stressed that the absence of HTA is one of the key structural challenges facing UHC in Egypt. He provided an overview of the new national SHI, and said that Egypt is committed to attaining UHC by 2030. He emphasized that Egypt is not waiting for the SHI to be issued and implemented, but rather is already working on UHC. He reflected on the importance of HTA to the process, noting that "there is no UHC without priority settings, and no priority settings without HTA, and thus, no UHC without HTA."

- Egypt is committed to attaining UHC by 2030;
- A new social health insurance system will be soon be defined;
- Egypt is not waiting for the new insurance system to be implemented, but has started moving towards UHC to bridge the gap;
- There can be no UHC without priority settings, and no priority settings without HTA;
- There is therefore, NO UHC without HTA.

Dr Mohsen George,
Health Insurance Organization, Egypt

Session 5: HTA International Networking
Chairperson: El Sheik Badr
Panelists: Sophie Werkö (Sweden), Abu Bakr El Mekkawy (Egypt), Sizar Akoum (Lebanon), Sherine Helmy (Egypt)

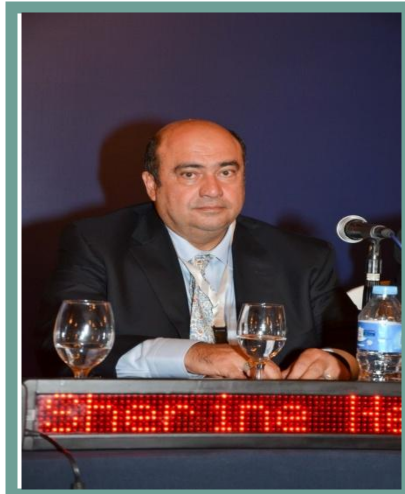
Sophie Werkö (SBU/Sweden):

Dr Werkö introduced the International Network of Agencies for Health Technology Assessment (INAHTA), which was founded in 1993 by 13 publicly-funded HTA agencies. It has grown to become a global network of 52 agencies. She underscored that INAHTA aims to demonstrate the value of HTA agencies as key components of modern health systems to support robust, evidence-based decision-making, support best practices and innovation for building and maintaining HTA agencies, and build a strong network to enable continuous exchange of knowledge and learning among its members. She also introduced the INAHTA-WHO Mentorship Program, which was launched in 2014 and aims to connect those looking for mentorship with those able to offer mentorship.

Sherine Helmy (Pharco Pharmaceutical/Egypt):

Dr Helmy, the CEO of Pharco Pharmaceutical, presented a case study on the hepatitis C virus (HCV) in Egypt, highlighting how Egypt changed its position from the country with the highest prevalence of the disease to the first country to treat all HCV patients on the waiting lists. He explained that stakeholders joined forces to produce effective, safe, and affordable and nationally produced treatment for HCV cases in Egypt. He provided an overview of the Egyptian initiative of screening of one million citizens for HCV over a year and a half period. He also outlined Pharco's support for national efforts on HCV prevention and control, which include manufacturing effective and affordable treatments, and HCV screening of different population groups.

He concluded that Egyptian leadership in HCV prevention and control is being recognized internationally, and that Pharco will be producing its HCV products in Brazil to reduce their waiting lists for HCV treatment.

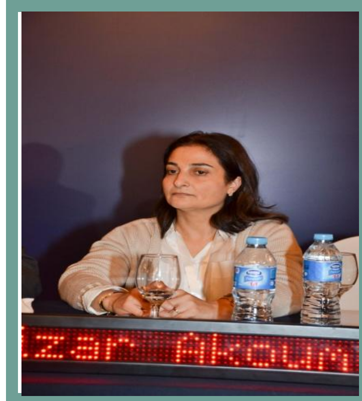


Abu Bakr El Mekkawy (Health Insurance Organization/Egypt):

Dr Abu Bakr, Chief Medical Officer at Egypt's Health Insurance Organization, provided a briefing on the challenges facing HTA/UHC in Egypt. He described HIO's steps to implement HTA, and stressed that building staff capacity was a key step in the process of adopting HTA. He also mentioned that HIO has a repository of data that can be used for generating HTA reports to support decision-making. International HTA organizations can support HIO in the adoption and implementation of HTA in various ways, particularly through capacity building, he stated.

Sizar Akoum (Ministry of Public Health/Lebanon):

Dr Akoum, a consultant at the World Bank who also works at the Ministry of Public Health in Lebanon, provided a briefing on HTA in Lebanon. She described the health system in the country as being pluralistic, fragmented and mainly publically funded and privately provided, and stated that there is an oversupply of health facilities (33 beds/10000 population, 80% belonging to the private sector) and of technologies in Lebanon. She added that the oversupply of technologies has led to an increase in the public health bill. Dr Akoum argued that, given this context in Lebanon, HTA could be a powerful tool for ensuring rational decision-making, investment and adoption of technologies. She said that Lebanon drafted its HTA national strategy with the support of WHO in 2014. She also outlined some of the key challenges to implementing HTA in the country, and noted the important role international networks can play to advance HTA in Lebanon.



Session 6: Consensus for a Regional HTA Policy
Moderator: Randa El Desouky
Group presentations
Open discussion

This session included workgroups and presentations. Participants were initially divided into three groups (decision-makers, academia, and users) and were asked to discuss ways to facilitate the adoption and implementation of HTA in the region. Each group had a moderator, and a presenter assigned to present the group's conclusions in plenary. This was followed by an open discussion and wrap-up.

The discussion was guided by the following framework of topics:

- HTA: is it essential to achieving effective and efficient UHC?
- Major requirements and essential resources for HTA adoption (financial, political, infrastructure, personnel);
- Top three major challenges for HTA adoption? Solutions?
- Applicable framework for HTA in relation to the current structure of decision-making (independent body/subdivision in the government, and if so: unit/department in the ministry);
- First three steps/activities needed to initiate and implement HTA;
- Structure (organization) and composition (personnel) of HTA body that best fit the current setting;
- In an established HTA body:
    - First activities that should be undertaken;
    - Products to be addressed? (Medicine, devices, services, priority setting, etc.

Group work

Group 1 **Group 2** **Group 3**

Key Conclusions from Workgroup Discussions

Item	Policy-makers	Users	Academia
HTA: is it essential to achieving effective and efficient UHC?	• Needed and essential	• Yes	• HTA is needed for effective and efficient UHC
Major requirements and essential resources for HTA adoption (financial, political, infrastructure, personnel)	• Political will • Impact on target groups • Assessment of resources (HR) • Involve stakeholders • Mapping of exiting projects • Apply HTA concepts and success stories to policy-makers	• Political will, cornerstone for organized national efforts	• Political commitment • Capacity building • Financial and infrastructure come next
Top three major challenges for HTA adoption? Solutions?	• The need for development of umbrella of regulatory bodies (e.g. FDA, accreditation body) • Legal frameworks and accountability should be available	• Politicians might be reluctant • HTA might be seen as restrictive • Interest aggregation channels • Technical expertise	• Lack of political commitment and strategic vision • Lack of resources for HTA (financial and HR) • Weaknesses in the information system (absence of data, invalid data, transparency, communication and conflict of interest issues)

Item	Policy-makers	Users	Academia
Applicable framework for HTA in relation to the current structure of decision-making (independent body/subdivision in the government, and if so: unit/department in the ministry)	• HTA could be independent like a non-profit organization or governmental body	• Most of the group agrees on autonomy • HTA body within the health ministry but totally independent • Segregation of responsibilities	• Independent
First three steps/activities needed to initiate and implement HTA	• Political will	• Political buy-in • Alignment on what good looks like (country-specific) • Capacity building and networking	• Garner political will • Identify outcomes • Spot capacities and available resources • Building capacities • Setting organizational benchmarks • Networking and partnership (funding and information-sharing)
Structure (organization) and composition (personnel) of HTA body that best fit the current setting	• Country-specific	• Country-specific	• Stakeholders (6Ps) • Staff includes experts in pharmaceuticals, medical devices, epidemiology, evidence-based medicine, etc.) • Structure includes specialized units and advisory committee

Item	Policy-makers	Users	Academia
In an established HTA body: First activities that should be undertaken/ Products to be addressed? (Medicine, devices, services, priority setting, etc.)	Activities: • Mission statement • Intelligence gathering of best practices in the region and worldwide • Expert spotting • Setting a time-bound action plan • Allocating resources and responsibilities • Setting priorities First products to address: country-specific		

Session 7: The Way Forward and Closing (Panel Discussion)
Chairperson: Raeda Alqutob
Panelists: Ansgar Hebborn (Roche), Adham Ismail (WHO/EMRO), Maha El Rabbat (MENA HPF)

Ansgar Hebborn (Roche):

Dr Hebborn, the Head of Global HTA at Roche, discussed ways forward in using HTA for UHC, describing HTA as a catalyst for UHC. He mentioned the need for a broad and dynamic consideration of value in HTA, the importance of stakeholder engagement in HTA, and the need to leverage existing capacity and capabilities from abroad. He also described micro- and macro-level HTA and argued that a stronger focus of limited HTA resources on "macro" aspects of health system architecture may yield higher gains in the mid- to long-term. He emphasized that HTA is not a substitute for rational health care system development and reform and that there is no "one-size-fits-all" HTA framework. He also underscored that improving relevance and use of HTA are key to success. This includes the development of the right HTA output and service, as well as mobilizing self-interest to search for efficient and effective health technologies. The latter includes incentives/disincentives, training and guidelines. Dr Hebborn reiterated that HTA is a "local" public good and that local assessments are necessary and should include cultural values and preferences. He also emphasized the multi-dimensionality of HTA and pointed out that a number of MCDA applications exist.

He reflected also on the European collaboration in the field of HTA and the creation of the EU's EUnetHTA and its Core Model for HTA collaboration. He added that this model is adopted by

Roche as an internal evidence-planning framework.

A word of caution on stablishing HTA in emerging markets:

- HTA is not a substitute for rational health care system development and reform;
- There is no "one-size-fits-all" HTA framework;
- HTA is not an objective tool kit and is not easily transferable to any setting.

Dr Ansgar Hebborn,
Head of Global HTA at Roche

Adham Ismail (WHO/EMRO):

Dr Ismail gave a presentation on HTA's guiding principles, highlighting that HTA should be an unbiased and transparent exercise, should include all relevant technologies, and that a clear system for setting priorities for HTA should exist and the costs of HTA should be proportionate.
He added that HTA should incorporate appropriate methods depending on its goal, should consider a wide range of evidence and outcomes, a full societal perspective should be considered when undertaking HTAs, and HTAs should explicitly characterize uncertainty surrounding estimates. The process should engage all stakeholder groups and, HTA findings need to be communicated appropriately to different target groups, Dr Ismail said, with evaluations to allow new data to be considered. HTA should also identify areas in which the evidence (on certain interventions) could most usefully be developed in the future. He emphasized that HTA should be timely, market-access decisions should reflect HTA recommendations in a transparent and clearly defined way, and be implemented as intended, and the impact of HTA findings and how they are used needs to be monitored. Dr Ismail also provided examples of HTA decision frameworks from different countries.

Maha El Rabbat (MENA HPF):

Dr. Rabbat concluded the forum with the following remarks:

1. This is an opportune time for countries in the MENA region to start HTA, to pave the way for more efficient and effective UHC through evidence-based decision-making;
2. Political commitment is a prerequisite to HTA and UHC;
3. There is no best model for HTA; we need to understand HTA models and each country should select the model that best fits its context;
4. No matter how the health system and HTA are organized, there is an explicit need for governance and accountability;
5. Knowledge- and experience-sharing are important given the wealth of experiences available. No country should start from scratch;
6. Analytical approach needs to be adopted to answer questions such as "Where do we stand?" And, "How can we move forward?"
7. HTA is particularly needed in our countries, countries with economies in transition.

Dr. Rabbat concluded that MENA HPF will continue to serve as a hub or a platform for networking and advocacy, which are crucial for the region at this stage, and said that "the creation of a regional taskforce for HTA will be our next step to support countries' efforts to adopt and implement national HTA." She further clarified that MENA HPF will conduct national policy diagnoses relevant to HTA/UHC to identify factors that support or hinder HTA adoption and implementation. Finally, MENA HPF will develop a platform for generating evidence and advocate for the adoption of this generated knowledge, thus moving from evidence to practice. A policy brief will be also be prepared based on the knowledge and experiences shared during this forum, and will be widely disseminated.

Dr. Rabbat thanked conference participants for their active involvement during the forum and for the wealth of information that they have shared. She extended her gratitude to the presenters and to the conference's sponsors, and underscored that without their support that conference would not been held.

She announced that MENA HPF's annual conference will be held in mid-November 2017, and key messages from this forum will be shared with conference participants.

"Are we ready at this stage to team up and work to take HTA forward?

If yes then we have to start to work now, not 'tomorrow', and we need to have organized efforts that push that agenda forward with different partners and stakeholders."

Dr. Maha El Rabbat,
Executive Director of MENA HPF

Key Conference Recommendations

1. Countries should be committed to the establishment of HTA units along with the necessary processes/rules/regulations to ensure the transformation of purely scientific evidence into rational, implementable decisions.
2. Countries that do not have a formal HTA structure should conduct national orientation workshops for key officials and stakeholders to raise awareness and advocate for adopting HTA.
3. Generally, HTA units should start small in terms of staffing and budget.
4. Each country will be required to conduct a national mapping exercise to identify areas where HTA reports will be needed.
5. The selection of the initial activity for the HTA unit is important. The first report should be carefully chosen.
6. Countries should try to link HTA activities to important ongoing initiatives (benefit packages, UHC, etc.) or programs (MCDA, noncommunicable diseases, etc.).
7. Countries need to identify areas where specific technical support is required (training on the HTA process, literature survey, format and production of reports, etc.) This will help in enhancing the capacities of HTA staff.
8. International donors and many private sector entities are willing to fund development of HTA units.

The Way Forward

The following activities were identified by experts and participants at the forum as milestones to develop HTA programs within existing health systems for countries in the MENA region:

1. **Rally national HTA support:** A policy brief emanating from the proceedings of this meeting should be developed and disseminated to health ministers, urging them to support the setup of national HTA programs within their existing health systems. This will represent a substantial advocacy with policy-makers and will rally HTA support at the national level.
2. **Conduct national orientation workshops:** MENA countries with no formal HTA structure should conduct national orientation workshops for key officials and stakeholders to raise awareness and advocate for adopting HTA. WHO representatives and other international experts should participate in these events to share international experiences and demonstrate potential benefits.
3. **Specify size and location of HTA units:** HTA units should start small in terms of staffing and budget. They are usually located within health ministries, and their work will be mostly technical (literature search, surveys, etc.). It is therefore essential to transform this purely scientific effort into real, implementable decisions through certain bodies (such as HTA committees). MENA countries should be committed to the establishment of these entities, as well as the necessary processes, rules and regulations.
4. **Conduct national HTA mapping surveys:** Each MENA country will be required to conduct a national mapping exercise to identify areas upon which HTA reports will be needed as well as in-house talents capable of conducting HTA studies. This will help in expediting the acceptance of the tool as a valid approach that will help in resolving many of the technology-related problems in the country.
5. **Choose the initial HTA activity carefully:** The first HTA report should be chosen to ensure quick acceptance and full recognition. It is recommended that the primary activity of the newly developed HTA unit should address a high-cost technology of significant public health need to demonstrate potential savings and benefits

6. **Link HTA to priority country initiatives or programs:** MENA countries should link HTA efforts to ongoing initiatives (such as benefit packages, UHC, health insurance schemes, etc.) or programmes (such as maternal and childhood or NCDs) in the country. It is recommended that first HTA product should be related to these initiatives or programmes.
7. **Seek specific technical support from WHO and HTA agencies and networks:** MENA countries need to identify specific HTA areas where technical assistance is required (such as training on HTA process, literature survey, format, and production of HTA reports, etc.). This will help in enhancing capacities of HTA staff in specific areas related to their work. WHO, established HTA agencies, and international HTA networks, such as INAHTA or Health Technology Assessment international (HTAi), can help in providing the needed type of support.
8. **Approach international donors on specific HTA projects:** International donors such as Global Fund (GF), Global Alliance for Vaccine Immunization (GAVI), etc., are willing to fund many HTA products related to their areas of interest. It is recommended that MENA countries seek financial assistance from these donors especially at the early stages of the development of their HTA programs.

Role of MENA HPF

The upcoming role of MENA HPF is drafted below, based on the conference proceedings.

Given the stated challenges that the Arab countries are going through, the existing performance gap in health systems which are variable and inconsistent across countries, and the urgent need for significant scaling up of efforts to accelerate the transition towards UHC, the forum in collaboration with partners and collaborating agencies will:

- Generate evidence and develop evidence-based policy options and scenarios that could be considered by stakeholders as they move towards HTA for UHC;

- Develop an analytical framework that identifies the readiness of health systems and a set of comprehensive indicators that prioritize areas needing reforms to ensure progress;

- Provide a venue for networking and exchange of experiences using a multi-disciplinary approach bringing together leading experts in public health, health systems reforms and health economics; Establishment of a network;

- Research areas of vital importance involving the allocation of scarce health resources across competing interest groups. It will specifically address the national political organizations of health reforms in different countries and help in drafting strategies that are fit for purpose;

- Document and share country experiences to facilitate movement towards universal

health coverage by learning about what works and what does not;

- Bring together, through its networking and communication capacity, policy-makers to advocate for HTA to ensure UHC and to build strong commitments among stakeholders, including the private sector;

- Monitor progress towards HTA and develop an agenda to support decision-making and developing a framework of indicators for measurements. As such it will serve as a platform to generate evidence to help policy diagnosis and formulation;

- Build HTA capacity.

Conference Evaluation

Forty eight participants completed the evaluation forms.

Key evaluation notes:
- Ninety-four percent of participants were satisfied with the conference.
- More than 97% believed the topic interesting and engaging
- One hundred percent believed the speakers were knowledgeable

Participants Main Discussion Points

- The need to have a MENA HTA body that facilitates information sharing as well as support countries developing relevant policies and procedures. This body can advocate policy makers to adopt HTA as a tool for evidence based decision making
- Countries must enhance their abilities to keep with the pace of change in the technology as it advances very fast.
- Some challenges for HTA highlighted by participants included the reliance on donation for equipments and medications, use of technology by the health workforce and governance (centralized vs. non centralized decision making). They highlighted that need for special frameworks for HTAs that consider such contexts to support leaders' rational decision making.
- Confidentiality of the patient data was also raised when automating patients' records in health care system.
- Some participants also pointed out to the need to have the support from WHO and World Bank to develop HTA Reimbursement system.
- Participants also requested practical tips to assist countries with pluralistic and fragmented health care system adopting HTA. They questioned if in such countries, HTA should come before health system reform or otherwise.

- The role of the public is crucial through educating them about their health rights and what they need to be asking for. This could be an effective way for advocating for HTA.
- HTA should not only include interventions directed to patients but any health intervention with public health impact.
- Institutionalizing HTA was emphasized. The role of academia was also discussed and how can universities support HTA and inform policy makers.
- Stakeholders who should be involved in HTA were highlighted and Sweden experience was shared.
- Privatization of hospitals and HTA was also discussed.
- The importance to build on countries previous experience in health technology was emphasized.
- Reflections on the new health insurance law in Egypt were discussed.

for Universal Health Coverage
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