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

Global Health and Development Group, Imperial College

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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?

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

### 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 disproportionately 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

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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**
  - Rationally allocating donor funding between second-line ARVs and expanding coverage of first-line ARVs

- **Diabetes**
  - Reallocating public spending from insulin analogues to human insulin, to expand coverage and effectiveness of diabetes programmes

- **Stroke**
  - Adapting clinical guidelines to local context, to define cost-effective diagnostic and treatment practices across care pathway

- **Maternal care**
  - 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

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

**Policymakers and payers**
Ministries of Health, State governments, public health insurers

**LMIC policymakers with priority-setting experience**
DoHFW (Kerala), MinSal AUGE (Chile)...

**Regional and international priority-setting networks**
HTAsiaLink, PAHO, EUNetHTA...

**Priority-setting institutions**
NICE, HITAP...

**Academic, research and consultancy institutions**
CGD, York University, Imperial, OHE...

**International funders**
BMGF, DFID, World Bank, Global Fund, Rockefeller...

Deliver peer-to-peer support and build capacity
Articulate demand
Funding
Add value to funder operations

Co-ordinate collaborative problem-solving
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

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

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

**Delivery partners**
- Financial protection and better health for the public

*Financial protection and better health for the public*