Summary report

Indonesian study tour to the
National Institute for Health and Care Excellence, England

28th – 30th September 2015

Background

The National Institute for Health and Care Excellence (NICE) hosted a delegation of senior health policy makers and academics from Indonesia on a 3-day visit from 28th-30th September 2015. The delegation was led by **Dr Untung Suseno Sutarjo**, Secretary General, Ministry of Health, and aimed to learn about UK's approach to using evidence and social values to inform healthcare decision making in England and to explore how NICE can work in partnership with Indonesia as they continue progress towards Universal Health Coverage.

The delegation included **Prof Dr Akmal Taher**, Director General of Health Services (MoH), and consisted of senior individuals from key departments in the Ministry of Health including Pharmaceutical Services, the Health Financing and Security, the Health Technology Assessment Committee, and also the Chief Executive of BPJS **Dr Fachmi Idris** and other senior BPJS staff.

The delegation was accompanied by **Dr Dewi Indriani,** National Programme Officer for HTA and **Dr Salma Burton**, Team Leader, Health System Development from World Health Organisation Indonesian country office, and **Dr Zohra Balsara**, Deputy Director USAID Indonesia Health Office.

The delegation visit was supported by USAID, and the International Decision Support Initiative (iDSI), working in partnership with the Indonesian Ministry of Health and the WHO country office. The visit was part of a continued series of engagements between NICE and partners in iDSI including the Health Intervention and Technology Assessment Program (HITAP) Thailand as it works with the Indonesian Ministry of Health to develop HTA to support health policy decision making. See *appendix one* for full delegate list and programme agenda.

Day 1:

The delegation received presentations from **Dr Kalipso Chalkidou** (Director, NICE International) and staff on the National Health Service and its structure, organisation and guiding principles, including financing mechanisms and initiatives to maintain a high quality, responsive and efficient service including the Quality Outcomes Framework and Payment by results. The delegation learned about the background and history of NICE and had a facilitated discussion with **Sir Andrew Dillon**, NICE's Chief Executive, on the organisation of NICE and its role in the NHS. NICE staff also discussed some of the main outputs of NICE, including Technology Appraisals, Quality Standards and NICE guidance including Public Health and Clinical Guidelines, and novel aids to implementation such as the Return on Investment tool developed to support public health guidance.

The delegation received a presentation from **Prof Anthony Kessel** (Director of International Public Health, Public Health England (PHE)) on the role and functions of PHE in addressing major public health challenges in England.

The day concluded with a discussion on the role of priority setting institutions like NICE to attempt to utilise evidence of clinical and cost-effectiveness to inform health policy decisions and signal high quality care. Delegates observed that evidence based priority setting in health goes beyond the analytical components of Health Technology Assessment (HTA) and crucially requires clear and inclusive processes and governance arrangements to ensure it meets the expectations of all stakeholders including patients, health professionals, providers, manufacturers and ultimately the government and the public.

Discussion also centred on how existing levers within the health system can be used to drive change to implement quality care, optimising health while supporting the sustainability of the health system.

Sir Andrew Dillon, CEO of NICE, discusses key functions and organisational structure of NICE

Day 2:

The delegation visited the NIHR (National Institute for Health Research) Evaluation, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. The delegation learnt about the central role of health research in driving health policy in England and how NETSCC works to optimise the more than £1 billion annual health research budget. The delegation received presentations on the dedicated research programme for Health Technology Assessment, and how it provides the research needed to support the decision making functions of NICE. **Dr Lynn Kerridge** (CEO, NETSCC) met with the delegation and expressed willingness to continue working in partnership with Indonesia to support its growing focus on local health research and use in policy.

Dr Martin Aston Key (Consultant in Public Health Medicine, NETSCC) and **Dr Sarah Puddicome** (Ass. Director, research Community and Capacity, NETSCC) facilitated discussion about how NICE and NETSCC work together and the importance of a health research programme that can anticipate and react to policy needs.

The delegation outside the NIRH Evaluation, Trials and Studies Coordinating Centre, University of Southampton

Day 3:

Professor John Cairns (Dept of Health Research Services and Policy, London School of Hygiene and Tropical Medicine) chaired a session at NICE offices to discuss the proposed roadmap for HTA institutionalisation in Indonesia and how NICE and partners can support this initiative. The session attendees consisted of NICE staff and the full delegation from Indonesia, including colleagues from WHO and USAID. The Chair of NICE, **Professor David Haslam,** also joined the session and provided insight into how NICE had managed to become a trusted institution in service of the NHS over time through continual engagement with a wide constituency of stakeholders and a focus on methodological and procedural excellence.

Professor Sudigdo Sastroasmoro (Chairman of HTA Committee) presented on the current status of HTA in Indonesia, noting substantial progress in methods and outputs over recent years and identifying limitations in terms of resources and data availability.

Professor Budi Hidayat (member of HTA committee) introduced the Roadmap of Health Technology Assessment in Indonesia. Prof Hidayat outlined the key motivating factors for more established use of HTA methods and processes to inform health policy in Indonesia,

and introduced a detailed action plan for how this would be achieved over the next 5-10 years (see PowerPoint slides in Appendix Two).

Roadmap for HTA in Indonesia -Major discussion themes:

The HTA client: role of Ministry of Health and BPJS

Attendees agreed it will be important to be clear from the outset who is the HTA client: i.e. which organisation is requesting and paying for HTA to be conducted, and what will these organisations do with the HTA outputs? Delegates considered that the Ministry of Health is likely to be the payer, however the mechanism for how this might be organised is to be determined. The immediate need for HTA outputs are to inform revision of the existing JKN health benefits package (HBP, also called "benefits basket")), this would require consideration of investment, disinvestment, and potentially optimising /restricting the indications for some of the technologies and services currently available in the HBP. Going forward, one of the aims of HTA would be to consider inclusions to the HBP under an established process as new technologies emerged.

BPJS, as the agency managing JKN and consequently the HBP could play a key role in signalling high-priority areas for assessment based on volume and cost and where the clinical and cost-effectiveness of a technology is uncertain. Improved rationalisation of the HBP could also improve both the efficiency of JKN in achieving health benefits for all Indonesians from within the funding available, but would also contribute to the sustainability of the insurance mechanism.

It was recognised that key stakeholder groups, including JKN, patient organisations and the general public, hospital groups, doctor and health professional societies and manufacturers would all play a role in ensuring successful development of HTA in Indonesia. The Ministry of Health, through the existing HTA committee and other entities, could play an important role in bringing these various stakeholders together and managing processes to ensure appropriate levels of inclusion.

HTA topic prioritisation and selection

Discussion around stakeholder inclusion raised the important issue of topic selection and prioritisation, acknowledging that no HTA system would be able to assess every conceivable service and technology. The pilot HTAs currently being conducted were prioritised through consultation with patient groups and it will be important to continue to reflect the views of patients, however going forward it will be imperative to establish a topic selection process (including clear prioritisation criteria) that incorporates and balances the views of all stakeholders, including the need for financial sustainability of JKN. As noted above, JKN could play a key role in signalling high-priority topics for assessment.

HTA Process: Assessment, Appraisal, and Decision-Making

A key learning outcome from the delegation visit to NICE and NIHR was the clear distinction made in the British system of ***Assessment*** (the technical analysis to calculate expected clinical effect and costs of a technology) and ***Appraisal*** (the review and interrogation of the evidence generated at the Assessment phase to come to a recommendation). In the UK, the ***Decision Making*** function as to whether to make a technology funded on the NHS has also been delegated to NICE, so that under the Technology Appraisals programme, if NICE recommends that patients should have funded access to a technology, the NHS providers are required to comply. Attendees agreed that the arrangements for assessment, appraisal and decision-making in Indonesia need not follow the same structure as in the UK. However, it will be useful to establish which groups will be performing these functions going forward. Initial discussion indicated that assessment could be done by various groups that already had technical expertise, such as university units and those currently involved in existing HTA committee technical work. . Appraisal (including methodological standardisation) could be coordinated by the HTA committee and decision-making would likely remain within the remit of the MoH. However, structures and roles will need to be formalised and may vary depending on the nature of decisions and types of technologies and services being considered.

Delegates considered that whatever the final process for assessment, appraisal and decision-making in Indonesia looked like, it would need to be clearly defined and communicated to all stakeholders. Ensuring that all parties know and accept the "rules of the game" is a key component of successful and sustainable use of HTA.

HTA Methods

The importance of high-quality HTA methods was discussed. Methods used by other institutions such as NICE and HITAP in Thailand will be instructive, but HTA methods that are appropriate to the Indonesian context will need to be established, building on HTA work already conducted. In a similar way to HTA process, it will be important that the HTA methods are known and accepted by interested stakeholders.

A key methodological issue raised by the delegation was how to identify an appropriate cost-effectiveness threshold to indicating whether a technology represented good value for money within the Indonesian health system. NICE staff noted that this was an important methodological issue in all countries, (including the UK) and is also a major work stream of the International Decision Support Initiative (iDSI). NICE and its partners in iDSI will continue to work with Indonesian colleagues to establish estimates of the marginal productivity of health spending in Indonesia and how these estimates can contribute to decision-making processes.

Capacity Building

Delegates noted that development of HTA in Indonesia faced substantial capacity constraints. HTA capacity development was required not only in the technical expertise to conduct analysis but also to the capacity of policy makes to absorb HTA outputs to usefully inform decisions. Delegates noted that were many mechanisms to develop capacity, including in-country skills development and awareness raising initiatives, international partnerships with academic units and institutions such as NICE and HITAP, in addition to networks such as HTAsiaLink. Delegates noted it was important to build on existing skill base in Indonesia and that establishment of HTA Institutions will stimulate demand for skilled individuals and units. Delegates agreed that delivering on a dedicated capacity-building strategy (as already outlined in the HTA roadmap) would be required to successfully develop HTA in Indonesia.

Research, local evidence generation and use of existing data

Delegates noted that a key finding of the visit was the high level of investment that was likely to be required for HTA research and evidence generation. Providing substantial research funding from the health budget is a continual challenge given the pressing health needs, therefore it will be important to target research funding to areas that are likely to be of greatest value to decision makers, ensuring that research funding itself is cost-effective.
Delegates noted that there is a substantial data (in particular on utilisation and fees) already being generated within the Indonesian health system, and efforts should be taken to ensure this data is optimised.

HTA in Clinical Guidelines, Public Health Guidance

Delegates noted that the Technology Appraisal programme at NICE is targeted towards new (often pharmaceutical) technologies, but that NICE also utilise HTA in production of Public Health Guidance and Clinical Guidelines, in addition to producing a number of products focussed on implementation, including Quality Standards and Return on Investment tools. It is likely that HTA in Indonesia will need to have some focus on high-disease burden areas in public health, and will go beyond “drug A vs. drug B” singular technology investment decisions. NICE staff noted that they would support colleagues in Indonesia to utilise HTA to best meet the most pressing health policy needs.

On-going support from NICE and the wider iDSI network

The final item for discussion was how NICE and the wider iDSI network, working with partners including WHO and USAID could continue to support efforts to develop HTA processes in Indonesia as part of the wider UHC objective.

The points identified in the Action Plan of the HTA roadmap (see presentation) provided a useful starting point for planning particular areas of support. Going forward, delegates will identify priorities for support (including timing) enabling strategic plans to be developed.

NICE staff noted likely key areas where NICE could offer support included (but was not limited to):

- HTA awareness raising, including facilitation of high-level ministerial / parliamentary visits to the UK and linking with initiatives to engage with key groups (e.g. media)
- Hosting individuals and collaboration on particular HTA research
- Support for development of in-country HTA methods and process guides
- Support of institutional arrangements and governance procedures such as accountability structures and conflict of interest management
- Communication strategies for various stakeholder groups

In addition, NICE staff considered that an institutional Memorandum of Understanding (MoU) between NICE and the Indonesian MoH detailing on going willingness to work together could be a useful step to formalise engagement over the coming years. NICE staff noted that a key attribute of iDSI engagement is that it is not technical assistance but institutional two-way partnership. NICE is keen to share successes, failures and lessons learned over its 15 years of existence to assist colleagues in Indonesia to optimise HTA in a way that suits the local context and policy needs. In time, NICE also hopes to learn from the Indonesian experience to improve it's offering to the British NHS.

Final actions

- NICE staff to share summary brief with delegation for input and comment

- Indonesian MoH, NICE, and the wider iDSI and partners to discuss future work streams and collaboratively develop a work plan for 2016-2018

28 September – 30 September, 2015

Objectives of the study visit to NICE – To:

- understand the background to NICE's creation and subsequent development
- learn the role of NICE within the wider health system
- understand how the NHS operates, particularly with respect to funding flows, accountability structures, payment of providers, performance management, incentives

Contributors:

Sir Andrew Dillon (AD)	Chief Executive, NICE
Prof. David Haslam (DH)	Chair, NICE Board
Dr Kalipso Chalkidou (KC)	Director, NICE International
Mr Thomas Wilkinson (TW)	Adviser, NICE International
Mr Ryan Li (RL)	Adviser, NICE International
Prof. John Cairns	Professor of Health Economics, London School of Hygiene and Tropical Medicine (LSHTM)
Dr Lesley Owen (LO)	Technical Advisor, Surveillance and Methodology, NICE
Prof. David Heymann	Chair, Public Health England Board and Professor of Infectious Disease Epidemiology at the London School of Hygiene and Tropical Medicine (LSHTM)
Prof. Anthony Kessel	Director of International Public Health, Public Health England

Delegates:

Indonesia

Dr. Untung Suseno Sutarjo, MKes	Secretary General, MoH
Prof. Dr. dr. Akmal Taher, Sp.U(K)	Senior Advisor to the Minister of Health, MoH
Dr. Donald Pardede, MPPM	Chief of Centre for Health Financing and Health Security, MoH
Dr. Bayu Teja M., Apt, M.Pharm,	Director of Pharmaceutical Services, MoH

MM	
Togar Siallagan	Chief of Research and Development Group of BPJS
Prof Sudigdo Sastroasmoro	Chairman of HTA Committee
Prof Budi Hidayat	Member of HTA Committee
Fachmi Idris	Chief of Executive of BPJS
Mr Fajridinur	Director of Services of BPJS

WHO

Dr Salma Burton	Team Leader for Health System Development
Dr Dewi Indriani	National Programme Officer for HTA

USAID

Dr. Zohra Balsara	Deputy Director Health Office
Edhie Rahmat	Senior Health Systems Strengthening Adviser

Day 1 – The British NHS, the role of NICE

Venue: ***Conwy*** *room, NICE offices*

Time	Item	Who	Overview
09.00	Introduction to the British National Health Service	**KC / TW**	• Financing and payment mechanisms • Provider/purchaser split • The roles of providers, purchasers and government • Similarities and differences to the Indonesian system (discussion)
10:15	Coffee Break		
10.30	Organisational overview of NICE / Q+A with NICE CEO	**AD**	
10:45	NICE and its role in the NHS	**KC / TW**	• The need for NICE in the 1990s; its evolution since • Core principles and practices • Guidance producing centres • Links with policy and practice • Overview of quality standards and incentives
11:20	Health technology assessment and appraisal	**KC / TW**	• Defining HTA and the role of the Centre for Health Technology Assessment at NICE • HTA and clinical guidelines • Topic selection • Methods – assessing clinical and cost-effectiveness • HTA approaches in public health – assessing the cost effectiveness of public health interventions • Assessment and appraisal of pharmaceuticals • “End of Life”, Patient Access Schemes, and the Cancer Drugs Fund • Assessing and appraising non drug technologies – devices and

			diagnostics
12:15	Developing and implementing evidence informed public health policy: Public Health England	**Anthony Kessel and David Heymann**	• NCD prevention • Performance indicators
13.15	*Lunch*		
14.00	Public Health - Tobacco	**LO**	• ROI tool for tobacco
14:45	*Break*		
15.15	Deriving quality standards and indicators to measure and benchmark out comes	**RL**	• NICE quality standards – what are they and how are they developed? • Deriving indicators and linking them to financial incentives – NICE's role in the Quality and Outcomes Framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK) • Opportunities and challenges in developing evidence informed standards and indicators
17.00	*End of Day 1*		
18.30	**Welcome Dinner**	**KC / TW / AD**	*Thai Square Trafalgar restaurant, 21-24 Cockspur Street, Trafalgar Square, London SW1Y 5BN*

Day 2

Visit to NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), University of Southampton Alpha House, Enterprise Road Southampton SO16 7NS

Time	Item	Who	Overview
09.00	Travel to Southampton to meet with NETSCC[1]/NIHR	**TW**	
11.00	Health Technology Assessment in the UK – the role of NIHR and its links to policy	**NETSCC**	• Welcome
11.30		**NETSCC**	• Overview of NIHR /NETSCC and NETS evaluation programmes/activities managed within the coordinating centre.
12:30	*Lunch*	**NETSCC**	
13:15	Health Technology Assessment in the UK – the role of NIHR and its links to policy (continued)	**NETSCC**	• NIHR HTA Programme overview (prioritisation, commissioning, monitoring)
14:15		**NETSCC**	• Relationship between HTA programme and NICE
14:25		**NETSCC/SHTAC representative**	• Technology Assessment Reviews, DH contracts and working with NICE and other policy customers • To explain link between DH and NICE, TAR teams, contract management, quality assurance process, commissioning HTAs for policy customers, publication, and links to policy process and some examples of Impact of HTA and opportunity to talk to a senior member of the contracted Southampton based TAR team)
15.25		**ALL**	Open discussion
16.00	*End of day 2* *Depart for London*		

[1] The NIHR, Evaluation, Trials and Studies (NETS) programmes, fund valuable independent research for health and social care decision makers, including NICE. They are managed by the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), based at the University of Southampton.

Day 3 – Discussions at NICE on HTA in Indonesia and opportunities going forward

Venue: ***Derwent*** *room, NICE offices*

Chair: *John Cairns*

Time	**Item**	Who	**Overview**
09:00	HTA in Indonesia	Indonesian delegation	• Description of the current situation with respect to HTA in Indonesia, including products being developed and how they are currently being used
10.00	*Break*		
10.15	Developing a 'road map' for HTA in Indonesia and next steps	Indonesian delegation / All – Open discussion **DH to offer reflections**	• Reflections on the past two days: discussion on key similarities and differences between the British and Indonesian context, including potential lessons • Discussion on the key elements of a 'road map' for HTA in Indonesia, including the role of developing a 'business plan' for HTA, engaging with stakeholders to obtain buy in, and a strategy for strengthening in-country technical capacity in HTA • Role of the international decision support initiative (iDSI) in Indonesia 2015 and beyond
11:45	*Close of visit**		

Appendix Two:
Discussion presentation – Roadmap of HTA in Indonesia

Roadmap of Health Technology Assessment in Indonesia

HTA Committe Team

2

Should Indonesia follow NICE approach?

- The NICE approach has become the gold standard of HTA implementation in pricing and reimbursement decisions;
- BUT, it is difficult to replicate the same approach in Indonesian due to limitations of human and financial resources for HTA. Furthermore, there are room to improve traditions and political commitment to improve the transparency of public policy decisions.

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Situation Analysis: Current Condition

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- HTA began to gain momentum since the implementation of JKN program;
  - The terminology of "HTA" exist in the Presidential Regulation (PerPres)
  - HTA committee had been established;
  - MOH has released National Formulary, and this has been claimed that it was based on HTA outputs. Is it true? (see next slide)!

- However, some caveats exist:
  1. **Legal framework** for the incorporation of health technologies in health systems based on HTA is lacking (e.g. HTA regulating the 4th hurdle and 5th hurdle does not exist);
  2. **Low public budget for HTA**, HTA is still inferior!;
  3. **Few trained health economists** who are capable to conduct a comprehensive HTA;
  4. **JKN premium setting was independent** from INA-CBGs price and HTA costing. Situational.
     - The financial condition of the JKN was in danger (in2014, JKN spending was higher than its revenues; Claim ratio 109%).
     - Solution: (i) linkage HTA costing with INA-CBGs prices setting, and subsequently used it to set premium rate; (ii) conduct the 5th hurdle HTA for the current JKN benefit baskets and use the output to revise the benefits.

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Situation Analysis: Current Condition (2)

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Only part of the Economic Evaluation has been done

….several institutions has conducted a "somehow" HTA (up to the conventional 3rd hurdle), not a comprehensive HTA (up to the 5th hurdle)

As of MOH Decree 171/Menkes/SK/IV/2014, "**HTA committee provides recommendation on health policy based on comprehensive technology assessment to the MOH**". *What does the comprehensive HTA mean in practices?*

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CONTINUM of Economic Evaluation

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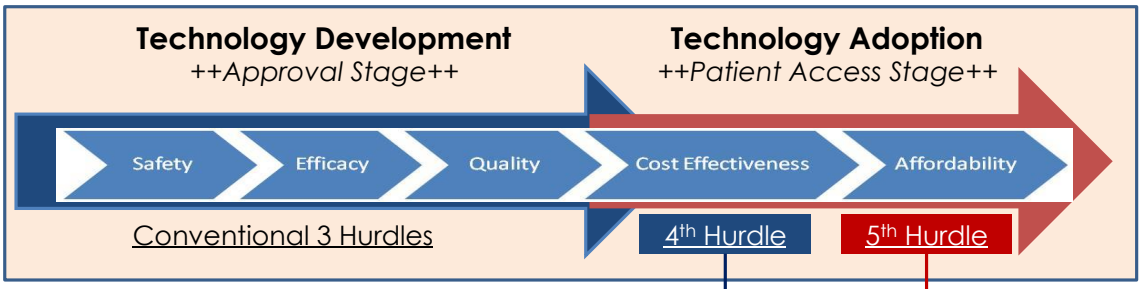

Element	CEA, CUA, and CBA	Budget Impact Analysis
Concept	Efficiency (value for money)	Affordability
Purpose	Efficiency of the selected technology (new or existing)	Financial impact of technology (new/alternative); [Cash-flow]
Perspective	Societal/payer	Payer
Outcome	Included QALY	Excluded QALY
Cost	Opportunity Cost	Financial Cost
End-point	ICER	Budget change

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Example: AVASTIN

Patient Access Stage (**Effectiveness & Affordability**)

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- *Randomized:* "Chemotherapy" vs "Chemotherapy & Avastin"
- Results: Treatment groups increase survival 4.7 mo (15,6 vs 20,3); p <0,001;
  - **BUT, additional costs for curing 4,7 months as follows:**
    - **$101.500 (assumed $5.000 per month for Avastin drug costs)**
    - **$259.149 per year life gained, not QALY**
  - **Other study found costs per QALY $143.000 and $171.000 for Avastin (Howard et al. 2010)**
- **Decision: NICE reject Avastin to be covered under NHS. How about JKN in Indonesia?**

In Indonesia, Avastin was listed in the "DPHO", and now is included in the National Formulary for JKN members

1. Was it base on comprehensive HTA?
2. Remember: AVASTIN is paid FFS (**un-bundle CBGs**)

Indonesia needs a comprehensive HTA (up to 5th hurdle), otherwise put high financial risks to the JKN program.

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Do we really have a comprehensive HTA?

- NOT yet. At the current condition, we just conduct a partial HTA (e.g. up to the conventional 3rd Hurdle):
  - BPPOM conduct HTA, mostly, in terms of "safety", and it is based on the literature review. This has been done since long time ago.
  - Several pharmaceutical companies also conduct HTA, mostly, in terms of "efficacy" of the product (e.g. medicine). The effectiveness criteria are mostly obtained from clinical trials study, research report, scientific publication, special research and meta-analysis from the existing literature on particular product being studied.
  - Setting the Indonesian "National Formularies" was also based on HTA, but from our assessments (earlier slides; Avastin) it was up to the 3rd hurdle only. Both cost-effectiveness and affordability criteria are still missing.
  - HTA committee team is starting to conduct HTA up to the 4th hurdle (cost-effectiveness), and will be followed by the 5th hurdle (BIA)
- Since the MOH Decree mandates the HTA team to **provide recommendation on health policy based on comprehensive technology assessment, we eager to institutionalize HTA, and has drafted the Indonesian HTA roadmap (next section discuss this issue)**

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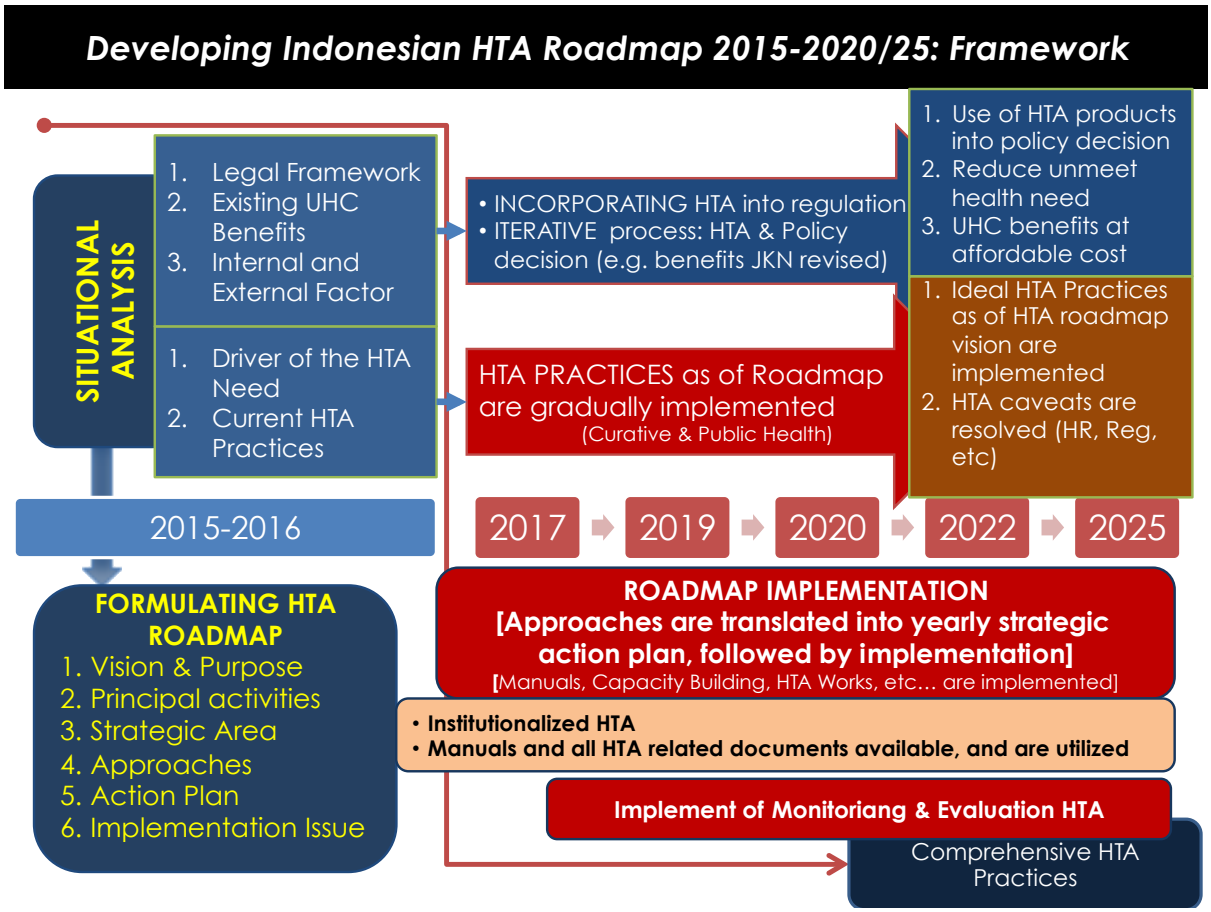

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Setting the Scene: *Role of HTA*

(Translation of: SK Menkes No. 171/Menkes/SK/IV/2014 & PerPres 12/2012)

- Provide recommendations of the HTA outputs to the MOH in terms of the following aspects:
  1. Addressing curative health need in terms of JKN benefits basket;
  2. Addressing public health need (as proposed by last HTA meeting);
  3. Addressing new and emerging health technology to be included on the above two issues (public and curative health)
- Recommendations on the above three issues will be broken into three level policy advices; as follows (see next slides);
  1. Macro level: on national health policy (e.g., setting health planning and organization, setting JKN benefit basket, propose a national policy on prevention program using HTA evidence-based)
  2. Meso level: on the use of HTA outputs on institutional management (e.g., use of HTA outputs for developing gold standard used by BPJS for UR program)
  3. Micro level: on the use of HTA outputs as inputs to develop the SOP

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Setting the Scene: HTA & its environment

- The Indonesian HTA body intend to make collaboration with several partners:
  1. Operating within the Indonesian regulatory framework;
  2. Interaction with the HTA's stakeholders involved in the country;
  3. Positioning the HTA body on the international scene.

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Roadmap of the Indonesian HTA

The next slide describe the main contents of the Indonesian HTA Roadmap:

- **Vision**
- **Purpose**
- **Principal Activities**
- **Guiding Principle**
- **Strategic Areas & Key Indicators**
- **Approaches**
- **Action Plan**
- **Time Table**

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Vision and Purpose [Draft]

Vision	Purpose
▪ The vision of the Indonesian HTA is to foster scientific excellence in the evaluation and supervision of health technologies, for the benefit of both curative health within national health insurance scheme and public health program.	1. Strengthening evidence-based decision-making processes; 2. Strengthening the link between HTA and quality of care, patient safety and financial sustainability; 3. Ensuring respect for the right to health based on the principles of equity and solidarity; and 4. Contributing information to support the organization of both cost-effective services and affordability perspective for health systems in the country

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Guiding Principles [Draft]

1. Make independent recommendations based on scientific evidence, using state-of-the-art knowledge and expertise in our field (health, medicine, economics, social science)
2. Support research and innovation to stimulate the development of better health outcome.
3. Value the contribution of our partners and stakeholders to our work.
4. Assure continual improvement of our processes and procedures, in accordance with recognized quality standards.
5. Adhere to high standards of professional and personal integrity.
6. Communicate in an open, transparent manner with all of our partners, stakeholders and colleagues.

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Strategic Areas 2015-2020/25

- To address the Indonesian current condition (see situational analysis), the Indonesian HTA team has identified four strategic areas for the future works:
  1. **Addressing curative health needs** → facilitation the revision and development of JKN benefits basket by taking into account all HT's criteria (safety, efficacy, quality, **effectiveness and affordability**)
  2. **Addressing public health needs** → stimulating the development of health technology for unmet medical needs;
  3. **Facilitating access of health technology to both public health and curative health** → reduce the productivity gap that currently exists in the development of health technology.
  4. **Optimizing the safe and use of rational health technology** → minimizing the risks to public and curative health that are inherent in the 'real-world' use of health technology

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Strategic Areas 2015-2020/25:
Addressing Curative Health Needs

Objectives	Impact/Results Indicators
Facilitate the revision of existing JKN benefits basket	• Increase in the number of scientific-advice requests for revising current JKN benefits basket; • The concept & practice of HTA are embedded as part of the scientific-review process, and results are subsequently communicated to key stakeholders at the macro, meso and micro levels; • Increase in the use of specific procedures (e.g. output of HTA are used to (a) formulate MOH decree on JKN benefits, (b) develop SOP for clinicians, © as inputs to develop gold standard for conducting UR program)
Accommodate the development of JKN benefit basket by taking into new HT	• ??

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Approach [Draft]

The above strategic areas can be fulfilled without having appropriate approach. So, we propose a comprehensive approach to HTA and the incorporation of health technologies into health systems with the following elements:

- **Integration of HTA into Public Policies on Health Technologies**
- **Establishment of an Institutional Framework for HTA-based Decision-making**
- **Human Resources Development**
- **Promote the Production of Evidence and Dissemination of Information**
- **Rational use of Health Technologies**
- **Promotion of Network Collaboration**

These HTA Approaches are then translated into "Action Plan" [Next slide]

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Action Plan 2015-2020:

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1. **support the establishment of decision-making processes for the incorporation of health technologies based on HTA**, including safety, effectiveness, affordability and other relevant criteria [*Social, Equity??*;
2. **support the use of HTA to inform public health policies**, including public health system coverage decisions and the development of clinical guidelines and protocols for existing and new technologies;
3. **promote efforts to analyze and strengthen institutional frameworks** for the incorporation of health technologies up to the 5th hurdle;
4. **encourage the establishment of transparent processes and linkages with responsibilities defined among the different stakeholders**, including regulatory authorities and entities responsible for the assessment and incorporation of health technologies;
5. **strengthen institutions and human resources**, including assessment teams and decision-makers, in the use of HTA, methods for the implementation of HTA studies in the critical analysis of assessment results;

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Action Plan 2015-2020 (2):

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6. **encourage the prioritization of assessments based on needs** (national and regional, strengthening systems for the collection of quality data, and adapting existing HTA studies to avoid duplication;
7. **promote the production and dissemination of HTA results** among stakeholders and those responsible for decision-making;
8. **encourage public procurement transparency**, including non-proprietary purchase price information and the sharing of the findings of HTA at the national and regional levels to generate information for decision-making;
9. **strengthen the rational use of health technologies, the development and use of drug formularies, clinical practice guidelines** that govern use (including by level of care), as well as systems for monitoring use in integrated health service delivery networks;
10. **strengthen national and regional HTA networks to promote exchange among institutions and countries**, and the dissemination and comparison of studies and national experiences;
11. **actively participate in the Health Technology Assessment Network**

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Implementing the HTA Roadmap

- To optimize the HTA roadmap implementation, such roadmap will be complemented with its planning process by applying a multi-annual programming approach which equally cover a five to ten year timeframe.
  - This multi-annual programming address aspects: workload and (human) resources forecasts, capacity building, budget planning, accommodation needs, etc.,
  - This multi-annual programming will benefit the HTA team by allowing decisions to be made in a more effective and predictable way.

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