HTA for Universal Health Coverage in Africa – insights from the iDSI experience

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African Patients Conference (APC) 2021, 21st July 2021

Overview

What is Universal Health Coverage? And how is the situation in Africa?

What is HTA? Why is it essential for UHC?

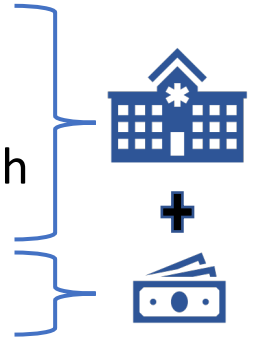
Examples from iDSI work & thoughts on African patient-engagement with HTA

Universal Health Coverage (UHC)

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

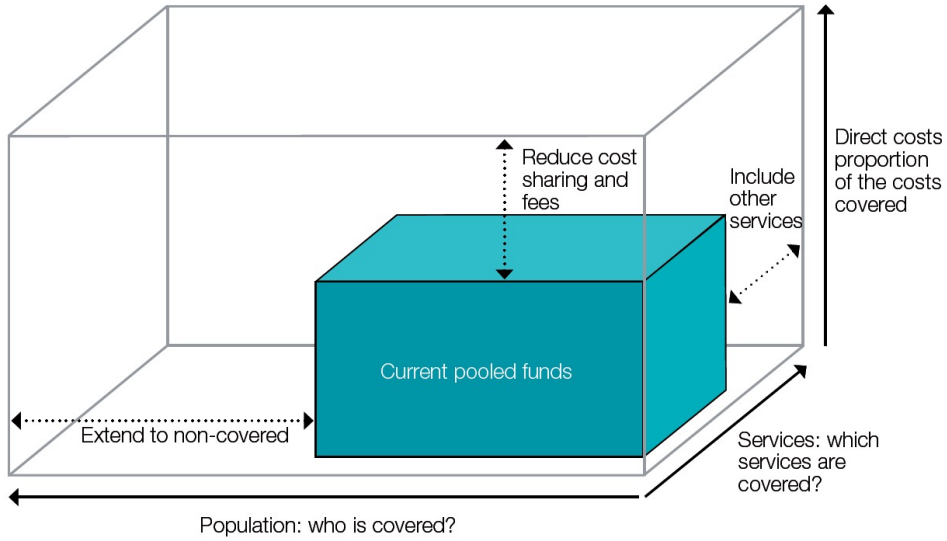
This requires:

- a strong, efficient, well-run health system;
- access to essential medicines and technologies;
- a sufficient capacity of well-trained, motivated health workers;
- a system for financing health services.



"The single most powerful concept that public health has to offer"

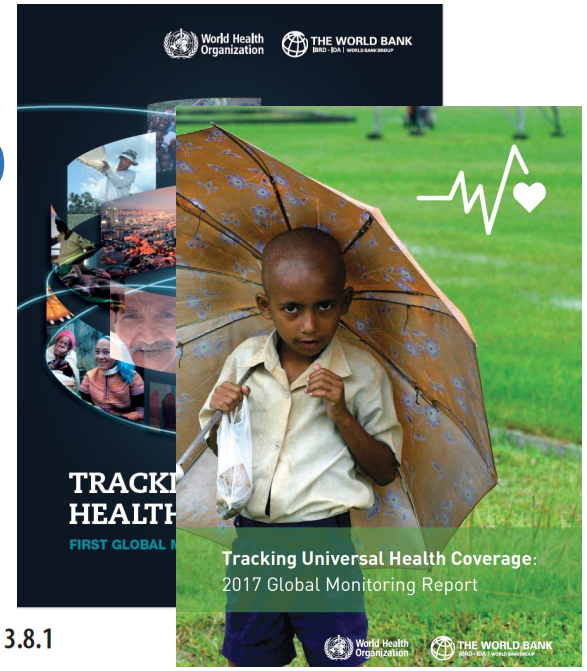
Director General of WHO, Margaret Chan (2006-17)

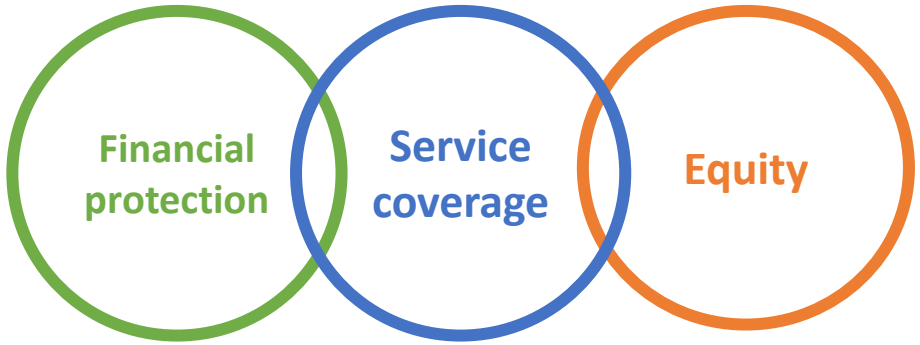


(WHO, http://www.who.int/universal_health_coverage/en/)

Tracking UHC progress: a long way to go

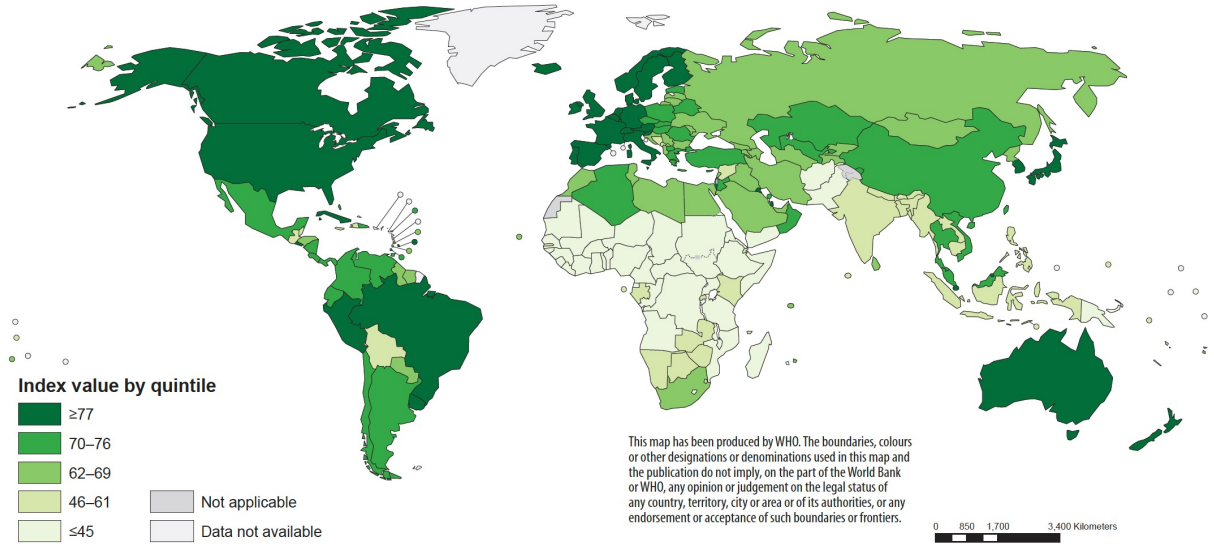
- At least half of the world's population without full coverage of essential health services
- About 100 million people are being pushed into "extreme poverty" because they have to pay for health care





- UHC service coverage index – Sub Saharan Africa has the lowest index value, followed by Southern Asia
- Gaps in service coverage remain largest in the poorest quintile

Fig. 1. UHC service coverage index by country, 2015: SDG indicator 3.8.1



SDG: Sustainable Development Goal; UHC: universal health coverage.

Source: 2017 Global Monitoring report

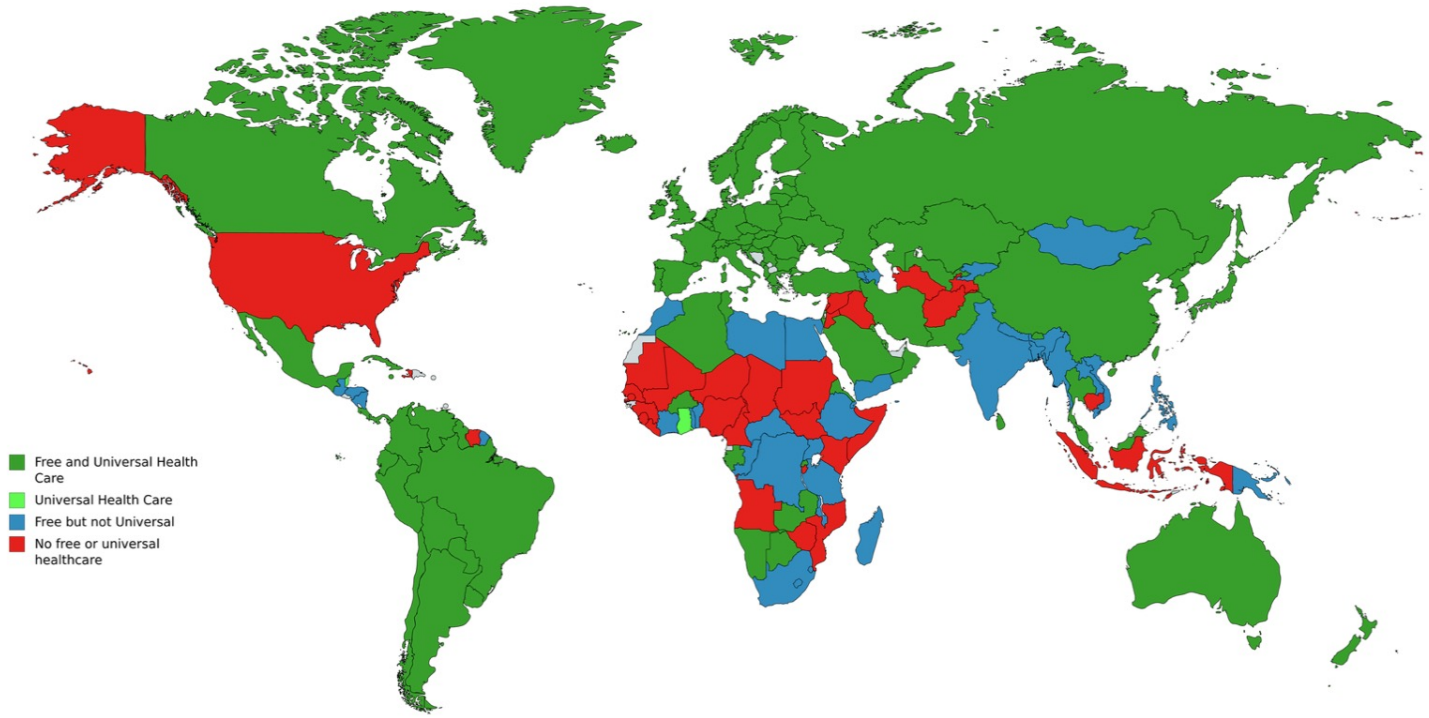
Financial Protection

A mixture of limited national insurance, various voluntary insurance schemes, charity care, and public health services.

National Health Insurance Scheme - Only Rwanda and Ghana appear to have made significant progress toward providing universal health coverage for the majority of their citizens.

Community-based health insurance schemes - Many African countries, including Nigeria, Tanzania, Kenya, Uganda, and Cameroon - offers protection for the poor but are unsustainable because they can't contribute enough premiums to maintain the scheme.

Out of Pocket - the World Bank estimates that 33% of healthcare expenditure in SSA was out of pocket in 2018.



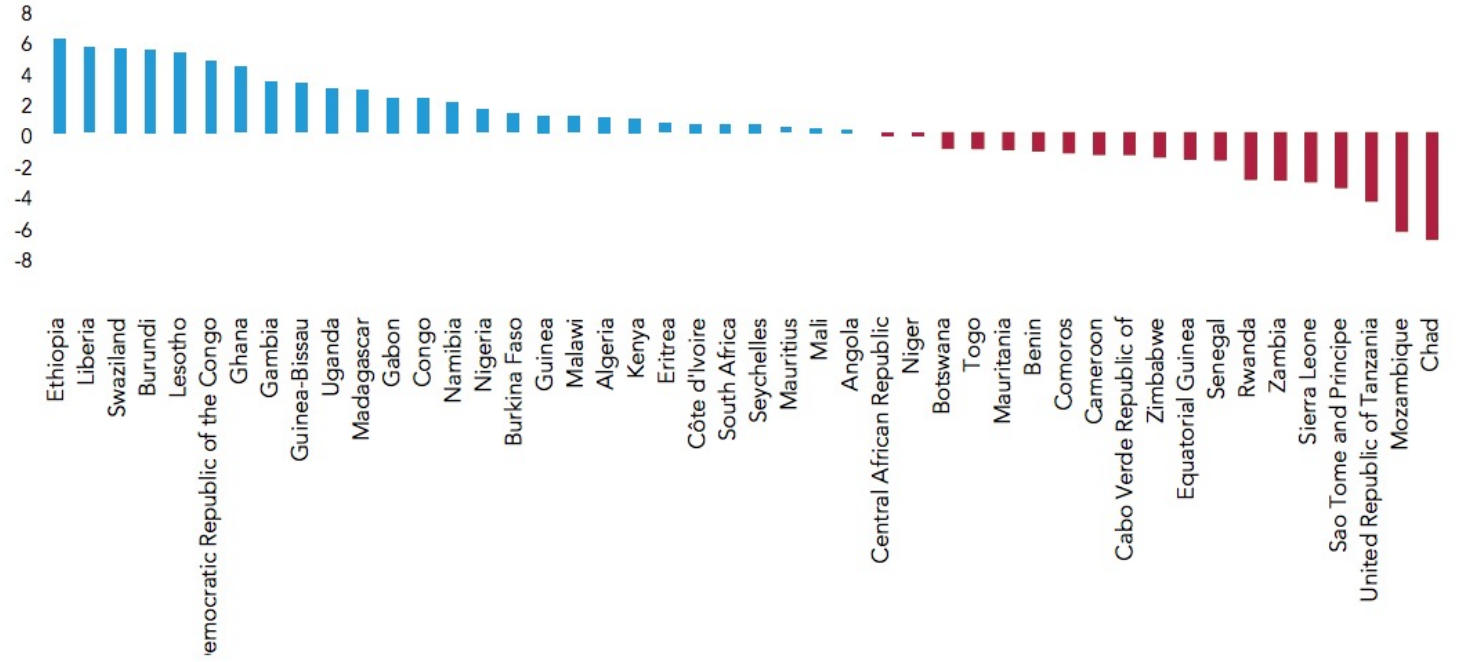
Source: Appiah 2021, Universal health coverage still rare in Africa

Source: Customised illustration by Mirarkitty -2018, source: Wikipedia

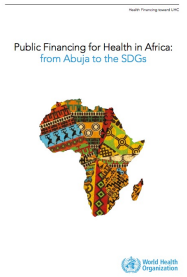
Are African nations prioritising healthcare spending?

Half of SSA countries now spending the same or less on health than they did in 2000

Figure 1: Change in government health prioritization, % point change of median values 2000-06 and 2007-14



Source: authors, from Global Health Expenditure Database, WHO, 2016



Financial Protection

Catastrophic spending

- At the 10% threshold, the region with the fastest increase in population facing catastrophic payments is Africa (+5.9% per year on average) followed by Asia (+3.6% per year).

Impoverishment

- In 2010, Asia and Africa had the highest rates of impoverishment due to OOP spending.
- Between 2000 and 2010, Africa saw reductions at both $1.10 and $3.10 lines.
- Asia saw an increase at $3.10 line.

Fig. 2. Global and regional trends in catastrophic payments: SDG indicator 3.8.2

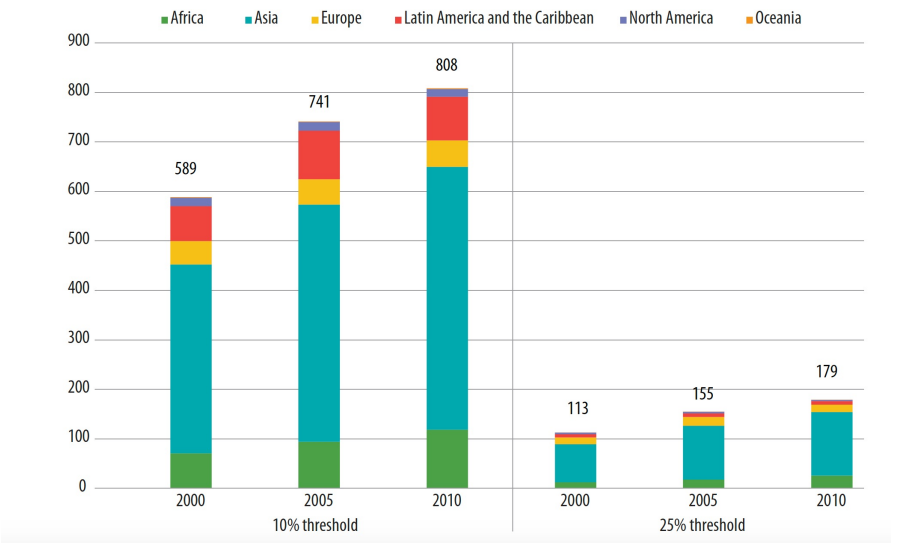
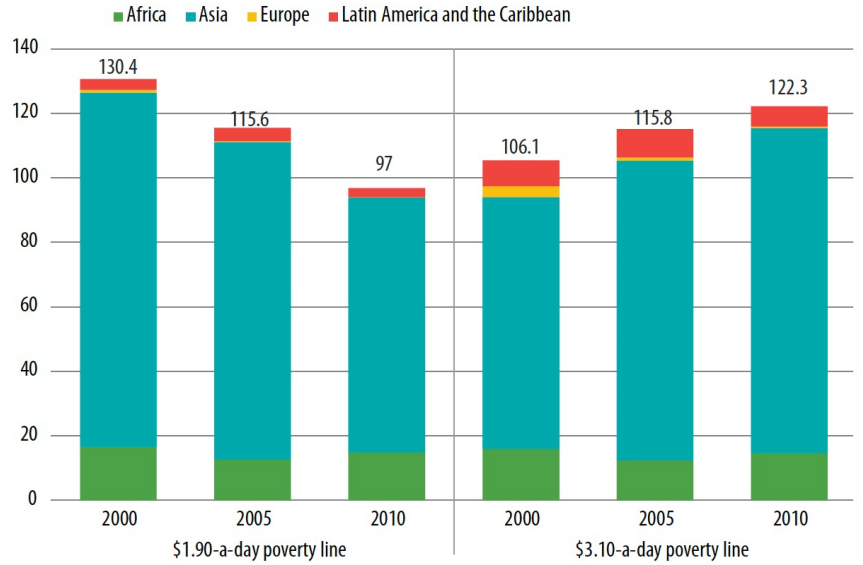


Fig. 3. Global and regional trends in impoverishment due to out-of-pocket payments: $1.90-a-day and $3.10-a-day poverty lines

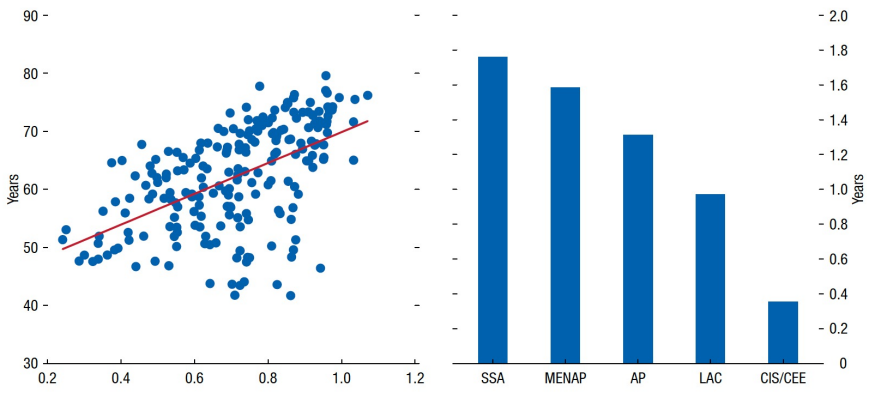


Source: Global Monitoring report, 2017

Basic Health Coverage Inequality and Health Outcomes

1. Life Expectancy at Birth and Health Coverage Inequality

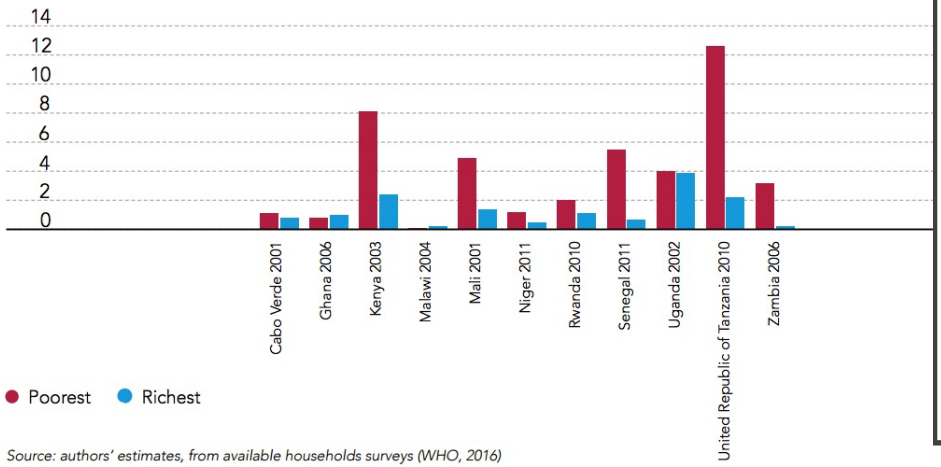
2. Gains in Life Expectancy from Eliminating Health Coverage Inequality



Public Financing for Health in Africa: from Abuja to the SDGs

World Health Organization; and IMF staff calculations.
or further details. AP = Asia and Pacific (10 countries); CIS/CEE = Commonwealth of Independent States and Central and Eastern
in America and Caribbean (13); MENAP = Middle East, North Africa, Afghanistan, and Pakistan (10); SSA = sub-Saharan Africa (37).

Figure 8: Catastrophic health expenditure among poorest and richest quintiles



Source: authors' estimates, from available households surveys (WHO, 2016)

Equity

- Gaps in service coverage remain largest in poorest quantiles.
- Countries with greater inequities see worse health outcomes.
  - Countries with the most health coverage inequality suffer from a lower average life expectancy.
  - Sub-Saharan Africa would accrue the largest gains by reducing disparities in health coverage.

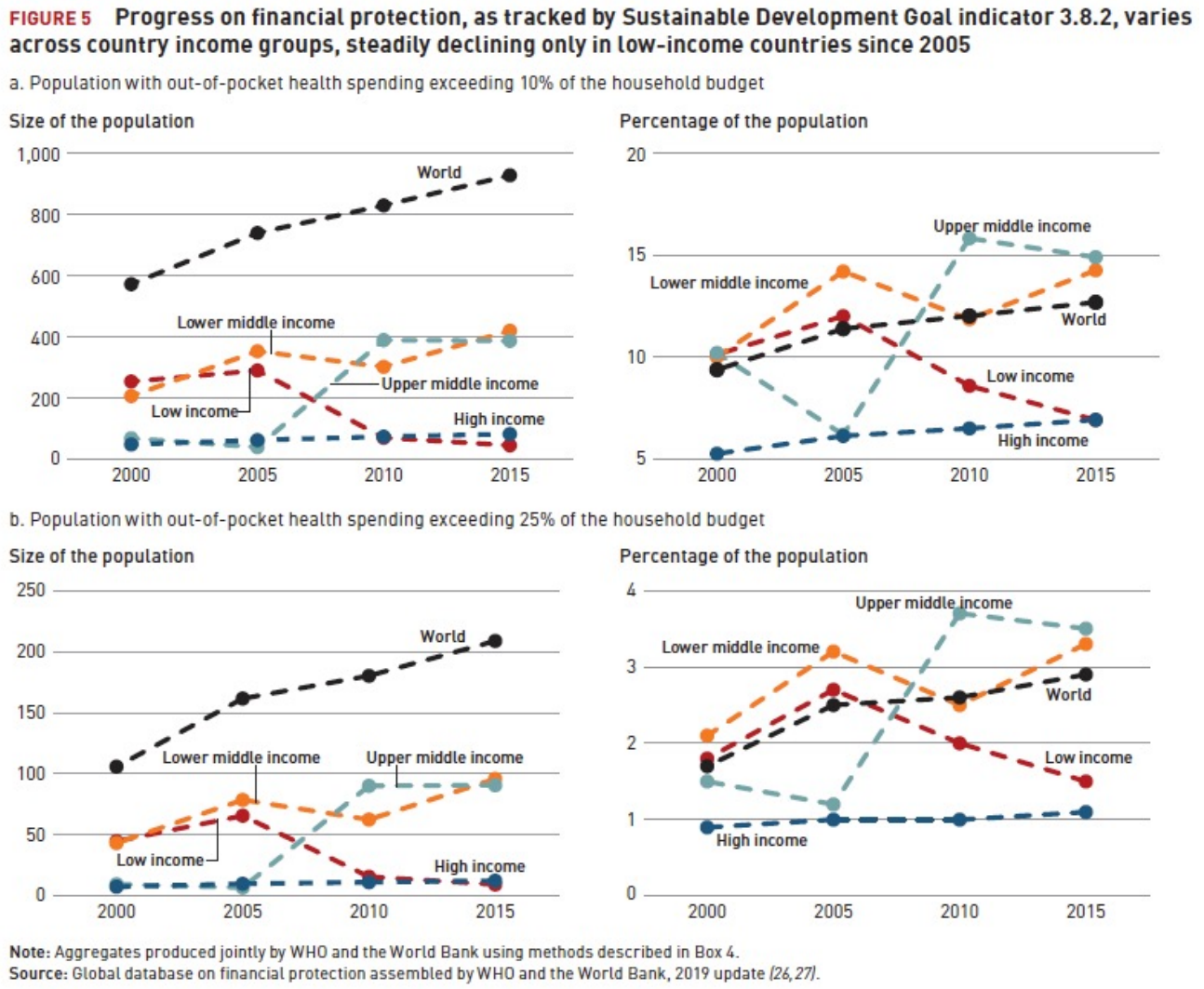
Source: IMF, Tackling Inequality, 2017

Financial Protection

- Transition out of Aid - Although Africa has had better economic growth in recent years than other regions, when African countries become richer, government spending on health does not automatically increase.

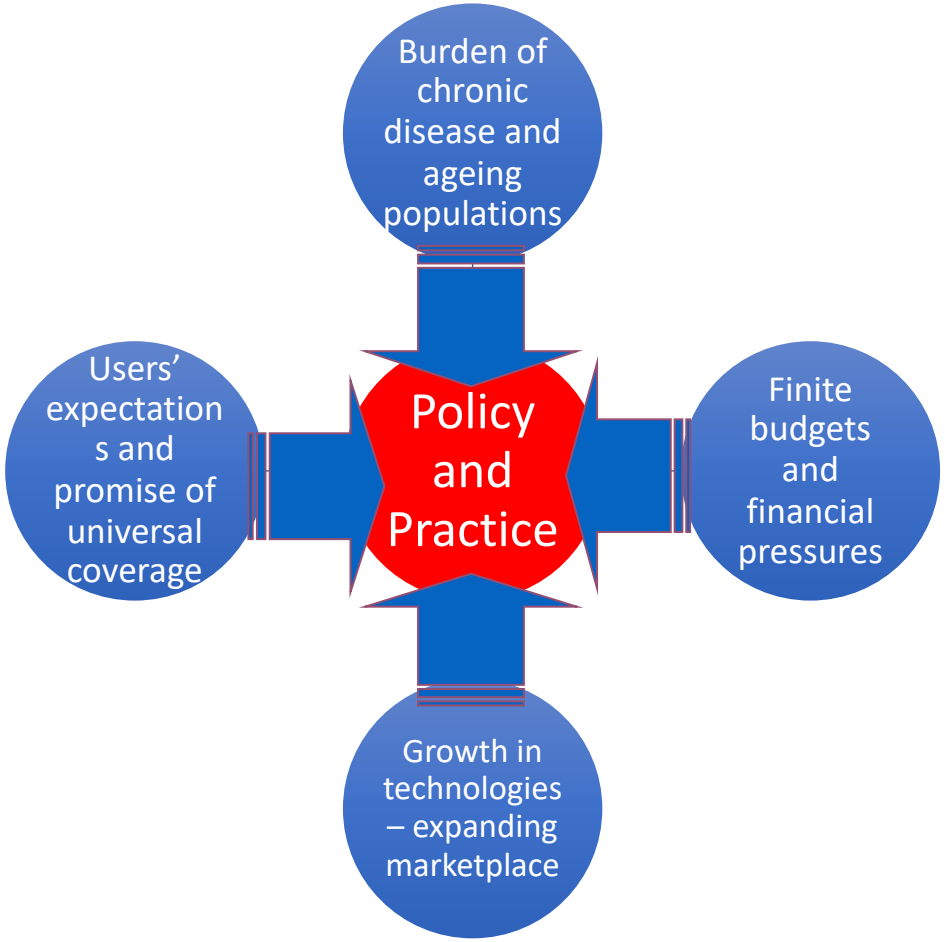
- At both 10% and 25% thresholds, Upper and lower middle-income countries had highest percentage of population spending out of pocket (2005-2015).

- Steadily declining only in low-income countries.



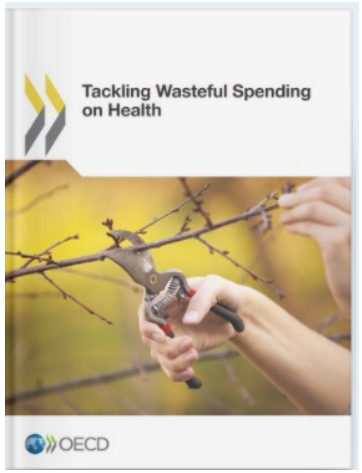
Source: WHO & World Bank (2019). Global monitoring report on financial protection in health 2019.

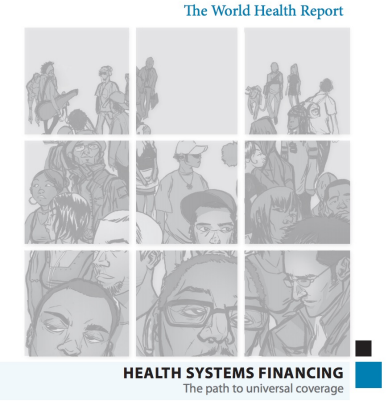
Health systems <u>everywhere</u> are under pressure…



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

Source: http://www.who.int/whr/2010/en/



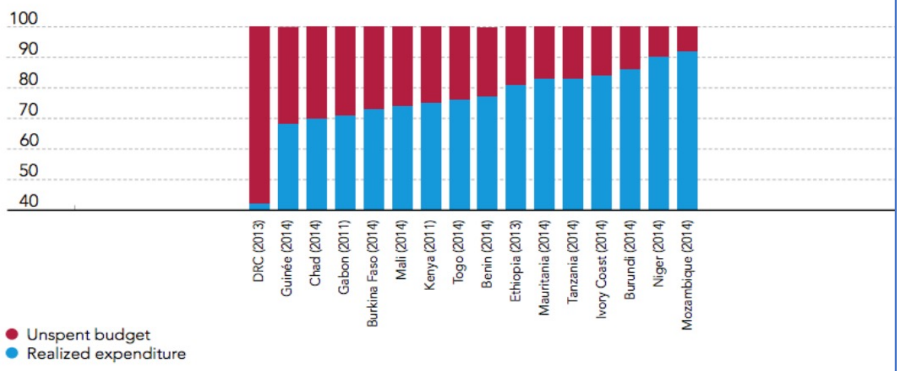


About 1/5 of healthcare resources is wasted

Source: http://www.oecd.org/health/tackling-wasteful-spending-on-health-9789264266414-en.htm *(Jan 2017)*

Is it money?

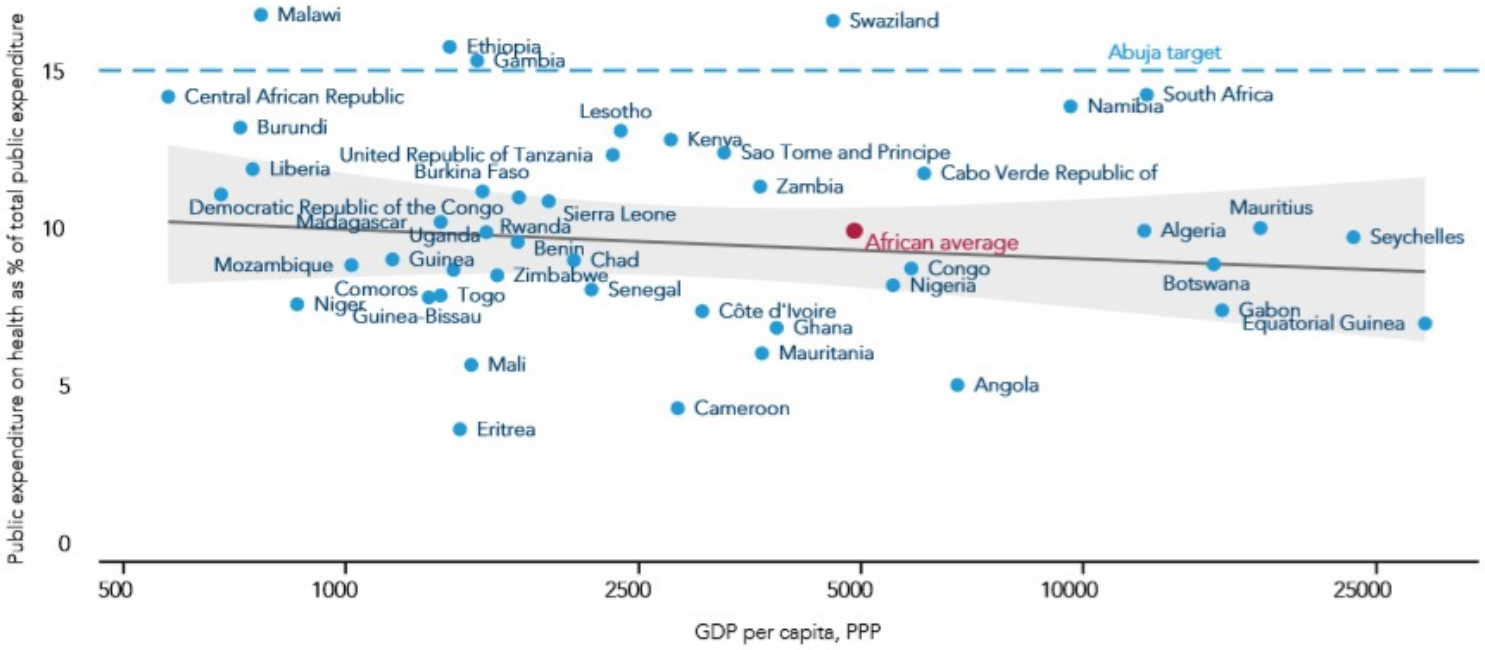
Figure 5: Share of health budget spent and unspent, % of total sector allocations



Source: authors' estimates, from Ministry of Finance (Benin, Burkina Faso, Burundi, Chad, Guinea, Ivory Coast, Mali, Mauritania, Niger, Senegal, Tanzania, and Togo), BOOST (Ethiopia, Kenya, and Mozambique), and World Bank (DRC, and Gabon) data.

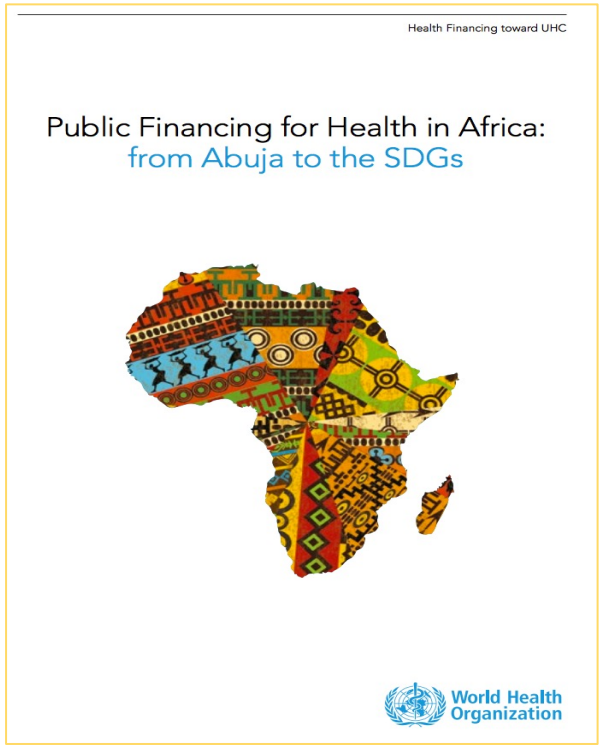
Healthcare budgets often underspent

Figure 2: Government health prioritization and GDP per capita, 2014



Source: Global Health Expenditure Database, WHO, 2016

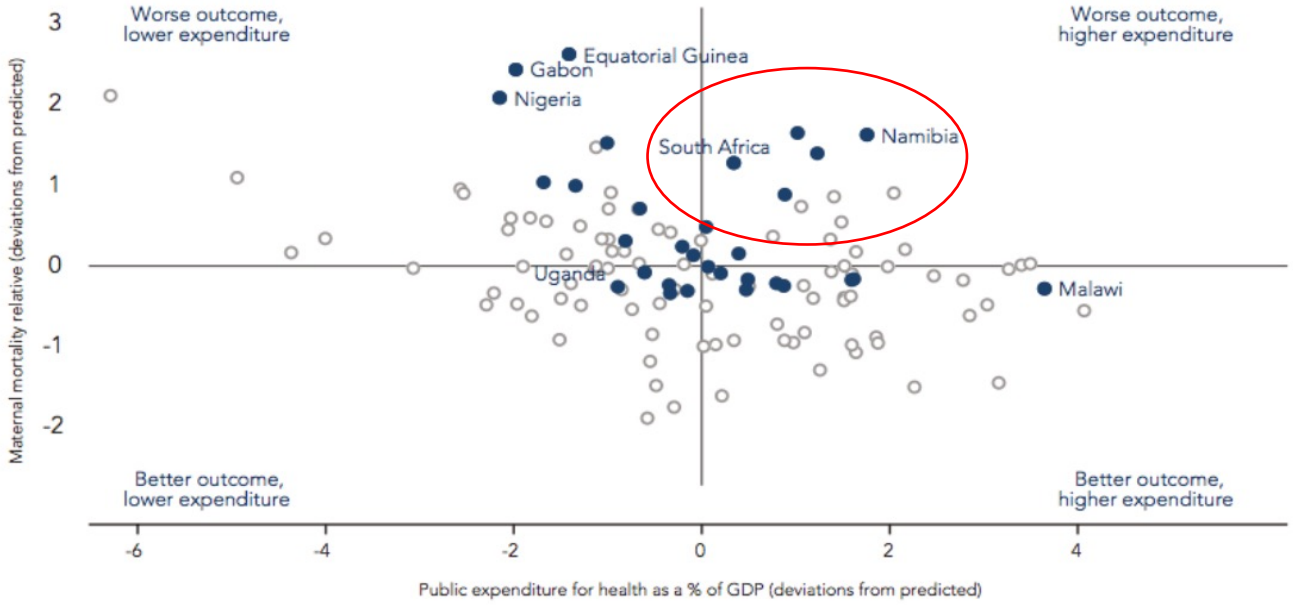
Not just about the money….



"For every US$100 that goes into state coffers in Africa, on average US$16 is allocated to health, only US$10 is in effect spent, and less than US$4 goes to the right health services."

More money,
less health…

Figure 14: Maternal mortality and public expenditure on health, deviations from estimates based on per capita income (2011 PPP), 2014



International Monetary Fund, World Economic Outlook Database, April 2016. WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015. All data extracted using wbopendata in Stata

The future we want – to operationalize UHC concept

No UHC without priority setting, no priority setting without HTA

- *"..all people receiving the health services they need, including health initiatives designed to promote better health (such as anti-tobacco policies), prevent illness (such as vaccinations), and to provide treatment, rehabilitation, and palliative care of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship"*

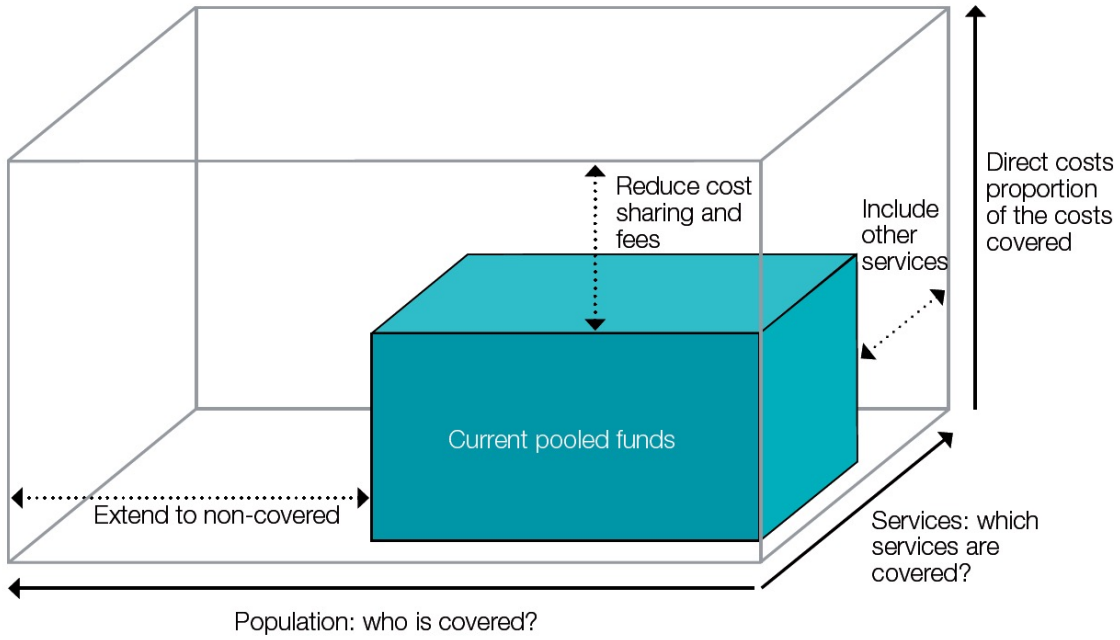


Figure: The three dimensions of UHC

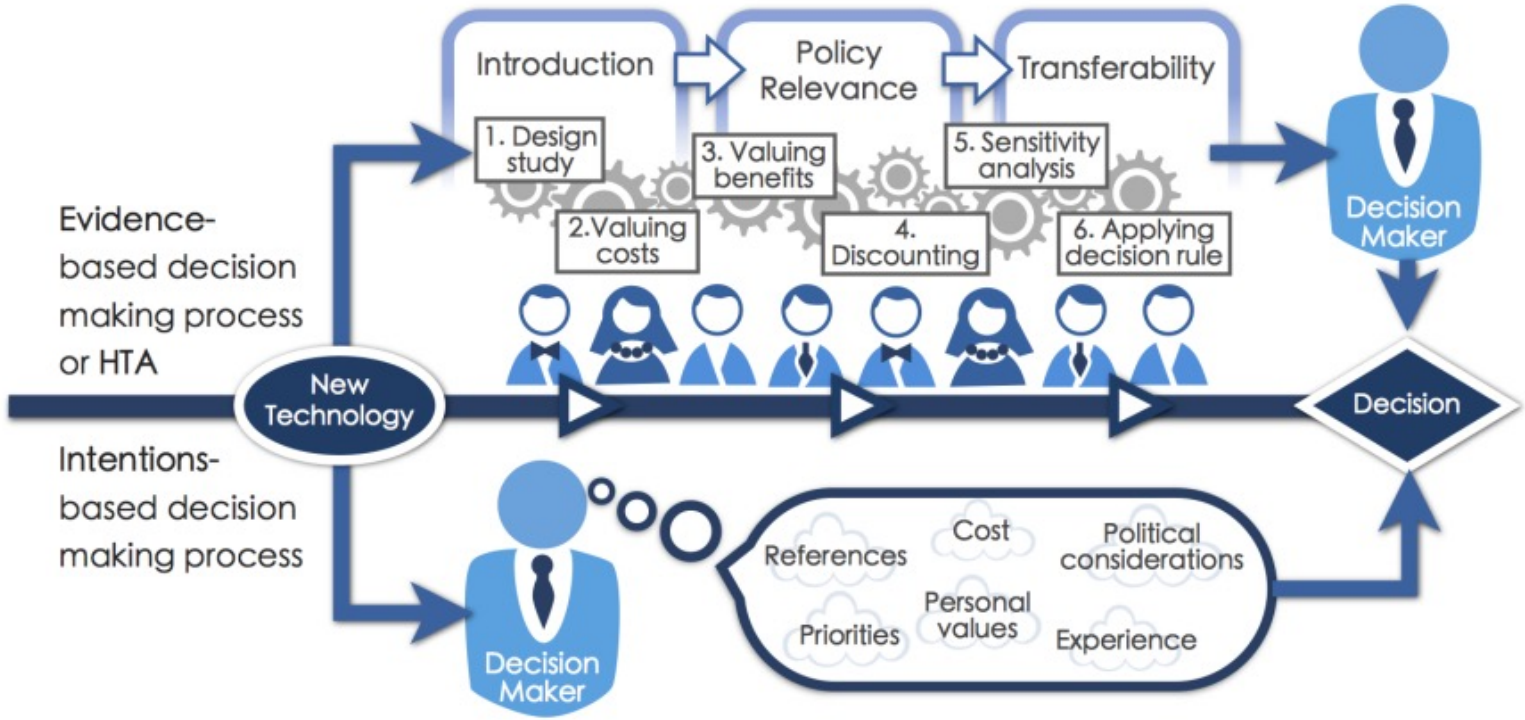
Source: WHO, Health financing for universal coverage, available at http://www.who.int/health_financing/strategy/dimensions/en/ ,

Health Technology Assessment (HTA)

Making your own ‘universal’ health choices and rewarding what works!

HTA usually addresses the following questions:

- does the technology in question work?
- For whom does it work?
- How well does it work?
- At what cost does it work?
- How does it compare with other technologies deemed to be suitable comparators?
- What other attributes, either good or bad, does it have?



Source: http://2.shamseya.org/2016/03/07/631/

5 Step-HTA process

What is the Decision problem? Topic identification and Prioritisation

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

How is the decision implemented and monitored?

Defining decision space

Analysis

Appraisal

Decision making

Implementation

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

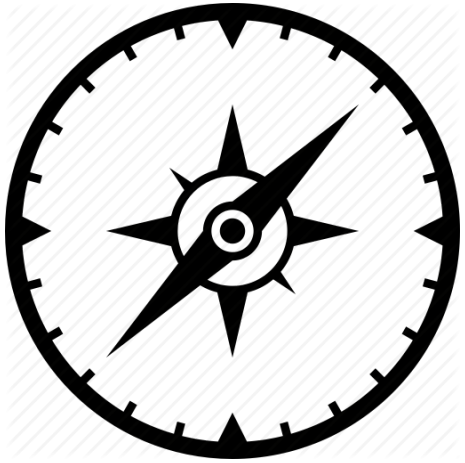
What is the decision to be taken?

More money for health…or more health for money

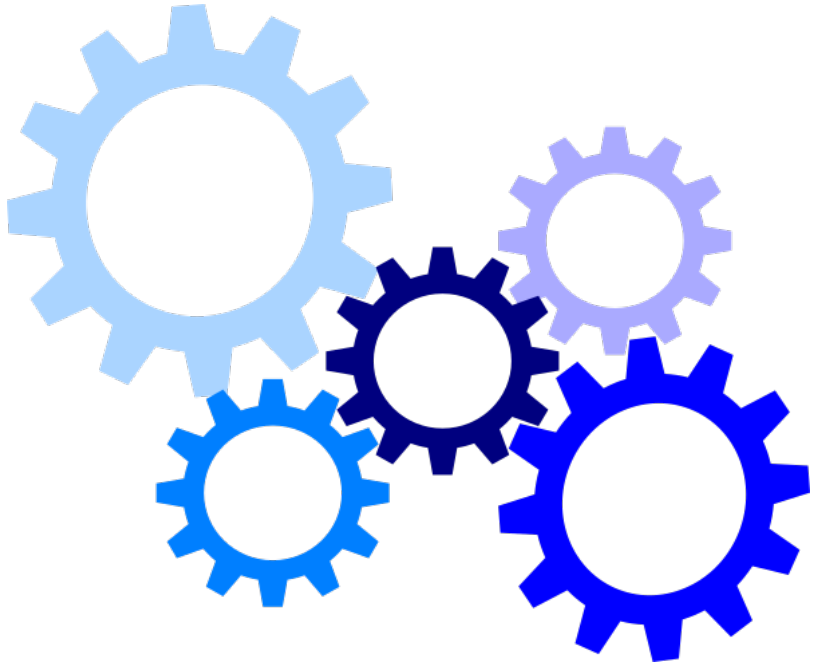
Why is HTA important for UHC?

Evidence

Principles



Process



HTA for medicines selection

Essential Medicines List

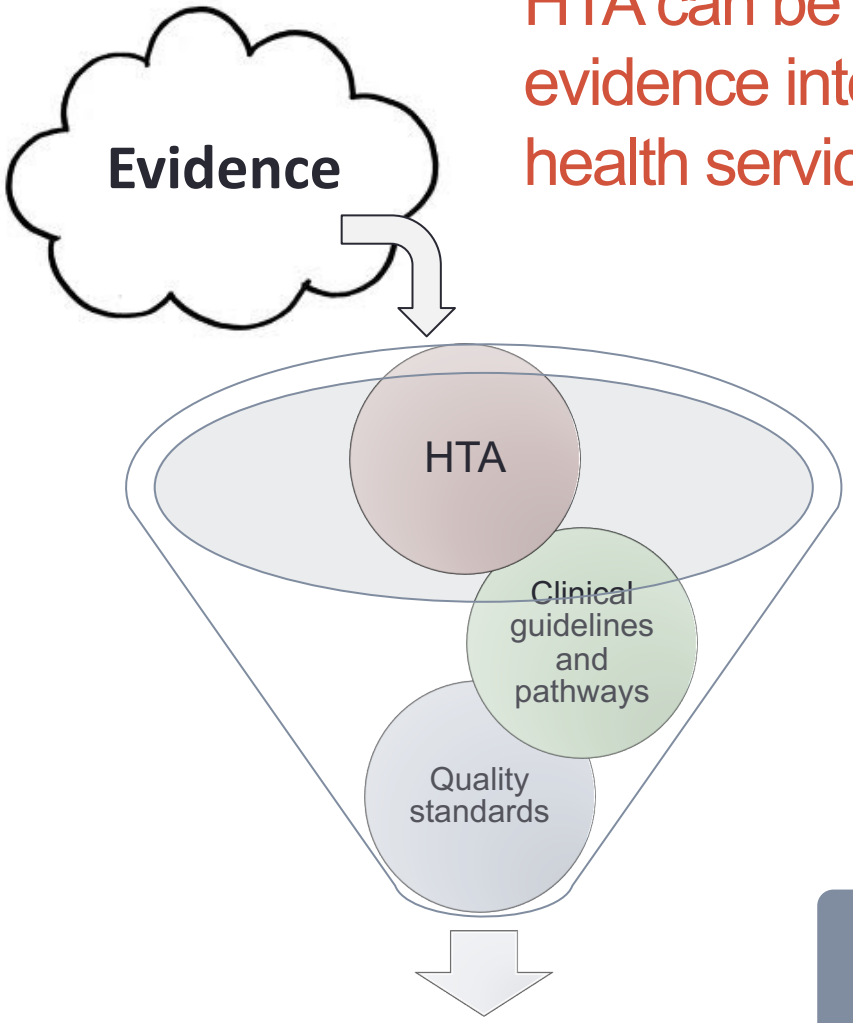
Health benefits plans

Quality standards

Standard treatment guidelines, pathways, models of care…

Payment for performance

HTA can be part of a stepwise process getting evidence into policy and improving the quality of health services



Health technology assessment (HTA) to compare clinical and cost-effectiveness of different interventions

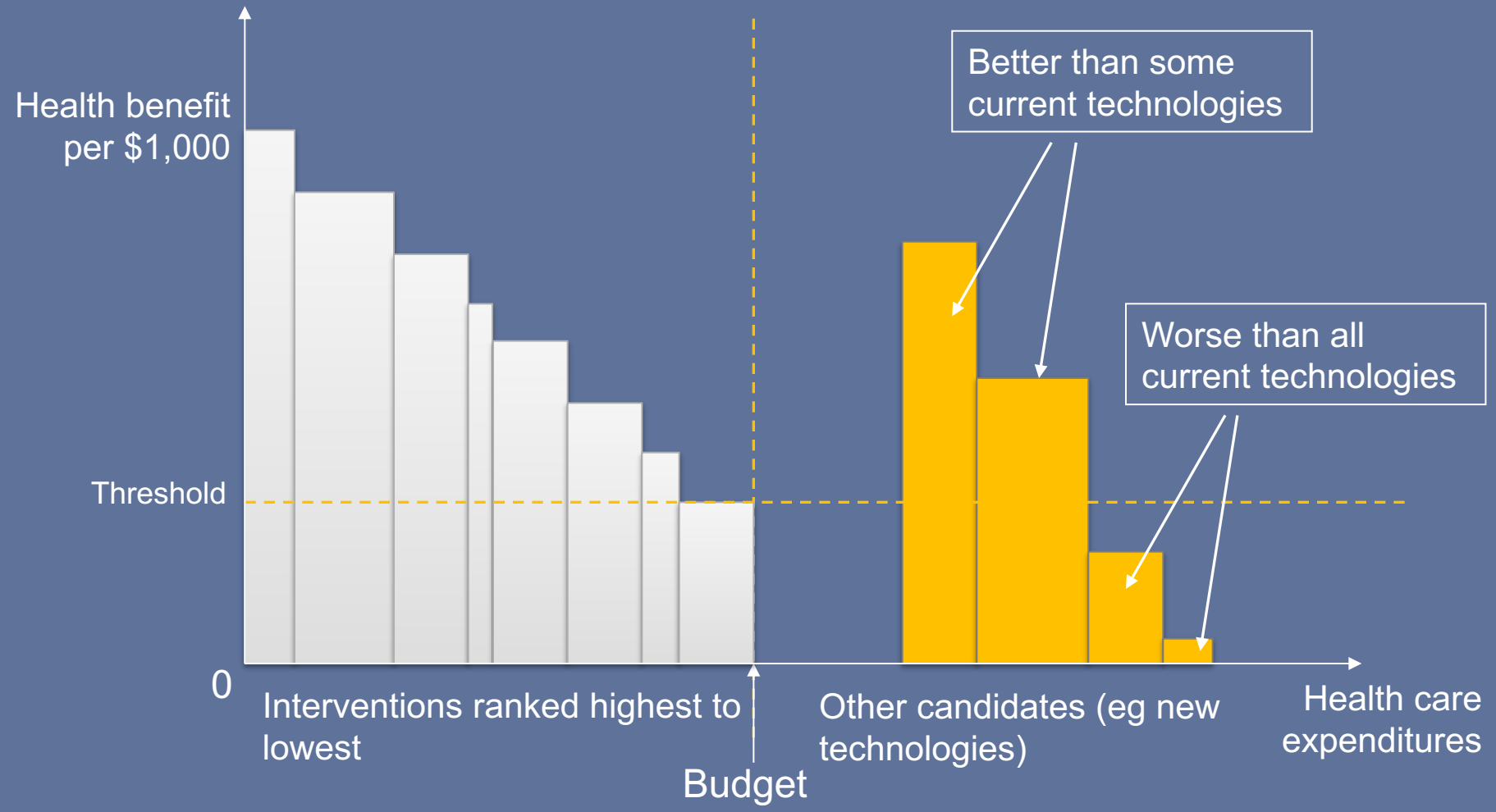
Clinical guidelines (STGs) and pathways distilled from HTA and other evidence

Quality standards and indicators from evidence-based guidelines

Health benefits plans (HBPs), pay-for-performance, other levers (regulation, accreditation, education…)

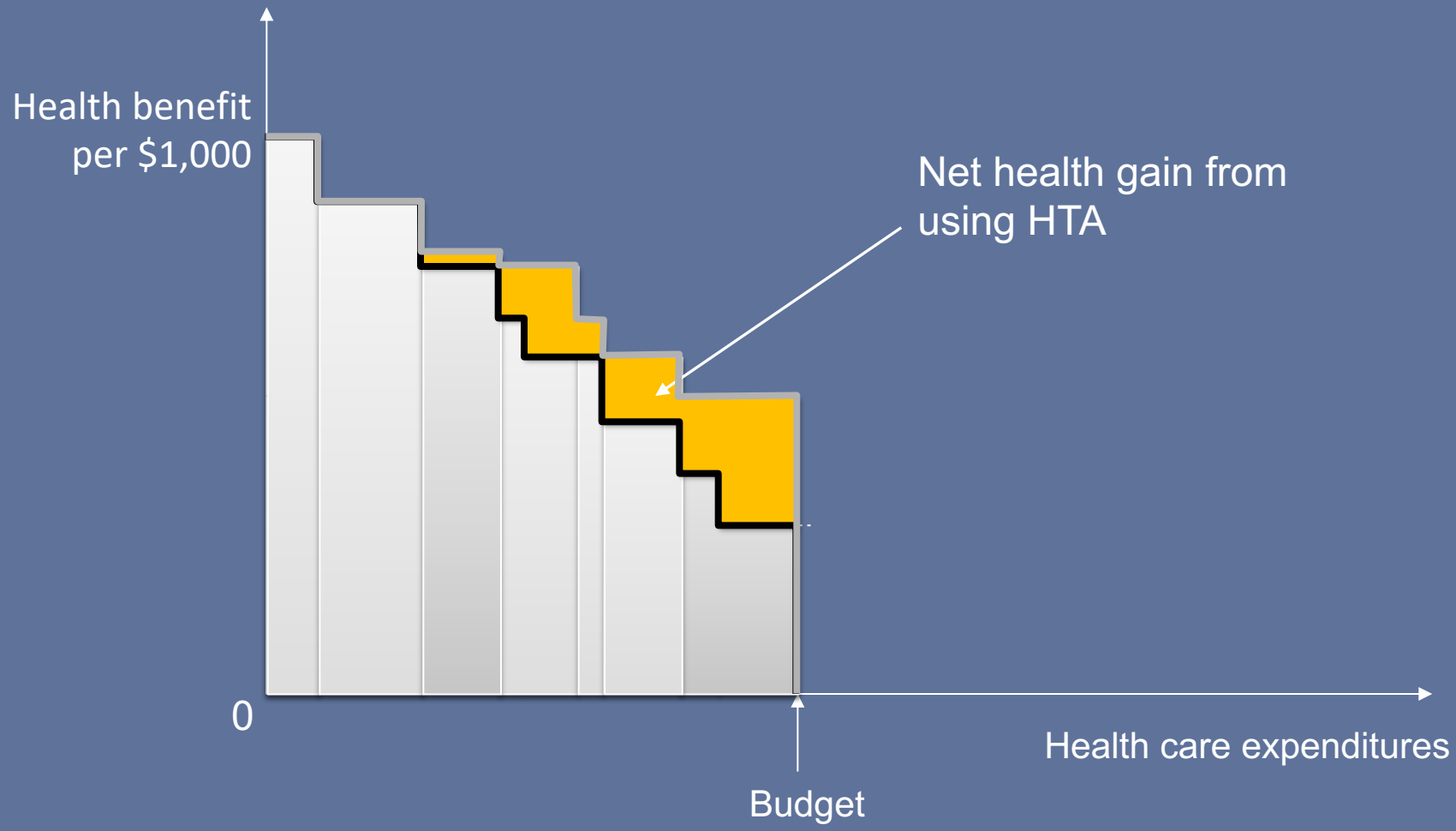
Interventions that are in – and out

thanks to Chris McCabe and Richard Edlin for some animation of Culyer et al. (2007)



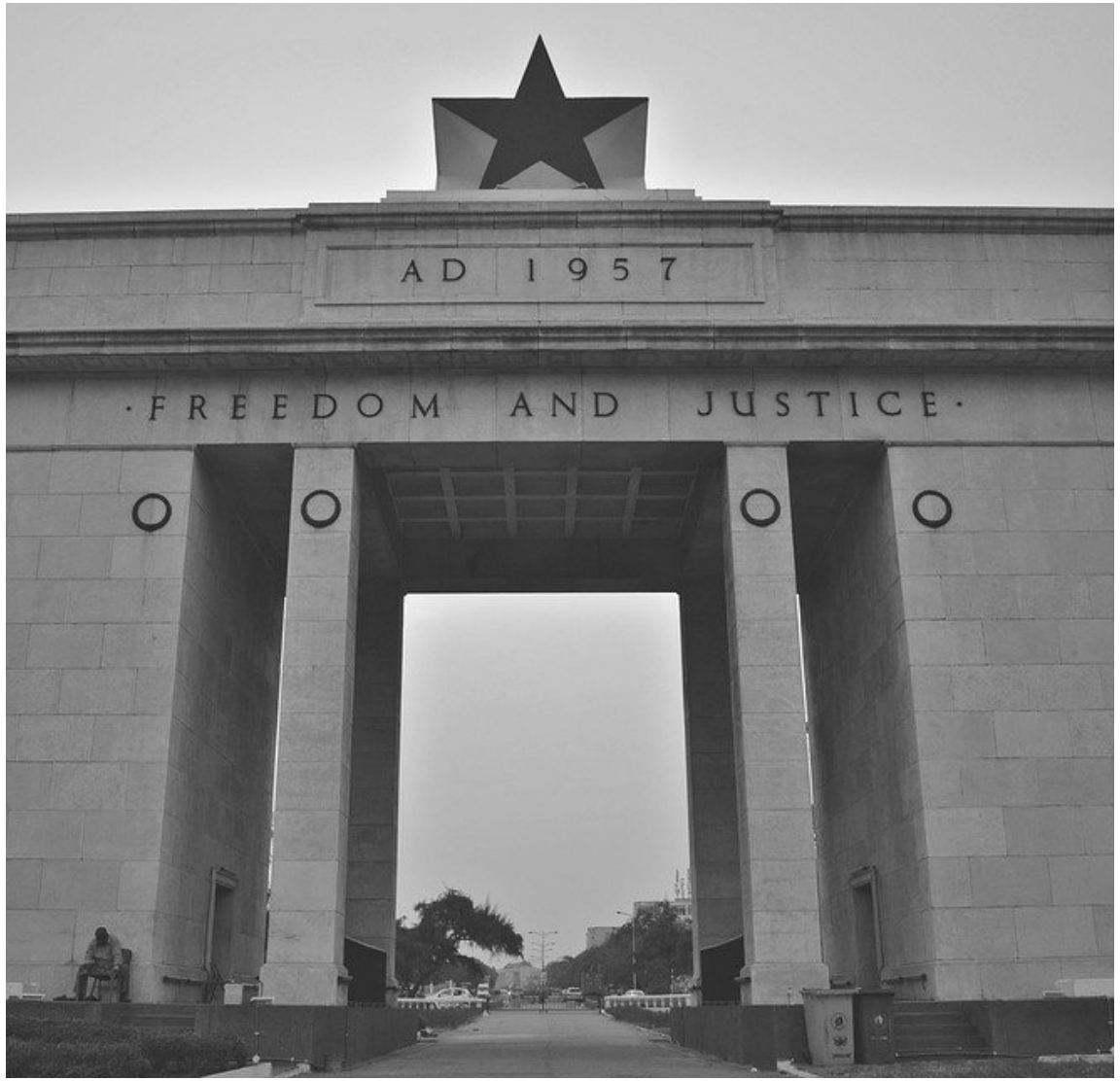
Interventions that are in – and out

Interventions that are in – and out



HTA in Ghana – An iDSI journey that began in 2010

- Helped convene interdisciplinary HTA groups that formed foundation of recently inaugurated HTA structures in Ghana.
- Continue to provide technical assistance for burdensome chronic conditions that threatens UHC sustainability, including gateway conditions such as Diabetes and hypertension.
- Co-developed Ghana's first national HTA study on hypertension medicines.
- Capacity building and institutional strengthening through long term partnerships.



iDSI empowers governments to provide accessible, cost-effective PHC

Smart purchasing for UHC

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.

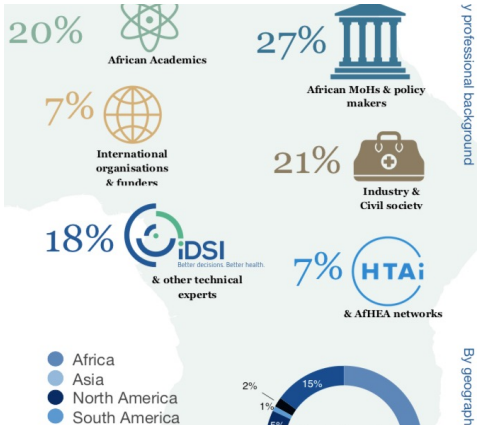
A 10% price reduction, to be in line with UK generics pricing, could save over US$5.6m – enough to treat untreated patients 4x over.

The government has now endorsed an HTA strategy to ensure long-term sustainability of the insurance fund.

iDSI

iDSI fosters change through joint action & partnerships

- Ghana HTA on hypertension medicines - 2017
- Multi-stakeholder HTA summit held in Ghana – 2018
- Formal HTA inauguration & launch of Ghana HTA strategy – 2019
- Coordinating with a consortium of partners working on HTA in Ghana to ensure UHC sustainability – 2020 onwards



Ghana's Minister of Health launches the National HTA Steering Committee and calls for HTA institutionalisation in the country

MINISTER OF HEALTH INAUGURATING GHANA HTA COMMITTEES, **October 2019**

Can we strengthen African patient involvement in HTA?

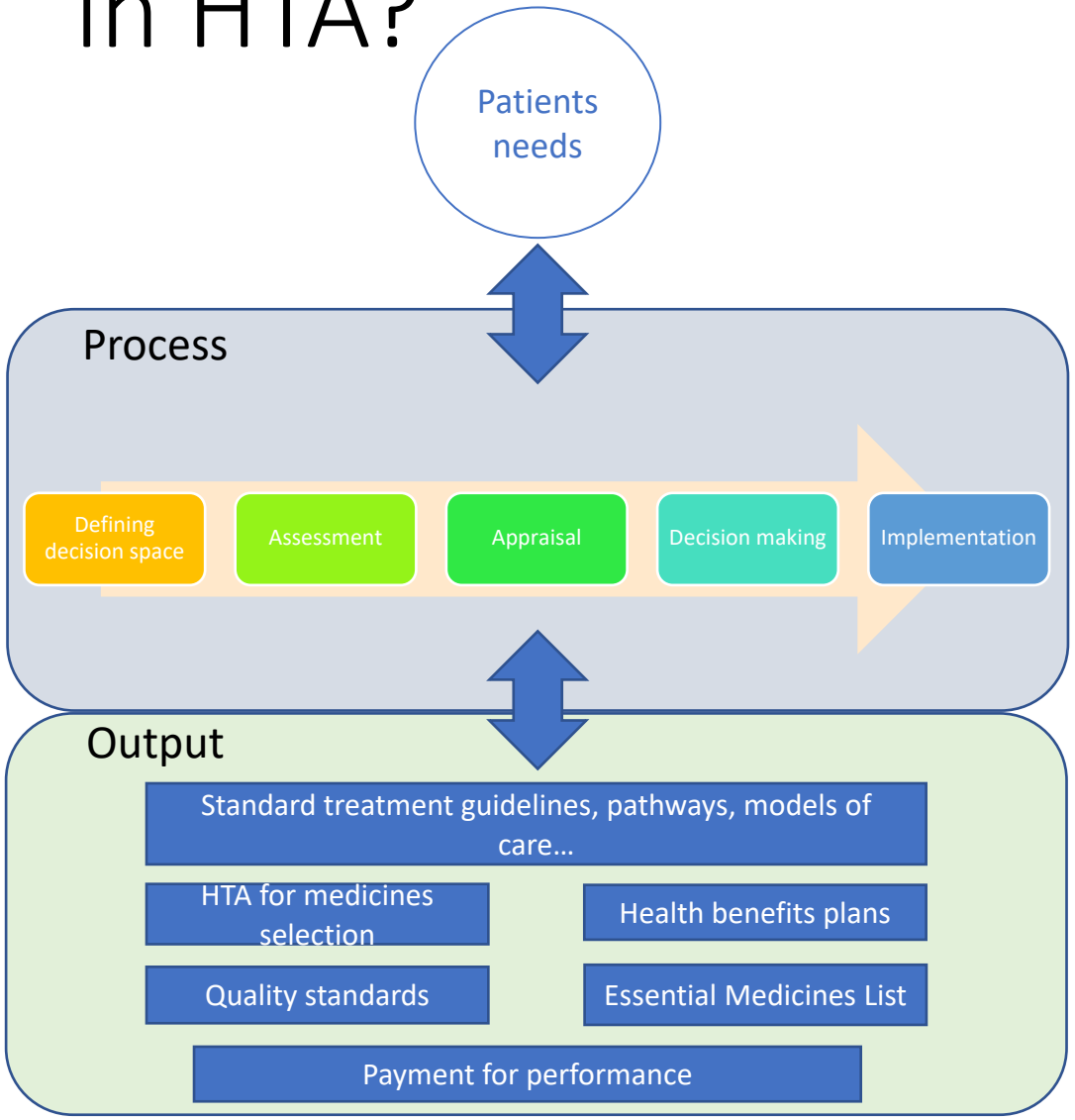
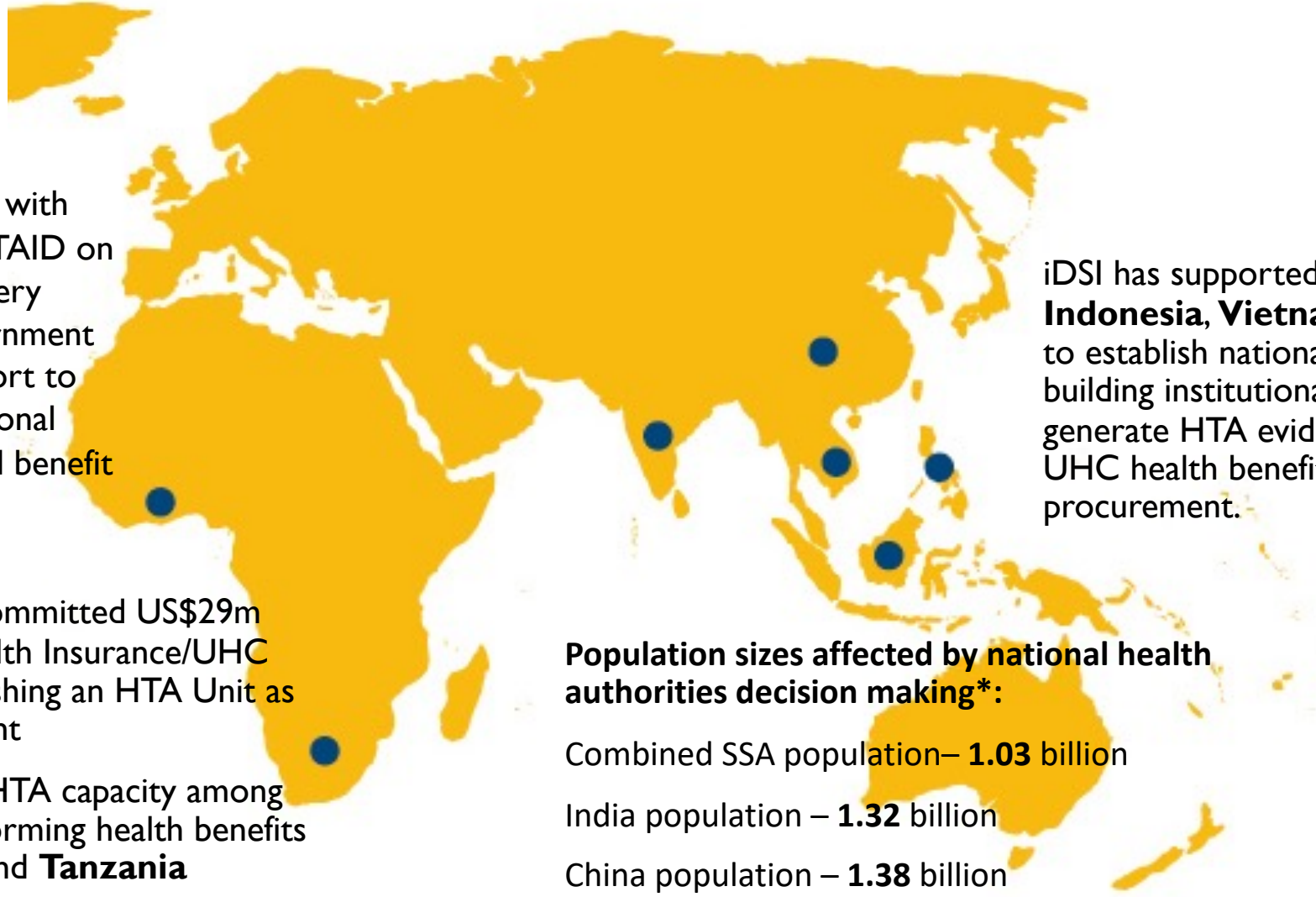


Table 4 Purpose, outcomes and feedback on the involvement

Country	Is the purpose of patient involvement clear, and if so, can you say what it is?	Does the input you provide make a difference, and if so, can you provide an example?	Does the HTA agency provide any feedback on how the patient group information was used and incorporated into decisions?
Scotland (SMC)	• To ensure appraisal committees understand impact of new drugs on quality of life; human perspective; patient experience of condition and treatment needs	• Weighting and impact [of input] not clear. • Help to create the 'whole picture' together with the industry and clinician information • Contact with advocacy groups of 1.5 years has led to being listened to, arguments heard	• Group is advised of the decision but no feedback is provided • Final reports or documents reference key points from patients, carers
England and Wales (NICE, AWMSG, rare diseases)	• To ensure appraisal committees understand impact of new drugs on quality of life; human perspective; patient experience of condition and treatment needs • Learning still – unclear	• Weighting and impact [of input] not clear. • Worked with company, clinicians to provide patient access scheme to increase/ show value • Contact with advocacy groups of 1.5 years has led to being listened to, arguments heard	• Group is advised of the decision but no feedback is provided • Final reports or documents reference key points from patients, carers • Feedback is provided from meetings but may not be able to share it with the rest of the patient group
The Netherlands (ZIN)	• Sets the content of the insurance package, like G-BAZIN	• None since the Pompe, Fabry diseases example	• No, communicated through industry

Source: Scott el at 2017, Patient advocate perspectives on involvement in HTA: an international snapshot

iDSI reach..



Strengthening health systems and institutions

In **Kenya**, iDSI's work with Global Fund and UNITAID on costing HIV ART delivery platforms led to government request for iDSI support to embed HTA into National Health Insurance Fund benefit package design

iDSI has supported **India, China, Indonesia**, **Vietnam** and **Philippines** to establish national HTA institutions, building institutional capacities to generate HTA evidence and to use it in UHC health benefit package listing and procurement.

South Africa has committed US$29m budget National Health Insurance/UHC reforms, with establishing an HTA Unit as an integral component

iDSI is also building HTA capacity among stakeholders and informing health benefits planning in **Ghana** and **Tanzania**

Population sizes affected by national health authorities decision making*:

Combined SSA population– **1.03** billion

India population – **1.32** billion

China population – **1.38** billion

iDSI
Better decisions. Better health.

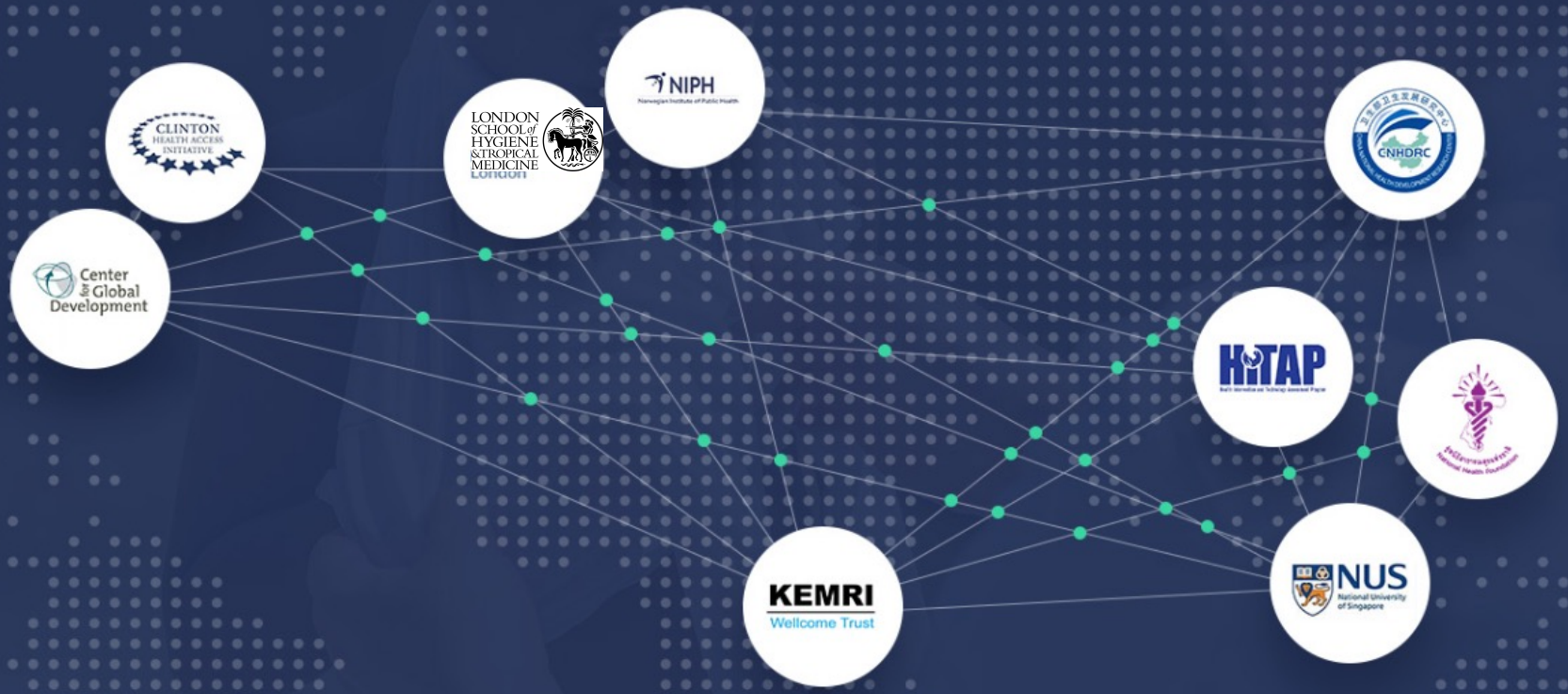
iDSI Knowledge Products: Country-relevant methods and applied research in economic evaluation and priority-setting

- **iDSI Reference Case for Economic Evaluation:** Now being adapted by LMICs in developing their own domestic reference cases (e.g. China, India).
- **What's In, What's Out: Designing a Health Benefits Plan for Universal Coverage:** Guidebook drawing on real country experiences; tailored courses being planned for Kenya and India
- **HTA Toolkit**: Accessible, practical online resource on the building blocks of sustainable and locally-relevant HTA mechanisms

Acknowledgments

- iDSI secretariat and partners
- Tony Culyer
- Kalipso Chalkidou
- Francis Ruiz

iDSI
Better decisions. Better health.



Thank you!

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Better decisions. Better health.

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