HTA in Eurasia The current situation and priorities in the region

Rabia Kahveci



Ankara Numune Training and Research Hospital

- Biggest Public Hospital of Turkish MoH
- Built in 1881
- Reference Center
- 827 Doctors, over 3000 staff
- 42 different departments, 980 beds capacity





- Assessment of investment decisions
- Evaluation of disinvestment decisions
- Rationalizing the use of existing technologies
- Development and analysis of real-life data
- Being a bridge between health technology users, innovative ideas and those who turn these ideas into products





Human Albumin consumption and interventions from 2005 onwards



HA Consumption by Years



Efficient Use of Laboratory service

Total number of target tests per month





IMPACT OF ANHTA

- Initial two projects helped rationalizing drug use and laboratory use in the hospital and ended up with a saving of **6.709.455 TL (2.242.474 euros)**
- These two projects also helped hospital to focus on "right use of existing technologies".
- The other project for investment of a new technology was rejected. In case it were recommended it would have generated a loss of 312,663 TL (104.221 euros) over the next ten years.
- The Projects facilitated understanding and acceptance of HTA in the hospital, improved communication between clinicians, managers and HTA unit.
- Impact of the projects extended beyond the hospital and were uptaken by the MoH to be disseminated to other hospitals in Turkey

Eurasian Health Technology Assessment Initiative

Joining Forces to Enhance Evidence – Informed Decision-Making in Eurasian Countries

Dr Rabia Kahveci



- Eurasian Health Technology Assessment Initiative was established in 2015, Ankara, Turkey.
 - Chair: Rabia Kahveci (Turkey)
 - Secretary: Esra Meltem Koc (Turkey)
 - Members : Albania, Azerbaijan, Bosnia and Herzegovina, Macedonia, Montenegro, Kazakhstan, Krygyzstan and Turkey
 - Observer Country: Tunisia



Strengths

- Possibility to initiate and sustain cross country activities in the Region
- <u>National/Regional interest in multinational</u> <u>collaboration of advancing EBM practices</u>
- Genuine interest to capacity building in EBM practices
- Availability of web-based resources
- Available courses on critical appraisal, quality assessment and/or pharmacoinformatics-based courses for physicians, pharmacists, dentists, nurses in different countries in the Region
- WHA resolution on promoting HTA in the countries



Weaknesses

- <u>Low number of trained health personnel with adequate knowledge on</u> <u>EBM, in general (eg: critical appraisal, literature search, systematic</u> <u>reviewing...)</u>
- <u>Lack of adequate number of certified/licensed EBM/HTA courses</u> <u>across the countries</u>
- Absence/scarcity of EBM-related courses/lectures in curricula of undergraduate, graduate and post-graduate schools
- Lack of regional expertise and some reliance on out of region expertise and/or professionals in EBM
- <u>Language barrier- the need for translations to local languages of</u> <u>common regional documents and vice versa.</u>
- Lack of legal framework for advancing EBM
- <u>Lack of willingness and use of HTA in decisionmaking by relevant</u> <u>stakeholders</u>
- Lack of patients' awareness of EBM practices and reluctance to take self-responsibility to participate in their treatment decisions

Opportunities

- Interest in capacity building
- Possibility of preparing a joint (common) statement on advices for local governments for improving EBM practices, with particular emphasis on HTAs
- <u>Growing interest on EBM among health professionals</u>
- <u>Growing health expenditures, with a need to optimize use of available resources</u>
- Availability of trained personnel and some international educational activities on EBM in the region
- <u>Potential for relevant information/experience exchange among the partners in the region</u>
- Possibility to organize webinars, open to all countries to selected EBM topics
- <u>Global support from countries with well-established systems is available</u>
- Existence of EBM associations in some countries in the region, as a triggering factor for the others
- All partners are members of World Health Organization-Euro and the World Bank, both with vested interest in evidence-based and cost-effective health care practices
- WHO supporting HTA to be involved in universal health coverage
- Increasing demand of evidence on health technologies by patient organizations

Threats

- Limited funding to be used for EBM development in the Region
- Low level of understanding of EBM among policy/decision makers, academia and general public- even possible resistance
- Industry influence on medical decision making
- Need for in-service training of large number of health professionals in the region
- <u>Mismatch between demands and available resources to fulfill EBM</u>
 <u>requirements</u>
- No incentives for EBM practices, beyond physicians' selfconsciousness
- Hard-core cultural beliefs of some senior physicians for a cultural change favoring EBM practices
- Scarcity/low capacity of professional health speciality associations and/or societies in some countries in the region
- Discontinuation of people and efforts, tendency to give up

RESEARCH REPORT

Analysis of str opportunities, of a health tec in Turkey

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Ministry of Health

Catherine Meads

University of Birmingham



SWOT, strengths, weaknesses, opportunities, and threats; HTA, health technology assessment.



HTAi Developing Countries Interest Group







- The HTAi Interest Group on Developing Countries (HTAi DC IG) was established in 2008
- Aim is to provide a platform within HTAi for discussion of the HTA needs, challenges and solutions pertaining to developing countries.
- Members over 30 countries, with strong interest
- <u>www.htai.org</u>







HTA is needed especially when scarce resources demand smarter decisions to ensure efficient and effective outcomes.....

Mueller, D., D. Tivey, and D. Croce. "Health-technology assessment: Its role in strengthening health systems in developing countries." Strengthening Health Systems 2.1 (2017): 6-11.





Highlights from experiences

Variability in •Health care priorities •Resources

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Be aware and be ready to negotiate on your needs Limited local experience International experience is not in the form you need Not available and the available ones are not needed by you

Variability in approaches

Consider local facts Use local resources Inspire international experiences

Highlights from experiences

What is the impact you are expecting to see?

Focus on efficiency of conducting the assessment Be 'indeed' on the same boat with all stakeholders

Try to keep young, skilled, honest and dedicated people on board Don't offend them Don't give up

Highlights from experiences

Challenge/conflicts between politics and policies

Strength of the people Strength of the organization which draws the capacity

Political will

timeliness

Alignment with national technology strategies







THANK YOU rabiakahveci@gmail.com



