International Decision Support Initiative (iDSI): Supporting Priority-Setting for Universal Health Coverage

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Overview of the International Decision Support Initiative (iDSI)

1. **Growing need**: Increasing demand for priority-setting, limited supply
2. **Priority-setting**: Generate more health and equity for the money, essential for universal health coverage
3. **iDSI mechanism**: Connect policymakers to global capacity, tap economies of scale
4. **Unique to iDSI**: Demand-driven, peer-to-peer learning, global public goods
5. **Impact**: iDSI will benefit stakeholders at all levels

Why does the world need an international mechanism to support priority-setting?

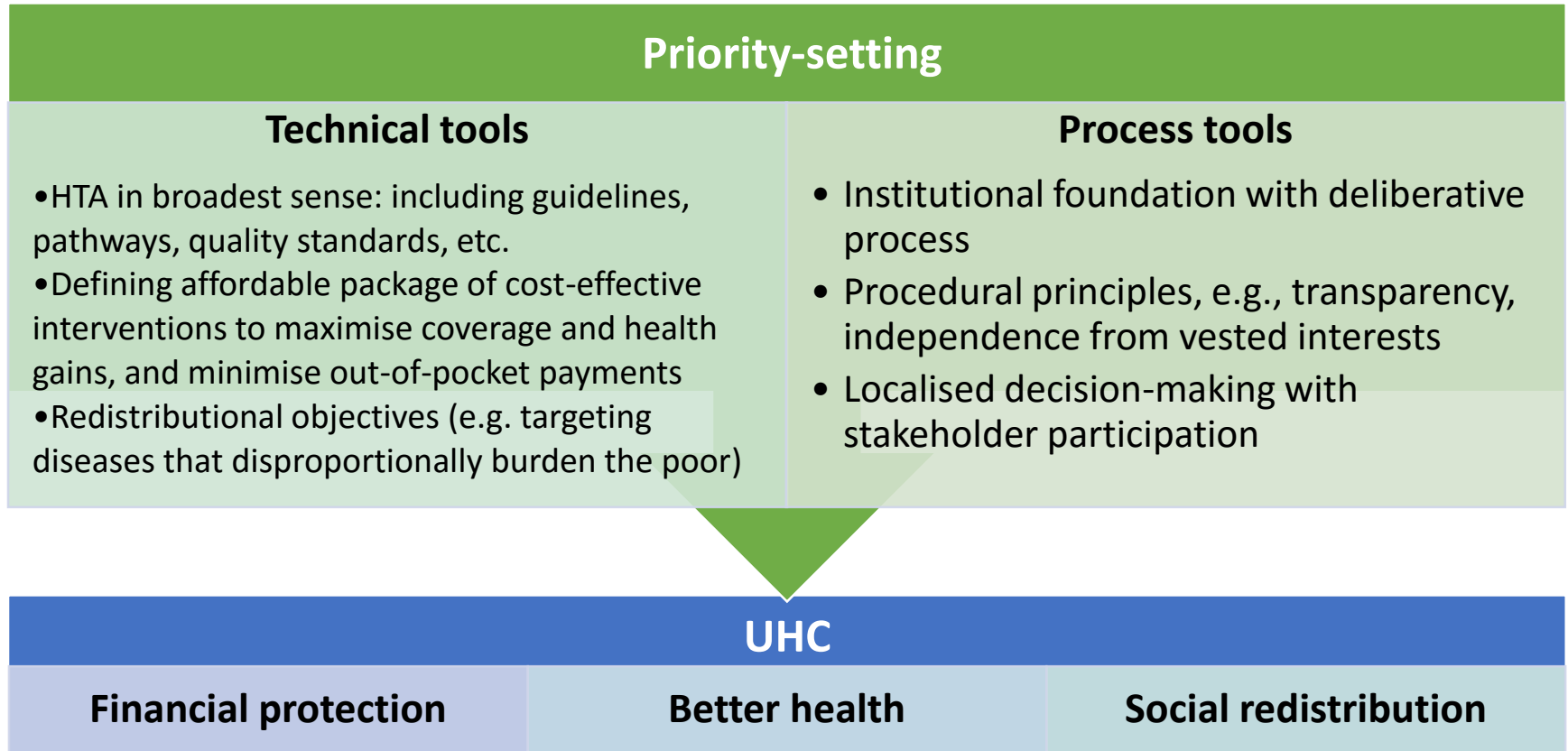| Demand	Supply
• As low and middle income countries (LMICs) move towards universal health coverage (UHC) and public spending increases, the need and demand for **priority-setting** will skyrocket • **Growing international markets for healthcare industry** with new and expensive technologies**,** yet local budgets and regulatory capacities • Few LMICs have priority-setting institutions, and therefore need **international support for decision-making**	• Few agencies (NICE International, UK; HITAP, Thailand) provide such support • Supply of technical capacity for priority-setting increasing worldwide, but not well-coordinated to tap **economies of scale** • NICE International and HITAP are small, and need a **sustainable model for scaling up** operations to meet growing demand

What is iDSI?

iDSI is a sustainable, adaptable, international mechanism, to provide policymakers (at sub-national, national, regional and international levels) with **co-ordinated support in priority-setting**, as a means to UHC.

Rational mechanisms for maximising efficient, equitable and ethical use of resources are essential for UHC

Priority-setting

Technical tools

- HTA in broadest sense: including guidelines, pathways, quality standards, etc.
- Defining affordable package of cost-effective interventions to maximise coverage and health gains, and minimise out-of-pocket payments
- Redistributional objectives (e.g. targeting diseases that disproportionally burden the poor)

Process tools

- Institutional foundation with deliberative process
- Procedural principles, e.g., transparency, independence from vested interests
- Localised decision-making with stakeholder participation

UHC

| Financial protection | Better health | Social redistribution |

Chalkidou et al. (2013) *Lancet,* Smith (2013) *Health Econ.*

Priority-setting can maximise horizontal and vertical health gains for any given budget, even with low public spending

Horizontal programmes e.g.

Rational health benefits package to minimise disease burden and catastrophic spending

'Best buy' public health and primary care interventions to minimise burden of NCDs

Vertical programmes e.g.

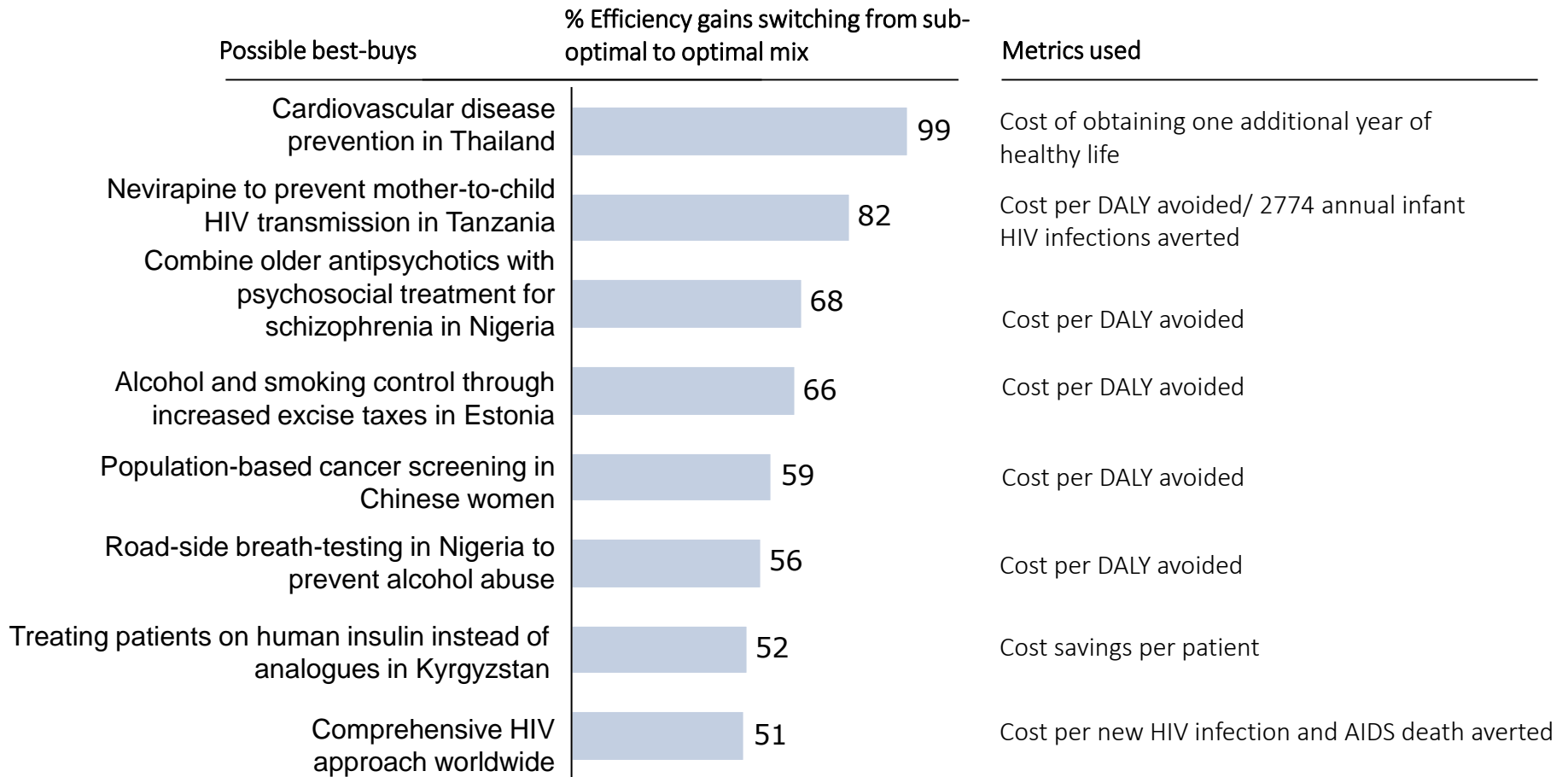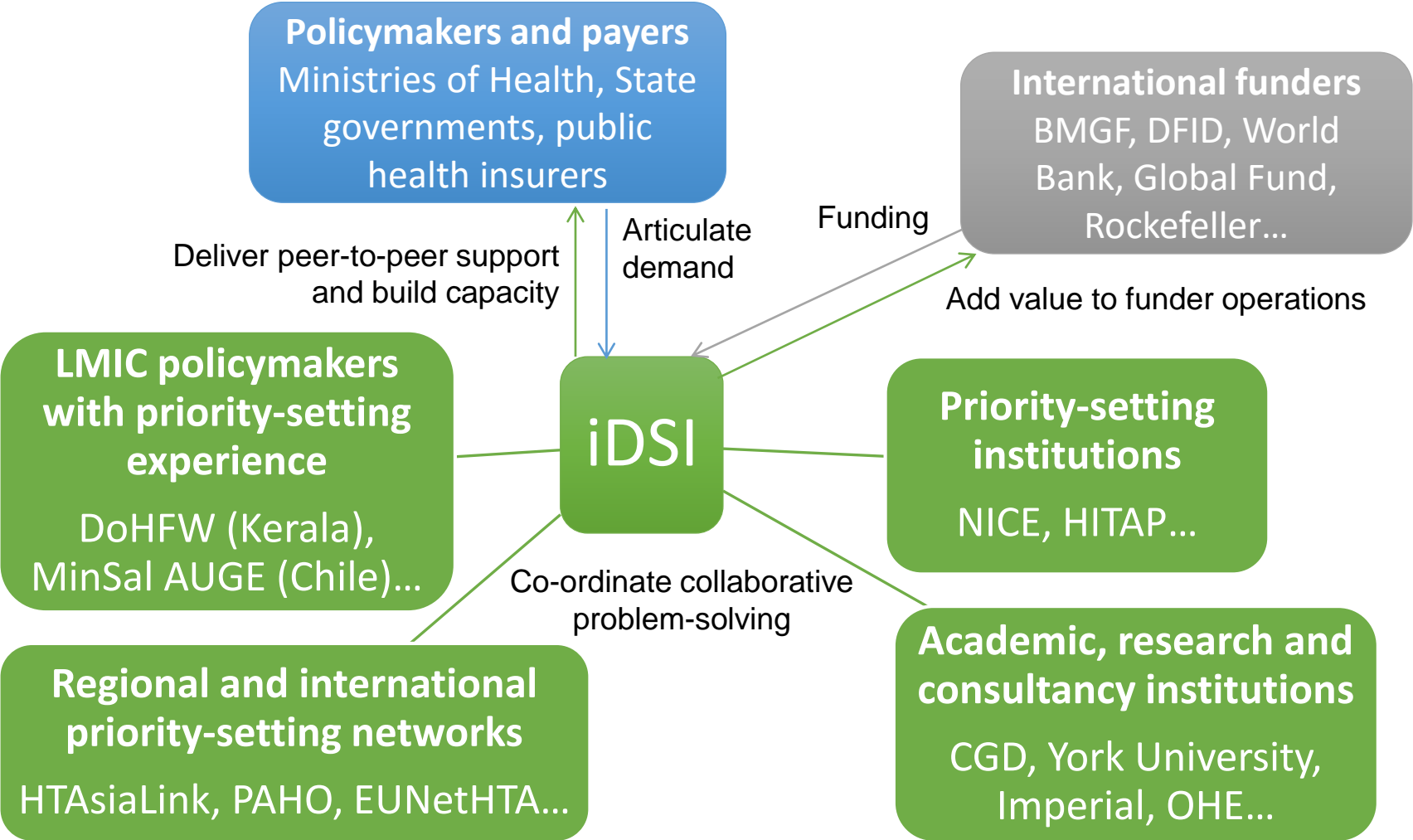| *HIV*	*Diabetes*	*Stroke*	*Maternal care*
Rationally allocating donor funding between second-line ARVs and expanding coverage of first-line ARVs	Reallocating public spending from insulin analogues to human insulin, to expand coverage and effectiveness of diabetes programmes	Adapting clinical guidelines to local context, to define cost-effective diagnostic and treatment practices across care pathway	Quality statements and indicators based on guidelines, to reduce variation in care and maternal deaths

Priority-setting can identify 'best buys' with substantial efficiency gains across LMICs

Possible best-buys	% Efficiency gains switching from sub-optimal to optimal mix	Metrics used
Cardiovascular disease prevention in Thailand	99	Cost of obtaining one additional year of healthy life
Nevirapine to prevent mother-to-child HIV transmission in Tanzania	82	Cost per DALY avoided/ 2774 annual infant HIV infections averted
Combine older antipsychotics with psychosocial treatment for schizophrenia in Nigeria	68	Cost per DALY avoided
Alcohol and smoking control through increased excise taxes in Estonia	66	Cost per DALY avoided
Population-based cancer screening in Chinese women	59	Cost per DALY avoided
Road-side breath-testing in Nigeria to prevent alcohol abuse	56	Cost per DALY avoided
Treating patients on human insulin instead of analogues in Kyrgyzstan	52	Cost savings per patient
Comprehensive HIV approach worldwide	51	Cost per new HIV infection and AIDS death averted

© Centre for Global Development. Sources: Sweat et al. (2005), WHO Report (2010), Gates Foundation 'Best Buys' presentation, UNAIDS (2011)

Our vision: iDSI will draw on global capacity to deliver technical support in priority-setting

iDSI's Unique Selling Points

Demand-driven

Focused on client countries' priorities

Systems approach to priority-setting

- **Comprehensive package of 'tools'**: HTA, guidelines, pathways, quality standards…
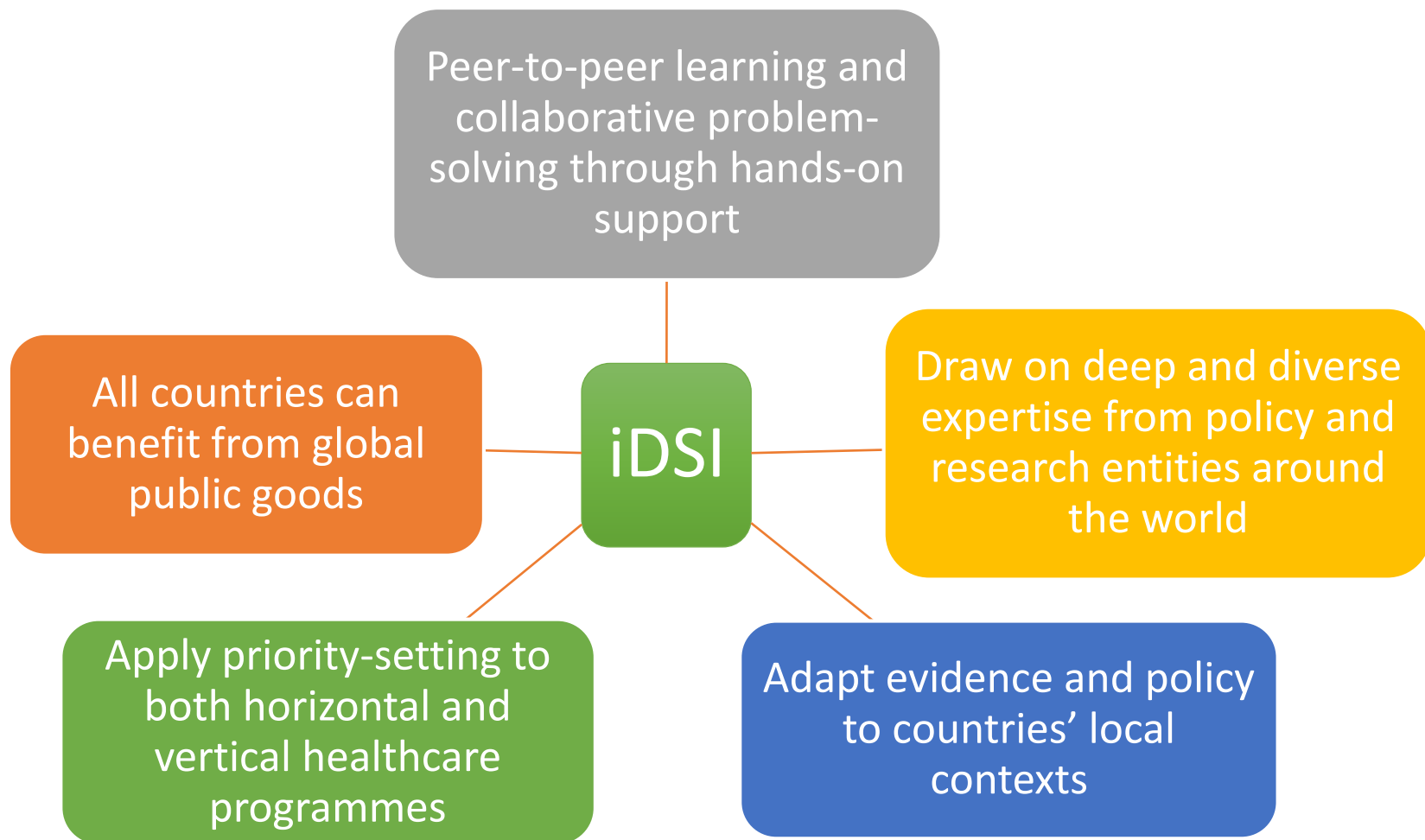- **Build institutional capacity**: training, demonstration projects, process manuals

Leverage NICE/HITAP networks to drive **economies of scale**

- Engage clinicians, academics, technicians and industry with policymakers around the world
- Engage LMIC stakeholders in South-South partnerships

Generate and disseminate **global public goods**

No-one has done all of the above

How will iDSI add value?

Peer-to-peer learning and collaborative problem-solving through hands-on support

All countries can benefit from global public goods

iDSI

Draw on deep and diverse expertise from policy and research entities around the world

Apply priority-setting to both horizontal and vertical healthcare programmes

Adapt evidence and policy to countries' local contexts

Impact on all stakeholders

International and domestic funders

- Ensure value (maximum health gains) for money
- Increase accountability
- Reach the 1bn of the world's poor living in MICs

Policymakers

- Leverage global capacity (including from other LMICs)
- Deliver effective, equitable and sustainable UHC
- Foster global health diplomacy

Delivery partners

- Direct access to policymakers
- Encourage stakeholder participation
- Achieve real impact
- Sustainable capacity for priority-setting at the local level

Financial protection and better health for the public