



# Collaborating for cost-effective medicine use

## TANZANIA

Tanzania is a country in transition. Amid sustained economic growth in the past decade and a commitment by the government to Universal Health Coverage, there are significant opportunities for growth in public health spending – where currently only 19% of the population receive public health insurance coverage.

As Tanzania's GDP per capita now exceeds US\$1,500, it will transition from aid in the near future, resulting in greater financial responsibility of the government for health.

There is an urgent need for a more evidence-informed approach to deciding what medicines and services should be provided in the Tanzanian health system (and at what cost). This will help the government meet its commitment to provide equitable, cost-effective health interventions via a single national health scheme by 2020.

## COLLABORATING FOR COST-EFFECTIVE MEDICINE USE

National lists of essential medicines lay out the medicines needed to meet each country's top health priorities. Coupled with standard treatment guidelines (STGs), intended to promote equitable access to affordable medicines that are safe, effective and improve the quality of care for all, essential medicines lists are considered a cost-effective way of saving lives and improving health.

Prior to iDSI's involvement, the National Essential Medicine List for Tanzania (NEMLIT) was very comprehensive, containing more than 500 medicines. However it included some controversial entries, such as the expensive cancer drug bevacizumab, despite the lack of evidence to suggest that it was cost-effective for treating cancer in a low- and middle-income country context.

Tanzania's Ministry of Health, Community Development, Gender, Elderly and Children (MoH) worked with iDSI (PRICELESS SA – Priority Cost Effective Lessons for System Strengthening South Africa) and PATH (part of the Access and Delivery Partnership, funded by the government of

The new essential medicines list has reduced by **20%**, allowing better patient access to the **400** drugs with the most value



Japan) to update Tanzania's STGs and essential medicines list in a move towards more rational prescribing and lower costs. Launched by Minister for Health Umy Mwalimu, this fifth edition of the NEMLIT and STGs also seeks to empower health professionals to use medicines responsibly.

### What is HTA?

Health Technology Assessment (HTA) measures the added value of a new health intervention compared to existing ones. The short and long-term consequences of using new interventions such as medicines, medical equipment, diagnostic and treatment methods, are analysed and information about the medical, social, economic and ethical issues related to the use of a health intervention are also taken into consideration. Where data is lacking, HTA can be used to generate information.

## GUIDANCE ON BUILDING CAPACITY IN EVIDENCE-BASED MEDICINE

The collaboration journey began in 2015, where iDSI (HITAP and PRICELESS SA), in collaboration with PATH, visited Tanzania and convened a workshop to explore areas where Health Technology Assessment (HTA) could be introduced to support health resource allocation. Here it was agreed that incorporating a priority-setting process into the NEMLIT revision would be the best place to start establishing a priority-setting mechanism in Tanzania.

A follow up workshop with representatives from the Tanzanian MoH was held to identify gaps in technical capacity related to medicine selection processes. Key challenges identified included a lack of understanding of the ongoing role of the NEMLIT or STGs; and a lack of skills and resources to keep them up to date and fit for purpose. In a bid to help tackle these challenges, PATH and iDSI (PRICELESS SA and HITAP – the Health Intervention and Technology Assessment Program) supported the Tanzanian MoH in 2016, facilitating a workshop on essential medicines lists, with the aim of fostering capacity strengthening to develop a HTA process.

## STRENGTHENING TANZANIA'S HEALTH SYSTEMS

Once a full draft of the updated NEMLIT and STGs was completed by the Tanzanian MoH it was reviewed by PRICELESS SA. The new essential medicines list is now more prioritised than before, decreasing from 500 medicines to 400 medicines (a 20% reduction) and facilitating more rational medicine use.

The support from iDSI to Tanzania ensured that the review of the NEMLIT and STGs was more structured; and incorporated a more systematic, evidence-informed process.

### Essential medicines

- Many countries have some form of an essential medicines list, which should be tailored to the country's needs and context
- Essential medicines should be selected and regularly reviewed based on evidence of safety, clinical effectiveness and cost-effectiveness
- In Tanzania, the NEMLIT guides the procurement and supply of medicines in the public sector; and underpins the STGs which help clinicians decide how best to treat patients with a given condition

*Source: iDSI blog post 'New treatment guidelines launched in Tanzania' (2018)*

*Source: HITAP 'Using Health Intervention and Technology Assessment to Inform the Healthcare Investment in Tanzania: A Scoping Visit' (2015).*

*PRICELESS SA is a research unit based at Wits University School of Public Health. HITAP is a research unit under Thailand's Ministry of Public Health.*

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